Glad To Be Here:
Musings of a New Associate Dean

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I have had the pleasure and privilege of being Associate Dean at the University of Calgary since July of last year. As a family physician, teacher and former Director of Admissions, the transition to continuing medical education (CME) and professional development (PD) has been an enlightening and educational experience. I have discovered many wonderful and committed colleagues and I look forward to an exciting five-year journey.

As a neophyte "wanna be" PD expert, I thought it might be interesting to tell you what I see as the major issues/challenges facing academic offices of PD.

In no particular order of importance, I see six major themes on the horizon:

1) The devolvement of CME into PD.

CME and continuing professional development (CPD) seem like interchangeable words. But, in fact, the term PD recognizes that improving medical practice is more than helping physicians gain skill as medical experts and decision makers. Physicians have to become experts in doctor-patient communication, patient advocacy and collaboration and recognize their role as a resource to their community.

Similarly, we know that physician teaching is not just the process of delivering facts in a didactic manner, an educational method that does not enjoy a reputation for significantly helping physicians improve patient care (and what is implied by CME activities). Our challenge is to design programs that help you work more effectively and that meet your needs.

2) Helping physicians work more effectively within health-care systems.

CME/PD providers are beginning to recognize that the physician works within complex structures, in the office, in the hospital and in the region. In providing optimal care, physicians must

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engage other members of the health-care team. CPD activities are beginning to embrace systems that are thinking of ways to help physicians fit into systems.

3) **Patient safety.**
Throughout the world, governments are paying attention to patient error and how it might be minimized. Even though research suggests that the causes of medical error are multifactorial (and not necessarily physician-driven), physician and health-care professional education about the factors leading to medical error appears to be an area that PD offices can assist to make the health-care system safer for all patients.

4) **Web-based information technology.**
Considerable energy is being devoted to the development of educational programs on the Web. I do not see this as an educational panacea, but rather another modality that has the potential to aid physicians in what they do. CPD offices are working to determine whether their energies should be put into stand-alone, online education, combinations of online and face-to-face education or just face-to-face programs.

5) **Physician assessment.**
Provincial colleges are moving towards new systems of physician assessment. PD offices are becoming involved in these developments. The role of the university is to facilitate the development of approaches needed to ensure valid and reliable assessments of physician competence.

6) **Pharmaceutical interests.**
There is a somewhat tenuous relationship between the pharmaceutical companies and organized medicine. Strange bedfellows they are, as one has good, old-fashion capital and the other has educational capital. I observe considerable angst about whether or not we can effectively collaborate on high-quality, evidence-based educational programs that meet the needs of patients and physicians.

These are the issues facing CME/PD offices. I feel extremely fortunate to be a part of this dynamic and changing environment.

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