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2016 / 2017

ANNUAL REPORT

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ASSESSMENT



■ Table of Contents

Mission and Vision.....	2
Messages.....	3
Who We Are.....	5
Achievements/ Events and Programs.....	7
Distributed Programs.....	8
Residents and FD.....	9
2016 Needs Assessment Report.....	9
Evaluation.....	9
Comings and Goings.....	10
Committees and National Involvement.....	10
Research and Scholarship.....	11
Innovations.....	12
Conclusions.....	13
Acronyms.....	14
Appendices.....	16
Appendix 1 – FD Events 2016/17.....	17
Appendix 2 – Needs Assessment Report.....	23
Appendix 3 – External Report Recommendations.....	42
Appendix 4 – FD Matrix.....	43
Appendix 5 - Contacts.....	44



2016/17 Faculty Development Annual Report

MISSION STATEMENTS

University of Saskatchewan

Advances the aspirations of the people of the province and beyond through interdisciplinary and collaborative approaches to discovering, teaching, sharing, integrating, preserving, and applying knowledge, including the creative arts, to build a rich cultural community. An innovative, accessible, and welcoming place for students, educators, and researchers from around the world, we serve the public good by connecting discovery, teaching, and outreach, by promoting diversity and meaningful change, and by preparing students for enriching careers and fulfilling lives as engaged global citizens.

College of Medicine

As a socially accountable organization, we improve health through innovative and interdisciplinary research and education, leadership, community engagement, and the development of culturally competent, skilled clinicians and scientists. Collaborative and mutually beneficial partnerships with Indigenous peoples and communities are central to our mission.

Faculty Development

Our mission is to provide training and support all faculty members to their fullest potential in order to attain the College of Medicine's education, research and service goals. We will advance the provision of high quality, patient-centered care by enhancing the teaching and learning process across the medical education continuum.

Messages – College of Medicine

Dr. Kent Stobart, Vice Dean Education

The College of Medicine continues to move forward on building Canada’s best small medical school for Canada and the world. Key to our success is developing strong supports through continuing professional development for our staff, faculty and learners.

There is new energy within Faculty Development and across the College of Medicine, as we move forward with our new five-year strategic plan. Faculty development is a key component of how our college will achieve its mission, through our seven strategic priority areas: strengthen research capacity, quality education and scholarship, social accountability and community engagement, indigenous health, empower and engage faculty, distributed medical education, and integration and alignment with the health system.

The Faculty Development team will lead our focus on education and training to develop clinicians that excel at meeting the needs of the people of Saskatchewan. This work will support our faculty as they further develop cultural competency skills and the leadership skills needed to drive health system transformation.

Dr. James Barton, Associate Dean CME

It has been a great pleasure to work closely with Cathy MacLean, Director of Faculty Development, and the Faculty Development team since starting in my position in January, 2017. This marks the first time our two groups have conscientiously agreed to work in close coordination, aligning wherever possible our mission, vision, energy and resources. It has been relatively easy, as between Faculty Development and Continuing Medical Education there is a common belief that for the dynamic of the learner and teacher model to achieve maximum potential we must be aware of both the content of teaching and the method by which it is delivered. Meaningful content cannot compensate for a poorly prepared educator and even the most talented educator cannot make an irrelevant subject meaningful. Together we will continue to work closely to ensure that the programs we deliver serve to prepare the learner in their roles of educator and clinician to best serve the students they lead and the patients for whom they provide care.

Messages - Faculty Development

Dr. Kalyani Premkumar, 2016 Interim Director

Faculty Development is an important part of the medical education continuum and has to be implemented strategically to meet the needs of every faculty member. In July 2016, the College of Medicine allocated physical space in St. Andrews, a budget and administrative help to establish the infrastructure and foundation for faculty development. Since July, 2016, a number of steps have been taken to launch faculty development. Following discussions, a mission, vision and values for Faculty Development (FD), aligned with the University of Saskatchewan and College of Medicine’s strategic plans, were developed. An FD Advisory Committee was formed with representatives from key stakeholders. Department heads were approached to identify FD needs in order to customize delivery of FD to their faculty. A website was developed to serve as a hub of resources, along with an Event Tracker to archive and keep track of topics, facilitators, participants, methods of delivery, location and evaluations. A number of events have been implemented. One of the key events offered, for inter-professional faculty, was the Advanced Skills for Simulation Educators & Teachers (ASSET) course (with assistance from the University of Calgary) under the leadership of Dr. Brent Thoma.

Dr. Cathy MacLean, 2017 Faculty Development Director

It has been a pleasure working in Faculty Development for the past several months, building on the foundational work of Dr. Premkumar. We have had an eventful year with a number of changes and we are pleased to present this annual report to celebrate the many achievements of the team in the College of Medicine, as well as our collaborations with others meeting faculty development needs across various colleges, schools, departments, sites and campuses. We are also grateful to the many presenters who delivered programs and to those who participated! We are looking forward to another year, as we continue to build a solid program—particularly addressing accreditation concerns, new programs and exciting upcoming changes such as competency based medical education.

Dr. Christina Ames, Regina Campus Faculty Development Program

In November 2016, a needs assessment was conducted for all Regina-based University of Saskatchewan College of Medicine faculty. Approximately 450 Regina faculty were included and 100 responses were received. Trends that emerged from the data were that faculty wish to attend sessions focused on the teaching and learning realm of faculty development. In particular, there is strong interest in the topics of competency-based education, giving effective feedback, and evaluating learners (57%, 56%, and 50% of respondents, respectively). Secondary interest was noted in the following topics: teaching the "problem" learner, teaching clinical reasoning skills, teaching the non-medical expert CanMEDS roles, and small group teaching (40%, 38%, 37% and 30% of respondents, respectively). In the realm of scholarship and research, faculty were most interested in the topic of designing medical education research projects, preparing for grand rounds, and public speaking (38%, 29%, and 28% of respondents, respectively). In the realm of administration, leadership and career development, Regina-based faculty were most interested in developing leadership skills, conflict management and negotiation, peer assessment of teaching, and time management (38%, 38%, 37% and 36% of respondents, respectively).

In terms of delivery format and timing, faculty expressed preference for lunch and learn sessions (49% of respondents) and single workshops lasting from one hour to a half-day (49% of respondents). Web-based instructional materials (to complete independently) were also of interest to faculty, with 45% of respondents reporting an interest in this format. Most faculty preferred evening and lunch hour sessions (39% and 31% of respondents, respectively) lasting one hour (58% of respondents). Faculty overwhelmingly preferred to receive information on faculty development via email (97% of respondents).

In response to these results, monthly e-newsletters have been circulated to inform faculty of faculty development events available in Regina, both in-person and video-conferenced. Sessions were developed and delivered on the topics of *Giving Effective Feedback to Learners* and *Improving Written Feedback to Learners*. Monthly Medical Education Grand Rounds were video-conferenced from Saskatoon to Regina, where before these were typically only offered in Saskatoon. Family Medicine Faculty Development Rounds were also advertised to the greater Regina faculty to encourage interdisciplinary learning. The College of Medicine is in the process of organizing consultations with individual departments to determine their faculty development needs. A working group has also been convened to provide guidance and feedback for faculty development plans in Regina.

The Regina site will undergo another transition in July 2017 as I will no longer be involved as the Regina Faculty Development Coordinator. It has been a pleasure serving in this role, and I look forward seeing how the Regina Faculty Development program evolves.

WHO AND WHERE WE ARE

Dr. Cathy MacLean, FCFP, MCISc, MBA, is the Faculty Development Director for the College of Medicine. Dr. MacLean is a family physician with extensive administrative, clinical and education experience. She assumed the Director role in January, 2017. She has a dedicated 0.6 FTE for Faculty Development and an additional 0.4 in family medicine which includes clinical and academic work.



Dr. Kalyani Premkumar, MBBS MD MSc(Med Ed) PhD, MBA, Professor, with the Department of Community Health and Epidemiology, University of Saskatchewan, has a 0.6 FTE dedicated to faculty development. She is an Association of Faculties of Medical Colleges (AFMC) peer leader on the E-Health Sub-Committee. In the College of Medicine, Dr. Premkumar is the lead for the development of a new Masters in Health Professions Education. She provides a variety of faculty development sessions in teaching and assessment.



Mr. Sean Polreis, Masters in Education, is the Faculty Development Coordinator in the Faculty Development office, in Saskatoon. He is a 1.0 FTE in faculty development. Sean has extensive teaching experience and is highly regarded for his faculty development delivery in particular in the Teaching for Medical Education programs such as TIPS on developing residents as teachers.

Dr. Marcel D'Eon, PhD, is a Professor, with the Department of Community Health & Epidemiology, works in UGME and has been an active provider of faculty development for many years in the College of Medicine.

Dr. Christina Ames, is an emergency medicine physician in Regina who has been the campus lead for Faculty Development in Regina. She is currently working on a Masters in Medical Education. She had 0.1 FTE protected for Faculty Development work and finished her term July 2017.

Deboleena Chakraborty, was hired as the FD Administrative Assistant and stayed from July 2016 to April 2017 when she moved to Regina for family reasons. We wish her and her family the best in their new adventure.

The above group comprises a core FD team that meets regularly to help coordinate FD in the CoM.

In addition to the Regina Campus role, we now have departmentally placed leads for Faculty Development, such as **Dr. Sharon Card** Director, Faculty Development for Internal Medicine who has a role in Competency by Design for Postgraduate Medical Education. **Dr. Andries Muller** is the Faculty Development Director for Family Medicine. These roles vary from less than 0.1 to at most 0.3 full-time equivalent (FTE) of protected time for Faculty Development. There are positions now for Faculty Development leads in rural sites as well as the academic centres in Saskatoon and Regina. **Dr. M. Heroux** was the FD site lead in Regina for Family Medicine with a 0.1 protected role and has now moved on to be the Clinic Director there. **Dr. Bev Karras** is the FD lead for Saskatoon and her FD role is 0.1 FTE. The rural FD site leads are 0.1 FTE positions and are to be located in Swift Current, North Battleford, Moose Jaw, La Ronge and Prince Albert. Departments that also have regular faculty development (including retreats and planned regular department-based sessions) include anesthesia, psychiatry and emergency medicine. Other departments, such as surgery, are working towards having a faculty member with dedicated time for faculty development. The number of departments with faculty development roles in place are expected to continue to grow this year.

We have also benefited greatly from **Dr. Brent Thoma's** role with ASSET. Brent has been filling in a variety of roles, including in simulation at the university, when he is not working in emergency medicine. His medical education research is widely published, particularly related to his work in novel approaches using technology.

FD works closely with the Division of Continuing Medical Education and **Dr. Jim Barton**, Associate Dean CME. Collaborating with the other health sciences colleges allows Faculty Development to access additional resources and promote programs such as Indigenous Wellness. This is an excellent online course which offers a great introduction to cultural issues that are critical to teaching and practicing in Saskatchewan.

Faculty Development Advisory Committee

In addition to the developing FD network, which includes the Regina campus and departmental as well as new site FD leads/ directors, an FD Advisory Committee (FDAC) was started by Dr. Premkumar in April 2016. FDAC includes representation from other health sciences colleges, the Health Sciences Library, the Gwenna Moss Teaching and Learning Centre, and the College of Medicine's Distributed Medical Education, CME, PGME and UGME associate deans. The committee provides a mechanism to bring faculty development needs forward from faculty across the province and helps disseminate faculty development from central programs out to distributed teaching sites. FDAC members are:

- Dr. Marek Radomski, Vice Dean Research- College of Medicine
- Dr Pat Blakley, Associate Dean, Undergraduate Medical Education
- Dr. Gill White, Associate Dean, Regina Programs
- Dr. Tom Smith Windsor, Associate Dean, Rural and Northern Medical Program
- Dr. Anurag Saxena, Associate Dean, Postgraduate Medical Education
- Dr. Jim Barton, Associate Dean, Division of Continuing Medical Education
- Ms. Susan Murphy, Head Librarian
- Ms. Nancy Turner, Director, The Gwenna Moss Centre for Teaching Effectiveness
- Ms. Noreen Mahoney, Associate Dean, Edward school of Business
- Dr. Liz Harrison, Assoc. Dean, Physical Therapy

ACHIEVEMENTS - EVENTS AND PROGRAMS

FD programming

A full listing of FD events from January 2016 to June 2017 is provided in Appendix 1. **Over 80 sessions** were organized by or presented through Faculty Development in 2016/2017 with **over 550 participants**. Programming covered all four FD pillars: Instructional (Teaching and Learning as well as Assessment and Evaluation), Leadership, Professional/Career Development and Organizational Development.

Sessions were organized for residents, early career faculty, and those at more advanced levels. The vast majority of the sessions delivered were targeted to residents as teachers. The ASSET course was fully subscribed, with a waiting list, and plans are underway to offer it again in 2017/2018.

Programs for UGME and PGME

Our greatest commitment is to the Residents as Teachers course which is called TIPS (Teaching Improvement Project Systems). This program is run by Sean Polreis and involves all postgraduate year one residents (PGY 1) at the University of Saskatchewan. It is a required course and was completed for that year in February 2017. Ensuring this course is taught to all PGY 1 learners is also a major requirement for UGME accreditation. Residents in some programs get additional sessions in Medical Education throughout their residency and all are encouraged to seek opportunities to improve as teachers.

In the past year, FD completed a revision of Inter-professional Problem Based Learning (iPBL) learning objectives and assignments, and the grading rubric for Clinical Integration, a required course in undergraduate education. We also offered tutor training for iPBL.

Department presentations

Presentations on FD were provided to the departments of psychiatry, pediatrics and medical imaging in the College of Medicine, as well as to the School of Public Health. Some departments, like the Department of Academic Family Medicine, run their own faculty development program and have sessions now on a monthly basis. The listing of some of the faculty development sessions presented in FM over the past year are at the end of Appendix 1. We work with several departments to deliver specific faculty development programming that is integrated into department retreats, rounds, etc. Psychiatry, for instance, this past spring ran a session with FD involvement on Failing to Fail. This workshop was approved for MOC credits through the Division of CME with the assistance of the FD office.

Colleges

We provided faculty development predominantly in the College of Medicine, as well as for Veterinary Medicine.

■ Medical Education Grand Rounds (MEGR)

MEGR continued this year on the last Thursday of the month in the Health Sciences B-wing conference room [B525]. There was lots of great discussions and ideas generated. Some sessions were video-conferenced and also included residents. We would like to see this happening more in the future.

Date	Topic	Presenter
January, 2016	Resident Role Modeling: "It Just Happens"	Sean Polreis
February, 2016	Impact of Distraction & Multi-tasking	Sean Polreis
March, 2016	Enhancing Student Engagement in Large Classes using Team-created Digital Posters	Kalyani Premkumar
October, 2016	Introduction to Open Textbooks	Heather Ross
November, 2016	What does an integration of quality improvement and inter-professional competencies look like?	Katherine Stevenson
December, 2016	Universal Design For Learning	Kalyani Premkumar
January, 2017	What place does ideology have in medical education scholarship?	Rachel Ellaway
January, 2017	Curriculum for Multi-system Disease	Heather Ward
March, 2017	Troublesome Knowledge in a Mental Health Nursing Curriculum	Don Leidl
April, 2017	The Use of Summative Assessment to give Formative Feedback	Josh Lloyd, Suzanne Martin

■ OUR DISTRIBUTED PROGRAMMING

As the College of Medicine develops a distributed Faculty Development Network, it is also enhancing linkages with Distributed Medical Education, which offers key FD programs such as SaskRENEWAL, an annual faculty development conference targeted to rural preceptors; both family physicians and other specialists. We also look forward to working closely with the college's Faculty Engagement office in the future. Site-based FD presentations occurred throughout the province including in Estevan and family medicine post graduate teaching sites.

SaskRENEWAL

Faculty Development was pleased to assist in the planning for the SaskRENEWAL conference in May, 2017 in Watrous. Many thanks to Dr. Tom Smith-Windsor, Associate Dean Distributed Medical Education and Nicole Toutant, Administrative Coordinator, at the college's Prince Albert instructional site, for all their work in organizing this great event. In 2017, this conference had 60 registrants and had very positive reviews.

Locations

The majority of FD sessions were provided in Saskatoon with videoconferencing and webex available for some events. Some sites include FD in their regular rounds such as North Battleford. Sessions held in Regina included:

- Workshop on Medical Terminology in French – March 17, 2017
- Giving Effective Feedback to Learners – March 21, 2017 and March 23, 2017
- Troublesome Knowledge in a Mental Health Nursing Curriculum – March 30, 2017
- Suggestions for Teaching International Medical Graduates – April 5, 2017
- Failure to Fail – The Culture of Assessment Validity – April 26, 2017
- The Use of Summative Assessment to Give Formative Feedback – April 27, 2017
- Open Educational Resources in Medical Education: Growth, Impact and Quality – May 25, 2017

Enhanced FD supports are now in place in Regina and we look forward to this growing in 2017/18. With new site leads in FM postgraduate training sites, we also look forward to learning more about locally delivered FD throughout the province.

RESIDENTS AND FACULTY DEVELOPMENT

Sean Polreis facilitated the TIPS for Residents course. He also facilitated other teaching improvement-related resident sessions for specific departments such as Psychiatry.

TIPS for Residents in remote sites were held: July through August 2016 and 2017, in Moose Jaw, Swift Current, North Battleford, La Ronge, and Prince Albert, as well as in Regina and Saskatoon.

2016 NEEDS ASSESSMENT REPORT

In 2016, a province-wide needs assessment was completed by Heather Stenerson in CME and included a section on Faculty Development needs. This has now been reported to Faculty Development and will be used for planning future sessions. The FD summary from this report is included in Appendix 2 with permission from the Division of CME.

An in-depth FD needs assessment was done specific to Regina by Dr. Christina Ames and was instrumental in the planning for Regina this past year. The details of this were reported in Dr. Ames' message.

EVALUATION OF FACULTY DEVELOPMENT

An external review of Faculty Development with input from across the province was also completed in 2016 by Gisèle Bourgeois-Law, MD, M.Ed. The report was presented and has been a focus of the planning that has occurred since January, 2017. We have created an overall evaluation of the FD program with major assistance from Caroline Hoessler, PhD in the Gwenna Moss Teaching and Learning Centre. This program evaluation will include tracking our progress on the various recommendations from this external review. The recommendations are listed in Appendix 3.

COMINGS AND GOINGS

Conferences attended

We strive to keep abreast of key initiatives and new approaches in Faculty Development specifically and medical education broadly. Sean Polreis attended the International Conference on Residency Education & Canadian Conference on Medical Education. Kalyani Premkumar presented at the Asia Pacific Medical Education Conference, held in Singapore, in January 2016 and is an invited speaker for the 2017 conference. Cathy MacLean and Kalyani Premkumar also attended the Canadian Conference on Medical Education in Winnipeg this past spring, 2017.

Deboleena Chakraborty finished in the office on April 30th, and has moved to Regina.

Marcel D'Eon started his sabbatical in July, 2017.

Christina Ames has moved on from FD in Regina as of July 1st.

Wayne Weston and Fran Kirby did contract work for us this year for which we were very grateful. Dr. Weston's clinical teaching tips are on our website and Fran's contribution has helped us in our planning to offer more Mainpro and MOC certified programs in the future.

Welcome back to Faculty Development - **Deirdre Bonnycastle!** Dr. Bonnycastle is updating her on line Medical Education wiki with valuable FD resources which is now connected to the FD website. She will be doing regular post retirement work in FD which is much appreciated.

COMMITTEES, LEADERSHIP ROLES

Sean Polreis accepted the position of Co-Lead for the College of Medicine for Inter-professional Problem Based Learning. He is also on the CME Curriculum Advisory Committee which is very helpful as a liaison with CME.

Kalyani Premkumar accepted the lead for the CoM for the development of the Masters in Health Professions Education.

Cathy MacLean is now serving on the Curriculum Delivery Subcommittee for UGME and the CBD FD committee for PGME. She is also actively attending the Medical Education Oversight Committee and Education Executive Team meetings.

National Involvement

Sean Polreis has been on the AFMC Faculty Development Committee. Kalyani Premkumar has been a member of the AFMC eHealth group that has developed eHealth FD resources. She has assisted the Medical Council of Canada PHELO committee to include assessment of eHealth in examinations. Cathy MacLean serves on the Family Medicine Forum Advisory committee for the CFPC, is an AFMC FD Networking group representative for U of S and is an accreditation surveyor for the CFPC.

■ OUR RESEARCH, SCHOLARSHIP AND PUBLICATIONS

We have a number of interests including:

- e-Portfolios and the role of reflection in FD programming
- Physician Learning Plans for SK physicians and how these might be used with CME
- Utilizing a developmental approach to the evaluation of the overall FD program (including the use of the CFPC's Fundamental Teaching Activities Framework)

Other academic/scholarship achievements in 2016/17 include:

- 2017 **Premkumar, K**, Kendall, H. Next Steps and Future Direction. In: Bhyat R, editor. Health Professionals' Education in the Age of Clinical Information Systems, Mobile Computing and Social Networks. 1. 2017, Book Chapter.
- 2017-04-29 **Premkumar K**, Saxena A. Effective integration of medical learners in difficulty. Workshop to be presented at: Canadian Conference on Medical Education; 2017 Apr 29-May 2; Winnipeg, Manitoba Workshop.
- 2017-04-28 Saxena A, **Premkumar K**. Staying focused and achieving outcomes in a continuously evolving (changing) environment. Workshop to be presented at: Canadian Conference on Medical Education; 2017 Apr 28-May 2; Winnipeg, Manitoba workshop.
- 2017-02-22 **Premkumar K**. 2017 Faculty Perceptions on Faculty Development. Health & Medical Education Scholarship Symposium. Feb 22-24; Calgary, Alberta Workshop.
- 2017-02-22 Onyinyechi VU, **Premkumar K**. 2017 Sharing Circle versus Focus Group in the Development of Diabetic Retinopathy Mobile Health (mHealth) Education for Aboriginal Women Health & Medical Education Scholarship Symposium. Feb 22-24; Calgary, Alberta Poster.
- 2017-02-22 Bomfim E, **Premkumar K**. 2017 Innovative Teaching Strategies to Facilitate Medical Education: the Challenge of Teaching the Millennial Medical Students. Health & Medical Education Scholarship Symposium. Feb 22-24; Calgary, Alberta Poster.
- 2017-01-11 **Premkumar K**, Satiishkumar S, Pulimood A, Umaefulam V, Vinod E, Samuel P, John T. Self-Directed Learning Readiness of Indian Medical Students: A Mixed-Method Study. 14th Asia Pacific Medical Education Conference (APMEC); 2017 Jan 11-15; Singapore Poster.
- 2017-01-11 **Premkumar K**, Bartman I. Medical Education in a Technology Enabled Era: A National-Level Initiative. 14th Asia Pacific Medical Education Conference (APMEC); 2017 Jan 11-15; Singapore Oral Presentation.
- 2016 **Premkumar K**, Coupal C. Use of Student Response Systems for Summative Assessments. Creative Education. 2016; 7(13). Epub 2016 Aug 7.
- 2016-09-29 **Premkumar K**. Facilitator Training for Inter-professional Problem-based Learning. To train inter-professional facilitators across the province. Regina Workshop.

- 2016-09-09 Malin G, **Premkumar K.** Writing Multiple Choice Questions Right. Undergraduate Medical Education Directors Retreat. Saskatoon Workshop.
- 2016-09-09 **Premkumar K.** Failure to fail & Remediation in Medical Education. Undergraduate Medical Education Director's Retreat. Saskatoon Workshop.
- 2016-09-07 **Premkumar K.** Application of Universal Design for Learning in Medical Education. Department of Medicine Grand Rounds. Saskatoon Speaker.

INNOVATIONS

We are using the College of Family Physicians of Canada, Fundamental Teaching Activities Framework and have developed a new FD matrix to help in the delivery of our future work (Appendix 4). There will be an opportunity to study the usefulness of this approach over time but the hope is that it helps direct our curriculum and ensures we are covering all domains and levels.

We are expanding our capacity for faculty development delivery using a network approach that is more distributed and this will evolve over the upcoming year. This will assist us in making connections with the various departments within the College of Medicine as well as other health science programs at the University of Saskatchewan.

In June, with funding from UGME, we entered into an agreement with the IWK Health Centre in Halifax to offer an online research course called **creo™** - comprehensive research education on line. This will be our main effort for research skills development for faculty and is a pilot for the upcoming year. The program is offered at no cost and we are encouraging as many faculty as possible to participate. Also in early 2017, we spent time organizing the first Medical Education Research and Scholarship Day for the College of Medicine. FD is pleased to promote and encourage this sharing of research and scholarship!

GOING FORWARD

Dr. Premkumar will continue the work on the development of a Certificate in Medical Education and future masters in collaboration with the U of S College of Education, with some firm timelines and deliverables. We are working incrementally with the Division of CME to come together as a Continuing Professional Development resource within the College of Medicine and are redesigning our website and other shared processes to provide a “one stop shop” approach to CPD in the province that will be seen as a preferred resource by physicians. This collaboration and those with the Saskatchewan Medical Association, Health Quality Council, College of Physicians and Surgeons of Saskatchewan and others represent exciting opportunities that will assist physicians and other health care professionals to provide the best possible care for our patients and best teaching and learning opportunities for our learners in all areas of the province. We also look forward to offering more Mainpro+ and MOC certified faculty development programming with the assistance of the Division of CME in the future.



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CONCLUDING REMARKS

2016 was a year of many changes and transitions for the Faculty Development office and many great programs were offered across a variety of venues and topic areas. Many thanks to the team, and we look forward to serving you in 2017/18. Our annual event, the Medical Education Research and Scholarship Day is tentatively booked for June 8, 2018—we look forward to seeing you there! We are here to be of service and support to our highly distributed faculty and are happy to be contacted at any time. Our office contacts and website listing are provided in the final appendix at the end of this report (Appendix 5). We look forward to hearing from you!

COMMON MEDICAL EDUCATION ACRONYMS

AFMC	Association of Faculties of Medicine of Canada
APEM	Assessment Process Evaluation Meeting
ASA	Annual Scientific Assembly/Assemblée scientifique annuelle
BAM	Block Time Assessment Meeting
CBD	Competency by Design
CCFP	Certificant of the College of Family Physicians
CFP	Canadian Family Physician/Le médecin de famille canadien Journal of the CFPC
CFPC/CMFC	College of Family Physicians of Canada/Collège des médecins de famille du Canada
Clinical Clerk	Medical Students at year 3 and 4 of their training
CME	Continuing Medical Education
CoM	College of Medicine
CPD/DPC	Continuing Professional Development
CPSS	College of Physicians and Surgeons of Saskatchewan
DAFM	Department of Academic Family Medicine
EPA	Entrustable Professional Activities
ES	Enhanced Skills (in Family Medicine
ESS	Enhance Surgical Skills
FD	Faculty Development
FPA	Family Practice Anaesthesia
FTA	Fundamental Teaching Activities CFPC document at www.cfpc.ca

FM - EM	Family Medicine – Emergency Medicine
JURSI	Junior Undergraduate Rotating Student Intern (now called CLERKS)
Mainpro⁺	Maintenance of Proficiency program of the CFPC
MCC	Medical Council of Canada
MEGR	Medical Education Grand Rounds
MoC	Maintenance of Competency / MainPort RCPS
PGME	Postgraduate Medical Education
PMH	Patient’s Medical Home
TEME	Teaching Excellence in Medical Education; previously TIPS for Faculty
TIPS	Residents as Teachers course
RCPSC	Royal College of Physicians and Surgeons of Canada
UDH	Unified Department Heads
UGME	Undergraduate Medical Education

Appendices

Appendix 1 – Faculty Events 2016/17

Appendix 2 – Faculty Development Needs Assessment 2016

Appendix 3 – External Report Recommendations

Appendix 4 – Proposed FD Matrix

Appendix 5 - Contact Information

Appendix 1

List of Faculty Development Programs				
Date	Title	Location	Facilitator/s	Number of Participants
19-Jan-16	TIPS for Residents Day 1	Saskatoon	Sean Polreis	10
26-Jan-16	TIPS for Residents Day 2	Saskatoon	Sean Polreis	10
27-Jan-16	MEGR; Resident Role Modeling: "It Just Happens"	Saskatoon	Sean Polreis	6
25-Feb-16	MEGR: Impact of Distraction & Multi-tasking	Saskatoon	Sean Polreis	2
3-Mar-16	Central Purpose of Teaching	Saskatoon	Sean Polreis	12
9-Mar-16	Learner-Centered Assessment: Why the Change?	Saskatoon	Sean Polreis	5
15-Mar-16	Practical Tips for Flipping the Classroom	Saskatoon	Kelly Burak (U of C)	4
16-Mar-16	Learner-Centered Assessment: Teaching & Assessment 101	Saskatoon	Sean Polreis	7
23-Mar-16	Learner-Centered Assessment: Objectives	Saskatoon	Sean Polreis	6
30-Mar-16	Learner-Centered Assessment: Rubrics	Saskatoon	Sean Polreis	6
31-Mar-16	MEGR: Enhancing Student Engagement in Large Classes using Team-created Digital Posters	Saskatoon	Kalyani Premkumar & Harold Bull	6
29-Mar-16	Developing Clinical Decision Making Questions: A Key Feature Approach	Regina	Dr. Claire Touchie & Dr. Kalyani Premkumar	10
30-Mar-16	Developing Clinical Decision Making Questions: A Key Feature Approach. Competency-Based Medical Education: An Assessment Perspective, & Developing Clinical Decision Making Questions: A Key Feature Approach	Saskatoon	Claire Touchie & Dr. Kalyani Premkumar	10
6-Apr-16	Learner-Centered Assessment: Ill-Defined Problems	Saskatoon	Sean Polreis	6
13-Apr-16	Learner-Centered Assessment: Portfolios	Saskatoon	Sean Polreis	9
15-May-16	How do learning objectives help me?	Watrous	Sean Polreis	6
15-May-16	How do learning objectives help me?	Watrous	Sean Polreis	3
17-May-16	CBME: The Future in Medical Imaging	Saskatoon	Kalyani Premkumar & Sean Polreis	10

Date	Title	Location	Facilitator/s	Number of Participants
3-Jun-16	Creating Optimal Learning Objectives; RIME Framework & Assessment	Saskatoon	Sean Polreis	12
30-Jun-16	Developing Learning Objectives	Saskatoon	Sean Polreis	12
13-Jul-16	TIPS for Residents Day 1	Regina	Sean Polreis	10
14-Jul-16	TIPS for Residents Day 1	Regina	Sean Polreis	11
20-Jul-16	TIPS for Residents Day 2	Regina	Sean Polreis	10
21-Jul-16	TIPS for Residents Day 2	Regina	Sean Polreis	11
26-Jul-16	TIPS for Residents Day 1	Moose Jaw	Sean Polreis	3
27-Jul-16	TIPS for Residents Day 1	Swift Current	Sean Polreis	4
3-Aug-16	TIPS for Residents Day 2	Moose Jaw	Sean Polreis	3
4-Aug-16	TIPS for Residents Day 2	Swift Current	Sean Polreis	4
10-Aug-16	TIPS for Residents Day 1	Prince Albert	Sean Polreis	6
12-Aug-16	Teaching for Excellence in Veterinary Medicine	Saskatoon	Sean Polreis	20
17-Aug-16	TIPS for Residents Day 2	Prince Albert	Sean Polreis	6
16-Aug-16	Tutor/Facilitator Training for INTERPROFESSIONAL PROBLEM-BASED LEARNING (iPBL)	Saskatoon	Jane Cassidy & Dr. Sheryl Mills	12
18-Aug-16	Tutor/Facilitator Training for INTERPROFESSIONAL PROBLEM-BASED LEARNING (iPBL)	Saskatoon	Jane Cassidy & Dr. Sheryl Mills	12
25-Aug-16	TIPS for Residents Day 1	Saskatoon	Sean Polreis	10
1-Sep-16	TIPS for Residents Day 2	Saskatoon	Sean Polreis	10
9-Sep-16	TIPS for Residents Day 1	Saskatoon	Sean Polreis	7
14-Sep-16	TIPS for Residents Day 1	Saskatoon	Sean Polreis	6
16-Sep-16	TIPS for Residents Day 2	Saskatoon	Sean Polreis	6
21-Sep-16	TIPS for Residents Day 2	Saskatoon	Sean Polreis	6
20-Sep-16	Course for Faculty -Teaching Excellence for Medical Educators	Saskatoon	Dr. Kalyani Premkumar	6
28-Sep-16	Course for Faculty -Teaching Excellence for Medical Educators	Saskatoon	Dr. Kalyani Premkumar	6
26-Sep-16	ASSET: Foundation of Simulation Education & Debriefing	Saskatoon	Dr. Vincent Grant	28
27-Sep-16	ASSET: Foundation of Simulation Education & Debriefing	Saskatoon	Dr. Vincent Grant	28
9-Sep-16	Writing Multiple Choice Question Right & Failure to Fail & Remediation in Medical Education	Saskatoon & Regina	Dr. Greg Malin & Dr. Kalyani Premkumar	20

Date	Title	Location	Facilitator/s	Number of Participants
29-Sep-16	Facilitator Training for INTERPROFESSIONAL PROBLEM-BASED LEARNING (iPBL)	Regina	Dr. Kalyani Premkumar	10
29-Sep-16	Meaningful Written Feedback for Medical Students	Regina	Dr. Kalyani Premkumar	9
6-Oct-16	TIPS for Residents Day 1	Saskatoon	Sean Polreis	12
13-Oct-16	TIPS for Residents Day 2	Saskatoon	Sean Polreis	12
19-Oct-16	TIPS for Residents Day 1	Saskatoon	Sean Polreis	9
20-Oct-16	Learner-Centered Assessment: Why the change?	Saskatoon	Sean Polreis	11
26-Oct-16	TIPS for Residents Day 2	Saskatoon	Sean Polreis	9
27-Oct-16	Learner-Centered Assessment: Teaching & Assessment 101	Saskatoon	Sean Polreis	10
27-Oct-16	MEGR: Introduction to Open Textbooks	Saskatoon	Heather Ross	7
2-Nov-16	TIPS for Residents Day 1	Saskatoon	Sean Polreis	12
3-Nov-16	Learner-Centered Assessment: Objectives	Saskatoon	Sean Polreis	7
9-Nov-16	TIPS for Residents Day 2	Saskatoon	Sean Polreis	12
10-Nov-16	Learner-Centered Assessment: Rubrics	Saskatoon	Sean Polreis	6
15-Nov-16	Using Objectives	Saskatoon	Sean Polreis	6
17-Nov-16	Learner-Centered Assessment: Ill-Defined Problems	Saskatoon	Sean Polreis	6
22-Nov-16	TIPS for Residents Day 1	Saskatoon	Sean Polreis	11
24-Nov-16	MEGR: What does an integration of quality improvement and inter-professional competencies look like? Faculty perspectives	Saskatoon	Katherine Stevenson	6
24-Nov-16	Learner-Centered Assessment: Portfolios	Saskatoon	Sean Polreis	9
29-Nov-16	TIPS for Residents Day 2	Saskatoon	Sean Polreis	11
25-Nov-16	Managing Change within an Evolving Environment	Saskatoon	Dr. Vince Bruno-Busi	13
9-Dec-16	TIPS for Residents Day 1	Saskatoon	Sean Polreis	11
13-Dec-16	Developing Rubrics	Saskatoon	Sean Polreis	
15-Dec-16	MEGR :Universal Design For Learning	Saskatoon	Dr. Kalyani Premkumar	
16-Dec-16	TIPS for Residents Day 2	Saskatoon	Sean Polreis	11
6-Dec-16	Tutor/Facilitator Training for INTERPROFESSIONAL PROBLEM-BASED LEARNING (iPBL)	Saskatoon	Dr. D'Eon & Ms Hubbard Murdoch	21

Date	Title	Location	Facilitator/s	Number of Participants
8-Dec-16	Tutor/Facilitator Training for INTERPROFESSIONAL PROBLEM-BASED LEARNING (iPBL)	Saskatoon	Dr. Marcel D'Eon & Ms Natasha Hubbard Murdoch	21
3-Dec-16	Public Health & Preventative Medicine's retreat	Saskatoon	Sean Polreis	12
4-Jan-17	Tutor/Facilitator Training for INTERPROFESSIONAL PROBLEM-BASED LEARNING (iPBL)	Saskatoon	Sean Polreis & Arlis McQuarrie	17
6-Jan-17	Tutor/Facilitator Training for INTERPROFESSIONAL PROBLEM-BASED LEARNING (iPBL)	Saskatoon	Sean Polreis & Arlis McQuarrie	17
12-Jan-17	TIPS for Residents Day 1	Saskatoon	Sean Polreis	3
13-Jan-17	Special Medical Education Grand Round-What place does ideology have in medical education scholarship?	Saskatoon/Regina	Rachel Ellaway	23
19-Jan-17	TIPS for Residents Day 2	Saskatoon	Sean Polreis	6
19-Jan-17	Course for Faculty -Teaching Excellence for Medical Educators; Day 1	Saskatoon	Dr. Kalyani Premkumar	6
26-Jan-17	MEGR: Curriculum for Chronic Multi-System Disease: 21st Century Healthcare	Saskatoon	Heather Ward	6
26-Jan-17	Course for Faculty -Teaching Excellence for Medical Educators; Day 2	Saskatoon	Dr .Kalyani Premkumar	6
1-Feb-17	TIPS for Residents Day 1	Saskatoon	Sean Polreis	6
8-Feb-17	TIPS for Residents Day 2	Saskatoon	Sean Polreis	6
21-Feb-17	Creating Excellent MCQ's	Saskatoon	Sean Polreis	25
23-Feb-17	ASSET: Foundation of Simulation Education & Debriefing	Saskatoon	Dr. Vincent Grant	28
24-Feb-17	ASSET: Foundation of Simulation Education & Debriefing	Saskatoon	Dr. Vincent Grant	28
30-Mar-17	MEGR: Troublesome Knowledge in a Mental Health Nursing Curriculum	Saskatoon	Dr. Don Leidl	7
26-Apr-17	Psychiatry Retreat: Failure to Fail: The culture of assessment validity	Saskatoon	Dr. Kalyani Premkumar & Sean Polreis	29

Date	Title	Location	Facilitator/s	Number of Participants
27-Apr-17	MEGR: The Use of Summative Assessment to Give Formative Feedback	Saskatoon	Joshua Lloyd & Dr. Susanna Martin	3
9-May-17	ASSET: Foundation of Simulation Education & Debriefing	Saskatoon	Dr. Vincent Grant	28
10-May-17	ASSET: Foundation of Simulation Education & Debriefing	Saskatoon	Dr. Vincent Grant	28
23-May-17	Maximizing Rounds	Saskatoon	Dr. Cathy MacLean & Sean Polreis	6
18-May-17	MainPro+	Moose Jaw	Dr. Cathy MacLean	10
19-May-17	Faculty Development for New Teachers	Estevan	Dr. Cathy MacLean	7
25-May-17	MEGR: Open Educational Resources in Medical Education: Growth, impact, & quality	Saskatoon	Dr. Brent Thoma	5
27-May-17	Orientation of Learners & How to Fit Them Into a Busy Practice	Watrous	Dr. Cathy MacLean & Dr. Sarah Bates	17
27-May-17	Orientation of Learners & How to Fit Them Into a Busy Practice	Watrous	Dr. Cathy MacLean & Dr. Sarah Bates	20
28-May-17	Competency Based Medical Education: CBME Don't Let the Acronym Scare You	Watrous	Sean Polreis	12
27-May-17	Competency Based Medical Education: CBME Don't Let the Acronym Scare You	Watrous	Sean Polreis	12
16-June-17	Direct Observation & Feedback	Saskatoon	Dr. Cathy MacLean & Sean Polreis	9
22-Jun-17	Assessment Tools & Rubrics	Saskatoon	Sean Polreis	6

Department of Academic Family Medicine FD sessions at their distributed sites

North Battleford - November 4, 2016, Academic Rounds (C MacLean)

- Teach TIPS

Moose Jaw - November 23, 2016 (K Sanderson/C MacLean)

- Field Notes and Feedback

Saskatoon – December 1, 2016 (K Sanderson/C MacLean)

- Feedback and Field Notes

Prince Albert – December 8, 2016 (K Sanderson/C MacLean)

- Field Notes and Feedback

North Battleford Academic Rounds – January 6, 2017 (C MacLean)

- Professionalism

Saskatoon - January 19, 2017 (B Karras)

- Faculty Advisor Role

North Battleford Academic Rounds – January 20, 2017 (C MacLean)

- PCCM

Regina - January 31, 2017 (B Karras and C MacLean)

- Faculty Advisor Role

Swift Current – February 17, 2017 (C MacLean)

- Triple C: Field Notes, Feedback and Faculty Advisor Role

Regina – March 2, 2017 (Kim Sanderson)

- Field Notes and Feedback

Regina – April 5, 2017 (M. Heroux)

- A session on Medical Mistakes - How to help the learner with errors and adverse outcomes

Saskatoon – April 20, 2017 (B. Karras)

- The Learner in Difficulty

Regina – May 3, 2017 (M. Clark, A. Vasquez, RQHR Librarians)

- Review of available online resources and RQHR library orientation

Saskatoon – May 18, 2017 (M. Lees)

- Dashboards

FD Retreat – Lumsden – June 14-15, 2017

- Coaching (S. McEwen)
- Professionalism (A. Muller, J. Kuzmicz)
- How to Make a Video (J. Hosain)

Saskatoon and Regina – July 20, 2017 (C. MacLean)

- Choosing Wisely Canada

Saskatoon – August 17, 2017 (V. Ramsden, B. Karras, R. Waslak)

- Boot Camp: Engaging Supervisors in Resident Research

 Appendix 2

University of Saskatchewan Continuing Medical Education 2016 Faculty Development Needs Assessment

May 2017

Table of Contents

1.0 Introduction	2
2.0 Findings – Online Survey Questionnaire	
2.1 Demographics	3
2.2 Faculty Development	5
3.0 Conclusion	11
4.0 Appendices	12
Appendix 1: Family Physician Respondents by Health Region and Years of Clinical Experience	
Appendix 2: Specialist Respondents by Health Region and Years of Clinical Experience	
Appendix 3: Faculty Development Workshop Preferences - Physicians	
Appendix 4: Faculty Development Workshop Preferences – Residents	
Appendix 5: Family Physician Teaching/Supervision Needs	
Appendix 6: Family Medicine Resident Teaching/Supervision Needs	
Appendix 7: Specialist Teaching/Supervision Needs	
Appendix 8: Specialist Resident Teaching/Supervision Needs	

Introduction

Two surveys were developed through a multi-stage process. The Coordinator, Educational Research developed a draft of possible questions by conducting an environmental scan of recent similar projects done by Canadian CME offices. This draft was discussed at a half day CME team workshop in January 2016. Based on the feedback received from the CME team, revisions were made to the survey and a survey was designed for residents.

The Curriculum Advisory Committee (CAC) members were invited to review the online surveys prior to their April meeting. Final revisions of the online survey questionnaires were made following that meeting.

An exploration of continuing medical education needs related to physicians' and residents' academic roles as 'teachers' was incorporated into each survey. The purpose of this report is to describe the responses received in relationship to the faculty development portion of the surveys.

The online questionnaire surveys were distributed to approximately N=2241 practicing physicians in Saskatchewan (2015 CIHI data) and N= 438 residents (personal communication, R. Mathieu, June 1, 2016).

The College of Physicians and Surgeons of Saskatchewan (CPSS) distributed a memo with the link to the practicing physicians' survey via email. This initial distribution by the CPSS was accompanied by a memo distributed by Communications and/or Physician Staff Affairs in each health region.

Two reminders were sent to physicians. The first was sent electronically by CPSS. The second reminder was distributed by Communications and/or Physician Staff Affairs in each health region.

The survey for residents was distributed with the assistance of University of Saskatchewan Postgraduate Medical Education. Two reminders were also used with both being distributed by University of Saskatchewan Postgraduate Medical Education.

Survey data was analyzed using SPSS 17.0 as well as tools available in Fluid Survey.com.

Methods of analysis included: (1) descriptive statistics; (2) cross-tabulation to compare the responses; and (3) thematic analysis of responses to open-ended questions; a common form of analysis in qualitative research that emphasizes pinpointing, analyzing and recording patterns (or "themes") within data (Springer, 2010).

Demographics

a) Physicians

Two hundred sixty-three completed responses were received; representing approximately 12% of the physician population. Interestingly, the highest response rates were from the more rural health regions (Appendix 1).

One hundred fifty-six (59%) of the respondents were family practitioners. Given that the 2015 CIHI physician population data indicates 55.6% of Saskatchewan physicians practice family medicine, this response rate was comparable with the population demographics.

Responses from family physicians were received from all health regions with the response rate ranging from 9% to 37%. The lowest response rates for family physicians were from the Regina Qu'Appelle Health Region and Saskatoon Health Region.

The responses from the Regina Qu'Appelle and Saskatoon health regions constituted 43% of the family physician responses; however, the CIHI physician population data indicates that 48% of Saskatchewan's family physicians practice in these two health regions. This may suggest a slight under-representation from these health regions.

Of the 107 specialists (41% of the respondents) who completed the survey, 86 (85%) were from either the Regina Qu'Appelle Health Region or the Saskatoon Health Region. This was consistent with the 2015 CIHI population data.

The specialist response rate for the Regina Qu'Appelle Health Region was 11% while the response rate from the Saskatoon Health Region was 9%. The response rates for the remaining health regions can be found in Appendix 2.

Specialists were invited to specify their areas of specialty through an open-ended question. One hundred twenty text responses appeared in this data suggesting that some of the responses (such as those indicating they were surgical assistants) may have been provided by family physicians with specialized practices. A number of specialties were represented by a single respondent; however, there were multiple responses from anesthesia, general surgery, internal medicine, psychiatry, pediatrics, pathology, critical care/hospitalist, radiology, and emergency medicine.

b) Residents

Ninety-four completed responses (21% of the resident population surveyed) were received. The response rate was 23% family medicine residents (22) and 77% specialist residents (72). The University of Saskatchewan College of Medicine resident population was approximately 20% family medicine residents and 80% specialist residents, thus, the response rate appears to be consistent with the population demographics.

Thirteen of the family medicine residents identified as FMR1s while 9 identified as FMR2s. This represents a slight over-representation of FMR1s as these cohorts are typically of equal size.

The distribution of specialist residents across the five years of residency was not equal. Twenty-nine percent of the completed responses were received from PGY2 specialist residents, 24% from PGY1s, 22% from PGY3s, 17% from PGY4s, and 8% from PGY5s.

As was the case with the practicing specialists, specialist residents were asked to identify their area of specialization. Approximately 35% identified themselves as internal medicine specialists. Other specialties identified in descending order of occurrence were: anesthesia, psychiatry and surgery, pathology and public health, radiology and obstetrics/gynecology, and ophthalmology.

Faculty Development

a) Class Size and Population - Family Physicians and Specialists

Table 4 provides a summary of the percentage of family physicians and specialists involved in teaching various learner groups.

Table 4: Class Size by Area of Specialization

	Family Physicians	Specialists
Large class	9%	36%
Small group	36%	73%
Bedside	33%	72%
Individual	58%	88%

Specialists were, by far, more likely to report teaching with any class size than their family physician peers. As expected based on specialist distribution, the majority of specialists who responded to this question were in either the Regina Qu'Appelle Health Region or Saskatoon Health Region.

The majority of the family physicians who responded to this question were from Prairie North, Prince Albert Parkland, Regina Qu'Appelle and Saskatoon health regions. This was also expected as these are all family medicine residency sties.

Respondents also provided text responses for different populations they were involved in teaching. The numbers of hours entered were highly variable so the first layer of data analysis was to determine how many individuals provided a text response to each of the categories. The table below summarizes that information.

Table 5: Populations Taught by Family Physicians and Specialists

	Family Physicians	Specialists
Undergraduate students	37%	63%
Residents	36%	85%
Continuing Medical Education	15%	33%
Patients and/or family	52%	62%
Public	15%	22%
Other health professionals	27%	37%

Family physicians, based on the preceding data, viewed teaching patients and/or families as their primary teaching activity with teaching undergraduate students and residents in second and third places. Specialists, on the other hand, were first and foremost involved in teaching residents with undergraduate students and patients and/or family in second and third places.

The thematic analysis of the number of hours of teaching in each of these categories demonstrated:

- The majority of physicians reported teaching undergraduate students and residents 0 – 5 hours per week.
- The majority reported teaching patients and/or families 0 – 10 hours per week although a number indicated that they teach all day, every day.
- Physicians tend to teach the public and other health professionals 0 -5 hours per week, if at all.

b) Class Size and Population - Residents

Residents were asked to estimate the number of hours per week they spent teaching in a variety of settings and with a variety of populations. Thematic analysis of the number of hours reported allowed for the development of the following summaries.

The number of text responses received for the various class sizes and/or teaching environments indicated:

- 73% did not teach large classes.
- 66% taught small groups with the majority indicating they were involved in this activity for 1 – 3 hours per week.
- 69% taught at the bedside with most of these reporting 1 or 2 hours per week.
- 76% taught individuals.
- 89% taught 4 or 5 hours per week at academic half days.
- 82% taught at rounds.
- 14% tutored.
- 61% taught at journal clubs.

Residents were involved in teaching the following populations:

- 67% taught undergraduate students with the majority indicating it took 1 – 3 hours per week.
- 65% taught residents predominantly for 1 – 3 hours per week.
- 53% reported teaching colleagues.
- 11% reported teaching practicing physicians
- 27% reported teaching other health professionals.
- 73% reported teaching patients and/or families.
- 8% reported teaching the public.

In addition, residents were asked to identify whether they wanted to teach more or less in each of the settings or with the populations identified. Tables 6 and 7 provide the responses for family medicine residents and specialist residents.

Table 6: Family Medicine Resident More or Less Teaching Preferences

	More (%)	Less (%)
Large class	41	59
Small group	73	27
Bedside	86	14
Individual	91	9
Academic half days	59	41
Rounds	45	55
Tutoring	55	45
Journal club	52	48
Undergraduate students	80	20
Residents	58	42
Colleagues	33	67
Practicing physicians	33	67
Other health professionals	50	50
Patients and/or families	79	21
Public	68	32

Table 7: Specialist Resident More or Less Teaching Preferences

	More (%)	Less (%)
Large class	35	65
Small group	83	17
Bedside	82	18
Individual	86	14
Academic half days	54	46
Rounds	56	44
Tutoring	53	47
Journal club	64	36
Undergraduate students	86	14
Residents	83	17
Colleagues	61	39
Practicing physicians	35	65
Other health professionals	45	55
Patients and/or families	62	38
Public	49	51

The preceding data suggests there were differences between family medicine residents and specialist residents with regards to what they want to do more and less of from a teaching perspective. Family medicine residents appeared to be more interested in increasing their teaching with individuals, at the bedside, with undergraduate students, and patients and/or families. The preferences of specialist residents also highlighted a desire to teach more individuals and undergraduate students; however, they were also interested in small group teaching and teaching residents.

c) Faculty Development Workshops

Physicians and residents were asked to identify which of the existing faculty development workshops they were interested in attending. Subtle differences between each of the four sub-groups analyzed prevented presenting the summary in a table format; however, the complete rankings for faculty development workshop preferences can be found in Appendices 3 and 4.

The top five family physician interests, from highest to lowest interest levels were:

- clinical teaching techniques
- presentation skills,
- evaluation/practical assessment
- clinical reasoning
- asking good questions

The top five family medicine resident interests, from highest to lowest interest levels were:

- clinical reasoning
- moving from novice to expert
- differential diagnosis, active learning, teaching and learning styles, and clinical teaching techniques

The top five specialist interests, from highest to lowest interest levels were:

- clinical teaching techniques
- giving effective feedback
- presentation skills
- evaluation/practical assessment
- clinical reasoning

The top five specialist resident interests, from highest to lowest interest levels were:

- clinical reasoning
- differential diagnosis
- cognitive errors
- clinical teaching techniques
- presentation skills

d) Teaching/Supervision Needs

Physicians and residents were asked to identify the importance of various topics for teaching or supervision. Subtle differences between each of the four sub-groups analyzed prevented presenting the summary in a table format; however, the complete rankings for teaching and supervision needs can be found in Appendices 5 through 8.

The top five family physician teaching/supervision needs were:

- clinical and knowledge skills assessment
- effective communication with learners
- delivering effective feedback
- promoting patient-centred care
- recognition and management of the learner in difficulty

The top five family medicine resident teaching/supervision needs were:

- clinical and knowledge skills assessment
- learner-centred approaches and teaching on the fly
- promoting patient-centred care
- effective communication with learners and facilitating simulation scenarios
- delivering effective feedback and recognition and establishing mutual goals and expectations for preceptors and learners

The top five specialist teaching/supervision needs were:

- effective communication with learners
- delivering effective feedback
- teaching learners critical reflection
- clinical and knowledge skills assessment
- recognition and management of the learner in difficulty

The top five specialist resident teaching/supervision needs were:

- clinical and knowledge skills assessment;
- effective communication with learners and delivering effective feedback
- establishing mutual goals and expectations for preceptors and learners
- teaching on the fly
- promoting patient-centred care

Conclusion

The majority of responding specialists reported teaching individuals, small groups and at the bedside. They also reported they were primarily involved in teaching undergraduate students, residents and patients and/or families. In contrast, with the exception of individual teaching and interacting with patients and/or families, the minority of family physician respondents reported teaching. The population respondents reported teaching the most (i.e. greatest number of hours per week) was patients and/or families.

Residents were asked a slightly different set of questions about class size and populations taught so it was not possible to analyze the data by specialty; however, the majority indicated they were involved in teaching individuals, small groups and at the bedside. The majority also reported teaching at academic half days, rounds and journal clubs. The populations taught by the majority of residents were patients and/or families, undergraduate students, residents and colleagues.

When residents were asked what they wanted to teach more and less of, there were differences between the family medicine residents and specialist residents. Family medicine residents, in order of highest to least preference, wanted to teach more individuals, at the bedside, undergraduate students and patients and/or families. Specialists wanted to teach more individuals and undergraduate students equally. They also wanted to teach more small group and residents equally.

There is a caveat with the discussion regarding interest in the existing faculty development workshops. None of the options provided to the respondents were selected by a majority of physicians or residents; however, there were patterns of interest.

The faculty development workshops physicians and residents indicated they were interested in attending reflected the primary teaching environments described above. For example, the responses indicated some degree of interest in clinical reasoning and clinical teaching techniques. Practicing physicians also indicated some degree of interest in faculty development specific to tasks such as evaluation and feedback. Some degree of interest in presentation skills was expressed by all respondents except for family medicine residents.

Preferences for specific areas of teaching and/or supervision were much stronger among the respondents than the responses with regards to existing faculty development workshops. The preferences expressed, like the faculty development workshops, reflected the primary teaching audiences of undergraduate students and residents. Therefore, the preferences focused on activities such as clinical and knowledge skills assessment, effective communication with learners, and delivering effective feedback.

CME Report Appendices

CME Report Appendix 1: Family Physician Respondents by Health Region and Years of Clinical Experience

Health Region	# Responses	% of 2015 Population	0-5 Years	6-9 Years	10-15 Years	16-20 Years	21-25 Years	>25 Years
Athabasca	1	17	-	-	-	-	-	1
Cypress	10	20	3	4	-	1	-	2
Five Hills	6	12	3	-	1	1	1	-
Heartland	5	16	5	-	-	-	-	-
Keewatin Yatthe	5	26	4	-	-	1	-	-
Kelsey Trail	7	15	3	1	1	-	-	2
Mamawetan Churchill	7	37	4	-	1	1	-	1
Prairie North	15	16	10	2	-	1	1	1
Prince Albert Parkland	14	15	8	4	-	-	-	2
Regina Qu'Appelle	27	9	5	2	4	3	4	9
Saskatoon	40	9	12	6	4	3	4	11
Sun Country	6	13	1	-	2	1	2	-
Sunrise	14	26	6	-	4	2	-	2
Total	156	-	62	19	16	15	12	32

CME Report Appendix 2: Specialist Respondents by Health Region and Years of Clinical Experience

Health Region	# Responses	% of 2015 Population	0-5 Years	6-9 Years	10-15 Years	16-20 Years	21-25 Years	>25 Years
Cypress	3	23	-	-	-	2	-	1
Five Hills	9	31	2	1	1	2	2	1
Heartland	1	?	1	-	-	-	-	-
Kelsey Trail	2	100	-	1	1	-	-	-
Mamawetan Churchill	3	?	1	-	1	-	-	1
Prairie North	6	23	2	-	1	2	1	-
Prince Albert Parkland	6	11	1	1	1	3	-	-
Regina Qu'Appelle	33	11	10	5	4	7	2	5
Saskatoon	51	9	14	6	9	5	6	10
Sun Country	2	33	1	-	-	1	-	-
Sunrise	3	20	2	-	1	-	-	-
Total	107	-	34	14	19	20	11	18

CME Report Appendix 3: Faculty Development Workshop Preferences - Physicians

	Family Physicians (%)	Specialists (%)
Presentation skills	35	38
Giving effective feedback	25	40
Moving from novice to expert	21	28
Writing and using learning objectives	12	19
Using PowerPoint effectively	26	25
How people learn	24	27
Cognitive errors	26	29
Using rubrics	10	15
Differential diagnosis	28	18
Preparing to teach	22	24
Motivation and attention	17	28
Active learning	18	26
Learning and teaching styles	25	31
Clinical reasoning	31	33
Diagnosing learning needs (i.e. RIME)	15	10
Learner-centred assessment	15	18
Reflection in medical education	13	20
Asking good questions	31	32
Evaluation/practical assessment	31	34
Central purpose of teaching	4	9
Clinical teaching techniques	37	41

CME Report Appendix 4: Faculty Development Workshop Preferences – Residents

	Family Physicians (%)	Specialists (%)
Presentation skills	36	32
Giving effective feedback	32	22
Moving from novice to expert	45	31
Writing and using learning objectives	23	11
Using PowerPoint effectively	23	14
How people learn	18	22
Cognitive errors	36	38
Using rubrics	23	8
Differential diagnosis	41	42
Preparing to teach	36	26
Motivation and attention	27	25
Active learning	41	28
Learning and teaching styles	41	17
Clinical reasoning	50	43
Diagnosing learning needs (i.e. RIME)	27	17
Learner-centred assessment	27	13
Reflection in medical education	14	8
Asking good questions	9	28
Evaluation/practical assessment	27	15
Central purpose of teaching	23	13
Clinical teaching techniques	41	35

CME Report Appendix 5: Family Physician Teaching/Supervision Needs

	% Moderate Preference	% High Preference	% Moderate and High
Clinical and knowledge skills assessment	49	40	89
Competency based assessment and use of field notes	51	24	75
Cultural sensitivity in teaching international graduates	44	18	62
Delivering effective feedback	51	35	87
Designing individually-tailored learning programs	42	23	65
Effective communication with learners	43	45	88
Establishing mutual goals and expectations for preceptors and learners (i.e. educational contracts)	41	35	76
Facilitating inter-professional education	46	23	69
Facilitating simulation scenarios	34	23	57
How to use technology effectively for medical education	40	27	67
Learner-centred approaches	52	23	75
Orienting IMGs to practice/life in Canada	28	34	62
Preparing your practice for learners	43	16	59
Promoting patient-centred care	35	49	84
Recognition and management of the learner in difficulty	54	29	83
Teaching on the fly	41	22	63
Teaching learners critical reflection	53	23	76
Understanding and dealing with cultural issues (between teacher and learner)	44	21	65
Understanding and dealing with cultural issues learners may face in the community	44	27	71

CME Report Appendix 6: Family Medicine Resident Teaching/Supervision Needs

	% Important	% Very Important	% Important and Very Important
Clinical and knowledge skills assessment	43	43	86
Competency based assessment and use of field notes	27	9	36
Cultural sensitivity in teaching international graduates	24	14	38
Delivering effective feedback	33	33	66
Designing individually-tailored learning programs	38	14	52
Effective communication with learners	43	24	67
Establishing mutual goals and expectations for preceptors and learners (i.e. educational contracts)	52	14	66
Facilitating inter-professional education	32	10	42
Facilitating simulation scenarios	48	19	67
How to use technology effectively for medical education	52	10	62
Learner-centred approaches	57	19	76
Orienting IMGs to practice/life in Canada	14	14	28
Preparing your practice for learners	29	19	48
Promoting patient-centred care	43	29	72
Recognition and management of the learner in difficulty	38	24	62
Teaching on the fly	52	24	76
Teaching learners critical reflection	43	10	53
Understanding and dealing with cultural issues (between teacher and learner)	29	14	43
Understanding and dealing with cultural issues learners may face in the community	29	14	43

CME Report Appendix 7: Specialist Teaching/Supervision Needs

	% Moderate Preference	% High Preference	% Moderate and High
Clinical and knowledge skills assessment	35	41	76
Competency based assessment and use of field notes	45	27	72
Cultural sensitivity in teaching international graduates	35	17	52
Delivering effective feedback	48	35	83
Designing individually-tailored learning programs	39	14	53
Effective communication with learners	43	43	86
Establishing mutual goals and expectations for preceptors and learners (i.e. educational contracts)	42	29	71
Facilitating inter-professional education	37	30	67
Facilitating simulation scenarios	27	24	51
How to use technology effectively for medical education	32	38	70
Learner-centred approaches	46	25	71
Orienting IMGs to practice/life in Canada	34	18	52
Preparing your practice for learners	42	13	55
Promoting patient-centred care	34	39	73
Recognition and management of the learner in difficulty	47	28	75
Teaching on the fly	45	25	70
Teaching learners critical reflection	58	19	77
Understanding and dealing with cultural issues (between teacher and learner)	39	17	56
Understanding and dealing with cultural issues learners may face in the community	42	20	62

CME Report Appendix 8: Specialist Resident Teaching/Supervision Needs

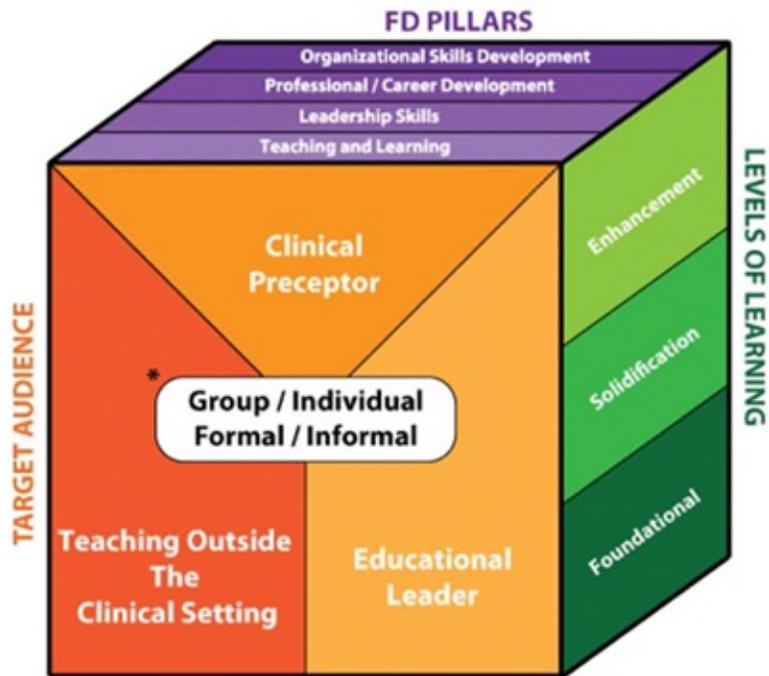
	% Important	% Very Important	% Important and Very Important
Clinical and knowledge skills assessment	54	41	95
Competency based assessment and use of field notes	58	28	86
Cultural sensitivity in teaching international graduates	39	16	55
Delivering effective feedback	55	32	87
Designing individually-tailored learning programs	49	16	65
Effective communication with learners	59	28	87
Establishing mutual goals and expectations for preceptors and learners (i.e. educational contracts)	65	16	81
Facilitating inter-professional education	49	13	62
Facilitating simulation scenarios	37	31	68
How to use technology effectively for medical education	48	20	68
Learner-centred approaches	63	12	75
Orienting IMGs to practice/life in Canada	28	12	40
Preparing your practice for learners	45	16	61
Promoting patient-centred care	48	28	76
Recognition and management of the learner in difficulty	48	25	73
Teaching on the fly	46	33	79
Teaching learners critical reflection	49	22	71
Understanding and dealing with cultural issues (between teacher and learner)	44	16	60
Understanding and dealing with cultural issues learners may face in the community	43	14	57

Appendix 3

2016 FD External Report Recommendations

- That Faculty Development be structured as a separate unit from CME, but with close ties to the latter and strong encouragement to collaborate to their mutual benefit.
- That the Faculty Development Director or Assistant Dean report to the Vice-Dean Education, and that they be invited to sit at tables where they can learn about faculty needs and in turn share what is being developed.
- That Faculty Development across the province be developed on a distributed model with an important role of the central office to provide resources, coordination, and train-the-trainer.
- That Faculty Development Coordinators and site leads across the province report to their Campus, Site or Department Heads as the case may be, but that an expectation to work closely with the central FD unit in regards to FD curriculum and content be written into their position descriptions.
- That a mechanism be developed whereby the various faculty development coordinators across the province meet on a regular basis, including yearly in person, to discuss needs and strategies, share experiences, and set priorities for the faculty development program as a whole.
- That the distributed sites across the province be individually offered the option of having a local person trained to provide faculty development.
- That the central FD unit, working closely with faculty development coordinators and site leads across the province, develop a central database of FD attendance, so that this can be available for future accreditations in addition to providing data on unmet needs.
- That the College review its processes for communicating with faculty, particularly faculty in distributed sites.
- That an on-line repository of available resources be made available, and its existence widely circulated.
- That the strategic plan be formally reviewed and modified as needed, so that it becomes the College's, and not one individual's plan.
- That the Faculty Development Director (or Associate Dean as the case may be) for the College of Medicine be given a clear directive to work closely with the departments and senior leadership across the continuum to ensure that the FD needs of clinical faculty across the province are met.
- That a "menu" of FD offerings be developed to meet the needs of faculty in different contexts, with different learning styles, and at different points in their teaching careers.
- That FD be offered in a variety of formats and at times and places conducive to community faculty attendance.
- That consideration be given to developing a short series of "basic" FD modules that all faculty would be encouraged to take/attend.
- That consideration be given to developing a structured, "stepped" program of faculty development for faculty at different stages in their teaching and academic careers.
- That priority be given to hiring a full-time instructional designer to assist in developing FD resources in a variety of formats.
- That all faculty development activities equal to or longer than 30 minutes be CME-accredited.
- That FD activities developed by the FD office, and the various departments be accredited free of charge by the CME Office, and that departments be made aware of this policy.

Appendix 4



Faculty Development Programming Matrix

*Fundamental Teaching Activities in Family Medicine: A Framework for Faculty Development. Mississauga, ON: College of Family Physicians of Canada; 2015.

Appendix 5



Faculty Development College of Medicine Contact List

Office	Location	Phone
Jeanette Bellavance – Admin Assistant	Learning Centre, Regina	766-0558
Helen Chang – FD Lead Regina campus	Learning Centre, Regina	766-0558
Marcel D’Eon (on sabbatical to June 2018)	CH&E, E Wing room #3224	966-2756
Cathy MacLean FD Director	St Andrews #316	966-8037 306 203-6836
Sean Polreis FD Coordinator	St Andrews #317	966-1311 306-371-1412
Kalyani Premkumar Masters - Lead	CH&E, E Wing room #3226	966-1409
Admin Assistant	St Andrews #318	966-5171
FD Touch down space and Resource room	St. Andrews #319	
Conference Room	St. Andrews #308	

WEBSITE

<http://medicine.usask.ca/department/schools-divisions/faculty-development.php>