

Poster Abstracts

P-0001	Co-operative Learning as an Instructional Strategy in Undergraduate Medical Education <i>Rani Kanthan, Kalyani Premkumar, Sheryl Mills, University of Saskatchewan</i>
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Cooperative learning has been shown to result in higher achievement, creation of positive relationships and greater psychological health. Five key principles distinguish cooperative learning from other small group learning: (1) face-to-face interaction, (2) individual accountability, (3) group processing, (4) positive interdependence; and (5) interpersonal, small group skills.

We designed an activity incorporating these principles for 90 Year 1 medical/dental Pathology students. Students were informed 3 weeks ahead of time that they were responsible for learning and summarizing chemical mediators of inflammation by creating a poster (Principles 1, 2, 3) in self-chosen groups of four/five (1, 4, 5). Each group member signed their poster acknowledging ownership (2). On "Poster Day," the posters were displayed in the hallway. Each group reflected on and evaluated another poster. At the end of the session, students completed an individual reflection questionnaire (3, 5). Their understanding was tested at the Midterm examination by questions on this subject (2). Preliminary qualitative content analysis of individual responses indicates positive outcomes. Cooperative learning is a valuable strategy that can be used by undergraduate medical educators.

P-0002	Medical students' approaches to learning at the Université de Sherbrooke <i>Daniel Côté, Ann Graillon, Guy Waddell, Université de Sherbrooke</i>
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Medical students' approaches to learning at the Université de Sherbrooke

Students' approaches to learning are dependent, in part, on their perception of the curriculum. We tested our assumption that while advancing from preclinical year 1 to 3, our students adopt a deeper approach. Their approaches to learning ("deep", "surface") were assessed with the Biggs's R-SPQ-2F questionnaire. 404 students participated. Factor analysis confirmed Biggs's factors. Cronbach alpha coefficients matched the ones reported by Biggs. The mean score achieved on the deep scale for each year was respectively 68%, 65% and 66%; for the surface scale, it was 41%, 42% and 39%. No difference among years was found using ANOVA. We conclude that no change could be observed in Sherbrooke medical students' approaches to learning while advancing through the preclinical curriculum. Possible explanations are provided, one of them being that perhaps such a deep/surface ratio is adequate for this particular curriculum.

P-0003	Are We Teaching What We Think We're Teaching? Tracking Clinical Clerk Experience on an ElderCare Rotation <i>Andrea Ens, Laura Diachun, Elizabeth VanBussel, Andrea Dumbrell, University of Western Ontario</i>
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Introduction: In 2003 the University of Western Ontario implemented a two-week clerkship in "ElderCare," a joint endeavour by the divisions of Geriatric Psychiatry and Geriatric Medicine. To assure continuous quality improvement and ED-2 accreditation standards, we evaluated students' clinical experiences to determine whether ElderCare experiences permit

accomplishment of clerkship objectives.

Methods:

We evaluated the clerkship manual and seminar objectives for congruency with stated objectives. We then analyzed 382 patient docketts completed by 70 clerks to measure type and frequency of clinical encounters.

Results:

Clerks assessed 5.46 patients(SD=1.37), and identified cognitive/psychiatric, functional and social issues in >83% of patients. All but three saw patients with dementia and depression. Only six saw patients with delirium. Manual and seminar content addressed 61.5% of knowledge/skill objectives. Docketts did not track most attitudinal objectives.

Conclusions:

ElderCare opportunities address most knowledge/skill objectives. Curricular and docket revisions have been made to optimize alignment of ElderCare experiences with rotation objectives.

P-0004	The learning experience of students in an integrated, community-based clerkship <i>Tanis Mihalynuk, Joan Fraser, Tao Hong, Joanna Bates, Jean Jamieson, Sharon Brown, Gordon Page, University of British Columbia</i>
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The University of British Columbia (UBC) distributed medical education program completed its first integrated, community-based clinical clerkship program innovation in July, 2005. The pilot program was implemented in a community of 80,000 two hours from Vancouver. The program provides students with an opportunity to address clerkship objectives in a family practice and community hospital environment over a year. The aim of this study was to examine the student learning experience in an integrated, community-based clerkship, and how this experience compares to the clerkship blocks in teaching hospitals.

All six pilot students participated in the study and six Vancouver students were recruited from the traditional clerkship. Semi-structured interviews were conducted with participants at three points in their 12-month training: September, December to January and July. Subsequently, coding and computer-based line-by-line analysis of anonymized transcripts was carried out. Convergent and divergent experiences within and between pilot and standard clerkships will be presented.

P-0005	First Histories:” Analysis of the patients seen by second year medical students in their clinical skills course. <i>Stephen Aaron, University of Alberta, Edmonton.</i>
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What kind of patients are medical students first seeing? I reviewed the first written histories and physicals of the 129 students in our clinical skills course. Seventy patients were male, and the average age was 53.5 (1 month to 91 years). The majority had chief concerns related to Internal Medicine (93), surgery second (20), and pediatrics third (10). There were no identified patients with psychiatric disease. The commonest systems involved were, in order, heart (31) lung (27), and neuro (22). Sixty six of the patients had acute problems, 24 chronic disease, and 39 acute

worsening of chronic disease.

Even prior to clerkship, students are seeing patients and diseases skewed by the setting of teaching in acute care hospitals. This may affect their attitude towards medicine, and conflict with the emphasis of other teaching on community context and chronic, continuing care.

P-0006	How many judges does it take to set a pass score for an OSCE station? <i>Ilona Bartman, Sydney Smee, Tim Wood, David Blackmore, Medical Council of Canada</i>
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There is an increasing number of medical students in Canada. Combined with the increasing demands on a physician's time, organizations that use physician examiners for OSCEs face a potential shortage of available examiners. One solution to this shortage is to use fewer physician examiners by replacing them with trained non-physicians. The use of non-physician examiners, however, may not be appropriate for standard setting, so some proportion of physician examiners is needed. The question of interest is how many physician examiners are needed to set a passing standard for an OSCE station.

Station scores from the Medical Council of Canada Qualifying Examination will be analyzed and different statistical methods will be compared to determine the effect of reducing the number of examiners on the passing standard. In addition, administrative implications will be considered to determine if reducing the number of examiners is feasible.

P-0007	Do Standard Setting Judges Use Different Components Of Competence To Make Decisions At Different Levels Of Training? <i>Jodi Herold McIlroy, University of Toronto</i>
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Purpose: The study was conducted to determine whether expert judges weight different components of competence differently when making decisions about clerks versus first year residents.

Method: The judgmental policy capturing (JPC) method allows insight into judges' decision making policies through the use of weighting coefficients derived from real decisions. Judges reviewed a series of simulated candidate score profiles depicting performance on five dimensions of clinical competence. 33 judges made classification decisions under one of three conditions: (a) clerkship then residency; (b) residency then clerkship; or (c) both cutpoints simultaneously. Statistical analyses evaluated the effect of cutpoint (i.e., level of training), order of presentation of cutpoint, and decision condition on the weighting coefficients.

Results: Analysis of judges' profile-stimulated decisions would suggest that judges' policies are unaffected by the level at which decisions are being made, regardless of the decision condition. Furthermore, all five dimensions of performance considered in this context are, on average, weighted fairly equally.

P-0008	Does performance on an assessment of clinical practice predict licensure? <i>Gisèle Bourgeois-Law, Rob Renaud, University of Manitoba</i>
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CAPE is a four-part assessment of clinical competence used for both practicing physicians and international medical graduates hoping to enter practice. It is not an exam, but an assessment of strengths and weaknesses. No recommendations regarding licensure are made in the report. The

question arises as to how well CAPE scores predict whether or not a candidate will be granted, (or allowed to continue) licensure.

We reviewed the results of 126 candidates who sat CAPE between January 1997 and June 2003. Using discriminate function analysis, it appears that scores on CAPE do predict licensure, more so for international medical graduates than for currently practicing physicians. The discriminant function co-efficients reveal that CAPE's four components (multiple-choice, short-answer therapeutics, structured oral and comprehensive clinical encounter) play unequal roles in determining licensure and that these are not always what one might predict.

P-0010	How to construct shorter tests without compromising measurement? Comparison of different adaptive-testing item-selection rules with archive data <i>George Pachev, Justin Bonzo, Santiago Toro-Posada, University of British Columbia</i>
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This study explores the possibility for constructing shorter tests by using adaptive-testing approach to the development of course examinations.

One formative test for a course was selected and anonymous performance data for a particular administration was obtained. Item-statistics were calculated from previous administrations of the items. Four item-selection rules were defined: two rules were based on item-statistics from Classical Measurement Theory, the other two – on item parameters from Item Response Theory. Within each pair, one rule dealt with individual items, the other – with testlets comprised of three items. Application of the rules was simulated by using performance data from the actual administration of the test.

Simulations were compared on length, measurement properties, content representation of the resulting test, and quality of feedback. Performance records from the four simulations were compared to the actual overall performance in the selected administration.

P-0009	Results from the Medical Council of Canada Self Assessment Evaluating Examination <i>Timothy Wood, Yves Lafortune, Robert Lee, Dale Dauphinee, Medical Council of Canada</i>
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Introduction

The Self-Assessment Evaluating Examination (SAEE) is a web-based multiple-choice question examination designed to allow International Medical Graduates to test their level of preparedness for the Medical Council of Canada Evaluating Examination. This poster will describe the examination in more detail and provide a summary of results from the first 10 months of the operation.

Methods and results

Results for examinees who have attempted the SAEE from May 2005 to Feb 2006 will be considered. The number of examinees will be reported as will score distributions for the total examination and for the six disciplines that are tested. Responses to a satisfaction survey will also be presented.

P-0011	Clinical Assessment for Practice Program: Year One and Beyond <i>Robert Maudsley, Sandra Taylor, College of Physicians and Surgeons of Nova Scotia; Bruce Holmes, Dalhousie University; Pat Saunders, Gwen MacPherson, College of Physicians and Surgeons of Nova Scotia</i>
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The College of Physicians and Surgeons of Nova Scotia's Clinical Assessment for Practice Program is a program aimed at assessing IMG physicians who believe they are 'practice ready' for a license to practice family medicine. The CAPP model is comprehensive, including a program of initial assessment, on-going mentoring, support, and education.

The goals of CAPP are:

- (i) the development of a comprehensive assessment program for IMG physicians who are practice ready;
- (ii) the placement, support and integration of newly licensed IMG physicians into communities in need of physician resources;
- (iii) the development and support of the newly licensed physicians to successfully pass the CFPC certification and become fully licensed;
- (iv) the on-going refinement of the CAPP model to extend it to the assessment of IMG specialist physicians and to other internationally educated health professionals; and,
- (v) on-going research, including validation of assessment materials, cultural competence in assessment, mentoring in continuing professional education, community integration of IMGs

Our first cohort of IMGs began the program in June 2005, and the second is scheduled to begin in December 2005. This poster will report on the lessons learned during our first year and describe the next steps in our research and evaluation plans.

P-0012	Assessing the Resident as Teacher <i>Posner Glenn, University of Ottawa</i>
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Introduction: Residency programs have been challenged to assess trainees on core competencies. The Objective Structured Clinical Examinations (OSCE) traditionally appraises residents in the role of "Medical Expert." However, there has been success adapting the OSCE to the assessment of other competencies. The role of the resident as a "Scholar" includes the ability to facilitate the learning of medical students. Although residents provide much teaching, there are few opportunities to formally assess them as teachers.

Objective: Design an OSCE to explicitly evaluate a resident's competence in teaching.

Methods: A qualitative study was undertaken for the purpose of hypothesis generation. Sixteen residents participated in an OSCE in which a standardized student presented a case. Residents were instructed to provide constructive feedback while teaching around the case. The behaviour of the residents was recorded, coded into themes and an evaluation schema generated.

Results: Observation of the residents engaged in teaching yielded data regarding their attitude towards teaching, the teaching styles they employed, and the quality of feedback they provided.

Conclusions: Using a standardized student, the OSCE format can be successfully employed in the assessment of teaching skills.

P-0013	<p>Partnership for minorities: the AFMC project for francophone minority communities</p> <p>Partenariats pour les minorités : le projet de l'AFMC pour les communautés francophones minoritaires du Canada</p> <p><i>Paul Grand'Maison, Université de Sherbrooke; José François, Université du Manitoba; Aurel Schofield, University de Sherbrooke; Brigitte Bonin, Jean Roy, Université d'Ottawa; Marianne Xhignesse, Dorothee Ouellette, Université de Sherbrooke; Suzanne Robichaud, Régie régionale Beauséjour de Moncton</i></p>
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Canadian minorities, including francophone minorities, frequently face lower accessibility and lower quality health care services. The lack of physicians coming from and committed to serve these minorities explains a large part of this situation. Through its social accountability project, the AFMC identified francophone minorities as one of its target populations for intervention. Supported by Health Canada, the project “Physicians and care of quality for Canadian francophone minority communities” (Nov. 2003 to March 2006) specifically addressed this issue. It implemented activities to increase students’ responsiveness to these populations through clinical rotations in francophone minority communities and to improve the quality of health services and medical education in these communities’ clinical sites. Partnerships among faculties of medicine, training sites, health professionals and students were established. Factors fostering productive partnerships included: common interest, a focus on benefits, key person support, champions, strong administrative support, leadership, and sharing of success stories.

Une moindre accessibilité et une moindre qualité qualifie fréquemment les services de santé offerts aux minorités canadiennes, incluant les minorités francophones. Un manque de médecins provenant de ces communautés et engagés à les servir explique en bonne partie cette situation. Via son projet sur l'imputabilité sociale, l'AFMC a identifié les minorités francophones comme une de ces populations d'intervention. Soutenu par Santé Canada, son projet « Des médecins et des soins de qualité pour les communautés francophones minoritaires du Canada » (nov.2003 à mars 2006) s'adresse de façon spécifique à cette problématique. Des activités ont été mises en place pour augmenter l'ouverture des étudiants à répondre aux besoins de ces populations en leur offrant des stages de formation dans des communautés francophones minoritaires et pour augmenter la qualité des services et de l'éducation médicale dans ces communautés. Des partenariats entre les facultés de médecine, les milieux de formation clinique, les professionnels de la santé et les étudiants ont été établis. Les principaux facteurs qui ont assuré la productivité des partenariats mis en place incluent : un intérêt commun, un emphase sur les bénéfices, un soutien des personnes-clé, des champions, un soutien administratif efficace, du leadership et un partage des succès.

P-0014	<p>Medical Admissions panel interview: prediction of first-year performance in the program.</p> <p><i>CA. Courneya, V. Frinton, G Pachev. Faculty of Medicine, University of British Columbia.</i></p>
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In 2004, a new panel-interview was adopted as part of the admissions process within the Faculty of Medicine at UBC. In a previous study, we explored the measurement properties of the panel interview as compared to pairs of individual interviews. In this present study we looked at the predictive value of the panel interview for a number of performance indices (written exam,

tutorial, clinical skills and family practice grades) collected during the first year of the program.

The correlations between the interview and performance measures in first year were obtained. In addition, we obtained the partial coefficients and regression coefficients for the interview and first-year performance (with admissions academic index partialled out of the correlation). Corrections for reliability were applied to the statistics.

Results were interpreted and will be presented in terms of the relative utility of the interview within the UBC admissions process.

P-0015	A Workshop for Practicing Physicians on Understanding Boundaries and Preventing Boundary Violations in the Doctor-Patient Relationship <i>Barbara Lent, University of Western Ontario</i>
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This poster will describe an interactive workshop developed by academic physicians in conjunction with the provincial licensing authority to provide education for physicians who were at increased risk of experiencing, or had already experienced boundary problems in relationships with patients. The goals of the workshop are to provide information about the rules and regulations governing social and sexual contacts between physicians and patients; to help participants to understand better the concepts of boundaries, boundary crossings and boundary violations in order to avoid patient complaints and to recognize the early warning signs of a potentially risky situation; and to review strategies to prevent boundary violations. Originally developed and implemented for Ontario physicians, the unique format of the workshop has attracted a wide range of participants from across Canada and from several health disciplines.

P-0016	Changing Worlds: Diversity and Health Care – An Educational Program at Dalhousie University <i>Anna MacLeod, Blye Frank, Dalhousie University</i>
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This poster will describe the “Changing Worlds: Diversity and Health Care” program which is an educational program designed to build cultural competence among faculty and staff in the Faculties of Medicine, Dentistry, and Health Professions at Dalhousie University. “Changing Worlds” is primarily funded by the Institutional Change category of the Department of Canadian Heritage’s Multiculturalism program. It features a series of seminars, presentations, journal clubs, films and special events addressing issues of diversity and health. These weekly events have been well-attended and have received positive evaluations. The poster will describe strategies for success including funding, design, development, delivery and evaluation.

P-0017	National IMG Database: Tracking the Acquisition of Canadian Credentials and Access to Practice <i>Rita Forte, CAPER</i>
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The new pan-Canadian International Medical Graduate(IMG) Database will provide Canadian researchers with a tool designed to describe the flow of physicians into the physician workforce. This new database will be managed at CAPER within AFMC; however, the individual record level data will be coming from the organizations which evaluate, train, and register IMG’s. This poster presentation consists of four elements to explain the process of developing the database, the demographic information currently available, and what information the new database will

provide. The poster will (1) provide a complete description of the new database; (2) present some of the numerous routes that are available for IMG's to attain licensure; (3) display currently existing data pertaining to IMG's; and, (4) illustrate recent trends showing the entry of the IMG's to medical training and practice in Canada. Data from CAPER will be used as the basis for the analysis and trends.

P-0018	<p>STRATEGICAL INTERVENTIONS USED BY EXPERT SUPERVISORS IN DIRECT SUPERVISION. <i>Bernard Martineau, Gilles Girard, Richard Boulé, Université de Sherbrooke</i></p>
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Medical literature on direct supervision explore more the content than the strategies used by supervisor to arrive to their educational objectives. In the context of psychology consultation, St-Arnaud (2001) proposed a set of strategies to enhance collaboration. Methodology. Our research objective is to identify strategical interventions used by expert supervisors to create and maintain a cooperative relationship with the supervisee (first year residents in family medicine) to facilitate his professional development. The identification of these strategies will determine the competences which should be acquired by the supervisors. In order to identify an inventory of strategies, this explorative research used a qualitative method based on a serial case study. Three expert supervisors, acknowledged by their pairs, were observed during three half day sessions of direct supervision with three residents each. After each session, the supervisor and the resident were interviewed to discuss the supervisor's strategies. The supervisor's interventions were coded and analysed by two researchers according to a schema of interactive strategies developed by St-Arnaud. Results. Four complementary levels of intervention are identified during the direct supervision sessions : 1. Patient's problem solving based on the supervisor's expertise, 2. Patient's problem solving through the resident's competence, 3. Resident's reflexive analysis and 4. Management of the supervision process. Different strategies were used at each level of interventions. Conclusion. Intervention levels and strategies help supervisors to structure the collaboration with supervisee. We utilise our strategies' set for supervisor formation.

P-0019	<p>MEETING PATIENTS' EDUCATION NEEDS AT THE TIME OF DISCHARGE - MORE WORK TO BE DONE <i>Arthur Chung (medical student), Mark Goldszmidt (assistant Professor) and Faisal Rehman (assistant Professor), Schulich School of Medicine</i></p>
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Purpose: The purpose of this study was to explore issues related to the information needs of patients at the time of discharge from an inpatient clinical teaching unit (CTU).

Methodology: Theme based analysis of 11 semi-structured interviews of patients recently discharged from CTU. Patient charts were reviewed prior to the interviews.

Results: Many patients had significant gaps in their understanding of their medical condition and hospital course. Some important gaps included knowledge of: precipitants or risk factors; prognosis; monitoring; purpose/goals for follow-up care. Although most were satisfied with the care they received, some patients felt that hospital physicians were inaccessible and several expressed a need for more education. Most obtained information about their conditions from sources other than hospital staff.

Conclusion: Patient information needs at the time of discharge are not always being adequately met. Results from our study could be used to develop further tools for exploring this important communication issue.

P-0020	<p>A Study of Barriers to Reporting & Factors Enabling the Reporting of Harassment by Medical Students <i>Naomi Lear, Pierre-Paul Tellier, McGill University</i></p>
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Background: Harassment of students is prevalent in medical training. However, it is rarely reported. Purpose: To determine the barriers medical students face in reporting harassment and the factors which would enable reporting. Methods: Focus groups were conducted with clinical students at McGill University during June 2005. Results: Barriers to reporting included: lacking a clear definition of harassment; procedure being too time-consuming or difficult; lack of anonymity and fear of retaliation; lack of examples of positive outcomes of reporting; and, previous negative experiences of reporting harassment. Reporting could be enabled by providing students with education about harassment and assistance in reporting; by providing an ombudsperson to students; and, by protecting students from repercussion. Conclusions: Students need to be given concrete examples of what constitutes harassment and how it can be managed. A harassment policy specific to the needs of medical students may increase reporting.

P-0021	<p>Knowledge of CanMEDS 2000 Roles and Competencies among Medical Genetics Residents. <i>Gail Graham, Mario Cappelli, University of Ottawa</i></p>
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Medical Genetics has been a primary specialty of the RCPSC since 1989, requiring 5 years of clinical training beyond medical school. Like all specialty programs, we adhere to a national framework approved by the Royal College in 1996. CanMEDS explicitly describes 7 essential roles common to Canadian specialist physicians, each with their own set of specialty-specific competencies. All Canadian specialty training programs are required to incorporate these roles and competencies into their accreditation standards, objectives of training, in-training evaluations and final exam blueprints.

We surveyed 20/22 (91%) of English-speaking Canadian Medical Genetics residents between March and May 2005. All were from programs that had implemented the CanMEDS framework. None were able to correctly expand the acronym CanMEDS. The percentage of residents able to name the individual CanMEDS roles was: Medical Expert (15%), Communicator (10%), Collaborator (10%), Manager (10%), Health Advocate (10%), Scholar (5%) and Professional (15%). On a 5-point Likert scale (1="none" and 5="heavy") residents reported that their programs placed the following mean emphasis on these roles: Medical Expert (4.15), Communicator (3.8), Professional (3.65), Collaborator (3.45), Scholar (3.4), Health Advocate (2.9) and Manager (2.75). When provided with the CanMEDS roles, the percentage of residents able to correctly match descriptors with their respective roles varied with the descriptor: Medical Expert (35%-80%), Communicator (35%-45%), Collaborator (60%-75%), Manager (20%-85%), Health Advocate (75%-80%), Scholar (50%-75%) and Professional (70%-95%).

P-0022

Video self-assessment in the acquisition of CanMEDS competencies in medical genetics

Gail Graham, Mario Cappelli, University of Ottawa

Medical genetics residencies and clinical genetics fellowships focus on the acquisition of consultancy skills for a large variety of patient presentations, including those requiring prenatal counselling, cancer genetic counselling, the diagnosis and management of genetic syndromes (dysmorphology) and the diagnosis and management of inborn errors of metabolism. In Canada, the training of medical geneticists is almost exclusively based on traditional approaches. All programs routinely use one-on-one teaching by a staff geneticist before, during and following a patient encounter. Practice OSCEs (Objective Structured Clinical Exams) with standardized patients are regularly used in four of the seven residency programs. Video recording is not regularly used in any program. A search of the PubMed database using various combinations of “genetics”, “counselling”, “training” and “video” produced no publications addressing the use of video recording in the training of genetics residents or fellows.

Following REB approval and with informed consent, 20 of 22 Canadian Medical Genetics residents and fellows participated in a 30-minute video-recorded OSCE scenario using a single standardized patient and a single staff geneticist observer. Using a CanMEDS assessment tool, we are measuring concordance between the residents’ self-assessments before and after video review of their performance; concordance between resident’s self-assessments and those of the staff geneticist; and concordance between the assessments of the resident, standardized patient and staff geneticist. All residents and fellows are also completing pre-and post-OSCE surveys examining their attitudes and preferences regarding the use of OSCE scenarios, standardized patients and videotaping in clinical training. Data collection will finish in the fall of 2005 and data will be summarized using descriptive statistics. Concordance and pre-post data will be analyzed using Chi-square analysis or paired t-tests.

P-0023

Are the Continuing Medical Educational needs of Physicians dynamic over time?: “Going beyond the quick fix”

David Dixon, Jatinder Takhar, Wayne Weston, University of Western Ontario

The assessment and analysis of learning needs is critical for continuing medical educational programming and accreditation. In order for needs assessments to provide some meaningful data one has to move beyond the identification process and instructional solutions.

At Western we established a CME office as a core educational activity in 2003. The first needs assessment was conducted at inception by survey methodology, the results of which are presented here. In 2005 we conducted a follow-up survey with the same instrument and the same group of physicians using the Dillman survey technique. The purpose of the second survey was to determine changes in needs of Southwest Ontario physicians and to determine factors that may be responsible. Here we present the results and lessons learnt.

It is well known that there is paucity in literature in linking participant need to attendance and predictors of non participation. This we hope to address in the future.

P-0024	Partnering for regions through distributed campuses in medical education: Sherbrooke experience Partenariat pour les régions via les campus extérieurs de formation médicale : l'expérience de Sherbrook
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In a context of increased number of students, Sherbrooke Faculty of medicine and health sciences, confirming its social accountability, will implement by September 2006 its whole MD program in 2 regional sites: Moncton, New Brunswick; Saguenay, Québec. The project was launched in early 2004 and numerous tasks have already been completed: confirming partners commitment, identifying short, mid and long term objectives, defining implementation conditions, assuring funding from governments, confirming administrative structure, hiring academic leaders. The goal is to offer the same program in each site with the same standards. For 2006-2007, we plan hiring of faculty, faculty development activities, accreditation, implementation of an evaluation system for process and outcomes, establishment of the program first year, consolidating partnership among stakeholders. This project should result in higher recruitment and retention of physicians in the 2 partnering regions and have a significant socio-economic impact for each of them.

Dans un contexte d'augmentation du nombre d'étudiants, la Faculté de médecine et des sciences de la santé de Sherbrooke, confirmant ainsi sa responsabilité sociale, offrira à compter de septembre 2006 son programme MD dans 2 sites régionaux : Moncton, Nouveau-Brunswick, Saguenay, Québec. Le projet a été mis de l'avant tôt en 2004 et plusieurs tâches ont actuellement été complétées : la confirmation de l'engagement des partenaires, l'identification des objectifs à court, moyen et long terme, la définition des conditions d'implantation, l'assurance du financement de la part des gouvernements, la confirmation des structures administratives, l'engagement des leaders académiques. Le but est d'offrir dans chacun des sites de formation le même programme ayant les mêmes standards. Pour 2006-2007, nous planifions l'engagement de professeurs, des activités de développement professoral, l'obtention de l'agrément, la mise en place d'un système d'évaluation pour le processus et les résultats du projet, l'établissement de la 1ère année de formation dans les 2 sites, la consolidation des partenariats. Le projet vise un recrutement et une rétention plus élevés des médecins dans les régions partenaires et devrait avoir un impact socio-économique significatif pour chacune.

P-0025	Experience with an assessment program for foreign-trained specialists <i>Gisèle Bourgois-Law, William Fleisher, University of Manitoba</i>
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In 2004, we reported on our first two year's experience with the Non-Registered Specialist Assessment Program (NRSAP). We would like to update and reflect on our results after another two years. We have assessed candidates from 4 continents and 7 medical and surgical specialties. Duration of the assessment varies from 3-12 months, depending on the specialty. Graduates of the program are working in Winnipeg, Brandon, Thompson, and Dauphin, and are doing well in practice.

The initial resistance to the program among some faculty members and in some departments seems to have dissipated. The early termination clause was invoked in a few cases i.e. it was obvious early on that the candidate would not meet the standard and the assessment was terminated.

Thus far, with the exception of South African candidates, only those candidates who have done a year or more of post-fellowship training in Canada have successfully completed the assessment.

P-0026	The impact of a workshop on patient safety in the office setting <i>José François, Chantale Delay, Gisèle Bourgeois-Law, University of Manitoba</i>
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Much of the literature on patient safety has focused on the inpatient setting. Medical errors in the office setting are widely felt to be under-reported; the question arises as to whether they are also frequently not recognized, and whether it might be possible to increase physician sensitivity to the occurrence of medical error.

We wished to determine whether or not a workshop on patient safety would increase physician awareness of medical error. Workshop participants were asked to track errors occurring in their office for a period of two weeks prior to the workshop, and again for two weeks afterwards. The definition of “error” used was deliberately broadly defined. Differences in the number and type of errors reported as well as changes made in office procedures as a result will be presented. The implications of running such a study in a small, close-knit practice community (francophone physicians in Manitoba) will be addressed.

P-0027	Collaborating for Education and Practice: An Interprofessional Education Strategy for Newfoundland and Labrador <i>Vernon Curran, Dennis Sharpe, Brenda Kirby, Jennifer Forristall, Memorial University of Newfoundland</i>
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Modern health care increasingly involves teams of health care providers from different professions working together to meet patients' needs. The Centre for Collaborative Health Professional Education at Memorial University is developing an interprofessional education curriculum to be integrated across the health sciences programs at Memorial University. The goal of this project is to expand and promote interprofessional education activities in both education and practice settings, thereby enhancing the collaborative patient-centred practice competencies of learners and practitioners within the province. The proposed curriculum framework encompasses interprofessional education activities which span the health professional education continuum, from the pre-licensure to the post-licensure level. The curriculum framework is complemented by a systematic evaluation including an assessment of learner satisfaction, learning outcomes, behavioural change and organizational setting impact. Faculty development initiatives will also be delivered to foster attitudinal change, understanding of the roles of other health care professionals, and skill acquisition in areas taught to learners.

P-0027	Validation of a Tool to Predict Effective Teamwork <i>Dianne Delva, Queen's University</i>
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Objective: To validate the Team Survey® tool developed in Britain in North America.

Design: Focus groups and survey.

Setting: Queen's University Department of Family Medicine.

Participants: All 44 staff members were eligible to participate with all teams with which they were affiliated.

Results: Sixty-one surveys were included. Factor and multiple regression analyses revealed four factors with acceptable reliability, content and construct validity, three of which predicted team

effectiveness: Metacognition of team goals and performance, ($\beta=0.47$, $p<.001$), Team identification and communication ($\beta=0.42$, $p<.001$) and Team potency ($\beta=0.40$, $p<.001$).
Conclusions: The factors predicting health care team effectiveness in an academic department of family medicine in Canada support the cognitive-motivational model of team effectiveness.

P-0028	Evaluating and re-visioning a rural summer studentship program <i>Thomas Lacroix, University of Western Ontario</i>
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Every summer, twelve 8-week rural summer studentships are offered at UWO at a cost of \$54000/year. The purpose of this program is to offer 1st and 2nd year medical students a 60% clinical and 40% research experience under the supervision of a community-based practitioner. Encouraging students to pursue a generalist career has been the program's main goal.

Over the last 6 years, the program has spawned 63 projects. Publications, posters and oral presentations have been produced. However, limitations in the research experience of supervisors, suboptimal publication rates, and perceptions of not achieving maximal impact led to a re-evaluation of the program in 2005.

An evaluation of the participant impacts of this program along with recommendations on decreasing the emphasis on research productivity will be discussed, with an aim to increasing the number of trainees participating, obtaining the desired impact (i.e. desire for generalist career), and maintaining the same total program cost.

P-0029	MedQUEST: Disaster management planning for medical students <i>Clarissa Holding, Thomas Lacroix, Julie Johnstone, Joanna Labuda, Jessica Ratcliffe, University of Western Ontario</i>
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Disaster response has become a topic of considerable interest in the lay press. Organizations such as the Federal Emergency Management Organization (FEMA) have come under intense scrutiny.

As part of MedQUEST, a high school health careers exploration camp, a disaster involving a 22-passenger regional jet was staged. Four medical students participated in the exercise design, 30-high school students participated in program delivery, and 40 community first responders engaged a full-scale unified command scenario including a fieldtest of a new Ontario triage system.

Sixty-six program evaluations were completed. Overall, the event scored 5.6 on a 7-point Likert scale. Event organization and planning was rated highly (5.9/7). Participants gained an understanding of the disaster location and facilities (4.3/7) as well as field triage techniques (4.7/7). The airport met its requirement to stage a disaster every 5-years.

Disaster simulations can allow students to learn basic principles of mass casualty management while responding to the community's needs.

P-0030	MedQUEST: an overview of a health careers exploration camp <i>Thomas Lacroix, Clarissa Holding, Julie Johnstone, Joanna Labuda, Jessica Ratcliffe, University of Western Ontario</i>
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Improving regional manpower requires long-term strategies. To increase the pool of qualified rural/regional applicants from medically underserved communities in Southwestern Ontario, Schulich School of Medicine and Dentistry launched MedQUEST, a weeklong summer camp for Grade 10-11 students interested in health careers.

Thirty Lambton County students were selected from applicants from 10 regional high schools. Of those accepted, ninety percent were female, 53% were from rural communities, and 12% were from First Nations. Four UGY-1 or 2 medical students staffed the camp. Seminars on resumes, interviews, and medical school admissions were provided. Activities included suturing, casting, high fidelity medical simulators, and a field disaster simulation (an airplane disaster with 20 victims). Over 100 professionals from 20 disciplines provided clinical exposures.

Most students felt that this camp would help them achieve their future career goals (4.2 on 5-point Likert scale). This cohort will be followed at 1, 3 and 5-years post camp experience to determine impacts.

P-0031	Job Shadowing Family Physicians: Are We Getting Less Than We Bargained For? <i>Julie Johnstone, Thomas Lacroix, Clarissa Holding, Joanna Labuda, Jessica Ratcliffe, University of Western Ontario</i>
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There is a need to increase interest in generalist medicine in Canada. Research has suggested that early exposure to medicine may increase interest in generalist careers. However, are all exposures equal?

In MedQUEST, a health careers exploration camp, high school students interested in medicine shadowed local family physicians for a ½ day. The aim was to increase applications from a geographically underrepresented area so that students would eventually return to their community to practice generalist medicine. Comments and evaluation, however, showed a trend of decreased interest in family medicine after their shadowing. In comparison to specialty experiences, family medicine was seen as a less attractive a career option.

This poster provides suggestions, for incorporation into future camps, on how to develop effective methods for highlighting the benefits of primary care when mentoring and recruiting future physicians. These enhancements may also be helpful for pre-clinical medical students.

P-0032	Bringing Partnerships to the Table <i>Patricia Payne, Lewis Tomalty, Queen's University</i>
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Rationale

There continues to be confusion in regards to the materials/ information that can and cannot be exhibited by sponsors at medical education programming.

OBJECTIVE:

To provide a standardized guideline which could be shared and implemented by other university CME/CPD offices across Canada.

This is influenced by several factors including:

- external policy established by CMA and enforced by university offices
- internal policy established by university offices
- external policy established by PAAB and enforced by some pharmaceutical companies.
- internal policy established by pharma companies

Due to all of these forces approaching this issue from different perspectives, sometimes much time is dedicated to reviewing guidelines while at programs with sponsoring partners who often have representatives present who may not be familiar with any or various policies.

A survey of universities across Canada indicated a lack of policy in this area. Queen's University wished to establish such a policy and this was developed in conjunction with the pharmaceutical industry. A survey of 222 pharmaceutical professionals was completed, asking for their input with regards to what they interpreted as fair practice at medical education programming as relates to:

- Product-specific information
- Non-product-specific information
- Demonstration apparatus (e.g., inhalers without product)
- Baby and supplemental feeding products
- Over-the-counter meds (e.g., Aspirin, Tylenol)
- Gift items (e.g., pens, calculators, notepads, etc.)
- Computer screen information (no audio)

Objectives shared with pharmaceutical partners were as follows:

- 1) To provide healthcare professionals with evidence-based information that will assist them in making decisions.
- 2) To level the playing field so that all companies have equal and fair marketing opportunities.
- 3) To design a guideline which will be clear and concise and which will be distributed to all sponsors at programming.

RESULTS:

- A summary of the results of the survey will be summarized and presented.
- A draft policy will be presented.

P-0033	Which Pre-admission Attributes Predict Choice of Specialty and Rural Practice Selection <i>Jill Barter, Janet McHugh, Mike Carstensen, Wanda Parsons, Memorial University of Newfoundland</i>
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Objective: Review the pre-admission personal, professional, volunteer and extra-curricular attributes of medical school applicants and identify predictors of choice of specialty and rural practice selection.

Findings: A significantly larger proportion ($p = 0.050$) of rural than urban physicians had a rural background (44.9% vs 28.9%) and expressed interest in family medicine at the time of admission (47.1% vs 32.3%). A significantly larger proportion of family physicians than specialists had a rural background (39.3% vs 24.4%) and expressed an interest in family medicine at the time of admission (55.2% vs 16.6%). No other attributes significantly predicted choice of specialty, family medicine or rural practice selection.

Conclusion: Students originating from a rural environment were associated with practice in a rural environment and were more likely to practice family medicine. An expressed interest in family medicine prior to admission was associated with a career in family medicine.

Implications: Medical school applications originally from a rural environment and who express an interest in family medicine should be encouraged to pursue medical studies to increase family medicine physicians and rural practitioners.

Source: A survey of 319 Memorial University of Newfoundland medical graduates (from 1985 to 2000).

P-0034	<p>A Faculty Development Program for Teachers of Internationally Educated Health Care Professionals <i>Allyn Walsh, McMaster University; Yvonne Steinert, McGill University; Heather Armson, Rod Crutcher, University of Calgary; Blye Frank, Dalhousie University; Nancy Fowler, McMaster University; Lynn Russell, University of Toronto</i></p>
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The overall objective of this AFMC project, funded by Health Canada, has been to design and implement a national faculty development program for individuals involved in the education of internationally educated health care professionals in order to enhance their teaching and learning experiences, and to facilitate their integration into the Canadian workforce. A major focus has been the development of materials for those involved with the education specifically of international medical graduates in Canada, including teachers, clinical supervisors, program directors and educational administrators. Seven components have now been developed: an orientation program for teachers of IMG's; a faculty development "toolbox" consisting of four specific faculty development modules; a cultural awareness training program for teachers; and guidelines for site-specific faculty development training initiatives in this area. The entire program will be made available to each medical school in Canada. Each of the components of the program will be described in the poster.

P-0035	<p>Procedures Performed by Canadian Family Physicians <i>Simon Turner, John Hansen, University of Alberta; Christopher de Gara, Cross Cancer Institute</i></p>
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Background. Performing procedures makes up a significant portion of family practice. Such skills are important to patient care, however medical education has been shown to be lacking in their instruction.

Method. E-surveys were sent to 1219 Canadian GPs. The survey included questions about what skills the respondent was taught and how, as well as which ones (s)he performed. We also

collected demographic data.

Results. Of the 24 skills investigated, 18 were performed by the majority of respondents. Chest tubes, LP, thoracentesis, central lines, sigmoidoscopy, tracheotomy and IVs were not. The most performed skills were injection and throat swab (97%). The performance of procedures correlated with two training methods (animal models and skills electives) and one demographic measure (practice type).

Conclusion. Although GPs perform many skills, there are important skills performed infrequently. Factors correlated with performing skills in practice may be of interest to educators in order to alter this trend.

P-0036	The Reflective Practice Model as a basis for developing Lifelong Learning competencies. <i>Liz Bailey, Carl de Lottinville, Jinnefer McKinnell, Joe Frensz, Barbara Ferrier, Ann McKibbon, Neera Bhatnagar, McMaster University</i>
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In September 2005, the Undergraduate MD Program at McMaster University underwent a total curriculum revision. An important new component was the explicit introduction of Professional Competencies, including Lifelong Learning. In order to relate the learning process in the program to ongoing practice competencies, a Reflective Practice Model was developed. This poster illustrates and explains the components of the model, the Reflective Practice Exercise completed by the students, and various formative and summative assessment tools being developed to look at outcomes.

P-0037	The perceptions of professional students towards physicians and medical students with disabilities <i>Janet Malowany, Adelia Yu, University of Western Ontario; Bruce Weaver, Northern Ontario School of Medicine</i>
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Recent research suggests that 'disabled' students face multiple barriers in gaining admission to American medical schools. The purpose of this Canadian study is to determine the perceptions of the necessary human structures, functions or physical abilities to succeed as a physician and medical student. A qualitative survey addressing physical, social, and/or cultural barriers in various medical environments will compare the views of medical students with those in law, social work, and rehabilitation sciences (physiotherapy and occupational therapy) at the University of Western Ontario. The main objective is to determine professional students' perceptions towards abilities necessary as a physician and medical student and to identify any barriers that medical students with disabilities may face.

P-0038	A NATIONAL COMMUNITY-BASED EDUCATIONAL INTERVENTION FOR THE DIAGNOSIS AND TREATMENT OF ARTHRITIS IN PRIMARY HEALTH CARE <i>Mary Bell, Jennifer Boyle, University of Toronto; Sydney Lineker, The Arthritis Society, Elizabeth Bradley, The Arthritis Society and the University of Toronto</i>
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Objective

Evaluate a community-based educational intervention designed to improve diagnosis and

treatment of rheumatoid and osteoarthritis in primary healthcare.

Methods

Getting a Grip on Arthritis was designed by a multidisciplinary team. Intervention content was designed around arthritis best practices and consists of accredited workshops across Canada, materials and follow-up reinforcement. The impact will be determined through surveys to providers and patients at baseline, 6 and 12 months after.

Results

As of October 31, 2005, 260 primary care facilities and their providers (830) participated. Providers (789) and patients (744) completed baseline surveys and will be resurveyed 6 and 12 months post workshop. Anticipated results include improved provider arthritis best practices delivery.

Conclusions

It is expected that this initiative will build primary healthcare provider, community and patient capacity to manage arthritis through improved best practices implementation, increased community and patient involvement, and increased collaboration, providing insights translating arthritis best practices into action.

P-0039	Attitudes and skills in computer use: A survey of undergraduate medical students <i>Diana Deacon, Vernon Curran, Gerard Farrell, Richard Audas, Lidsay Glynn, Charlene Walsh, Memorial University of Newfoundland</i>
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There is an increasing emphasis being placed on the role of medical informatics for current and future medical practice. Ensuring that medical students have adequate education and training in informatics skills and use of informatics systems has implications for medical education curriculum. A survey of all undergraduate medical students at Memorial University of Newfoundland's Faculty of Medicine was undertaken to examine self-reported skills in computers and informatics, and attitudes towards the Internet and its usage in medical education. Overall, medical students reported positive attitudes towards computers and the usage of the Internet as an educational tool, and indicated good understanding of basic informatics tasks and tools. Differences between cohorts were evident for knowledge of some informatics systems and the results suggest a significant relationship between overall attitudes towards computers and attitudes towards usage of the Internet for educational purposes. The survey results have implications for curriculum development in the area of informatics and effective implementation of computer-based teaching and learning.

P-0040	The Promotion and Development of a Humanism Program in a Canadian Medical School <i>Verna Yiu, University of Alberta; Allison Sole, Ann Bruder, Norma Wagoner, Sandra Gold, The Arnold P. Gold Foundation</i>
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Humanism is a quality that should be inherent in all medical students and graduates. However, in the present day of medical technology, the attributes of compassion, respect, and empathy are often overlooked. In 2004, the University of Alberta medical school instigated the Gold

Humanism Honor Society (GHHS) program which recognizes the top 15% of peer nominated graduating medical students for demonstrated excellence in clinical care, leadership, compassion and dedication to service. The response rate to the survey in 2004 and 2005 was 30% of the students. In both years, 104 students received at least one nomination in one category (80.6% and 81.25% respectively). A total of 19 students (the top 15%) were selected to receive this honor. In 2004, 7/19 students were also recognized for academic excellence by receiving the Dean's Honors List recognition. Student inducted into the GHHS received a special pin, certificate, recognition in their dean's letter for CaRMS and are invited to biennial meetings of the Society. Chapter members also qualify to receive grants for community and campus service projects. The Humanism program has now expanded to include: a humanism project for each medical class, a Student Clinician's Ceremony, and recognizing teaching excellence in both residents and faculty.

P-0041	<p>Evaluating the Impact of a Two-week Elder Care Clerkship on Knowledge and Attitudes Towards Elderly Patients: Phase I Results <i>Laura Diachun, Elizabeth Van Bussel, Andrea Dumbrell, Michael Rieder, Robert Stein, University of Western Ontario</i></p>
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Introduction

Given Canada's rapidly aging population, in 2003 the University of Western Ontario implemented a novel third-year clinical clerkship in "Elder Care" in order to address limited geriatric curriculae. However, there has yet to be an evaluation of how effectively this clerkship meets its intended curricular objectives.

Methods

This randomized case-controlled study of 135 third-year clerks at UWO will compare geriatric knowledge, skills, and attitude outcomes between clerks who have undergone the Elder Care rotation and those who have not, by comparing results of a pre-clerkship (August 2005) and post-clerkship (August 2006) knowledge and attitudes survey and a new OSCE (Objective Structured Clinical Exam)).

Results

This study will evaluate the margin of benefit provided by an innovative but resource-intensive curricular initiative, and provide a continuous quality assessment of medical curriculum at UWO to most effectively and efficiently ensure undergraduate education in geriatrics. Our poster will present Phase I (pre-clerkship survey) results.

P-0042	<p>Third-year medical students' perception of quality of education in an 8 week v 6 week OBGYN rotation. <i>Lawrence Oppenheimer, Nathalie Saad, University of Ottawa</i></p>
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This study analyzed third-year medical students' satisfaction with an OBGYN clerkship before and after restructuring the program from an 8 week to a 6 week rotation in order to accommodate an increasing class size.

Students completed a standardized form with a scale from 0(very poor) to 10(excellent) to rate their overall satisfaction, as well as the individual weekly components, of the rotation. Average ratings were compared (unpaired t-test) for 2 academic years PRE (2001-2003) and POST

(2003-2005) the curriculum change. There were on average 16 students per rotation group throughout, with 12 groups (n=191 students) in the PRE years and 16 groups (n=257) in the POST. Overall satisfaction with the rotation declined significantly from a mean of 7.3 \pm 0.32 to 6.8 \pm 0.77 (p=0.038) with similar declines in some of the individual components. The challenge of increasing class size in Canadian medical schools may be negatively impacting the students perception of the quality of their education.

P-0043	<p>Bringing Medical, Veterinarian and Environmental Science Students Together to Explore Complex Health Problems. <i>Robert Lannigan, Bruce Hunter, Jane Harrington, University of Western Ontario</i></p>
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Abstract: In an effort to encourage learning in transdisciplinary collaboration and health advocacy, a partnership among a medical school (Schulich), a veterinary college (Guelph) and an environmental sciences program (UWO) was formed. A current health issue in Southwestern Ontario was identified that required a transdisciplinary approach and was relevant to the participating students and faculty (e.g. raccoon rabies, avian flu). All the students were in the final year of their study program. A hypothetical case that had human and animal illness was then created as the basis for initial study by the individual groups. The three groups then came together for a 36-hour field trip to investigate the complex systems involved in perpetuating the problem, and then worked together to create a comprehensive solution. The feedback from these sessions from both students and faculty was uniformly positive with a strong recommendation to continue and expand the sessions.

P-0044	<p>Refugees as Teachers <i>Elizabeth Ohle, Pauline Duke, Cheri Bethune, Memorial University of Newfoundland</i></p>
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Canadian communities are the home for immigrants and refugees from war-torn countries. Providing effective medical care to displaced persons requires cultural sensitivity, proficiency using informal translators and awareness of the issues of displaced persons. Memorial University of Newfoundland provides an opportunity for first year students to interview refugees combining the experience in a unique way with a standardized patient scenario. Ten Africans, from Sudan, Congo, Kenya and Uganda were recruited and trained to participate in 35 minute sessions with small groups of first term medical students. Caring and thoughtful techniques were implemented to avoid the possibility of re-traumatizing the refugees. This presentation highlights the necessity of cultural awareness and sensitivity when employing ‘cultural instructors.’ The interviews paved the way for the additional development of cultural competencies throughout student’s medical education and career. The session will include video tape of the interviews.

P-0045	<p>Building the Best Curriculum On Earth: Reflecting on 7 Years of Student-Driven Curricular Changes. <i>Christine Palmay, Noah Ivers, Ilana Halperin, Markk Goldszmidt, Maggie Rebel, University of Western Ontario</i></p>
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KEY WORDS: Student, Curricular, Changes

BACKGROUND: The UWO Faculty of Medicine began a curriculum renewal process in 1996. As changes were implemented, student representatives were asked to participate as members on all relevant faculty committees.

DESCRIPTION: The Best Curriculum on Earth (BCOE) process was initiated in 1997 by students as a formal, student-driven academic feedback system. Frequent surveys and focus groups at the end of each academic unit culminate in formal reports to faculty level committees. The process continues to be improved by the elected student representatives.

OUTCOMES: Today, BCOE is entrenched as a key source of data used by faculty. It has acted as the impetus for changes to scheduling, lecture content, and evaluation methods. Faced with another accreditation process, the faculty is now relying upon BCOE as proof of its constant efforts to provide an education built upon student and faculty cooperation.

P-0046	End-of-Life (EOL) education in undergraduate medicine (UGME) – progress in the EFPPEC initiative <i>Albert Kirshen, Lawrence Librach, University of Toronto; Jean-Marc Bigonnesse, Université de Sherbrooke; Denise Marshall, McMaster University; Hubert Marcoux, Université Laval, Louise Hanvey, Project Manager, EFPPEC</i>
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At the request of the Canadian Society of Palliative Care Physicians OPUN (the Ontario Palliative Undergraduate Network) and RUQSP (Réseau universitaire québécois de soins palliatifs), representing 11 Canadian Universities, worked individually on setting detailed educational objectives about EOL care in UGME. Subsequently a federal initiative, EFPPEC, was undertaken by AFMC, RCPSC, and CFP with the goal of educating physicians about palliative and end-of-life care. EFPPEC completed a national survey that outlined six primary competencies in EOL care for all physicians. EFPPEC brought OPUN and RUQSP together to integrate the objectives relevant to the 6 competencies using the CanMeds 2000 and 2005 frameworks in order to further develop the basis for a national consensus. Specific and enabling educational objectives have been developed. Methods of teaching and evaluation have been outlined. Challenges of designing and implementing curriculum change will be presented.

P-0047	Enhancing Provision of Palliative Care by Physicians: A demonstration Project integrating primary care and interdisciplinary specialist Palliative Care <i>Denise Marshall, Doris Howell, Kevin Brazil, Michelle Howard, Janus Kaczorowski, McMaster University</i>
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Enhancing Provision of Palliative Care by Physicians: A demonstration Project integrating primary care and interdisciplinary specialist Palliative Care.

Despite the reality that 80% of Canadians express a wish to die at home, Palliative care at home in Canada remains sub-optimal and with documented evidence of unrelieved symptoms and intolerable emotional distress in the last days of life, and a high rate of dying in hospital. It has been well documented that primary care providers, particularly family doctors, are key to patients and families wishing for a home death. Yet, current literature supports their lack of

training in End of Life care and lack of ability to access specialist resources when needed. Since home death is consumer-desirable and system- effective, an enhanced pool of primary care providers who are supported by education, speciality support and integrated approaches to care, is needed in order to meet the needs of an aging populations and rising prevalence of cancer. This poster outlines a “ population-geographically based “ approached to comprehensively supporting the primary health care systems ability to care for the palliative care needs of an entire community. Details regarding the partnership with academic palliative care medicine, community agencies, educational institutions and specialist palliative care supports, are described. The educational and interprofessional aspects of this ‘system exemplar’ are outlined. This is a Ministry of Health, Primary Health Care Transition Fund, collaborative demonstration project.

P-0048	Establishing an Interprofessional Division of Palliative Care ; From Concept to Implementation <i>Denise Marshall, Alan Taniguchi, Diane Gauthier, McMaster University</i>
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In December 2002, the Department of Family Medicine sought endorsement from the Faculty of Health Sciences at McMaster University, to develop and operationalize a Division of Palliative Care for the Faculty. The intent was that this new Division be Interprofessional in all aspects , from design through to structure and delivery of the Divisions’ educational, research and clinical service work. The Division of Palliative Care was launched in May of 2003 and began operationalizing in January 2004. In 18 months, it has grown to be a Division of 17 faculty with strong representation from Medicine, Nursing, Occupational Therapy, Physical Therapy, Social Work, and Epidemiology and Biostatistics . The Division is active in all aspects of Interprofessional education, including undergraduate learners(including the Bachelor of Health Science program), postgraduate education and Interprofessional Life Long Learning. It has secured over \$1.5 million dollars in funding. This poster will describe the conceptualization, development and operationalization of this IP Division.

P-0049	Integrating complementary and Alternative Medicine as a Vertical Theme in the Undergraduate Medical Curriculum <i>Blanc Star, Kalyani Premkumar, Michael Epstein, University of Saskatchewan</i>
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There is now widespread agreement regarding the need to include complementary and alternative medicine (CAM) within the Undergraduate Medical Education, but the strategies, structures and processes to accomplish this remain unclear. This abstract describes the introduction of CAM as a vertical theme within the UME program.

The CAM theme has been woven into all four years of the Curriculum. In the first year, students are introduced to several topics which provide the basis for understanding the role and significance of CAM in medical practice. These foundational topics include: (1) belief systems, culture and health; (2) medical uncertainty and decision making; (3) stress, health and illness. This is followed by a session on definition and classification of CAM therapies, which prepares students for a subsequent group assignment involving community based research into one specific CAM therapy.

In the second and third years, students are introduced to the principles and practice of integrative

medicine, including an overview of the ways in which CAM practices are currently being integrated into the prevention and treatment of specific conditions such as idiopathic headache, asthma, and cardiovascular disease.

In the fourth year students receive more in-depth instructions such as a detailed overview of current evidence pertaining to nutritional and lifestyle factors in cancer prevention.

The CAM theme has been designed to embody the principles of evidence-based, cooperative, active, self-directed and experiential learning, and to function as a catalyst for vertical and horizontal integration in the UME curriculum.

P-0050	Mentoring Programs Do Achieve Positive Outcomes <i>Diana Alli, Miriam Rossi, Anna Jarvis, University of Toronto</i>
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Student Affairs has fostered the medical students' community affairs initiative for twelve years and collaborated with boards of education, community agencies, and/or health professionals to provide three mentoring models for needy Toronto area children/youth. Targeted at under-representation, the Summer Mentorship Program, with health sciences-focused mentoring, seminars, and job-shadowing experiences, has changed the lives of nearly 400 underachieving Black and Aboriginal high school students, many of whom redirect their goals towards medicine and/or health sciences careers. A medical-student/school board collaboration annually organizes Saturday Tutoring for 120 failing, grade eight-to-ten, inner-city students, resulting in improved marks and self-confidence for participants and opening an opportunity to higher education. Also, a medical-student/community-agency collaboration sponsors the community-based St. Felix mentoring program that encourages interest in education for 80 eight to twelve year olds living in poverty and difficult circumstances. These outreach opportunities offer medical/university students involvement/experience in socially responsible mentoring, while providing relevant youth programs.

P-0051	A case-study of interruptions in undergraduate studies <i>Marie Giroux, Daniel Côté, Claude Cyr, Université de Sherbrooke</i>
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Over the past several years, there has been a growing impression among our professors that the rate of temporary or definitive interruptions has been increasing among our undergraduate medical students in the Faculty of medicine at the University of Sherbrooke. A working group was created, to quantify and better understand this phenomenon, with the ultimate goal of making recommendations in the event that a significant trend did indeed exist. Several strategies were used, in a stepwise approach: review of all cases of interruptions, focus groups with students, consultations with experts, and the analysis of the results from a survey among the first and second year undergraduate medical students. This process led us to a better understanding of this phenomenon in which stress, stress management, as well as generational and systemic issues play significant roles. A number of recommendations, aimed at improving the outcomes, were made and implemented. Our poster describes the steps, results and course of actions of this case study.

P-0052	Improving Rural/Remote Health Through Inter-Professional Collaboration at Queen's University <i>Elizabeth Tata, Denise Bowes, Neil Hobbs, Margo Paterson, Jennifer Medves, Queen's University</i>
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Although evidence is limited, inter-professional education has been identified as a way to develop collaborative practice among health care professionals, thereby improving quality and efficiency of patient care. Due to shortages of health professionals in rural/remote regions, effective inter-professional collaboration is critical.

Currently, three educational initiatives at Queen's University are focused on inter-professionalism in rural and remote settings. One of these, the "Professionals in Rural Canada" course, aims to better prepare Medicine, Nursing, Physiotherapy, Occupational Therapy, Education, and Theology students for the realities of rural life. The Queen's University Inter-Professional Patient-Centred Education Direction (QUIPPED) is evaluating this initiative in order to add to the body of research in collaborative education models. Data collected through pre/post course questionnaires and focus groups will measure attitudes and perceptions of students toward collaborative learning. The results will be presented, along with information regarding how they have guided QUIPPED in adapting curricula to promote inter-professionalism.

P-0053	Support for Program Directors <i>Kenneth Harris, Maureen Morris, Renata Mak, University of Western Ontario</i>
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Program Directors (PD) are acknowledged as a strength of a robust training program yet time and financial support varies between locations and Departments. A survey was undertaken assessing differences in perceptions of support of PDs and Chairs of Departments offering formal postgraduate training at one University. The response rate for PD and Chairs was 89%. All chairs and 83% PDs felt financial support for the position was offered (48% of PD felt this less than adequate). Half the Chairs were aware of a PD job description but only 25% of PDs knew of such documents. Time protection and administrative support was considered less than optimal. The top 3 concerns of PDs were time protection, faculty commitment, and lack of teaching space while chairs were concerned more with resident and faculty numbers and restructuring.

There is a discrepancy between the PD and Chair's perception of support of the PD.

P-0054	The Evolution of Educational Needs of Faculty over Time: Results of a Faculty Development Needs Assessment <i>Miriam Boillat, Laura Shea, Yvonne Steinert, McGill University</i>
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Faculty development activities have evolved significantly over the last 15 years and programs must continue to respond to faculty members' needs. To identify teachers' perceived learning needs, the Department of Family Medicine conducted a needs assessment in 2005. This survey included a broad range of faculty development (FD) topics in three categories: 1) Teaching and learning 2) Understanding research and stimulating interest 3) Research methodology training. The results were compared to a similar survey conducted in 1991.

Participants would most likely attend FD activities in category 2 and least likely attend activities in category 3. The need for teaching skills (category 1) continues to be high, with very little

change over time. Interest for category 2 FD activities has increased over the past 14 years, while interest for category 3 activities has declined.

These results demonstrate the evolution of faculty members' perceived needs over a fourteen year period and will help to guide the selection of meaningful educational activities.

P-0055	COMING HOME; Successful Entry into Postgraduate Medical Education of Canadians Studying Abroad <i>Sandra Banner, CaRMS; Ian Bowmer, Health Canada</i>
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Canada's medical schools turn away 4-5 acceptable candidates for every one they enrol. Some seek their medical education outside Canada. Since Canada relies on international medical graduates (IMG) for over 20% of its physician workforce, repatriating internationally educated Canadians into postgraduate education can help meet our continuing requirement.

The number of Canadian students studying abroad is unknown. Over 100 Canadians are studying medicine in Australia and over 275 in Ireland. Data from the Canadian Residency Matching Service provides insight into where Canadians are studying and their success in obtaining postgraduate education in Canada.

40% of the Canadians in the 2005 match were studying in Ireland and 40% were studying in Caribbean medical schools. Using data from 2004, 80% of Canadian students from international medical schools successfully matched to Canadian postgraduate programs. In the same year only 13.2% of all international medical graduates matched in Canada.

Canadians who are new IMG are more likely to match to Canadian residency programs than those IMG who are more than three years post graduation. Possible reasons include: the new graduate is more competitive because they are closer to their medical studies, or there is a presumption that Canadians schooled in Canada prior to their medical education, will easily integrate into the Canadian medical system.

P-0056	Recruiting Medical Students to Rural Practice: Perspectives of Medical Students and Rural Recruiters <i>Leah Jutzi, E. Drever, K.N. Vogt, Jeffrey Nisker, University of Western Ontario</i>
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Purpose: To explore factors that influence medical students regarding rural practice, and compare these to the perceptions of rural recruiters.

Methods: A questionnaire was distributed to medical students at the University of Western Ontario. A second questionnaire was distributed to recruiters in rural Ontario communities.

Results: The response rate was 42.1% for medical students and 43.7% for rural recruiters. Lifestyle factors were considered important in the consideration of rural practice by 93% of student respondents. Themes that emerged from qualitative analysis of students' feelings about incentives included: financial considerations, economic forces, disadvantages of rural practice, competition between communities, and lack of altruism. Compared to medical students, rural recruiters were more likely to assign importance to tuition reimbursement ($p < 0.001$), housing

($p < 0.03$), hometown location ($p < 0.03$), and elective experience ($p < 0.001$).

Conclusions: With respect to rural practice, lifestyle factors seem most important to medical students. Recruiters overestimate the importance of some factors in medical students consideration of rural practice.

P-0057	MEDICOL: Evaluating the effectiveness of the UBC's online curriculum repository <i>Caroline Murphy, Chris Lovato, Jennifer Smyth, University of British Columbia</i>
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The Medicine and Dentistry Integrated Curriculum On-Line (MEDICOL) is the central repository for curricular resources in the Undergraduate Medical Program (MDUP) at the University of British Columbia. Program evaluation activities monitor the quality and comparability of program implementation; MEDICOL was identified by stakeholders as an evaluation target in 2005/2006 year. User tracking data show students and faculty access MEDICOL daily; however, little evaluation has been conducted to determine its effectiveness as both a teaching and learning tool. The objectives of the evaluation were to 1) determine the effectiveness of the MEDICOL site as a learning aid and 2) determine the effectiveness of the MEDICOL site as a teaching resource. Focus groups were facilitated with both students and faculty in December 2005; evaluation questions addressed accessibility, usability, quality and utility, and security of information. This presentation details results and recommendations emanating from the stakeholder feedback.

P-0058	Job satisfaction of PGME program directors at the University of Manitoba: Results from an online survey <i>Wil Fleisher, Nadine Nowatzki, University of Manitoba; Wade Watson, Dalhousie University</i>
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Our aim was to gather information on University of Manitoba postgraduate program directors' (PDs) work environment, particularly job satisfaction. In January of 2005, all U of M postgraduate PDs were invited to answer an online survey which covered demographics, job-related characteristics, program characteristics, and job satisfaction. Forty-one PDs (79%) completed the survey. PDs were satisfied with most facets of their jobs, particularly their relationships with colleagues and patient care. They were least satisfied with the amount of time available for personal pursuits and the quality of the physical facilities. Seventy-three percent of PDs indicated that they were experiencing 'a little' or 'some' burnout, and 44% indicated that they were considering or actively seeking a career move. The survey results provided valuable information on job satisfaction and work environment. Based on the results, university administrators can make informed decisions when implementing changes to PGME programs and organizing faculty development seminars.

P-0059	The AFMC Social Accountability Initiative– A Single School's Perspective <i>George Goldsand, Lorraine Breault, University of Alberta</i>
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The AFMC Social Accountability (SA) initiative provides an opportunity for individual medical schools to review their current activities within this broad context and consider how they might address these in a more systematic manner. A group of interested faculty from varied

backgrounds developed an SA agenda for the Faculty of Medicine and Dentistry at the University of Alberta. A variety of specific initiatives were identified and subclassified into the 3 broad categories of: 1) Underserved Populations, 2) Professionalism, and 3) Socially Responsible Physician Resource Planning. The intent is to strive towards mandatory experience for all students and residents in the first two and encouragement of research activities in the third among faculty, students and residents. Areas of progress and challenge, including identification of barriers to change, will be presented.

P-0060	<p>Investigating the Impact of a Scoring Change to the MCC Evaluating Examination <i>Timothy Wood, Tom Maguire, Robert Lee, Dale Dauphinee, Medical Council of Canada</i></p>
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Introduction

The Medical Council of Canada (MCC) is in the process of converting the Evaluating Examination (MCCEE) to a computer-based examination. As part of the conversion, there will be a change in how the examination is scored. This presentation will document the impact that the scoring change will have on examinee results.

Methods

MCCEE scores and pass rates from Feb 2003 to Sept 2004, calculated using a two parameter item response model, will be compared to examinee scores and pass rates calculated using a one parameter item response model. In addition, the relation between scores calculated using both scoring methods will be compared to the Qualifying Examination Part I.

Results

The correlation between MCCEE scores and pass rates is very high. The relation between the MCCEE and the Qualifying Examination Part I scores is not impacted by the change in scoring.

Conclusion

It appears that the change will have minimal impact on examinee results.

P-0061	<p>Chief Residents As Role Models For CanMEDS - The Canadian Pediatrics Chief Residents' Conference <i>Ming-Ka Chan, University of Manitoba; Wade Watson, Dalhousie University</i></p>
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The Chief Resident has a diverse job description requiring a wide range of skill-sets. There is little or no prior training for these skills. The Annual Canadian Pediatrics Chief Residents' Skills Workshop was designed to fill this general perceived need in 2000. This job description reflects the CanMEDS competencies for the specialist physician. There are many overlapping skills necessary to meet the expectations within these competencies. The chief residents are role models for these roles to other colleagues and junior trainees.

This 3-day interactive workshop is designed to enhance the chief residents' ability to role model and teach the CanMEDS competencies as well as promote CanMEDS.

The objectives of this report are 1) to describe an educational program involving Chief residents

as role models for the CanMEDS competencies. This educational workshop provides another means to advance the understanding of CanMEDS competencies. (141 words)

P-0062	Assessment of Learning in Faculty Development - CanMEDS and the Four Principles of Family Medicine <i>Ming-Ka Chan, Gisèle Bourgeois-Law, Wil Fleisher, University of Manitoba; Jason Frank, Royal College of Physicians and Surgeons of Canada; Ruth Simkin, Ingrid Toews, University of Manitoba; Wayne Weston, University of Western Ontario; Nadine Nowatzki, University of Manitoba</i>
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Our purpose was to determine if a medical education symposium could increase faculty's knowledge of CanMEDS and the Four Principles of Family Medicine.

The Royal College of Physicians and Surgeons' CanMEDS roles and the College of Family Physician's Four Principles of Family Medicine have been well established as the criteria for the competent physician of the 21st century. While the frameworks are well accepted by Canadian medical education leaders, further work needs to be done to enhance acceptance at all levels. We demonstrated learning through the use of several tools, including a) needs assessment, b) satisfaction surveys (sessional and post-symposium), c) audience response systems and use of pre and post questionnaires and d) personal learning plans (action plans). Additional champions for CanMEDS and the Four Principles of Family Medicine have developed through this symposium, which may help to further disseminate educational tools to every practicing and future clinician. (148 words)

P-0063	Physician Assistants – A Collaborative Training Model for a New Health Care Professional. <i>Ming-Ka Chan, Wil Fleisher, University of Manitoba; John Shea, Canadian Forces</i>
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Canada's health-care system is facing an increasing demand for health-care reform in primary and specialty care. The training of physician assistants (PA) may be one of many solutions to help meet these health-care needs. The PAs act as 'physician extenders', working under the supervision of a physician and have been an integral part of the military's health care team for decades. In Canada, the physician assistant is currently being introduced to the public via a new innovative collaborative training program.

The objectives of this report are 1) to present a collaborative educational model between the Canadian Forces and the University of Manitoba along with other clinical training sites to train military physician assistant students; and 2) to introduce a new Canadian health care provider. This educational program provides an innovative means for physicians across Canada to collaborate and advocate for patients and health-care reform in keeping with CanMEDS principles. (149 words)

P-0064	From the Classroom to the Clinic; Bridging the Gap Using E-learning. <i>Wayne Weston, Noah Ivers, Shiraz Malik, University of Western Ontario</i>
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BACKGROUND: During clerkship, medical students are expected to apply pre-clinical knowledge in a new setting. Data suggest that students do not feel prepared during clerkship.

HYPOTHESIS: Interactive case-based online learning modules will improve transfer of training compared to reading articles.

DESCRIPTION: Online modules aim to provide students with an approach to clinical decision-making using quizzes; videos; and interactive questions, answers, and feedback.

PROGRAM EVALUATION: In 2006, focus group interviews will be conducted to learn how the students use the cases and what would make them more useful.

OUTCOME ANALYSIS: In 2007, students entering their family medicine rotations will be randomized into one of two groups: 1) interactive case-based online learning; 2) case-based review articles. Both groups will receive conventional supervision by residents and faculty. Students' clinical decision making ability and confidence relating to common clinical scenarios will be evaluated using MCQ, OSCE exams, and a self-efficacy scale.

P-0065	Wasn't That A Party? How Teams are Sustained in Primary Health Care. <i>Judith Belle Brown, Laura Lewis, Moira Stewart, Kristina Trim, Tom Freeman, University of Western Ontario</i>
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Background: As primary health care moves toward team-based models of care it is important to understand the activities that sustain individual team members as well as the overall team. **Methods:** A phenomenological qualitative study using in depth-interviews. Purposive sampling was used to recruit 123 members of 16 primary health care teams in Ontario reflecting a wide range of health care professionals. **Results:** The analysis revealed three key themes: (1) Professional and business activities including meetings, professional development, bonuses and gifts, and retreats; (2) Social activities including Christmas parties, summer barbeques, and happy hours; (3) Sharing life events such as marriages, births and loss. **Conclusions:** For these multidisciplinary primary health care team members ensuring that sustaining activities were built-in to their daily work day and throughout the year proved to be key in creating healthy and productive team environments.

P-0066	Guide for Common Indicators for Physician Health <i>Sarah Hutchison, Joan Brewster, Michael Kaufmann, Ontario Medical Association</i>
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There is some form of physician health program (PHP) or committee in every Canadian province and territory. Existing programs offer services for a wide range of problems associated with occupational stress, mental health problems and addictions. If program development is to be informed by the best possible evidence, common indicators. Future researchers can then study their clients (physicians, residents and students) in Canada. The Guide for Common Indicators for Physician Health, published in August 2005, was developed to provide a common language and variable definitions for collecting data regarding the activities of PHPs. The project was funded by the Canadian Medical Association (CMA) Centre for Physician Health and Well Being and the CIHR. This presentation focuses on the common indicators project and the challenges facing program evaluation in this field.

WITHDRAWN

P-0067	Teaching medical students rural community health in the field – an interdisciplinary approach <i>Bill Bavington, Memorial University of Newfoundland</i>
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Since the beginning of the medical school a major component of the first year curriculum in the Faculty of Medicine at Memorial University of Newfoundland has been the rural placement. The placement is a two week field experience in rural communities of Newfoundland and Labrador, New Brunswick and Prince Edward Island. The course provides community-based education from an interdisciplinary perspective in community health, family practice and ethics and humanities.

The presentation will begin with an outline the history of the evolution of the rural placement course. This will be followed by a description of the current course content, organization and learner evaluation process. The session will conclude with a presentation of the results of an evaluation of the course, a summary of lessons learned and proposals for the future development of this field component of community health, family medicine and humanities and ethics education for first year medical students.

P-0068	Mini-Medical School - Meeting our Social Responsibility <i>Lisa Moore, University of Ottawa; Bruce Wright, University of Calgary</i>
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More than 75 Canadian and American universities have developed Mini-Medical Schools to help achieve their goals in social accountability. These innovative programs offer unique series of lectures on medicine and health for the public. But rather than being just traditional public information lectures, these are meant to be just like “going to medical school” (even if it’s only in a small way.) This workshop serves as a forum for those who are either contemplating or already involved in the planning and delivery of a mini-medical school in Canada. Participants will share the challenges and successes of their programs and begin the work of establishing a scholarly approach to the development, delivery and evaluation of this important educational concept.

P-0069	Target the Trend in Generalism: An attempt to immunize learners against the ‘informal curriculum’ <i>Kymm Feldman, Jennifer McCabe, Risa Freeman, University of Toronto</i>
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There is a global and local shortage of family physicians. In response to the trend of decreasing family medicine applications, our institution created a position to determine contributing factors. It has become clear that the ‘informal curriculum’ plays a part in student career choice. A one-week observership was created to target this informal curriculum and was made available to students completing first year medicine. In concert with national initiatives, these students will be followed over the course of their undergraduate medical education to determine if this observership ‘inoculation’ has played a role in their career choices. A unique process for literature review, as well as initial results of this intervention will be presented. Workshop participants will then be facilitated in designing strategies to address this emerging crisis in generalism and in family medicine in particular.

P-0070	Health behaviour screening: balancing our personal feelings about difficult-to-discuss issues with the needs of our patients. <i>Dustin J. Costescu, Francis Chan, University of Western Ontario; David Dixon, Family Physician, London ON.</i>
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In a patient-centred model of medicine, the whole person must be considered when making

health care decisions. However, socially-contentious topics tend to be under-screened in the primary-care setting given their prevalence.

We would like to propose a Health Behaviour Screening Model as a complement to the general medical history. Health Behaviour respects the normal variety lifestyle choices, including sexual health, substance use, and personal safety, while acknowledging that certain patient populations have different health needs.

Medical education at all levels has a role to play in ensuring that all physicians are well-equipped to deal with the diversity within the modern patient population. In this workshop, we will explore current lifestyle-risk epidemiology, and identify barriers to effective patient screening. We will then engage in a consensus-building discussion about what Health Behaviour Screening, should encompass, and how we can best educate current and future medical professionals about respectfully screening lifestyle risks.

P-0071	An Emerging Professional Competency Curriculum for Undergraduate Medical Education <i>Cathy Risdon, Sue Baptiste, McMaster University</i>
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The training of medical students demands attention to cognitive, social and emotional processes of formation.

The newly launched undergraduate medical Compass Curriculum at McMaster University rests on two key fundamentals. Up to date research from the cognitive sciences has been used to redesign curriculum materials and tutorial processes to help students learn the traditional cognitive and scientific materials of medicine.

The essential content and skills of the more integrative domains of medicine (communications, ethics, critical reasoning, self awareness, professionalism) are offered through a new longitudinal stream of instruction known as the “Professional Competency” curriculum.

Curriculum design has intentionally included an integrative approach among the domains, attempts to tie Professional Competency material to the bioscientific stream and the use of a portfolio for evaluation. This poster provides a schematic overview of the Professional Competency curriculum including structures, processes and selected content.

P-0073	Coming of Age as Communicators: Evaluation of the Implementation of Communication Skills Training in 4 Residency Programs <i>Saleem Razack, Sarkis Meterissian, Lucie Morin, Anne-Marie MacLellan, Linda Snell, Yvonne Steinert, Diana Tabatabai, McGill University</i>
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Objectives: To determine thematic similarities and differences in the implementation of communications skills training (CST) in medicine, surgery, pediatrics, and obstetrics & gynecology.

Methods: Transcripts and observer field notes of common content CST in 4 disciplines were analyzed thematically, considering the domains of context, input, process, and product (CIPP). Learning outcomes were quantitatively assessed using retrospective pre-post methodology.

Results: Thematic differences noted included comfort level with the material, and desired product of training (e.g. good teacher of communication skills vs. good communicator). Thematic similarities included challenges to being good communicators in practice (e.g. inadequate time and space). Quantitative learning outcome data were significant in all groups ($p < 0.05$).

Conclusions: Common material in CST can be adapted to different disciplines. Analyzing implementation differences using CIPP methodology can aid in program success, and this may be a useful approach to adapt common content to different contexts for effective shared training initiatives.

P-0074	<p>Duty to Learn vs. Duty to Treat: The Clinical Clerk’s Professional Responsibility <i>Marci Turner, Jeffrey Nisker, Megan Acsai, Dustin Costescu, Claire Jones, Sara Puente, Tania Wilson, University of Western Ontario</i></p>
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As medical students enter their clinical clerkship, they must balance their own educational objectives with their responsibility as health care providers and patient advocates. This can pose a conflict as the learning process inevitably involves mistakes and “first times” which may place patients at risk. Medical students at the University of Western Ontario were invited to submit narratives of experiences where they felt a conflict existed between their roles of student and member of the health care team. The responses were analysed qualitatively and common themes were identified. A literature search was conducted to compare the conflicts in clinical education highlighted by these students with those of medical students elsewhere and to examine how these conflicts affect a medical student’s moral code, patient welfare and the health care system in general.

P-0075	<p>Interprofessional Education as a Strategic Direction in Health Sciences at McMaster University; Becoming Explicit and Intentional <i>Denise Marshall, Patty Solomon, Susan Denburg, McMaster University</i></p>
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While Interprofessional Education has long been valued as a core tenet in the Faculty of Health Sciences at McMaster, a detailed review of our Strategic Plan revealed that significant improvements could be made by making our “implicit valuing” of IPE, more explicit and by an intentional IPE focus on our current and evolving innovations in Health Science education. The result has been the creation of a multi year process of “IPE renewal” . Our Faculty (Medicine, Nursing, Midwifery, Occupational Therapy, Physical Therapy) has engaged in a large scale retreat which underscored the value of IPE at McMaster. Subsequently, a Faculty wide Task Force was struck which undertook an environmental scan, and researched both our IPE strength and weaknesses. The resulting Task Force report endorsed a faculty wide focus on IPE. This report was strongly approved across all faculties. We are now in a phase of IPE Implementation, with the goal of mandatory IPE experiences for all students across all faculties. The poster will explain our process of IPE renewal and our multi- faceted plans for enhanced IPE in Health Sciences at McMaster University.

P-0076	Fostering Inter-professional Education at Queen's University: What Do Residents Think? <i>Leslie Flynn, Ann Patteson, Teresa Broers, Kim Smith, Christine Champman, Queen's University</i>
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Increasingly the delivery of health care requires that professionals from multiple disciplines work together to provide better quality and more cost effective patient care. The Faculty of Health Science is establishing inter-professional education to produce health care professionals who are well prepared to function in this milieu. Therefore, a questionnaire (6 point Likert scale) was developed to examine attitudes about inter-professional collaboration, professional identity and the components of teamwork. All first year residents (n=61) attending our core academic day were surveyed. There was overwhelming agreement that health care professionals need to co-operate (98%). However, residents were less likely to agree that inter-professional education will enhance collaboration in the workplace. Less than 50% believed that education with other health care professionals would be beneficial. A gender difference was apparent. The results suggest that delivery of inter-professional education must be preceded by education conveying the merits of such an innovative approach.

P-0077	Preparing Faculty to Facilitate and Help Shape an Emerging Medical School Curriculum <i>Cathy Risdon, Sue Baptiste, McMaster University</i>
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The newly launched Professional Competency curriculum at McMaster University involves 3 hours per week of small group work with ten students and two facilitators. Facilitator pairs include one physician and clinicians from other disciplines. Material covered includes the content and skills inherent within the domains of communications, ethics, self awareness, professionalism, lifelong learning and social and community contexts of health. The commitment extends through 16 months of preclerkship time. Finding faculty prepared to make a commitment to this new undertaking required the creation of novel partnerships and the use of flexible recruitment and orientation strategies.

Attending to the forming relationships among the team of participants is key to the success of the project. This poster will illustrate the pathway of conceptualization, rationale, recruitment, training and maintaining the faculty who are contributing to this innovative teaching and learning experience.

P-0078	Knowledge of Basic Pedagogic Principles Has an Impact on Teachers <i>Peter McLeod, Yvonne Steinert, James Brawer, Tim Meagher, Diana Tabatabai, Colin Chalk, Audrey McLeod, McGill University</i>
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Ten undergraduate teachers participated in an intervention designed to introduce them to basic pedagogy concepts. This consisted of: (1) an interactive workshop using MCQ's as triggers (2) readings in a pedagogy workbook (3) access to teaching consultations. We circulated a pre-workshop questionnaire to assess attitudes and conducted semi-structured interviews after each participant's next block of teaching. Each completed a retrospective pre-post questionnaire to assess knowledge. The pre-workshop questionnaires indicated that participants were enthusiastic about teaching and about the opportunity to learn pedagogic principles. Thematic

analysis of the semi-structured interviews revealed: enthusiasm for the intervention; satisfaction at discovering a new body of knowledge; positive impact on teaching practices; reaffirmation of current practices; concern about little teacher training; desire for other interventions. Retrospective responses showed that all respondents perceived improvement in their knowledge of principles. We conclude that introduction to basic pedagogic principles has a positive impact on teachers.

P-0079	<p>Administrative and Clinical Care Dossiers: A means of demonstrating applied scholarship <i>Maridith Marks, Donna Maziak, Sharon Whiting, Catherine Shea, University of Ottawa</i></p>
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Faculty members and administrators at many universities struggle with issues related to the enhancement and recognition of an expanded definition of scholarship. Boyer suggested that there are four aspects of scholarship: Discovery, integration, application, and transmission of knowledge. Scholarship related to the discovery and integration of knowledge has traditionally been recognized through research grants and publications. Scholarship of teaching (transmission of knowledge) is also being increasingly recognized with teaching dossiers commonly being used to document teaching activities and demonstrate scholarship in education. However, other forms of applied scholarship have not been well supported; in Medicine, applied scholarship related to administration and clinical care has been largely neglected. The University of Ottawa Faculty of Medicine has introduced the use of an Administrative Dossier and a Clinical Care Dossier as a means of documenting and demonstrating applied scholarship in these areas of practice. The dossier templates, including an outline of core content areas will be presented.

P-0080	<p>Faculty involvement in educational scholarship: Results of a targeted needs assessment. <i>Mark Goldszmidt, Elaine Zibrowski, Wayne Weston, University of Western Ontario</i></p>
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Purpose: Western's Faculty of Medicine & Dentistry has a growing body of faculty interested (some with advanced training) in medical/dental education. The Project's purpose was to determine how to support educational scholarship in this group.

Methods: E-mail survey of a purposive sample of 108 faculty members interested in medical/dental education.

Results: Response rate was 67.6%. Respondents had heavy clinical and administrative/leadership roles with little time spent pursuing educational scholarship. Advanced education training had no effect on amount of educational scholarship. Support needs for all groups were similar and included all steps of the research process. Perceived barriers included time protection, collaborative contacts, research support staff and knowledge of research principles/methodology.

Conclusion: This work represents a first step in better defining the support needs of our faculty interested in pursuing educational scholarship. Planned future work includes further data analysis and exploration of key areas with focus groups.

