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New President and Chief Executive Officer to Carry Out AFMC's New Strategic Directions!



The Board of Directors of the Association of Faculties of Medicine of Canada (AFMC), the national voice of academic medicine, is pleased to announce the appointment of Dr. Nick Busing as its new President and Chief Executive Officer effective October 15th, 2005.

Dr. Busing brings to this position considerable experience in academic medicine in Canada. Over the last ten years he has been Professor and Chair of the Department of Family Medicine at the University of Ottawa; former roles include: Residency Program Director in the Department of Family Medicine and Assistant Dean, Postgraduate

Medical Education at the University of Ottawa; President of the College of Family Physicians of Canada; and Chair of the Section of Teachers of CFPC. He was Chair of the Canadian Medical Forum for four years and has been a very effective and active member of several of its task forces, in fact he is Co-chair of Task Force Two on "A Human Resource Strategy for Physicians in Canada". As a member of numerous provincial and national committees relating to education and physician resource planning, Dr. Busing has worked closely with representatives of all levels of governments and other key organizations such as the Royal College of Physicians and Surgeons of Canada and the Canadian Medical Association. He is well respected across the country for his leadership and negotiation skills and for his commitment to a collaborative approach in the development of national health care strategies and capacity building.

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Un nouveau président et chef de la direction à la barre des nouvelles orientations stratégiques de l'AFMC

Le conseil d'administration de l'Association des facultés de médecine du Canada (AFMC), la voix nationale de la médecine universitaire, a le plaisir d'annoncer la nomination du D^r Nick Busing à titre de nouveau président et chef de la direction à compter du 15 octobre 2005.

Le D^r Busing a acquis une expérience considérable sur le plan de la médecine universitaire au Canada. Au cours des dix dernières années, il a été professeur et président du Département de médecine familiale de l'Université d'Ottawa. Il a également occupé les fonctions suivantes : directeur du programme de résidence du Département de médecine familiale et vice-doyen à la formation médicale postdoctorale à l'Université d'Ottawa, président du Collège des médecins de famille du Canada et président de la Section des enseignants du CMFC. Il a occupé le poste de président du Forum médical canadien pendant quatre ans et a été un membre très dynamique de plusieurs de ses groupes de travail. En fait, il est vice-président du Groupe de travail Deux sur « Une stratégie en matière d'effectifs médicaux pour le Canada ».

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FORUM est l'organe officiel de L'Association des facultés de médecine du Canada et paraît quatre fois par an. Les opinions exprimées dans ce bulletin ne sont pas nécessairement celles de L'Association. Les contributions à cette publication sont les bienvenues et peuvent être rédigées en français ou en anglais. Les annonces publicitaires sont également acceptées. L'abonnement annuel à *FORUM* est de 30.00\$ sauf pour les membres de L'Association qui le reçoivent gratuitement.

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Recently the Board of Directors developed a new strategic plan (www.afmc.cadocs/2005_strategy_plan_en.pdf) outlining its priorities for the next few years. Its priorities will focus in five areas: educational innovation, leadership for academic medicine (advocacy), development of a physician and health scientist workforce, research and sustainability/funding.

Dr. Busing is ideally suited to help AFMC fulfill its mandate of promoting excellence in research and medical education and to represent academic medicine as national health care strategies are developed to improve the quality of health care for Canadians.

En tant que membre de nombreux comités provinciaux et nationaux axés sur l'éducation et la planification des effectifs médicaux, le Dr Busing a travaillé étroitement avec des représentants de tous les paliers gouvernementaux et autres organisations d'importance comme le Collège royal des médecins et chirurgiens du Canada et l'Association médicale canadienne. Il est hautement reconnu dans l'ensemble du pays pour ses qualités de meneur et de négociateur de même que pour son engagement envers une approche collaborative dans le cadre de l'élaboration de stratégies nationales en matière de soins de santé et de mise en valeur du potentiel.

Récemment, le Conseil d'administration a élaboré un nouveau plan stratégique (http://www.afmc.ca/docs/2005_strategy_plan_fr.pdf) soulignant ses priorités pour les prochaines années. Les priorités viseront cinq secteurs : l'innovation en matière d'éducation, le leadership en médecine universitaire (promotion et défense des intérêts), le perfectionnement des médecins et des chercheurs du domaine de la santé, la recherche et finalement la pérennité et le financement.

Le Dr Busing possède le profil idéal pour aider l'AFMC à respecter son mandat visant à promouvoir l'excellence en recherche et en éducation médicale et à représenter la médecine universitaire à mesure que des stratégies nationales liées aux soins de santé sont élaborées pour améliorer la qualité des soins de santé de la population canadienne.

AFMC/UBC Workshop on Admissions & Support of Aboriginal Students in Medicine

The University of British Columbia First Nations Longhouse, June 12-14, 2005

by James Andrew, Aboriginal Programs Coordinator, Faculty of Medicine, University of British Columbia, & Francis Chan, Associate Dean (Admissions/Student Affairs), Schulich School of Medicine & Dentistry, University of Western Ontario

A historical 3-day AFMC/UBC event with the goal of enhancing admissions and support of Aboriginal students in medicine was held at the University of British Columbia First Nations Longhouse in June. A total of 62 participants from across Canada attended this workshop. They included Aboriginal elders, representatives from Indigenous Physicians Association in Canada (IPAC), Health Canada, Royal College of Physicians and Surgeons of Canada (RCPSC), Association of Faculties of Medicine of Canada (AFMC) and up to three representatives from each of 17 faculties of medicine in Canada. This marked the first time that admissions and student support representatives from all faculties of medicine in Canada had gathered for a workshop with the expressed interest of improving Aboriginal human and health resources. Aboriginal health is a high priority issue within the AFMC Social Accountability of Medical Schools Initiative.

For the past two decades, the University of Alberta and the University of Manitoba have developed comprehensive recruitment and admissions programs which resulted in the training of the largest cohorts of Aboriginal physicians in Canada. Recently the Faculty of Medicine at the University of British Columbia has also revised its institutional policies and provided resources to establish a position for an Aboriginal Programs Coordinator. This laudable effort resulted in an immediate increase in Aboriginal student enrolment in medicine at UBC. Despite the dedicated efforts in these and a few other Canadian schools, the overall number of Aboriginal medical students is still far lower than what is needed to establish a substantial cohort of Aboriginal physicians in Canada.

The workshop, funded by Health Canada and co-hosted by AFMC and the Faculty of Medicine at the University of British Columbia, was organized as a response to one of the recommendations identified by the AFMC Aboriginal Health Task Group and endorsed by the Council of Deans at its May 1st, 2005 meeting in Saskatoon. The specific recommendation was for AFMC to host a national forum during which school representatives can share strategies in increasing Aboriginal enrolment in medical schools. The specific objectives of the UBC/AFMC workshop were to 1) provide information on Canadian programs and policies established to increase the number of Aboriginal medical students, 2) identify issues and strategies related to pre-admissions programs, the admissions process and student support for Aboriginal medical students, and 3) provide opportunities for networking and information exchange among medical schools.



Anne-Marie Hodes presenting on Admissions at the University of Alberta.



Welcoming Dinner at the UBC Longhouse.

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The workshop was held in the tranquil and reflective environs of the UBC First Nations Longhouse with blessings from the Musqueam Elders. Dr. Vera Frinton (Associate Dean, Admissions, UBC) and Mr. James Andrew (Aboriginal Programs Coordinator, UBC) provided facilitation and presided over four key sessions: 1) experiences of Aboriginal physicians; 2) pre-admissions programs and post-admissions support; 3) admissions policies and procedures; 4) collaboration and community involvement. Each session included presentations from a panel of dedicated leaders in their specific area of expertise, followed by small group discussions on the topics related to pre-admissions programs, post-admissions support, and admissions policies/procedures. Highlights of the sessions included:

- the inspiring account of experiences that Aboriginal physicians shared on the factors that motivated and nurtured them to enter medicine and the challenges, including racism, that they faced during their training;
- innovative pre-admissions and student support programs at the University of Alberta, the University of British Columbia and the University of Manitoba;
- the leadership needed in shifting attitudes and implementing Aboriginal admissions and student support programs in both traditional (University of British Columbia) and new (Northern Ontario School of Medicine) medical schools;
- practical strategies offered by First Nations liaison leaders on working and building relationships with the Aboriginal communities.

During small group discussions and wrap-up reports presented by individual schools, representatives from across Canada shared practical insights on the challenges and solutions specific to their school or province. The participants agreed that there was much invaluable information that they learned both from the presentations and the group discussions. They also agreed that the proceedings, once documented, could be used by each school as blueprints in developing policies and guidelines to facilitate admissions and support of Aboriginal students. The workshop concluded with a commitment by the participants that through AFMC, there will be further coordinated efforts to exchange information and practices to increase Aboriginal admissions and improve support of Aboriginal students in medicine across Canada.

We acknowledge our sincere gratitude to the University of Ottawa's Faculty of Medicine for providing funding support for an Aboriginal summer student. Melissa Meloche assisted AFMC with our Aboriginal health initiative prior to commencing her undergraduate medical education studies at the University of Ottawa this

Members of the Organizing Committee:

James Andrew, (University of British Columbia), Francis Chan, (University of Western Ontario), Vera Frinton, (University of British Columbia), Daniel Hughes, (Dalhousie University), Dianne Kinnon, (Kinnon Consulting), Jill Konkin, (Northern Ontario School of Medicine) and Susan Maskill, (AFMC).

AFMC Resource Group on Global Health

Global Health by definition refers to the health of the poor, the 3 billion living on less than \$2 a day. This 50% of the global population bears 90% of preventable disease, and has access to 10% of health care resources and 10% of health research dollars directed to the root cause of the health issues.

Medical schools hence have an obligation to incorporate and regularly update materials and methods used to address global health in the curriculum. This is a simple matter of social accountability. Medical schools are committed to assuring that graduates serve the needs of the community and that community is a global one. Hence, the

young graduate whether an educator, researcher, practitioner either at home or abroad, must be adequately prepared to participate in a solution to global health issues.

To this end, the Global Health Interest Group, now renamed the Resource Group on Global Health, has met annually since 2000 at the AFMC annual conference to identify issues, share resources and identify core curricula.

The membership of the group has hitherto identified focal points for global health at each medical school. Some have been very active and others not heard from. Students, in particular the international liaison officers of the CFMS, have been very active. The resource group has also decided that the best place to connect to other international health interested persons is with

the Canadian Society for International Health, and will again meet there in the Fall of 2005.

Each Dean has been contacted to nominate a representative from their faculty to become a formal member of the resource group. As well we have asked the Deans to have their point person contact the International Liaison Officer (ILO) at their respective schools so that communication between faculty and students is assured. In addition, we will appoint that liaison officer to the group for the duration of their tenure as ILO. Additional members will be appointed as appropriate to the issues at hand.

*Anne Fanning
Chair*

ANNOUNCEMENTS

ANNONCES

Memorial University of Newfoundland

Dr. Jerry McGrath has been appointed Assistant Professor of Medicine (Gastroenterology). He earned his MD in 1999 and went to the University of Western Ontario for residency training in internal medicine, with an extra two years of subspecialty training in gastroenterology. He has a busy clinical practice and the rest of his time is divided between teaching medical students and residents and doing some research.

Dr. Patti Power has been appointed Assistant Professor of Obstetrics/Gynecology. After earning her MD she went on to train in obstetrics and gynecology at Memorial, completing her residency in 2002. She then began a fellowship in gynecologic oncology at the University of Calgary for two years before returning to join the Faculty of Medicine at Memorial.

Dr. Peter Wang has been appointed Associate Professor of Epidemiology. He brings new strengths to the Division of Community Health in the areas of cancer, osteoporosis and chronic hepatitis C virus (HCV) research. In addition, he continues to hold university appointments at the University of Toronto and Tianjin Medical University and plans to maintain collaborations with researchers at these institutions.

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Plan to Attend Canada's Premier Medical Education Conference (London ON)

April 29 – May 03, 2006

Those who attended the 2005 inaugural five-partnered medical education conference in Saskatoon will know that the 2006 meeting is not to be missed. Open your agenda now and reserve April 29 – May 03, 2006 to attend the 2nd Canadian partnered medical education conference in London, Ontario.

Five partners have come together again to plan the London meeting, including the Association of Faculties of Medicine of Canada (AFMC), Canadian Association for Medical Education (CAME), College of Family Physicians of Canada (CFPC), Medical Council of Canada (MCC) and the Royal College of Physicians and Surgeons of Canada (RCPSC). The Scientific Planning Committee has representation from each of the organizations and the host university including: **Rick Birtwhistle** (MCC), **Francis Chan** (UWO), **Diane Delva** (CFPC), **Jean Gray** (Past Chair), **Ken Harris** (RCPSC), **Carol Herbert** (AFMC and host Dean at UWO), **Ramses Wassef** (CAME). **Meridith Marks** is the Chair of the committee with support from **Sue Maskill** providing secretariat services.

Three plenaries reflecting the theme of the 2006 conference, *Partnerships for Improving Health Care*, will be held on Monday, May 01 and Tuesday, May 02, 2006. The opening plenary on Monday morning, *Partnerships: Interprofessional Teams for Better Health*, will address the role of interprofessional teams in promoting better patient care through their use in education, research and health care delivery initiatives. The resources and challenges in developing effective teams and the skills required to lead effective interprofessional partnerships in both education and research will be considered in this session.

Two plenary sessions are being planned for the afternoon of Tuesday, May 02, allowing attendees a choice of topic. Plenary A, *Future of Assessment Across the Education Continuum*, will address the future directions and strategies for assessment in medical education. This plenary will be opened by John Norcini PhD, President and CEO of the Foundation for Advancement of International Medical Education and Research. Following Dr. Norcini's introduction to the future of assessment, attendees will have the opportunity in interactive small groups to explore issues related to the assessment of professionalism, use of simulation, assessing physicians in practice and in-training evaluation.

Plenary B, *Social accountability: Affirmative Action or Freedom of Choice*, will consider the obligation of our schools to consider the mismatch between medical school enrolment and the population at large in terms of race, area of residence, and preference for specialists versus generalist physicians. In addition to addressing the definition of affirmative action within the Canadian context of social accountability, this session will include a debate regarding the merits and limitations of affirmative action in Canada as a means of meeting the health care needs of Canadians. Participants will have the opportunity to work in interactive groups as they consider the statement: *Be it resolved that all health professional education programs should employ an affirmative action program to ensure that health care providers are matched to the demographics of the patients they serve.* Come share your views on this statement.

Workshops, research & development sessions and facilitated poster sessions will take place on Sunday and Monday afternoons and Tuesday morning. The call for proposals has been issued with a deadline for submissions of October 21, 2005. Teachers, educators, researchers, students and administrators are all encouraged to share their innovations and insights with us by submitting an abstract for this meeting. As last year, partner organizations may hold administrative or satellite meetings from April 29 – May 03, as well as the day prior to and following the scheduled conference.

The CAME annual business meeting will be held Sunday evening, April 30. The annual CAME luncheon will be held on Monday, May 01 when we will honor the winners of the CAME – Ian Hart Award for Distinguished Contribution to Medical Education and the CAME Junior Award for Distinguished Contribution to Medical

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Education. Winners of the AFMC Awards, including the Astra-Zeneca Award for Outstanding Contribution to Faculty Development in Canada, the May Cohen Gender and Equity Award, the John Ruedy Award for Innovation in Medical Education, and the Glaxo-

SmithKline Young Educators Award will also be recognized. The organizing committee at UWO is planning a social evening on Monday, May 01 featuring live jazz and chamber music as well as dinner.

This Canadian medical education conference is proving to be a great success, allowing members of the five sponsoring organizations to network,

share knowledge and develop partnerships to advance medical education in Canada. Make sure you are part of this growing initiative by planning to join us from April 29 to May 03, 2006 in London, Ontario. We look forward to hearing your voice there!

*Meridith Marks
Chair, 2006 Scientific Planning Committee*

Happenings in Canadian Academic CME: *A Report from the AFMC Standing Committee on Continuing Medical Education*

The Standing Committee on Continuing Medical Education (SCCME) is one of AFMC's four standing committees. This article is extracted from the committee's Annual Report; it describes the major issues addressed by the committee during the last year.

The SCCME meets at the time of the annual conference of AFMC, at an annual retreat and through 7-8 monthly teleconferences. Membership consists of the Associate/Assistant Deans or Directors of the 17 university CME offices. The committee has always been inclusive, encouraging extra people to participate. There are usually other office staff members present. And there is an increasing number of observers from other organizations who have significant roles in CME in Canada.

Accreditation

The most significant issue addressed by the committee this past year was the introduction of new accreditation standards for Canadian university CME offices. Over the last several years, the accrediting body for the CME offices (the Committee on Accreditation of CME or CACME) has been working on revised criteria to respond to a number of evolving factors influencing CME in general and academic CME in particular. People from a number of CME offices made significant direct contributions to this process to ensure that the views of the CME offices were incorporated into the new standards.

The following are key differences/additions compared to the previous standards:

- The offices' mission statements must be anchored in a consideration of the health needs of the communities it serves. This is in light of the recent interest in the social accountability of Canadian medical schools.
- The offices must have long-term objectives that are based on the mission statement and are responsive to evolving social needs and expectations. There needs to be an ongoing process of critical evaluation and evolving strategic planning.
- The offices are expected to meet all accepted professional, legal and ethical standards.
- The offices' roles as accredited providers and accreditors are more clearly defined.
- The concept of scholarship is expanded to include innovations in CME.
- Each standard now has specific evaluation criteria with four levels of compliance: non-compliance, partial compliance, compliance and exemplary compliance.

CACME introduced the new standards in 2004 on an evaluative basis. The three schools accredited in 2004 (Saskatchewan, Western Ontario and Ottawa) all agreed to be reviewed according to the new standards. Dr. Jocelyn Lockyer (University of Calgary) coordinated the evaluation. There was strong agreement that the new standards offered a substantial improvement over the previous ones. The new standards were formally intro-

duced in 2005. They will be reviewed on a regular basis, utilizing the ongoing feedback from the survey experience. It is hoped that the new standards will help underscore the value of academically based CME for both academic and community physicians.

Relationship with Industry

The relationship between CME providers and the pharmaceutical industry remains the most challenging issue in CME, particularly for academic CME offices. There are many issues in this relationship that cause ongoing concern, with wide variations in opinions on how they should be defined. Organizations involved in CME need to work collectively to ensure the acceptance of the clearest possible standards to reduce the variation in interpretation.

The CMA is working on revisions to its Policy Statement on Physicians and the Pharmaceutical Industry to be introduced in 2005. The pharmaceutical industry's representative association, Rx&D, introduced revisions to its Code of Conduct in 2004. Despite some ongoing differences, the standards related to CME in these two codes are tending to converge.

A number of CME offices have recently completed or are in the process of a review of their policies related to how they work with industry.

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“PARTNERSHIPS FOR IMPROVING HEALTH CARE”

CALL FOR PROPOSALS FOR EDUCATIONAL ACTIVITIES

Deadline for Submission: October 21, 2005

Proposals are invited in the areas of admissions, undergraduate, postgraduate, continuing medical education and faculty development or any other topic relevant to medical education, including the themes of the planned plenary sessions: ***Partnerships: Interprofessional Teams for Better Health; Social Accountability – Affirmative Action or Freedom of Choice and Future of Assessment Across the Education Continuum.***

As a follow-up to the 2005 annual conference and in keeping with the partnership element of this conference, submissions are also invited for workshops and facilitated poster sessions on the plenary topics presented last year: *Generalism vs. Superspecialization: Can One School Support Both? Promoting Scholarship in Education, Reflective Practice: Broadening Our Perspectives.* Topics that involve partnerships in research, education and healthcare delivery are also welcomed.

WORKSHOPS

Workshops should focus on skills development, discussion for consensus building and active participation. Workshops will be held on **Sunday, April 30th (pm), Monday, May 1st (pm) and Tuesday, May 2nd (am).**

POSTERS

Posters can be free-standing or targeted for a facilitated poster sessions. If 5 or 6 free-standing posters can be grouped into one specific topic, presenters may be invited to participate in a facilitated poster session on that topic. The purpose of facilitated poster sessions is to allow an opportunity for participants to share ideas and insights and interact around a topic addressed by a variety of related posters.

RESEARCH AND DEVELOPMENT (R&D) PRESENTATIONS

These presentations may include research or development projects completed or in progress. Sessions consist of five 12-minute presentations followed by a 5-minute discussion.

INSTRUCTIONS

All submissions (email preferred) must include:

1. Contact person's information, including given name and surname, institution, mailing address, telephone and fax numbers and email address
2. Principal presenter's given name, surname (both underlined), title and affiliation
3. Given names, surnames, titles and affiliations of all other presenters/authors
4. Intended audience
5. In the event a submission for a workshop or R&D presentation is not accepted, please indicate whether you would accept to present it as a free-standing poster
6. Submission title and abstract (150 words max) + 3 key words
7. Rationale (workshops only): Why is this workshop of interest to medical educators?
8. Learning objectives (workshops only)
9. Format / methods (workshops only)

Workshop abstracts will be posted to the website in English and French. The poster and R&D presentation abstracts will be posted to the website in the language in which submitted. Abstracts may be submitted in English and/or French.

Please send your submission to claudine@afmc.ca. You will receive confirmation of your submission within two working days. If confirmation is not received by Monday October 24th, you should contact us immediately at (613) 730-0687.

Prizes for best R&D Presentation and for best poster will be awarded by CAME. **Please advise if you wish to be considered for the prizes.**

Conférence de 2006 sur l'éducation médicale (London ON)
ACÉM – AFMC – CMC – CMFC – CRMCC
Du 29 avril au 3 mai

« CRÉER DES PARTENARIATS POUR AMÉLIORER LA QUALITÉ DES SOINS DE SANTÉ »

APPEL DE PROPOSITIONS POUR DES ACTIVITÉS PÉDAGOGIQUES

Date limite de présentation des propositions : Le 21 octobre 2005

Les propositions peuvent toucher les domaines suivants : admissions, études de premier cycle, études postdoctorales, formation médicale continue et perfectionnement des professeurs ou tout autre sujet touchant l'éducation médicale, y compris les thèmes prévus pour les plénières : **Les partenariats : des équipes interprofessionnelles, la clé d'une meilleure santé; Responsabilisation sociale – Action positive ou liberté de choix et L'avenir de l'évaluation dans le cadre du continuum de l'éducation.**

À titre de suivi de la conférence annuelle de 2005 et pour continuer sur le thème du partenariat de cette conférence, nous recherchons également des propositions pour des ateliers et des séances animées de présentation par affiches sur les thèmes traités l'an dernier dans le cadre de plénières : *Le généralisme et la surspécialisation : une seule faculté doit-elle offrir les deux? Promouvoir l'érudition en éducation, La pratique réfléchie de notre profession : Élargir nos horizons.* Les sujets portant sur les partenariats en matière de recherche, d'éducation et de soins de santé sont également les bienvenus.

ATELIERS

Les ateliers devront mettre l'accent sur le perfectionnement des aptitudes, la discussion en vue d'en arriver à un consensus et la participation active. Ils se tiendront le **dimanche 30 avril (pm)**, **lundi 1^{er} mai (pm)** et **mardi 2 mai (am)**.

AFFICHES

Les affiches peuvent être soit isolées ou liées à une des séances animées de présentation par affiches. Si 5 ou 6 affiches peuvent être regroupées sous un même sujet, les présentateurs pourraient être invités à prendre part à une séance animée de présentation par affiches sur le sujet. L'objet de telles séances est de donner aux participants l'occasion d'échanger des idées et des points de vue et de discuter d'un sujet abordé dans diverses affiches connexes.

PRÉSENTATIONS DE RECHERCHE ET DÉVELOPPEMENT (R&D)

Ces présentations peuvent comprendre des projets de recherche et développement en cours ou déjà terminés. Les séances consistent en 5 présentations de 12 minutes, suivies d'une discussion de 5 minutes.

INSTRUCTIONS

Toutes les soumissions (envoyées de préférence par courriel) doivent comprendre :

1. les coordonnées de la personne-ressource, y compris ses prénom et nom de famille, le nom de l'établissement, l'adresse postale, les numéros de téléphone et de télécopieur ainsi que l'adresse de courriel;
2. les prénom et nom de famille du présentateur principal (tous deux soulignés), son titre et son affiliation;
3. le prénom, le nom de famille, le titre et l'affiliation de tous les autres présentateurs/auteurs;
4. le public-cible;
5. dans l'éventualité du rejet d'une proposition d'atelier ou de présentation de R&D, veuillez indiquer si vous seriez disposé à en faire une affiche isolée;
6. le titre de la proposition et un résumé (150 mots au maximum) ainsi que 3 mots clés;
7. la raison (ateliers uniquement) : En quoi cet atelier peut-il intéresser les enseignants en médecine?
8. les objectifs d'apprentissage (ateliers uniquement);
9. le format / les méthodes (ateliers uniquement).

Les résumés d'ateliers seront affichés sur le site Web en français et en anglais. Les résumés des affiches et des présentations de R&D seront affichés sur le site Web dans la langue dans laquelle ils ont été soumis. Les résumés peuvent être soumis en français, en anglais ou dans les deux langues.

Veuillez faire parvenir vos propositions à l'adresse suivante : claudine@afmc.ca. Nous accuserons réception de votre soumission dans les deux jours ouvrables. Si vous n'avez pas reçu d'accusé de réception d'ici le lundi 24 octobre, vous devriez nous téléphoner immédiatement en composant le (613) 730-0687.

Des prix récompensant la meilleure présentation de R&D et la meilleure affiche seront décernés par l'ACÉM. **Veuillez nous prévenir si vous désirez que votre proposition soit prise en considération pour l'octroi de ces prix.**

AFMC Committee on Medical School Libraries Report to the Board of Directors

The members of the Committee on Medical School Libraries have communicated on a number of issues this year. Most of these represent on-going changes in the information environment and are good indicators of trends and new direction for academic medical libraries.

Recommendation for Committee Name Change

The Committee members wish to recommend a name change to "Committee on Libraries/Comité des bibliothèques" to be in line with the new name, Association of Faculties of Medicine of Canada, which already defines the medical/health context.

Hospital-University Library Linkages

This was the topic of our open workshop on Monday May 2, 2005. The electronic information environment has created new opportunities to broaden access to evidence-based research and clinical resources beyond the university libraries to the hospitals and community. There are significant organiza-

tional, licensing and funding challenges to accomplish this. The workshop will provide an opportunity to present and discuss best practices and information access service models in the various academic health science jurisdictions across Canada.

Changing Use Patterns and Library Space

Last year's workshop focused on innovative space renovations at several of the AFMC libraries. The emphasis today is on user space (comfortable, flexible, wired and wireless) rather than collection space. Many libraries are reducing print collection space and/or adding user space to accommodate expanded individual and group study areas and information commons. Some libraries are using or considering off-site storage for low use print collections.

Although the electronic environment has greatly improved 24/7 access to current information, issues of permanence and archival retrieval are not entirely solved. It is expected that archival storage of electronic and print re-

sources will be a shared responsibility, with larger libraries taking the lead. The role that the Canadian Institute for Scientific and Technical Information (CISTI) will play as a central site for archival information was discussed at the 2004 meeting. CISTI's mandate is to support the National Research Council's information needs and to provide a STM document delivery service and, as such, has one of the largest health science collections in the country. It is not, however, funded to take on national library responsibilities in the same way as the U.S. National Library of Medicine.

Library Budgets: Cost of Electronic Information

The AFMC Council of Deans has asked the Committee to report on the high cost of electronic information resources. This report will be published in the coming December issue.

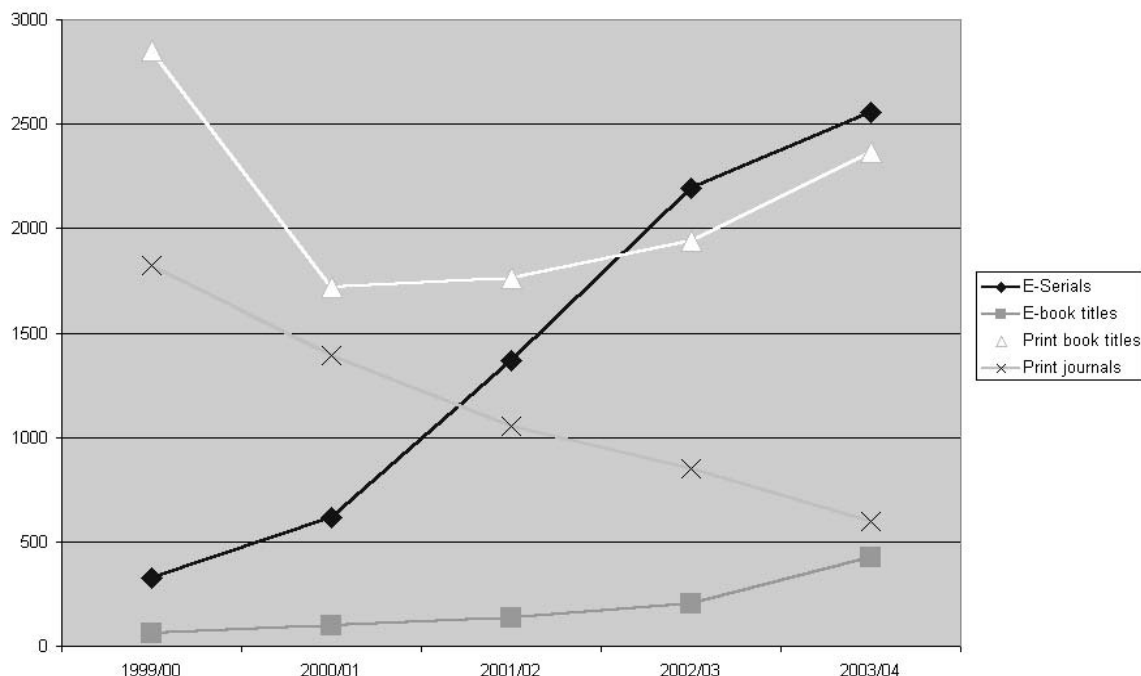
This year the members of the Committee have coordinated arrangements for joint licensing of key electronic resources to maximize purchasing power for the benefit of all AFMC libraries.

Copyright Issues

The committee members have been sharing information on the role of the libraries in copyright issues and how their faculties handle copyright clearance for course packages and linking images within e-curricula. Copyright clearance can be expensive and cumbersome and guidelines are not clearly delineated.

Copyright is an increasingly important issue for all faculties of medicine and increasingly complex in the electronic environment.

AFMC Libraries - Collection Trends



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Medical School Libraries Report *continued from page 9*

Pending federal legislation will impose further restrictions, if it is passed, by completely eliminating educational exemptions for all internet use and resulting in higher costs. Universities and other educational organizations are now realizing the implications of this and a lobby effort is underway. (For more information see: http://www.aucc.ca/publications/media/2004/09_22_e.html).

Informatics Instruction / Information Literacy

One of the libraries' key roles is to provide informatics instruction to students and faculty. This activity supports evidence-based practice and knowledge transfer. At many of the AFMC sites, instruction is being integrated into the curriculum and/or developed in collaboration with faculty as an integrated online web module. The increasing amount of time spent on instruction represents a shift in the way librarians interact with their user community and is a response to user needs in the electronic environment.

Canadian National Network of Libraries of Health

Committee members have been active participants in the Canadian Health Libraries Association's initiative to create a *Canadian National Network of Libraries of Health*. A focus group of stake-holders was held in October 2004 which the Chair and two other members attended. A second meeting is planned for June 2005. More information on this is available at www.chla-absc.ca/nnlh/vision.html.

Molson Informatics' National Digital Health Library

Through collaborative discussion with the AFMC Resource Group on Medical Informatics, librarians have been involved in the development of the *Molson Informatics' National Digital Health Library*. David Fleischer and Nancy Posel attended part of our 2004 business meeting to consult with our members on the role of librarians in the indexing and metadata process. Other issues including copyright and database maintenance were discussed. The Committee is fully supportive of this project. Jim Henderson, Health Sciences Librarian at McGill has been actively involved on an ongoing basis and discussions of further involvement will continue at the 2005 meeting.

Joan Leishman
Chair

AFMC Finance & Administrative Affairs Committee Report on Professional Development Program

Alternate Funding Plans (AFPs) and Alternate Payment Plans (APPs) in Academic Medicine: Where Are We? Where Are We Going?

Saturday, April 30, 2005, excellent, detailed presentations were made on the subject of AFPs by Tom Lynch, Director of Strategic Planning, College of Medicine, University of Calgary and Patricia Telfer, Executive Director of the Academic Medical Organization of South West Ontario. The meeting was attended by finance officers, a number of faculty members and representatives of the Saskatchewan Medical Association (SMA) and the Saskatchewan Department of Health (SaskHealth). The presentations prompted many questions and a great deal of discussion with wrap up comments from the SMA and SaskHealth.

Canadian Light Source; Employment and Educational Opportunities for Aboriginal Canadians; Family Medicine Issues, and Primary Care

Sunday, May 1, 2005, four separate professional development presentations were made for the committee. These included:

- A presentation by Dr. Dean Chapman, Department of Anatomy and Cell Biology on the Canadian Light Source (synchrotron installation) at the University of Saskatchewan. Dr. Chapman explained how the synchrotron works and its potential in research and development in medicine and other disciplines.
- Ms. Candace Wasacase-Lafferty, a Human Resources Consultant at the University of Saskatchewan, made a presentation on "Aboriginal Inclusion – the Saskatchewan Opportunity" and related demographical, educational and employment issues with enrolment in health sciences and other university programs.
- Dr. Allana Danilkewich, full-time faculty member at the University of Saskatchewan Department of Family Medicine and current Resident Program Director, made a presentation on "The Future of Family Medicine Training Programs in Canada" and discussed the history, current issues and future projections regarding the shortage of family physicians and the reduced numbers of Canadian graduates seeking training in this specialty.
- Dr. Gil White, full-time faculty member at the University of Saskatchewan Department of Family Medicine and newly appointed Associate Dean of Medicine for Regina Programs, made a presentation on developments in Saskatchewan with respect to primary care initiatives and included information about other Canadian provinces and some international situations.

All presentations were well received and prompted questions and lively discussion among those attending.

Sylvan White
Chair

2005 Report to the AFMC Board of Directors from The Committee on Gender and Equity Issues

The workshop sponsored by the Committee this year was titled: "Taking Diversity into Account in Medical Education". Presenters this year were: Blye Frank (Dalhousie University) and Lorraine Breault (University of Alberta). The overall objective of this workshop was to explore ways in which issues of diversity might be taken into account in medical education through an interactive and collaborative exploration of language, pedagogies, curriculum, policies and climate.

Starting from the AFMC annual meeting in 2003, we have established systematic collaborative meetings between the Gender and Equity Issues Committee and the AFMC standing committees to identify issues of common concern requiring education or policy development. At the 2005 AFMC Medical Education Conference, a 2-hour joint meeting was held with the *AFMC Faculty Development Committee*. The goal was to explore effective collaboration between members of both groups and to devise innovative format of delivery so that issues related to gender and equity can be brought to a wide audience within faculties of medicine.

Business meeting:

This meeting will be extended for the first time to a 3-hour meeting. An update report will be tabled after the business meeting. Issues addressed included:

- reports from designated representatives of schools, GIC-COFM
- report from the May Cohen Gender Equity Award Committee
- progress and promotion of the Gender & Health Curriculum Project
- development of Gender Benching questions
- support for Aboriginal students
- support for GLBT faculty and students in medicine
- new Co-chair as replacement for Dr. Chan

- discussion of priority issues nationally relating to gender and equity and status of proposed research projects

Progress report:

The Committee was pleased to note that several of the previous recommendations have been implemented. These included:

- establishment of the May Cohen gender equity award committee
- establishing and maintaining a list serve of members of Gender and Equity Issues committee
- recruited an observer, Dr. Ali Cadili, as an observer from CAIR

Since the Committee on Gender and Equity Issues does not have support for a mid-year meeting to facilitate working on a collaborative project, our progress reports are based on achievement and activities within each school.

Recommendations to Deans:

- Ensure that your school has a designated representative who can attend meetings of the Committee on Gender and Equity Issues.
- Support establishment of office/position to address gender/equity issues, with appropriate infrastructure and funding in each school. In particular, ensure that a process is in place in each school that meets accreditation standards for student complaints and concerns regarding gender, equity (this includes harassment and intimidation) and other issues.

It was requested that AFMC provide committee support by incorporating questions on gender benching in AFMC surveys.

Lorraine Breault
Francis Chan
Co-chairs

Addendum To Report, May 1, 2005

Members expressed concern about the scheduling of the current AFMC conference during Passover. Recommendation is to avoid such conflict for future conferences.

Business Meeting. Meeting was attended by 9 representatives (Alberta, Dalhousie, Manitoba, Ottawa, Queen's, Western, Northern Ontario School of Medicine and UBC) and 8 observers, including representatives from CFMS, GLBT Meds Canada, and Ontario Gender and Health Collaborative Curriculum Project. Agenda items discussed included:

- Report updates from faculties of medicine (Alberta, Dalhousie, Manitoba, Ottawa, Queen's, Western, and UBC.)
- *Report from GIC-COFM:* 1) Decision was made to retain the focus for gender issues. The group has begun to look into assessment tools for comprehension of boundary issues, specifically on doctor-patient relationships.
- *Selection Committee for May Cohen Award:* The Committee congratulated Dr. Barbara Lent on receiving the May Cohen Award in 2005. Members were strongly urged to submit nominations for the 2006 award. The Deans are urged to put forward nominations in their faculties upon receiving the nomination notice from AFMC. Self-nominations are accepted.
- The Project and Site Coordinators presented an update of the Ontario Gender and Health Collaborative Curriculum Project which is in the final phase of completion. There is no digital copyright and access will be given to medical schools outside Ontario. Group members agreed that this is an excellent teaching and learning tool and efforts need not be duplicated elsewhere. The challenge is to seek buy-in from curriculum committees in faculties of medicine outside Ontario by identifying a local champion to promote this tool. Representatives of the Committee will act as intermediaries between the Ontario Project Coordinators and their local champion.
- Informative presentations were made on 1) orientation and support of Aboriginal medical students; 2) the CFMS initiatives on improving diversity awareness in medicine; and 3) the goals and objectives of GLBT Meds Canada.
- A priority of this group for the coming year is to collect data on gender benchmarking. A modified AAMC survey will be developed and provided to AFMC to be distributed to the Deans for completion. Completed surveys will be returned to the Committee for data analysis.
- Dr. Blye Frank will replace Dr. Francis Chan as incoming Co-chair to work with Dr. Lorraine Breault.

National Clinical Skills Working Group *An Initiative Supported by the AFMC*

Clinical Skills Teaching – The Problem

The traditional way of teaching physical examination skills and one which is doggedly preserved in many of the standard textbooks of physical examination, consists of a body-system by body-system comprehensive and standardized journey through inspection to auscultation, palpation and percussion. For the novice student opening such textbooks, each chapter will contain an anatomically derived succession of manoeuvres with descriptions as to how these manoeuvres can be performed and a selection of possible patho-physiological processes that might be unearthed by successfully performing the manoeuvre. The diagnostic usefulness of some of the manoeuvres of course, is rarely addressed. It's fascinating how often clinical clerks will come back and tell us how most of the physicians they see on the wards and in the clinics don't seem to perform a fraction of the manoeuvres on their patients that the students were taught in their basic physical examination courses. Why is this? Well, the answer is probably that most of us were taught physical examination skills by rote with little thought to their diagnostic usefulness and each manoeuvre was probably learned in isolation. We all learned how to perform manoeuvres which have subsequently been found to be relatively useless in helping us make a diagnosis or, if they are useful, they may add very little to more simply performed manoeuvres. The current generation of medical students is still probably being exposed to physical examination that lacks the rigour of an evidence-based approach.

Clinical Skills Teaching – The Solution

At the UGME Deans' meeting in Toronto in April 2001, it was decided that a small group of individuals would assume the task of coming up with some ideas for improving the teaching

of clinical skills in undergraduate medical curricula across Canada. A number of priorities were identified and a proposal was brought back to the UGME Deans at the Calgary meeting in 2002. At that time, Dr. Alan Neville agreed to chair a Clinical Skills Working Group with representation from the clinical skills planners of all Canadian medical schools. It was further proposed that the first meeting of this group should be held in Toronto in October 2002, with the overall goal of developing a consensus around what clinical skills should be taught, what competencies would be expected at two levels of training – firstly, entry to clerkship and secondly, at graduation – and ultimately, what clinical evidence there is for the diagnostic utility of the skills being taught.

The first meeting of the National Clinical Skills Working Group led to the development of an approach that the group might take to identify clinically useful physical examination skills and also communication skills, which are increasingly being taught in all medical schools and for which there is, in fact, an increasing body of evidence-based literature. Following this initial meeting, the group has met during each of the subsequent APMC or AFMC annual meetings, as well as having semi-annual meetings in October 2003 and 2004.

Despite widely varying curricula, the clinical skills representatives from our Canadian medical schools have reached consensus on the important skills to be taught and are close to finalizing a document that will provide curriculum planners with a coherent and relevant set of skills. The group has worked hard to try to reach consensus around what should be expected of students at the two levels of training described above – i.e., entry to clerkship and entry to residency at the time of graduation from medical school. It has also become clear to all of those involved in this project that although the goal is to annotate the final document with evidence, there are still areas of clinical

examination for which evidence of diagnostic utility is lacking. At the recent AFMC meeting in Saskatoon in April 2005, some members of the working group also expressed the feeling that for many curriculum planners, the identification of commonly taught physical examination manoeuvres for which there is clear evidence of no diagnostic utility should be mentioned, since many of the teaching faculty may not be aware of this.

The completed document outlining the thoughts of the National Clinical Skills Working Group should be complete early this Fall and presented to the AFMC Standing Committee on Undergraduate Medical Education when they meet in Washington during the AAMC meeting. The completion of this document, however, will not signal the disbanding of the National Clinical Skills Working Group. We have already begun to discuss a collaborative project on the development of OSCE stations which would be shared on a national basis. One of the meetings of the working group that took place during the Halifax APMC annual meeting was in fact given over to a workshop on OSCE station development. There is a keen sense of commitment and camaraderie within the National Working Group and the energy of these individuals can be mobilized to continue the development of clinical skills and communication skills teaching and evaluation across Canada.

Alan Neville
Chair

AFMC Resource Group on Professionalism 2005 Report

The Resource Group on Professionalism has been active during the past year. The website, which can be accessed through the AFMC website, was expanded to include more teaching materials and the reports of activities in several schools. Further additions will be made during this year as more material becomes available.

The meeting in Saskatoon was attended (at various times) by between 60 and 70 individuals. The theme for the meeting was 'Professionalism and Postgraduate Education'. As it was an open meeting, there were representatives from each medical school as well as from the Canadian Association of Interns and Residents. Several Associate Deans participated.

There were two presentations:

1) Dr. James Bond, a thoracic surgeon from Surrey, BC, discussed the impact on unionization of house staff on professionalism and its implications for the future of medicine. This had been the subject of a Master's thesis in Education at the University of Calgary. He outlined the origins of professionalism and of the union movement in medicine and certainly demonstrated both the difficulty of and the necessity for reconciling the value systems of the two. There was a very extensive discussion of the issues involved and it was pointed out that practising physicians in many provinces had actually unionized themselves prior to the formation of residents' unions and that this issue went beyond the postgraduate field. The conclusion which seemed to emerge mirrored what Dr. Bond had in

fact written in his thesis: we should be careful to avoid a professionalism that is based on unionism but rather seek a union that evolves out of professionalism and seek to preserve professional values.

2) Dr. Linda Snell discussed the faculty wide program designed to meet the CanMEDS requirements which had been instituted at McGill University. She stated that all residents were required to attend a half-day session on professionalism at the PGY2 or 3 level. Several sessions were given in both the medical school and in individual teaching hospitals. They consisted of a didactic presentation on the nature of professionalism followed by two hours of small group meetings which used clinical vignettes as a starting point for discussion. They finished with the residents being asked to develop answers to specific questions relating to professionalism and the relationship of the profession to society. Faculty group leaders were used with co-facilitators being senior residents. The evaluations by the residents were very good and outcome measurements did show a change in their knowledge of professionalism.

In addition to the formal session, unit specific activities in most major departments have been carried out, consisting of presentations at grand rounds, workshops, or small group discussions.

*Richard Cruess
Sylvia Cruess
Co-chairs*

Summary:

One of the major objectives for establishing the resource group was to facilitate the exchange of information between the different faculties. This clearly occurred as the discussion was free, stimulating and vigorous.

The various faculty representatives will be asked for suggestions for next year's meeting of the Resource Group.

FORUM Newsletter is now available on our website at www.afmc.ca/publications_forum.html

Contributions to FORUM in either English or French are welcomed.
Les contributions à cette publication sont les bienvenues et peuvent être rédigées en français ou en anglais.

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Dalhousie University

Two members recently received Canada's highest honour for lifetime achievement – the Order of Canada: **Dr. Margaret Casey** (Medical Education), and **Mr. Rod MacLennan** (Vice-Chairman of the Dalhousie Medical Research Foundation).

The medical school has named three exceptional faculty members to the honoured appointment of Professor Emeritus. **Dr. Jock Murray** (Medical Education), **Dr. Philip Belitsky** (Urology) and **Dr. Christopher Helleiner** (Biochemistry and Molecular Biology) were awarded this honour in recognition of their outstanding academic achievements and contributions to the university over the years.

Dr. Gerald Johnston has been appointed Associate Dean of Research. He has also been named as a Terry Fox Cancer Research Scientist and NCIC Senior Research Scientist. In addition to a very successful research career, he has held numerous leadership roles both locally and nationally. For the past 10 years, he has served as the Head of the Department of Microbiology & Immunology, and as one of three Co-assistant Deans of Research over the past two years.

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AFMC Resource Group on Medical Informatics

Executive Summary

June 2005

The AFMC Resource Group on Medical Informatics agreed on the following items during the meeting held on Saturday, April 30th 2005.

www.HealthLibrary.ca will be utilized and supported by the resource group participants and their associated schools. This commitment will consist of sub-groups of the Resource Group focusing on: a) seeking to assure buy-in within their respective schools and creating awareness of the benefits of shared resources; b) advocating for use of existing multimedia within the library by teachers as well as for increased contributions to the existing collection; c) addressing technical issues such as the use of Shibboleth and other means of communications between the library and existing repositories; d) promoting a collaborative approach to metadata and metatagging schemata; e) ensuring that programming code and associated documentation are made available to schools that want to build towards a federated rather than a more centralized model, thus enabling autonomy within schools while still taking advantage of the growing functionality and utility represented by **HealthLibrary.ca**. Other issues that will be addressed by members of the Resource Group will include security, procedures for peer review and recognition of contributions.

In support of this direction and the underlying vision of moving towards a national library, the Chair of the Resource Group has communicated with the Executive of the AFMC and a 'Memorandum of Understanding' defining the relationship between the AFMC and the **HealthLibrary.ca** is currently being reviewed by both parties. This agreement will allow the library to move under the umbrella of the AFMC, further supporting pan-Canadian participation and collaboration and ensuring that multimedia teaching assets are available to Canadian healthcare schools within a 'not-

for-profit' model of sharing knowledge, teaching and learning.

The Resource Group also acknowledged the need to update its mission statement, and review its mandate. After some discussion, there was consensus that the Resource Group should address the real requirements of its member schools via a forum to discuss the growing role of medical informatics, e-learning, as well as communicate and answer individual issues that might be replicated in other schools and facilitate the sharing of ideas that impact on curricular development within its member schools. Therefore the group determined that it should continue as follows: a) each school should name an official member to speak for that school; and b) participation and meetings should remain open to other representatives of schools. This will ensure that representation is truly pan-Canadian and will allow for active dialogue by all interested participants. Finally, the group committed to maintaining current close ties with the Medical School Library Committee.

The Resource Group will continue to hold 'Open Forums' highlighting the work of its respective members which will remain open to all interested conference attendees.

The Resource Group also discussed the potential of using the strengths and national nature of the group to support applications for grants from private funding agencies and submissions to provincial and Canadian agencies.

This report is to inform the Board of our intentions and to request input and endorsement in principle to proceed with the issues approved within the Resource Group meeting.

David Fleischer
Chair

ANNOUNCEMENTS

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Dr. Jean Marshall has been appointed Professor and Head, Department of Microbiology & Immunology. One of the faculty's most respected researchers, she has earned an international reputation for her research groups' investigations into the role of mast cells in regulating immune and inflammatory responses in tissue affected by diseases such as cancer.

University of Toronto

Professor Abdallah Daar of Public Health Sciences and the Joint Centre for Bioethics has been selected to receive the UNESCO 2005 Avicenna Prize for Ethics in Science, given to reward the activities of groups and individuals in the field of ethics of science.

Professor Anthony Pawson of Medical Genetics and Microbiology has been named one of three 2005 Wolf Prize winners in medicine for his research into cancer development and treatment. Awarded since 1978 by the Wolf Foundation in Israel to scientists and artists, the \$100,000 (US) prizes are given to promote science and art for the benefit of mankind.

Professor Susan Lief of Psychiatry is one of the winners of the first Irma Bland Award for Excellence in Teaching Residents, given by the American Psychiatric Association and its Council on Medical Education and Lifelong Learning.

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COMING EVENTS

À VENIR

University of Saskatchewan

September 30, 2005

S.T.A.B.L.E. (Stabilization of Sick Newborns: Post-Resuscitation, Pre-Transport & Care After Return Transport)
Regina, Saskatchewan

September 30 & October 1, 2005

Essentials of Electrocardiography
Saskatoon Inn
Saskatoon, Saskatchewan

October 14 & 15, 2005

Aboriginal Health Care Conference *
Ramada Hotel & Convention Centre
Regina, Saskatchewan

October 21 & 22, 2005

Practical Orthopedics
Travelodge Hotel
Saskatoon, Saskatchewan

November 18 & 19, 2005

Sage 2005 *
Radisson Plaza Hotel
Regina, Saskatchewan

November 25 & 26, 2005

Practical Management of Common Medical Problems
Hilton Garden Inn (formerly Quality Hotel)
Saskatoon, Saskatchewan

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ANNOUNCEMENTS

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Professor Jodi Lofchy of Psychiatry is the recipient of a Nancy C.A. Roeske Certificate of Recognition for Excellence in Medical Student Education, awarded annually by the American Psychiatric Association's committee on medical student education to recognize members and fellows who have made outstanding and sustaining contributions to medical student education.

Professor James Wright of Surgery is one of six winners of a Quality of Life Award, given by the Institute of Musculoskeletal Health and Arthritis to recognize investigator-related efforts with a focus on diseases and conditions of the musculoskeletal system.

Election to the Royal Society of Canada is Canada's top academic accolade. Elected to the Academy of Sciences are: **Professor Mark Henkelman** of medical biophysics; **Brenda Andrews** and **Charles Boone** of the Banting and Best Department of Medical Research; **Professor Freda Miller** of medical genetics and microbiology; and **Professor Michael Salter** of physiology. Founded in 1882, the Royal Society of Canada promotes learning and research in the natural and social sciences and in the humanities.

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UNIVERSITY OF WESTERN ONTARIO *SCHULICH GIFT REFLAGS DENTISTRY*

Students beginning this September will be the first to attend the newly named **Schulich School of Medicine & Dentistry**. Western's Board of Governors approved the name change.

Philanthropist Seymour Schulich, whose gift of \$26 million in 2003 renamed the medical school, will make an advance payment of \$4 million from this donation to the School of Dentistry to assist with undergraduate scholarships, teaching awards and renewal of the Main Dental Clinic. Students beginning this September will be the first to attend the newly named **Schulich School of Medicine & Dentistry**. Western's Board of Governors approved the name change.

Philanthropist Seymour Schulich, whose gift of \$26 million in 2003 renamed the medical school, will make an advance payment of \$4 million from this donation to the School of Dentistry to assist with undergraduate scholarships, teaching awards and renewal of the Main Dental Clinic.

UNIVERSITY OF TORONTO

Dr. Catherine Whiteside has been appointed Interim Dean of the Faculty of Medicine. Her appointment was effective June 17, 2005 replacing Dr. David Naylor who has become the university's 15th President.

Canadian Society for International Health

12th Annual Canadian Conference on International Health

*"Your Money or Your Life:
Health in the Global Economy"*

November 6th – 9th, 2005
Ottawa, Canada
Crowne Plaza Hotel

For further information, please visit:
www.csih.org/what/conferences2005.html

ANNOUNCEMENTS

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University of British Columbia

Dr. Nestor Müller has been reappointed for a 5-year term commencing July 1, 2005 and extending to June 30, 2010. Since 1992, he has been Professor of Radiology at UBC. He has been Head and Medical Director of the Department of Radiology at Vancouver Hospital since 1999, Head of the Department of Radiology at UBC since 2000, and Regional Medical Director of Diagnostic Imaging at Vancouver Coastal Health since 2004. Dr. Müller is pleased to continue in his role and is enthusiastic about facing the challenges ahead.

The Society of Obstetricians and Gynaecologists of Canada

Dr. Michael Helewa is the new SOGC President for the period of July 2005 through June 2006 inclusive. He received his medical degree in 1980 at the University of Beirut and he completed his residency training in obstetrics and gynecology at the University of Manitoba in 1987. He is currently Professor in the Department of Obstetrics and Gynecology and Head of Clinical Obstetrics at St. Boniface General Hospital in Winnipeg, Manitoba.

VISIT THE AFMC WEB-SITE (www.afmc.ca/pages/articles_link.html) FOR ACCESS TO THE FOLLOWING INFORMATION

- **ACADEMIC MEDICINE**

Residents' End-of-Life Decision Making with Adult Hospitalized Patients: A Review of the Literature, *July 2005*

– Todd E. Gorman, l'Hôtel Dieu de Québec; Stéphane P. Ahern, Université de Montréal; Jeffrey Wiseman, McGill University; Yoanna Skrobik, Université de Montréal

Incorporating Simulation Technology in a Canadian Internal Medicine Specialty Examination: A Descriptive Report, *June 2005*

– Rose Hatala, University of Miami; Barry O. Kassen, University of British Columbia; James Nishikawa, University of Ottawa; Gary Cole, Royal College of Physicians and Surgeons of Canada

- **CANADIAN FAMILY PHYSICIAN**

Motherhood During Residency Training – Challenges and Strategies, *July 2005*

– Allyn Walsh, Michelle Gold, Phyllis Jensen and Michelle Jedrkiewicz, McMaster University

Canadian Rural Family Medicine Training Programs – Growth and Variation In Recruitment, *June 2005*

– Lisa K. Krupa, Lakehead University and Benjamin T.B. Chan, University of Saskatchewan

One Year Later – Starting a Family Medicine Student Interest Group, *June 2005*

– Eric Cadesky, McGill University

- **MEDICAL EDUCATION**

Defining Professionalism in Anaesthesiology, *August 2005*

– Ramona A. Kearney, University of Alberta

Everyday Classism in Medical School: Experiencing Marginality and Resistance, *August 2005*

– Brenda L. Beagan, Dalhousie University

A Review of Evaluation Outcomes of Web-Based Continuing Medical Education, *June 2005*

– Vernan R. Curran and Lisa Fleet, Memorial University of Newfoundland

The Development of a Participant Questionnaire to Assess Continuing Medical Education Presentations, *June 2005*

– Timothy J. Wood, Meredith Marks and Mona Jabour, University of Ottawa

The Many and Conflicting Histories of Medical Education in Canada and the USA: An Introduction to the Paradigm Wars, *June 2005*

– Brian Hodges, University of Toronto

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(www.afmc.ca/pages/fr_assemble_annuelles_2006)*

Continuing Medical Education *continued from page 6*

Research

Ms. Joan Sargeant (Dalhousie University) took over the role of chair of the SCCME Subcommittee on Research.

The subcommittee discussed the wide disparity among the CME offices in research activity. Some schools have extensive research programs; others are less developed. The committee decided to coordinate a process of networking so that more experienced schools could support the less developed ones. The committee will develop a national inventory of research skills and expertise and help to support a national network of CME researchers and possibly a national infrastructure for research.

The committee has helped facilitate the development of a series of regional projects within a larger program called "Issues of Quality and Continuing Professional Development: Maintenance of Competence", or CPDiQ. This is a national project funded by the Primary

Health Care Transition Fund. The program is coordinated by Dr. Kendall Ho (University of British Columbia) and Ms. Sue Maskill (AFMC.)

Other Organizations

The committee actively interacts with a number of international, national and provincial organizations involved in CME. The committee and individual offices are particularly involved with the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada (RCPSC). The offices provide education programs accredited for both colleges' Maintenance of Certification programs. They are approved as accredited providers so that they can review and approve other providers' education activities on behalf of the RCPSC.

AFMC Strategic Planning

The committee discussed the AFMC's strategic planning that has taken place over the last year. It reiterated its belief that CME, being a part of the continuum of medical education, should be an important part of the affairs of Canadian faculties of medicine and also of the AFMC.

Richard Handfield-Jones
Chair

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