



Ottawa, Canada

October 18-20, 2012 | Du 18 au 20 octobre, 2012

Call for Abstracts - Research in Residency Education

Deadline for submission: March 9, 2012

You are invited to submit abstracts for the 2012 International Conference on Residency Education. Paper presentations, as well as poster sessions, workshops and plenary discussions contribute to the conference's dynamic and interactive learning environment. This year's theme is "Milestones in Residency Education: Competencies, Controversies and Challenges".

TOPIC AREAS

Abstract submissions related to the following topics will be considered for presentation at the ICRE:

- **Teaching and learning in residency education;**
This is the core component of the program. We welcome the majority of workshops and papers regarding all aspects of training residents for practice. Workshops and research on any aspect of physician competencies (Medical Expert, Communicator, Collaborator, Health Advocate, Manager, Scholar and Professional) are encouraged. In addition, workshops and papers related to teaching patient safety or using simulation for PGME teaching are welcome. Example: "Teaching procedural skills in residency".
- **Resident assessment: Cutting edge tools and practical techniques;**
This track will include workshops and papers describing effective methods of assessing competencies of physicians in training in any domain of medicine. Emphasis should be placed on new assessment tools for particular CanMEDS Roles as well as methods that work in postgraduate medical education. Example: "Using multisource feedback to assess professionalism".
- **Competency-based residency education;**
This topic is an emerging endeavour in medical education; as such, this track is a special focus of the ICRE. Workshops and papers relating to this growing approach to medical education are most welcome. Example: "A competency-based approach to surgical training".
- **Faculty development;**
Submissions about preparing teachers and clinician educators for their roles in residency education will be featured in this track. Example: "How to give effective feedback to residents".
- **Health policy in residency education;**
Workshops and papers on a wide variety of policy issues relating to resident training should be submitted to this track. In 2012, scholarly work on resident moonlighting will be a special focus. Example: "The effect of resident debt load on career choice".

- **Research in residency education;**
We welcome workshops and papers about enhancing the methods and quality of research about PGME. This track would include scholarly works that help others to enhance their ability in conducting studies to improve PGME. Example: "Using qualitative research to enhance residency curriculum design".
- **Resident duty hours;**
Workshops, papers, and posters that advance the discourse on optimal resident work hours are encouraged. Topics include: tensions between education versus service, fatigue and patient safety, and scheduling. Example: "Effectiveness and safety of a night float system for residents".
- **Teaching physician health;**
ICRE 2012 invites all those with an interest in teaching and assessing physician health to submit their workshops, papers and posters. Example: "Teaching time management for a sustainable practice and mental health".
- **PGME Admissions: Selecting residents;**
This topic will feature papers, posters, and workshops related to all aspects of selecting residents for PGME. Example: "Using multiple interviews for resident selection".
- **What works? Ideas in residency teaching and assessment;**
Abstracts that relate to effective techniques and tools for residency programs are being accepted for this track. Medical educators are invited to submit an abstract describing an effective teaching or assessment method for one or several CanMEDS Roles. These are not typically research projects or completed evaluations, but are focused on innovations/educational methods that work. Abstracts should describe the innovations and implications of the method. In 2012, we have a special interest in examples of portfolios. Example: "An ambulatory clinic learning portfolio for CanMEDS competencies in Internal Medicine".
- **Generalism in residency education.**
This topic will feature papers, posters, and workshops related to all aspects of "generalism" in residency education, including those addressing foundational competencies, training for broad-based practice, and controversies related to preparing a balance of generalist-specialists and subspecialists to meet population health needs. Example: "Promoting generalism in surgical training: How to make it happen".
- **History of residency education.**
Residency education, and advanced areas of medical education in general, have evolved during the history of the profession. Abstracts relating to original research detailing the history of residency education will be featured here. Example: "Origins of morning report: differing visions of Osler and Halsted."

Preference will be given to those submissions addressing the conference theme "Milestones in Residency Education: Competencies, Controversies and Challenges".

ABSTRACT REVIEW AND SELECTION

All abstract submissions will be acknowledged upon receipt. Submissions will be blinded, reviewed and selected by panels established for each topic area.

At the beginning of June, the official letter of appointment will be sent to the submitter of the accepted abstract. Specific details will be provided to the presenter about the session,

date, time and location of the presentation along with registration, housing and audio-visual information. All presenters are required to register for the conference.

Accepted abstracts will be posted on the Royal College website and published in the Journal of Graduate Medical Education.

PRIZES

The best paper and best poster presentations, as well as the top What Works paper, are selected during the conference. Winners are invited as our guests and recognized at the PGME Awards Dinner. Recipients receive a prize, a certificate and are featured on the Royal College website and publications.

INSTRUCTIONS FOR ONLINE SUBMISSION OF ABSTRACTS

The following pieces of information are required during the submission process. Please have all information ready prior to submitting as you will not have the opportunity to save your work in progress.

- **Author information (may or may not be the same as the submitter):** Full address and contact information is required for the main author. For each co-author, you will need to provide, their First Name, Last Name, Institution, City, Province and email address. The order of authorship will remain through all publications.
- **Topic area:** Select from the list above from a drop down menu
- **Title**
- **Abstract text:** Note that the limit is 1,800 characters, which includes all spaces.
- **Presentation type:** Oral, poster or either
- **Keywords:** A maximum of three keywords can be entered.

Instructions for journal publication

1. All abstracts must be submitted electronically, using the submission link provided.
2. Abstracts should be no more than 1,800 characters with spaces (approx. 260 words) in length. Single-space all typing, leaving one line space between paragraphs and other elements.
3. Do not use character formatting such as italic, bold, or ALL CAPS in title and text.
4. List the authors in order of authorship. Do not include degrees, titles, institutional appointments or addresses. You will be asked to provide first name, last name, institution, city province and email address for each co-author.
5. The presenter must be indicated with the check box during the submission process. The presenter's name will be underlined in the program.
6. Abstracts must present a clear, concise summary of the work. Organize the body of the abstract to include the:
 - background, statement of the problem or introduction,
 - objective,
 - the methods used,
 - the results obtained,
 - the conclusion.

*For "What works" abstracts, please include a summary of the innovation rather than the results obtained and conclusion.

Do not use subheadings. Do NOT include historical data, literature reviews, bibliographies, references or mention of corporate support.

7. Use standard abbreviations such as kg, g, mg, ml, L (litre), mEq, m (metre), mmol (millimole), / (per) and % (per cent). Place special or unusual abbreviations in parentheses after the full word the first time it appears. Use numerals to indicate all

- numbers (including 1–10), except to begin sentences. Non-proprietary (generic) names are required when a drug is mentioned. e.g., acetazolamide (Diamox).
- Place acronyms in parentheses after the full term the first time it is used.

Abstract example

Title: Progression of competence: Delphi method for derivation and validation of milestones to guide curriculum development in one academic department

Abstract body:

Medical education is evolving to be more competency based and organized around milestones that define progression of specialist ability. However, there are currently no published methods to define milestones to guide teaching, learning or assessment. We employed a modified Delphi method and the CanMEDS Roles as applied to one specialty to develop a framework of descriptive competency markers for residency education. Starting with the Royal College of Physicians and Surgeons of Canada's CanMEDS-based Emergency Medicine (EM) objectives of training, we engaged our group of educators (n = 19) to define the essential milestones for each CanMEDS domain for years 1 to 5 of residency education. These were then validated by the larger departmental group academic physicians (n = 51) in serial iterations until consensus was reached. We achieved consensus on a "Progression of EM Competence" milestones framework after 7 iterations of the group process. The final framework divided the 7 CanMEDS Roles further into 11 applicable horizontal domains of EM (knowledge and clinical reasoning, procedures, Communicator, Collaborator, Health Advocate, Manager, teaching, lifelong learning, critical appraisal, research, and Professional). Postgraduate years 1 and 2 included 43 milestones, postgraduate year 3 included 44 milestones, and postgraduate years 4 and 5 included 44 milestones. In conclusion, we developed and validated a novel "Progression of EM Competence" milestones framework suitable to guide teaching, learning, and assessment of clinical training. Medical educators interested in defining competency milestones should consider adopting a method like this one.

It is presumed that you will present in the language of your submission.

All abstract presenters are responsible for their own expenses including registration to ICRE.

Please note: By submitting their abstract(s), the submitter consents to their contact information being shared with the Journal of Graduate Medical Education for editing purposes only.

Questions?

Telephone 613-260-4186 / 1-800-668-3740 ext. 176
Facsimile 1-613-730-8252 / E-mail: icre@royalcollege.ca

Deadline for submission: March 9, 2012

Click [here](#) to access the submission site
(note that you will be required to create an account)

It is recommended that you use *Internet Explorer* or *Safari* to submit your abstract.