



FACULTY OF MEDICINE | UNIVERSITY OF CALGARY

**University of Calgary  
Office of Continuing Medical Education  
and  
Professional Development**

**Pre-survey  
Accreditation Report**

Prepared by

Jocelyn Lockyer, PhD, Associate Dean, Continuing Medical Education and Professional Development

Norman Schachar MD FRCSC, Assistant Dean, Continuing Medical Education and Professional Development

Glenda Wong, MHSA, Business Manager, Continuing Medical Education and Professional Development

May 20, 2008

## ***List of Abbreviations***

AFMC	Association of Faculties of Medicine of Canada
AH & W	Alberta Health and Wellness
AMA	Alberta Medical Association
CADE	Council of Education Deans
CHR	Calgary Health Region
CME and PD	Continuing Medical Education and Professional Development
CFPC	College of Family Physicians of Canada
CPSA	College of Physicians and Surgeons of Alberta
EFC	Executive Faculty Council
FC	Faculty Council
PADIS	Poison and Drug Information Service
PAR	Physician Achievement Review
PGME	Post Graduate Medical Education
RCPSC	Royal College of Physicians and Surgeons of Canada
RPAP	Rural Physician Action Plan

# ***Continuing Medical Education***

## ***Vision:***

“Leading the Faculty to excellence in continuing medical education programming and research”

## ***Mission:***

“To provide leadership in education for physicians, other health care professionals and the community, thereby promoting learning and helping to provide the best health care to our community.”

## ***Goals:***

The primary commitment of the Office is to the people of Southern Alberta.

- To develop accessible programs and services to assist physicians and other health care professionals in Southern Alberta, and thereby enhance their clinical competence throughout their professional careers.
- To collaborate with the Health Regions of Southern Alberta to provide continuing medical education to their health care teams, and communities.
- To be national and international leaders in continuing medical education and professional development, both through educational activities and research.
- To develop, administer and critically evaluate evidence-based programs of continuing medical education and professional development, in conjunction with the undergraduate medical, graduate science, and postgraduate medical programmes, and other partners both within the University and at large.

To ensure the regular, critical evaluation of all programmes and activities of the Office.

# ***Faculty of Medicine University of Calgary Overview***

The Faculty of Medicine at the University of Calgary has an innovative, patient-based, cross-disciplinary, research-intensive program that has earned a national and international reputation for excellence.

Since our establishment in 1967 we have grown rapidly to become an international leader in health research, education and delivery. Through our educational programs we are training the physicians and scientists who will lead the next generation of health practitioners. Through our clinical work, continuing medical education programs, and close relationship with the Calgary Health Region, we move new treatments and diagnostic techniques from the laboratory bench to the hospital bedside efficiently and effectively, improving patient care. Finally, breakthroughs in medical research and treatment made here are used around the world. Brain tumour research, fundamental discoveries in cancer and juvenile diabetes treatment, leading edge research and treatments for joint injury and arthritis - these scientific achievements are of benefit not just to Albertans, but to the world over.

The Faculty of Medicine has long played a role in international health programs and has successfully developed over 20 international collaborations.

## ***Vision***

- Creating the future of health

## ***Mission***

- An innovative medical school committed to excellence and leadership in education, research and service to society.

## ***Principles of the Faculty***

Building on the vision and mission, the Faculty's Business Plan identifies the following overarching principles:

- Expanding to foster and grow excellence
- Meeting the needs of our communities, be they local, national and international
- Growing a vision for the future of health
- Leading the way on causes and cures

## **Strategic Faculty Goals**

### 1. Educate Alberta's physicians and health researchers of tomorrow

- Develop the infrastructure necessary to support class expansion and improved functionality
- Increase the number of residency positions to provide for the increases in undergraduates, re-entry students, Part 5 physicians (foreign trained MDs) and International Medical Graduates
- Increase student access to Graduate Science programs
- Promote and provide increased access to the Leaders in Medicine program (MD/PhD, MD/MSc, MD/MBA) and clinical fellowships
- Obtain funding to support the O'Brien Centre for the Bachelor of Health Sciences Program

## 2. Develop and expand research excellence through innovative initiatives

- Build the Health Research Innovation Centre to provide the necessary infrastructure for Calgary's existing and new researchers to carry out world-class research
- Recruit, train, and retain the best clinical, basic, population health, and health services research scientists
- Identify and capitalize on funding opportunities within the private and public sectors
- Address the indirect costs of research and maximize the effectiveness of research support facilities and services
- Translate research discoveries from the "bench to bedside to community"

## 3. Enhance service to society

- Construct the Teaching, Research and Wellness Building to accommodate clinical service provision for the community
- Expand health and education programs in other centres in Southern Alberta
- Expand international health programs, including foreign undergraduate medical education and postgraduate medical education
- Increase the quantity of health researchers, residents and physicians
- Contribute to Alberta's economy by creating jobs, providing facilities for biomedical research, and capitalizing on intellectual property commercialization opportunities
- Strengthen partnerships with healthcare organizations, government and business to ensure new treatments and healthcare advances are delivered quickly and safely to the public
- Create a Business Development office to capitalize on strategic revenue generating opportunities
- Work with the Community Advisory Committee to enhance fund development, communications, business strategy, and government relation portfolios

2007 University of Calgary - Faculty of Medicine. All rights reserved.

# Table of Contents

List of Abbreviations .....	2
Continuing Medical Education .....	3
Vision:.....	3
Mission:.....	3
Goals: .....	3
Faculty of Medicine University of Calgary Overview .....	4
Vision.....	4
Mission.....	4
Principles of the Faculty .....	4
Strategic Faculty Goals.....	4
Pre- Survey Materials.....	9
A.1 Documentation.....	9
B.2 Questions.....	10
1. Overarching Purpose: Responding to societal needs .....	15
1.1 The CME office has a written mission statement that:.....	15
A.1 Documentation.....	15
B.2 Questions.....	15
1.2 These objectives are based on its mission statement, a response to evolving societal needs and expectations, and an understanding of the physicians and communities it serves.....	18
A.1 Documentation.....	18
B.2 Questions.....	18
1.3 The CME office has an ongoing and defined process of strategic planning and critical evaluation to ensure its long-term objectives are being met.....	22
A.1 Documentation.....	22
B.2 Questions.....	22
1.4 The CME office ensures its operations and activities meet accepted professional, legal and ethical standards.....	24
A.1 Documentation.....	24
B.2 Questions.....	24
Speaker Guidelines for CME Presentations.....	28
Planning Committee Guidelines .....	30
Disclosure of Potential Conflicts of Interest.....	31
Disclosure Form.....	33
Contract Template.....	35
Sponsor Letter.....	41
Continuing Medical Education and Professional Development .....	42
Process for MAINPRO – M1 Courses.....	42
2. Organization and administration.....	43
2.1 The CME office has an organizational and decision-making structure designed to fulfill its CME/CPD mission and objectives.....	43
A.1 Documentation.....	43
B.2 Questions.....	43

2.2	The CME office effectively manages sufficient resources with a business plan to fulfill its CME/CPD mission and objectives. This includes support from the Faculty of Medicine / Health Sciences.....	45
A.1	Documentation.....	45
B.2	Questions.....	45
2.3	The CME office maintains appropriate records of its decision-making processes, general operations, and learner participation. The office provides documentation of participation to participants when appropriate or requested. ....	48
A.1	Documentation.....	48
B.2	Questions.....	48
2.4	The CME/CPD Office is involved directly or indirectly in the university's program(s) of faculty development, undergraduate and postgraduate education. ....	49
A.1	Documentation.....	49
B.2	Questions.....	49
2.5	The appropriate CME personnel are knowledgeable about the organized systems of CME/CPD standards affecting the physicians and the communities it serves. ....	53
	The office credits under the following circumstances:.....	53
A.1	Documentation.....	53
B.2	Questions.....	54
	Terms of Reference.....	60
	Prototype Terms of Reference for a Departmental CME Committee.....	62
	Terms of Reference.....	62
	Budget Sheet.....	64
	CME Committee Department/Division Representative Approval Form.....	65
	University of Calgary, RCPSC Courses.....	66
3.	Provision of Educational Services.....	70
3.1	The CME/CPD office provides a focus of expertise dedicated to enhancing the quality of physicians' life-long learning opportunities and offers a variety of learning opportunities appropriate to the needs of the physicians it serves.....	70
A.1.	Documentation.....	70
B.2.	Questions.....	70
3.2	The planning and implementation of all CME/CPD activities organized, co-sponsored, or approved by the CME office, are based on a systematic process that includes: .....	72
A.1	Documentation.....	72
B.2	Questions.....	73
3.3	There is an evaluation strategy to measure the overall effectiveness of the CME and office. There is a strategy established to evaluate the outcome of individual CME events. For those activities in which the CME and PD office plays a major role, the evaluation also addresses how the activities contribute to the long-term objectives.....	76
A.1	Documentation.....	76
B.2	Questions.....	76
3.4	The CME office has a duly approved policy to guide its relationship with industry in the planning and implementation of education activities it organizes or cosponsors.....	78
A.1	Documentation.....	78
B.2	Questions.....	79
3.5	The CME office promotes and supports self-directed learning through: facilitating the skills of practice reflection including question asking, information access and knowledge management; integrating personal learning within group education activities; and offering targeted learning opportunities for individuals.....	80

A.1	Documentation.....	80
B.2	Questions.....	80
	Revenue Accounting.....	82
4.	Research and innovation .....	89
4.1	As an academic unit, the CME office contributes to knowledge development and the understanding of CME/CPD through .....	89
A.1	Documentation.....	89
B.2	Questions.....	89
	Grants.....	93
	Invited Presentations.....	93
	Other Presentations and Workshops .....	96
	Peer Reviewed Publications.....	100
	Other Publications - Non Peer Reviewed .....	102
	Book Chapter .....	102

# Pre- Survey Materials

## A.1 Documentation

Recommendations made at the time of the last survey and any interim reports, and list the changes made in response to it.

Excerpts from a Feb 10, 2004 letter from Dr R Hawken:

*“The Committee did request that the Dean submit a progress report to the Committee on Accreditation of Continuing Medical Education by September 1<sup>st</sup> 2004 on three areas. The first relates to the surveyors observation that there appears to be a lack of clarity about the CME Committee mandate. The surveyors note that the Alberta Rural Physician Action Plan is a supportive organization but its funding appears to be level while CME costs increase. The surveyors noticed that educational rounds at the departmental level do not have any policies on the use of disclosure statements regarding presenters and their role with the pharmaceutical company industry.”*

The ‘terms of reference for the CME and PD Committee’ were revised during the fall of 2005 and approved by the Executive Faculty Council. The CME Committee reviewed this again in April of 2008 and made modest changes which will now be forwarded to the Executive Faculty Council and the Faculty Council in 2008. This committee now meets monthly whereas in previous years, they often met only 4 times a year. Because of this, the CME Committee has become more fully engaged in setting policy and direction for the Office and the Faculty and also reviews the business plan on an annual basis as well as holding retreats to help set direction.

Funding through the Alberta Rural Physician Action Plan (RPAP) has been realigned as that organization has incorporated and developed its own structures and obligations to support and enhance rural physician recruitment and retention. When the RPAP was established in 1990, there was very little infrastructure. A grant was provided to the Office to cover costs associated with a .8 nurse, 1.0 conference coordinator, and a .3 MD responsible for the Medical Information Service. Small amounts of money for computers, computer upgrading and programming also came to the Office. The nurse and conference coordinator positions continue to be paid through the University. However, the nature of the Medical Information Service work has evolved over time into project work for the province; that work is now funded directly through the RPAP Office. Funding continues to be available for computers through the Office of the Associate Dean, Regional and Rural, a position that was established in 2004. RPAP has increased its CME funding for the 1.8 positions consistent with salary increases and cost of living.

Educational rounds are the purview of CHR/University departments, not the Office of CME and PD. Policies related to disclosure and relationships with industry have been developed by the CME and PD Committee. Members from each of the clinical departments sit on the committee and it is part of their mandate to inform and change their own departmental CME activities in accordance with nationally accepted standards. Some departments have explicitly adopted the CME and PD policies, procedures and forms within their own Departments. Others have adapted current policies and procedures so that they are in line with nationally accepted

standards. In February 2008, members were encouraged to take the disclosure statement to their departments and facilitate its use. Dr Schachar and Dr Lockyer have indicated a willingness to attend departmental rounds to provide an update on CME and PD directions, including disclosure. The Council of Education Deans(CADE) are currently reviewing the approach to disclosure with a view to wider adoption within the Medical Education Continuum including Post Graduate Medical Education (PGME).

## **B.2 Questions**

### **2.1. What does the CME office do particularly well in its CME program?**

The CME Office's strengths are in the following:

- ✓ Sustaining and enhancing core educational programs for family physicians. This approach has ensured that multi disciplinary courses such as the annual Family Practice Review and Update, Emergency Medicine for Rural Hospitals, and Calgary Therapeutics Courses have been available to physicians in Alberta and South Eastern BC for over 25 years.
- ✓ Creating courses that meet new and emerging needs in a timely manner. Recent examples of courses designed to meet immediate needs have included Physicians in the Movies: Explorations of Professionalism; Street Drugs; and Diagnostic Imaging for the Family Physician. Courses such as the Hospitalist and Urgent Care courses have been sustained over 5 years to meet new directions in care and practice being assumed by family physicians.
- ✓ Developing and partnering for national M-1 educational courses. These courses have been undertaken in collaboration with other universities (Laval and University of Western Ontario) and with provincial and national organizations (e.g., Alberta Cancer Board, Heart and Stroke Foundation of Ontario and pharmaceutical companies). These courses, which are well funded, support physician needs in specific disease management areas. They permit the exploration of new approaches in content (e.g., navigation of the health care system to optimize patient care), new ways of facilitating learning and reflection (e.g., commitment to change and action plan reflective exercises), and allow physicians to build networks and share clinical experiences.
- ✓ Supporting initiatives within the Calgary Health Region that are designed to enhance specific medical/health services. The Office provides an office, guidance and registration services for the work of the Bone and Joint Educational Program, which, in turn, delivers courses to patients, post-graduate trainees, physicians and other health care professionals. The Office is working with the Chronic Disease Program of the Calgary Health Region to develop MAINPRO-C courses to enhance physician management of patients with chronic diseases across the continuum of care and services. Educational and conference support has been provided to the Calgary Pain Interest Group (now part of the CHR Regional Pain Program) for over 20 years. The Calgary Health Region's Quality Assurance and Patient Safety Program has worked together with our CME office for over 5 years in conjunction with its annual program for front-line workers. Similarly, the Office has developed annual courses to meet the needs of family physicians

working as 'hospitalists' and in 'urgent care' settings to address needs raised by the Calgary Health Region (CHR) Head of Family Medicine and the Director of the CHR's urgent care clinics. These initiatives promote key linkages with service providers and enhance the needs assessment data available for these programs as well as other educational programs. The majority of these programs are multi disciplinary and designed to enhance team function and improve patient care and access to the appropriate services.

- ✓ Assisting physicians new to Canada (i.e., International Medical Graduates) to successfully integrate into practice in Alberta through the examination preparation courses (MCC Part II and CFPC examinations) as well as the provincial mentorship initiatives being undertaken with University of Alberta and Alberta Health and Wellness (AH & W).
- ✓ Supporting the learning needs of physicians practicing in rural communities through the weekly videoconference series and the Emergency Medicine for Rural Hospitals, GP Anesthesia and Surgical Skills Courses.
- ✓ Collaborating in the development of exemplary programming in mental health including an annual Update in Medicine for Psychiatrists program, on-line journal club, mood disorders course, and non verbal learning disorders program. These initiatives ensure that CME and PD is involved in helping psychiatrists, family physicians and other health care and educational professionals in many aspects of mental health care. These initiatives also provide a viable model of the types of programming that can occur within a specialty discipline with departmental funding and support.
- ✓ Developing multi disciplinary programs for physicians and other health care professionals. These programs generally include physicians, although the Office occasionally develops programs for other health care professionals.
- ✓ Taking a scholarly approach to educational program development so that the information gained from special initiatives (i.e., MAINPRO-1/C courses) can be adopted and or adapted into other programs. For example, the commitment to change reporting form, which drew on the results of MAINPRO-C course studies, has been incorporated into M-1 programs as well as informing the design of 'action plan' templates in which physicians specify intended changes, timing, resources required and the systems to be altered to achieve changes in their practices.
- ✓ Developing and psychometrically assessing instruments to assess physicians. These have included the College of Physicians and Surgeons of Alberta Physician Achievement Review program instruments, Medical Council of Canada multisource feedback to assess International Medical Graduates, and the American Academy of Pediatrics Neonatal Resuscitation Program Megacode Checklist. This has ensured that Alberta physicians obtain data from the PAR program and that the assessment tools have demonstrated evidence of reliability and validity. It has ensured that other organizations who use the PAR instruments or have developed assessment tools in conjunction with the Office have instruments with known psychometric properties.

- ✓ Conducting needs assessments using a variety of social science research techniques for data collection (e.g., questionnaires, interviews, and focus groups). The Office has collected data for its own initiatives (e.g. specific courses), for partnered initiatives (e.g., mentorship program with University of Alberta), and for other organizations (e.g., Canadian Psychiatric Association, Canadian Association of Anesthesiologists, Canadian Association of Radiologists).
  
- ✓ Creating effective partnerships with external organizations including the College of Physicians and Surgeons of Alberta (CPSA), Calgary Health Region (CHR), Rural Physician Action Plan (RPAP), University of Alberta, Poison and Drug Information Service (PADIS) and pharmaceutical companies. These partnerships have ensured that physicians in Alberta have innovative opportunities for learning and assessment that would not have been possible otherwise. It has ensured that programs are developed using high quality data.
  
- ✓ Provide conference management services. The Office assists other health care organizations and professional groups with their educational programming ensuring that high quality programs which can be accredited are available to physicians and other health care professionals.

None of this would be possible without the highly committed and well trained staff in the Office or the enthusiastic and dedicated physicians who volunteer their time and energy.

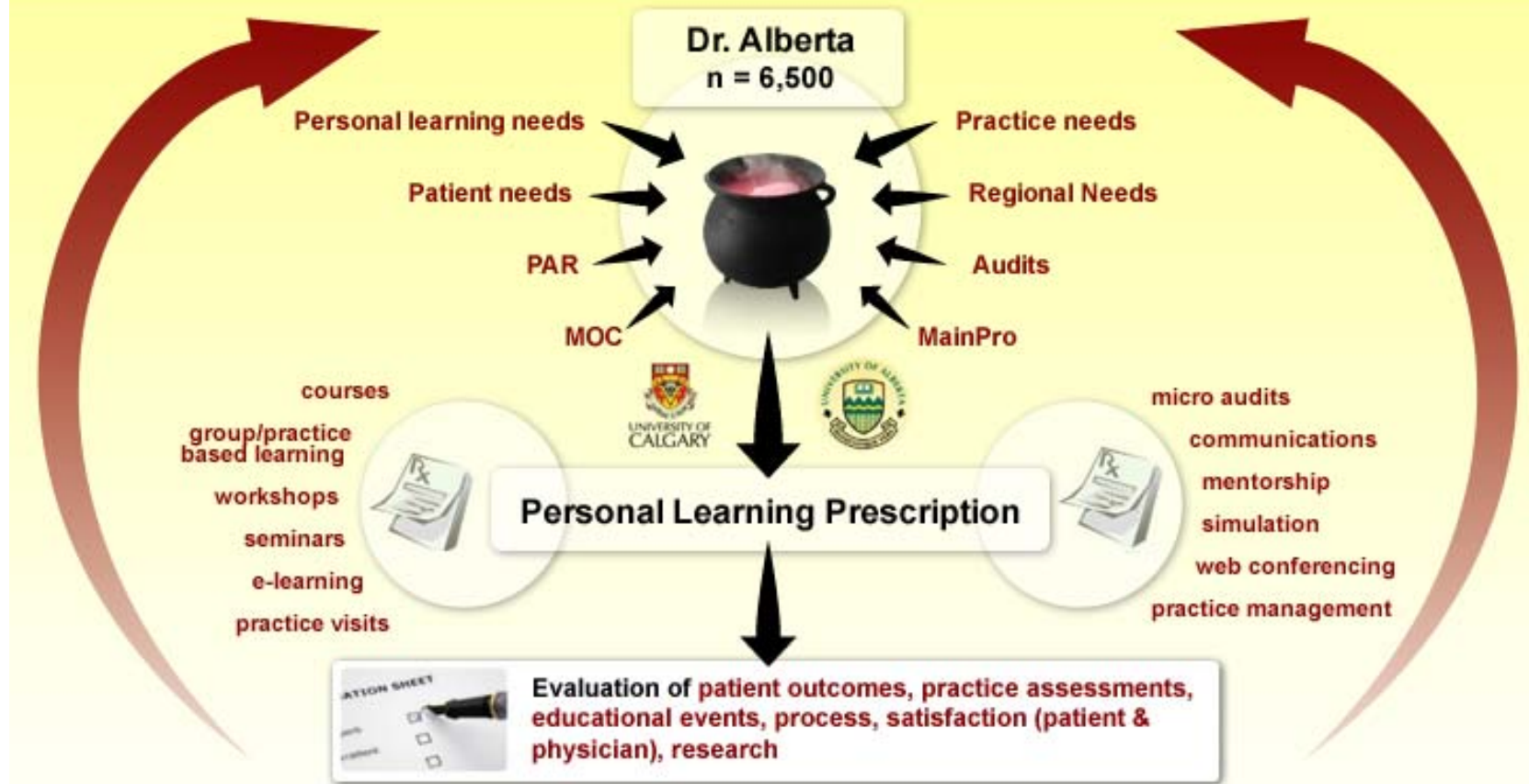
## **2.2. What needs to be improved? How does the CME/CPD office plan to do it?**

- Core funding for the CME Office is minimal. J Lockyer is working with C deGara (Associate Dean, Continuing Professional Learning, University of Alberta) on the development of a province wide initiative to increase funding for CME. This initiative has the full support of the Alberta Medical Association (AMA) and the College of Physicians and Surgeons of Alberta (CPSA). The AMA has introduced the idea of infrastructure funding for CME in conjunction with the tri-lateral physician fee schedule negotiations (AMA, AH & W and Regions) in 2007-2008. There have been ongoing discussions with the AMA, AH & W and Regions for the initiative as well as with Advanced Education. The plan would enable the creation of learning prescriptions for all 6500 Alberta physicians based on objective learning heads from government and other data sources related to their needs and the creation of educational programs to meet the needs. The cost would be staged over a two to three year time frame but would probably be in the neighborhood of \$10 – 15 million. (See visual of plan on Page 14)
  
- Educational activities for Royal College of Physicians and Surgeons of Canada (RCPSC) specialists need to be further developed. The Faculty has created a new position for an Assistant Dean, Dr Norman Schachar, whose primary role is to foster and enhance specialist education and the development of Departmental CME and PD Directors. Dr Schachar was appointed January 2007 and brings expertise as a surgeon educator, residency program director, and surgical administrator. He has served on the RCPSC accreditation committee and chaired several RCSPC site visits.

He has also served on the CPSA—Physician Performance Committee, the committee responsible for the Physician Achievement Review (PAR) Program. It has been working with divisional/ departmental representatives.

- The acquisition and utilization of ‘real’ needs to develop educational programs and initiatives. While the Office has partnerships with the CPSA, RPAP, CHR and its programs, and provincial programs (e.g., PADIS); not all programs benefit from ‘real’ needs. The Office will continue to develop partnerships to obtain better information and therefore will be better able to inform committee work and program development. At this point in time, provincial databases through AH&W and Alberta Blue Cross do not provide data that can be interpreted for educational planning.
- The unit’s visibility and scope of services need to be enhanced. Departments and services are not consistently aware of the conference management support that can be provided or the needs assessment, educational, knowledge translation and psychometric expertise that is available within the Office. The Office has developed promotional material which is being used to inform the Faculty of Medicine and CHR leaders. The Associate and Assistant Deans will look for opportunities to increase the Office’s visibility in both service and research domains as well as looking for ways to engage CME committee members (especially departmental representatives) in CME and PD initiatives.
- Expertise and understanding of knowledge translation, continuing professional development strategies, and tools for needs assessment/evaluation are variable across Departments and within CME and PD leadership. The Office will develop the expertise through CME meetings, retreats and other educational events.

# Proposed Model



# 1. Overarching Purpose: Responding to societal needs

## 1.1 ***The CME office has a written mission statement that:***

Defines its role in strengthening the quality of life-long education of physicians,  
Defines its role in CME/CPD in the university and in the communities it serves,  
Is anchored in a consideration of the health needs of these communities,  
Describes the office's purpose, goals, major functions, and target populations,  
Is congruent with and supported by the mission statement of the Faculty of  
Medicine / Health Sciences/Health Science, and  
Is formally approved by the Faculty of Medicine / Health Sciences.

## **A.1 Documentation**

A copy of the Faculty of Medicine mission statement.

Included on Page 4 of this document

A copy of the CME and PD Mission statement.

Included on Page 3 of this document.

Minutes of meetings and/or other evidence that the mission statement was approved by the CME/CPD office and by the Faculty of Medicine.

- [see answers below]

Directions to a website where mission statement is posted.

- The website is located at  
[www.cme.ucalgary.ca](http://www.cme.ucalgary.ca)  
<http://cme.myweb.med.ucalgary.ca/OurOffice>

## **B.2 Questions**

### **2.1. How does the CME mission statement fit with the Faculty of Medicine/Health Sciences mission?**

The Faculty's mission is: *“An innovative medical school committed to excellence and leadership in education, research and service to society.”*

CME and PD's mission is: *“To provide leadership in education for physicians, other health care professionals and the community to assist them in providing excellent health care. “*

The Office's mission statement was written after the Faculty of Medicine developed its mission statement so that it would be in alignment. The Faculty leadership (ie: Associate Deans, Departments Heads, Institute Leaders) reviewed it's mission at a Faculty Leadership Retreat October 2007 and agreed it would remain as the mission.

## **2.2. Is the mission statement reviewed regularly?**

Yes, it is. The mission statement also forms an integral part of the CME and PD terms of reference. It has been reviewed several times. It was discussed when the CME and PD Committee terms of reference were revised and subsequently formally approved by Executive Faculty Council (Nov 16, 2005) and by Faculty Council (Dec 14, 2005). Most recently, it was reviewed and discussed by the CME and PD Committee in January 2007 when the Strategic Plans for the University, the Faculty and the Office were being developed. At the June 2007 CME and PD Committee meeting, it was again reviewed as part of the review of the business plan. It was also reviewed during the winter of 2008 in preparation for accreditation.

Further changes to the vision are not planned in light of the Leadership Retreat decisions and its current alignment with the Faculty's vision.

## **2.3. What are the purpose and goals presently pursued by the CME office? How will their achievement be monitored?**

The Office is committed to both service and academic work. As such, the goals of the Office reflect the dual commitment. The goals for 2008 – 2010 were developed in conjunction with the CME Committee. They are to:

- ✓ Gain full accreditation with the Committee on Accreditation for CME when it conducts its site survey in the June of 2008.
- ✓ Increase programming, particularly for RCPSC specialists and other health care professionals.
- ✓ Increase capacity and expertise in continuing professional development through work with the CME and PD Committee and the training of MSc and PhD students.
- ✓ Increase partnerships and collaborations within the Faculty, with the health regions and medical organizations to enhance programming, funding and the provision of new learning modalities to physicians.
- ✓ Investigate and pursue new opportunities for national program development and dissemination.
- ✓ Increase the number of faculty involved as well as the opportunity for faculty members to engage in CME and PD research and evaluation.

As noted in the business plan, each of these goals has a 'metric' associated with it. They will be monitored by the CME and PD Committee and the CME and PD Office on an annual basis in conjunction with discussions about the Business Plan.

## **2.4. Are the faculty members aware of the mission statement, purpose and goals? How have these been communicated?**

The mission statement and goals were circulated to every member of Faculty Council in December 2005 when the CME and PD Committee terms of reference were presented and approved.

The website, [cme.ucalgary.ca](http://cme.ucalgary.ca) has information related to the vision, mission and goals of the Office. <http://cme.myweb.med.ucalgary.ca/OurOffice>

As noted, the CME and PD Committee, which has representatives from the clinical departments, faculty members at large, and chairs of key courses,

regularly reviews the mission statement, purpose and goals in conjunction with the business plan. The Assistant Dean meets with specialty departmental representatives on a regular basis to reinforce and interpret CPD direction.

The Faculty of Medicine revised its website August 2007. There is a quick link to 'continuing medical education) on the left-side column of the website. <http://medicine.ucalgary.ca/> This gives the community and the Faculty easy and direct access to the Mission and Office of the CME and PD.

## **2.5. What provision has been made in the Mission Statement to meet the learning needs of family physicians, specialists and where appropriate other health professionals and others?**

The mission is sufficiently broad to include family physicians, specialists, and other health care professionals.

## **2.6 How does the office address the needs of generalists, specialists and (where relevant) other health professionals?**

The Office currently develops programs for family physicians and specialists as well as other health care professionals.

The Office expects to increase its support for specialty education through the work of the Assistant Dean and the CME committee and its members from the clinical departments. Should a funding envelope for infrastructure be received during 2008 (or 2009), new funding will permit increased activity.

The Office provides learning opportunities for other health care professionals within many of its programs. Examples include:

- ✓ Calgary Therapeutics Course for family physicians and pharmacists
- ✓ Emergency Medicine for Rural Hospitals for family physicians and nurses
- ✓ Calgary Pain Course for all health care professionals
- ✓ Quality Improvement/patient safety for front line health care professionals
- ✓ Non Verbal Learning Disorders for health care professionals, specialists (pediatrics and psychiatry), educators, and parents
- ✓ Health Research Methods a program designed to help health care professionals gain workplace evaluation and assessment skills (e.g., proposal writing, questionnaire design, focus group expertise, statistical data analysis)

It is expected that new programming opportunities for the other health care professionals will emerge from partnerships with the CHR, the Institutes within the Faculty of Medicine, and possibly the Faculty of Veterinary Medicine. Needs assessments that have been conducted for the Faculty of Veterinary Education and the CHR-Dental Services will be helpful in guiding some of these new initiatives.

**1.2** *These objectives are based on its mission statement, a response to evolving societal needs and expectations, and an understanding of the physicians and communities it serves.* There are defined policies and mechanisms for prioritizing these objectives, and there are specific activities that can be shown to contribute to them.

### **A.1 Documentation**

- ✓ A copy of the CME and PD office's long term strategic plan, including objectives in areas such as
  - Program planning
  - Needs assessments
  - Research initiatives

The Business Plan is provided as a separate document.

### **B.2 Questions**

#### **2.1. How did/does the CME office develop its strategic objectives?**

The CME office's strategic objectives continue to be built on the current directions of the Office of CME and PD (including past business plans), the needs of the physicians, the strengths of the Office, known deficiencies, and the needs and skills of the Faculty and its faculty members. In developing the strategic objectives, the Office recognized that our goals and objectives had to fit into the core goals determined by the University related to student success, high quality research, and community service. To this end, the goals related to MSc/PhD students in medical education; research related to physician performance assessment and the impact of educational interventions; and educational programming and support, complement the University's goals. The strategic objectives were discussed at meetings of the CME and PD committee in 2007 and at the fall 2007 CME and PD retreat.

#### **2.2. How does the CME office establish priorities among its objectives?**

Priorities are established in a pragmatic way. All of the objectives require a certain amount of funding and human resources (expertise and interest). It is important to maintain the current base of activity while adding new directions as resources are found to support and succeed at these new directions. The CME and PD Committee discusses and reviews the business plan along with the objectives on an annual basis. Discussions within the Office, with planning committees, and within the Faculty and with other partners, further refine and determine the viability of the priorities.

#### **2.3. How does the CME office allocate resources to these priorities?**

The first priority is to maintain current programming and research directions for which there are funding, resources, and a continued need. The University and Faculty's goals as well as the needs of physicians are also taken into consideration. The Office builds on its research and programming strengths.

## **2.4 Where does the CME office obtain funding to implement these objectives? How stable is that funding?**

Funding for the CME and PD office is derived from multiple sources:

- ✓ Tuition
- ✓ Corporate revenue (including pharmaceutical sources)
- ✓ Course management fees
- ✓ Rural Physician Action Plan (1.8 FTE staff)
- ✓ College of Physicians and Surgeons of Alberta grant (\$60,000), and
- ✓ Faculty of Medicine (Associate Dean, Assistant Dean and Administrative Assistant).

Most of the funding is project and program based and requires an ability to sustain the activities. Nonetheless, the RPAP funding has been available to the Office since 1990. The CPSA grant has been provided for over 30 years. Discussions with the Alberta Medical Association (AMA) began in the fall of 2007 to determine whether the AMA could include a request for CME infrastructure from both Alberta Medical Schools as part of its tri-lateral negotiations with Alberta Health and Wellness and the Regions. These discussions as well as discussions with Alberta Health and Wellness have been encouraging.

## **2.5 How does the CME office determine the perceived and unperceived needs of its target audiences? (This refers to needs at a broader level than those considered on an activity-by-activity basis).**

This input is provided through a variety of mechanisms:

- ✓ The CME & PD Committee
- ✓ Our partnerships (e.g., PADIS, RPAP, Chronic Diseases Unit of the CHR, CME Committee of the Department of Family Medicine of the Calgary Health Region, CHR--Academic Detailing Group, Stroke Program)
- ✓ Our association with Departments and Institutes in the Faculty of Medicine and Calgary Health Region.
- ✓ Regular scans of publicly available material (including national and local reports and studies, journals, newspapers). For example, the Office collaborated with the Department of Pediatrics in a course focused on 'Children in Care' in 2007 which brought together government, physicians, social workers, judges, and others who looked at the abuse of children in care, legal aspects, children's emotional needs and navigating systems to support these children. High profile and very difficult situations highlighted the need to address these issues on a community wide basis. In 2008, the group will address the needs of immigrant children, again a very vulnerable group, whose needs are continually highlighted by media.
- ✓ Systematic reviews for information on the www, particularly for the Calgary Therapeutics Course which routinely searches for new clinical practice guidelines and new drug approvals.
- ✓ Actual needs assessments that are conducted. For example, the Bone and Joint Program conducted a broadly based needs assessment. The Office collaborated with the Canadian Psychiatric Association in a Canada-wide needs assessment of psychiatrists and family physicians. Interviews and focus groups have been undertaken to understand the learning needs of international medical graduates from the perspective of

both the IMG physician and 'trustees' of the province (e.g., Chief Medical Officers and CPSA Associate/Assistant Registrars). In conjunction with national program development, questionnaire based needs assessments have been undertaken in conjunction with potential or actual programs for erectile disorder, pre-diabetes, and premenstrual syndrome/premenstrual dysphoric disorder (with Laval).

## **2.6 What processes are used to gain an understanding of societal needs and expectations, from a broad perspective and as they apply to the communities the CME office serves?**

This is done in a variety of ways

- ✓ Our partnerships and formal/informal discussions with partners provide specific data related to key programming directions and issues
- ✓ Faculty committee meetings (e.g., Committee of Associate Deans-Education; Leadership of Faculty; Faculty of Medicine 6-month retreats for Leadership; CME and PD Committee, and subcommittees) provides general and specific guidance and ideas
- ✓ Participation by Associate and Assistant Deans on external committees of CPSA, RCPSC, AFMC, and CHR.
- ✓ Scans of media information provided daily by the Communications unit of the Faculty of Medicine.
- ✓ General surveys of faculty members. Each November, all 1400 faculty members are surveyed to determine their willingness to participate in CME and PD as well as for ways that the CME and PD programs and work could be enhanced. These data are collated and made available to planning committees. Each June, in preparation for the Calgary Therapeutics Course Planning Committee Meetings, Division/Department heads, past course faculty (2 years), and pharmaceutical company personnel are surveyed about new compounds and areas that need to be addressed. Course participants are also encouraged to provide ideas for future presentations as part of the evaluation process. Additional surveying of participants and faculty is also done for the core courses (e.g., Family Practice Review and Update, Therapeutics, Videoconferencing).
- ✓ Opportunities provided by others who invite our collaboration such as the Department of Pediatrics and its courses focused on the needs of 'children in care' and 'immigrant children'.

## **2.7. How does the CME office incorporate this understanding into the development of its strategic objectives and programming?**

The strategic objectives are developed and examined on an annual basis in conjunction with the Business Plan. It is designed to be in alignment with the needs of physicians, past work, and the directions of the University and Faculty. It is a global document which recognizes directions and partnerships but does not determine specific clinical directions as these are encompassed within existing educational programs (with pre-determined objectives) or are developed as the needs emerge.

At the programming level, societal needs are handled in a number of ways:

- ✓ We recognize that physicians will learn of advances through a variety of educational formats. For new services/approaches to care, we systematically try to incorporate this into several programs (e.g., Family

Practice Review and Update, Evening Courses, Videoconference programs) and the University of Calgary issue of the Canadian Journal of CME.

- ✓ We create specific programs to meet identified needs. As examples,
  - The Non Verbal Learning Disorders program emerged as a request from a 'Parent' group supported by a member of the Faculty of Medicine. This has resulted in a program held every two years for specialists, health care professionals, and parents.
  - The Calgary Pain Course began with a core group of health care providers committed to improving pain management.
  - The Stroke program leadership consulted with a number of groups including ourselves in developing their community-wide initiatives related to stroke management. The CME and PD Office offers a course every 2 years and incorporates stroke-related content into the videoconference, ER for Rural Hospitals and other courses as needed and as appropriate. The Office makes display space at courses, such as the Calgary Therapeutics Course, available to the Alberta Provincial Stroke Strategy. Through stroke related initiatives in the CHR and the province (including education), the management of stroke is recognized as amongst the best in Canada based on morbidity and mortality statistics.
  - We facilitate new development. For example, the Bone and Joint Health Education Program, which provides educational activities for physicians, other health care professionals, and patients is housed in the CME and PD Office so that it can benefit from the expertise and services of the Office.
  - We build new partnerships. For example, discussions are underway with the Chronic Disease Management group to develop MAINPRO-C courses to facilitate a physician's ability to access appropriate resources in an efficient and effective way to support their patients. We are undertaking discussions with the leadership of the Calgary Primary Care Networks to determine ways we can understand, collaborate and support their activities. We have been engaged in discussions with Health Quality Council of Alberta to understand and use their data for program development.
  - We maintain partnerships. For example, the Office works with and supports the Calgary Health Region's Academic Detailing Program. This provides us with the key information we can incorporate into other educational programs. We support their work by providing a place on the Calgary Therapeutics Course Planning Committee as well as providing display space at the course. We contribute to their face to face programs and track their study credits. We prepared a study proposal to the University of Calgary, Conjoint Health Research Ethics Board.
  - We participate in new initiatives. For example, the Assistant Dean, represents both Surgery and CME and PD, on the Simulation Leadership group. The simulation initiative of the University and CHR will eventually have both a centralized facility as well as units in the major facilities. With both high and low fidelity equipment, it will foster multi disciplinary/interdisciplinary learning, teaching and research.
  - We collaborate. Our needs assessment work with IMG physicians related to their transition into practice was undertaken as a joint

initiative with the University of Alberta. It has led to a province-wide initiative to examine the feasibility of a mentoring program for this group of physicians.

## **2.8 To whom are the CME office's long-term objectives circulated?**

The business plan for the Office is provided to the members of the CME Committee, the Council of Associate Deans Education, and the Dean's Office. The information in the CME business plan becomes part of the Faculty and University business plans.

The information is publicly accessible on our website  
<http://cme.myweb.med.ucalgary.ca/>.

The website has a direct link from the Faculty of Medicine home page.

The CME and PD committee is a standing committee of Faculty Council. As such all minutes of standing committees are provided on the University of Calgary websites.

## **1.3 *The CME office has an ongoing and defined process of strategic planning and critical evaluation to ensure its long-term objectives are being met.***

### **A.1 Documentation**

- Examples of assessment procedures/measures [see binders for Calgary Therapeutics course and the Update in the Medicine For Psychiatrists].
- Examples of participant feedback to demonstrate satisfaction with the programming developed according to these objectives [see course binders.]

### **B.2 Questions**

#### **2.1 How does the CME office assess whether its objectives are met?**

As indicated in the business plan, each of the objectives are associated with key performance indicators. These are 'numeric' indicators of success. These are reviewed annually by the CME and PD Committee and by the Office.

#### **2.2 How often are the strategic objectives reviewed and revised?**

The objectives are reviewed annually as part of the re-development of the business plan. The business plan is a 3-year plan, consistent with the University's business planning structure. As such, it is reviewed as part of the Faculty of Medicine business plan for the University. It is also reviewed and discussed with the CME and PD Committee annually as part of the discussion related to the business plan.

#### **2.3 How does the CME office incorporate changing societal issues and needs into its CME programming (e.g. a new disease entity, new evidence about health and/or disease management, new formats)?**

The Office runs a number of annual programs each year (e.g., Family Practice Review and Update, Evening Course, Videoconference Program). It is relatively

easy to bring new areas to the attention of these planning committees for incorporation into an ongoing program. Documents used by the Family Practice Update, Calgary Therapeutics Course, Evening Course, Videoconference Program planning committees include data from surveys of faculty members and past registrants as well as other material that may be deemed important (e.g., lists of newly approved medications, clinical practice guidelines).

The Office is also able to quickly develop a half or full day program. Recent examples include:

- ✓ A diagnostic imaging (DI) program for family physicians. This stemmed from discussion between the CHR Head of Family Medicine and the University/CHR Head of Radiology to develop a program. Specific issues identified included the variable information required to successfully obtain appropriate DI, the computerization of DI which gave physicians access to film which they had not easily had in 5 years and needed assistance with reading, and the changing nature of DI. A committee of radiologists (and the CME and PD committee member) and family physicians (including the CHR's head of Family Medicine CME) worked together over several months to create a program.
- ✓ A street drug program for front-line workers. This stemmed from discussion with physicians working in Calgary's downtown Urgent Care Clinic. This program was developed with the assistance of PADIS, Emergency Medical Services, Calgary Police, Alberta Addiction and Drug Commission, Calgary Urban Project Service, and physicians working in emergency and urgent care services.

The Office supports the development of new programming. Recent examples include:

- ✓ Having the Associate Dean participate in the planning of province-wide educational programs. The Associate Dean serves on the CPSA Planning Committee for Physician Training re Methadone administration. In this, the Office provides conference office support for this program as the CPSA does not administer courses.
- ✓ Having the Assistant Dean as representative on the senior leadership group to develop an integrated Simulation Educational Centre and program.
- ✓ Willingness to partner with other organizations (including pharmaceutical companies) in the development of M-1 programs for physicians. Recent examples include several M-1 courses: ADHD across the lifespan; COPD: A matter of life and breath; Effective management of overactive bladder; Global CV risk; NSAID Challenge: Linking the third Canadian consensus guidelines to practice; Osteoporosis case studies; Partners in Asthma. It also includes MAINPRO-C courses: Alzheimer's and other dementias, breast cancer screening; cervical cancer screening; improving team effectiveness in primary care; and white coat hypertension.

#### **2.4 Who is involved in addressing the evaluation of success and how are they involved?**

This is the responsibility of the Associate Dean, Assistant Dean, and Business Manager who monitor activities. This is also the purview of the CME and PD Committee through the business plan and its retreats.

## **1.4 The CME office ensures its operations and activities meet accepted professional, legal and ethical standards.**

### **A.1 Documentation**

All CME and PD office policies related to ethical issues, conflict of interest, and disclosure.

- 1.1 Speaker Guidelines for CME Presentations – see Page 28
- 1.2 Planning Committee Guidelines – see Page 30
- 1.3 Disclosure of Potential Conflicts of Interest – see Page 31

Any checklist or other measures provided to course/activity organizers to ensure that guidelines are followed.

- 1.4 Speaker and Planning Committee Guidelines – see Page 28
- 1.5 Disclosure Form – See Page 33

Policies concerning refunds, cancellations, copyright and other relevant legal issues.

- 1.6 Refund and cancellation information
  - ✓ This is provided on every course brochure.
- 1.7 Copyright
  - ✓ Policies related to copyright are provided in the speaker guidelines.

Examples of contracts and written correspondence with speakers and exhibitors

- 1.8 Standardized contract template, developed with Legal Counsel, that is used when developing M-1 courses with national or provincial groups – see Page 32
- 1.9 Sponsorship Letter – see Page 41
- 2.0 Process for Main-Pro Courses – see Page 42

### **B.2 Questions**

#### **2.1 How does the CME/PD office communicate its policies related to professional, ethical and legal standards to speakers, workshop leaders and others teaching in its activities?**

This is handled in a number of ways:

- ✓ There is a standardized sheet used for CME and PD programs that is provided to course speakers. It was also reviewed at the September 2007 CME and PD Committee meeting. [See Page 26 located at the end of this section.]
- ✓ Planning committee members receive copies of 'Planning Committee Guidelines'. [See Page 28 located at the end of this section.]
- ✓ A CME staff member (G Wong, D Simpson, J Lockyer, C Mills, A Edo) is present at planning committee meetings to clarify policies and procedures as needed.
- ✓ All members of planning committees as well as speakers are asked to complete disclosure statements. These statements are reviewed by the Associate Dean with follow-up provided, as needed.

- ✓ Resources are posted on the CME website with appropriate links, where required.

This is monitored through the standardized evaluation form used with each of the courses. It is also monitored by members of planning committees who attend CME programs and participate in follow-up (post mortem) CME course meetings. The Office has a Planning Committee Evaluation Form which is sent to every member of planning committees for feedback on the work of the committee and staff associated with program development. There is a question that asks whether the staff person was knowledgeable about CFPC and RCPSC rules.

## **2.2 How does the CME/PD office communicate its policies in this area with the Faculty and Faculty members more generally?**

This is handled through

- ✓ The standardized sheet with additional information provided on the CME Website.
- ✓ This information has been discussed by the CME and PD Committee with the expectation that committee chairs and departmental representatives will use it within their own departments.

## **2.3 How does the office communicate its expectations that all speakers/teachers adhere to the principles of intellectual rigor in their clinical recommendations? How does it monitor this?**

This is handled through

- ✓ The standardized information that is provided in the letters to speakers. This is monitored on the evaluation form.

## **2.4 How does the CME and PD office ensure the scientific validity of the content presented in its activities?**

This is handled through

- ✓ The selection of planning committee members who identify the content, the questions to be addressed by the speaker, and the best speakers for the presentation.
- ✓ The standardized information that is provided in the letters to speakers.
- ✓ Letters to speakers which incorporate the teaching points and learning objectives.
- ✓ Speaker guidelines and website material also provides reminders about levels of evidence

## **2.5 Describe how the CME/PD office ensures that speakers are aware of their responsibility to delineate the basis for their clinical recommendations and to identify recommendations for unapproved uses of therapeutic interventions (including therapeutic agents, medical devices and complementary and alternative techniques).**

This is handled through

- ✓ The standardized information that is provided in the letters to speakers.
- ✓ Letters to speakers

**2.6 Describe how the CME/CPD office ensures that copyright legislation is observed. Is there a university or other copyright policy? How does the CME/CPD office monitor compliance with it?**

The University has a policy related to copyright. Wendy Stephens, Head Visual Resources Centre, University Library and Cultural Resources, meets with the CME and PD staff on a 1-2 year basis to ensure that all staff understand the policy and are in compliance with the regulations.

Standardized information provided to speakers provides information about copyright rules.

As the costs associated with producing copies of articles are substantive, staff monitor and discuss this type of handout request with faculty members. The appropriate forms are completed to ensure that payment is made to 'Access Copyright'.

A second level of monitoring is provided by Campus Copy Services. They also monitor copyright materials and assess fees through 'Access Copyright'.

**2.7 Describe the CME/CPD office's policies and procedures in dealing with real or potential conflicts of interest. If suspected, how does the CME/CPD office ensure their disclosure.**

The disclosure form provides a number of options related to handling real and potential conflicts of interest. Forms that are returned with mention of conflict are reviewed by the Associate Dean. Depending on the information provided, the Associate Dean will allow the resolution proposed by the speaker/planning committee member or involve the Course Chair in a resolution (e.g., being attentive to discussion at meetings, reviewing AV/handout material).

The participant evaluation form also provides an opportunity to detect conflicts. Information on the evaluation forms is reviewed and followed up, as necessary.

**2.8 How are issues of privacy and confidentiality addressed, especially as they pertain to participants.**

Alberta passed its privacy legislation Freedom of Information Protection of Privacy Act (FOIP) in 1997. Over the years, the procedures have become institutionalized. Personal information is not distributed. Lists of course registrants are not made available at courses or to sponsors/collaborators. The FOIP policy is clearly outlined on all course brochures.

## **2.9 Who is authorized to sign agreements with financial sponsors and/or exhibitors?**

This varies related to the nature of the agreement and the potential liability to the University.

- ✓ All legal agreements are developed in conjunction with Legal Services of the University. Contracts related to the development and implementation of national M-1/C programs are signed by the Associate Dean.
- ✓ Contracts related to hotel/facility space may be signed by the Associate Dean or the Faculty Executive Director.
- ✓ Initial letters with exhibitors generally take the form of 'general information' about the course and display space. The initial letter inviting participation will be signed by the Associate Dean, Business Manager or Course Chair. Subsequent information and confirmation is provided by a conference coordinator. A copy of the standardized letter confirming exhibitor arrangements is included at the end of this section.

## Speaker Guidelines for CME Presentations

### Scientific Integrity

Individuals giving presentations at CME courses and conferences should follow these guidelines so that materials are evidence-based, objective and balanced:

- Chose information for your presentation based on the best clinical information available. For more detailed information refer to the Levels of Evidence & Grades of Recommendation for Therapy, Prevention & Harm posted on the CME website ([www.cme.ucalgary.ca](http://www.cme.ucalgary.ca)) at <http://cme.myweb.med.ucalgary.ca/CourseDevtResources>
- Ensure recommendations meet accepted standards of scientific integrity and are consistent with common and/or local practice.
- Ensure balance of the prevailing body of scientific information on the product or service and if reasonable, alternative treatment options
- If unapproved uses of a product or service are discussed, inform the audience.

### Disclosure of Conflicts of Interest

In order to comply with national and provincial standards and accreditation guidelines governing the relationships between industry and educational and professional organizations, it is necessary for all CME presenters to be familiar with current disclosure policy and procedures:

- Faculty must disclose any affiliations with manufacturers of products of service providers mentioned at the event or with manufacturers of competing products or providers of competing services.
- Guidelines for disclosure are contained in all speaker information packages. They are also posted on the CME website ([www.cme.ucalgary.ca](http://www.cme.ucalgary.ca)) at <http://cme.myweb.med.ucalgary.ca/CourseDevtResources>
- All presenters at CME events are asked to fill out and return the disclosure form enclosed in your speaker package. Should you have anything to disclose, it is most important that you indicate on this form how you intend to resolve any potential conflict of interest.
- At the beginning of your presentation, (i.e., slide #2), please provide a disclosure statement. Succinctly disclose any involvement you have had with clinical trials, research or funding related to your topic that may be perceived as a potential bias to your presentation. If you have not had any involvement, please make a short statement to this effect.

## **Copyright**

The University of Calgary has a comprehensive set of guidelines pertaining to the Copyright Act, an important piece of federal legislation designed to protect the ownership of an idea. In summary, CME presenters should keep in mind that:

- Single copies of an insubstantial proportion (10% or less) of a published work for personal use is allowed.
- While it is legal to copy another's work for inclusion in a PowerPoint presentation, these slides must not be printed out and distributed.
- This legislation cover all information in print, electronic (CD-ROM, Internet) audio and video formats.
- The distribution of complete journal or other print articles as handouts is subject to a license fee under the University of Calgary ACCESS COPYRIGHT agreement. The cost for this is \$0.10 per page per copy. Providing a bibliographic reference or link to this article is not subject to a license fee and, therefore, preferable.

More information about these guidelines with links to more comprehensive information is available on the CME website ([www.cme.ucalgary.ca](http://www.cme.ucalgary.ca)) at <http://cme.myweb.med.ucalgary.ca/CourseDevtResources>

## **Handouts**

Handouts are highly valued by participants because they reinforce and clarify verbal information and aid recall. Here are some things to consider when preparing handouts:

- PowerPoint slides make effective handouts when they are printed in black and white with the background removed.
- PowerPoint slides are printed with 3, 4 or 6 slides per page depending on the number of slides and the density/clarity of material on the slides.
- Limit the amount of information on each slide. Small font sizes and an overload of material on any one slide makes duplication difficult.
- If you elect to provide a text-based handout, point form is more effective than paragraphs.
- Include important ideas and significant information from your presentation
- Include 3 key message on the last slide or portion of your handout
- Copyright guidelines apply to all educational materials. The Office of CME and PD reserves the right to edit material that will contravene copyright. Refer to the summary above or the CME website ([www.cme.ucalgary.ca](http://www.cme.ucalgary.ca)) at <http://cme.myweb.med.ucalgary.ca/CourseDevtResources> for more information.

Revised August 27, 2007

## **Planning Committee Guidelines**

### **Content Selection, Instructional Methods & Speaker Selection**

Planning Committees are responsible for determining the overall scope as well as the specific focus of any given CME course or conference. The following guidelines are essential to consider for all CME Planning Committees:

- Formulate 3-5 learning objectives for the course that will be central to all presentations. These learning objectives will be published in the course brochure and included in other materials distributed to potential participants
- Identify the experience and learning styles of potential participants and design the program accordingly. Geographical factors (e.g. local practice) should also be taken into account
- Ensure that the program unfolds in a logical sequence
- Plan a schedule that allows sufficient opportunities for participants to ask questions and/or discuss each presentation topic
- Choose potential speakers who have an understanding of current standards of educational methodology and are able to integrate these into their presentations
- Outline teaching points for each presentation topic and/or speaker. Alternatively, ask speakers to formulate teaching points based on a proposed topic. Have a system for monitoring these suggestions and offering changes as required

### **Disclosure of Conflicts of Interest**

In order to comply with national and provincial standards and accreditation guidelines governing the relationships between industry and educational and professional organizations, it is necessary for all CME Planning Committee members to be familiar with current disclosure policy and procedures:

- Guidelines for disclosure are distributed to all Planning Committee members. They are also posted at [www.cme.ucalgary.ca](http://www.cme.ucalgary.ca)

## Disclosure of Potential Conflicts of Interest

### For Use in Continuing Medical Education and Professional Development Programs at the University of Calgary

In principle, the audience for any educational intervention should be aware of any potential biases a teacher may have in the presentation of material. In many events, such as sponsored visiting lectureships or conferences underwritten by educational grants from industry, there is an explicit recognition of the nature of the sponsorship. Armed with this knowledge, an audience can properly evaluate the content of the presentations or teaching. There may, however, be undisclosed relationships with industry, which members of the Faculty quite legitimately hold, which are not as readily visible and which may yet give a perception of bias. Such relationships can include, but are not limited to, holding stock in pharmaceutical companies, involvement with industry advisory boards, or participation in industry-sponsored clinical research.

To appropriately inform audiences participating in University of Calgary Continuing Medical Education and Professional Development events, the Continuing Medical Education Committee recommends that speakers be asked to disclose any involvement with industry that may potentially influence the presentation of the educational material. Such disclosure is consistent with CMA Policy, which states: "CME/CPD organizers are responsible for ensuring the scientific validity, objectivity and completeness of CME/CPD activities. Organizers must disclose to the participants at their CME/CPD events any financial affiliations with manufacturers of products mentioned at the event or with manufacturers of competing products."<sup>1</sup> This is also a requirement of the accreditation guidelines of the Accreditation Council for Continuing Medical Education (ACCME) in the United States and is becoming increasingly common at meetings in the US and in several leading medical journals.

Disclosure may be done verbally, using a slide or a handout at the beginning of a presentation.

Examples of relationships which should be disclosed include but are not limited to:

- any direct financial interest in a company whose interests are in the area(s) covered by the educational material ("the Company")
- investments held by the speaker in the Company
- membership on the Company's Advisory Board or similar committee
- current or recent participation in a clinical trial sponsored by the Company
- assisting in the design of clinical studies concerning the use of products manufactured by the Company.
- participating in clinical studies using products produced by the Company.
- research by the speaker sponsored by the Company
- paid speaker by the Company.
- the speaker holds a patent for a product referred to in the presentation or marketed by the Company

To ensure that audiences receive complete information, speakers who have no involvement with industry should inform the audience that they have nothing to disclose, i.e., cannot identify any potential conflict of interest.

Where programs are logistically managed by the Office of Continuing Medical Education and Professional Development, University of Calgary, speakers will be reminded to prepare disclosure statements and include them in their presentations, and it is recommended that this practice be followed by all Faculty members engaging in CME activity, regardless of organizer. It is the sole responsibility of the individual speaker to make such disclosure **to the audience** at

the time of the presentation. ***Disclosure statements need not be submitted to the CME office or other organizers, nor will the organizers assume any responsibility to disclose on behalf of speakers.***

Program brochures and handout material should include the following statement: “In keeping with accreditation guidelines speakers participating in this event have been asked to disclose to the audience any involvement with industry or other organizations that may potentially influence the presentation of the educational material. Disclosure may be done verbally or using a slide.”

Reference:

1. Physicians and the Pharmaceutical Industry (Update 2001), CMAJ 2001, 164(9):1339-1341. <http://www.cma.ca/inside/policybase/index.htm>

**\*We acknowledge the work done by Dalhousie’s CME Department who created the prototype for this policy.**

# Continuing Medical Education and Professional Development, University of Calgary

## Disclosure Form

It is the policy of the Office of Continuing Medical Education and Professional Development to ensure balance, independence, objectivity, and scientific rigor in all CME activities. Anyone engaged in content development, planning or presentation must complete this form. Persons who fail to complete this form may not participate in the CME activity.

<b>CME Activity Title:</b> <insert course name>	
<b>Title of Presentation (if applicable):</b> <insert presentation name>	
<b>Live Presentation Date (if applicable):</b> <insert date and time>	
Please indicate your role in this CME activity: <input type="checkbox"/> Presenter <input type="checkbox"/> Course Director <input type="checkbox"/> Moderator <input type="checkbox"/> Planning Committee Member	
<b>Name:</b> <insert name>	<b>Title:</b>
<b>Phone:</b>	<b>E-mail:</b>

<b>DISCLOSURE</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Have you (or your spouse/partner) had a personal financial relationship <b>in the last 12 months</b> with the manufacturer of the products or services that will be presented in this CME activity (planner) or in your presentation (speaker/author)?
<b>YES</b>	<b>NO</b>	
If <b>NO</b> , skip to <b>DECLARATION</b> section below.    If <b>YES</b> , please list your disclosures and resolutions below.		

Commercial Interest	Nature of Relevant Financial Relationship
Name of Company	Employee, Grants/Research Support recipient, Board Member, Advisor or Review Panel member, Consultant, Independent Contractor, Stock Shareholder (excluding mutual funds), Speakers' Bureau, Honorarium recipient, Royalty recipient, Holder of Intellectual Property Rights, or Other
1.	
2.	
3.	
4.	
5.	

<b>RESOLUTION OF CONFLICT OF INTEREST</b>
<u>Presenter/Authors</u>
<input type="checkbox"/> I will support my presentation and clinical recommendations with the "best available evidence" from the medical literature.
<input type="checkbox"/> I will refrain from making recommendations, regarding products or services, e.g., limit presentation to pathophysiology, diagnosis, and/or research findings.
<input type="checkbox"/> I will recommend an alternative presenter for this topic for the planning committee's consideration.
<input type="checkbox"/> I will submit my talk in advance to allow for adequate peer review.
<input type="checkbox"/> I will or have divested myself of this financial relationship.
<u>Planners</u>

- To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.
- I will recuse myself from planning activity content in which I have a conflict of interest.

## DECLARATION

I will uphold academic standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity.

Signature

Date

Additional information may be requested to resolve any conflict of interest. All identified conflicts of interest will be resolved, and disclosure will be made to activity participants.

Thank you for completing this form. Please return this form to the Conference Coordinator. If you have questions regarding the Conflict of Interest Policy, please contact Dr. Jocelyn Lockyer.

# CONTINUING MEDICAL EDUCATION MAINPRO-M1

## Contract Template

[For national or provincial courses]

AN AGREEMENT MADE the     day of             , 2006

BETWEEN:

[insert name]

[insert address]

(the "Sponsor")

- and -

(i) THE GOVERNORS OF THE UNIVERSITY OF  
CALGARY

2500 University Drive N.W.

Calgary, Alberta, Canada

T2N 1N4

(the "University")

WHEREAS the Sponsor desires to support the University in the development of a Continuing Medical Education Program entitled “ \_\_\_\_\_ ” (the "Course") under the direction and supervision of the University's Office of Continuing Medical Education and Professional Development and,

WHEREAS the University desires to undertake the development of the Course under the terms and conditions of this Agreement,

NOW THEREFORE in consideration of the mutual promises and covenants herein, the parties agree as follows:

### 1. STATEMENT OF WORK

- 1.1 The University agrees to develop the Course in accordance with the Statement of Work in Schedule "A".
- 1.2 The University shall develop the course in accordance with the College of Family Physicians of Canada ("CFPC") criteria for MAINPRO-M1 courses.
- 1.3 The Sponsor shall be responsible for seeking the registration of participants. The Sponsor shall provide the University with registration forms for the participants in accordance with Schedule "A".
- 1.4 The University shall cooperate with the Sponsor in the creation of promotional materials. The parties agree that promotional materials shall comply with Canadian Medical Association's Policy regarding Physicians and the Pharmaceutical Industry, and the University shall have the right to review and approve any promotional materials.
- 1.5 The University shall conduct one pilot test of the Course. The Course and materials will be revised in accordance with the results of the pilot test.
- 1.6 The University shall submit an application to the CFPC in order to obtain accreditation for the Course by the CFPC for a period of 12 months ("Initial Accreditation Period").

## **2. FACULTY**

- 2.1 The Course shall be developed under the direction and supervision of \_\_\_\_\_, or any person appointed by the University, who shall have responsibility for the scientific and technical content of the Course, in consultation with a committee of experts as identified by the University (collectively, the "Expert Committee") and shall receive input from the Sponsor.
- 2.2 The University reserves the right to train, select and approve the facilitators or instructors of the Course.

## **3. TERM**

The term of this Agreement shall be from (month, day, year) until the expiry of the Initial Accreditation Period (the "Term"). This Agreement will not be extended or deemed to be extended should the University apply for and receive re-accreditation for the Course for a further 12 months.

## **4. CONDUCT OF THE COURSE**

- 4.1 The Sponsor shall have the exclusive right to promote and conduct the Course during the Initial Accreditation Period.
- 4.2 Notwithstanding the provisions of section 4.1 herein, upon providing the Sponsor with one month notice, the University may conduct the Course with other courses offered by the University or the Alberta chapter of the CFPC.
- 4.3 The Sponsor shall conduct the Course as designed by the University. In conducting the Course the Sponsor shall comply with all legal and regulatory requirements, including without limitation, the Canadian Medical Association's Policy Summary on Physicians and the Pharmaceutical Industry and the policies of the College of Family Physicians of Canada. In addition, the University's process in conducting the Course, as outlined in Schedule C, will be strictly adhered to by the Sponsor.
- 4.4 The University shall review for approval all Course materials and promotional materials relating to the Course. The University shall be recognized in all Course materials and promotional materials in a manner approved by the University.
- 4.5 The University shall issue study credits to Course participants who successfully complete the Course.
- 4.6 The Sponsor may advertise its involvement in the Course, subject to section 8 herein.
- 4.7 The Sponsor shall have a 60 day option to the Sponsor the Course for a further 12 month period, upon notice that the University is seeking or has received reaccreditation for the Course. If the Sponsor exercises its option, the parties agree to negotiate a mutually satisfactory agreement. All negotiations shall be completed within 60 days of the Sponsor's written notice to exercise its option. If the University and the Sponsor fail to reach agreement, the University shall be free to negotiate with others without further obligation to the Sponsor.

## **5. INTELLECTUAL PROPERTY AND PUBLICATION**

- 5.1 The University shall own all Intellectual Property relating to and arising from the Course, including without limitation, copyright to the Course, Course materials, data and information generated by the development and the conduct of the Course, and any reports provided under Article 6.
- 5.2 Intellectual Property includes, but is not limited to, teaching materials, processes, technical information, reports, photographs, drawings, plans, specifications, models, prototypes, inventions, samples, software designs, or know-how, whether or not protected by patent, copyright, industrial design or trade secret law ("Intellectual Property").
- 5.3 The Sponsor hereby irrevocably assigns any right, title and interest and all intellectual property rights whatsoever that it had, has or may have in the Course, course materials, data and information to and in favour of the University.
- 5.4 The University shall own and maintain registration authority over the copyright of any thesis, journal article, conference paper, or other material referring to or incorporating the Course or any evaluation thereof. The University and author(s) shall have the right to publish any written material, including but not limited to articles and papers that refer to or incorporates the Course or any evaluation thereof. The Sponsor shall not publish

any material relating to the Course or the evaluation thereof without prior review and approval by the University.

5.5 Notwithstanding the above, the Sponsor may print and reprint Course materials during the term of this Agreement.

## **6. REPORTS**

For an additional fee, the University may provide the Sponsor with a report summarizing the evaluation of the Course. All such reports shall protect the anonymity of the individual participants. The Sponsor shall not use or distribute these reports without the express written consent of the University.

## **7. CONFIDENTIAL INFORMATION**

7.1 The University, and the Sponsor agree to keep confidential and not disclose to others information designated as confidential and supplied by them for the purpose of developing the Course ("Confidential Information"). The parties agree to advise and notify the others as to which information disclosed, if any, constitutes Confidential Information. All written materials disclosed shall have this clearly marked on them, while any oral disclosures shall be followed by a written memorandum outlining the information disclosed and its confidential nature within ten (10) days of disclosure.

Confidential Information does not include information that:

- (a) is already known to the party to which it is disclosed;
- (b) is or becomes part of the public domain without breach of this Agreement;
- (c) is obtained from third parties who have no legal obligation to keep the information confidential;
- (d) is required to be disclosed by law, but only to the extent so required.

7.3 The parties agree not to use Confidential Information for any purpose other than the purposes set forth in this Agreement for a period of five (5) years from the effective date of this Agreement.

## **8. USE OF NAME**

The Sponsor shall not use or permit others to use the name of the University, or its personnel or refer to their participation in the Course, for any sales or promotional purposes without the prior approval of the University.

## **9. PAYMENT**

9.1 The Sponsor shall pay to the University the costs of the development of the Course in accordance with the Budget attached as Schedule "B". Unless provided otherwise in Schedule "B", payment shall be in two equal installments with the first payment due within thirty (30) days of the execution of this agreement, and the balance due within thirty (30) days of the completion of the development of the Course material by the University.

9.2 In addition the Sponsor shall pay the University a fee of \$150.00 for each time the Course is offered as outlined in Schedule "C".

9.3 The Sponsor shall pay additionally: (a) the costs of honoraria for instructors or faculty, and (b) travel expenses.

9.4 If payment is not received within thirty (30) days, then interest will accrue on the outstanding balance at the rate of one and one half percent (1 1/2%) per month, calculated from the invoicing date. All subsequent payments made by the Sponsor shall be initially applied to any outstanding balances and accrued interest prior to current invoices.

## **10. DELAY**

In the event that there is a delay in the development or conduct of the Course, the University reserves the right to amend the budget for the Course.

## **11. TERMINATION**

This Agreement may be terminated by either party by giving sixty (60) days written notice to the other. In the event of termination, the University shall take all necessary steps to effect the orderly termination of the Course development. The University shall be reimbursed for all costs incurred, or bound to be incurred, through the effective date of termination including the costs of any final reporting.

The provisions of sections 5, 6, 7, 8, 12, 13 and 14 shall survive termination of this Agreement.

## **12. WARRANTIES**

The University agrees to develop and administer the Course in accordance with professional standards but does not promise success in achieving any desired result. The University gives no warranty of fitness for a particular purpose, or any other warranty, express or implied, on the results of the Course. The University shall not be liable for any direct, consequential, or any other damage suffered by the Sponsor or others resulting from the Course.

## **13. LIABILITY**

The University's liability to the Sponsor for damages, including but not limited to breach of patent or copyright infringements shall be limited to the amount the Sponsor had paid for the Program at the time the damages are caused.

## **14. INDEMNIFICATION**

14.1 The Sponsor agrees to hold harmless, indemnify and defend the University from all claims, liabilities, demands, damages, expenses and losses resulting, directly or indirectly, from any acts or omissions of the Sponsor or anyone for whom the Sponsor may be liable at law relating to the Sponsor's performance of or failure to perform the Sponsor's obligations under this Agreement.

14.2 The University agrees to hold harmless, indemnify and defend the Sponsor from all claims, liabilities, demands, damages, expenses and losses resulting, directly or indirectly, from any acts or omissions of the University or anyone for whom the University may be liable at law relating to the University's performance of or failure to perform the University's obligations under this Agreement.

## **15. ASSIGNMENT AND SUBCONTRACTING**

No part of this Agreement may be assigned or subcontracted by either party without the written consent of the other.

## 16. AMENDMENT

No amendment or variation to this Agreement shall operate to change or vary the terms, obligations, or conditions hereof except upon mutual agreement by both parties signed by authorized representatives of each party.

## 17. ISSUE AND DISPUTE RESOLUTION

In the event that any issue or dispute arises between the University and Sponsor regarding this Agreement, including during the conduct of the course as described in article 4 above, representatives of University and Sponsor shall notify the other by e-mail or telephone and promptly enter into discussions and exert commercially reasonable efforts in good faith to reach a reasonable and equitable resolution of the issue. If these representatives are unable to resolve the issue within (10) days, the matter will be immediately referred to a member of senior administration of the University and senior management of Sponsor for resolution, (who shall use commercially reasonable efforts in good faith to reach an equitable resolution of the issue.) If the parties fail to arrive at a resolution within 10 days of this referral, then either party will be at liberty to terminate the agreement in accordance with section 11 herein."

## 18. NOTICES

All notices, requests, directions, or other communications required or permitted herein shall be in writing and shall be delivered to the parties hereto respectively as follows:

SPONSOR:

[insert address and fax no.]

Attention:

UNIVERSITY:

Office of Continuing Medical Education  
and Professional Development  
The University of Calgary, Faculty of Medicine  
3330 Hospital Drive N.W.  
Calgary, Alberta  
T2N 4N1  
Fax: (403) 270-2330

Attention: Dr. Jocelyn Lockyer

In order for any notices, requests, directions, or other communications to be effective, they shall be delivered in person; or, sent by registered mail, telegram, telex or facsimile addressed to the party for whom it is intended at the above mentioned address and shall be deemed to have been received, if sent by registered mail, when the postal receipt is acknowledged by the other party; if sent by telegram, when transmitted by the carrier; and, if sent by telex or facsimile, when transmitted. The address of either party may be changed by notice in the manner set out in this provision.

**19. SPONSOR'S REPRESENTATIVE**

The Sponsor hereby designates \_\_\_\_\_ as its representative with authority to act on the Sponsor's behalf in any matter related to this Agreement.

**20. UNIVERSITY'S REPRESENTATIVE**

The University hereby designates Dr. Jocelyn Lockyer, Associate Dean, as its representative to act on the University's behalf in any matter related to this Agreement.

**21. RELATIONSHIP OF PARTIES**

The relationship of the University to the Sponsor is that of an independent contractor and nothing in this Agreement shall be construed as establishing an agency, partnership, or employment relationship between the parties.

**22. GOVERNING LAW**

This Agreement shall be governed by and interpreted in accordance with the laws of the Province of Alberta and the Sponsor hereby expressly attorns to the jurisdiction of the courts of Alberta for enforcement thereof.

IN WITNESS WHEREOF, the duly authorized officers of the parties have executed this Agreement on the date first written above.

SPONSOR

\_\_\_\_\_  
Per:

\_\_\_\_\_  
Date

THE GOVERNORS OF THE UNIVERSITY OF CALGARY

\_\_\_\_\_  
Dr. Jocelyn Lockyer  
Associate Dean  
Continuing Medical Education

\_\_\_\_\_  
Date

## Sponsor Letter

Dear <*Sponsor Name*>:

Thank you for agreeing to provide an unrestricted educational grant of <*amount*> in support of <*conference name*>. In keeping with the Canadian Medical Association's (CMA's) policies and guidelines, this money will greatly assist in providing the best possible educational activity to our registrants.

This conference, organized by the Office of Continuing Medical Education in conjunction with the planning committee, is designed to <*insert learning objectives*>. It will be held on <*date*> at <*location*>.

I would like to take this opportunity to remind you that we are not at liberty to share any registration information with you. We also do not allow exhibitors to give away or raffle off any items at the conference. We ask that each sponsor limit themselves to a maximum of two representatives. Both are welcome to attend sessions but we ask that you register for breakout or workshop sessions so that we can reserve the necessary space. We will be happy to give you a course handbook and handout materials. You are welcome to join us for meals and breaks.

Thank you once again for your support.

Sincerely,

<*Course Coordinator and contact details*>

Encl. brochure

## **Continuing Medical Education and Professional Development**

### **Process for MAINPRO – M1 Courses**

The process applies for all MAINPRO – M1 (MP-M1) courses, which are organized and run by industry, and have the office of Continuing Medical Education and Professional Development, University of Calgary (CME) as the accredited provider.

#### **Course Unique Identifier Number**

- Every MP-M1 course must have a course number, issued by CME.
- The industry representative must contact CME to receive a course number for the course(s) they are organizing.
- Representatives will be required to use this course number in any communications with the CME.
- A course, which has run without a course number, issued by CME, will not be considered accredited.

#### **Registration, Evaluation, and Honorarium Payment Forms from CME**

- Upon giving the course number for a course, CME will give the industry representative registration and evaluation forms for all participants of the course to fill in.
- All fields on the registration form must be filled in by participants.
- Honorarium payment form(s) will also be issued and must be filled in by the course facilitator(s).

#### **Information From Industry To CME After the Course Has Run**

- Registration forms must be returned to CME in order that certificates of attendance (M1 credit letters) may be issued by CME and mailed to participants by CME.
- Evaluation forms must be returned to CME for data to be compiled.
- Honorarium payment forms must be returned to CME to process payment to the course facilitator(s).
- Registration, evaluation, and honorarium payment forms are to be returned to CME via fax: **(403) 210-8188**

#### **CME Course Fee**

- A fee of \$150 per course must be paid to CME by industry for the administration of courses and participants.
- An invoice will be generated by CME and given to industry or the industry representative organizing the MP-M1 course.

#### **CME Contact Person**

**For course numbers, registration and evaluation forms, return of registration and evaluation forms, contact:**

**Cynthia MacDermott**

**Phone: (403) 220-6493**

**Fax: (403) 210-8188**

**Email: [cmacderm@ucalgary.ca](mailto:cmacderm@ucalgary.ca)**

## 2. Organization and administration

**2.1 The CME office has an organizational and decision-making structure designed to fulfill its CME/CPD mission and objectives.**

### **A.1 Documentation**

- Organization charts demonstrating relationships within the Office and within the Faculty.
  - - See Page 56 located at the end of this section for the Faculty of Medicine organizational (reporting and committee) structures
- Examples of the Terms of Reference and make-up of several planning committees for family medicine and specialty courses and the policies underlying these.
  - the CME and PD Committee Terms of Reference (approved 2005) – see Page 57 located at the end of this section
  - the responsibilities of departmental representatives;
  - a prototype terms of reference for a departmental CME committee; information pertaining to make-up of committees and roles are described within this section and in course binders

### **B.2 Questions**

- 2.1 Describe the administrative structures within the CME/CPD office that are used to develop and implement the goals of the office. For each group, committee or sub-committee describe:**
- role and responsibilities,
  - how members are selected
  - its line(s) of reporting

The CME and PD Committee is a senior committee of Faculty. As such it reports to Executive Faculty Council and Faculty Council. As indicated in the terms of reference, the membership is diverse with representatives from the Faculty of Medicine (appointed through an election process), chairs of major committees, representatives from the Clinical Departments, and representatives from the CPSA, CFPC, and AMA.

Departments are encouraged to create departmental CME committees. A prototype for their terms of reference is provided at the end of this section.

Other committees are ad hoc and appointed for the purpose of the task. However, the membership for many of the course planning committees is relatively stable with 1-2 members coming in each year and 1-2 leaving.

Composition of committees will be variable but generally includes the physicians and/or other health care professions from the group(s) targeted for the program as well as experts who can ensure the scientific validity of the content, appropriate selection of participants and contribute 'real needs'. As examples,

- ✓ The Evening Course and Family Practice Review and Update Courses committees are exclusively made up of family physicians.
- ✓ The Emergency Medicine for Rural Hospitals Course includes both physicians and nurses as the course is designed for both.

- ✓ The Therapeutics Course is more diverse in its representation with 3 family physicians, 3 pharmacists, internist (Chair), pharmacology professor, and a representative from the Alberta Poison and Drug Information Service.
- ✓ The planning committee for the Update in Medicine for Psychiatrists has psychiatrists and an internist.
- ✓ The Street Drugs Course planning committee is very diverse and includes physicians (family and RCPSC specialist), a pharmacist, representatives from the Calgary police, Alberta Drug and Alcohol Commission, PADIS, Calgary Emergency Medical Services, Calgary Urban Project Society (an organization that provides health services for inner city and street people) and the downtown urgent care centre.

The task of these committees is to design an educational program based on the objectives for the course. These committees report to the Associate Dean who is responsible for ensuring that accreditation standards are met and that the programs are financially viable.

## **2.2 What criteria does the CME office use in selecting members of planning committees?**

As noted from the examples provided above, the goals in selecting members include: content expertise, target population input, and ensuring representation is appropriate to meet accreditation requirements for physicians and pharmacists. [In Alberta, pharmacists are the only group outside of medicine that has course accreditation.] By selecting professionals for program planning in this way, we ensure that the content is scientifically based, of interest to potential participants, and can be accredited.

## **2.3 Describe the planning structures that exist to support the development of individual educational programs for family physicians, specialists and other health professionals, as applicable.**

Each course has a planning committee that develops the program. Courses have objectives which are usually pre-determined prior to beginning the planning process, although, these may be refined during the planning meetings. One of the staff with educational expertise (D Simpson, C Mills, G Wong, A Edo, or J Lockyer) will work with the planning committees and attend all meetings. A conference coordinator (J Langer, J Sweeney, M Babey, U Crosbie) will handle course logistics and support including meeting management, distribution of minutes, reminders of minutes, invitations to speakers, confirmation of speakers, room bookings, and arrangements on the day(s) of the program. Committee members will address content questions with speakers.

## **2.4 How does the CME/CPD office ensure that the interests and needs of a specific group (i.e. family physicians, cardiologists etc) direct CME for that group?**

This is handled in a variety of ways:

- Participation of representative physicians on the planning committee

- Data from previous participants (ie, course evaluation data and needs surveys, where applicable)
- Other data related to needs of the target group
- Educator member of the committee ensures that the input is solicited equally from committee members at meetings

## **2.5 How is input from other medical disciplines or other health professionals used in the needs assessment process to guide CME development?**

We attempt to ensure that committee composition is as broadly based as possible to solicit that input. Data from past registrants, faculty, committee members (and their organizations), the community, and other sources are used in planning.

## **2.2 The CME office effectively manages sufficient resources with a business plan to fulfill its CME/CPD mission and objectives. This includes support from the Faculty of Medicine / Health Sciences.**

### **A.1 Documentation**

- All sources of revenue and types of expenditures over the past 2 years [See business plan financial statements].
  - Registration data for last fiscal year [See business plan].
  - A budget summary which includes:
    - Statement of income for current year for general operating expenses of the CME program (including CME tuition or fees, gifts, donations or grants, budgeted from institutional funds and other sources)
    - Statement of expenses for the current year for general operation of the CME program (including salaries and honoraria, supplies and equipment, travel and other expenses).
    - Intra-faculty fiscal arrangements including but not limited to tithing, cost recovery and revenue generation expectations. [See business plan].

### **B.2 Questions**

#### **2.1 Describe the level and kind of support received from the Faculty of Medicine / Health Sciences.**

The Faculty of Medicine provides salary support for the Associate Dean, Assistant Dean, and the Assistant to the Dean. The Faculty provides space including offices and a small conference room.

#### **2.2 How are faculty who participate in the planning and delivery of CME/CPD identified and supported by the office?**

The Office handles all of the logistics related to courses so that committee members can come to meetings and provide clinical and educational input. Normally, CME Office staff invite speaker participation. Committee members will

be assigned to speakers once the program has been confirmed so that they can guide the speaker. Over the years, the Office's support for planning committee members has helped to ensure planning committee members feel valued without feeling burdened with the logistical work associated with a course (e.g., selection of course site, food and beverage arrangements, first contact to speaker).

Planning committee members as well as speakers are listed on brochures. On an annual basis, a report goes to department heads listing the people who have participated in CME activities along with the name of the course and the time commitment.

The Faculty has a CME award for a clinical faculty member who has participated in a U of C program. The department heads nominate members of their department, often at the suggestion of the Associate Dean. This award has been given to both outstanding teachers and course chairs.

The Office has provided other forms of acknowledgement (i.e., plaques, books) to those teachers who have contributed substantially over the year.

### **2.3 Describe how the CME/CPD office manages its administrative staff resources (e.g. hiring, development of job descriptions, staff meetings, professional development opportunities, performance reviews, etc.).**

Each position in the Office has a formal job description. These job descriptions are reviewed and rewritten at the point of recruitment .

Each employee has an annual performance review. New employees have 3 and 6 month reviews. These reviews require independent assessments by the Associate Dean/Business Manager and the employee (self assessment) related to key job competencies and the articulation of a professional plan and courses the staff person would like to take to reach goals.

There are regular monthly staff meetings as follows:

- ✓ Entire staff to discuss Office and Faculty issues
- ✓ Conference coordinators
- ✓ Education/administration group

There is an Office manual on the 'shared computer drive' so that all staff have access to common forms, information about services/roles, examples of letters (invitation, thank you, exhibits), as well as information the staff themselves identify they require and have in common.

### **2.4 What are the strengths and limitations of the CME/CPD office's access to media and resources to deliver CME in varied educational formats?**

The Office has access to and is served well by centralized Faculty units. These include

- ✓ Instructional Resources. This unit administers the medical skills centre with its interview rooms used for the MCC and CFPC examination preparation courses. They also procure supplies that are required for several hands-on courses (surgical skills, Emergency Medicine for Rural Hospitals, GP Anesthesia Update).

- ✓ Gross Anatomy Area. This purposefully built unit is used for surgical skills development.
- ✓ Audio visual services. These services include access to a range of equipment and modalities as well as technician support, as needed.
- ✓ Learning Commons in HSC. This computer lab is used for computer skills training.
- ✓ Videoconference capabilities including equipment and personnel.
- ✓ Multi media to create CDs of handout material and posters.

It can be more challenging to access IT support to develop courses for web and internet within the Faculty. However, the main campus Teaching and Learning Centre provides support to faculty interested in developing on-line educational programs.

## **2.5 Describe the relationships the CME office has formed with external organizations to assist it in fulfilling its CME/CPD mission and objectives.**

As noted earlier, the Office's partnerships are a major strength. These partners help us to identify learning needs, collaborate with us in the development and administration of courses, and contribute to the research and scholarly work being done by the Office.

These partnerships include:

- ✓ Calgary Health Region and its units including the Bone and Joint Health, Regional Pain Program, Chronic Disease Management Program, Department of Family Medicine CME, and Clinical Departments
- ✓ Poison and Drug Information Service
- ✓ College of Physicians and Surgeons of Alberta
- ✓ Rural Physician Action Plan
- ✓ Alberta Cancer Board
- ✓ Alberta Medical Association

## **2.6 Describe the enabling opportunities provided by the Faculty of Medicine / Health Sciences.**

These opportunities include

- ✓ Access to the Clinical and Institute leaders, the Office of the Dean, and common units (e.g., communications/media, financial services, instructional resources, room bookings, audio visual).
- ✓ Access to space when available
- ✓ Access to equipment and technical support
- ✓ The fact that we are within the Faculty and have a 'natural' relationship to the Faculty's partners in other areas.
- ✓ Proximity to other health facilities on the Foothills campus (i.e., Foothills Medical Centre, Tom Baker Cancer Centre, Bookstore etc).

## **2.7 Describe any barriers that limit the CME/CPD office's ability to meet the office's mission and objectives.**

There are a number of phenomenon that make the CME operation challenging. These include:

- ✓ The nature and type of funding. Revenues are project/tuition based. Significant expertise is required to ensure that program development and marketing result in financially viable educational activities.
- ✓ The dependence on policies formulated by the CFPC and RCPSC affecting accreditation which are often adopted quickly without much consideration for the impact on CME fiscal operations
- ✓ Decisions taken by provincial bodies (e.g., CPSA, AMA, RPAP) and local bodies (CHR) that can affect the CME operation.
- ✓ Issues of staff recruitment and retention in Calgary where public sector salaries are not competitive with those paid by the private sector.
- ✓ The lack of predictability of revenue and costs on a year to year basis.

**2.3     *The CME office maintains appropriate records of its decision-making processes, general operations, and learner participation. The office provides documentation of participation to participants when appropriate or requested.***

## **A.1   Documentation**

- 1.1     Provide one anonymous example of how an individual physician would receive documentation of his/her participation in the office's CME activities over a one-year period.  
Credit hour statements are provided at the course. The IT system at present will not support an annual print out of data for a specific course participant as the data is handled on a course by course basis. However, participants who contact the Office can receive replacement certificates for courses they have attended.
- 1.2     Policies related to disclosure of participation data to third parties.  
The Office manual clearly states that staff must comply with the FOIP Act, where it can be found on the University's website, and the Office contact re FOIP. Staff are reminded that brochures must contain a standardized statement about personal information and that they can only provide information in the public domain; they cannot provide registration lists. Staff are also instructed about the storage and handling of information that must occur to ensure confidentiality of data.

## **B.2   Questions**

### **2.1 How does the CME/CPD office maintain and store records of its decision-making processes and general operations?**

Minutes are kept of the work of the CME and PD Committee and each of the program committees. The minutes of the CME and PD committee are posted on the University of Calgary website as public documents. Planning committee minutes are retained within the Office.

There is an office manual which is housed on the shared drive. This manual is updated annually and provides examples of letters, accreditation guidance, and other information which staff require to fulfill their duties. The manual is discussed annually at a staff meeting. An orientation to the Office and expectations is provided by G Wong for new staff and includes in-service updates and regular meetings on important and/or commonly areas of importance (e.g., accreditation), one-on-one sessions with senior staff to review all aspects of the Office's operation, 3 and 6 month evaluation reviews, and mentoring.

## **2.2 How does the CME office maintain and store the records of physician participation in CME/CPD events?**

The Office has had electronic system for registration for almost 30 years. The system is centralized, under the direction of J Pearson, course 'registrar'. All registrations are handled centrally. The 'registrar's' office has locked file drawers for paper copies of course registration forms which are kept for 5 years as per University regulations. Course data is input into a course registration system that is password protected.

## **2.3 Describe the CME/CPD Office's policy related to the disclosure of participation data to third parties and how it is used.**

The Office has had a 'no disclosure' of participant data as per FOIP regulations in place in Alberta since 1997.

## **2.4 *The CME/CPD Office is involved directly or indirectly in the university's program(s) of faculty development, undergraduate and postgraduate education.***

### **A.1 Documentation**

A list of the faculty development courses planned by or in conjunction with the CME and PD office over the past 2 years.

See information in business plan.

A list of those activities over the past two years where the CME/CPD office has contributed to undergraduate and postgraduate education.

See below

### **B.2 Questions**

#### **2.1 Describe all faculty development initiatives for faculty who teach in CME that were completed in the past 2 years.**

Faculty development within the Faculty of Medicine is a 'centralized' resource, under the leadership of Dr L Cooke, Assistant Dean, Faculty Development. This office was established in late 2006 with each of the Associate Deans contributing a portion of funding for the Office and its staff.

The CME and PD Office works with Dr Cooke and her staff to ensure that courses are accredited by CFPC/RCPSC. The Associate Dean occasionally assists with curriculum design and evaluation of programs. The Office handles the registration and maintains the registration records for faculty development

courses. The Associate Dean has taught in the Master Teacher program, an initiative in which 12 physicians were each recruited to teach 260 hours in the UG curriculum to alleviate the 'teacher shortage'. Master Teachers complete a University 'certificate' program which covers curriculum design, evaluation, running small groups, giving presentations, etc over an 8 month period. J Lockyer taught the curriculum design portion (10 hours) The Faculty Development Office has implemented the AFMC Faculty Development for Teachers of International Medical Graduates modules. J Lockyer collaborated on the evaluation of this program. This program will be available to all faculty. The Office handles registrations in faculty development programs as well as the evaluation summaries.

The Office works with the Associate Dean, Rural and Regional Education on the Cabin Fever Program, a weekend residential course designed for physician preceptors located outside of Calgary. Assistance is provided in designing the course. The Associate Dean is often asked to facilitate a workshop. The Office handles course registration and the course summaries.

The Office also benefits from faculty development material developed elsewhere. For example, the RPAP has developed a teacher training module which rural physicians access on-line to guide their teaching. This material has been incorporated into both the Hospitalist and Emergency Medicine for Rural Hospitals courses. Similarly, the Faculty Development Office has excellent resource material for Faculty which are available through their website and linked to [www.cme.ucalgary.ca](http://www.cme.ucalgary.ca).

The University Teaching and Learning Centre (Main Campus) runs educational programs available to all Faculty.

Physicians participating in CME programs can access web based resources (ie., making your educational sessions interactive, facilitating small groups) on [www.cme.ucalgary.ca](http://www.cme.ucalgary.ca).

Physicians who teach national M-1 and C programs have to participate in a 'teach the teacher' program in order to teach the program.

## **2.2 How have the principles of physician learning been conveyed to members of planning committees and teachers?**

This is handled in a number of ways.

- ✓ There is coaching of committee chairs and committee members during planning committee meetings.
- ✓ Course related materials provide this information.
- ✓ The web site has resources.

## **2.3 Describe the extent to which the CME office is involved in, reviews, and/or cosponsors the CME activities put on by any component of the medical school.**

Courses designed for family physicians that are developed outside of the Office of CME are referred to the Alberta Chapter of the CFPC for accreditation.

Courses designed for RCPSC specialists that are developed outside of the Office of CME but developed by a member of the University of Calgary Faculty of Medicine can be submitted for a section 1 accreditation review. These courses

must meet the full criteria of the RCPSC. A budget must be provided to ensure compliance with CMA guidelines related to industry relationships. The forms must be signed by the course director (who must be a RCPSC fellow), the departmental CME and PD representative, and G Wong for accreditation to be granted.

#### **2.4 Describe the contributions of the CME office:**

- Within the undergraduate and postgraduate programs of the Faculty of Medicine / Health Sciences.
- With other schools or faculties involved in a health field within the university.
- With the Faculty of Continuing Education (Extension).
- With various professional organizations including other organizations engaged in CME outside the university.

#### **UG & PG:**

- ✓ J Lockyer is a member of the Medical Education and Research Unit (MERU) Group which is responsible for the MSc/PhD programs in medical education.
- ✓ J Lockyer teaches a required course in the MSc program, Curriculum Design and Evaluation as well as an elective course on Qualitative Methods. She also supervises 7-9 MSc/PhD students. The MSc program is specifically designed for Faculty members who wish to pursue an educational career and the graduates generally assume leadership positions within the Faculty (clerk coordinator, residency program director, course chair). Student theses often focus on UG and PG topics (e.g., assessment of IMG physicians for entry into residency programs, testing of a peer professionalism assessment questionnaire for UG, communication skills for orthopedic surgery residents, psychiatry resident learning experiences in emergency psychiatry, and a case study assessment of the musculo skeletal program.)
- ✓ J Lockyer was faculty lead for the weekly medical education seminar series which is available to all faculty and staff. These seminars focus on medical education research and pedagogy.
- ✓ J Lockyer currently chairs the Faculty of Medicine Admissions Committee, assists in the development of the mini medical interview scenarios and assessments and the interviews
- ✓ N Schachar serves on the Simulation Leadership Group of the Faculty/Calgary Health Region. This group is developing an interdisciplinary education, teaching and research centre for simulation.
- ✓ N Schachar is Chair of the Office of Surgical Education, Director of Bone and Joint Health (Education), and Chief, Knowledge Translation, Bone and Joint Health, Calgary Program.
- ✓ The Bone and Joint Health Education Program is housed within the CME and PD Office. That program coordinates a national bilingual education program for final year orthopedic residents to enhance communication skills.
- ✓ Two MAINPRO-C programs developed with the Alberta Cancer Board (ACB) in the areas of cervical cancer and breast cancer screening have been incorporated into the formal teaching program for family medicine residents. The Office of CME provides the course materials to the teacher.

**Other schools:**

The Office is available to support CE in other Faculties. The Office supported a CE needs assessment for the Faculty of Veterinary Medicine in 2006 and hoped that CE programming would be an outcome. However, the obligations of developing curriculum, recruiting faculty, and developing policy has not made collaboration possible. The first class will begin in 2008 and it is hoped that collaboration may be possible after that.

- ✓ The Office supported a dental education needs assessment survey in conjunction with a community-wide (Calgary Health Region) initiative to improve dental education in the community. Work is underway on the first courses.
- ✓ The Office collaborates with the Department of Social Work on Managing Children's Mental Health Issues in Primary Care, an on-line course for providers of pediatric mental health services in Alberta.

**Faculty of Continuing Education:**

The University no longer has a Faculty of Continuing Education. It has an administrative unit. Faculty members previously associated with the Faculty are now housed within the Faculty of Education. Continuing Education's foci are distinct from our foci and include degree-credit courses that are offered (spring and summer, weekend, off-campus and in the French language); professional development through seminars, courses, certificate and diploma programs in business, computing and information systems, career development, English as a second language, languages and visual design; and personal enrichment courses. CME and PD does make use of its 'calendars' to advertise Mini Medical School.

**Professional Organizations:**

- ✓ The Office works with the CPSA re the development and testing of instruments for the Physician Achievement Review program.
- ✓ J Lockyer has served on the RCPSC Provider Conference Planning Committee, consults to the National Board of Medical Examiners (professionalism project), and works with the Medical Council of Canada (instrument development and assessment re communication skills and IMG assessment). She is the President of the Society for Academic CME. (2007/2008)
- ✓ G Wong is on the Board of Canadian Association for Continuing Health Education.
- ✓ N Schachar serves on committees of the College of Physicians and Surgeons of Alberta (PAR program) and Canadian Orthopedic Association.
- ✓ R Ward works closely with Laval CME on national education programs to ensure that they meet the needs of French speaking physicians. He has worked with the Heart and Stroke Foundation of Ontario on an initiative related to their Hypertension Management Initiative to develop the program and teach the teachers. Dr. Ward is Past Chair Family Medicine Forum (CFPC) and the current President, AB Chapter CFPC.

**2.5 What activities in the area of educational development of faculty who plan or teach within CME have occurred since the last accreditation survey? (Examples may include attendance at meetings, participation in educational programs and journal clubs, and subscription to CME Journals).**

These include:

- ✓ Teach the teacher programs for national M-1 programs. Over the last three years, these programs have included: ADHD across the lifespan; COPD: A matter of life and breath; Effective management of OAB; Global CV Risk; Improving team effectiveness in Primary Care; NSAID Challenge: Linking the 3<sup>rd</sup> Canadian consensus guidelines to practice; Osteoporosis case studies; Partners in Asthma; and White Coat Hypertension.
- ✓ Support for CME & PD committee members at the RCPSC annual provider conference.
- ✓ The medical education seminar series is open to all faculty.
- ✓ The Office has offered to send people to Congress 2008.
- ✓ The Office provides assistance to the Associate Dean, Rural and Regional related to the Cabin Fever Program for rural and regional preceptors.

**2.5 *The appropriate CME personnel are knowledgeable about the organized systems of CME/CPD standards affecting the physicians and the communities it serves.***

***The office credits under the following circumstances:***

- The CME and PD office independently develops and implements a CME/CPD activity
- The CME and PD office co-sponsors an activity. In this case, the office must assume primary responsibility for the activity's planning, content, implementation, and evaluation strategies.
- The CME and PD office approves an activity of a physician organization according to established educational and ethical standards.

**A.1 *Documentation***

- Policies and procedures used by the CME and PD office in reviewing programs and assigning credits. List of the CME activities that the CME and PD office has, during the past accreditation period.
  - Organized itself
  - Co-sponsored with non-accredited organizations/institutions and
  - Application forms for course approval

[The list of courses is provided in the business plan. The approval structure for RCPSC programs requires submission to the RCPSC form and the departmental sign-off form and the budget form. Lists of courses which the University of Calgary has accredited on behalf of the RCPSC are provided at end of section.]

## **B.2 Questions**

### **2.1 How does the CME office handle requests for the assignment of study credit? For example who assigns the credits? Is there a formal committee structure? What quality control mechanisms are in place?**

The Office will only handle requests for the assignment of RCPSC section 1 study credit from faculty members. Fellows must complete the RCPSC Standardized application form “Approval of accredited group learning activities: Section 1 of the framework of CPI options of the Maintenance of Certification Program” and provide a budget. The Fellow must sign the form and have the departmental representative sign off on the form. The materials are then reviewed by G Wong. Additional information may be requested. This service is provided pro bono unless there is commercial support available for the course, in which case, a fee of \$500 is assessed. Quality control is handled through the assessment of the materials provided for review and discussions with course chairs and departmental representatives.

Requests for CFPC study credit are referred to the Alberta Chapter. CFPC—M-1 study credit requires that an Office of CME and PD representative or appropriate member of the CME Committee (i.e., CHR or U of C Department of Family Medicine) sit on the planning committee and the program is developed in compliance with the CFPC’s guidelines for accreditation.

### **2.2 What mechanisms are in place to ensure that the activities meet the same criteria as an activity in which the CME office is the initiator of the activity?**

The Office follows the criteria established by the RCPSC. The faculty member is expected to provide full information, including a course budget. The application is signed off by the departmental representative who is knowledgeable about the requirements and expected to do due diligence before the application form is sent to the CME and PD Office. The form is reviewed with clarification as needed before it is signed off by G Wong.

The difference between these courses and courses initiated by the Office may include the presence of an educator at planning meetings and review of evaluation forms for bias after the event.

### **2.3 How has the CME office ensured that the administrative and financial policies that have been developed to govern the operation of learning activities are consistent with the process adopted for any other learning activity for which it was the sole sponsor?**

A budget is required outlining the sources of revenue and anticipated expenditures. Clarification is requested as needed.

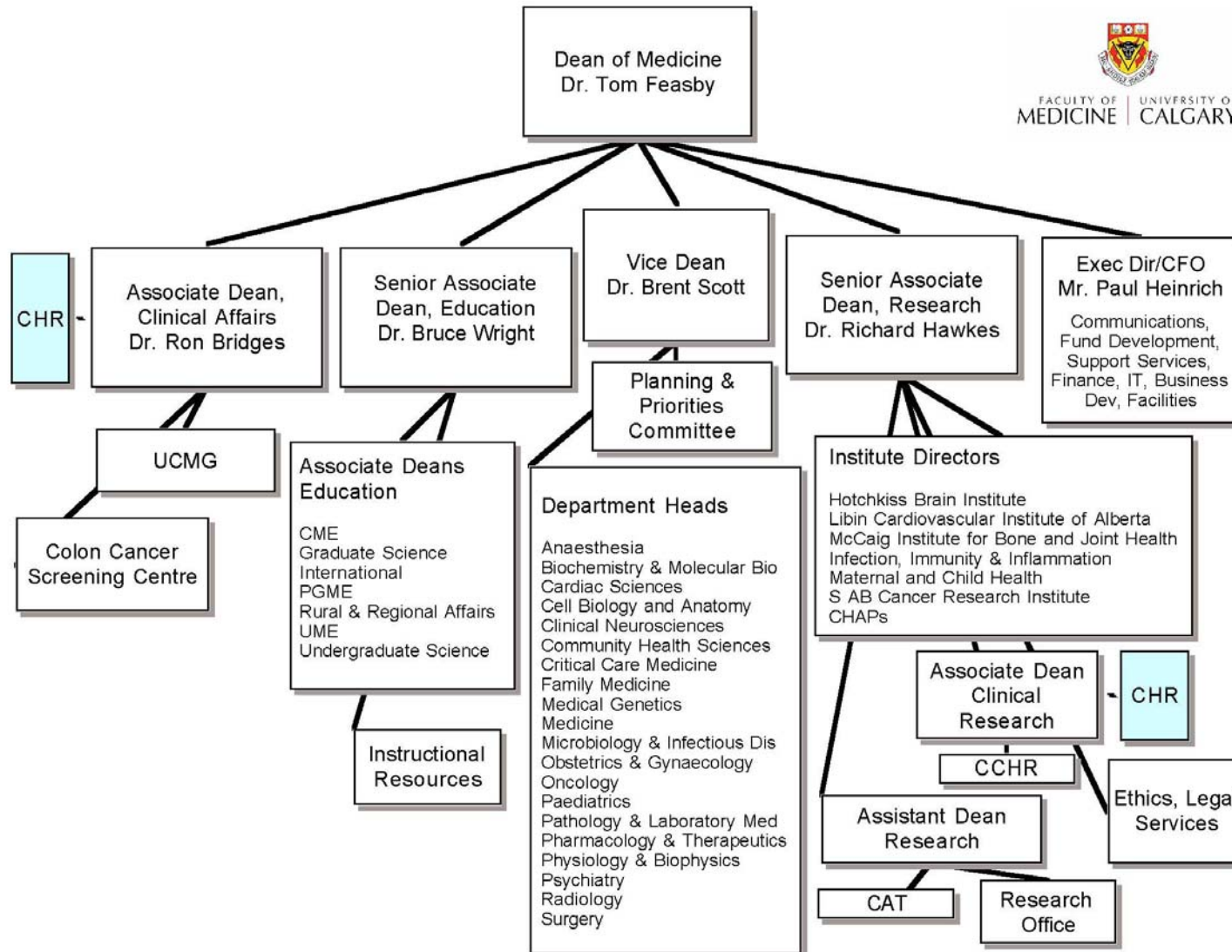
**2.4 How does the CME Office maintain records of all formal family medicine and specialty CME events (excluding hospital rounds and journal clubs) for which it has assigned study credits?**

The CME Office maintains the records of the courses it administers. It is the responsibility of the organizing unit to maintain records of programs that are run outside of the Office. The Office keeps hard copies of all Section 1 applications it receives for a 5 year period.

**2.5 How do personnel in the CME Office ensure that those involved in CME planning and development have a working knowledge of the essential aspects of MOC, MAINPRO, or other relevant systems and incorporate this information in their planning of programs?**

Regular sessions are held with those working directly with planning committees (i.e., J Lockyer, C Mills, D Simpson, A Edo) and with C MacDermott (national M-1 courses) to ensure that they have a working knowledge of the requirements. The general principles of accreditation are also covered at regular monthly staff meetings. Information about accreditation is provided to new Office recruits as part of the Office orientation. When new information related to accreditation is received in the Office, it is widely circulated. The Office manual and website also provides pertinent information related to accreditation.

# Faculty of Medicine



## Dean's Executive Committee

**Chair:**

Dean of Medicine

**Members:**

Vice-Dean

Senior Associate Dean, Education

Senior Associate Dean, Research

Associate Dean, Clinical Affairs

Executive Director/CFO

**Purpose:**

Senior Tactical Committee

**Role:**

Advisory to the Dean

To consider and advise on current issues affecting the Faculty

To facilitate communication between the portfolios

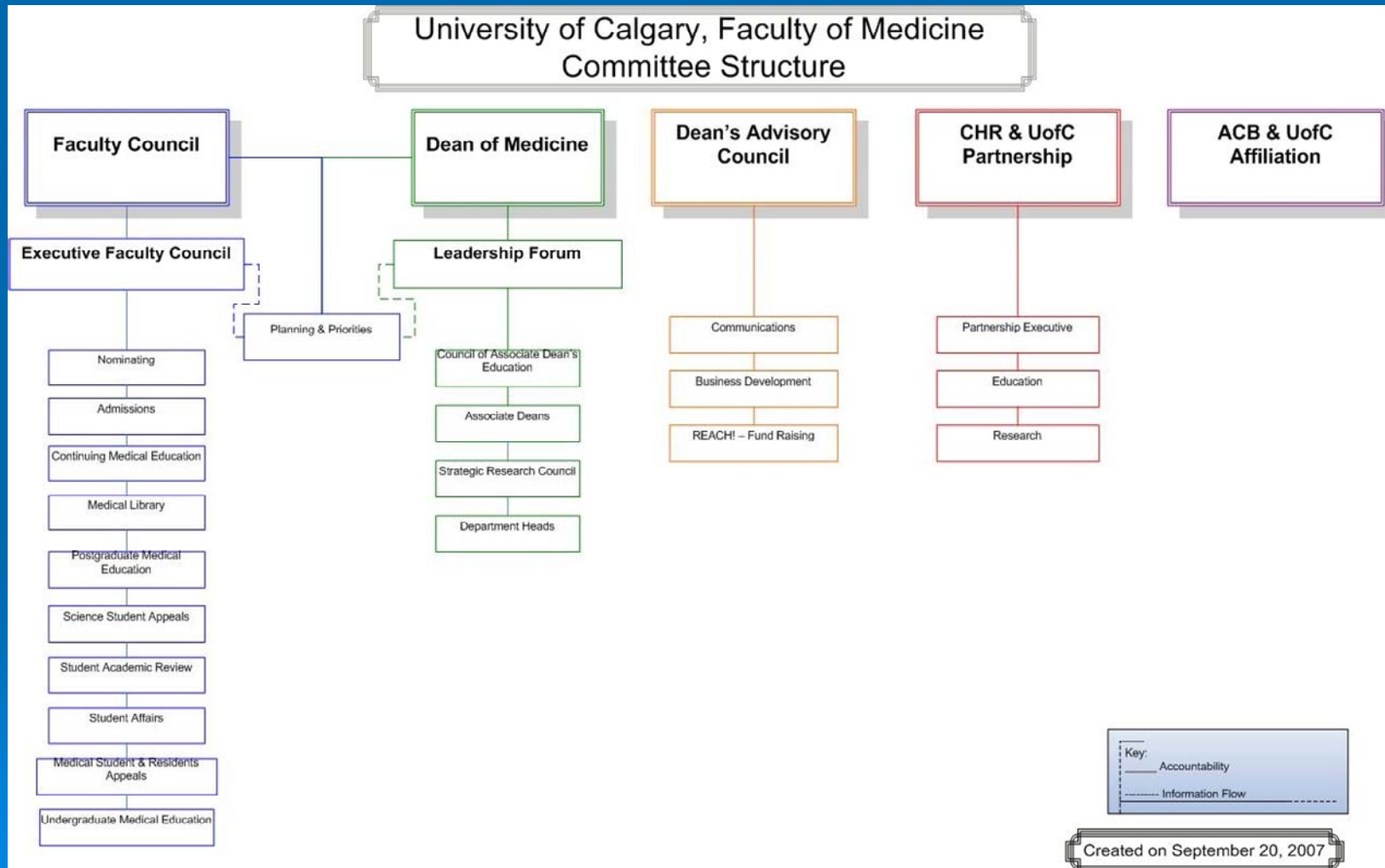
**Meets:**

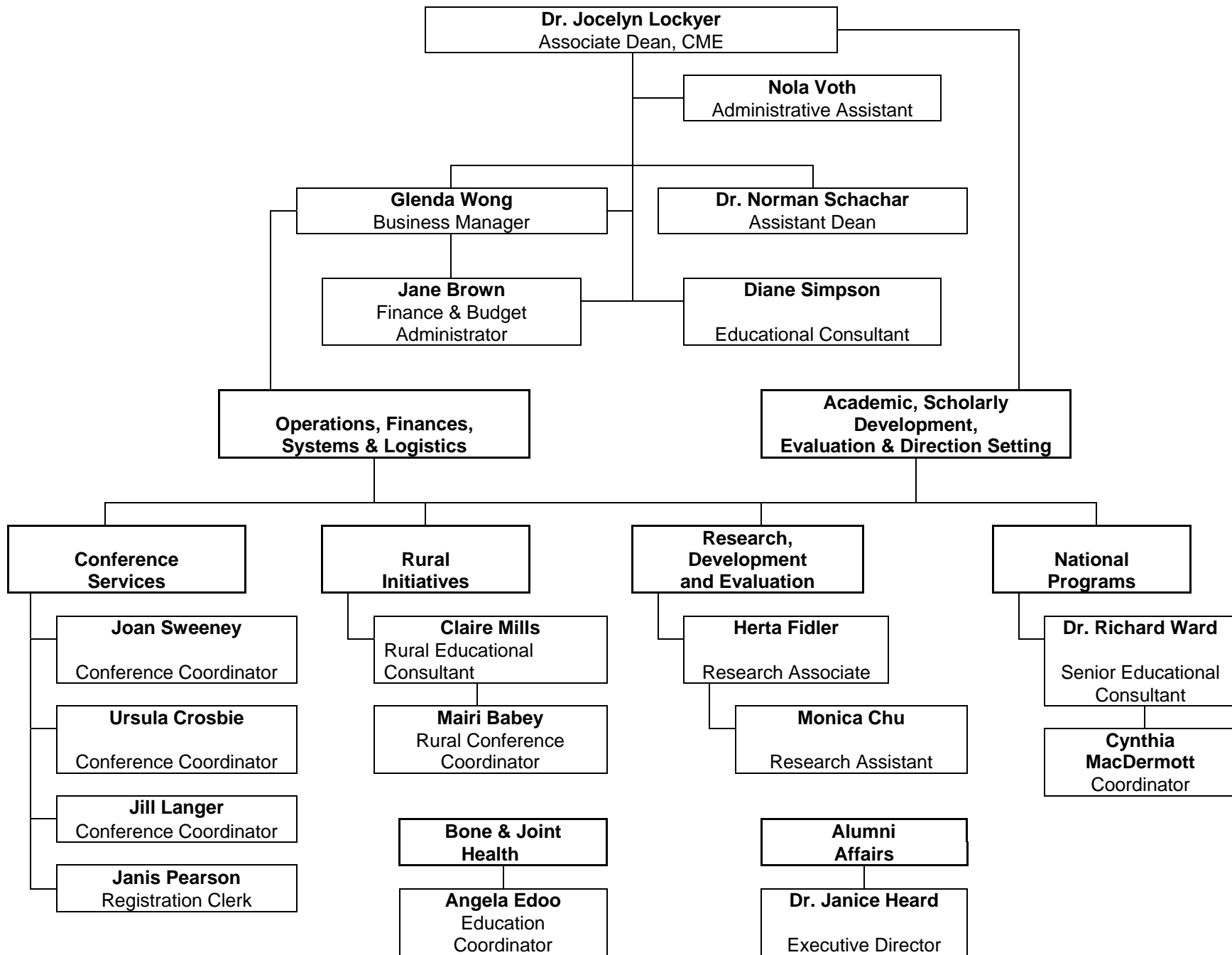
Weekly



FACULTY OF MEDICINE | UNIVERSITY OF CALGARY

# Resources – Our Processes





April 30, 2008

## Terms of Reference

### UNIVERSITY OF CALGARY FACULTY OF MEDICINE

#### CONTINUING MEDICAL EDUCATION *and PROFESSIONAL DEVELOPMENT COMMITTEE*

**The Mission of Continuing Medical Education *and Professional Development* at the University of Calgary is to provide leadership in education *and life long learning* for physicians, other health care providers and the community to assist them in providing excellent health care.**

#### 1. Membership

- 1.1 Associate Dean, Continuing Medical Education *and Professional Development*, University of Calgary
- 1.2 Representative chairs of Family Practice Review and Update, Calgary Therapeutics, Wednesday Evening Program *and Videoconference Program* planning committees
- 1.3 Representatives of Clinical Departments
- 1.4 Chair, Calgary Region Medical Advisory Board, or delegate
- 1.5 Two members at large appointed by Faculty of Medicine, Faculty Council
- 1.6 Chair, CME Committee, Alberta Chapter, College of Family Physicians of Canada, or delegate
- 1.7 Associate Dean, Rural/Regional Affairs, University of Calgary
- 1.8 Registrar, College of Physicians and Surgeons of Alberta, or delegate
- 1.9 Executive Director, Alberta Medical Association, or delegate
- 1.10 *Assistant Dean*, Continuing Medical Education *and Professional Development*, University of Calgary
- 1.11 *Head of CME, Department of Family Medicine, Calgary Health Region*

#### 2. Terms of Office

Committee members elected by Faculty Council may serve for 2 years, renewable once. After service of two terms, and following a year of absence, a faculty member may again be nominated for Office.

### 3. **CME Committee Terms of Reference**

- 3.1 Develop and recommend policy on all aspects of continuing medical education *and professional development* consistent with the Office of CME & PD's goals and priorities.
- 3.2 Receive information about CME curriculum, programs, services, activities that are developed by the Office of CME & PD.
- 3.3 Contribute to the development of educational programs for undergraduate and postgraduate physicians, other health professionals and the public, as appropriate for University units.
- 3.4 Receive reports on CME activities within individual member jurisdictions and provide feedback to departments on their activities.
- 3.5 *Develop and foster linkages with external organizations to promote and develop continuing professional development.*
- 3.6 Report as required to Executive Faculty Council and Faculty Council.

### 4. **Frequency of Meetings**

The committee will meet at least quarterly.

Approved by:

Executive Faculty Council, November 16, 2005

Faculty Council, December 14, 2005

*Continuing Medical Education and Professional Development Committee, April 9, 2008*

*NB: Italics indicate changes made April 2008 being forwarded to Executive Faculty Council and Faculty Council for Sept 2008*

## Prototype Terms of Reference for a Departmental CME Committee

### Continuing Education Committee Terms of Reference Department of Medical Genetics

#### ***Terms of Reference***

#### ***Introduction***

The mandate of the Continuing Education Committee (CEC) for the Department of Medical Genetics will focus on the continuing professional development activities of members of the Department. Continuing Professional Development includes traditional clinical and laboratory education as well as any educational activity that relates to individual's professional role(s) and responsibilities (education, administration and research, personal development etc.)

#### ***Terms of Reference***

The CEC will be responsible to:

1. Organize and administrate the Department of Medical Genetics Seminars program including the:
  1. Development and distribution of the Seminar Schedule
  2. Design and Implementation of Needs Assessment Strategies
  3. Selection of educational strategies for the seminars
  4. Creation of an evaluation system for the seminars
  5. Fulfillment of established criteria for accredited group education activities within the Maintenance of Certification programs of the Royal College of Physicians and Surgeons(MOCERT), Canadian College of Medical Geneticists and other programs as appropriate.
  6. Provision of opportunities for residents, fellows and graduate students in the training programs to participate in education activities.
2. Develop and implement strategies to support other group educational activities included under Section 1 of the Maintenance of Certification framework including:
  1. Small group learning activities (such as journal clubs, core month)
  2. Specialty conferences, workshops and short courses.
3. Enhance and support self-directed learning strategies of members of the Department of Medical Genetics including:
  1. Development of laboratory and practice based needs assessments including audits.
  2. Self-assessment programs.
  3. Application of portfolio-based learning strategies including personal learning projects.
  4. Development of traineeships.
  5. Use of technology assisted learning skills.
4. Act as a Continuing Medical Education/Professional Development (CME and PD) resource for the Department of Medical Genetics members and act as a liaison between the Office of CMEPD and the Department.

5. Develop and implement the Department of Medical Genetics faculty development program based on the roles defined in the CanMEDS 2000 project. (review document)
6. Develop in collaboration with the CME/Professional Development Office, Faculty of Medicine, University of Calgary Education conferences of courses that would meet the education needs of family physicians, medical specialists, laboratory specialists, and genetic counselors in southern Alberta.

## **Membership**

The membership of this committee will consist of:

1. Director of Continuing Education – Functions as Chair.
2. One member each from the Clinical service and Laboratory service.
3. One member who is a research scientist
4. Chief Resident Medical Genetics
5. The Chair of the Department of Medicine – Ex Officio

## **Meetings**

1. Meetings of the Continuing Education Committee will occur no less than four and no greater than six times each year.
2. Meetings will be called at the discretion of the Director of Continuing Education. The Chair will be responsible to:
  - Establish the date and site of the meeting
  - Circulate an agenda prior to the meeting
  - Keep and distribute minutes after the completion of each meeting.

## **Reporting Functions:**

The Department of Medical Genetics Continuing Education Committee will report through its Chair to:

1. Chair of the Department of Medical Genetics
2. Office of CME/ PD Faculty of Medicine, University of Calgary

**Draft December 2005**

## Budget Sheet

To Accompany Section 1, RCPSC Applications. [Note this is available in excel on [www.cme.ucalgary.ca](http://www.cme.ucalgary.ca)]

Budget for [Name of Program] - [Date of Program]				
Date Budget Prepared: _____		Budget prepared by: _____		
				<b>Totals</b>
<b>Revenue</b>				
Tuition (per participant tuition X # of expected participants)				line 01
Industry Sponsorship - List by Company				line 02
1)				line 03
2)				line 04
3)				line 05
Other Grants				line 06
Other				line 07
<b>Total Revenue</b>				<b>add lines 01 to 07 = line 08</b>
<b>Speaker/Organizer Exp</b>	Accom & Meals column 1	Travel column 2	Honoraria column 3	
Speaker 1				add columns 1 to 3 = line 09
Speaker 2				add columns 1 to 3 = line 10
Speaker 3				add columns 1 to 3 = line 11
Speaker 4				add columns 1 to 3 = line 12
Planning Committee				add columns 1 to 3 = line 13
Organizing Staff				add columns 1 to 3 = line 14
<b>Total Speaker/Organizer Expenses</b>				<b>add lines 09 to 14 = line 15</b>
<b>Operating Expenses</b>				
AV Equipment Rental				line 16
AV Technician Fee				line 17
Venue Rental				line 18
Other Venue Expenses				line 19
Catering (cost per delegate X # of expected delegates)				line 20
Brochure Printing & Design				line 21
Mailing Labels				line 22
Postage				line 23
Handbook / Course Materials				line 24
Photocopying				line 25
Other (specify)				line 26
1)				line 27
2)				line 28
3)				line 29
<b>Total Operating Expenses</b>				<b>add lines 16 to 29 = line 30</b>
<b>Total Expenses</b>				<b>add lines 15 and 30 = line 31</b>
<b>Net Income (Loss)</b>				<b>subtract line 31 from 8 = line 32</b>
Budget form prepared by G. Wong, CME University of Calgary (03/12/03)				

**CME Committee Department/Division Representative Approval Form**

**For Royal College of Physicians and Surgeons of Canada  
Section 1, Maintenance of Certification**

I, \_\_\_\_\_ (name of CME Committee Department/Division Representative) have reviewed this application for Royal College of Physicians and Surgeons of Canada (RCPSC), Section 1, Maintenance of Certification accreditation and agree that it meets the requirements as set out by the RCPSC. I approve this application for RCPSC, Section 1, Maintenance of Certification accreditation

\_\_\_\_\_  
(signature of CME Committee Representative)

**University of Calgary, RCPSC  
Courses  
credited for Section 1 2006 - 2007**

**Approved - April 2006 to March 2007**

**Total programs approved = 60**

**Program**

Patient Care Information System Instruction for Physicians

The Biology of Chronic Fatigue Syndrome  
Urban Public Health Network Meeting  
49th Annual Medical Inter-Provincial Bonspiel  
Geriatric and Forensic Psychiatry Update  
Dealing with Difficult Children  
Banff Vascular Imaging Workshop and 8th Ultrasound in the Rockies  
Cardiac Update  
Crystal Meth Conference  
40th Annual Mackid Symposium  
Residency Training Program Directors' Retreat

7th National Conference on Shared Mental Health  
Council of Medical Officers of Health  
National Outcomes Conference: Pioneering QI in Cdn Cancer Surgery  
Patient Care Information System Instruction for Physicians  
Advanced Pediatric Life Support  
Managing Children's Mental Health Issues in Primary Care 2006-2007  
Osteoporosis National Program  
Psychiatry On-line Literature Review Club  
Alberta Society of Gastroenterology Fall Meeting  
Banff Pathology Course - Head, Neck & Thyroid  
Resource Management in the Technological Era  
CME - Class of 1986  
Methadone Maintenance Program  
Understanding Dyspnea: A Clinical Perspective  
Council of Medical Officers of Health  
Update in Medicine for Psychiatrists  
Cystic Fibrosis for Specialty Residents  
Fetal Alcohol Spectrum Disorders Diagnostic Update:

**Target Audience**

All specialties, family physicians  
Psychiatrists, family physicians  
Medical officers of health  
All specialties, family physicians  
Psychiatrists  
Psychiatrists  
Vascular surgeons and radiologists  
Cardiologists  
Medical officers of health, physicians in the community  
All specialties, family physicians  
All specialties, family physicians  
Psychiatrists, family physicians  
Medical officers of health  
General and oncology surgeons and surgical residents  
All specialties, family physicians  
ER residents and physicians  
Pediatricians, psychiatrists, family physicians  
All specialties, family physicians  
Psychiatrists  
Gastroenterologists, surgeons, residents  
Pathologists, residents  
Radiologists, radiation oncologists  
All specialties, family physicians  
Addiction specialists, psychiatrists  
Respirologists, internists, critical care physicians  
Medical officers  
Psychiatrists  
Various residents  
All specialties, family physicians

A Training Session for Community Pediatricians  
 Providing Evaluation and Feedback to Community Medicine Residents  
 Urban Public Health Network  
 Controversies in Coronary Interventions

Halifax 6: The Canadian Healthcare Safety Symposium  
 Exploring Health and Healing  
 The Referral and Access Conference - Part A  
 Urgent Care  
 Dialogues in Transplantation  
 Cardiovascular MR and CT Refresher Course  
 Calgary Pain Conference  
 Medical Access to Service - Referral & Access Conference Part B  
 Physicians in the Movies

How do I say it?  
 Council of Medical Officers of Health  
 6th Annual Colloquium on Long Term  
 Care

Project Management

Providing Evaluation & Feedback to Community Medicine Residents  
 13th Annual Child Health Research Symposium  
 Breast Cancer Update for Community Surgeons  
 Endobronchial Ultrasound - A Revolution in Bronchoscopy

Mood Day  
 Winter Psychiatry Update

Mayo Clinic Nicotine Education Program

Annual Meeting of the Alberta Association General Surgeons  
 Exam Construction Workshop for Psychiatrists  
 Bedside Cognitive Assessment Workshop

Annual Meeting of the Alberta Society of Otolaryngology Head & Neck Surgery  
 2nd Annual GI Endoscopy Refresher Course: Update on Colon Cancer and  
 Endoscopy  
 Canadian Spines Society - 7th Annual Meeting  
 Calgary Therapeutics

Pediatricians, psychiatrists  
 Faculty & preceptors for Comm. Med. Residents  
 Medical officers  
 Cardiologists  
 All specialties with interest in patient  
 safety  
 All specialties  
 Medicine, cardiologists, family physicians  
 Urgent care specialties  
 Renal transplantation physicians, nephrologists, urologists  
 Cardiologists, radiologists  
 All specialties  
 All specialties, family physicians  
 All specialties, family physicians  
 Faculty and preceptors who teach Community Medicine  
 residents  
 Medical officers of health

Physicians, nurses, pharmacists, medical directors of long term care facilities  
 Faculty and preceptors who teach Community Medicine  
 residents  
 Faculty and preceptors who teach Community Medicine  
 residents  
 Child health researchers and trainees  
 General and plastic surgeons and medical/radiation oncologists  
 Thoracic surgeons  
 Psychiatrists, family  
 physicians  
 Psychiatrists  
 Psychiatrists, nurses, allied health professionals in mental  
 health  
 General and oncology surgeons and surgical  
 residents  
 Psychiatrists  
 Psychiatrists  
 Otolaryngologists and  
 residents

Gastroenterologists, endoscopists, colorectal surgeons and family physicians  
 Spine Surgeons  
 All specialties, family physicians and pharmacists

**University of Calgary, RCPSC Accreditation  
Applications for Section 1 2007 - 2008**

**Approved - April 2007 to March 2008**

**Total programs approved = 33**

**Program**

Emergency Medicine Research Day  
2007 Forensic Annual Spring Conference  
Dialectical Behavior Therapy for BDP Conference  
Canadian Society of Surgical Oncology Annual Meeting  
Calgary Atherosclerosis Vascular Biology Symposium  
Urban Public Health Network Program

Canadian Society for Transfusion Medicine Annual Meeting  
41st Annual Mackid Symposium  
Council of Medical Officers of Health  
Bea Fowler Lecture & Symposium  
Advanced Pediatric Life  
Support  
Residency Training Program Directors' Retreat  
61st Annual Meeting of the Canadian Society of Plastic Surgeons  
Foot & Ankle Update 2007  
International Health Day  
Conceptualizing the Whole Person: The Psychodynamic Diagnostic Manual  
20th Reunion and Scientific Meeting  
Osteoporosis Case Studies - National Program  
Managing Children's Mental Health Issues in Primary Care 2007-2008  
Addiction Program Concurrent Disorder Curriculum  
Improving the Management of Patients with AMD  
Seeds of Understanding (Pediatric Palliative Care)  
34th Annual Meeting Canadian Society for Aesthetic (Cosmetic) Plastic Surgery  
What's a Dream? Understanding and Using Dreams in Psychotherapy  
Council of Medical Officers of Health  
Medicine Update for Psychiatrists  
Controversies on Coronary Interventions  
Advanced Imaging in Ischemic Heart Disease  
Urgent Care  
Obesity and Eating Disorders: Seeking Common Ground to Promote Health

**Target Audience**

Emergency physicians and residents  
Psychiatrists  
Psychiatrists, family physicians  
Surgical oncologists  
All specialties, family physicians  
Medical officers of health  
Hematologists, surgeons, anesthesiologists, hematopathologists, g  
practitioners  
All specialties, family physicians  
Medical officers of health  
Medical geneticists, cardiologists

ER medicine physicians and residents  
Program directors for PGME  
Plastic surgeons  
Podiatric surgeons, podiatrists  
All specialties, family physicians  
Psychiatrists  
All specialties, family physicians  
All specialties, family physicians  
Pediatricians, psychiatrists, family physicians  
Medical specialists, family physicians  
Ophthalmologists  
Pediatricians  
Plastic surgeons  
Psychiatrists  
Medical officers of health  
Psychiatrists  
Cardiologists  
Cardiologists, radiologists  
Physicians working in urgent care  
Psychiatrists, family physicians

Vision Quest 2007 Calgary - R. P. Conference  
Pain Conference  
Exploring Health and Healing Conference

Ophthalmologists  
All specialties, family physicians  
All specialties, family physicians

### **3. Provision of Educational Services**

**3.1** *The CME/CPD office provides a focus of expertise dedicated to enhancing the quality of physicians' life-long learning opportunities and offers a variety of learning opportunities appropriate to the needs of the physicians it serves.*

#### **A.1. Documentation**

- Brochure/description of initiatives or events that demonstrate a variety of pedagogic/learning interventions linked to specific needs and/or user groups.  
[See course binders and information provided below]
- Brief outline of target audiences and range of educational initiatives attempted together with evaluation of success  
[See course binders. See information provided below re courses.]

#### **B.2. Questions**

**2.1 Describe the educational expertise available to the CME and PD office. How does the office make use of these resources?**

Several individuals work closely with planning committees and departmental representatives. These are:

- ✓ Jocelyn Lockyer, PhD in Adult, Continuing and Higher Education. J Lockyer teaches in the MSc/PhD program in medical education.
- ✓ Richard Ward, MD CCFP FCFP, Medical Consultant to CME Office. Dr Ward has extensive experience developing CPD programs at a local, national, and international level.
- ✓ Norman Schachar, MD FRCPC, Assistant Dean, CME and PD. Dr Schachar has extensive experience as a surgical educator, residency program director, and RCPSC site surveyor.
- ✓ Diane Simpson, PhD (Physiology) who has completed the course work associated with the Masters in Distance Education (Athabasca University).
- ✓ Claire Mills, BScN LLB who has extensive experience as a nurse educator in the Faculty of Nursing and in hospital based nursing education programs.
- ✓ Glenda Wong, MHSA who has completed the MSc course in Curriculum Design and Evaluation and has 6 years of experience working with planning committees.
- ✓ Angela Edo, Med, works with the Bone and Joint Education Group.

**2.2 What other services and/or resources are available, which can contribute to the enhancement of quality learning opportunities for physicians?**

Both the Faculty of Medicine's Faculty Development Office and the University's Teaching and Learning Centre provide excellent programs to facilitate teacher development.

### **2.3 How are content-based needs assessments used to determine the most appropriate educational responses?**

Course planning frequently draws on data from several needs assessment sources. A general survey of all 1400 faculty members provides data that planning committees can use. Previous course evaluations provide data. Course specific needs assessments are also conducted for some of the core courses (e.g., Family Practice Review and Update, Evening Course). These data are used to guide discussion and course planning. These data may complement other information that is available from collaborating organizations.

### **2.4 How are needs assessments used to help determine the formats of the learning opportunities?**

Planning committees consider the content of the material to be presented and the optimal way of presenting the material depending on whether the objective is skill acquisition, knowledge gain, or new approaches to care.

### **2.5 How is balance achieved in ensuring learning opportunities are available to address the variety of learning styles and objectives?**

This is handled across programs and within programs. For example,

- ✓ Emergency Medicine for Rural Hospitals, Anesthesia Update for GPs, Urgent Care, and the Surgical Skills courses are designed to maximize the opportunity for hands on skill development. These courses use the human patient simulator, cadaveric and animal material, and other approaches to facilitate skill development.
- ✓ Courses such as the Family Practice Review and Update and the Calgary Therapeutics Course offer workshops that are cognitively based but provide an opportunity for physicians to ask questions, discuss cases, and reflect on their own practices.
- ✓ Videoconferences are available on a weekly basis throughout rural/regional centres in Alberta. They are developed in conjunction with the University of Alberta. Centres can access programming from either University.
- ✓ The Evening course provides an opportunity for urban physicians to access a weekly program.
- ✓ The Department of Psychiatry has an asynchronous on-line journal club which could serve as a prototype for other on-line courses.
- ✓ The Office supports the Academic Detailing Program which is part of the CHR's Chronic Disease Management Program initiative. This program provides one to one information to physicians about specific topics.

Most courses provide both large and small group activity. Many of the courses are long standing and have evolved their format over a number of years. These formats will change should a topic arise that requires additional time or intensity.

### **2.6 How are educational innovations introduced to the practice community? Please provide an example achieved since the last survey?**

The nature and practice of family medicine has evolved significantly since the last survey. The Office's educational offerings have evolved accordingly. For example,

- ✓ Many family physicians have re-aligned the nature of their practices. Courses were developed for physicians doing urgent care and hospitalist work.
- ✓ Systems and systems knowledge are becoming increasingly important for effective and efficient movement of patients to services. We have created the Diagnostic Imaging Course to help physicians select optimal investigation. We incorporated systems thinking and systems approaches into national M-1 programs.
- ✓ Team based care is increasingly important. A MAINPRO-C course, Improving Effectiveness in Team Based Care, was developed and a 'teach the teacher' program run March 2007 to train family physician leaders to deliver the course within the CHR in areas such as geriatric medicine and pain care. As well, Calgary is partnering with Queen's, Laval, and Pfizer to adopt a course for industry developed in the US to the Canadian system. This course will be used for team building in Primary Care Network settings in Alberta.
- ✓ The CHR is developing a simulation centre. Dr N Schachar, Assistant Dean, is involved in the planning and development work related to the centre.
- ✓ STARS (air ambulance service) has a mobile human patient simulator which is used for the Emergency Medicine and Urgent Care Courses to teach critical care skills and team development.

In conjunction with the formation of the Bone and Joint Health Institute of the University of Calgary, a Bone and Joint Health Education Program was introduced. This program develops and provides education along the continuum of education, to other health care providers and patients. The program engages in assessments of surgeon performance, assesses waitlists, determines new ways of triaging patients to expedite care effectively and efficiently. The program is housed in the CME and PD office with a Master's prepared professional as coordinator. In 2006-2007, the program developed a 'Weekend Warriors' course for family physicians, Townsend Days for orthopedic surgeons, a national program for final-year orthopedic residents, and ran patient education sessions.

**3.2 *The planning and implementation of all CME/CPD activities organized, co-sponsored, or approved by the CME office, are based on a systematic process that includes:***

- A needs assessment, which involves intended participants and/or is based on meaningful practice descriptions (e.g. administrative databases).
- Stated objectives, which are consistent with the identified needs.
- Content and method consistent with the objectives and learning needs.
- A consideration of scientific evidence and local practice.
- A record of participant registration, attendance, participation and/or achievement.
- Appropriate documentation of participation provided to participants.

**A.1 *Documentation***

- Examples of educational programming for both family physicians and specialists.
- Evidence for these learning activities (may include minutes of planning committee meetings or course brochures) including how they fit into the CME and PD office's long term plans
- Examples of planning committee minutes that reflect membership on and activities of the committee(s)
- Examples/evidence of the different stages of program planning including:

- Different needs assessment strategies used (representative samples including such evidence as minutes of planning committee meetings, surveys of target audiences, results of medical audits, peer reviews or self-assessments).
- How unperceived needs were identified
- How the assessed needs were converted to objectives
- How objectives were conveyed to faculty and advertised to potential participants
- Evaluation plans for one course
- Examples of the records of learner participation and documents provided to learners and policy governing this.
- Examples of standards-of-care guidelines selected/developed for one course

[Documentation for this section can be found in the binders for the Calgary Therapeutics Course and Update in Medicine for Psychiatrists].

## **B.2 Questions**

- 2.1 Describe how the CME office approaches the overall planning of activities, including how the different steps are integrated.**
- 2.2. Using the examples and the following questions as guides, describe the CME office's approach to each of the planning steps.  
Who is involved in making the decisions?  
What are the methods of needs assessment used in the planning and development of the CME office's CME/CPD activities?**
- 2.3 What strategies or processes does the CME office use to differentiate between perceived and non-perceived needs of the target audience for individual courses?**
- 2.4 How does the CME office prioritize the possible content for inclusion within and among different activities?**
- 2.5 How is program content selected and how does the CME office fit this in with its long-term plan?**
- 2.6 During the last accreditation period, what have been the established procedures to translate CME needs into learning objectives?**
- 2.7 How are the evaluation strategies and learning formats linked to the identified needs and learning objectives?**

### **Example 1: Calgary Therapeutics Course**

2008 represents the course's 25<sup>th</sup> annual program. The 2 day course is held in March/April each year.

The planning committee consists of family physicians, pharmacists (hospital and retail), an internist (Chair), a representative from the Department of Pharmacology and Therapeutics, a representative from the Poison and Drug Information Service (province-wide program), a representative from the Academic Detailing Program of the Chronic Diseases Program, a surgeon, an educational consultant, and the Associate Dean.

The course is designed to provide an update on new medications and new indications for 'old' products, examine current therapeutic controversies, compare drug and non drug approaches for selected conditions, and review the evidence used to support the prescribing decisions.

The course has evolved over time. The current format provides for a plenary session on each of the two days covering new products and/or a theme of interest, plenary short snappers (20 minutes), and break-out sessions (60 minutes). The plenary sessions are often delivered by a visiting speaker. Approximately 5/14 hours are allocated to break-out sessions. A total of 10 concurrent workshops are offered at each of the break-out sessions.

The planning committee draws on the following data to guide decision making:

- Previous year's evaluation
- Survey of past faculty, division heads, and department heads who are queried about topics they believe should be included. (June survey)
- Survey of pharmaceutical representatives from an Office data base who are queried re new medications and new indications. (June survey)
- Systematic review of 'new drugs' from the notice of compliance lists. (undertaken in July/August)
- Systematic review for new clinical practice guidelines. (undertaken in July/August)
- A grid which outlines the topics covered in the past 3 years on a discipline by discipline basis. This grid is prepared to ensure that disciplines/diseases are covered with appropriate frequency and to reduce unwarranted repetition of topics.

A binder containing this data is provided to Committee Members prior to the first meeting.

The committee meets for 60-90 minutes on a weekly basis for 8-10 meetings during the fall. Most members attend regularly either in person or by conference call. Discussions are open and respectful as the committee systematically reviews the material provided in the binder (beginning with allergy and ending with urology) to determine topics. Topic selection is based on frequency of presentation in family medicine/pharmacy settings; 'currency' of topic; when the topic was last presented; 'perceived' need for the topic; relevance for family medicine and community pharmacy; and the evidence available to support the topic.

The committee also considers the best format for the topic [short snapper vs. workshop vs. plenary] based on the messages that need to be conveyed and whether discussion [ie: workshop format] will be helpful to practitioner understanding and use of the material.

Topics are decided through group negotiation.

This program is designed to cover therapeutics. Occasionally, non therapeutics topics are suggested. In some cases, these topics are taken to other planning committees (ie, Family Practice Review and Update, Emergency Medicine for Rural Hospitals) if they fit their mandates. Conversely, when 'therapeutics' topics are suggested at other planning committees and they don't fit the mandate of that course, they are referred to the 'Therapeutics Course'.

The Office staff are responsible for contacting speakers and sending out the letters of invitation. Planning committee members are assigned speakers to contact to ensure they understand the topic and the nature of the program, beyond that which is provided in the letter of invitation and standardized information. Some speakers will be contacted initially by the course chair or another committee member, particularly if there is controversy related to

the speaker, the theme requires several speakers or the speaker is located outside of Calgary.

This course is a key program which fits a specific niche in the offerings.

The evaluation form assesses the overall performance of the course, individual speaker acumen, and for evidence of bias. The information on the evaluation form is used to guide topic selection, resolution of course logistical issues, information provided to speakers, decision making related to exhibitors (non for profit and pharmaceutical), program timing, and format.

### **Example 2: Update in Medicine for Psychiatrists**

This course has been offered for 10 years in late September/early October. Like other long term courses, the planning process and procedures have become codified and standardized.

The planning committee consists of 4-6 psychiatrists with backgrounds in consultation liaison, community psychiatry, and pediatric psychiatry as well as the Associate Dean. The committee meets approximately 4 times for 1 hour by conference call between December and March. They engage in intense and frequent e-mail discussion between December and May while the program and speakers are being invited and finalized.

Over time, the format for the course has evolved to include plenary presentations (approximately 9 over 2 days) and case based workshops (approximately 6). There is also ample time for networking. The course structure has evolved through the open discussion within the planning committee guided by attentiveness to feedback from the course participants.

The course is designed to provide a review and update on pathophysiology and the contemporary management of common medical problems; refamiliarize psychiatrists with the prognosis for common medical diagnoses, review common drug interactions particularly those that interact with psychotropic drugs; discuss the challenges of managing patients affected by medical and psychiatric problems; discuss optimal collaboration for patients with multiple diagnoses; and provide an opportunity for case based discussion.

The planning committee draws on

- The previous course evaluation which is reviewed carefully and attentively
- A 3 year planning grid identifying topics by discipline
- Occasional needs assessments/surveys of psychiatrists in Western Canada
- Information provided in the last session of the 2<sup>nd</sup> day when participants provide verbal feedback
- Topics of current interest that committee members have identified from their work or the media (i.e., emerging infectious diseases)
- A 3 year summary of evaluation data presented in a graphical format

This course won the Canadian Psychiatric Association Award for 'best Continuing Education Course' in 2007.

This course is one of several courses offered to psychiatrists. It meets the mandate of developing CPD for specialists and serves as a model course for others considering course development. A similar course has been developed by the University of Western Ontario.

## **2.8 What, if any, special processes are used in planning CME for specialists? How does the CME office assist specialty departments in working with regional specialists to identify and prioritize their learning needs?**

The Office has appointed Dr Schachar as Assistant Dean with responsibility for the enhancement of specialty education development. He has met with CME & PD committee representatives with the goal that over time, each department will have a defined role for CME and a person responsible for that function. This role would be similar to the roles played by the clerkship director or residency program director. Dr Schachar is available to assist departments begin to develop programs or other activities.

For courses developed by the Office, the processes and procedures are similar to that of family physician and multi disciplinary courses. The planning begins with the selection of the planning committee members, the creation of course goals/objectives, data that is available for the planning process (e.g., needs assessments, national reports, previous course evaluations), and a schedule of planning committee meetings. The committee will review material, identify the issues as they understand the issues, and begin to identify topics. Once the content (including questions to be addressed by each topic) are determined, speakers are identified. Speakers will then be invited to participate in the program and provided with background information. The Office has developed the following specialist courses: Spine Surgeons Course (neuro and orthopedic surgeons); Mood Day (psychiatrists); Update in Medicine for Psychiatrists (psychiatrists); On-line psychiatry literature review course (psychiatry); Townsend Days (pediatric orthopedics); Edwards Day (orthopedics); and a Pediatrics Course.

For courses developed outside of the Office, program material will be reviewed for compliance with section 1 accreditation standards.

**3.3 *There is an evaluation strategy to measure the overall effectiveness of the CME and office. There is a strategy established to evaluate the outcome of individual CME events. For those activities in which the CME and PD office plays a major role, the evaluation also addresses how the activities contribute to the long-term objectives.***

### **A.1 Documentation**

- An example of a typical evaluation tool, indicating the objectives for the activity.
- Examples of the compilation of evaluations from three different types of activities, including programs for both family physicians and specialists
- An anonymous example of the feedback provided to program teachers
- Evidence that evaluations are reviewed by planning committees  
[See course binders]

### **B.2 Questions**

#### **2.1 How do the evaluation tools link to the stated activity objectives?**

We use a standardized evaluation course template for all of our courses. This template asks whether objectives were met.

## **2.2 How are the evaluation results used?**

Course chairs and the appropriate staff people review the evaluation summaries prior to their circulation to the committee and to the individual speakers. In some cases, comments are edited if the comments are unduly harsh and unhelpful.

Speakers receive their own feedback as well as the feedback pertaining to the overall courses' performance.

Planning committee members will receive the course evaluation when they are summarized. They will be re-distributed at the time of the first planning committee meeting to guide course development. For most courses (e.g., Calgary Therapeutics and Family Practice Review and Update) there will be a post mortem meeting specifically to examine the results and conceptualize the next year's planning process and committee membership.

Composite 3 year summaries of course data are prepared and used by the Associate Dean and the CME committee to monitor temporal performance with courses. Examples of these summaries can be found in the Business Plan document.

Data provided from evaluations is used for reports. For example, the Rural Physician Action Plan requires these data as part of the evidence that the Office is meeting the key performance indicators and is thus tied to funding for the Office. These data will be used to provide data related to the key performance indicators required by the Faculty and University as their expectations are developed and codified.

The Office uses the data to inform Office logistics, the Office manual, and other procedures.

## **2.3 Are there tools/methods used to facilitate knowledge translation? If so, provide an example.**

There is some research suggesting that reflection may be a key component in 'knowledge translation to action' (k2a). We have designed a form which is provided at some courses (e.g., Therapeutics Course) that physicians can use to list changes they may undertake. The national M-1 courses incorporate 'action plan' forms that physicians can use to indicate the changes they intend, the resources they will require for the change, the timeline, and anticipated barriers. The CFPC form, 'Linking learning to practice', is frequently provided to course registrants.

The majority of programs have workshops or break out sessions which allow physicians to meet specific learning needs. As there will usually be smaller numbers of registrants at the sessions, there will be more opportunity for practice based discussion and reflection.

## **2.4 What methods have been used to evaluate the degree to which the office's long-term objectives are being addressed? How are the results used?**

Office objectives are examined on an annual basis when the business plan is reviewed and updated. A major revision was undertaken in 2007 in conjunction with the University's requirements for business plans. The business plan is discussed extensively by the CME committee.

## **2.5 What are the established procedures for evaluating the individual activities and the overall curriculum?**

Each course is evaluated through its course evaluation. Composite 3 year overviews related to the major items on the evaluation form are examined by the CME and PD Committee.

The overall set of offerings would be handled in conjunction with the examination of the business plan by the CME and PD committee.

The CME and PD committee provides an annual report to Executive Faculty Council and Faculty Council and this serves as a review of the work for the year.

The CME and PD Office provides an annual report to the CPSA outlining quality improvement work undertaken the previous year as a requirement for its annual grant.

### **3.4 *The CME office has a duly approved policy to guide its relationship with industry in the planning and implementation of education activities it organizes or cosponsors.***

This policy is consistent with national and provincial standards for the relationship between industry, the professions and education organizations. In order to ensure that CME is beyond the control of persons or organizations with commercial interests and free of commercial bias, CME providers must:

- Control the planning and content of education activities.
- Establish priority of content areas.
- Select all educators and approve relevant materials.
- Demonstrate disclosure of all relevant relationships with industry or other sources of potential bias.
- Ensure appropriate separation of promotion from the educational process.
- Have evaluation data of educational activities that shows that these safeguards have been effective in preventing commercial bias.

### **A.1 Documentation**

- ✓ A copy of the policy that governs the relationship with industry. If the guidelines differ substantially from those developed by the CMA or the Conseil d'EMC du Québec, describe the differences.  
[The Faculty of Medicine adopted the CMA guidelines several years ago and follow these guidelines. These guidelines have been codified for faculty through the disclosure forms, the speaker and planning committee guidelines. See end of section 1.]
- ✓ Copies of letters/documents provided to faculty regarding the declaration of potential conflict of interest.  
[See course binders and the information at the end of section 1.]
- ✓ Copies of any documents provided to participants indicating declared conflicts of interest

[Speaker guidelines ask speakers to provide disclosure information on the 2<sup>nd</sup> slide of their presentation.]

- ✓ Copies of evaluation documents that determine whether participants perceive or are affected by potential commercial bias.  
[See course binders for evaluation form.]
- ✓ For the previous fiscal year, a listing of companies, funds that were provided and the purpose(s) of the funding.

[See lists at end of section for 2006-2007; April 2007-September 2007.]

## **B.2 Questions**

### **2.1 How does the CME and PD office approach the solicitation of funds from industry? How does it ensure that programming is not affected by industry or sponsor attempts to influence content?**

There are two major solicitations of funding for courses from industry each year, in summer and in December. These solicitations advise companies of the courses for which display/exhibit space or sponsorship is available. Outlines of programs and/or brochures are also provided. This takes place after the programs have been developed.

In addition for some courses (e.g., Update in Medicine for Psychiatrists), a specific mailing for that course may be sent to potential sponsors along with a copy of the course brochure. Again, that takes place after the course content has been determined and speakers invited.

### **2.2 How does the CME and PD office respond when companies approach it to co-sponsor, co-organize, or otherwise collaborate in the development and/or delivery of activities?**

The Office has not had requests for collaboration on local programs in several years.

The Office develops national M-1 programs in collaboration with industry. The Office has a contract which is used to establish the terms of reference for the collaboration. The Office establishes and chairs the planning committee for the course. All members of the planning committee sign disclosure forms which are made available to the course chair. The committee membership is nationally based to meet CFPC expectations. The programs are developed to meet CFPC expectations. The programs are accredited nationally and provincially as required by the CFPC. A copy of the standard contract template is provided at the end of section I of this report.

### **2.3 How does the CME and PD office ensure that members of planning committees and faculty participating in educational programs are aware of the policy? How does it ensure that they adhere to the policy?**

Planning committee members and speakers are asked to complete disclosure forms which provide the relevant information.

**2.4 How does the CME and PD office ensure that faculty members disclose to the CME office, and to participants, any links with sponsors, products or other sources of bias that might influence the program's objectivity?**

The disclosure form identifies potential areas of bias and directs people to the appropriate websites for further information.

**2.5 How are participants made aware of individual faculty members' potential conflict of interests?**

Speakers are requested to provide that information in the 2<sup>nd</sup> slide of their presentations.

**2.6 How does the CME and PD office and program committee(s) evaluate whether or not commercial bias was present in a program?**

The evaluation form specifically asks about commercial bias. The evaluation forms are reviewed by the Office and the planning committees to identify problems that may have occurred.

**2.7 How is discussion of unapproved use of therapeutic interventions handled?**

The speaker information sheet provided to all speakers provides guidance. (see end of section 1)

***3.5 The CME office promotes and supports self-directed learning through: facilitating the skills of practice reflection including question asking, information access and knowledge management; integrating personal learning within group education activities; and offering targeted learning opportunities for individuals.***

**A.1 Documentation**

Policies related to the development of individualized learning plans or traineeships  
There are no policies, per se. The CPSA establishes policy for physicians from out of province undertaking traineeships. The CHR establishes policy for physicians outside of the CHR undertaken training in the CHR.  
Tools that support the identification of learning needs and outcomes of learning for practice.

[see CPSA PAR Website [www.par-program.org](http://www.par-program.org)]

**B.2 Questions**

**2.1 What kind of services does the CME office offer or provide access to for self-directed learning?**

The Office of CME approaches self directed learning in a number of ways:

- ✓ The Medical Information Service of the Rural Physician Action Plan was originally developed in conjunction with the Office of CME, University of Calgary. This service helps busy rural physicians obtain rapid access to up-to-date medical information for rural physicians. The companion Virtual Library provides access to Internet-based medical textbooks, journals and other resources for rural physicians.
- ✓ The Office has worked with the CPSA to develop the Physician Achievement Review Program which contains a self assessment questionnaire in addition to surveys completed by non MD co-workers, physician colleagues, and patients. This program is designed to help physicians identify areas for improvement.
- ✓ The Office collaborates with RPAP to support requests from rural practitioners wishing to undertake a clinical traineeship in the CHR.
- ✓ Copies of the CFPC 'linking learning to practice' and the RCPSC 'personal learning project' forms are provided at courses.
- ✓ Courses are designed, where resources and space permit, so that 40-70% of the course time is spent in workshops/break-out sessions allowing participants to identify and meet their own learning needs.

## **2.2 What learning activities are available to individual physicians through the CME office?**

The Rural Physician Action Plan has developed a Clinical Traineeship program for rural physicians. The Office collaborates with RPAP in this endeavor when requests are made.

Requests for traineeships can be made to the Office.

## **2.3 How does the CME office facilitate the integration of self-directed learning strategies into group CME events?**

This is primarily done by ensuring that programs have workshops/break out options available to participants and making the CFPC/RCPSC reflective tools available.

## **2.4 Does the CME office offer any kind of assistance to physicians in developing their self-directed learning skills? If so, describe how.**

The Office has not been approached for this service.

## **2.5 How does the CME office help physicians evaluate the outcomes of learning using methods of evaluation appropriate to them?**

The Office did pioneering work in commitment to change and action plans for CME. This approach to assessment is frequently used in the design of intensive courses.

## Revenue Accounting

**Generated:** September 18, 2007  
**Period:** April 2006 to March 2007  
**Department:** 28061 - Cont. Med. Educ.  
**Fund:** 10 - Central Operating

Account	Internal	ID	Name	Description	Journal Date	National Programs	CME Conference
<b>10 - Central Operating</b>							
Revenue	40060 - AB Govt Agencies Grants	MED041015	Videoconference	The Alberta Rural Physician Action Plan	Continuing Medical Ed	1/29/07	(\$2,600.00)
		MED041016	Regional Conf	The Alberta Rural Physician Action Plan	Continuing Medical Ed	1/29/07	(\$3,500.00)
		MED041115	Videoconference	Jul1306 RPAP/Video 2005-06		7/13/06	(\$6,000.00)
		MED041116	Regional Conf	Jul1306 RPAP/Regional2005-06		7/13/06	(\$16,800.00)
	42010 - Don & Other Grants - Business	MED010004	Acreditation fees			4/27/06	(\$500.00)
		MED010004	123420			5/31/06	(\$2,950.28)
		MED010004	Acreditation fees	Cdn Assoc.Rad.Oncologists/Sept		9/14/06	(\$500.00)
		MED010004	Acreditation fees	Medtronic/Accred.Fee Sept14/06		9/14/06	(\$500.00)
		MED010004	Acreditation fees	Science & Medicine/Accred.Fee		10/10/06	(\$500.00)
		MED021018	CONME0000000009	Memorial University of Newfoundland	Continuing Medical Ed	10/17/06	(\$13,750.00)
		MED021018	CONME0000000011	Memorial University of Newfoundland	Continuing Medical Ed	10/19/06	(\$2,062.50)
		MED021034	EMRTO Question			4/6/06	(\$1,639.28)
		MED021042	Stopping the progr	SanofiAventis/Nov7/06		11/7/06	(\$31,000.00)
		MED021046	NBME	To move revenue \$\$ to correct	NBME JL Aug 25/06	2/9/07	(\$2,782.81)
		MED021046	NBME	To move revenue \$\$ to correct	NBME/JL/July-Sept 06	2/9/07	(\$1,398.86)
		MED021046	NBME	NBME/Oct-Dec06/usamt535.74		2/28/07	(\$624.89)
		MED031001	Therapeutics			4/6/06	(\$7,000.00)
		MED031001	Therapeutics			4/27/06	(\$1,000.00)
		MED031009	132821	Pfizer/Evening Sept27/Oct4/06		11/28/06	(\$1,500.00)
		MED031009	132862	SolvayPharma/J.Deere/Visa		11/30/06	(\$750.00)
		MED031009	133062	Sanofi-aventis/Dec13/06		12/13/06	(\$1,500.00)
		MED031009	133342	Leo/Pharma Jan10/07		1/9/07	(\$750.00)
		MED031009	133689	Boehringer Ingelheim		2/1/07	(\$1,500.00)
		MED031009	133689	Pfizer/EveningSept 13/06		2/1/07	(\$750.00)

MED031009	0000054033	To Reverse JE#32894/journal en	donation previous yr/entry	3/22/07		(\$1,500.00)
MED031011	Hospitalists	SanofiAventis/Hospitalists		11/28/06		(\$750.00)
MED031011	Hospitalists	Janssen-Ortho/Hospitalist		12/7/06		(\$1,000.00)
MED031011	Hospitalists	Boehringer Dec13/06		12/13/06		(\$1,500.00)
MED031011	Hospitalists	Johnson&Johnson/Dec13/06		12/13/06		(\$500.00)
MED031011	Hospitalists	Novartis Pharma/Jan16/07		1/16/07		(\$1,000.00)
MED031100	Family Practice	Astellas Pharma/Oct20/06		10/20/06		(\$2,500.00)
MED031100	Family Practice	Boehringer/Nov7/06		11/7/06		(\$2,000.00)
MED031100	Family Practice	Pfizer/Family Practice		11/28/06		(\$2,500.00)
MED031100	Family Practice	Sanofi-aventis/Dec13/06		12/13/06		(\$2,500.00)
MED031100	Family Practice	Wyeth/Dec13/06		12/13/06		(\$1,000.00)
MED031100	Family Practice	Sponsorship funds re:CHR Acade	CHR/Academic Detailing	2/9/07		(\$140.00)
MED031101	Therapeutics	McNeil/Dec13/06		12/13/06		(\$1,000.00)
MED031101	Therapeutics	Boehringer Ingelheim		2/1/07		(\$2,000.00)
MED031101	Therapeutics	Purdu Pharma		2/1/07		(\$1,000.00)
MED031101	Therapeutics	Valeant Canada Ltd		2/1/07		(\$2,000.00)
MED031101	Therapeutics	Wyeth/Therapeutics		2/27/07		(\$2,000.00)
MED031101	Therapeutics	HealthCanada		3/22/07		(\$150.00)
MED031101	Therapeutics	C.Hawkins/Lilly (pd by visa)		3/29/07		(\$1,000.00)
MED031109	0000024718	Donation reclassified	Donation	4/26/06		(\$1,500.00)
MED035000	Globa CV	Pfizer Canada Incorporated	Continuing Medical Ed	10/24/06	(\$42,500.00)	
MED035102	RECAPP			6/8/06	(\$5,000.00)	
MED035103	NSAIDS	Pfizer Canada Incorporated	Continuing Medical Ed	9/27/06	(\$69,000.00)	
MED035110	ADHD	EliLilly/#278054/Sept14/06		9/14/06	(\$20,000.00)	
MED035113	Bone Disease			4/27/06	(\$10,000.00)	
MED035113	Bone Disease	117977dep 11/05/06		5/11/06	(\$7,000.00)	
MED035115	ON Heart&Stroke	Heart&Stroke Aug 22 06		8/22/06	(\$26,500.00)	
MED035115	ON Heart&Stroke	Heart & Stroke Foundation of Canada	Continuing Medical Ed	10/23/06	(\$25,000.00)	
MED035115	ON Heart&Stroke	Heart & Stroke Foundation of Canada	Continuing Medical Ed	1/29/07	(\$25,000.00)	
MED035116	COPD	GlaxoSmithKline Inc.	Continuing Medical Ed	10/3/06	(\$45,000.00)	
MED035117	Heart.org	Conceptis Inc/Nov7/06		11/7/06	(\$7,000.00)	
MED035118	PMDD	Berlex	Continuing Medical Ed	11/14/06	(\$35,000.00)	

MED035119	GI for GP	Novartis Pharma Canada Incorporated	Continuing Medical Ed	12/14/06	(\$7,500.00)	
MED041000	Emerg Med	Roche/Full conference		1/9/07		(\$3,000.00)
MED041005	WeekendWarrior	Colman Prosthetics/Aug9/06		8/9/06		(\$100.00)
MED041005	WeekendWarrior	K&KWellness/Linvatex		11/7/06		(\$500.00)
MED041005	WeekendWarrior	Pfizer/Weeknd Warrior/nov28/06		11/28/06		(\$750.00)
MED041015	Videoconference	Kyphon/Nov7/06		11/7/06		(\$500.00)
MED041015	Videoconference	Boehringer/VideoConf Jan16/07		11/28/06		(\$500.00)
MED041015	Videoconference	Pfizer/VideoConfDr.Silvius		11/28/06		(\$500.00)
MED041015	Videoconference	Biogen Idec/Dec13/06		12/13/06		(\$500.00)
MED041016	Regional Conf	Pfizer/RegConf 06-07 4Sites		11/28/06		(\$3,000.00)
MED041016	Regional Conf	Pfizer/RegConf Red Deer Nov23/		11/28/06		(\$750.00)
MED041016	Regional Conf	Pfizer/RegConf/A.Edwards RedDe		11/28/06		(\$750.00)
MED041016	Regional Conf	Pfizer/Mar27/Regional Conf		2/1/07		(\$750.00)
MED041016	Regional Conf	Pfizer/Reg.Conf/Nov16/06/Innis		2/1/07		(\$1,500.00)
MED041108	Rural Anesthesia	Baxter Corp/Jan16/07		1/16/07		(\$1,000.00)
MED041108	Rural Anesthesia	BOMImed Inc./Jan 16/07		1/16/07		(\$1,000.00)
MED041108	Rural Anesthesia	Dyna Medical/Jan 16/07		1/16/07		(\$1,000.00)
MED041108	Rural Anesthesia	Sonosite Canada Inc.		2/1/07		(\$1,000.00)
MED041115	Videoconference			4/6/06		(\$500.00)
MED041115	Videoconference	117977dep 11/05/06		5/11/06		(\$500.00)
MED041115	Videoconference	dep 29/05/06		5/29/06		(\$500.00)
MED041116	Regional Conf	dep 29/05/06		5/29/06		(\$750.00)
MED041116	Regional Conf			6/8/06		(\$750.00)
MED051910	123546			6/8/06	(\$11,500.00)	
MED055010	122671			4/6/06	(\$30,750.00)	
MED055010	125216	Eli Lilly/Osteo program/Oct10/		10/10/06	(\$44,250.00)	
MED055010	132821	EliLilly/Course/FacilitatorFee		11/28/06	(\$30,750.00)	
MED055010	CONME0000000025	Eli Lilly Canada	Continuing Medical Ed	1/8/07	(\$40,000.00)	
MED057100	125665	Pfizer/OAB Quebec Accreditatio		11/7/06	(\$5,200.00)	
MED057100	CONME0000000032	Pfizer Canada Incorporated	Continuing Medical Ed	2/14/07	(\$750.00)	
MED058000	CONME0000000028	Calgary Health Region	Continuing Medical Ed	1/12/07	(\$10,000.00)	
MED061302	CSS	Synthes/Oct10/06		10/10/06		(\$5,000.00)
MED061302	CSS	Wright Med/Oct 10/06		10/10/06		(\$3,500.00)
MED061302	CSS	Baxter/Nov7/06		11/7/06		(\$3,500.00)

MED061302	CSS	Citagenix Inc/Nov7/06		11/7/06		(\$3,500.00)
MED061302	CSS	GalenMed/Nov7/06		11/7/06		(\$3,500.00)
MED061302	CSS	JointSolutions/Nov7/06		11/7/06		(\$3,500.00)
MED061302	CSS	Medtronic/Nov7/06		11/7/06		(\$5,000.00)
MED061302	CSS	Karemed/Nov28/06		11/28/06		(\$3,500.00)
MED061302	CSS	Johnson&Johnson/CSS 2007		11/30/06		(\$5,000.00)
MED061302	CSS	L2MLLC/Exhibit Fee/Reg Fee		1/12/07		(\$4,103.23)
MED061302	CSS	B/Braun Med/Exhibit/Reg fee x1		1/16/07		(\$3,750.00)
MED061302	CSS	Cook (Canada) Inc.		2/1/07		(\$3,500.00)
MED061302	CSS	Zimmer Canada		2/1/07		(\$3,500.00)
MED061302	CSS	Tuition Fee Kostuik/from spons	to tuition-Reg.Fee Kostuik	2/9/07		\$500.00
MED061302	CSS	To move portion of revenue to	Move rep registration to Tuiti	2/27/07		\$250.00
MED061302	CSS	Kyphon/uschq\$2995.03		3/23/07		(\$3,468.84)
MED062001	EBUS	Olympus		3/22/07		(\$10,000.00)
MED071302	ECG	Pfizer/ECG Conf		2/1/07		(\$1,000.00)
MED071302	ECG	SanofiAventis/ECG		2/1/07		(\$2,500.00)
MED071302	ECG	AztraZeneca/ECG		2/27/07		(\$2,500.00)
MED071302	ECG	BristolMeyersSquibb/Full confe		3/13/07		(\$2,500.00)
MED071302	ECG	ScheringCanada		3/22/07		(\$1,500.00)
MED072000	Vascular Biology	Pfizer Canada Incorporated	Continuing Medical Ed	10/3/06		(\$13,000.00)
MED072000	Vascular Biology	Pfizer Canada Incorporated	Continuing Medical Ed	10/3/06		(\$5,200.00)
MED072000	Vascular Biology	Pfizer Canada/Oct10/06		10/10/06		(\$5,000.00)
MED073602	Stroke	Merck Frosst/Aug9/06		8/9/06		(\$1,000.00)
MED074100	CysticFibrosis	RCPSC/Sponsorship Speaker		2/27/07		(\$800.00)
MED074205	Children In Care	Calgary & Area Child & Family Serv Auth	Continuing Medical Ed	12/21/06		(\$5,000.00)
MED074205	Children In Care	Jansen Ortho		3/13/07		(\$5,000.00)
MED074205	Children In Care	Shire BioChem		3/22/07		(\$3,000.00)
MED074404	MedUpdate- Psych	Astra Zeneca/Oct 10/06		10/10/06		(\$1,250.00)
MED074404	MedUpdate- Psych	AstraZeneca/Oct 10/06		10/10/06		(\$1,250.00)
MED074404	MedUpdate- Psych	GSK/Oct 10/06		10/10/06		(\$1,000.00)
MED081011	QI	dep 29/05/06		5/29/06		(\$3,000.00)
MED081011	QI	Jul1306 Gov't of AB		7/13/06		(\$3,000.00)
MED081102	HRM	AHFMR/Aug9/06		8/9/06		(\$2,520.80)

MED081111	QI	Safeway Aug 22 06		8/22/06		(\$1,000.00)
MED081111	QI	Cdn Pt.Safety Inst./Sept14/06		9/14/06		(\$3,000.00)
MED081111	QI	Baxter/Dec13/06		12/13/06		(\$3,500.00)
MED091014	CPIG	Medtronic/Calgary Pain		2/27/07		(\$1,000.00)
MED091051	Urgent Care	JanssenOrtho/Aug9/06		8/9/06		(\$750.00)
MED091051	Urgent Care	McNeil/Aug9/06		8/9/06		(\$750.00)
MED091051	Urgent Care	GSK Aug22 06		8/22/06		(\$1,000.00)
MED091051	Urgent Care	AstraZeneca/Nov7/06		11/7/06		(\$1,500.00)
MED095043	Methadone	CPSA/for Methadone Conf		3/12/07		(\$2,563.35)

**TOTAL REVENUE**

**\$546,151.78 \$239,703.06**

September 18, 2007

April 2007 to March 2008

28060 - CME

10 - Central Operating

Account	Internal	ID	Name	Description	Journal Date	National Progrms	CME Conference
42010 - Don & Other Grants - Business	MED010004	CHR	DeptID 28061 to 28060	Calgary Health Region	9/6/07		(\$2,000.00)
	MED021042	Stopping the Risk	DeptID 28061 to 28060	Sanofi Aventis	9/6/07	(\$23,500.00)	
	MED021046	NBME	DeptID 28061 to 28060	NBME/Jan-Mar07/US \$2767.90	9/6/07		(\$2,971.34)
	MED031101	Therapeutics	DeptID 28061 to 28060	Astellas/Apr17/07	9/6/07		(\$2,000.00)
	MED031101	Therapeutics	DeptID 28061 to 28060	Johnson&Johnson/Janssen Ortho	9/6/07		(\$2,000.00)
	MED031101	Therapeutics	DeptID 28061 to 28060	Merck Frosst/Therapeutics	9/6/07		(\$1,500.00)
	MED031101	Therapeutics	DeptID 28061 to 28060	Servier Canada/Jun8/07	9/6/07		(\$2,000.00)
	MED035116	COPD	DeptID 28061 to 28060	GlaxoSmithKline Inc.	9/6/07	(\$5,500.00)	
	MED035118	PMDD	DeptID 28061 to 28060	Bayer Incorporated	9/6/07	(\$39,500.00)	
	MED035120	AMD	Pfizer Canada Incorporated	Continuing Medical Ed	9/7/07		(\$8,250.00)
	MED041000	Emerg Med	DeptID 28061 to 28060	Gov't of Canada/National Defen	9/6/07		(\$2,000.00)
	MED041015	Videoconference	DeptID 28061 to 28060	Rural Physicians Action Plan	9/6/07		(\$3,400.00)
	MED041016	Regional conf	DeptID 28061 to 28060	Rural Physicians Action Plan	9/6/07		(\$9,800.00)
	MED055010	Osteo	DeptID 28061 to 28060	Eli Lilly Canada	9/6/07	(\$36,200.00)	
	MED071302	ECG	DeptID 28061 to 28060	Merck Frosst/Sponsorship	9/6/07		(\$3,000.00)
	MED071302	ECG	DeptID 28061 to 28060	Novartis/Apr17/07	9/6/07		(\$2,000.00)
	MED072000	Vascular	DeptID 28061 to 28060	MerckFrosst/Apr17/07	9/6/07		(\$20,000.00)
	MED072000	Vascular	DeptID 28061 to 28060	MerckFrosst/Sponsorship	9/6/07		(\$5,000.00)
	MED072000	Vascular	DeptID 28061 to 28060	Pfizer/Apr17/07	9/6/07		(\$10,000.00)
	MED072000	Vascular	DeptID 28061 to 28060	SanofiAventis/Apr17/07	9/6/07		(\$15,000.00)
	MED073602	Stroke	Boehringer chq#145480		8/21/07		(\$1,000.00)
	MED074205	Children in Care	PurduePharma chq#38329		8/21/07		(\$500.00)
	MED074205	Children in Care	DeptID 28061 to 28060	BristoMyers/MeadJohnson/replac	9/6/07		(\$1,000.00)
	MED074903	Rheumatology	DeptID 28061 to 28060	Pfizer/Sponsorship	9/6/07		(\$1,000.00)
	MED081013	International Health	DeptID 28061 to 28060	GSK/Jun8/07	9/6/07		(\$500.00)
	MED081013	International Health	DeptID 28061 to 28060	MerckFrosst/International Heal	9/6/07		(\$1,500.00)
	MED081102	HRM	DeptID 28061 to 28060	Alberta Heritage Fndn For Med	9/6/07		(\$2,500.00)
	MED081102	HRM	DeptID 28061 to 28060	SEARCH Canada	9/6/07		(\$500.00)
	MED091034	Foot&Ankle	DeptID 28061 to 28060	InLine Solutions	9/6/07		(\$550.00)

MED091034	Foot&Ankle	DeptID 28061 to 28060	International Orthotics M/C	9/6/07		(\$500.00)
MED091034	Foot&Ankle	DeptID 28061 to 28060	Paris Orthotics/Visa	9/6/07		(\$550.00)
MED091034	Foot&Ankle	DeptID 28061 to 28060	Premier Medical/Visa	9/6/07		(\$550.00)
MED091034	Foot&Ankle	DeptID 28061 to 28060	Remington Medical/Visa	9/6/07		(\$550.00)
MED091034	Foot&Ankle	DeptID 28061 to 28060	Wright Medical/Jun8/07	9/6/07		(\$575.00)

**Total Revenue**

<b>\$104,700.00</b>	<b>\$102,696.34</b>
---------------------	---------------------

## 4. Research and innovation

### 4.1 *As an academic unit, the CME office contributes to knowledge development and the understanding of CME/CPD through:*

- ✓ A program of research and development, in a manner consistent with its mission and objectives.
- ✓ The linking of such activities to other academic programs within the university, where appropriate.
- ✓ A sharing of its program, activity and research experience through publications, presentations, and participation in the broader academic CME community.
- ✓ The scholarship of innovation, which should be embedded in its mission and expressed through the development of innovative CME/CPD programs and activities.

#### **A.1 Documentation**

- Provide a list of publications (peer-reviewed) and presentations done by members of the CME and PD office and other faculty members (pertaining to their role with the CME and PD office) since the last accreditation survey.  
[See end of section.]
- Provide a list of research grants in CME or faculty development that have been obtained or applied for by members of the CME and PD office (directly or in collaboration).  
[See end of section.]

#### **B.2 Questions**

##### **2.1 Is there an identified research program/infrastructure within the office and if so, how does it link to the overall mission statement and objectives of the office?**

Research and evaluation are an integral part of the Office's expectations and objectives. To that end, H Fidler MSc and M Chu BComm are engaged in research and evaluation activities of the office along with J Lockyer.

There have been three major foci to the research:

- Physician assessment work. This has been done primarily with the College of Physicians and Surgeons of Alberta Physician Achievement Review program but other projects in conjunction with the Medical Council of Canada, American Academy of Pediatrics. The focus has been on development of measurement instruments as well as their psychometric properties and utility.
- Transition to practice studies. Examinations of the learning required by IMG physicians entering practice in Alberta have been conducted from the perspective of the IMG physician as well as 'trustees' to the system (ie, physician medical leads from Regions). A study is beginning to examine the learning needs of physicians new to Calgary Health Region.

- Educational outcome assessment work. The focus has been on the impact of educational programs on practice.

## **2.2 Who is responsible for the development, implementation and ongoing review of the program?**

J Lockyer, Associate Dean.

## **2.3 Who are the individuals who contribute to the program and what is their role?**

H Fidler is MSc prepared in psychology. She has worked with the Office for 12 years. She handles the statistical work, writing/editing of proposals/manuscripts, preparation of documents for ethics, and related work.

M Chu is BComm prepared. She has worked with the Office for 18 months. She handles the creation of scannable forms, qualitative data coding for QSR analyses, and other related tasks.

J Lockyer is PhD prepared in educational research with a focus on both qualitative and quantitative methods. J Lockyer provides oversight expertise re research design, knowledge of the literature, and writing.

C Violato is PhD prepared. He provides the statistical oversight for studies, particularly those related to multi source feedback.

Faculty members depending on the project. CME studies often involve physicians across the Faculty.

There are occasionally Masters and PhD students who participate in studies.

For example, Marianna Hofmeister participated in the IMG transition to practice study work while she was doing her PhD under J Lockyer. Currently, A Sandhu, a Calgary pediatrician doing the MSc program is an investigator on a study examining physician transition to practice in the CHR.

## **2.4 Are the office's research and development activities linked to other academic programs within the university? If so, describe these relationships.**

J Lockyer is a member of the Medical Education Research Unit Group of the Faculty of Medicine. This group runs a weekly seminar series, trains graduate students (MSc/PhD) in medical education, and consults on educational research projects. She holds an academic appointment in Community Health.

N Schachar is Chair of the Bone and Joint Health Education Committee, the Office of Surgical Education, Department of Surgery. He holds an appointment in the Department of Surgery.

## **2.5 Describe any examples of innovative programs currently in the implementation or implementation phase with which the office has been involved and why these programs are thought to be innovative. How do these activities link to the mission statement?**

The Office's mission is to provide leadership in education to help physicians and other health care providers provide excellent health care. The Office is involved in several initiatives which we believe will help improve care and provide evidence of scholarship:

- ✓ Physician Achievement Review Program. The Office has worked with the College of Physicians and Surgeons of Alberta on the Physician Achievement

Review program since 1996. Patients, co-workers, and medical colleagues assess the physician. The physician also completes a self assessment questionnaire. Instruments have been developed and psychometrically assessed for evidence of validity and reliability for the following groups: Family medicine/general practice; anesthesia practice; surgical practice; internal medicine, pediatrics and psychiatry; episodic care (e.g, emergency, urgent care, hospitalist, locum); diagnostic imaging. Psychometric assessment of the data collected for laboratory medicine will be completed during 2007-8 and this represents the last set of instruments. Physicians receive data from these reports for themselves and for their comparator group and use these data to guide self-improvement activities. This program represents an innovative long-term collaboration with a regulatory authority. The CPSA has the most diverse set of multi source feedback instruments developed in the world. The instruments have been adopted and adapted by other provinces and programs both within Canada and internationally. The approach to psychometric assessment has guided other developers of instruments being developed internationally. The datasets have enabled us to examine change longitudinally using data from 250 physicians who repeated the PAR work 5-years apart and to compare graduates of our school with graduates of University of Alberta, other Canadian schools, and IMG physicians.

- ✓ Mentoring initiatives. There are several mentoring studies underway. One is with Dr Chris deGara involving mentoring for surgeons, IMGs, and the integrated community clerkship. The IMG component is a feasibility study involving interviews and focus groups with 'trustees' of the system (e.g. medical officers) and IMG physicians. It builds on the interviews conducted with IMG physicians conducted in 2006. The surgical component will assess the feasibility of training surgeons in regional/rural centres on new techniques (face/face and remotely) and assessing performance. Another mentoring project is being undertaken across Canada as part of a 'knowledge translation' study under Sharon Straus as lead investigator. These mentoring initiatives provide another way that CME and PD within Universities can understand the needs of practicing physicians.
- ✓ IMG transition to Alberta study. This work involved interviews with 19 physicians to understand the personal and learning challenges they faced as they entered practice in Alberta. The learning challenges component will be published in late 2007. The other study is being analyzed at present. This initiative provides information to guide the understanding and development of educational programs for this vulnerable group of physicians.
- ✓ Bone and Joint Health. This broadly based educational program serves as a prototype for other initiatives which might address issues raised by patient care. Programming is provided for patients, health care providers and both resident and practicing physician.
- ✓ Pediatrician, internist, and family physician transition to practice in CHR. This study under the direction of J Lockyer has Drs M Raman, P Sandhu, and K Wycliffe-Jones on the research team. Physicians new to CHR in last 24 months will be interviewed to determine the challenges they faced, the ease of the transition, how they learned to work within the CHR, and the resources and systems that helped them with the transition. The study was sent for ethical review in March. It is anticipated that it will get underway in May or June. Interviews will be conducted with 36 - 45 physicians.

- ✓ Heart and Stroke Foundation of Ontario Hypertension management Initiative. The HSFO approached the Office to help them develop an educational program that would help physicians working in primary care groups to work more effectively within teams and with resources available in their community. An educational program was developed and 'teach the teacher' training programs run in Ontario. This initiative was undertaken in anticipation that lessons learned from it would be applicable to the Chronic Disease Management Program of the CHR and for Primary Care Networks in Alberta. Work is currently underway to develop a program for Alberta.

**2.6 Describe the CME office's contribution to the development and implementation of new ways of improving the quality and relevance of CME activities and the CME office's ability to link these with health care outcomes.**

The Office has contributed to the improvement of CPD through Mainpro-M-1 and C course development and assessment work. This allowed us to implement and assess new approaches to presenting content and assessing their outcomes through physician self-report, chart review, and knowledge and attitude testing. The pre/post testing that was done demonstrated changes in clinical practice which benefited patients in Alzheimer's and other dementias, breast cancer screening, ADHD, and cardiovascular risk. The CPSA-PAR program which shows that physicians use the feedback data to improve their practices and approaches. A recent longitudinal study showed changes in physician performance over a 5 year period amongst physicians who repeated the PAR assessment.

**2.7 What challenges does the CME office currently face regarding research and development activities?**

Research and development require time and extensive skill development to do well.

## Grants

### 2004

An assessment of the meaning of certain aspects of medical professionalism in practicing physicians in Alberta. College of Physicians and Surgeons of Alberta. L Pereles, K Brownell, J Lockyer. \$5,000. 2004-2005

A review and assessment of educational strategies to help physicians gain systems acumen. Merck Frosst Canada Ltd. J Lockyer, D Wright. \$10,000. 2004-2005

A study of family physician perception of working on interdisciplinary teams. Association of Canadian Medical Colleges' Social Accountability Project. J Toews, B Wright, J Lockyer. \$12,000. 2004-2005

### 2005

Global Cardiovascular Risk education program: An assessment of outcomes, Pfizer Canada, J Lockyer. \$80,000. 2005-2006.

### 2006

Psychometric assessment of tools to assess anesthesiologists through CPSA Physician Achievement Review (PAR) program. College of Physicians and Surgeons of Alberta. J Lockyer, C Violato. \$8522. 2005-2006

Development and psychometric assessment of tools to assess radiologists through CPSA Physician Achievement Review (PAR) program. College of Physicians and Surgeons of Alberta. J Lockyer, C Violato. \$3338. 2005-2007

Communication skills in Orthopedics. Royal College of Physicians and Surgeons of Canada. K Lundine (MSc thesis work). \$8606. 2005-2006

### 2007

Canadian Psychiatric Association Needs Assessment. Canadian Psychiatric Association. \$4608. 2006-2007.

## Invited Presentations

### 2004

Lockyer J, Developing, assessing and giving feedback to clerks and residents about professional behaviors, 2004 Cabin Fever/Rural Physician Action Plan Faculty Development Program, Kananaskis, AB, Feb 2004

Lockyer J, The rationale for linking assessment and CPD: The University perspective. Aylmer V: A meeting of regulatory authorities and universities. Saskatoon, June 2004

### 2005

Lockyer J, Multi source feedback: A Canadian Perspective on quality improvement and assessment of practicing physicians. Presentation to the staff and associates, National Board of Medical Examiners, Philadelphia, PA, March 2005.

Lockyer J, Research Design, Society for Academic CME Summer Research Institute, Halifax NS, June 2005

Lockyer J, Kane G, Linking theory and practice: Applying what has been learned. Society for Academic CME Summer Research Institute, Halifax NS, June 2005

Lockyer J, Tremblay G, Needs Assessment: Options for Evaluating Perceived and Non-perceived Needs, Royal College of Physicians and Surgeons of Canada, Provider Conference, Vancouver, September 2005.

Lockyer J, How physicians learn, 7<sup>th</sup> Annual Continuing Medical Education Conference, Montevideo Uruguay, October 2005 [Como aprende el medico, 7<sup>th</sup> Seminario—Taller en DPMC) Hacia la universalization del DPMC en el primer nivel de atencion: Metodologias educativas, Montevideo]

Lockyer J, Lecture, large interactive group & small group learning, 7<sup>th</sup> Annual Continuing Medical Education Conference, Montevideo Uruguay, October 2005 [Como aumentar la efectividad de las conferencias a grandes grupos y del aprendizaje en pequenos grupos, 7<sup>th</sup> Seminario—Taller en DPMC) Hacia la universalization del DPMC en el primer nivel de atencion: Metodologias educativas, Montevideo, Uruguay]

Lockyer J, Ward R, Adherence: Tips & Tricks to Facilitate Health Care Professional & Physician Learning: New Ways to Promote change in Chronic Disease Management, Canadian Network for Asthma Care, ASED Conference 7, Calgary AB, November 2005

## **2006**

Lockyer J, Multi source feedback in Alberta and the United Kingdom: Alternative Models, National Board of Medical Examiners Invitational Meeting, Philadelphia, PA, May 2006

Lockyer J, Multi source (360-degree) feedback for assessment & feedback: Description and rationale, Invitational Workshop, University of Saskatchewan, May 2006

Lockyer J, The practical aspects of getting started with multi source feedback, Invitational Workshop, University of Saskatchewan, May 2006

Lockyer J, Principles of Effective CME: Information for Facilitators of Small Group Learning, 2006 British Columbia Medical Association Continuing Medical Education Conference, Vancouver, June 2006

Lockyer J, Principles of adult learning and how to make them work for you. 2006 British Columbia Medical Association Continuing Medical Education Conference, Vancouver, June 2006

Lockyer J, Wright B, Toews J, Fidler H, Hofmeister M, Wright D, Development and Testing of a Model for Team-Based CPD (short presentation), CPDiQ Conference (Association of Faculties of Medicine of Canada, Social Accountability Initiative), Montreal, June 2006.

Manchul L, Lockyer J, Needs assessment, practice assessment and practice review in radiation oncology, Can Assoc for Radiation Oncology, Calgary, Sept 2006

Lockyer J, Practical aspects of needs assessment questionnaires, 4<sup>th</sup> annual Continuing Professional Development Providers Conference, Royal College of Physicians and Surgeons of Canada, Ottawa, Sept 2006

Lockyer J, How to Integrate systems thinking into educational planning. 4<sup>th</sup> annual Continuing Professional Development Providers Conference, Royal College of Physicians and Surgeons of Canada, Ottawa, Sept 2006

Lockyer J, Using 360<sup>o</sup> feedback methods to assess physician competence, 2006 annual conference: Leadership in specialty medicine: enhancing and assessing physician competencies. Royal College of Physicians and Surgeons of Canada, Ottawa, Sept 2006

Lockyer J, Multi-source feedback: An overview (Keynote presentation), Association of Studies in Medical Education Course on Multi Source feedback, London, UK Dec 2006

Lockyer J, CPD and revalidation, Association of Studies in Medical Education Course on Multi Source feedback, London, UK, Dec 2006

## **2007**

Lockyer J, Multi source feedback findings: It all depends on the question(s). National Board of Medical Examiners, Professional Behaviors Advisory Group Meeting, Philadelphia, February 2007

Lockyer J and Pereles L, Professionalism/Hidden Curriculum, Cabin Fever: A faculty development program for Alberta rural physicians. Kananaskis, February 2007

Lockyer J, Outcomes in CME: Let's get creative. Plenary session, Society for Academic Continuing Medical Education. Copper Mountain Colorado, March 2007

Lockyer J, CME Outcomes: It depends on the questions and the context. Plenary session, Society for Academic Continuing Medical Education. Copper Mountain Colorado, March 2007

Lockyer J, Experience with the MCC's IMG Multi Source Feedback Instrument, Medical Council of Canada Invitational Meeting on Summative Assessment of Clinical Performance in the Workplace, Whistler BC April 2007

Lockyer J, Didactic programs have very minimal impact on physician learning, Medical Marketing and Media Webcast, April 2007

Lockyer J, Klein D, Settling into practice in a new country: Learning for practice, Standing Committee on CME Retreat, Victoria, BC, May 2007

Lockyer J, Measuring the impact of health education activities on the learner. Health Research Methods Course. Faculty of Medicine, University of Calgary, Calgary, May 2007

Lockyer J, PAR, University of Alberta Psychiatry Residency Program Committee Retreat, Edmonton, June 2007

Lockyer J, Ward R, Integrating systems thinking into CPD: Practical considerations. Royal College of Physicians and Surgeons of Canada Annual Provider's Conference, Winnipeg, September 2007.

Mills C, Lockyer J, Tips and tricks for sustainable videoconference programming, Canadian Association for Continuing Health Education, Quebec City, October 2007.

Lockyer J, Sargeant J, Educational and learning theory: What theories are relevant and why? Canadian Association for Continuing Health Education, Quebec City, October 2007.

Lockyer J, What multi-source feedback factors influence physician self-assessments? A five-year longitudinal study, Association of American Medical Colleges, Washington DC, November 2007.

Sargeant J, Eva KW, Mann KV, Lockyer J, Self assessment within a social context, Association of American Medical Colleges, Washington DC, November 2007.

## **2008**

Lockyer J, Mini-Plenary: Top 5 lessons learned from CME literature over the past 20 years. Alliance for Continuing Medical Education Annual Conference; Orlando FL. January 2008

Swiniarski J, Lockyer J, The role of PAR in practice improvement, Surgical Grand Rounds, University of Alberta, Edmonton, February 2008

De Gara C, Lockyer J, A presentation to the Board of the AMA, Alberta Medical Association Board meeting, Edmonton, February 2008

Schachar N, CME Directions in Alberta and Canada, Clinical Neuroscience Rounds, University of Calgary, February 2008

### **Other Presentations and Workshops (e.g., Submitted)**

## **2004**

Lockyer J, Toews J, Reflection in CME: Is it a fad or sound educational principle? Alliance for CME Annual Meeting, Atlanta GA, Jan 2004

Lockyer J, Wong G, Toews J, Business planning in CME. Alliance for CME Annual Meeting, Atlanta GA, Jan 2004

Lockyer J, Toews J, Curriculum design across the continuum of medical education: Are there differences? Association of Canadian Medical Colleges/Canadian Association for Medical Education 2004 Annual Meeting, Halifax NS, April 2004

Lockyer J, CME Research in Calgary: Medical Council of Canada International Medical Graduate and Alzheimer's and Other Dementia Outcome Projects, ACMC Continuing Medical Education Research Committee Presentations, Association of Canadian Medical Colleges/Canadian Association for Medical Education 2004 Annual Meeting, Halifax NS, April 2004

Lockyer J, Violato C, Conducting a Needs Assessment of Faculty Development, Association of Canadian Medical Colleges/Canadian Association for Medical Education 2004 Annual Meeting, Halifax NS, April 2004

Lockyer J, Specialist multi source feedback: Lessons learned from a psychometric analysis of data from internal medicine and pediatric specialists and psychiatrists. CME Congress 2004: How continuing medical education helps translate knowledge into practice, Toronto, May 2004.

Lockyer J, Toews J, Research evidence or myth: The interface between research and practice. CME Congress 2004: How continuing medical education helps translate knowledge into practice, Toronto, May 2004.

Lockyer J, The Canadian perspective on multi source feedback, in pre-conference half day workshop with Sargeant J, Lockyer J, Mann K, Davies H, McAvoy P, Galbraith R, Blackmore, Using 360-degree assessment for physicians and learners: An international perspective. 11<sup>th</sup> International Conference on Medical Education, Barcelona, Spain. July 2004.

Lockyer J on behalf of Blackmore D, Crutcher R, Ward B, Salte B, Shaw K, Wolfish N, Fidler H, A pilot Program to assess international medical graduates holding limited licenses in Canada, 11<sup>th</sup> International Conference on Medical Education, Barcelona, Spain. July 2004.

Lockyer J on behalf of Fidler H, Hogan DB, Pereles L, Lebeuf C, Wright B, Gerritsen C, Assessing short course outcomes from a three module educational program on Alzheimer's' and other Dementias. 11<sup>th</sup> International Conference on Medical Education, Barcelona, Spain. July 2004.

Lockyer JM and Cwinn A, Best practices courses: Taking section 1 activities one-step further. Royal College of Physicians and Surgeons of Canada 2<sup>nd</sup> Accredited Providers Conference. Ottawa. September 2004.

Lockyer J, An examination of physician self-assessment skill, Society for Academic CME Fall Meeting. Boston. November 2004

Lockyer J, An examination of the appropriateness of using a common peer agreement instrument to assess physician skills across specialties. Association of American Medical Colleges Meeting. Boston. November 2004.

Lockyer J, Multi source (360-degree) feedback for assessment and feedback along the continuum. With L Southgate (UK), J Sargeant (Dalhousie) and S Clyman (NBME). Association of American Medical Colleges Meeting. Boston. November 2004.

## **2005**

Lockyer J, The science of CME planning: How will incorporating what we know about CME research impact on course outcomes? Alliance for CME Annual Conference, San Francisco, January 2005

Wong G, Lockyer J, Business plans for CME, Alliance for CME Annual Conference, San Francisco, January 2005

Lockyer J, Development and psychometric assessment of a checklist to assess clinical skill. Presentation at Society of Academic Continuing Medical Education Spring Meeting, Austin TX, April 2005

Lockyer J, Sargeant J, Research Methods in Continuing Medical Education. Workshop for Standing Committee on CME, Saskatoon, SK, April 2005

Sargeant J, Lockyer J, Mann K, and Wright B, Self-assessment throughout the medical education curriculum, Workshop at Association of Faculties of Medicine of Canada Annual Meeting. Saskatoon, SK, May 2005

Lockyer J, Crutcher R, Violato C, Sargeant J, Improving performance evaluation in medical education: Multi source feedback as an option. Workshop at Association of Faculties of Medicine of Canada Annual Meeting. Saskatoon, SK, May 2005

Lockyer J, Crutcher R, Blackmore D, Wolfish N, Salte B, Shaw K, Ward B, and Fidler H, Development and assessment of a multi source feedback evaluation system for physicians new to Canada on special licenses. Research and Development Presentation at Association of Faculties of Medicine of Canada Annual Meeting. Saskatoon, SK, May 2005

Lockyer J, Sargeant J, Clyman S, Archer, Multi source (360 degree) feedback for assessment, feedback and learning across the medical education continuum (workshop), Association for Medical Education in Europe 2005 Meeting, Amsterdam, September 2005.

Lockyer J, Violato C, Fidler H, The development and psychometric assessment of multi source instruments to assess practicing anesthesiologists (short communication), Association for Medical Education in Europe 2005 Meeting, Amsterdam, September 2005.

Wright D, Lockyer J, Mallette N, Development of a multi disciplinary best practice course from needs assessment to implementation, Canadian Association for Continuing Health Education, Calgary, September 2005

Wright D, Lockyer J, Robertson S, Incorporating office systems change strategies into CME programs, Canadian Association for Continuing Health Education, Calgary, September 2005

Lockyer J, Facilitator transition from face-to-face to an on-line learning environment [Research presentation from work with V Curran, J Sargeant, and L Fleet], Society for Academic Continuing Medical Education 2005 Fall Meeting, Washington DC, November 2005

Lockyer J, Sargeant J, Clyman S, Archer J, Davies H, Multi Source (360 degree) Feedback for Assessment and Feedback Along the Continuum, Association of American Medical Colleges Annual Meeting, Washington DC, November 2005

Toews J, Designing e-learning for Impact, Annual meeting of Accredited CME Providers in Uruguay, Montevideo, Uruguay, October 2005

Toews J, Reading: Improving its Impact, Annual meeting of Accredited CME Providers in Uruguay, Montevideo, Uruguay, October 2005

## **2006**

Lockyer J, Holtman M, Clyman S, Multi Source (360-degree) Feedback: The Interface Between Research and Practice, 12<sup>th</sup> International Ottawa Conference (Workshop), New York, May 2006

Lockyer J, Wright B, Armson H, Enhancing Clinical Competence: Transforming Reflection into Action, 12<sup>th</sup> International Ottawa Conference (Workshop), New York, May 2006

Laidlaw T, Lockyer J, Lemire F, Blackmore D, Campbell C, Klass D, Research Presentation: Piloting an instrument to assess physician/patient communication skills: A national strategy. 12<sup>th</sup> International Ottawa Conference, New York, May 2006

Lockyer J, Application of Greenhalgh's diffusion model to continuing health education. Can Assoc for Cont Health Education, St John's NFLD, Sept 2006

Lockyer J, 360-degree assessment: Its role in revalidation. Revalidation Pre-Conference Symposia, Can Assoc for Cont Health Education, St John's NFLD, Sept 2006

Lockyer J, Lemay J-F, Reiter H, and Eva K, the multiple mini interview: A new method of assessing applicants for medical school, Association of American Medical Colleges Annual Meeting, Seattle, Oct 2006.

Sargeant J, Mann KV, Sinclair D, Lockyer J, Moving beyond assessment: Enhancing the educational value of multi source feedback, Association of American Medical Colleges Annual Meeting, Seattle, Oct 2006.

## **2007**

Lockyer J, Sargeant J, Mann K, Strategies for reflection along the continuum: Transforming reflection into action. Association of Faculties of Medicine of Canada, Victoria BC, May 2007

Lockyer J, Violato C, Fidler H, Multi source feedback: A retrospective analysis of the College of Physicians and Surgeons of Alberta—Physician Achievement Review Instruments. Association of Faculties of Medicine of Canada, Victoria BC, May 2007

Lockyer J, Lemay J-F, Brownell K, Collin C, The multiple mini interview: An assessment of validity and reliability, Association of Faculties of Medicine of Canada, Victoria BC, May 2007

**2008**

Lockyer J, Kane G, Learning theory and its application to CME. Congress on CME, Vancouver BC, May 2008.

Lockyer J, Validity and Reliability of the Physician Achievement Review Program. Congress on CME, Vancouver BC, May 2008.

## Peer Reviewed Publications

Curran V, Kirby F, Parsons E, Lockyer J, Short report: Satisfaction with on-line CME: Evaluation of the RuralMDcme website, *Can Family Physician*, 2004, 50: 271-274.

Lockyer JM, Gondocz T, Thivierge R, Knowledge translation: The role and place of practice reflection, *Journal of Continuing Education in the Health Professions* 2004, 24(1):50-56.

Lockyer J, Violato C, An examination of the appropriateness of using a common peer assessment instrument to assess physician skills across specialties, *Academic Medicine* 2004; 79 (10 supplement): S5 - 8.

Topps D, Crutcher R, Lockyer J, Pocket snips: Microvideos on medical procedures, *Medical Education* 2004; 38(5): 572-573.

Bennett N, Lockyer J, Mann K, Batty H, LaForet K, Rethans JJ, Silver I, Hidden curriculum in continuing medical education. *J of Cont Education in the Health Professions* 2004. 25(3):145-152

Lockyer J, Norton P, An analysis of a successful medical collaboration to create and sustain family physician anesthesiology capacity in rural Canada. *Australian Journal of Rural Health*, 2005, 13:178-182

Curran V, Lockyer J, Kirby F, Sargeant J, Fleet L, Wright D, The nature of the interaction between participants and facilitators in online asynchronous continuing medical education learning environments. *Teaching and Learning in Medicine* 2005; 17(3): 240-246

Lockyer JM, Ward R, Toews J, 12 tips for effective short course design. *Medical Teacher* 2005; 27(5):392-5.

Lockyer J, Fidler H, Hogan D, Pereles L, Wright B, Lebeuf C, Gerritsen C\*, Assessing course outcomes through an examination of the congruence between course objectives and reflective work, *Journal of Continuing Education in the Health Professions* 2005; 25 (2): 76-86

Lockyer JM, Violato C, Fidler H, A multisource feedback program for anesthesiologists (Un programme de rétroaction multisources pour les anesthésiologistes), *Can J of Anesthesia*, 2006, 53:33-39

Violato C, Lockyer JM, Fidler H, The assessment of pediatricians by a regulatory authority, *Pediatrics*, 2006, 117: 796 - 802

Violato C, Lockyer J, Self and peer assessment of pediatricians, psychiatrists and medicine specialists: Implications for self-directed learning, *Advances in Health Science Education*, 2006 11(3): 235-244

Curran V, Lockyer J, Sargeant J, Fleet L, Evaluation of learning outcomes in web-based CME, *Acad Med* 2006; 81 (10): S30-34

Lockyer J, Blackmore D, Fidler H, Crutcher R, Salte B, Shaw K, Ward B, Wolfish N, A study of a multi source feedback system for international medical graduates holding defined licenses. *Medical Education*, 2006, 40: 340-347

Lockyer J, Singhal N, Fidler H, Weiner G, Aziz K, Curran V, The development and testing of a checklist to assess neonatal resuscitation skill. *Pediatrics* 2006, Dec;118(6):e1739-44. Epub 2006 Oct 30.

Lockyer JM, Violato C, Fidler H, The assessment of emergency physicians by a regulatory authority. *Academic Emergency Medicine*, 2006; 13(12):1296-1303

Lockyer J, Sargeant J, Curran V, Fleet L, The transition from face-to-face to on-line CME facilitation, *Medical Teacher* 2006, 28(7):625-630

Campbell CM, Lockyer JM, Laidlaw TS, MacLeod HL, An assessment of a matched pair instrument to examine physician-patient communication skills for practicing physicians, *Medical Education* 2007, 41: 123-129.

Mah JK, Lockyer J, Delver H, Atkinson M, Physician in the movies, *J of Cont Education in the Health Professions* 2007, 27(2):133.

Mansouri M\*, Lockyer J, A meta-analysis of continuing medical education effectiveness, *Journal of Continuing Education in the Health Professions* 2007; 27(1):6-15

Wright B, Lockyer J, Fidler H, Hofmeister M\*, Family Physician and Health Care Team Member Perspectives on Roles in Geriatric Care Teams, *Canadian Family Physician* 2007; In Press

Lockyer J, Hofmeister ML\*, Crutcher R, Klein D, Fidler H, International Medical Graduates: Learning for Practice in Alberta, Canada, *Journal of Continuing Education in the Health Professions* 2007; 3, 157-163

Lockyer J, Violato C, Fidler H, What multi source feedback factors influence physician self assessments? A five year longitudinal study, *Acad Med* 2007, 82(10S): 77 – 80

Lockyer J, Violato C, Fidler H, The assessment of radiologists through a multi source feedback tool, *Radiology* 2008, In Press [e-publication ahead of print March 2008].

Violato C, Lockyer J, Fidler H, The assessment of psychiatrists in practice through multi source feedback, *Canadian Journal of Psychiatry* August 2008, In Press.

Chou S\*, Cole G, McLaughlin K, Lockyer J, CanMEDS Evaluation in Canadian Postgraduate Training Programs: Tools Used and Program Directors' Satisfaction, *Medical Education* 2008, In Press

Lundine K\*, Lockyer J, Buckley R, Hutchison C, Communication Skills Training in Orthopedics, *Journal of Bone and Joint Surgery* 2008, In Press.

Violato C, Lockyer J, Fidler H, Change in Performance: A Prospective 5 Year Longitudinal Multi Source Feedback Study, *Medical Education* 2008, In Press

\* Co-written with MSc or PhD students

### **Other Publications - Non Peer Reviewed**

Wong G, Lockyer J, Toews J, Business Planning for CME, Alliance for CME Almanac 2004; 26(8):1-2

Lockyer J, Volunteer physicians: The real heroes in CME, The Can J of CME 2006, 18(10):2-4

Lockyer J, Self-assessment and self-directed learning, The Can J of CME 2007, 19(4)1-2

Lockyer J, Selecting for continuing medical education, The Can J of CME 2008, 20(4). In Press

### **Book Chapter**

Lockyer J, Clyman S, Multi Source Feedback, in E Holmboe and R Hawkins (eds), A practical guide to the assessment of clinical competence. Mosby/Elsevier: 2008