W-01	**Social accountability: are we measuring the right end-points in distributed medical education?** *Thomas Lacroix, University of Western Ontario; David Snadden, University of Northern British Columbia; David Hawkins, Association of Faculties of Medicine of Canada*

The Association of Canadian Medical Colleges (ACMC) has published the proceedings from a plenary session on social accountability . The main objectives were to enhance understanding of trends in expressing and measuring social accountability, reflect on the current state of social accountability in the Canadian context, identify opportunities for action, and guide the Working Group on Social Accountability.

Using the CanMEDS roles as a contextual framework for outcomes-based, community driven educational research, this small group driven Workshop will continue to build upon the framework developed in the Proceedings from Quebec City in 2003. Specifically, it will use the guiding principles of this document to identify and develop a national research strategy with collaborative opportunities in distributed medical education networks that transcends the simple measurement of the number of recruitable doctors that a program is able to produce.

Objectives:

- Develop a national research strategy framework for distributed medical education based on the CanMEDS principles
- Create and develop tools for collaborative outcome-driven research.
- Identify opportunities for further community involvement.

W-02	**Self-assessment throughout the medical education curriculum** *Joan Sargeant, Dalhousie University; Jocelyn Lockyer, University of Calgary; Karen Mann, Dalhousie University; Bruce Wright, University of Calgary*

Backgound: There is increasing discussion within medical education about self-assessment, its use at all levels of the curriculum and by practitioners, and implications of limited learner/practitioner capability in this area. Recent research in education and medical education suggests inconsistencies amongst the abilities of learners' with differing competency levels to accurately self-assess, and identifies challenges in teaching self-assessment. The purpose of this workshop is to clarify the steps involved in the process of self-assessment, explore it's role in medical education, and share experiences, approaches and strategies for enhancing self-assessment skills.
Format: This is an interactive workshop using various teaching methods: large and small group discussion, reflection, problem-solving, and mini-presentations.
Expected outcomes for learners: These include increased knowledge of the self-assessment process, awareness of challenges in practicing and teaching self-assessment, and understanding of resources required and approaches which may be effective in teaching self-assessment.

Objectives:

By the end of this session participants will be able to:

- Review the rationale for studying self-assessment and its inclusion in the medical education curriculum.
- Explore steps and skills which comprise the self-assessment process.
- For each of undergraduate, post-graduate and continuing education levels, explore currently used and potential strategies to help learners acquire each of these skills, resources for supporting these activities, and implications for curriculum design and assessment.

W-03	**Can we improve the clinical environment to provide optimal learning?** *Linda Snell, Jennifer Walton, McGill University*

The best place for trainees to learn clinical medicine is in the clinical setting. However changes in clinical practice and pressures on the health care system have created many obstacles that interfere with optimal

teaching and learning opportunities. Trainees, preceptors and program directors must contend with time pressures, resource and space issues, increasingly complex patient care needs, a case mix that may not represent what most trainees will see in future practice, and pressure to adhere to more rigorous pedagogical standards. While each clinical setting will have its own specific challenges, there is much that can be learned from sharing of ideas, strategies and solutions. This workshop will provide a forum for educators to discuss issues related to their clinical learning environments, find out how other Canadian centres are coping with similar issues, and provide a framework for identifying and overcoming barriers to optimal learning in the clinical environment.

Objectives:

- Place potential barriers to an optimal clinical learning environment within a framework from which to derive solutions
- Become aware of strategies other centres have used to overcome specific barriers
- Begin to devise strategies to overcome specific barriers found in their clinical settings

W-04	**Physician Revalidation in Ontario - Level 1** *Daniel J. Klass, Daniel Faulkner, Elizabeth F. Wenghofer, College of Physicians and Surgeons of Ontario; William McCauley, University of Western Ontario and College of Physicians and Surgeons of Ontario; Daniel Way, University of Ottawa and College of Physicians and Surgeons of Ontario*

The purpose of this workshop is to outline and discuss the central role that continuing professional development (CPD) will play in the re-validation of physicians in Ontario. The topic of re-validation will be presented from the perspective of regulators (College of Physicians and Surgeons of Ontario (CPSO)) and show how public accountability can be achieved through coordinated efforts towards CPD. Participants in the workshop will first be briefed on the framework and main elements of CPSO's re-validation plan. In particular, emphasis will be placed on the dependence of the CPSO plan on the Federation of Medical Licensing Authorities of Canada's Monitoring and Enhancement of Physician Performance (MEPP) model. The greatest impact of the proposed plan on the profession will be at the first level of this model. At level 1, physician demonstration of their continuing education will be critical and the role of the two Canadian Certifying Colleges (Royal College of Physicians and Surgeons of Canada (RCPSC) and College of Family Physicians of Canada (CFPC)) will be discussed. Participants will be invited to voice their concerns, suggestions and questions with regard to the CPSO re-validation plan presented.

Objectives:

By the end of the session participants will be able to:

- Understand the MEPP framework and its use by the College of Physicians and Surgeons of Ontario;
- Consider Ontario's re-validation framework in the context of their province or territory;
- Contribute ideas to strengthen Canada's system of continuous professional development for physicians

W-05	**Developing Valid and Reliable Short Answer Questions (SAQs)** *Curtis Lee, Royal College of Physicians and Surgeons of Canada*

The Short Answer Question format is a popular assessment tool commonly used on Royal College examinations and throughout the assessment of medical students and residents. This workshop is designed to help medical educators use this format in a way that optimises validity and reliability. This workshop is interactive as participants create and critique questions in the SAQ format.

Objectives:

- Define de characteristics of a well-developed question and model answer in the Short Answer Question format.
- State the advantages and disadvantages of using the SAQ format based on fundamental

psychometric principles.
- Write effective reliable questions in the SAQ format and revise poorly constructed questions.

W-06	**Scholarly Activities in Teaching - What are they and how to make them count?** *Meridith Marks, Erin Keely, University of Ottawa*

Clinician teachers and clinician educators applying for academic promotion on the basis of teaching scholarship must demonstrate that they have achieved an acceptable standard of scholarship. This workshop will assist those whose career path is primarily in teaching/education in identifying their current scholarly activities, assessing the level of scholarship achieved, planning for future activities and presenting these activities in an application for academic promotion. Participants will leave this interactive workshop with a concrete plan for how they will achieve and demonstrate scholarship associated with their teaching activities.

Objectives:
At the end of the workshop participants will be able to:
- Compare and contrast the following elements of teaching: work, excellence, and scholarship.
- Identify ways of enhancing scholarship associated with teaching.
- Outline the level of scholarship required for academic promotion as a clinician teacher or educator.
- Discuss how one should document and present scholarly work for review by others.

W-07	**Evaluating Distributed Learning Models in Medical Education** *Vernon Curran, Memorial University of Newfoundland; Thomas Lacroix, University of Western Ontario; Chris Lovato, Gordon Page, David Snadden, University of British Columbia*

Models of distributed learning incorporate the blending of appropriate learning technologies with aspects of face-to-face learning, community-based education and distance education in order to facilitate learner-centred instructional experiences which are flexible, high-quality and responsive to the needs of diverse learner groups. Aspects of both formative and summative evaluation processes should be key elements in the design and implementation of new models of learning, particularly those which are based on the provision of common learning experiences at distributed, community-based sites. The use of learning technologies can also brings added levels of complexity to curriculum delivery in distributed learning models. The goals of this workshop are to: i) explore the role of formative and summative forms of evaluation in models of distributed learning; ii) identify key elements of distributed learning program evaluation; iii) discuss key principles for organizing and conducting program evaluations of distributed learning models in medical education.

Objectives
Participants will be able to:
- Describe key aspects of formative and summative evaluation processes;
- Identify methods of formative and summative evaluation;
- Identify components of distributed learning models which should be evaluated at formative and summative levels;
- Discuss guiding principles for organizing and conducting distributed learning program evaluations.

W-08	**Standardized assessment of reasoning in context of uncertainty: the script concordance approach** *Bernard Charlin, Robert Gagnon, Université de Montréal*

Context: The essence of expertise in the professions lies in the capacity to solve ill-defined problems i.e., reasoning in contexts of uncertainty.
Purposes: To describe an approach that allows assessing ill-defined problems and discuss research

findings related to this approach. The tool has been used up to now mainly in medicine but it can be applied in all health professions. Three principles: (1) examinees are faced with a challenging authentic situation in which several options are relevant; (2) The response format is a Likert scale that reflects the way information is processed in problem-solving situations, according to the script theory; (3) Scoring is based on the aggregate scoring method to take into account the variability of reasoning processes among experts.
Conclusion: Research findings suggest that the approach permits to reliably discriminate examinees across their level of experience, and so in very different domains.

Objectives:
- Describe the principles of the concordance test approach
- Discuss if presented SCT items are in accordance with SCT requirements
- Describe research findings on the SCT

W-09	**Educating Physicians in Practice: The College of Physicians and Surgeons of Ontario Approach to Physician Enhancement** *William McCauley, University of Western Ontario and College of Physicians and Surgeons of Ontario*

As a regulatory body, the College of Physicians and Surgeons of Ontario (CPSO) has a responsibility to its members when physicians are found to have clinical deficiencies. This workshop will focus on the process of physician enhancement at the CPSO. Participants will discuss physician assessment and focussed physician enhancement based on educational principles. Other areas to be discussed include evidence-based Continuing Professional Development techniques and reflective practice.

Objectives:
By the end of the session participants will be able to:
- Describe the difference between competence and performance assessment
- List CPD activities that have been shown in the educational literature to be effective at changing physician behaviour
- Describe Schon's model of Reflective Practice

W-10	**In-Training Evaluation - The Good, the Bad and the Ugly** *Sue Dojeiji, Nancy Dudek, University of Ottawa*

The in-training evaluation record (ITER) is the main evaluation tool used in the assessment of clinical performance. The ITER has the potential to represent real (non-exam) clinical behaviour for students and residents. It is generally acknowledged that experts can judge clinical competence in students and residents. However, supervisors often find ITER completion a challenging task. For ITERs to be useful they need to included direct observation ad documentation of clinical behaviour on a regular basis. Several methods exist to facilitate this task. Supervisors are encouraged to find a sustainable method of documentation and to be familiar with their local evaluation policy.

Objectives:
- Appreciate the importance and relevance of a well-documented in-training evaluation.
- Assemble, interpret and record the in-training evaluation of well-performing and poorly performing resident and students.

W-11	**OPEN - A Framework for Teaching and Evaluating Feedback Skills** *Alexandra Harrison, University of Calgary; Marcel D'Eon, University of Saskatchewan; Leslie Sadownik, University of British Columbia*

Giving feedback is a core aspect of the learning cycle, but actually giving feedback can be challenging in the clinical environment, particularly for residents and new faculty. A workshop to teach and assess

feedback skills was developed as part of a research project to assess resident's feedback skills. A major component of the workshop is the OPEN framework that was developed by the researchers for this project and uses specific behavioral anchors to assess feedback skills. This workshop presents the OPEN framework, which provides a way to structure even very difficult feedback encounters. Participants will have an opportunity to use the framework and apply it to their own environment for giving feedback as well as teaching and evaluating feedback skills.

Objectives:
- Describe and use the OPEN Framework to give Feedback
- Evaluate the usefulness of the OPEN Framework for teaching and evaluating feedback skills in their own academic setting

W-12	**Empowering medical educators to create and manage their own course websites: an open-source qWEB project** *Benjamin Chen, Queen's University; Wesley Robertson, Dalhousie University; Matthew Simpson, Queen's University*

Does your course or program need a new or better website? But you are either too busy or you do not know how - and the same for your assistant? And you have no budget to spend on a website? This workshop presented by Queen's and Dalhousie medical schools will demonstrate a powerful yet elegantly simple solution for YOU to create and maintain professional-looking websites. Unlike commercial applications on the market, qWEB is an open-source project that is free, quick to deploy, easy to use, and compatible across multiple platforms. By the end of this hands-on workshop, you will have started building a new website, which even your web-phobic assistant can continue building for you.

Objectives:
- To compare different strategies for managing websites;
- To empower medical educators to create and maintain course websites;
- To understand the advantages of an open-source project.

W-13	**Educating for Professionalism Across the Generations: Building on Common Ground, Bridging Differences** *Yvonne Steinert, Sharon Johnston, Sylvia Cruess, Richard Cruess, McGill University*

Maintaining a strong medical profession united by shared core values requires developing professionalism among medical students and residents. Educating for professionalism is an important part of the socialization of younger physicians and physicians in training, and can be both challenging and rewarding. This workshop will provide participants with an opportunity to: identify the many commonalities which serve as the foundation of professionalism and are shared by the newest members of the profession and senior physicians; explore the historical and current differences in values between generations; and discuss and develop educational approaches to building professional values and bridging generational differences.

Objectives:
By the end of this session, participants will be able to:
- Identify the commonalities and differences between generations that may impede teaching and learning and are the most critical to professionalism
- Develop educational approaches and determine teaching and learning strategies that will strengthen commonalities and bridge differences
- Design strategies to deal with these issues in their own settings

W-14	**Developing and implementing a distributed campus for undergraduate medical education** *Joanna Bates, Angela Towle, University of British Columbia; Paul Grand'Maison, Université de Sherbrooke; Dan Hunt, Northern Ontario School of Medicine; Gordon Page, David Snadden, Oscar Casiro, University of British Columbia*

Geographically separated campuses for undergraduate medical education have existed in the United States (WWAMI) and Australia for some time. In Canada, distribution of clinical education is more common. In August 2004, through a three-university partnership, UBC implemented the first undergraduate program in Canada that geographically distributes the entire undergraduate medical program. Sherbrooke Medical School is planning a similar distribution in 2006, and other schools are considering similar models. The 'distributed campus model' demands an extensive planning process addressing issues of admissions, faculty appointments, resources, innovative technology applications, student support, and governance. The success of distributed campus models rests on the strength of partnerships, clear principles of engagement, sharing a common vision. Particularly important is an alignment of university, physician, health authority, community and governmental vision and priorities Reflection of experiences at universities developing distributed sites will provide workshop participants with increased understanding of the process and indicators of success.

Objectives:
By the end of his session participants will be able to:
- Define geographically separated campuses in medical education
- Identify benefits of the development of geographically separated campuses
- Identify challenges to the development of geographically separated campuses
- Identify ways to address challenges to the development of geographically separated campuses

W-15	**Enhancing interprofessional team learning in academic clinical units: applying the model of communities of practice (CoP)** *John Parboosingh, University of Calgary; Craig Campbell, Tunde Gondocz, Royal College of Physicians and Surgeons of Canada; Évelyne Sauvé, Robert Gagnon, Robert Thivierge, Université de Montréal; C. Monette, R. Laprise, R. Lemay, Aventis Canada*

Evidence that traditional teaching methods enhance interprofessional team learning is scanty. Berwick suggests that fostering care providers to become ôcitizens in the improvement of their own workö might provide a new work culture for training health professionals in multi-professional teams.
Studies of communities of practice (CoPs) in clinical settings have led the authors to compile a compendium of practices and beliefs on how to foster CoPs that enhance interdisciplinary learning. A study in progress demonstrates the role of a knowledge broker to assist health professionals to generate learning projects after reflecting on their practices. It has led to the development of a new form of collective learning that could replace traditional rounds in clinical departments.
Workshop participants will be encouraged to debate the case that multi-professional CoPs foster inter-professional practice-based learning and create the best environment for learning that enhances professional practice and patient safety.

Objectives
At the completion of the workshop the participants will be able to:
- discuss the benefits for clinical departments to adopt characteristics of communities of practice in order to facilitate inter-professional collective learning;
- discuss the role of a knowledge broker in clinical departments of the future;
- quote the literature on the impact of communities of practice (CoPs) on enhancing information sharing among multi-professional team members; and
- initiate discussions on how to promote communities of practice in academic clinical departments.

W-16	**Developing an approach to helping ill, impaired, or disabled medical students** *Derek Puddester, Linda Peterson, Elizabeth Shannon, University of Ottawa*

The University of Ottawa launched the first Canadian Faculty Wellness Program in 2000, and opened its Office of Student Affairs in 2003. These two programs work collaboratively to support the multiple needs of medical students, including physician and mental health, academic and career counseling, financial, and conflict negotiation. Innovative collaboration with the broader university community, municipal partners, provincial physician health programs, and national physician health institutes have allowed our programs to develop a broad range of services and options that are readily utilized by our students.

In November 2003, the Council of Ontario Faculties of Medicine (COFM) released a policy entitled The Essential Skills and Abilities Required for the Study of Medicine, which clearly outlines the minimal standards for health and wellness students must present at admission. That policy also stipulated the creation of accommodation teams to ensure students with disabilities can be fully integrated into medical education, providing they meet the minimal standards outlined in the overall policy.

We have developed our own internal processes to assist students dealing with acute and chronic illness, disability, and behavioural problems within this framework. This workshop is designed to encourage discussion amongst Faculties on how they also support students in these situations, and share ideas, resources, and strategies for successful management.

Objectives:

- Appreciate the common problems faced by medical students at one Faculty of Medicine, and consider how to set up their own intake data collection and review procedures
- Learn the approach Ontario has taken in setting minimal standards for medical student health and wellness at admission, and debate how a similar approach may affect their own program
- Review the accommodation strategies for students with impairment or disability that one Faculty has developed, and learn how to set up a similar system at their own program, and Appreciate how one Faculty monitors students with complex health needs, and discover resources available to help Faculties on a provincial and national basis

W-17	**The Ontario Medical Schools' Gender and Health Collaborative Curriculum Initiative: a novel web-based curriculum for students and faculty** *Anna Day, University of Toronto; Shayna Watson, Nahid Azad, University of Ottawa; Debbie Peneva University of Western Ontario; Sarah Strasser, Northern Ontario School of Medicine, Robin Williams, Queen's University*

The Gender and Health Collaborative Curriculum Development Project is an initiative across Ontario medical schools to develop a web-based program on gender health which will serve as a common, shared resource. Introductory sections to Gender and Health and a series of six learning modules developed by faculty and medical students have been transferred into an interactive web-based site. These modules are interactive and include learning objectives, basic content, case studies, quizes, opportunities for reflection and self-evaluation and assignments.

This workshop will discuss the approach to development of a collaborative web-based curriculum and demonstrate the Gender and Health Curriculum. Participants will then be asked to participate in a discussion of opportunities and barriers for integration of this web-based curriculum into their existing undergraduate and postgraduate programs.

Preference will be given to submissions that involve presenters and/or topics of interest to more than one of the 5 meeting sponsors. We encourage submissions related to the objectives of the conference (see meeting announcement at http://www.afmc.ca/ à) and covering the medical education continuum.

Objectives

By the end of this session participants will be able to:

- discuss the challenges of developing web-based tools, for a multi-faculty initiative across the six Ontario medical school programs
- become familiar with the COFM Gender in Health Collaborative Curriculum Development Project.
- discuss challenges and opportunities in integrating this web-based curriculum into undergraduate and postgraduate programs

W-18	**FacDev for CanMEDS - the Sequel: Preparing Faculty to Effectively Teach Core Competencies** *Yvonne Steinert, Linda Snell, McGill University*

Preparing faculty members to teach the CanMEDS competencies offers a number of challenges. Teachers must possess the knowledge, attitudes, and skills to be competent in the role, and they must be able to teach it well. Many CanMEDS competencies place a greater emphasis on attitudes and behaviours, and as a result, these roles may be more difficult to teach. In addition, teachers often believe that they demonstrate the CanMEDS competencies effectively and that teaching them is intuitive. The goal of this workshop is to focus on the challenges inherent in teaching the CanMEDS competencies, the principles and strategies that guide faculty development in this area, and ôbest practicesö that promote teaching and learning. Participants will also have an opportunity to discuss the relationship between the CanMEDS competencies and the four principles of Family Medicine in order to promote collaboration in teaching and learning as well as faculty development.

Objectives:
By the end of this workshop, participants will be able to:

- Describe the unique features of planning and implementing faculty development programs for teaching core competencies and devise strategies to address common challenges;
- Identify - best practices - for teaching and learning in this area;
- Design a faculty development initiative to promote the teaching and learning of either CanMEDS roles or the principles of Family Medicine.

W-19	**Enhanced Peer Assessment Pilot Project** *Daniel Way, University of Ottawa and College of Physicians and Surgeons of Ontario; Henry Wu, Family Practitionner, Toronto, Ontario; Daniel Faulkner, Daniel Klass, Elizabeth Wenghofer, College of Physicians and Surgeons of Ontario;*

The objective of this study is to evaluate an Enhanced Peer Assessment (EPA) designed to improve the educational value of the College's current peer assessment by aligning the process with the principles of continuing professional development.
Ten experienced peer assessors were trained regarding the new EPA process, the use of the new peer assessment protocols and their enhanced assessor role. The EPA was piloted with 20 Family/General practitioners, 10 general surgeons and 10 obstetricians/gynaecologists. The EPA includes (i) redesigning and implementing new pre-assessment questionnaires, assessment protocols and follow-up, (ii) establishing learning objectives prior to the assessment, (iii) maximizing the interaction time between the physician and assessor, (iv) providing physicians with practice-based recommendations and, (v) providing physicians with customize educational resources. Post assessment questionnaires and focus groups with the pilot project physicians and assessors were used to determine their views on the EPA.
The majority of the assessors (8/9) participated in the focus group. The assessors felt that the EPA tools and processes provided better practice information. They felt it was more comfortable and more valuable for the physicians than just data gathering. The educational focus was more collegial and felt more useful.

Thirty-one of 40 physicians returned their post visit questionnaire and 13/40 participated in the focus groups. The physicians indicated that they felt the EPA was fair, educationally valuable, and a confirmation of their performance. They indicated that the assessor alleviated their initial concerns/anxiety and overall it was a good experience. All the physicians indicated that they have since implemented recommendations made during the assessments and made changes to practice as a result of the EPA.

Objectives:
By the end of the session participants will be able to:
- be able to describe the history and major elements of peer assessment at the CPSO and how peer assessment promotes professional quality improvement
- feel prepared to develop educational tools to assist peer assessors in assessing clinical practice and serving an educational role during the assessment process
- have contributed to the CPSO's development of an enhanced peer assessment process

W-20	**Online Continuing Medical Education (CME): Successes and Challenges** *Fran Kirby, Vernon Curran, Lisa Fleet, Cindy Gardiner, Memorial University of Newfoundland*

The Office of Professional Development, Faculty of Medicine, Memorial University of Newfoundland leads a pan-Canadian consortium of eleven university medical schools in the organization of Mdcme.ca, a Web portal which provides physicians with access to online medical information resources and accredited Web-based CME courses. The growth and development of the Mdcme.ca project is the result of this consortia strategy, which involves the development and ongoing nurturing of partnerships between academia, government, and private industry stakeholders. This interactive workshop will explore the key principles and concepts underlying the development and enhancement of consortia approaches to distributed learning delivery. In particular, the workshop will explore the stages of development required in establishing consortia partnerships and agreements in distributed learning.

Objectives:
Upon completion of this workshop, participants will be able to:
- Identify and describe the main benefits as well as challenges to the formation and ongoing development of consortium partnerships in distributed learning.
- Discuss and describe the main steps and tasks associated with organizing and planning for a distributed learning strategy based on e-learning technology.

W-21	**What works for Distributed learning? - Lessons from the Alberta Rural Family Medicine Network** *Hugh Hindle, University of Alberta, Doug Myhre, University of Calgary*

In 2001, twenty rural family medicine residency positions were created at the Universities of Alberta and Calgary. The governing organization, the Alberta Rural Family Medicine Network (ARFMN,) promoted an underlying philosophy of decentralized, preceptor-based education to develop the skills required by future rural physicians. Residents work in regional hospitals and rural communities with no local GFT faculty. The rural units were charged with the responsibility of providing clinical experiences and academic content equivalent to the parent universities using a distributed learning model.
This workshop will focus on 2 specific educational challenges facing the program
1. How to deliver academic instruction
2. How to train residents in areas such as care of the elderly or palliative care in settings without specialists or designated facilities.

A review of these processes, including staffing and technologies used, will illustrate the importance of pooling resources and provide practical information for others.

Objectives:
- Understand the challenges of providing distributed education to residents
- Understand the benefits of sharing educational resources between programs
- Develop a teaching module which balances distance learning via videoconference and internet with face- to- face teaching

W-22	**The implementation of effective Internet-based learning in medical settings** *Gustavo Duque, Adam Finkelstein, Ayanna Roberts, McGill University*

The Internet is becoming a more integral part of medical education every day. Its advantages include the access to a significant amount of information, interactivity, adaptability to the users' needs and availability. With new e-curriculums being widely implemented the effective use of e-learning is essential. Our recent curricular changes include a set of web-based teaching tools that have been instrumental to the students' learning process. This workshop will demonstrate the use of the web as a tool for the transfer and application of knowledge, the use of web interactivity during the acquisition of basic hospital skills and finally the usefulness of the web for evaluation using the McGill Electronic Evaluation Portfolio. In addition, the participants will be encouraged to design their own curricular changes with the advice of the workshop facilitators. We expect that this hands-on experience will enhance their use of e-learning as one of the ways to reach their learning objectives.

Objectives

- To assess participants' conceptions about e-learning and the limitations to its implementation
- To bring a hands-on experience in the integration of e-learning into the medical curriculum
- To establish a network of people interested on e-learning in order to establish collaborations and exchange of experience.

W-23	**What capacities should be developed by graduate programs in medical education?** *Richard Cohen, University of British Columbia; Yvonne Steinert, McGill University; Dan Pratt, John Collins, Gordon Page, University of British Columbia*

This workshop addresses the conceptual underpinnings, goals, instructional frameworks and methods critical to the success of graduate programs in medical/health professions education. Increasing numbers of health professions faculty have taken, or are interested in taking such programs as a basis for making education a formal component of their academic careers. Typically, these individuals then assume school-based, national and international educational administrative or leadership roles. A risk faced by these individuals is that their academic recognition and advancement requires scholarship in education in a manner comparable to the scholarship expected in the basic or clinical sciences. With reference to 'scholarship in education', this workshop will identify essential qualities that should guide (1) an individual's selection of a graduate program in medical/health professions education, and (2) the design, revision or evaluation of such programs.

Objectives:
By the end of this session participants will be able to:
At the conclusion of this workshop participants will have identified the conceptual bases, goals, instructional frameworks and methods for graduate programs in medical/health professions education that are requisites to preparing faculty for academic careers in health professions education.

W-24	**Taking Diversity into Account in Medical Education** *Blye Frank, Lorraine Breault, Dalhousie University*

Health disparities persist for members of diverse populations. Evidence to support the impact of cultural difference on health include: the significant prevalence and apparent increase of chronic diseases, including diabetes, heart problems and cancer in Aboriginal communities; and, the greater likelihood of women to suffer depression, stress, and injuries and/or death resulting from violence (Health Canada, 1998). Medical schools are in a position to contribute to the reduction of health disparities through education which prepares physicians to recognize and be competent in offering appropriate care to members of diverse groups.

Objectives
By the end of the workshop, participants will be able to:

- Provide a definition for multiculturalism and diversity and a rationale for addressing these issues in medical education and training
- Be more sensitized to the need for flexibility and self-awareness in all professional interactions, including developing an appreciation of the impact of psycho-social environments on an individual's worldview and particularly, one's personal health and well-being.
- Assess the validity of research from a multicultural perspective.

W-25	**Making Education Count in the Promotion and Tenure Process** *Louise Nasmith, University of Toronto; Linda Nieman, University of Texas*

Over the past few years, universities are recognizing the contribution of education and teaching in the promotion and tenure process. However, faculty members continue to struggle with issues related to the documentation and description of their activities and the evaluation of their performance. This workshop will assist teachers and educators in this process by: discussing current guidelines in their institutions; reviewing criteria for scholarship in education; identifying barriers and enablers to successful promotion; helping them elaborate a teaching dossier and a career development plan relevant within their own context.

Objectives
- describe a variety of promotion guidelines used in their institutions and identify commonalities between them
- describe criteria for scholarship particularly in education and identify enablers and barriers to successful promotion through sharing their own experiences
- document their educational scholarship activities and evidence of effectiveness and develop a plan for career development within their own context

W-26	**Teaching clerks in an ambulatory set up: a feasable project?** *Andrée Boucher, Raymond Lalande, Ramses Wassef, Université de Montréal*

Although the benefits of involving medical students early on in ambulatory setting are well known, the obstacles to such a program are significant: clinics are often cramped and ill-fitted for the additional burden of teaching to medical students, patients commonly present with complex disease processes, student-patient interaction may be limited in time, and the monitoring of the students by various clinicians may be inconsistent. A successful formula for ambulatory teaching in specialized medicine requires a specific adaptation of teaching and evaluation methods. In the process of a thorough reform of our clerkship, we set up a new ambulatory specialized care rotation. The main objectives were to increase the clerks' exposure to common diseases observed in outpatient clinics, and to improve their management and communication skills in an ambulatory setting. Students were involved in the design of this rotation. Specific tools for evaluation of clerks in this setting were developed.

Objectives:
- Understand the purpose and teaching objectives of an ambulatory care specialized medicine rotation
- Identify the obstacles to setting up such a rotation, as well as the key elements required to resolve these difficulties.
- Discuss the benefits of different tools to evaluate students' performance in an ambulatory setting

W-27	**Improving performace evaluation in medical education: Multi source feedback as an option** *Jocelyn Lockyer, Rod Crutcher, Claudio Violato, University of Calgary; Joan Sargeant, Dalhousie University*

There is increasing interest in developing multi source feedback (MSF) or 360-degree instruments for physician assessment at undergraduate, residency and practicing MD levels. In MSF data provided by

peers, patients, co-workers and self supplements the data provided by direct observation, OSCE and MCQ examinations, chart reviews and other sources. Well designed tools provide another perspective about communication skills, collaboration, professionalism and other competencies. Ensuring the instruments are reliable, valid, feasible and yield appropriate data can be challenging. Workshop participants will first briefly outline practical challenges in evaluation and documentation of performance. Experiences in designing questionnaires for MSF, pilot testing instruments, ensuring feedback at all points in development and administration, and evaluating instrument quality will be solicited. Participants will then discuss how reliability and validity can be ensured. Feasibility and particularly consequential validity will be highlighted in both undergraduate and postgraduate medicine education scenarios. Participants will learn and discuss practical strategies whereby new tools can be adapted or adopted in their workplace settings.

Objectives:

- List the key approaches necessary in designing, implementing and evaluating MSF
- Describe potential consequential validity issues
- Identify sources of information, tools and people that may be helpful in doing further work in this area