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OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

**THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA**



**LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA**

8th National CPD Accreditation Conference Abstract Booklet



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SECTION A

Submission Topic: CPD/CPD Accreditation Innovations

A survey designed to capture perceived and unperceived needs of family physicians in Alberta around CanMEDS roles

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Background

CPD providers face a challenge in determining how to assess learners' unperceived needs. Most common method used is through self-report surveys. However, unperceived needs are difficult to capture using this type of methodology.

Summary of work

Through a collaborative between UAlberta, UCalgary and ACFP, a survey was designed to explore multiple aspects of the types of CPD initiatives needed by family physicians (FPs) in Alberta. FPs were asked about multiple topics and modes of delivery for their CPD needs. We used an innovative approach to explore unperceived needs around CanMEDS roles, adapting a design previously used with infectious disease specialists. FPs were asked to rate importance of CanMEDS roles. Medical Expert and Professional roles were seen as "very important" (68% and 46% of respondents, respectively). About 20% rated Collaborator, Leader, and Scholar as "low importance". However, when asked indirectly about same CanMEDS roles through scenario statements, unidentified to a particular CanMEDS role, respondents reported higher interest in learning about these roles. Interest was noticeably higher for statements related to Collaborator and Leader scenarios compared to their ratings when asked directly. Although Professional was rated as second most important role, there was low interest in learning about two of the four scenarios associated with it: use of technology & social media, and physicians' accountability.

Conclusion

Physicians responded differently to direct and indirect questions about CanMEDS roles. Given that desire or intent to learn about CPD topics tends to be prioritized by physicians' perceived needs, grouping topics under CanMEDS roles may lead to physicians choosing not to pursue CPD opportunities related to roles they perceive to be as less important. Unpacking the components of these roles allowed us to see potential unperceived needs.

Impact

The findings from this survey will influence how we design CPD opportunities using Competence by Design principles.

Stream: 2

Poster Number: 9

Presenter: Jahangir, Khurram

Precision Assessment & Learning™ (PAL™): Aptitude-by-Design

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Background

There is a recognized need for an academic continuing professional development (CPD) unit to provide opportunities for practicing healthcare practitioners to update or learn new skills and to undertake assessments for competency in existing skills or a change of scope of practice. The AEP, as designed by Lifelong Learning, Faculty of Medicine & Dentistry, University of Alberta, will seek to fulfill its societal obligation by providing formalized & individualized opportunities for healthcare practitioners, currently in practice, to undertake structured CPD / Lifelong Learning programs in order to fulfill their own needs or the needs of their community, learn new skills or update their current skills.

Summary of work

Through the AEP we provided for a formalized and standardized structure for undertaking CPD. This was achieved by designing a unique and innovative new learning contract that recognized that learning is dynamic. All learners undertaking these programs will be given this learning contract at the start of their training, thereby providing for a tool that will include a competency based objectives curriculum, specific to their program and learning needs, guiding assessment, which is expected to be multimodal in nature. Formal program evaluations and QI initiatives will be an integral part of the AEP.

Conclusion

It is intended that the AEP will provide for a tool towards Competency-based CPD / Lifelong Learning. Successful implementation of the AEP will require meta-collaboration between internal and external partners.

Impact

The ethos of the program is to help healthcare practitioners attain and maintain competence by promoting a culture of self-assessment, measuring outcomes, auditing practice and doing impact assessment, thereby hoping to improve patient and healthcare quality outcomes. This program will also provide for an excellent model in aligning and coordinating Faculty Development with Lifelong Learning.

Stream: 2

Poster Number: 10

Presenter: Jahangir, Khurram

Audits of Regularly Scheduled Series (RSS)

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Background

The Rady Faculty of Health Sciences at the University of Manitoba has adopted a policy on Regularly Scheduled Series (RSS) including rounds, to provide guidance for faculty and staff regarding the requirements for the planning and execution of RSS. This policy requires the CPD Medicine Program to audit these events. In 2015, we introduced an audit process to provide confidential formative feedback to RSS organizers and to encourage compliance with accreditation standards. Our goal is to encourage top quality professional development events for physicians in our College. All criteria are based on the certifying College's accreditation requirements.

Summary of Work

These audits take the form of periodic unannounced on-site evaluation visits of accredited rounds. The audit is designed to assess compliance with Royal College and /or CFPC standards and all pertinent CPD Medicine policies. The results are provided confidentially to RSS planning committees to help them optimize the educational quality of their events. There are a number of conditions that must be met by all RSS in terms of records of attendance, educational planning, evaluation, management of commercial support, honoraria, disclosure and management of conflict of interest. The CPD Medicine program also provides ongoing training for RSS planning committees.

Conclusion

The Director of CPD Medicine and the CPD Education Director review the audit forms. If deficiencies exist, remediation occurs. CPD Medicine compiles the data in order for the Royal College to review and analyze the results.

Impact

There is an increased awareness among the organizers of RSS rounds about the importance of compliance with accreditation standards and they have taken steps to improve the quality of their professional development events.

Stream: 2

Poster Number: 15

Presenter: Toews, Jeff

Improving the Review Process: How to Create an Online Application System for CPD Activity Credits

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Withdrawn

Background

The application processes for obtaining MOC Section 1 and Mainpro M1 credits are similar in intent, but different in approach. When a CPD activity merits both credit types, much of the required information for each application is duplicated. To address this, UBC CPD developed a streamlined, online information gathering system for both applicants and reviewers for accrediting CPD activities.

Summary of work

UBC CPD worked with a website developer to create a customized application system. This involved amalgamating both the CFPC and the RCPSC requirements to build a web-based form that omitted duplication, outlined accountability, tailored response formats, and could provide feedback to applicants. Incorporating game theory, a funnel for incoming data uses a series of stoplights, green, red or yellow, to allow reviewer rating where information is complete, missing or requires revision. For portions of the application that do not overlap, conditional logic is used to toggle the sections. The timeline to implementation including testing was 18 months.

Conclusion

This process was launched Feb 15, 2016. Since the program has been implemented, it has resulted in a more efficient and streamlined for tracking CPD Activity credits. Success was contingent on gathering the appropriate information, and carefully considering application questions which contributed to a more robust accreditation application process. Further, upcoming changes to the accreditation process, such as Mainpro, will be easier to implement and trace as a result.

Impact

Uptake has been approximately 40%, and feedback from users has been very positive with regards to efficiency and usability. Feedback from reviewers has also been positive noting increased efficiency, and easier tracking of comments, ratings and notes through the new platform. This process creates a working history for each CPD Activity and results in a much quicker turnaround of applications.

Stream: 2

Poster Number: 13

Presenter: Cassie, JoAnna

Le code d'éthique du Conseil Québécois de développement professionnel continu des médecins, L'IMPLANTATION EN COURS...

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Background

Si vous êtes impliqué dans l'organisation d'activités de DPC, vous avez certainement entendu parler du nouveau code d'éthique du conseil québécois de développement professionnel continu des médecins (CQDPCM). Le CQDPCM est un organisme sans but lucratif qui a pour mission de promouvoir et de favoriser le DPC au Québec. Ses mandats sont bien décrits sur son site Web www.cqdpcm.ca. Les membres réguliers du CQDPCM sont : CMQ, CQMF, CRMCC, FMOQ, FMSQ, Rx&D, MFC, l'Université de Montréal, de Sherbrooke, Laval et McGill. En outre, l'ACPM y est membre associé. Le CQDPCM a révisé le code d'éthique de 2003.

Summary of work

Le CQDPCM a dégagé un consensus sur des questions d'intérêt relatives au DPC. Le nouveau code a été adopté par tous les organismes agréés en DPC au Québec et en application depuis le 1er janvier 2016. Les principaux changements sont en lien avec les principes directeurs du code : la transparence, l'approche méthodique, les biais potentiels, l'indépendance des personnes-ressources et la déclaration de conflits d'intérêts potentiels et la rémunération des personnes ressources.

Cet atelier vise à permettre aux participants de dégager les principaux changements au nouveau code d'éthique, de discuter des principaux changements du nouveau code; et appliquer les changements nécessaires au respect du code dans l'organisation des activités de DPC dans la province de Québec

Conclusion

Cet atelier permettra aux participants de respecter le code d'éthique dans l'organisation de leurs activités de DPC au Québec. Pour les participants non québécois, l'atelier leur permettra de bénéficier de l'expérience des organisateurs présents et éventuellement élaborer leur propre code d'éthique au sein de leur organisation.

Impact

Nous pourrions partager notre expérience d'implantation à date, comment nous avons fait face à la résistance au changement et discuter des stratégies d'implantation que nous avons dû surmonter.

Stream: 2

Poster Number: 14

Presenter: Guimond, Claude

Using a serious game approach to improve leadership skills of medical specialists: A CPD innovation

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Background

The FMSQ identified the need to provide tools for medical specialists in leadership roles in order to support them as Health advocates. The 2015 CanMEDS competency framework defines the Health advocate role as: physicians who contribute their expertise and influence as they work with communities or patient populations to improve health. This was identified as an important learning need as this role is not systematically part of medical training.

Summary of work

The purpose of this online learning module was to provide medical specialists in leadership roles with a systematic approach and practical tools to influence public health policies. The content and pedagogical experts reviewed the learning objectives and the material that needed to be introduced, and decided to use a serious game approach. Game-based, or gamification, has been identified as an effective and innovative strategy in CME (Telner, Bujas-Bobanovic, Chan, & al., 2010). The module is 2 hours long and awards section 3 credits (Self-assessment program) for the Maintenance of Competency program (MOC).

Conclusion

72 medical specialists from 22 different specialties registered for the online learning module. Participants reported high levels of satisfaction and self-reported significant impact on their practice. Results also indicate that participants' self-efficacy beliefs increased and found the approach pertinent for the subject. 94% would recommend the module to colleagues.

Impact

The CME module appears to have had significant impact on users' practice and self-efficacy beliefs. The approach used can also be linked to the high levels of interest and satisfaction thus confirming that Gamification has the potential to improve physicians' practice and provides an engaging and innovative way to deliver CME activities.

Future directions include piloting a research project to explore users' experience with the online modules developed by the FMSQ and the barriers to completing the online modules.

Stream: 1

Poster Number: 7

Presenter: Wade, Patricia

SECTION B

Submission Topic: Research in CPD

Assessing Perceived and Unperceived Needs of Northern Ontario Health Care Professionals for CanMEDS Competencies beyond that of Medical Expert

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Background

The Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC) through their adoption of CanMEDS roles, recognize that a capable physician possesses skills beyond that of a Medical Expert. This project is one part of a larger Needs Assessment being conducted by the CEPD office at NOSM and is concentrating on the CanMEDS roles other than that of Medical Expert. An environmental scan has already been conducted with information from the CMPA, the Institute for Clinical Evaluative Sciences (ICES), and various Allied Health Provider regulatory colleges. Data has been requested from the CPSO. Using triangulation, this project aims to: identify perceived and unperceived learning needs; elicit perceptions and attitudes toward these needs and identify barriers to change and to seeking CEPD on identified topics.

Summary of work

We will use a mixed methods multi layered approach. The environmental scan will identify deficiencies in skills that may result in formal complaints. A survey of faculty will reveal their self-assessed skill level. A telephone survey of patients will give the patients' assessment of the skill level of the health care professionals. These three quantitative research components will provide the team with information about patient and faculty perceived and unperceived needs related to the CanMEDS non-Medical Expert competencies. The quantitative phase will be followed by a qualitative research phase which will consist of focus groups designed to elicit key information on the most effective CPD delivery approaches to address the identified CPD gaps to faculty in various rural and urban areas in Northern Ontario.

Conclusion

Project is a work in progress

Impact

This data will be used to inform the CEPD offerings at NOSM. This project will form the foundation for an ongoing process to continually update data and review the objectives of the CEPD office at NOSM.

Stream: 2

Poster Number: 11

Presenter: Smith, Deborah

Continuing Professional Development (CPD) and Self-Directed Learning (SDL) in a Digital Age: Implications for Health Professional Adult Learners and CPD Providers

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Background:

Self-directed learning (SDL) activities are a recognized type of informal adult learning across many CPD systems. Despite this, adult learners report barriers to SDL, including concerns with access to information (including the Internet) and the ability to use systems effectively to search and locate information relevant to their needs. The latter is particularly important given the increasing use of digital technologies such as the Internet and social media.

Summary of Work:

Scoping review (N=125 articles reviewed in Round 1); semi-structured interviews with a purposive sample of health professional adult learners. The majority of articles reviewed were commentaries (45.6%) or focused on level one satisfaction outcomes (49.6%). Fifty percent (50.4%) of the articles focused on the medical profession. Key themes identified include: use of digital, social and mobile technologies as learning tools; key considerations for use; and benefits/successes of best practices. NL interview respondents (N=14) identified triggers for SDL (i.e. patients/scope of practice), methods for undertaking SDL (i.e. electronic resources/paper-based), and barriers to SDL (i.e. time, cost, access) as key themes.

Conclusion:

There are limited models describing the SDL habits of adult learners in a digital age and there is limited evidence surrounding the use of social media and mobile technologies in mandatory CPD delivery systems. Further, little research has explored the unique contexts of health professional adult learners working in rural and remote areas, their patterns and habits of SDL and the effect of barriers to SDL on feelings of professional isolation.

Impact:

While the use of social media and mobile technologies in adult learning is growing, its value in supporting life-long learning is not well understood. The study findings have implications for informing both post-secondary and adult education to improve the SDL skills of adult learners and enhancing CPD systems to better integrate SDL in a digital age.

Stream: 2

Poster Number: 12

Presenter: Curran, Vernon

The Self-directed Learning Compass: an online tool that supports physicians' self-directed learning

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Background

Lifelong learning (LL) comprises teachable skills developed across medical education and applied in clinical practice. As the foundation of LL, self-directed learning (SDL) includes reflection on one's own clinical competence and performance. Self-directed learners assume personal responsibility and control of their learning processes. However, research has shown the inaccuracy of physicians' self-assessment and limited training in SDL skills. In response to this need, we developed the Self-directed Learning Compass (SDLC). Using this free online tool, participants complete three quizzes, receive feedback and access a SDL resources list. The goal is to raise awareness and engage learners in SDL as well as train them in SDL skills. The SDLC was awarded the 2015 prize of educational innovation by the Conseil québécois du développement professionnel continu des médecins. This poster reports our formative evaluation results.

Research questions

How effective is the SDLC in supporting physicians' SDL?
How can the SDLC implementation process be improved?

Methods

We operationalized effectiveness as SDLC users' participation, satisfaction and knowledge. Our target sample size of 100 is representative of a population of 3800 Anglophone physicians across Quebec. Our data consists of responses to three quizzes with MCQs and open-ended questions; these data are analyzed with descriptive statistics and content analysis.

Results

This study is a work in progress. So far, out of 121 users, 75 agreed to participate in the study. Our findings show that intense promotion, incentives and comprehensive lists of relevant resources are key design variables associated with higher levels of user participation, satisfaction and knowledge.

Conclusion

Our preliminary results show that the SDLC fills a gap in CPD. CPD providers and physicians will benefit from the use of the SDLC which is a relatively low-tech, inexpensive, instructionally sound tool adaptable to online learning environments.

Impact:

Promote physicians' engagement and training in SDL

Stream: 2

Poster Number: 16

Presenter: Luconi, Francesca

SECTION C

Submission Topic: What Works in CPD?

An Innovative Method of Presenting Practice Specific Data to Physicians: Retinal Detachment Treatment Success Rates for the Province of Alberta

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Background

The Physician Learning Program (PLP) is a collaborative program between the University of Alberta, University of Calgary, and the Alberta Medical Association (AMA). The project based program provides consenting physicians with relevant practice data to encourage CPD and practice change through self-reflection. PLP's ultimate goal is to enhance care for Albertans.

This project involves examining the success rates of retinal detachment treatments in Alberta. The retina specialists presented the project question as a follow up to previous PLP data presented including feedback initiative. They are interested in using their personalized practice-specific data, current literature, and PLP's impact assessment initiatives to develop practice standards for Alberta. PLP works closely with provincial data custodians to assess project viability and to answer the project's questions. All projects are reviewed and approved by University of Alberta's Ethics Office. PLP's role is to help enhance patient care by providing physicians with their individualized data as a digital report.

Summary of work

Aggregate, anonymous practice data for the province of Alberta was collected and analyzed by the PLP team as guided by retina specialists. A new query tool, a structured digital data menu, will enable the participants to access a broad range of aggregate, anonymous retinal detachment treatment data. Consenting specialists will receive their individualized practice data compared to that of their peers anonymously. Participants will complete a survey about the project, feedback session, and digital data menu.

Conclusion

- A) We anticipate that this project will positively impact the care that retina specialists provide to their patients.
- B) We expect that the digital data menu will be an effective tool for presenting data as part of CPD.
- C) We predict that data with feedback will be an effective learning tool and promote culture of impact assessment.

Impact

Improved patient care and standardized physician practice.

Stream: 1

Poster Number: 2

Presenter: Johnson, Dianne E.

Distributed Curriculum Development: working collaboratively on a simulation program for continuing professional development at a national conference

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Background

Simulation research on continuing professional development (CPD) for practicing physicians is limited.

Most simulation programs are developed around a simulation centre with local organizers and participants. In contrast, our program objective was distributed curriculum development with organizers from multiple centres to provide CPD simulation education for a broad audience at a national conference.

Summary of Work

An inaugural Simulations Symposium on Airway Management was developed for a national specialty society meeting. This was developed through a committee with organizers from three different educational institutions across the country. The curriculum was developed through teleconferencing, online correspondence, and in-person meetings. This inter-professional collaboration included teaching faculty from 10 different centres, including international faculty, faculty from other specialties and Nursing. Program evaluation was performed using a mixed-methods study using questionnaires (5-point Likert & open answer) and interviews.

Conclusions

Both faculty and participants indicated strong positive feedback. The data suggested that the symposium provided a strong increase in comfort with technical airway management skills from a rating of 3.42 to 4.24 ($p < 0.001$). Respondents indicated that the symposium was relevant to their work (Likert 4.68), they would recommend the course to their colleagues (4.59), and simulation session should be included in future annual meetings (4.72).

Impact

This study demonstrates that distributed curriculum development can be used for organizing a simulation program with a broad audience at an annual conference and should be considered for future CPD sessions.

Stream: 1

Poster Number: 8

Presenter: Sommerfeld, Connor

Medical Record Keeping Workshop

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Background

This Workshop supports physicians and other health care providers to improve their medical record-keeping to ensure quality of care, continuity of care, assessment of care, and evidence of care. Participants will assess their records using criteria defined in the CPSO Medical Records Policy and, using practice tools which facilitate compliance, improve their records.

Summary of work

This workshop includes over a dozen measures of learners' outcomes over a 3 month period. Preparatory work is required to attend the Medical Record Keeping Workshop to assess and reflect on challenges in practice. Preparatory assignments include Case Studies to assess role of record keeping to provide quality care; Practice Profile to describe the reality of practice- including patients, practice setting, professional, and processes; and an audit of specific record components. All work is debriefed during the workshop.

Learner outcomes are directly measured on two items during simulation exercises. The first is a case-based review of the 36 quality criteria for records. The second is an assessment and evaluation of a referral consult request.

Two practice application assignments are assigned after the workshop to support professional reflection and practice application. At 4 weeks, participants provide revised relevant record templates. At 8 weeks participants complete and submit self-assessment of their own records noting areas of improvement. A Report Card is provided to participants using a rubric to provide feedback on completed work.

Conclusion

Strategic use of multiple interventions and learner outcome measures throughout the Medical Record Keeping Workshop effectively impacts participants' practice behaviours.

Impact

Since June 2012, 55 workshops have been offered with almost 1000 participants. Participants include Family Physicians (>60%) and members from the Royal College including Psychiatrists, Emergency Physicians, Surgeons, Pediatricians, and other specialists. The majority of attendees come from across Ontario; however physicians have attended from all Canadian provinces.

Stream: 1

Poster Number: 4

Presenter: Hodgson, Kate D.

Programme de formation pluri-séquentiel individualisé pour des médecins omnipraticiens-intensivistes (MOI): Toilette bronchique chez le patient ventilé mécaniquement (TBPVM)

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Background

Le DPC vise l'amélioration de la santé des populations, laquelle dépend notamment de l'amélioration de la performance des professionnels qui ont pour mission de prodiguer les soins. Il y a peu d'outils disponibles pour les médecins qui souhaitent, à la suite d'une activité d'apprentissage, bénéficier d'une rétroaction portant sur l'exercice de leurs compétences en milieu clinique.

Summary of work

Nous avons mis au point un programme s'adressant aux MOI oeuvrant dans les unités de soins intensifs afin d'accroître leur expertise en matière de TBPVM. Le programme repose successivement sur une séquence pédagogique: 1- session didactique formelle, 2- formation en simulation, 3- examen de nature formative, 4- séance d'observation en milieu clinique, 5- séance de rétroaction supervisée dans le milieu clinique où pratiquent les participants. Le programme a été débuté pour un premier groupe de 7 MOI ont été formés en 2015-2016. Ces MOI provenaient pratiquant dans le grand Montreal metropolitain (population 4M). Nous présenterons les avantages en inconvénients de ce type de programme.

Conclusion

Le programme de TBPVM destiné aux MOI est un exemple d'activité faisant appel à de multiples modalités et outils pédagogiques, le tout destiné à l'acquisition ou au perfectionnement de l'expertise médicale des participants. Contrairement à la majorité des activités de DPC, le programme offre aux apprenants l'opportunité de démontrer, en situation clinique, les compétences acquises tout en bénéficiant d'une rétroaction constructive offerte dans un format standardisé par des experts pneumologues-mentors.

Impact

La création d'activités de DPC intégrant des outils formatifs et évaluatifs en milieu de soins offre l'opportunité de s'assurer d'un apprentissage ciblé et de son impact sur la performance des apprenants en situation clinique.

Stream: 1

Poster Number: 6

Presenter: Jobin, Vincent

Safe Opioid Prescribing Program

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Background

These distance education courses support physicians and other care providers to develop multi-modal approaches to complex chronic pain; initiate & manage safe & effective opioid therapy, prevent & address addiction to prescription opioids, and develop communication & collaboration practice skills to better manage opioid therapy for chronic pain patients.

There is an increase in the numbers of strong opioid medications prescribed and a parallel rise in addiction and opioid-related deaths. Because prescriptions are the primary source of opioids, this crisis is largely preventable.

Summary of work

This *blended learning flipped classroom* is unique in Canada and has four components: three interactive synchronous webinars (Assessing Complex Chronic Pain, Prescribing Opioids for Chronic Pain, and Addressing Opioid Challenges and Addictions) followed by a one day small group case-based workshop. During the webinars, participants use case studies, interactive team discussions, and practice tools to assess patients and differentiate the diverse etiologies of chronic pain. Participants develop a multi-modal approach to manage chronic pain, which can include effective opioid therapy for different chronic pain conditions. Facilitators are able to track active engagement of participants and promote integration of learning with day-to-day clinical practice.

The program builds on experience of participants and breaks down this challenging area of practice into smaller actionable parts. Multiple webinars allows for progressive building of knowledge and integration of practice tools (e.g. brief pain inventory, opioid manager). Participants complete preparatory and post practice application assignments to guide professional reflection and identify barriers to practice.

Conclusion

This innovative longitudinal, blended webinar-based flipped classroom creates improved physician access to CPD for this important public health crisis.

Impact

The program was created in 2013 and 420 registrants have participated from across Canada including British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick and Nova Scotia.

Stream: 1

Poster Number: 5

Presenter: Hodgson, Kate D.

The Use of Data to Promote Physician Learning: Cholecystectomy Conversion Rates for the Province of Alberta

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Background

The Physician Learning Program (PLP) aims to effect practice changes through physician self-reflection. In collaboration with provincial data custodians, PLP analyzes administrative and clinical data to provide consenting physicians with meaningful, individualized practice information. Different approaches are used in order to maximize data as an effective CPD learning tool, including a feedback session at the time of data presentation and follow-up data extraction to assess the impact on practice.

One such project examined the laparoscopic cholecystectomy conversion rates in Alberta. This project was proposed by a general surgeon based on needs assessment survey of his colleagues. The surgeons were interested in learning about practice variance surrounding conversion rates of emergency and elective laparoscopic cholecystectomies. A review, by a panel of general surgeons, of the aggregate provincial data results and current literature will be used to determine if any unperceived learning needs can be addressed through knowledge translation activities.

Summary of work

Aggregate, anonymized practice data for Alberta was collected and analyzed by the PLP team as guided by surgical experts. This was made available to all general surgeons in Alberta. Surgeons interested provided informed consent and received their individualized data which was compared to that of their anonymized peers. A feedback session was offered to those who were interested. Participating surgeons completed a post-project survey. One year later, the consenting surgeons were sent a second data report and a subsequent survey to help them undertake impact assessment on their practice.

Conclusion

Through data analysis, we hope to demonstrate that providing physicians with their individualized practice-based data can be a valuable learning tool. In the final survey, 72% of participants "Agreed" or "Strongly Agreed" that "PLP's provision of this data was useful." Surveys can positively contribute in assessing the impact of knowledge translation activities.

Impact

Aligning physician learning for quality

Stream: 1

Poster Number: 3

Presenter: Johnson, Dianne E.

Using Gantt Charts to Manage Continuous Professional Development (CPD) activities in Alberta

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Background

The Physician Learning Program (PLP) is a collaborative program between the University of Alberta, University of Calgary, and the Alberta Medical Association (AMA). The project based program focuses on providing appropriate practice data to physicians at their request. PLP aims to effect practice changes through physician self-reflection, with the goal of enhancing the care of Albertans. PLP works closely with provincial data custodians to extract and analyze data obtained from administrative and clinical databases for this purpose. PLP manages multiple projects at different stages of completion at any given time. As part of this process, our team explored using Gantt charts, adapted from the principles of project management, to improve efficiencies and meet deadlines. This strategy was adopted to organize and manage a significant number of CPD projects with overlapping and conflicting timelines.

Summary of Work

As the number of CPD projects increased, the PLP needed to find a way to effectively communicate the project status and changes to the project timelines to internal and external team members. An MS Excel tool was created to organize and manage multiple projects. The resulting Gantt chart amalgamated a large number of projects in one easy-to-share location. The tool served to clearly describe critical dates, targets and achievements, and to remind of upcoming deadlines, in a manner that was easy to distinguish at a glance.

Conclusion

Multiple new projects can be taken on by the team. Projects are run more efficiently. Team members can know the project status at a glance. Projects are better organized. Management of multiple projects has become more streamlined. Deadlines are achieved.

Impact

Improved efficiency in CPD project management and the organization of multiple CPD projects

Stream: 1

Poster Number: 1

Presenter: Johnson, Dianne E.

CONFLICT OF INTEREST DISCLOSURES

◇ = Presenter

DISCLOSURES	
Name	Details
Cooke, Lara	I am currently participating in or have participated in a clinical trial within the past two years as a sub-investigator for Eli Lilly and Amgen.
Jobin, Vincent ◇	I am a co-director of the Clinique du Sommeil which receives unrestricted funds from two companies (Medigas and Laboratoires Biron) to pay the annual salary for a research assistant.
Kherani, Amin	I am a member of an advisory board or equivalent with Abbvie, Bayer, B+L, Alcon, Novartis. I have received/or will be receiving an educational grant from Novartis. I am a shareholder in MDcollaborate. I am also currently participating in or have participated in a clinical trial within the past two years as an investigator for Abbvie, Alcon, Novartis, Genetech, Bayer, and Roche.

NOTHING TO DECLARE			
Abourbih, Jacques	Dubois, Lorraine	Matthews, Lauren	Sud, Abhi
Cassie, JoAnna ◇	Fleet, Lisa J.	Mok, Dereck	Switzer, Noah
Childs, Paul	Fora, Abraham	Ravalia, Mohamed	Tennant, Matthew
Cook, Clare	Guimond, Claude ◇	Rohan, Ivan	Toews, Jeff ◇
Curran, Vernon ◇	Gustafson, Diana L.	Ross, Shelley	Wade, Patricia ◇
Daniel, Sam J.	Hodgson, Kate D. ◇	Setchell, Brock	Wetsch, Lyle
de Gara, Chris	Jahangir, Khurran ◇	Simmons, Karla	Willett, Janice
de Kock, Ingrid	Johnson, Dianne E. ◇	Smith, Deborah ◇	Zerbo, Alix
Deering, Susan	Luconi, Francesca ◇	Snow, Pamela A.	
Dotan, Assaf	Marr, Marion	Sommerfeld, Connor ◇	