



The Times they are a Changin': *Continuing Education in the Faculty of Medicine*

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At Canada's largest medical school, continuing education has come a long way in the past 10 years. Under Dr. Dave Davis's leadership, we went from organizing lots of one day conferences for physicians, to providing best-practice educational formats that can potentially have an impact on health-professional practice and patient outcome. These teaching formats include small group workshops with interactivity between teachers and learners, skills-based courses with opportunities for feedback from teachers, week-long institutes, longitudinal courses over several months and the use of tool kits to assist the application of new knowledge and skills into clinical practice.

The planning of continuing education activities includes multi-modal needs assessments, conference and course planning groups.

The evaluation of continuing education (CE) activities focuses on competencies learned, health-professional behavior change and the satisfaction of the participants.

As associate Dean, Dr. Davis concentrated on what he called "the four pillars of CE":

- 1) Course coordination (we are the largest accredited CE provider in Canada)
- 2) Public education (our Mini-Med school is enthusiastically attended by several hundred participants every year)
- 3) Faculty development (a separate centre for faculty development was established in 2002 at St. Michael's Hospital)
- 4) Knowledge translation research (studying the factors that act as enablers and barriers to translating new knowledge into health-professional practice)

In September 2005, I began the challenging task of following in Dr. Davis's footsteps. Since then, I have engaged a group of CE directors and leaders from our Faculty in a strategic planning process. By the spring of 2006, we will define our five key strategic priorities and we will develop an implementation plan.

What has emerged from our planning so far is a desire to align our programs with emerging trends in health professional education and practice. Our greatest challenge is to properly manage the enormous

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amount of new knowledge and advances in clinical practice. To do this effectively, we will need to focus on practice-based CE that will enable practitioners to retrieve answers to clinical questions in a timely fashion.

We also need to prioritize the most important health imperatives of the day, identify the factors that act as barriers to effective practice and encourage CE providers to address these needs. Our collaboration with the Guidelines Advisory Committee of Ontario will help us define these priorities. It is time for us to address the role of the health professional team in CE. How can we enable these teams to function more effectively? We need to address what professional competencies and what CE formats would best suit the health professional team.

Our University also has a social responsibility to extend its reach to the international community by providing CE in less advantaged countries and assisting their medical schools to establish CE offices. It is imperative that we address this in a more systematic way within our

university community. Furthermore, we must encourage inter-university CE outreach programs.

The role of consumers and patients in the education of health professionals should be enhanced. Patient-mediated CE can be a powerful vehicle for change and we need to expand this evidence-based teaching format.

The curriculum of CE must move beyond the health professional expert role and include other professional competencies, such as our roles as a communicator, manager, health advocates collaborator, scholar and professional. Our challenge is to integrate these roles into existing CE activities both in a formal and a practice-based manner.

Our CE office goal is to make a real difference in professional practice performance and health care outcomes in Ontario. To do this, we will offer comprehensive faculty development to CE providers at the university. This will help them to carry out our mandate for change.

Collaboration is the key for change. We intend on developing new partnerships with hospitals,

health professional colleges and associations, government, universities, industry and consumers. Finally, we will promote scholarship in CE and knowledge translation.

The Faculty of Medicine's knowledge translation research program is moving to St. Michael's Hospital in 2006. This will provide unique opportunities to link quality improvement programs and patient safety programs with faculty development and evidence-based patient care. I believe that the lessons learned will have a profound impact on the future of health care in Ontario.

The Times they are a Changin.' Together, we can do this.

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