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## 2007 Medical Education Conference Workshop May 9, 2007, Victoria BC

### Fully Distributed Medical Education Programs in Regional Campuses

#### CONTEXT

Canada, like most of the countries in the world, is faced with a shortage of medical human resources resulting in a general lower accessibility to health care, more importantly in outlying, rural and remote areas, and for underprivileged populations. In response to this challenge, faculties of medicine have recently increased their student enrolment and have developed distributed medical education activities that bring medical education and communities to be served closer.

In this regard, many Canadian faculties of medicine have implemented or are planning to implement a fully distributed medical program in a regional campus to address physician workforce shortages. In doing so, they are creating new and innovative processes in different areas such as building academic partnerships, meeting comparability accreditation standards, implementing community-based education activities, developing models of governance, and implementing comprehensive process and outcome evaluation.

A full day (8:30 to 16:00) workshop on “**Fully Distributed Medical Programs in Regional Campuses**” will be held on Wednesday, May 9, 2007, as a post-conference workshop. The workshop will build on outcomes and recommendations from the 2006 AFMC post-conference workshop on distributed medical education. A key recommendation from that workshop was to bring together faculties of medicine involved in developing regional campuses.

#### EXPECTED PARTICIPANTS

The workshop will be specifically offered to those faculties of medicine

actually offering a fully distributed medical program or planning to do so in the next three or four years. Participation of a core team of involved people in such an endeavour (responsible for governance/administration, use of information technology, faculty development, evaluation/research, accreditation, etc.) from each faculty of medicine will optimize the impact of the workshop. The workshop will also be of interest to those faculties that are not involved in fully distributed medical programs in regional campuses, but are involved in other types of distributed medical education.

#### GOALS

- to provide a forum for exchange, knowledge acquisition, continued learning and building collaboration
- to emphasize discussion of issues and approaches to help participants identify strategies that can be applied in their own institutional settings
- to identify a set of recommendations related to the development of an ongoing collaborative network of faculties of medicine on the implementation and evaluation of fully distributed medical programs in regional campuses

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The Association of Faculties of Medicine of Canada  
L'Association des facultés de médecine du Canada  
774, promenade Echo Drive, Ottawa, ON CANADA K1S 5P2  
Phone: (613) 730-0687 Fax: (613) 730-1196 Website: [www.afmc.ca](http://www.afmc.ca)

**President & Chief Executive Officer/  
Président directeur général**  
Nick Busing (nbusing@afmc.ca)

**VP (External Affairs)  
VP (Affaires externes)**  
Irving Gold (igold@afmc.ca)

**VP (Research) CAPER-ORIS/  
VP (Recherche) CAPER-ORI**  
Steve Slade (sslade@afmc.ca)

**Director of Administration/  
Directrice de l'administration**  
Susan Maskill (smaskill@afmc.ca)

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**VP (Research) CAPER-ORIS/  
VP (Recherche) CAPER-ORI**  
Steve Slade (sslade@afmc.ca)

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## Reflections ...

It is hard to believe that I have been at AFMC for nearly one and a half years. Friends and colleagues still ask me how the 'new job' is going. My response is that it is going very well and it doesn't feel terribly 'new' anymore. In the first year and half we have laid the groundwork to better address the on-going priorities within AFMC and to expand our capacity to identify and address new challenges. We have built a terrific senior management team. The team is anchored around Sue Maskill, our Director of Administration who has been the mainstay at AFMC for many years. Sue is well connected to so many of you, and provides countless hours of leadership to many projects on behalf of AFMC. We have added Steve Slade to our team as Vice President, Research (ORIS/CAPER) and Steve is beginning to work with the vast amounts of data within ORIS and CAPER offices to help inform policy discussions. We have recently welcomed Irving Gold to our team as our Vice President External Affairs (see page 4) for the announcement). Irving's expertise in knowledge transfer, his vast network of connections with stakeholders in the research community, and his enthusiasm to work, will serve us very well.

As we move forward, we are undertaking a close review of our vision, mission and strategic goals. We are reaffirming our commitment to leadership in health education and research, in advocacy, in innovation, and in support for current and future educators and researchers. We are examining our governance and will make suggestions to make it more responsive, integrated and dynamic.

While looking forward we are reinforcing what we do well. The annual medical education conference, set for Victoria this year, is shaping up to be one of the largest in history. Our partnership with the Canadian Association for Medical Education, College of Family Physicians of Canada, Medical Council of Canada and Royal College of Physicians and Surgeons of Canada has helped strengthen the commitment to medical education across the country and has brought innovation and new ideas to our conference. Our accreditation process, capably managed by Dr. Hawkins in the past, continues to be of the highest quality. The standards we are developing both here and in the United States are forcing us to continue to look at important issues such as professionalism, service learning and the impact of distributed medical education on the quality of medical education.

We are providing leadership to many projects and activities. To name but a few, we are involved in issues relating to Aboriginal health, public health, global health, professionalism, end of life care, francophone minority communities, and faculty development for teachers of international medical graduates. A complete list of our on-going projects and resource groups can be found on our website ([www.afmc.ca](http://www.afmc.ca)).

We are not only focusing on our current job, but are reaching out and looking forward. Two examples to highlight this are the Young Leaders Forum and our commitment to research advocacy. At the end of March, we will bring together about 20 young leaders to do a visioning exercise that will hopefully begin to identify the health system's future needs. The leaders will come from five sectors; community, academia, policy makers, managers and



Nick Busing  
President & CEO  
Président et  
directeur général

## Réflexions ...

J'ai du mal à croire que j'ai joint les rangs de l'AFMC depuis déjà un an et demi. Amis et collègues me demandent encore comment va mon « nouveau travail ». Je leur réponds que tout va bien et que le sentiment de « nouveauté » s'est un peu estompé. Au cours de cette année et demie, nous avons jeté les bases nous permettant de mieux traiter les priorités permanentes au sein de l'AFMC et d'élargir notre capacité à identifier et à relever de nouveaux défis. Nous avons mis sur pied une équipe de cadres supérieurs du tonnerre dont le pivot est Sue Maskill, la directrice de l'Administration. Sue est le soutien

principal de l'AFMC depuis de nombreuses années. Elle entretient d'étroites relations avec plusieurs d'entre vous et ne calcule plus les heures qu'elle investit pour mener à bien nombre de projets au nom de l'AFMC. Steve Slade s'est rajouté à l'équipe à titre de vice-président à la Recherche (CAPER/ORI). Il commence à travailler avec la multitude de données au sein des bureaux de l'ORI et de CAPER pour aider à orienter les discussions sur les politiques. Nous avons récemment accueilli Irving Gold qui agit à titre de vice-président des Affaires externes (voir la page 4, pour l'annonce de sa nomination). Son expertise en transfert de connaissances, son vaste réseau d'intervenants du domaine de la recherche et son enthousiasme envers son travail constitueront pour nous d'excellents atouts.

À mesure que nous progressons, nous revoyons avec attention notre vision, notre mission et nos objectifs stratégiques. Nous réaffirmons notre engagement à offrir notre leadership en matière d'éducation et de recherche en santé, de promotion et de défense des droits et d'innovation et continuons et continuerons à appuyer les futurs chercheurs et enseignants. Nous examinons nos pratiques en matière de gouvernance et prévoyons faire des suggestions pour en accroître la réceptivité, l'intégration et le dynamisme.

Tout en nous tournant vers l'avenir, nous continuons à mettre l'accent sur nos points forts. Notre conférence annuelle sur l'éducation médicale qui se déroulera cette année à Victoria promet d'être l'une des plus importantes de l'histoire. Notre partenariat avec le Collège royal des médecins et chirurgiens du Canada, le Collège des médecins de famille du Canada, l'Association canadienne pour l'éducation médicale, la Fédération des ordres des médecins du Canada et le Conseil médical du Canada nous a aidé à réaffirmer notre engagement envers l'éducation médicale dans l'ensemble du pays et a permis d'insuffler innovation et idées nouvelles à notre rencontre. Notre processus d'agrément, géré de main de maître dans le passé par le Dr Hawkins, continue à être d'une qualité exceptionnelle. Les normes que nous élaborons, tant au pays qu'aux États-Unis, nous forcent à continuer à nous pencher sur d'importants enjeux, notamment le professionnalisme, l'apprentissage en matière de service et l'impact de l'éducation médicale hors les murs sur la qualité de l'éducation médicale.

Nous agissons à titre de meneurs dans le cadre de nombreux projets et activités. Pour n'en nommer que quelques-uns, nous prenons maintenant part à des questions liées à la santé des Autochtones, à la santé publique, à la santé mondiale, au professionnalisme, aux soins en fin de vie, aux minorités francophones

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## ANNOUNCEMENTS

### ANNONCES

#### *University of Toronto*

Four members have been named to the Order of Ontario, the province's most prestigious official honour: **Professors Emeriti Ernest McCulloch** and **James Till** of Medical Biophysics, **Professor Brenda Gallie** of Medical Biophysics and Medical Genetics and Microbiology and **Ronald Taylor**, who lectures in the faculty of medicine. Widely known as the fathers of stem cell research, **McCulloch** and **Till** are among the world's foremost pioneers in stem cell biology. Their research done four decades ago laid the foundation for all current work on adult and embryonic stem cells. **Gallie**, a senior scientist at the Ontario Cancer Institute, was recognized as an expert in the treatment of retinoblastoma, a type of childhood eye cancer. **Taylor** is a physician whose contributions to sports medicine include helping to establish the S.C. Cooper Sports Medicine Clinic at Mount Sinai Hospital in 1980, providing assessment for patients with sports-related injuries. The Order of Ontario was created in 1986 to recognize the highest level of individual excellence and achievement in any field.

**Ike Ahmed**, a Clinical Instructor in Ophthalmology and Vision Sciences, and **Professors David Chow**, **Rand Simpson** and **David Wong** were among the more than 1,000 eye doctors worldwide to receive the American Academy of Ophthalmology Achievement Award for their outstanding contributions to the academy.

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### New Vice President External Affairs

Dr. Nick Busing, President and CEO of the Association of Faculties of Medicine of Canada (AFMC), is pleased to announce the appointment of Mr. Irving Gold as Vice President, External Affairs. Irving will significantly expand AFMC's capacity to address health policy issues. He will provide leadership to increased communication and government relations activities.

Irving brings a diverse set of skills to his new position. Since 1999, he has been working in the area of knowledge transfer and exchange, beginning at the Centre for Health Economics and Policy Analysis at McMaster University where he worked as their Research Transfer Associate. In 2000, Irving created the Canadian Research Transfer Network and chaired its Board of Directors until 2004. In 2002, Irving joined the Canadian Health Services Research Foundation and became responsible for the knowledge network and knowledge brokering activities of the foundation. In 2004, he was appointed to the position of Director, where he oversaw not only the knowledge networks and knowledge brokering programs but all foundation activities meant to ensure that research-informed evidence gets into the hands of health system managers and policy makers. Irving has become an internationally recognized expert in developing and implementing linkage and exchange strategies that bring researchers and decision makers together and build decision-maker capacity to use research-informed evidence. Irving has been consulted by government departments and research centres from all over the world and by organizations such as the WHO and the Global Development Network.

Irving has also worked in the area of corporate communications and government relations, specifically in the area of post-secondary education. He is currently completing his PhD dissertation, a sociological analysis of the role of evidence in scientific controversies.

Irving is currently the Chair of the inaugural Board of Directors of the Canadian Obesity Network, a Network of Centres of Excellence – New Initiative, and he has been a Visiting Scholar at the Wellesley Institute in Toronto since 2005.

His first contribution to *FORUM* can be found on the next page. You may contact Irving at 613-730-0687 ext 236 or by email at [igold@afmc.ca](mailto:igold@afmc.ca).

### American Heart Association to Honour McGill Dean of Medicine

On February 28th, Richard I. Levin, MD, Vice Principal for Health Affairs, Dean, Faculty of Medicine and Professor of Medicine, Division of Gerontology will receive the Heart of New York Mission Achievement Award at the American Heart Association's 15th annual Heart of New York Gala. Dr. Levin's award recognizes his 20 years of transformative leadership at the AHA, where he has held senior positions both at the regional and national levels.

## External Affairs Update

by Irving Gold, VP (External Affairs)

As I reflect on my first few months at the Association of Faculties of Medicine of Canada from 30,000 feet in the air enroute to Toronto, I am struck by several things. First, I have been overwhelmed by the kindness, warmth, and professionalism of my new colleagues. Without exception, each has gone out of their way to make me feel at home, facilitate my transition, answer my endless silly questions without so much as a snicker, and worked to ensure that I have the tools I need at my disposal.

Second, the AFMC staff has an amazing ability to swim in a sea of acronyms. Within days of arriving I was forced to create a crib sheet to keep things straight. My first Executive Committee meeting exposed me to a series of pressing issues currently facing faculties of medicine — all of which were reduced to acronyms that seemed to have a life of their own: IMGs, AFPs, CACMS, CACME and LCME. Were it not for Dr. Harold W. Cook, Dean of Medicine at Dalhousie University, I would have been forever lost.

Finally, the breadth of scope and sheer number of activities that go on at AFMC is remarkable. From data collection and analysis to social accountability initiatives to accreditation to advocacy, it seems as if everyone is juggling a slightly unreasonable number of responsibilities, and doing so with a smile. And while I know that my arrival will help with some of that in the long term, I am equally aware that in the short run I have actually added to the load for many. This makes my first observation all the more revealing in terms of the kind of people I now work with.

My position at AFMC is a new one and I am excited at the prospect of building and expanding our external affairs portfolio. The two major elements of my responsibilities relate to corporate communications and advocacy. In 2007, the first of these will translate into a refreshed look and feel for the organization and a redesigned web-site. It will also see the introduction of several new communications products meant to highlight the important work done at AFMC

and in the faculties we represent.

My first advocacy project actually began prior to my official start date as a result of the timing of the Federal Government's *Advantage Canada* report. Our response to the report was sent to the Finance Minister on December 18th, 2006 and the key messages held within it can be found on page 7 of this newsletter. In 2007, our advocacy role will increase. In order to help you keep abreast of developments in this area, our new web-site will have a space dedicated to our advocacy campaigns and their results. I hope that over time, this page will be of increasing value and interest to many of you.

Nurturing existing relationships with stakeholders and the creation of new relationships will be an integral part of my role. Perhaps more than in any other sector, the health sector in Canada is a crowded marketplace for ideas and positions. Even a quick inventory of organizations that have an advocacy role in health quickly demonstrates the importance of alliance-building and the development of clear and unambiguous messages. My goal in 2007 is to do just that — work with our faculties to identify the key areas in which our voices need to be heard, develop the most appropriate strategies to do so, and implement them. If you are reading this newsletter, it is likely that at some point in time, we will have the opportunity to meet in person. I look forward to it!

If you have any comments, or just want to share what's on your mind, drop me an e-mail at [igold@afmc.ca](mailto:igold@afmc.ca).

## ANNOUNCEMENTS

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**Professor Jeffrey Hurwitz** of Ophthalmology was the 2006 winner of the prestigious Lester T. Jones Surgical Anatomy Award of the American Society of Ophthalmic Plastic and Reconstructive Surgery, an international organization of ophthalmic subspecialists. The award is given to an individual who has made an outstanding contribution to ophthalmic plastic and reconstructive surgery and who has demonstrated excellence in the application of anatomy to surgical approaches.

**Professor Peter Liu** of Medicine was the 2006 recipient of the Federation of Chinese Canadian Professions (Ontario) Education Foundation's Award of Merit. Established in 1985, the Award of Merit recognizes professional achievement of Chinese-Canadians. He is Scientific Director of the Canadian Institute of Circulatory and Respiratory Health at the Institute of Health Research.

**Professor Ivy Oandasan** of Family and Community Medicine was the first recipient of the IPE (interprofessional education) Mentorship Award of the National Health Sciences Students' Association (NaHSSA). The award was created to showcase and celebrate individuals who demonstrate outstanding support of student-initiated interprofessional projects in universities across Canada. NaHSSA, a national network of 18 university-based student chapters across Canada, promotes collaborative teamwork among Canada's

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## Write on Research: Medical Enrolment and Faculty Trends, 1992/93-2005/06

*by Steve Slade, VP (Research) CAPER-ORIS*

Sometimes a picture is worth a thousand words. Figures 1 and 2 illustrate the total number of medical students, post-MD trainees and faculty of medicine faculty in Canada between 1992/03 and 2005/06. Figure 3 shows the correlation between the numbers of MD students/post-MD trainees and faculty members over the fourteen-year time period. Underlying the figures are possibly thousands of words. A few, mostly descriptive, observations are offered here.

The number of post-MD trainees grew modestly between 1992/03 and 1996/97 and then remained relatively flat until 2000/01. Since 2000/01, there has been steady upward growth in the number of post-MD trainees. The number of trainees went from 7,813 in 1992/93 to 10,565 in 2005/06, a 35.22% increase (see Figure 1).

Total MD program enrolment declined from 7,041 in 1992/93 to 6,388

in 1999/00, a 9.27% decrease. Since the 1999/00 low, MD program enrolment has grown sharply. The total number of MD students stood at 8,687 in 2005/06, representing a 35.99% increase over the 1999/00 figure and a 23.38% increase over the 1992/03 figure (see Figure 1).

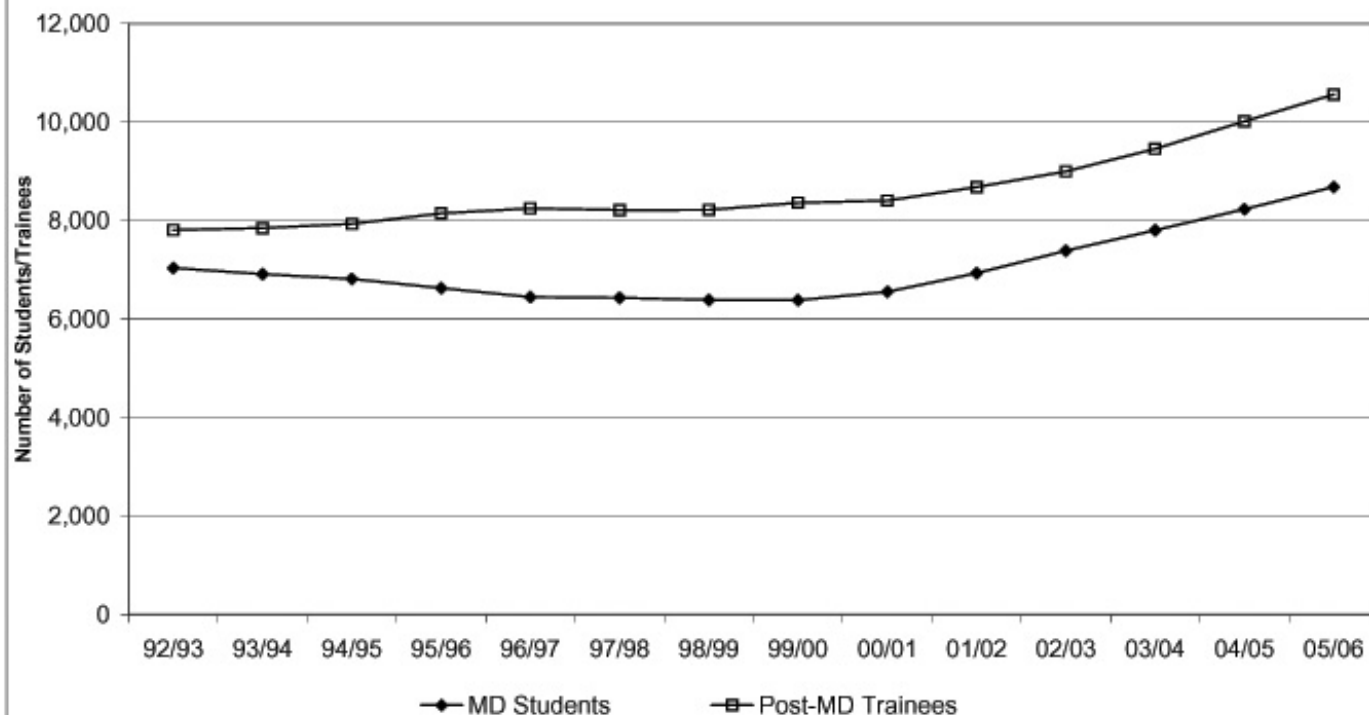
The numbers of full-time and part-time faculty in Canadian faculties of medicine were relatively similar in 1992/93 and 2000/01. There were 8,400 full-time faculty in 1992/93 and 8,517 in 2000/01, a 1.39% increase. There were 14,550 part-time faculty in 1992/93 and 14,306 in 2000/01, a 1.68% decrease. While the number of full-time faculty remained fairly constant over the eight-year period 1992/93-2000/01, the number of part-time faculty declined and then rose steadily (see Figure 2).

The first year of the new millennium marked a watershed in terms of faculty compliment. Since 2000/01, part-time and

full-time faculty of medicine faculty counts increased each year (with the exception of full-time faculty in 2004/05). In 2005/06, there were 10,078 full-time faculty of medicine faculty. This represents an 18.33% increase over the 2000/01 count and a 19.98% increase over that of 1992/93. In 2005/06, there were 18,899 part-time faculty of medicine faculty, representing a 32.11% increase in part-time faculty since 2000/01 (see Figure 2).

Figure 2 shows how growth in the number of MD students/post-MD trainees is paralleled by growth in the number of faculty of medicine faculty. The number of MD students/post-MD trainees remained relatively flat from 1992/93 to 1998/99, averaging 14,734 per year. The number of students/trainees started to increase in 1999/00, one year prior to the upturn in faculty counts. Between 2000/01 and 2005/06 the num-

**Figure 1: MD Students and Post-MD Trainees, Canada, 1992/93-2005/06**



Sources: Office of Research and Information Services (ORIS) and Canadian Post-M.D. Education Registry (CAPER), Association of Faculties of Medicine of Canada, 2007.

ber of students/trainees increased 28.63% and total full-time and part-time faculty increased 26.96% (see Figure 2).

The general relationship between the numbers of MD students/post-MD trainees and faculty is illustrated in Figure 3. There is a strong linear relationship between annual numbers of students/trainees and faculty during the period 1992/93–2005/06 ( $r^2=0.97$ ,  $p<0.001$ ). As the number of students/trainees changes in each year so too does the number of faculty of medicine faculty; increased students/trainees coincides with increased faculty.

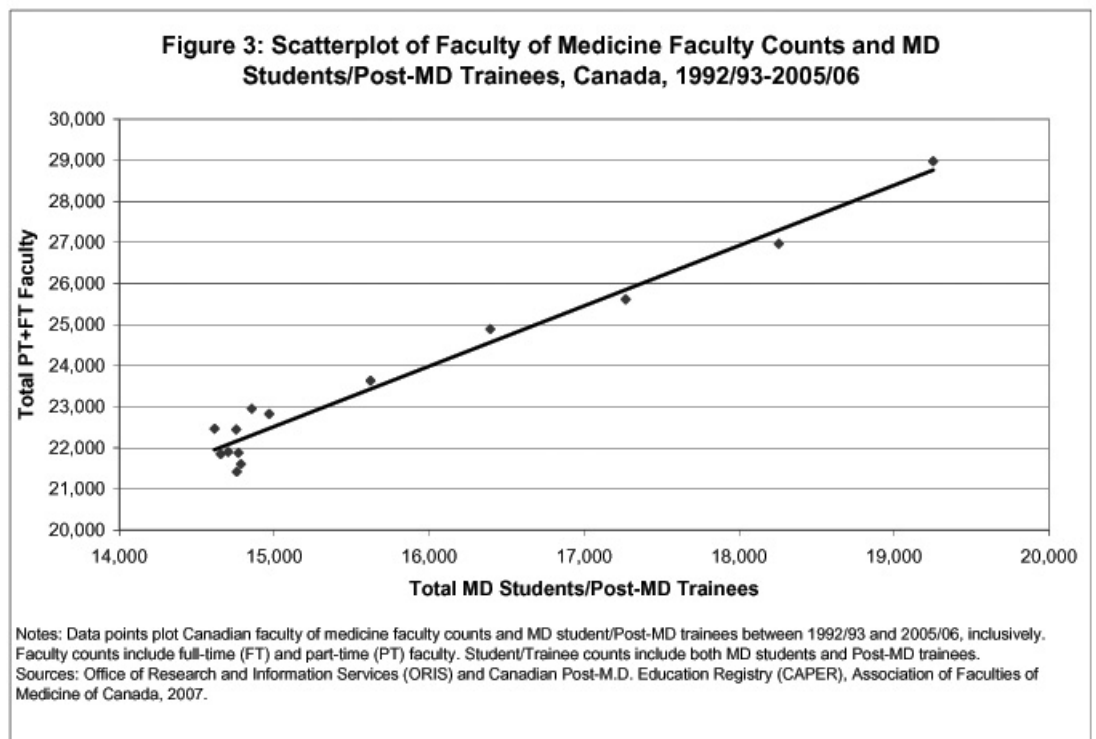
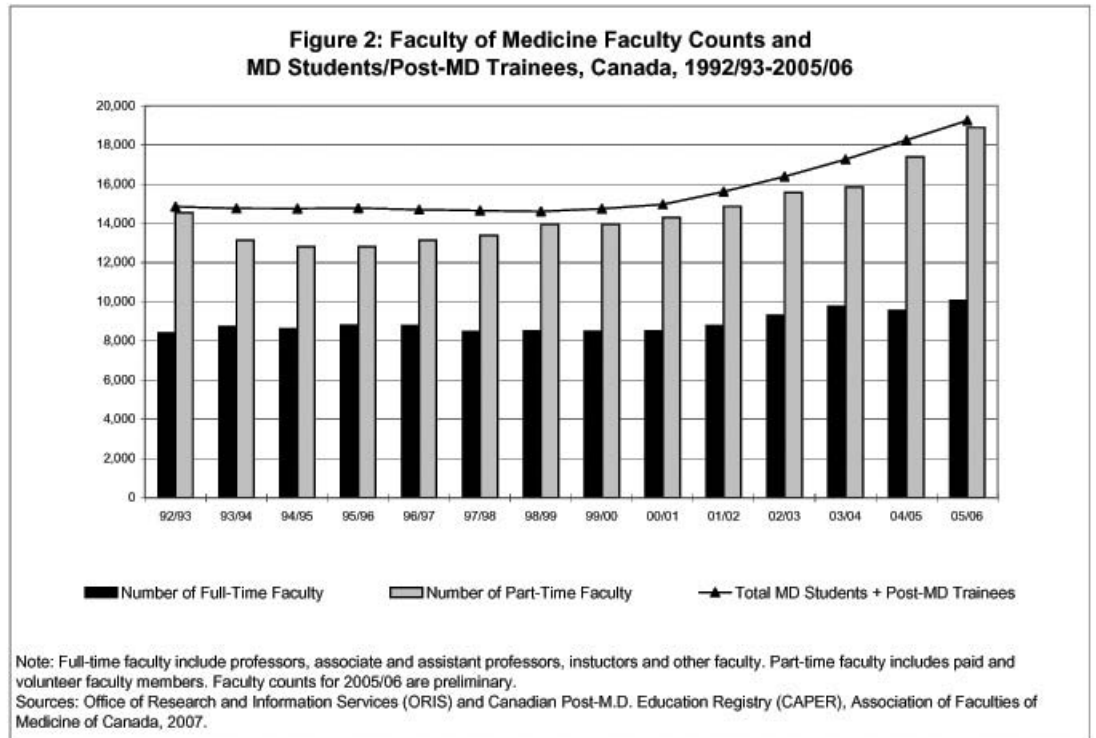
It is noteworthy that the least well-fitting data points in Figure 3 are those for 1994/95 and 1995/96. These are the years immediately following the elimination of the rotating internship and may reflect a time period when faculties of medicine were adjusting to changes in the number of exiting trainees.

Again, a picture can be worth a thousand words. The figures presented here tap into many aspects of the ongoing HHR planning dialogue in Canada. They suggest the significant role that faculties of medicine play in training the physicians of tomorrow (19,252 students/trainees and 28,977 full-time and part-time faculty in 2005/06). Figures 1 and 2 illustrate how faculties of medicine and government have rallied in response to the societal need for physician services. Figure 3 illustrates that, as the number of students/trainees has increased, faculties of medicine have worked to ensure that sufficient supervisory and preceptor resources are available.

These figures also hint at questions that have yet to be

answered. For instance, how has increased medical enrolment effected administrative and learning environments and how are faculties of medicine, medical students and post-MD trainees responding to the change? Is the current pattern of growth sustainable in the context of a physician workforce that is aging and retiring? Will increased med-

ical enrolment meet Canada's need for physician services? Change — and especially rapid change — begets new questions and continued data collection and further analysis are required to answer them.



## ANNOUNCEMENTS

### ANNONCES

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health and human service students through student-initiated interprofessional programming.

**Professor Joel Sadavoy** of Psychiatry was the recipient of the Canadian Academy of Geriatric Psychiatry's Outstanding Contributions to Geriatric Psychiatry in Canada Award. The award acknowledges a geriatric psychiatrist who has made a significant contribution to the development of geriatric psychiatry in Canada in the areas of education, research or service delivery.

**Professor Brian Wilson** of Medical Biophysics received the Lifetime Achievement Award during the Optical Imaging Workshop 2006 for his extraordinary pioneering contributions to translating optical technologies. The workshop was organized by the International Society for Optical Engineering.

**Professor David Wolfe** of Psychiatry is the winner of the 2007 Blanche L. Ittelson Award of the American Orthopsychiatric Association, recognizing outstanding achievement in the delivery of children's services and the promotion of children's mental health. American Orthopsychiatric Association is an 80 year-old membership association of mental health professionals from a variety of disciplines concerned with mental health and social justice.

**Professor Ronald Zucker** of Surgery has been elected as an Honorary Fellow of the Royal College of Surgeons of Edinburgh, Scotland. His election to the college

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## AFMC's Response to Advantage Canada

On November 23, 2006, The Honourable Jim Flaherty, Minister of Finance, released *Advantage Canada: Building a Strong Economy for Canadians*, along with an Economic and Fiscal Update. According to the government, the two documents together form "a new national objective to eliminate Canada's total government net debt in less than a generation and further reduce taxes for all Canadians". <http://www.fin.gc.ca/ec2006/plan/pltoce.html>.

On December 18th, 2006, the AFMC submitted a response, the messages were:

- Reform of the health care delivery system in Canada is a necessary step in the solution to Canada's health human resources challenge. At the same time, it is imperative that we ensure an adequate supply of health care providers to meet the expanding needs of our citizenry.
- AFMC recommends that the federal government provide leadership by establishing a central monitoring office to provide policy advice on health human resource issues, track data on supply and demand, conduct analyses and help ensure inter-provincial co-ordination.
- To be a truly leading-edge health research producer, Canada must ensure that the young men and women who are training to do research feel confident that their work is being taken seriously and that long-

term, stable funding will be available to support their career paths. We strongly support the Standing Committee on Finance 2006 Pre-Budget Report recommendation that: "The Federal government increase its support to research through all federal granting councils and research agencies and ensure that the indirect costs of research are funded at a minimum rate of 40% for every dollar of federally sponsored research. As well, the government should increase the base budget of the Canadian Institutes of Health Research by \$350 million over three years".

- In terms of human resources, we need to increase the number of doctors and develop a pipeline of graduate students launched on pathways to successful research.
- To ensure that Canada continues to lead the way in cutting-edge research, we must continue to fund an appropriate balance of basic and targeted research.
- In the spirit of embracing accountability, Canada needs to develop a public education and awareness process to demonstrate to the Canadian public the results and impact of their investments in education and research on the health of the citizenry.

For more information, please contact Irving Gold at [igold@afmc.ca](mailto:igold@afmc.ca).

### New Look for AFMC

Over the course of the first half of 2007, the AFMC will be changing its look. Keep your eyes open for a new logo, vision and mission statements and innovative corporate communication tools. Log on to our website and watch it grow, both in terms of look and feel as well as functionality. Most importantly, as these changes roll out, let us know what you think — email Irving Gold at [igold@afmc.ca](mailto:igold@afmc.ca) if you have any questions or simply to share your comments.

**The 2007 AFMC – AstraZeneca Award for Exemplary Contribution to Faculty Development to be presented to TIPS at the 2007 Medical Education Conference (Victoria BC)**

(Gordon Page, Professor, Medicine; Jennifer Craig, Educational Consultant; Simon Huang, Clinical Associate Professor, Medicine (Rheumatology); Clive Grafton, Associate Professor, Surgery; William Godolphin, Professor, Pathology and Laboratory Medicine)

In 1984, TIPS (Teaching Improvement Project Systems) started in the Faculty of Medicine at the University of British Columbia. Jenny Craig was the leader of the original group that included Simon Huang, Clive Grafton, and Bill Godolphin. The TIPS group has been continually under the umbrella of, and supported by, the Division of Educational Support and Development headed for much of the time by Gordon Page. Since 1984, UBC has run 2-4 workshops per year (over 50 in total) with the assistance of about 30 TIPS teachers and has trained more than 1000 people, mostly from the Faculty of Medicine. On a local level this is a great achievement sustained over a long period of time that has contributed to the development of sustainable capacity at UBC. At this time the TIPS course is managed by the campus office for instructional development at UBC.



**The 2007 AFMC – GlaxoSmithKline Young Educators Award to be presented to Dr. Kevin Eva at the 2007 Medical Education Conference (Victoria BC)**

He completed his PhD in cognitive psychology by examining the psychological factors pertaining to premature closure during diagnostic decision-making. During that time he also completed a fellowship in Health Professional Education. He is currently an Associate Professor and the Associate Chair in the Department of Clinical Epidemiology and Biostatistics at McMaster University and a member of both McMaster's Program for Educational Research and Development and the University of Toronto's Wilson Centre. He also serves on the Executive Committee of the Undergraduate MD program at McMaster as Chair of their Evaluation Committee. His research interests include the development, maintenance, and evaluation of competence and expertise. He is Deputy Editor for both *Medical Education* and *Advances in Health Sciences Education* while also sitting on four other editorial boards.



**The 2007 AFMC – John Ruedy Award for Innovation in Medical Education to be presented to Dr. Michael Rosengarten at the 2007 Medical Education Conference (Victoria BC)**

He is Associate Dean of the Center for Continuing Medical Education and Associate Professor of Medicine at McGill University as well as a Senior Cardiologist at the MUHC in Montréal. He is the current Chair of the Subcommittee on Collaboration for the AFMC Committee on Continuing Medical Education. Throughout his career he has been involved with clinical teaching for medical students and residents. His interest in computer applications in medicine led him to author a database for cardiac pacemakers, establish transtelephonic follow-up for cardiac pacemakers and direct the Molson Informatics medical web-site for medical student projects from 2001 to 2002. Currently he is developing new techniques for the web casting of medical content and interactive web based simulators. He is an author on three recent posters concerning the use of computers and the web to deliver CME content to rural health caregivers.



**The 2007 AFMC – May Cohen Gender Equity Award to be presented to Dr. Nahid Azad at the 2007 Medical Education Conference (Victoria BC)**

Dr. Nahid Azad, a graduate of the University of Ottawa, is an internist and a geriatric medicine specialist. She is an Associate Professor of Medicine and the Director of the Office of Gender and Equity, and the Director of the Geriatric Assessment Unit. She is the University of Ottawa site-coordinator of a provincial collaborative project for integration of gender and health into undergraduate medical education. She is the advisory and editorial member to the Ministry of Health and Long-term Care Strategic Planning on Gender Equity; and Equity for Seniors. Her research focuses on quality indicators for ischemic heart disease and heart failure in women.

**The 2007 CAME – Ian Hart Award for Distinguished Contribution to Medical Education to be presented to Dr. Jeffrey Turnbull at the 2007 Medical Education Conference (Victoria BC)**



In addition to a BSc (University of Toronto) and a Masters Degree in Education (University of Western Ontario), Dr. Turnbull received his MD through Queen's University and later achieved specialty certification in Internal Medicine through the RCPSC in 1982. He moved to Ottawa in 1992 to take on the position of Assistant Dean and subsequently Vice Dean: Education at the University of Ottawa. In

July 2001 he was appointed Chairman, Department of Medicine, University of Ottawa and The Ottawa Hospital. Over the past several years, he has contributed nationally and internationally through the AFMC, RCPSC, CMA, AAMC, as President of the College of Physicians and Surgeons of Ontario and as President of the MCC. His principal interest in education has led to over 85 invited lectures and 45 publications. Most recently, he has pursued his interest in poverty and its effect on health. He is the Medical Director of the Inner City Health Project for the homeless in Ottawa and the recipient of several national grants pertaining to the health of the homeless. He also has an interest in developing countries and has been active in Africa, Bangladesh and Eastern Europe.

**The 2007 CAME – Junior Award for Distinguished Contribution to Medical Education to be presented to Dr. Jason Frank at the 2007 Medical Education Conference (Victoria BC)**



Dr. Jason Frank is Associate Director of the Office of Education at the RCPSC, and Director of Education in the Department of Emergency Medicine, at the University of Ottawa. He is also an Associate Member of the Department of Graduate Studies, Ontario Institute for Studies in Education. He obtained his MD from the University of Ottawa and his FRCPC in Emergency Medicine at the

University of Toronto. He has published and presented widely in medical education, where his research interests include: faculty development, program evaluation and curriculum development. He is known for his work with the RCPSC on the CanMEDS Project since 1994 and as an award-winning teacher. He was the 2005 EM Teacher of the Year in Canada, an honour awarded by the Canadian Association for Emergency Physicians, (CAEP).



**January / janvier  
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Le Collège royal des médecins et chirurgiens du Canada



### **New Staff Appointment — Barbie Shore, Project Manager**

Dr. Nick Busing, President and CEO of the Association of Faculties of Medicine of Canada (AFMC), is pleased to announce that Ms. Barbie Shore has been appointed Project Manager, a new position for the organization.

Barbie brings 15 years experience as a project manager both in the public and non-profit sectors. Since 2000 Barbie was Project Manager for the Community Information Online Consortium (CIOC), a national non-profit software company focused on public information services such as 211 and volunteerism. She also managed the development of a comprehensive bilingual web-site and community information database for new immigrants to Ontario and front-line settlement workers ([www.settlement.org](http://www.settlement.org)). As Manager, Access Metro, for the former Metropolitan Toronto government, she developed and managed their first web-site and in 1997 developed Access Toronto, an integrated approach, to “one stop shopping” for municipal government services using databases, the Internet and a centralized call center.

Barbie’s extensive experience with a variety of stakeholders in project management, strategic planning, research, and program evaluation will contribute greatly as she administers some of AFMC’s initiatives. Presently Barbie is managing the organization’s two Aboriginal health initiatives relating to undergraduate medical curriculum and recruitment and retention of Aboriginal students into medicine. See below for further details about these projects.

Welcome Barbie!

## **Moving Forward! AFMC — IPAC Aboriginal Health initiatives** *by Sue Maskill, Director of Administration, AFMC*

The Association of Faculties of Medicine (AFMC) and the Indigenous Physicians Association of Canada (IPAC) have been busy working together over the last few months on two fronts — Aboriginal health undergraduate curriculum and recruitment and retention of Aboriginal medical students. Two new subcommittees were formed to facilitate this work — an Aboriginal Health Curriculum Subcommittee, co-chaired by Dr. Alan Neville and Dr. Barry Lavallee. Dr. Richard MacLachlan and Dr. Stanley Vollant are co-chairing the Aboriginal Health Recruitment and Retention Subcommittee.

In early December a stakeholders’ workshop was held to gain consensus on the draft undergraduate core competencies developed by the Subcommittee, using a CanMEDS framework. There was great enthusiasm by those in attendance, which included representatives from the Aboriginal Nurses Association of Canada, Inuit Tapirit Kanatami, Métis National Council, National Aboriginal Health Organization, National Aboriginal Women’s Association of Canada, Congress of Aboriginal Peoples, Health Canada, College of Family Physicians of Canada, Canadian Association of

Schools of Nursing and the Royal College of Physicians and Surgeons of Canada, in addition to members of the Curriculum Subcommittee and other key stakeholders.

Feedback on the process used was very positive and many felt the networking opportunities were excellent. Ms. Barbie Shore, Project Manager for the Aboriginal health initiatives, has been working with a small working group who attended the workshop to develop a revised version based on the workshop’s small group and plenary discussions. It will soon be circulated to all in attendance in addition to other key stakeholders who were not able to attend. Once finalized, the results will be shared with each faculty of medicine and several stakeholder organizations including Aboriginal organizations, the Medical Council of Canada, Committee on Accreditation of Canadian Medical Schools, Collège des médecins du Québec. The Subcommittee will also meet in March to finalize its curriculum framework strategy and proposed three-year work plan. Plans include strategies and tools to support and engage faculties as they look at the Aboriginal health content of their curriculum.

The strategies recommended from the March 2006 stakeholders’ workshop which focused on how to increase the number of Aboriginal physicians in Canada, has formed the basis for the work being planned by the Recruitment and Retention Subcommittee. The proceedings of that workshop can be found at [http://www.afmc.ca/pages/sa\\_aboriginal\\_health\\_needs.html](http://www.afmc.ca/pages/sa_aboriginal_health_needs.html).

In early February a workshop is scheduled to begin developing a pre-admissions program toolkit to assist the faculties in recruiting and assisting Aboriginal students to prepare their application to a faculty of medicine. Those attending will include three Aboriginal medical students, a representative from each faculty of medicine and members of the Subcommittee. The Subcommittee is also working on a three-year work plan. Its proposed activities will include working with Aboriginal partners to develop a video to promote medicine as a career for Aboriginal students and a communications strategy for recruiting mature Aboriginal students.

## ANNOUNCEMENTS

### ANNONCES

*continued from page 8*

recognizes his accomplishments in the field of pediatric plastic and reconstructive surgery at the Hospital for Sick Children.

#### **McMaster University**

**Dr. Stephen Collins** has been appointed Associate Dean, Research for the Faculty of Health Sciences. He is currently a professor with tenure in the Department of Medicine, Head of Clinical Gastroenterology and is the first recipient of the Glaxo-Wellcome Chair in Gastroenterology. He is also Academic Director for the Digestive Diseases Program for Hamilton Health Sciences. He is internationally recognized for his work in gastroenterology and has held numerous leadership positions including Director of the Intestinal Diseases Research Program at McMaster, Chairman of the Strategic Initiatives Committee for the Canadian Foundation for Crohn's and Colitis.

#### **University of British Columbia**

**Dr. Martin Gleave** has been appointed Director, Prostate Centre at Vancouver General Hospital. He is a professor and received the Distinguished University Scholar designation by UBC in October 2003. He is also Director of Research for the Department of Urologic Sciences and Chair of the Genito-Urinary Tumour Group at the BC Cancer Agency. He is internationally known for his clinical and laboratory research in prostate cancer and is the principal investigator of several national cooperative studies in this area. In addition, he is the current Chair of

*continued on page 13*

## Kick Back a Couple of Centuries at the 2007 Medical Education Conference



Delegates and guests will be able to kick back about 200 years at this year's conference in Victoria (May 5-9th). The traditional Monday night social gathering is taking place in the historical setting of the Royal British Columbia Museum Old Town Gallery.

What could be more apropos for a conference with a theme of trail-blazing distributed medical education, than to relax and socialize amid the fascinating displays of the pioneers and their lifestyle at the turn of the last century?

Cobbled streets lead to intriguing reconstructions of life at the time when European explorers began their fur trade with the First Nations peoples — a replica of Captain Vancouver's HMS Discovery; a traditional Chinese herbalists apothecary shop; a typical pioneering family homestead; and a Cornish goldminer's waterwheel.

It won't be hard to change gears at this unusual venue where delicious food will be served for easy grazing at a series of themed food stations set up amidst the

gallery exhibits. One of Victoria's top notch caterers is pulling out all the culinary stops and getting into the spirit of the event with costumed servers.

All aboard the Discovery, tattooed buccaneers will hand out curried chicken satays and coconut rice balls spiked with mango; fish workers in aprons and wellies (gumboots) at the Cannery will dish up crab corn; and sweet potato fritters served with sweet mustard and candied salmon on bamboo knots and silk-jacketed Chinese "waiters" will offer a taste-tantalizing selection of noodle boxes. Should we mention desserts? On Vancouver Island, home of Nanaimo bars, you can be sure we know how to concoct the best of these!

Those are just a sample of the mouth-watering delights in store. For the protection of the valuable artifacts, only white wine and sparkling water will be served in the galleries but a wider selection, including non alcoholic beverages, will be available in the museum lobby.

Ambient music will set the mood. So dress casually and wear a comfy pair of shoes for time traveling. Bring your curiosity, a sharp appetite and prepare to have a historically wonderful time!

**UPDATE:** Owing to demand, the "First People's Gallery" will also be open for this event. It gives dramatic glimpses of First Nations cultures before and after the arrival of Europeans.

## AFMC Hosts Young Leaders' Forum

On March 28th and 29th, the AFMC, with generous financial support from Health Canada, will host its first Young Leaders' Forum at the Brookstreet Hotel in Ottawa. The meeting will bring together a group of dynamic young visionaries — health system policy makers and managers, health professionals, academic leaders, and community representatives — to think about what the Canadian health system ought to look like in 2027 and what we need to do to get there. The report from the meeting will be available on our web-site at [www.afmc.ca](http://www.afmc.ca) in early June. For more information on this initiative, please contact Irving Gold at [igold@afmc.ca](mailto:igold@afmc.ca).

Workshop ... continued from page 1

## OBJECTIVES

- to learn about planning a fully distributed medical program in a regional campus including anticipated and unanticipated challenges, missions-linked funding issues, partnership development, and different governance structures
- to learn about different approaches to educational program development
- to explore the accreditation process, preparation, issues and lessons learned
- to learn how to develop an evaluation framework that focuses both on processes and outcomes, and select core indicators
- to understand research issues and identify possible actions research projects

## WORKSHOP ACTIVITIES

A plenary presentation will address current knowledge, issues and challenges related to the development of fully distributed medical programs in outside campuses. An update on the Canadian experience with such programs will be presented.

Small group sessions will be highly interactive. A resource person will initiate each session by giving a short presentation addressing the topic of interest for that group and identifying issues as well as questions and directions for the small group work. Each group will provide recommendations and priorities regarding further development relevant to their topic area.

## WORKSHOP PRODUCTS

A final report, including presentations given and a set of recommendations related to the development of fully distributed medical programs in regional campuses, will be presented to the AFMC Council of Deans. It will outline recommended national actions and ini-

tiatives which will further the advancement of distributed medical education in Canada and internationally. It will also serve as a foundation for the implementation of a national collaborating working group who will continue to develop expertise in the domain.

## REGISTRATION

To register to the workshop, please complete the 2007 Medical Education Conference Registration Form which can be found at "[http://www.afmc.ca/pages/annual\\_meetings\\_2007.html](http://www.afmc.ca/pages/annual_meetings_2007.html)". An additional cost of \$60 over and above the 2007 Medical Education Conference registration fee will be charged for the workshop. This fee will cover lunch and refreshment breaks, and distribution of the final report.

## ORGANIZING COMMITTEE

### 2007 AFMC Post-Conference Workshop Planning Committee:

- Paul Grand'Maison (Co-Chair) Vice-Dean, Undergraduate Medical Education, Université de Sherbrooke
- Chris Lovato (Co-Chair) Director, Evaluation Studies Unit, Faculty of Medicine, University of British Columbia
- Pierre Gagné, Assistant Dean in charge of Mauricie Medical Education Centre, Université de Montréal
- Jonathan Kronick, Assistant Dean, Regional Medical Education, Dalhousie University
- Sue Maskill, Director of Administration, AFMC
- Allan Neville, Assistant Dean, Undergraduate MD Program, McMaster University
- David Snadden, Associate Dean, Northern Medical Program, Faculty of Medicine, University of British Columbia

## ANNOUNCEMENTS

### ANNONCES

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the National Cancer Institute of Canada Genito-Urinary Clinical Trials Group and the Canadian Uro-Oncology Group.

**Dr. Bruce McManus** has been appointed Director, James Hogg iCAPTURE Centre for Cardiovascular and Pulmonary Research. He will also serve as the inaugural Scientific Director, Heart Centre, St. Paul's Hospital. He is currently a professor with the Department of Pathology and Laboratory Medicine and joined UBC as Head of this department in July 1993, a post he held until December 2000. His research is focused on injury repair involved in inflammatory and infectious diseases of the heart and blood vessels. Together with current trainees and colleagues, he is working to understand acute and chronic rejection in recipients of heart, kidney and liver transplants.

**Dr. L. Trevor Young** has been appointed Head, Department of Psychiatry. He received his medical degree from the University of Manitoba. This was followed by residency training at McGill University and the University of Toronto where he also completed his PhD in Medical Sciences. He completed a Research Fellowship at Johns Hopkins University in Maryland and currently holds an adjunct faculty member position at the Rockefeller University in New York. His principal research interest include understanding the molecular basis of bipolar disorder and its treatment, and how to apply these findings to the clinical setting. He is widely published and well funded by peer reviewed granting agencies in these areas.

AFMC – CAME – CFPC – MCC – RCPS

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**2007 Medical Education Conference (Victoria BC) May 5 – 9  
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to your favourites to keep informed on the 2007 Medical Education Conference.

### Reflections ... continued from page 3

professionals. We hope that the visioning exercise will lead to a broader discussion with all stakeholders and current leadership that will ultimately help faculties and others to respond even more effectively to future health needs in Canada.

Over the past year we have become increasingly engaged in research advocacy, working with other stakeholders such as ACAHO, AUCC and Research Canada. AFMC members are actively involved in discussions regarding research integrity and human research participant protection. Following on our presentation to the Standing Committee on Finance and our

response to the Advantage Canada proposal that was launched with the last fiscal and economic update from the Minister of Finance, we are embarking on a more aggressive campaign to argue for more funding for CIHR and increased indirect costs support. Our faculties train most health researchers and provide a home for them. However the very low success rate in the most recent CIHR competition is a major worry and threatens not only the job security of many individuals, but leaves many valuable research activities unfunded.

There is no shortage of challenges facing us. AFMC benefits enormously from the commitment of our 17 faculties, and more importantly from the commitment of many of you as individual members of the faculties. It is with your participation and contribution that we can address so many critical issues facing us.

I look forward to seeing many of you in Victoria in May.

Dr. Busing will give a keynote address at this conference on May 8th at the AFMC Awards Luncheon.

### Réflexions ... suite de la page 3

et à la formation professorale de ceux qui enseignent aux diplômés hors Canada et États-Unis. La liste complète de nos projets permanents et de nos groupes de ressources figure sur notre site Web ([www.afmc.ca](http://www.afmc.ca)).

Nous ne nous contentons pas de nous concentrer sur notre travail actuel, mais regardons vers l'avenir comme en témoignent le Forum des jeunes leaders et notre engagement envers la promotion et la défense de la recherche. À la fin mars, nous allons réunir environ 20 jeunes leaders qui participeront à un exercice de visualisation d'avenir. L'expérience devrait nous permettre de commencer à déterminer les besoins futurs du système de santé. Ces leaders proviennent de cinq groupes : intervenants communautaires, intervenants universitaires, décideurs, gestionnaires et professionnels. Nous espérons que l'exercice mènera à une discussion plus vaste englobant tous les intervenants et les leaders actuels et que l'initiative permettra, en bout de ligne, d'aider les facultés et autres organismes à répondre encore plus efficacement aux besoins futurs des Canadiens en matière de santé.

Au cours de la dernière année, nous avons accentué notre engagement envers la promotion et la défense de la recherche, travaillant avec des intervenants tels que l'ACISU, AUCC et le CNRC. Les membres de l'AFMC participent activement à des discussions portant sur l'intégrité de la recherche et la protection des participants à des études sur les humains. Pour donner

suite à notre présentation devant le Comité permanent des finances et à notre réponse à la proposition d'Avantage Canada présentée avec la dernière mise à jour fiscale et économique du ministre des Finances, nous amorçons une campagne plus agressive visant à demander davantage de financement des IRSC et un appui accru sur le plan des coûts indirects. Nos facultés forment la plupart des chercheurs en santé et leur offrent un endroit où exercer leurs activités. Cependant, le très faible taux de réussite dans le cadre du plus récent concours des IRSC constitue une préoccupation majeure et menace non seulement la sécurité d'emploi de plusieurs personnes, mais est la cause du non-financement de plusieurs activités de recherche valables.

Les défis auxquels nous faisons face sont très nombreux. L'AFMC bénéficie énormément de l'engagement de ses 17 facultés de médecine et qui plus est, de l'engagement de plusieurs d'entre vous en tant que membres individuels des facultés. C'est grâce à votre participation et à votre contribution que nous pouvons faire face à un si grand nombre d'enjeux critiques avec lesquels nous sommes aux prises.

J'espère avoir le plaisir de voir plusieurs d'entre vous à Victoria en mai prochain.

## COMING EVENTS

### À VENIR

#### University of Saskatchewan

**March 23 & 24, 2007**

4th Annual Peter & Anna Zbeetnoff Memorial Drug Therapy Decision Making Conference\*  
Travelodge Hotel, Regina

**April 20 & 21, 2007**

International Medical Graduate Orientation Conference\*  
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• **ACADEMIC MEDICINE**

*January 2007*

**A Proposal for Teaching Basic Clinical Skills for Mastery: The Case Against Vertical Integration**

Jochanan Benbassat, Myers — JDC — Brookdale Institute, Jerusalem, Israel and Reuben Baumal, University of Toronto

**The Predictive Validity of the MCAT for Medical School Performance and Medical Board Licensing Examinations: A Meta-analysis of the Published Research**

Tyrone Donnon, Elizabeth Oddone Paolucci and Claudio Violato, University of Calgary

*December 2006*

**Duty Hours Reforms in the United States, France, and Canada: Is It Time to Refocus Our Attention on Education?**

Sarah Woodrow, University of Toronto; Christophe Segouin, Université Denis Diderot, Paris, France; Judith Armbruster, Accreditation Council for Graduate Medical Education, USA; Stanley J. Hamstra and Brian Hodges, University of Toronto

• **CANADIAN FAMILY PHYSICIAN**

*January 2007*

**Why Medical Students Switch Careers: Changing Course During the Preclinical Years of Medical School**

Ian Scott, Margot C. Gowans, University of British Columbia; Bruce Wright, University of Calgary; Fraser Brenneis, University of Alberta

• **MEDICAL EDUCATION**

*November 2006*

**Free Choice and Career Choice: Clerkship Electives in Medical Education**

Tanis Mihalyuk, Gentson Leung, Joan Fraser Joanna Bates, University of British Columbia; David Snadden, University of Northern British Columbia

**Can Virtual Reality Improve Anatomy Education? A Randomised Controlled Study of a Computer-generated Three-dimensional Anatomical Ear Model**

Daren T. Nicholson, Oregon Health and Science University; Colin Chalk, W. Robert J. Funnell and Sam J. Daniel, McGill University

**Assessing Procedural Skills in Context: Exploring the Feasibility of an Integrated Procedural Performance Instrument (IPPI)**

R. Kneebone, D. Nestel, F. Yadollahi, R. Brown, C. Nolan, J. Durack, H. Brenton, Imperial College London, UK; C. Moulton, University of Toronto; J. Archer, Sheffield Children's Hospital, UK; A. Darzi, Imperial College London

• **MEDICAL TEACHER**

*September 2006*

**A Systemic Review of Faculty Development Initiatives Designed to Improve Teaching Effectiveness in Medical Education: BEME Guide No. 8**

Yvonne Steinert, McGill University; Karen Mann, Dalhousie University; Angel Centeno, Austral University, Argentina; Diana Dolmans, University of Maastricht, The Netherlands; John Spencer, University of Newcastle upon Tyne, United Kingdom; Mark Gelula, University of Chicago; David Prideaux, Flinders University, Australia

**Why Community Physicians Teach Students (Or Not): Barriers and Opportunities for Preceptor Recruitment**

Ian Scott and Payam Sazegar, University of British Columbia

## Faculty Development Grants Available!

*Deadline to Apply: April 30, 2007*

In the summer of 2006, the Association of Faculties of Medicine of Canada (AFMC), with funding from Health Canada, released a bilingual program titled *A Faculty Development Program for Teachers of International Medical Graduates*. The Program, in its entirety, can be found at [www.afmc.ca/img](http://www.afmc.ca/img). Each Canadian faculty of medicine received two binders containing the Program materials, and copies were provided to each provincial IMG Assessment Program, the provincial licensing authorities, the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada and the Collège des médecins du Québec.

We are pleased to advise that, with Health Canada funding support, we are able to offer each faculty the opportunity to apply for a grant (one per faculty) to host a local faculty development session using the materials provided in this Program to prepare teachers to work with international medical graduates.

The Program contains detailed materials including six modules, each containing key concepts, teaching and learning strategies, faculty development activities and a variety of teaching tools and resources (PowerPoint presentations, video scenarios, IMG narratives, etc.).

The modules are:

- Educating for Cultural Awareness
- Orienting Teachers and IMGs
- Assessing Learner Needs and Designing Individually Tailored Teaching Programs
- Delivering Effective Feedback
- Promoting Patient-Centred Care and Effective Communication with Patients
- Untangling the Web of Clinical Skills Assessment

The Program also includes an introduction and overall guide to developing site-specific faculty development programs.

Each faculty of medicine in Canada is eligible for one grant of \$5000.00. An additional \$2500.00 per faculty of medicine is available, if desired, to provide support for travel costs and honorarium for a resource person from a list provided. These resource people were involved in the development of the Program. The grant application guidelines were sent in early February to each Postgraduate Dean and to the members of the AFMC Faculty Development Committee.

Although April 30, 2007 is the deadline for each faculty of medicine to apply for a grant, **faculties who are planning to host a session before then**

**may apply before this deadline.**

The AFMC will review all grant applications and will make the final decisions in awarding the grants. The expectation is that each faculty of medicine will receive one primary grant but each application must meet the criteria outlined. One stipulation is that each application approved must complete its project by **February 28, 2008**. It is not an onerous application process but for each approved project, upon completion, a report must be submitted to the AFMC describing the project and its outcomes, and the nature and number of participants. A defined evaluation report must be included as well. All reports must be received by **April 15, 2008**.

This is an opportunity for each faculty of medicine to apply for financial assistance to bring educators together, adapting the Faculty Development Program for Teachers of International Medical Graduates to meet its needs. Faculties are encouraged to bring as many faculty and teachers together as possible, including those from nearby provincial IMG Assessment Programs. For further information on this grant program please contact Kim Wilson (e-mail: [kwilson@afmc.ca](mailto:kwilson@afmc.ca)).

## INAUGURAL CANADIAN MICRONUTRIENT CONFERENCE

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MAY 4 AND 5, 2007

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