



# 9th National CPD Accreditation Conference

## 2017 Poster Booklet

# 9<sup>th</sup> National CPD Accreditation Conference

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# SECTION A

## Submission Topic: CPD/CPD Accreditation Innovations

### Alberta Physician Learning Program: Encouraging self-reflective practice through facilitated audit and feedback

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#### Background

The Alberta Physician Learning Program (PLP) [[www.albertaplp.ca](http://www.albertaplp.ca)] uses administrative data to identify knowledge gaps and practice variation amongst physicians around specific clinical questions. Once data is analyzed, confidential data reports are generated. The PLP and Physician Leads (facilitators) then use a theory informed feedback model to co-present the project findings. During these feedback sessions, the facilitators incorporate knowledge translation principles to help physicians identify enablers and barriers to change, and ultimately develop action plans to facilitate practice change. We created flat sheets to assist physicians in claiming Linking Learning to Assessment / Practice Mainpro credits or Section 3 Maintenance of Competence (MOC) credits.

#### Summary of work

The PLP has worked with several primary care physician groups on specific Choosing Wisely recommendations around cervical cancer screening, bone mineral density screening for osteoporosis, and imaging for low back pain. To date, 165 consenting physicians have received individual reports, which allows for comparison of their practice to aggregate peer data. Survey results following the facilitated feedback sessions indicate that 82% felt the "data taught me something about my practice" and 97% felt it "helped me set and evaluate personal goals". However, only 45% and 48% indicated that they intended to apply for Mainpro or MOC credits respectively. We plan to study the extent that learning credits influence a physician's decision to participate in PLP sessions and if our flat sheets assist individuals in application for these credits.

#### Conclusion

Using facilitated audit and feedback encourages physicians to engage in self-reflective practice by reviewing their own performance data. We plan to evaluate if the incentive of receiving Mainpro or MOC credits for these sessions influences the decision to participate.

#### Impact

Increased participation has the potential to increase the impact of facilitated audit and feedback on physician learning and practice change.

## **Development of an online platform: Disclosure Made Easy!**

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### **Background**

Faculty members with grant funding or other relationships with industry who present at conferences frequently have traditionally been required to complete disclosure forms for each event, a source of frustration for some speakers.

### **Summary**

An online COI and relationship with industry disclosure process for use by all faculty members across the continuum of medical education at Dalhousie University was developed. Although a review of any industry relationships is required annually for all faculty members at the time of their clinical performance review, these must be listed for CPD events to qualify for CPD credits. This online program was developed allowing disclosures to be documented in a fillable pdf and confirmed using an electronic signature and subsequently stored. Once completed and signed electronically the pdf form can morph, with the click of a button, into a set of three PowerPoint™ slides that meet the disclosure requirements of both National Colleges in Canada. These slides are dated with a one year expiry period from the date of disclosure and a new pdf must be completed upon expiry. Slides are branded with Dalhousie University colours and logos using the current branding package. Forms may be updated at any time; however, after one year a new pdf form must be completed and electronically signed. Data are stored on the Dalhousie campus and retrievable with ease upon completion or for later verification if required.

### **Conclusion and Impact**

This work reduces the burden of paperwork for office staff and for our speakers who serve as faculty for events in Continuing Professional Development and across the continuum. Once disclosures have been listed and signed electronically there is no further requirement to produce disclosure slides for a one year period as the same slides set may be used unless new relationships with industry have been established.

## **Establishment of a NOSM CEPD Quality Improvement and Research Working Group**

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### **Background**

CACME Accreditation Standards require CEPD offices to engage in research, innovation, and scholarly activity related to CME/CPD. CEPD offices are required to assess the effectiveness of their programming by utilizing a quality improvement (QI) framework to maintain and improve planning, implementation, and evaluation processes.

### **Summary of Work**

The NOSM CEPD Quality Improvement and Research Working Group (QIRWG) was established to provide a high-level review and evaluation of CEPD programs within a QI framework and support CEPD scholarly activities. QIRWG membership includes faculty and staff from CEPD along with QI and Research expertise from across the school. The working group focuses on identifying, developing, and coordinating QI and scholarly projects. The CEPD Research Coordinator functions as a QI/Research touchpoint. The mandate of the QIRWG aligns with the CEPD Strategic Plan along with the Dean's Performance Goals and Integrated Action Plan. Key priorities for the QIRWG include stimulating Research/QI related to CEPD, strengthening partnerships with other NOSM Portfolios, and developing a thread/culture of scholarly/research activities throughout NOSM academic programs.

### **Impact**

The impact of the QIRWG has included a CEPD cultural shift where innovative ideas have a forum for discussion and refinement, office processes and programming are viewed through a quality improvement lens, higher level evaluation strategies have been piloted and implemented, and multiple REB approved and funded CEPD research projects are being supported.

### **Conclusion**

The establishment of a CEPD QIRWG has been instrumental in supporting CEPD office processes, programming, and innovations aligned with CACME Accreditation Standards, CEPD Strategic Plan, Dean's Performance Goals, and a QI framework.

# Exploring medical specialists' perceptions and lived experiences in completing e-CME modules

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## Background

In 2014, the *Fédération des médecins spécialistes du Québec* (FMSQ) launched an online learning management system called MÉDUSE that currently offers 205 courses with a variety of pedagogical approaches. MÉDUSE's objectives were to facilitate access to self-directed learning CPD opportunities for medical specialists (MS).

In 2015, as a quality improvement process, the FMSQ decided to evaluate the barriers and facilitators experienced by MS, members of the FMSQ, in completing an e-CME module.

The primary objective was to identify MS' beliefs regarding their completion of an e-CME course. MS who did not register for any online course on MÉDUSE were included in order to compare their beliefs. The secondary objective was to extend the findings to improve MÉDUSE.

## Summary of work

In 2016, using semi-structured interviews, the team explored subjects' perceptions and lived experiences of their participation to one of the e-CME module on MÉDUSE. A quantitative survey was later emailed to all MS to validate the findings.

## Conclusion

The barriers and facilitators with completing e-CME identified by both Users and Non-Users of MÉDUSE were similar. MS perceived several advantages related to completing the online CME program with few disadvantages. The main advantage to completing the e-CME program was obtaining section 3 credits. Major disadvantages were associated with the lack of relevance of the subjects for their practice and the lack of time. Respondents believed that completing the program was a personal process which confirmed the self-directed nature of e-CME.

Various barriers and facilitators that could incite MS to register to a learning module in the platform were also identified.

## Impact

This study validated that the objectives for the development of MÉDUSE were met. Once the main barriers and facilitators were identified, the FMSQ worked to implement recommendations. These findings could be generalized to other e-CME providers.

## **Improving the Review Process: Building an Online Application System for CPD Credits**

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### **Background**

University providers are in a unique position of reviewing and accrediting/certifying both Royal College and CFPC credits. When a CPD activity merits both credit types, much of the required information tends to overlap. To address this, UBC CPD developed an online information gathering system that meets the criteria of both sets of standards awhile streamlining the process for applicants and reviewers.

### **Summary of work**

UBC CPD worked with a website developer to create a customized application system. This involved compiling 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. A funnel concept for incoming data uses a series of stoplights, green, yellow or red, to allow reviewer rating where information is complete, missing or requires revision. Conditional logic is used for portions of the application that do not overlap.

### **Conclusion**

Success was contingent on gathering the appropriate information, and carefully considering application questions which contributed to a more robust application process. The result has been a more efficient, streamlined process for tracking and reviewing. Recent changes such as Mainpro were easier to implement as a result.

### **Impact**

User uptake was initially around 30% and it has gradually increased to 60%. Feedback has been very positive from users and reviewers with regards to usability, efficiency, and decision-making. The process has resulted in quicker turnaround time.

## **Leading Strategic Change: Engaging faculty to create a collective vision for CPD at the University of Toronto**

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### **Background**

In 2015, CPD at the University of Toronto underwent change in leadership and organizational structure. A renewed focus for academic CPD was sought, however, there was lack of faculty engagement to support our vision. A strategic development process was undertaken to create a shared direction that resonated with stakeholders. The CPD community was engaged to better understand foundational strengths and aspirations and develop a shared vision, strategic priorities and initial actions.

### **Summary**

A 5- year report was developed reflecting on achievements and challenges. A strategic planning committee was formed with broad representation across the faculty of medicine including CPD leaders from clinical departments including medicine and allied health, postgraduate medical education, administration, Indigenous health, research and quality improvement. A needs assessment survey was disseminated to key stakeholders to identify future directions and priorities. Four key priority areas were identified: Leadership, innovation, scholarship and community engagement. Results of the needs assessment were used to guide the development of a strategic planning retreat. The retreat engaged representatives from the broader University of Toronto community, regulatory authorities, CFPC and RCPSC as partners for advancing CPD with a theme of evolving CPD across the continuum. Narratives of successes in innovation and scholarship were used to inspire and engage participants. Competency-based CPD was highlight as a key future direction. Generative questions in small groups were used to develop new ideas across each of the key priorities. Following the retreat, working groups were created to synthesize ideas, develop goals, objectives and action plans.

### **Conclusions**

The strategy development process was an opportunity to create conversations, relationships and engage people in thinking from a strategic and innovative perspective.

### **Impact**

A generative approach with early engagement of faculty and stakeholders are key factors in creating a renewed sense of purpose for the CPD community and an adaptable strategy.



## **Responding to a need for academic physician mentorship: The Department of Medicine, University of Ottawa, Physician Mentorship Program.**

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### **Background**

Following a survey in 2014 regarding academic mentorship within the Department of Medicine (DoM) at the University of Ottawa, 90% of faculty who responded (n=86, total sent 433) felt it important or very important that mentor training be offered and also felt it important or very important that being a mentor contributes to academic promotion. However, only 41% (35/86) had a mentor with 41% (22/51) of the remainder stating they would like one. A Research Mentorship Program only for 18 Clinician Scientists/Investigators existed at this time (2015) involving 25 mentors, none of whom had formal training in mentorship. Formal mentorship did not exist in any other faculty.

### **Summary of Work**

A formal academic physician mentorship program was established during 2015 aimed at all full time faculty, but initially focusing on those appointed within the previous 10 years who had not obtained academic promotion to Associate Professor. A mentor training curriculum was developed, and training sessions were initiated in January 2016. A new Director of Mentorship was appointed within the Wellness and Professional Development portfolio within the DoM. The mentor training faculty development curriculum occurs over a half-day. It includes an interactive component introducing structured mentoring approaches and acquisition of mentoring skills through role-playing in small groups. A formal physician mentorship program guide was written outlining the mentorship process. An explanatory video was produced for mentees.

### **Conclusion**

Following DoM-wide input from its faculty in the course of determining its academic priorities, a need for mentorship was clearly identified. In response, a formal program of physician mentorship supported by faculty development was created and implemented.

### **Impact**

Eight mentor faculty development sessions took place during 2016. The average overall feedback score for the half-day program was "Excellent". Currently, 92 Faculty have undergone formal mentor training with 73 mentees enrolled in the program.

# **SECTION B**

## **Submission Topic: Research in CPD**

### **Assessing Communicator, Collaborator and Professional Skill Level of Faculty of Northern Ontario**

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#### **Objective**

To identify perceived and unperceived learning needs of Northern Ontario health care providers in three CanMEDS roles beyond Medical Expert, namely Communicator, Collaborator, and Professional; and to elicit perceptions of and attitudes towards these needs and identify barriers to change.

#### **Design**

We are using a mixed methods multi layered approach to obtain diverse information. An environmental scan of CPSO, CMPA and other regulatory colleges' data identifies deficiencies in skills that may result in formal complaints. A validated electronic survey of health care providers provides information on self-assessed skill level. A validated telephone survey of patients gives the patients' assessment of the skill level of their health care professional. Finally, focus groups gather data about the attitudes and barriers health care professionals face to access CPD on the identified topics as well as their perceived preferences and facilitators to access the training.

#### **Participants**

367 faculty of the Northern Ontario School of Medicine, representative on key demographics, participated in the health care provider survey. To date, over 270 patients across northern Ontario, crossing a range of demographic and geographic features, have participated in the telephone survey.

#### **Summary of work**

The quantitative portion is complete and currently being analyzed. These lines of evidence will then be compared and contrasted to analyze and identify gaps. Preliminary converging results from our mixed methods indicate that the unperceived needs of faculty in Communicator, Collaborator, and Professional roles are greater than their perceived needs. Patient handover has emerged as a particularly relevant issue.

#### **Conclusion**

Triangulation of data from multiple sources and methods provides an innovative evidence-based methodology for assessing perceived and unperceived needs of practicing health care providers.

#### **Impact**

This data will be used to inform CEPD offerings at NOSM

# Effectiveness of Test-Enhanced Learning in Novice Physician Learners In Continuing Medical Education

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## Introduction

Previous studies have shown that relative to studying, taking repeated tests enhances learning, a phenomenon known as Test-Enhanced Learning (TEL). However, there was variability in previous studies and most of the learners were novice to the topic tested. We sought to determine whether there is a TEL effect among physicians novice to a learning topic.

## Summary of work

102 physicians were recruited during a local Continuing Medical Education (CME) activity. After attending the lecture, "Should I start using Point of Care Ultrasound (PoCUS) in my clinical practice?", participants were either randomized to the test condition, where they completed a quiz, or the study condition, where they studied the same information. Testing and studying occurred during the CME activity and 8 weeks later. 16 weeks after the initial intervention, physicians completed a final test with 20 new questions. Independent t-tests were used to compare knowledge scores amongst test vs. study groups. In total, 102 participants were recruited in the initial phase of the study. Of these, 69% (70/102) completed the study. Overall, we found no difference in performance between the test group and the group that received reading material (41% vs. 40%,  $p = 0.8$ ).

## Conclusion

The results from our study show that there is no TEL effect among physicians. One explanation for this could be that PoCUS is more difficult to learn than other topics. We also tested knowledge beyond 8 weeks, which was longer than that in previous studies. The results of this study highlight the need for further studies on TEL among physicians.

## Impact

This study highlights the variability in results in test enhanced learning. To better evaluate the effectiveness of CME events on physician learning, more research is needed to identify factors that influence it.

## Évaluation de la rétention des messages lors de deux ateliers de l'ASA 2015

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### Contexte et objectif

L'évaluation se limitant le plus souvent à vérifier la satisfaction des participants, le projet vise à :

- Évaluer l'effet immédiat de deux présentations et la rétention des informations sur 6 mois.

### Méthodologie

- Les présentateurs de deux ateliers offerts à l'Assemblée scientifique annuelle du CQMF (ASA 2015) devaient construire une vignette clinique autour de trois messages-clés à retenir, puis soumettre au comité scientifique de l'ASA 15 énoncés vrais ou faux en lien avec cette vignette, auxquels il devait répondre sans connaître le contenu de l'atelier.
- Deux questions à choix multiples étaient composées à partir des énoncés les mieux et les plus mal maîtrisés par les membres du comité.
- Les deux questions (facile et difficile) étaient soumises ensuite aux participants de deux ateliers de l'ASA 2015, immédiatement avant et après la conférence, de même qu'après 1 mois et 6 mois, à l'aide d'un même sondage électronique.
- Les participants aux 4 étapes reçoivent leurs résultats, les bonnes réponses et des références à l'appui.
- Les participants ayant répondu aux 4 sondages pouvaient réclamer des crédits supplémentaires MAINPRO

### Résultats

- 65,5% des participants à l'atelier A (19 sur 29) et 58% pour l'atelier B (29 sur 50) ont accepté de répondre aux sondages.
- Au cours du temps, 41% (A) et 42% (B) des répondants ont complété les 4 tests. La plupart des abandons étant survenus après le premier test.
- L'analyse des résultats des 12 (A) et 21 (B) participants qui ont complété les 4 sondages suggère un gain modeste immédiatement après l'atelier, un maintien des connaissances sur 6 mois pour les questions faciles, mais une perte progressive pour les questions difficiles. Toutefois les nombres sont insuffisants pour évaluer statistiquement ces résultats.

### Conclusions et recommandations

- Travailler davantage avec les conférenciers à améliorer la qualité du matériel initial (messages, vignettes, énoncés, références à l'appui).
- Reprendre le processus avec un plus grand nombre lors des plénières de l'ASA 2017.

# **Innovative Design, Delivery, and Evaluation to Promote “Safe Prescribing” in Newfoundland and Labrador (NL)**

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## **Background**

The use/misuse of opioids, stimulants, and benzodiazepines has become a significant public health and patient safety issue in NL. In response, the provincial government, CPSNL, and the Faculty of Medicine have partnered to design, deliver, and evaluate an online continuing professional development (CPD) program which is mandatory for new physicians seeking a license to practice in NL.

## **Summary of work**

The *Introduction to Safe Prescribing: Opioids, Benzodiazepines and Stimulants* online CPD program launched in March 2017. Program design features include: real-time self-assessment of learner need; multimedia simulation of patient/prescriber interactions; ability to compare learner performance to peer performance; asynchronous discussion board; and ask an expert (one-on-one discussion). An assessment and evaluation framework guides the collection of pre, immediate-post, and post-program data. Participants have reported the program to be “efficient and evidence-based” and “well-constructed”. Post-program evaluation will focus on use of tools/resources in practice and potential impact on prescribing.

## **Conclusion**

Implementation of this program is part of the provincial Opioid Action Plan which aims to prepare health care providers and communities with the tools and information needed to respond to the growing epidemic of opioid use in Canada. The program launched initially for new prescribers, but will be made available to all NL physicians, as well as other health professionals including nurse practitioners, pharmacists, and dentists.

## **Impact**

The delivery and evaluation of this online program has the potential to impact physicians, other health professionals, patients, and communities in NL. Module accessibility means that all health professionals (rural and urban) can access the information they need in a timely fashion. This will, in turn, impact the care they provide to their patients and the community.

# SECTION C

## Submission Topic: What Works in CPD?

### Building primary care capacity in mental illness and addictions through large scale Mentoring Networks

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#### Background

Managing the clinical complexity seen in primary care around mental illness and addictions is a commonly identified area of difficulty for family physicians in Ontario. Difficulties center around lack of knowledge, support, and timely access to resources to help navigate this complexity. Funding from the Ontario MOHLTC has supported the OCFP to establish two mentoring networks to help family physicians (FP) engage in a collaborative shared care process to improve managing complexity in these clinical areas and increase primary care capacity. The Networks are the Collaborative Mental Health Network (CMHN) and the Medical Mentoring for Addictions and Pain (MMAP). Mentoring emphasizes longitudinal relationships which has created a community of practice that enables knowledge translation and a supportive environment enabling family physicians to grow their confidence in managing these health areas. The Networks consist of mentors (psychiatrists, GP psychotherapists) and more than 500 FPs that work across the province .

#### Summary

The OCFP Collaborative Mental Health Network (CMHN) and the Medical Mentoring for Addictions and Pain (MMAP) use mentoring to provide evidence based information that is contextualized to clinical needs with an emphasis on longitudinal relationships, creating a community of practice, enabling knowledge translation, and improving confidence in managing complex care.

#### Conclusion

Evaluation of the Networks has identified that 89% of respondents feel safer in managing clinical issues, 70% report seeing a wider range of mental illnesses and addictions, 57% see more patients in these clinical areas, 39% report a reduction in the referrals to specialists and 56% believe they improved their patient's quality of life by participating in these networks.

#### Impact

There is evidence that the Networks are building primary care capacity by improving family physician comfort, confidence and improving the quality of patient's lives.

## **Don't forget your map; creating a curriculum map for comprehensive programming.**

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<sup>1</sup>University of Ottawa, Ottawa, ON;

### **Background**

CPD, CME and Faculty Development programs are oft times offered opportunistically based on what is topical, and funded, or based on speaker availability. Ensuring the delivery of a strategically designed CPD program requires a mechanism to search the inventory of offerings based on preselected criteria in order to identify gaps. Curriculum mapping is commonly used for these purposes in the domain of undergraduate medicine. The Faculty Development program was used to develop a multidimensional and functional curriculum map to guide course planning. The ideal map will be searchable using criteria including level of difficulty, CACMS criteria and other criteria generated based on a contextual needs assessment;

### **Summary of Work**

Curriculum mapping complemented a needs assessment with broad stakeholder input. To create the curriculum map, reverse mapping involved an analysis of programming over the prior 2 years with regard to topics, degree of difficulty, learning formats, evaluation tools and assessment of impact including whether measuring impact is possible.

### **Conclusion**

Online surveys completion rates by our teachers was very high 83% (n=53 programs). Notably, we discovered more of our programs included advanced level objectives than we had anticipated and very importantly many of the workshops offered, involved higher level evaluation (Kirkpatrick 2 (28.8% )and 3 (40%) and many sessions included active learning strategies including simulation. Search criteria allowed the identification by theme. For example 24.1% of programs were identified as incorporating elements of patient safety and quality improvement.

### **Impact**

This curriculum mapping exercise has influenced program planning and enables identification of gaps, that include a need to offer more advanced level courses and seek higher level (Kirkpatrick level 4) assessment strategies. Curriculum maps will provide valuable information and documentation for use in accreditation. Curriculum maps can be used for clinically based CPD and can incorporate mapping for specialty based competencies.

## **Morphine equivalence: a core competency for opioid prescribers**

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### **Background**

We are in the midst of an epidemic of opioid related harms in which both prescribed and street opioids are implicated. Understanding morphine equivalence is a core competency for health care providers, but one that is lacking in at least in a subset of prescribers. Likewise, opioid takers, including patients as well as recreational and addicted users, stand to benefit from understanding morphine equivalence in order to better appreciate the risks of opioid use.

### **Summary of Work**

We set out to develop an engaging tool that could easily communicate the concept of morphine equivalence, but that would go beyond the “morphine equivalency table” which is the norm in the medical literature and educational materials. Such a tool could capture the subset of prescribers who did not understand this concept, but also engage those who take opioids and those who regulate access to opioids.

We convened an international panel of education, drug safety and advocacy experts together with a graphic design team to synthesize the evidence and develop a visual tool for communicating morphine equivalence and known dose related opioids risks.

### **Conclusions**

Morphine equivalence, when presented visually, provides a common language for health care providers, patients, the public, and policy makers to understand and communicate the known risks of opioids, and thus make more informed decisions about their appropriate use.

### **Impact**

A primarily visual tool, available in both print and online formats, which can be used in the contexts of educational forums, clinical encounters and policy advocacy



# Online Continuing Medical Education: A Novel Approach for Educating Specialty Physicians

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## Background

The demand for online education continues to grow and Continuing Medical Education (CME) is not exempt from this trend. Best practices in the creation of online modules and how best to educate specialty physicians remains unknown.

An online program consisting of short modules was developed for respirologists using recent clinical trials in the management of chronic obstructive pulmonary disease (COPD); with case-based multiple choice assessment questions. This report provides an overview of the program design and preliminary evaluation data from this program.

## Summary of Work

The program consists of two, 30 minute modules accredited under Section 3 of the RCPSC MOC framework. It contains comprehensive summaries of recent, high impact clinical trials in COPD management. Each module has three case-based multiple choice questions that serve as a pre- and post-test. Each question has detailed feedback and references for both right and wrong answers.

## Conclusions

Initial participant reactions to the program were positive with an overwhelming majority indicating the module will benefit their professional practice and that the trials were covered thoroughly. No perceived industry bias was reported at the end of the module.

## Impact

Short online modules with a clinical trial focus can be an effective form of CME for specialty physicians. The pre and post multiple-choice questions adequately assessed participant knowledge, however, more cases were generally desired. Future research is required to assess changes in clinical practice. Overall, the program was well received and free of any perceived industry bias.

# **Understanding Boundaries and Managing Risks Inherent in the Doctor-Patient Relationship**

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<sup>2</sup>Schulich School of Medicine & Dentistry, London, ON;

## **Background**

Developed collaboratively with the College of Physicians and Surgeons of Ontario, Understanding Boundaries is focused on physician-patient relationship boundaries. Since 2001, the course has been offered 38 times and attended by 365 physicians and 34 non-MDs.

Open to CPSO members and other healthcare professionals, the course has been attended by physicians from every province and some US states, as a course such as this is not offered by any other academic or regulatory organization in Canada.

CPSO owns the course copyright.

## **Summary of work**

This 10¾ hours course is offered in a face-to-face, small group format (maximum 12 participants) and facilitated by expert educators from Western University. Participants are assisted in identifying potential boundary issues in the doctor-patient relationship and in developing implementable strategies upon return to practice.

During the course, participants have opportunity to work with trained standardized patients in the demonstration of respectful clinical interactions, and to develop skills in setting appropriate boundaries in difficult clinical situations with the guidance of experienced facilitators.

## **Impact**

Participant feedback is solicited immediately after the course. The response rate is consistently 85-100% and predominantly positive, including suggestions to lengthen the course, offer it more frequently, and make content required learning for residents and newly licensed physicians.

Participants also complete two post-workshop self-reports: after three weeks, reflecting on how they plan to change their interactions with patients; and after three months, reflecting on their success in meeting their goals for change.

As the course is foundational, participants may also have other activities ongoing that foster change in their practice.