Reflections on a Future Vision for Simulation in Continuing Professional Development:

A personal perspective

Presenter: Dr. Craig Campbell

The best health for all. The best care for all. La santé à son meilleur et des soins optimaux pour tous.
My Conflicts of Interest

• I am a full time employee of the Royal College of Physicians and Surgeons of Canada.

• I have no financial relationships with any pharmaceutical or medical supply companies.

• I do not hold any research grants funded by industry.

• I do not serve on an advisory board of any for-profit industry.
My Outline

During this presentation I will:

• Describe three factors supporting the expanding role for assessment in CPD

• Describe a vision for how simulation as an assessment strategy can be integrated within a new vision for CPD.
Purpose:

“an evidence-informed educational initiative designed to support, enhance and promote continuing professional development activities of the profession”

Goal: Intentional integration of group, self-learning and assessment to improve professional practice
In 2001: Group Learning was the Predominant Model of CME

Based on an intensive short course model – which is getting shorter!!

Focus: Information (knowledge) dissemination

Given by experts to largely passive participants (limited interaction)

Clinical domain / medical expert
Contemporary challenges to the traditional CME model

- Outcome measures focused on participation in CPD activities and self-reports of learning or commitment to change.
- Limited focus on interprofessional collaborative practice.
- CPD designed as an intervention: positive impact on knowledge; smaller impact on performance and health outcomes.

Despite robust engagement in formal CPD:
- Persisting gaps in quality of health care / patient safety among others...
Re-defining Revalidation (2016)

FMRAC’s Physician Practice Improvement Cycle

1. Understand your practice
2. Assess your practice
3. Create your learning plan
4. Implement your learning plan
5. Evaluate the outcomes

Potential Role For Simulation

CBD: A strategic initiative of the Royal College – across the continuum
How can simulation contribute to the assessment of competencies physicians will require to continuously improve their competence, performance and health care within their professional practice?
Future of Medical Education in Canada – CPD Project

Towards an integrated national CPD system

FMEC- CPD: A collective Vision

“A CPD system that sustains innovation and ongoing quality improvement for the health of Canadians.”

... focus on patient / population health needs

... program of assessment model
The “new CPD”
Where learning and assessing is....

1. Anchored in the work place
   • Designed to address patient and population health needs
   • Relevant to one’s scope of practice
   • Embedded within communities of practice

2. Team-based
   • Aligned with how health care is delivered to patients

3. Outcomes focused
   • Enabled by external data and feedback

4. Technology enabled
   • On line; social media, internet, virtual patients

5. Competency-based
   • Individual and collective competencies of teams

6. Collective responsibility of multiple stakeholders
   • An expression of the profession’s social contract

A potential role for simulation to enable, support CPD of physicians?
Simulation – a contributor to the measurement of outcomes of CPD?

Donald Moore’s CPD Outcomes Framework

<table>
<thead>
<tr>
<th>CME Framework</th>
<th>Description</th>
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<tbody>
<tr>
<td>Participation</td>
<td>The number of healthcare professionals who participated in the CME activity or program.</td>
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<tr>
<td>Satisfaction</td>
<td>The degree to which the expectations of the participants about the setting and delivery of the CE activity or program were met.</td>
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<tr>
<td>Learning</td>
<td>The degree to which participants could demonstrate that they knew what that the CE activity or program intended them to know.</td>
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<tr>
<td>Competence</td>
<td>The degree to which participants could show in an educational setting how to do what the CE activity or program intended them to be able to do.</td>
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<tr>
<td>Performance</td>
<td>The degree to which participants could do what the CE activity or program intended them to be able to do in their practices.</td>
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<tr>
<td>Patient health</td>
<td>The degree to which the health status of patients improves due to changes in the practice behavior of participants.</td>
</tr>
<tr>
<td>Community health</td>
<td>The degree to which the health status of a community of patients changes due to changes in the practice behavior of participants.</td>
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(Moore et al., 2009)
MOC Program Participation

2015 MOC Credits

- Section 1: 18%
- Section 2: 38%
- Section 3: 44%

Total credits recorded = 6,284,248

2016 MOC Credits

- Section 1: 21%
- Section 2: 44%
- Section 3: 35%

Total credits recorded = 5,134,082
MOC Program: Participation in Assessment Activities: 2016

Total credits recorded = 1,074,167
Accredited data trends: 2011–2017

Participant reporting in accredited MOC subsections (all specialties and locations, 2011–2017)

- Accredited rounds
- Accredited journal clubs
- Accredited small group
- Accredited conferences
- Accredited Self-Assessment Programs (SAP)
- Accredited Simulation Activities (SA)
Simulation – A Critical Role when learning new things!

New procedures or skills will be initially learned and assessed in a simulated setting before being applied to patients.
Cambridge Model: “Righting” the Pyramid

Work-based assessment has to be a larger part of our future if we are to make meaningful gains in quality and safety

Rethans, Norcini, et al, 2002
Cambridge Model: “Righting” the Pyramid

Virtual Patients; Standardized Patients; Case-based CPD

A strategy for physicians to reduce diagnostic error
Assess the application of best evidence
How we can best explain the evidence to patients / families
Cambridge Model: “Righting” the Pyramid

In situ simulation; high fidelity simulation
Assess the efficiency of health care delivery processes;
Facilitate the consistent application of patient safety measures
Promote team-based communication and care
Simulation and Competency-based Continuing Professional Development

Component of a ‘program assessment’ model that aligns multiple data sources with specific CanMEDS competencies

Role for simulation will vary across specialties
Some Final Thoughts

Assessment is vital to learning (and vice versa)

• Defining the purpose of simulation in CPD will be a critical discussion
  • What competencies are best assessed by simulation?
  • What role can simulation play in practice and system improvement?

• IF work-based assessment is going to play important future role in CPD – then simulation will be integral to the future of assessment in CPD
Questions?

Thank you