

YOUNG LEADERS' FORUM II SUMMARY REPORT



MARCH 2008

THE ASSOCIATION OF FACULTIES OF MEDICINE OF CANADA

In conjunction with other efforts to increase social accountability and culture change in the Canadian health care system, a group of young forward-thinking representatives was convened in order to articulate a vision for Canada's health systems in 2027. On March 28 and 29, 2007 the inaugural Young Leaders' Forum took place in Ottawa organized by the Association of Faculties of Medicine of Canada (AFMC) and supported by Health Canada. The meeting connected a broad sampling of individuals who are likely leaders of tomorrow's health care system. The goal of the meeting was to explore the vision, thoughts, priorities, plans and concerns of those who will serve as agents of change within Canada's health care system in coming years.

In March 2008, AFMC convened a second Young Leaders' Forum, this time to discuss the future of Canada's medical education system. To help frame the initial discussion, participants received a summary of themes emerging from the FMEC project and then during the workshop, participants were asked to articulate specific measurable indicators within the theme areas. The participants were also asked to give input into future vision of the future health care system.

The key messages from the meeting were determined to be the following:

- The healthcare system has to change to meet the demands of the future.
- Much of the modernization of medical education will need to be to expand beyond the bio-medical model to a team-based, holistic approach to education.
- We may need to turn to creative solutions (such as laddering) to address systemic problems that are not currently being resolved
- To meet the future demands, clinical physicians will have to change how we think and work.
- No matter what we do, we will all need to be super-human to meet expectations.

The deliberations for the day were organized around 5 key focus areas:

- Curriculum Content
- Pedagogical Issues Affecting the Medical Education System
- The Culture(s) of Medicine and Medical Education
- External Issues Affecting the Medical Education System
- Higher Order Constructs

THEME	Curriculum Content
VISION	An environment in medical education that focuses on: quality of life, disease prevention & health promotion for both patients and providers. An environment in which lifelong learning in the area of both clinical and non-clinical skills is integrated into all aspects of daily practice. An environment in which supports exist to permit the outcomes of curriculum content to be implemented in practice.
SUCCESS INDICATORS	<ul style="list-style-type: none"> • Ensure that medical education courses and/or learning objectives exist that relate to and emphasize quality of life and are used in medical education programs (UGME, PGME, CME). • Create, offer and evaluate programs or courses on safe clinical practice (e.g. patient safety, provider errors). • Devote a minimum proportion of the curriculum to health promotion, disease prevention and quality of life. • Build relationships with Faculties of Arts and Social Sciences to offer key courses on the social and environmental determinants of health. • Offer anonymous health care provider error reporting system. • Encourage research on errors reported, including dissemination to health care community and public.

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	<ul style="list-style-type: none"> • UGME will provide mandatory instruction on how to access, appraise, critically assess and incorporate new information and knowledge. • Medical students will track and be evaluated on their personal learning projects. • Develop and implement a national strategy to encourage quality of personal and professional life. • Raise awareness of reputable guidelines for safe clinical practice. • Provide joint learning opportunities for students and practicing physicians (e.x. evening seminar series). • Promote lifelong learning throughout medical education by providing tools for self-tracking of clinical and theoretical competencies (for MCC clinical presentations, and other skills, attitudes and knowledge in health care).
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THEME	Pedagogical Issues Affecting the Medical Education System
VISION	<p>We embrace flexible, competency-based pedagogical approaches with proven effectiveness. These should be geared towards lifelong learning and allow multiple entry points into the healthcare and education systems. Graduating physicians will have the skills and commitment necessary to:</p> <ul style="list-style-type: none"> • collaborate in inter-professional teams • embrace emerging technologies / innovations • maintain a sense of personal fulfillment • be socially accountable in their career choices
SUCCESS INDICATORS	<ul style="list-style-type: none"> • Create a commons / platform for: <ul style="list-style-type: none"> ❖ Sharing curricular content and tools. ❖ Sharing research and collaborating on research projects. ❖ Disseminating effective pedagogies for medical education, particularly in e-learning. • The medical education system will be structured into learning modules in order to create a “laddered” approach which allows students to practice and then re-enter education system at various points in their career. • Fund research programs to evaluate effectiveness of a variety of pedagogical approaches to medical education. • Fund research / work in competency-based training (CBT): <ul style="list-style-type: none"> ❖ To further assess resources needed to bring CBT to fruition. ❖ To develop and make accessible resources required to bring CBT to fruition. ❖ To evaluate ladder-concept programs. • Introduce a mandatory component in medical education to foster inter-professional competence and collaboration.

THEME	Culture(s) of Medical Education
VISION	The culture of medical education invites and nurtures students from, while producing doctors for, all communities within our societies. It embraces a camaraderie of stewardship for the quality of life of patients and for the health of the system.
SUCCESS INDICATORS	<ul style="list-style-type: none"> • Reduce and / or eliminate tuition. • Faculties need to build relations with marginalized communities to recruit students and retain graduates.

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THEME	External Issues Affecting the Medical Education System
VISION	When society and health care providers agree on funding for medical education that allows for adequate resource allocation (ex. numbers of MDs, under-served communities, wait times) and accessible medical education to all socio-economic groups. Medical education should be socially relevant including social determinants of health, patient-centeredness and have a measured positive impact on patient satisfaction with respect to health care.
SUCCESS INDICATORS	<ul style="list-style-type: none"> • Track demography of medical school classes and make changes to admissions criteria to increase under-represented group participation. • Expand evaluation of students (and MDs) to include: <ul style="list-style-type: none"> ❖ Patient evaluations. ❖ Inter-professional team member evaluations. • Involve community members in curriculum design. • Increase training in under-served areas (geographic - distributed medical education) and specialties (and generalists) service learning.

THEME	Higher Order Constructs
VISION	<p>Medical training:</p> <ul style="list-style-type: none"> • that incorporates the findings of educational research and theory • strives to limit potential pernicious influences of corporate industry • that is directed by individuals with training in both leadership and education • that fosters the incorporation of system level issues, e.g. cost effectiveness and resource allocation, into decision-making.
SUCCESS INDICATORS	<ul style="list-style-type: none"> • Include public health training in MD training including cost effectiveness, resource allocation, etc... • Ensure CanMEDS is integrated into UGME so as to develop leadership and teaching skills • Develop a reward system for promoting excellence in medical education • Promote healthy dialogue between health care educators and industry to keep influences under control • Assist students in developing tools for ethical and responsible interactions with industry (e.g. pharmaceutical industry).