What a success! Beautiful Victoria was the setting of the third conjoint conference on medical education which took place May 5 – 9, 2007 in the Victoria Conference Centre and The Fairmont Empress and attracted nearly 1000 medical educators! The quality and networking among leaders and new educators alike demonstrated how far we have come in three short years of collaboration between AFMC, CAME, CFPC, MCC and RCPSC. We are truly more than the sum of our parts!

Thanks must first be given to the UBC for hosting the conference. The evening at the Royal BC Museum provided us with an opportunity to view the history of British Columbia and to experience the traditional dancing. Meeting “the Queen” was a highlight for many folks! The opportunity to mingle and share this with our colleagues in such a

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S & T Strategy Puts Canadians’ Health First

On May 17th, Prime Minister Stephen Harper officially released Canada’s science and technology strategy: Mobilizing Science and Technology to Canada’s Advantage.

Analysis*

The vision guiding the strategy is to “…build a sustainable national competitive advantage based on science and technology and the skilled workers whose aspirations, ambitions and talents bring innovations to life.” To achieve the vision, the government wants to create three S&T advantages for Canada: an entrepreneurial advantage, a knowledge advantage and a people advantage. Guiding the development of the strategy are three key convictions: 1) Canada needs a strong private sector commitment to S&T; 2) Canada must continue to strengthen its knowledge base; and 3) Canada must be a magnet for talent. The government indicated that in pursuing the strategy it would be guided by four core principles: promoting world-class excellence; focussing on priorities; fostering partnerships; and enhancing accountability.

Highlights of the strategy include the need to support high quality research in a broad range of disciplines across the country, the importance of continuing to invest in the four pillars of research (including the granting councils, the Indirect Costs program, the Canada Research Chairs program, and CFI) and the need to consider the variety of ways in which universities and government science can increase their collaboration.

The government commits itself to maintaining Canada’s current G-7 leadership in public R&D performance, and acknowledges that “today’s research environment at Canadian universities is attracting leading researchers from around the world, and welcoming Canadians who had been studying or working abroad back home.” While the strategy emphasizes the need to enhance R&D support in four priority areas, natu-

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Reflections

Form follows function — always a challenge for any organization, no matter how large or small, complex or simple. During the past 18 months we have been working on both form and function at the Association of Faculties of Medicine of Canada. AFMC has a long and proud tradition of supporting and advocating for medical faculties, with a significant focus on medical education issues including undergraduate medical education and continuing medical education accreditation. Our new draft strategic goals broaden our vision and mission; they signal our commitment to the tripartite mission of medical faculties: education, research and clinical care. We have developed and circulated our draft strategic goals. They are:

1) To be a leading advocate and an expert voice on issues relating to health education, health research and clinical care.
2) To respond to changing societal needs with innovative educational programs.
3) To provide leadership in the development of a health human resource plan.
4) To define and advocate for appropriate funding to achieve the education and research missions of the faculties of medicine.
5) To enable and sustain academic careers for health and biomedical researchers, through capacity building, education and funding.
6) To provide leadership in enhancing our accreditation programs and in developing a world class medical education conference.

They offer a focus on what we do well and what we want to do better. In addition to enhancing our medical education and accreditation activities, the goals place research squarely on our agenda — research advocacy, capacity building and career support. Beyond that, these goals push for innovation and excellence, not only nationally but through demonstrating leadership in these areas internationally.

I believe these goals are well suited for us in the immediate years ahead, but with any organization and strategic planning process, they need to be revisited, revised, updated, or expanded on a regular basis. I welcome your feedback on these draft strategic goals.

To deliver on these we need a nimble, robust, and well-integrated organization. During the Fall of 2006 and the Spring of 2007 we conducted an AFMC governance review with input from existing board members, faculty, and some external stakeholders. We have identified the need for board reform and will be restructuring the AFMC board to include the Deans of medicine and four public members. I am very excited about the addition of the public members at large; their skills and perspective will help shape AFMC’s contribution to education, research and clinical care. This is the first restructuring plan for the board. We will regularly review how effectively our board is working with a view to making additional changes if need be. Increased board meetings (three per year), an agenda which tackles both strategic and policy issues, and a focus on our fiduciary requirements will greatly enhance our function.

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Extreme Makeover
By: Irving Gold, Vice President, External Affairs, AFMC

There is an old American proverb that goes something like this: It doesn't work to leap a twenty-foot chasm in two ten-foot jumps. In the last edition of FORUM, I indicated that AFMC would be initiating a series of changes to our look and feel. I promised changes to our logo, website, newsletter, and the development of new communications tools. The initial plan was to roll these out over time. That plan has changed. Sober second thought dictated a much more dramatic and coordinated launch. That launch is scheduled for September 10th, 2007.

AFMC will have a completely new look, beginning with a new logo. This new visual identity will provide the graphical basis for a completely redesigned website. The new site will not only look different — it will be different. Documents and pages will be easier to find, the navigation system will be dramatically improved, password protecting interactive areas will be provided to AFMC committees, working groups and programs, content will be more diversified, and perhaps most importantly, our new site will better reflect the important work we do and the constituencies we serve.

This newsletter will also undergo significant change. It will have an entirely new look and will be shorter — stories will be more condensed and contain links to our website for those who wish more complete information. New elements will be introduced such as guest editorials, letters to the editor, and spotlights on specific initiatives. These are just some hints as to what is to come.

As our advocacy activities increase, our newsletter and website will focus increasingly on communicating to our external stakeholders as well as our internal ones. Specific new communication products will also be developed to support our advocacy messages.

I have never believed in change for change’s sake. The abovementioned changes to our corporate ‘look and feel’ are not merely marketing ploys — they signal a fundamental shift in the way AFMC perceives of its role and voice. Our new governance model, strategic goals, advocacy activities and social accountability initiatives are all signs of a growth spurt for AFMC. I am extremely proud to be part of it, and I invite you to participate as well.

Where Are They Going?
By: Steve Slade, Vice President, Research, CAPER-ORIS

The Canadian Post-M.D. Education Registry (CAPER) is a research database for the study of physicians in training. It tells us how many doctors are in training at each faculty of medicine, for how long, in which disciplines, and more. One of CAPER’s great strengths is that it also keeps track of physicians’ practice location after completing post-M.D. training. These data can bring light to a variety of physician supply questions. For example:

- What percentage of physicians set up practice in the jurisdiction they train in?
- Do faculties of medicine and/or medical disciplines vary with respect to the percent of their trainees who go on to practice in rural or urban settings?
- Is country of M.D. graduation related to physicians’ decisions about practice location?

While each of these questions is worthy of in-depth analysis, Figure 1 (on page 5) provides a cursory glance at how country of M.D. graduation relates to the decision to practise in Canada.

During the period 1989-2004, graduates of Canadian medical schools were more likely to be located in Canada two years after completing post-M.D. training than were graduates of international medical schools. The percentage of Canadian medical graduates located in Canada two years after completing post-M.D. training ranged from a low of 88% for the 1995 exiting class to a high of 94% for the 2000 exiting class. By contrast, the percentage of international medical graduates located in Canada two years after completing post-M.D. training ranged from a low of 73% for the 1999 exiting class to a high of 86% for the 1992 exiting class.

General retention trends may be of even greater interest. In the three most recent data years, 2002-2004, retention of Canadian medical graduates within Canada has waned in comparison to the 2000 peak. Furthermore, the general retention trend for international medical graduates has been downward over the period 1989-2004, albeit with greater year-to-year variability compared to Canadian medical graduates.

Figure 1 presents a practice location snapshot for cohorts of post-M.D. trainees two years after they complete training. The picture may look quite different for physicians who are five or ten years into licensed practice. Nevertheless, it will be interesting to see if, in coming years, Canadian medical graduates exhibit what may be a cyclical retention trend and if international medical graduates continue to pursue what may be a continued downward retention trend. Please stay tuned!
In conjunction with restructuring our board, we also wish to ensure that we maintain and enhance linkages between our committees and resource groups and AFMC’s strategic goals. We want to ensure ongoing and regular dialogue between our standing committees (Continuing Medical Education, Postgraduate Medical Education, Undergraduate Medical Education and Research and Graduate Studies) and resource groups and the Council of Deans, with the former having an annual meeting with the Council of Deans and the latter meeting with the Council of Deans on an as-needed basis. Decisions that require AFMC board approval will be brought forward from these ongoing dialogues.

I am very supportive of these changes. I believe that they will position AFMC to be a more visible and outspoken advocate for all aspects of academic medicine. Let me know what you think.

Figure 1: Percent of Post-M.D. Trainees Who Are In Canada Two Years After Completing Training, by Place of MD Graduation, 1989-2004. Canadian Citizens and Permanent Residents Only.

Note: The year represents the year in which cohorts of post-MD trainees completed training. Practice location is for two years later. Source: Canadian Post-MD Education Registry (CAPER), Association of Faculties of Medicine of Canada.
ral resources, the environment, health and information technology, it also recognizes the importance of basic research and the fact “that more than 80 Canadian universities develop research and innovation talent and perform research.” Universities play a central role in many of the knowledge and people advantage commitments.

**Response**

AFMC has analyzed the government’s new science and technology strategy with great interest and is supportive of its direction.

“The clear themes of establishing priority research areas for Canada, attracting and keeping research talent in this country, improving and aligning the processes of the research granting bodies, and increasing the role of the private sector in the S&T endeavour are all ones AFMC supports. We look forward to working with this government in what remains the complicated task of translating these goals into concrete and productive change,” said Dr. Nick Busing, President and CEO of the Association.

Of particular interest to AFMC is the need to ensure that while we make these important changes, we retain the elements of Canada’s S&T environment that have served us well in the past. Alison Buchan, Chair of the AFMC Standing Committee on Research and Graduate Studies makes this point well: “Increased private sector involvement in the granting councils may prove to be a positive step, but we remain deeply committed to the notion that the peer-review system is the best method to ensure that our increasingly scarce research dollars translate into high-quality research.”

Canada’s faculties of medicine must be front and centre in any S&T strategy that aims to improve the lives of Canadians, either directly through improved health status or indirectly through health system change or the economic impact of the research enterprise. “Encouraging commercialization is a very good thing, and our faculties of medicine are good at it — they are environments in which critically important basic research can thrive alongside targeted research,” said Irving Gold, AFMC’s Vice President, External Affairs.

Finally, AFMC believes that Canada must dramatically increase the number of dollars being invested in health research in this country. “We look forward to working with the government to find creative ways of doing this — in the end, research dollars are the inputs upon which any S&T strategy is built,” said Dr. Busing.

“Adapted from the AUCC’s analysis of the government’s S&T strategy.

For a complete report on AFMC’s response to the S&T strategy, visit our website at [www.afmc.ca](http://www.afmc.ca).
An Investment in Knowledge Pays the Best Interest
By: Deborah Gordon-El-Bihbety, President & CEO, Research Canada

Benjamin Franklin clearly understood that science was the best way humanity had come up with to solve civilization’s greatest problems. It still is. Health research holds the key to improved health for all Canadians and for those around the world. Research Canada: An Alliance for Health Discovery is dedicated to advancing Canadian health research that will result in the innovations which will keep Canadians healthy and productive, and competitive in a fast-paced global economy.

As a national, voluntary organization with members from all sectors including research institutes, health charities, regional health authorities, hospitals, universities and private industry, Research Canada views health research as a shared benefit and a shared responsibility within our society. Research Canada is committed to increasing investments in Canadian health research through a fast-paced, diverse and effective advocacy program which engages its members as partners, advocates on the ground and builds a multi-stakeholder alliance that speaks with a common voice.

Canada Speaks 2006

Canadians either as taxpayers or as donors, fund health research in this country. Public support for health research is crucial to its success.

It is also essential for the health research community to be well informed about what Canadians’ views are about the investment in health research and the nature of its conduct. Research Canada monitors through public opinion polling what Canadians think about health research.

Canada should be a global leader in health and medical research and 91% of Canadians believe the government should increase funding to make this happen, according to Research Canada’s landmark survey, Canada Speaks 2006, conducted by Environics Research Group. That is an overwhelming mandate for any government.

In fact, when Canadians learn that less than one cent of every public health dollar goes to health and medical research, 85% of citizens say that’s not enough and the majority are willing to pay $1 per week out of their own pockets to fund new research projects. With Canadians already contributing over $300 million dollars every year to health research through donations to health charities and foundations as well as other health-related organizations, this is a tremendous show of support.

Survey findings clearly demonstrate that Canadians know that health research is the foundation to future improvements in health, quality of life and health care. In the survey, 91% of Canadians support basic research even if it brings no immediate benefits. Further, 87% say it is important for both the federal and provincial governments to train and educate researchers.

In Support of Health Research

Research serves to make building stones out of stumbling blocks.
– Arthur D. Little

The quality of Canadian health research is outstanding. Since 1997, we have witnessed a progressive move by the government of Canada that resulted in five budgets which radically increased the federal contribution to science infrastructure, grants for research projects, and salaries for researchers. This level of investment has put Canada back into the highly competitive global game for the world’s best research minds, and it has fostered incredible growth in the sector.

As Dr. Alan Bernstein, President of the Canadian Institutes of Health Research (CIHR) tells us in a recent article in Wellness Options, “…Based on objective bibliometric analyses of outputs by Canadian health researchers as well as other stakeholder surveys, we have already made incredible progress with the funds we have been given.”

He goes on to provide an example of what this means: “I would note that CIHR-supported researcher Steven Narod of the University of Toronto is the world’s most-cited researcher in the field of breast cancer, based on objective citation analyses over the past five years. Given all the research effort worldwide in this field, it’s truly amazing that a Canadian researcher has come to the fore.”

From the discovery of insulin in 1922 to the development of the world’s first viral proteins, Canada has an impressive list of achievements in health research. Canadian researchers are leading some of the world’s largest collaborative efforts in biomedical laboratory research. For example, The Structural Genomics Consortium is focused on determining the 3-D structure of some of the key proteins involved in human health and disease. This project is an effort that seeks to unlock the secrets of the proteins that make all living organisms work. CIHR is a major funder of the project, which will help researchers in Canada and around the world pursue cutting-edge work in areas as diverse as diabetes, cancer and malaria.

Dr. Peter St George-Hyslop, a researcher from the University of Toronto, along with an international team of researchers, has discovered a gene related to Alzheimer’s Disease called SORL1. When SORL1 is mutated, the gene can allow a toxic byproduct of a particular protein to cause initial damage in brain cells that control memory and learning. This, in turn, can lead to further brain damage related to Alzheimer’s. More research is needed to fully understand problems related to the SORL1. However, results of this international study, which will be published in Nature

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2007 Report from the AFMC Standing Committee on Continuing Medical Education (SCCME)

By: Doug Sinclair, Chair

The SCCME has representatives from all 17 medical faculties in Canada. The committee meets by teleconference monthly, and has a number of activities at the annual Medical Education Conference, including a day long retreat, half day business meeting, and two early morning research meetings. We have working relationships with a number of partners including: the Canadian Association for Continuing Health Education, Canadian Medical Association, College of Family Physicians of Canada, Federation of Medical Regulatory Authorities of Canada and Royal College of Physicians and Surgeons of Canada.

Current issues under discussion by the SCCME include:

- accreditation process of CME offices by CACME
- alignment of university program accreditation with the RCPSC and the CFPC
- development of new programs to support licensure revalidation
- support by university CME offices for IMG assessment and education
- development and accreditation of online CME programs
- enhancement of research programs in CME/CPD

In the last year, thanks to the leadership of Dr. Rosengarten at McGill University, the university CME offices have launched a web portal, where all university CME programs across the country can be accessed by physicians in practice. We are also supporting the ongoing development of MDcme.ca, which is a national on-line CME program site, led by the CME office at Memorial University of Newfoundland.

Our major project under the social accountability mandate of AFMC— the CPDiQ project has concluded, and a number of papers are being written for presentation and publication, under the leadership of the CME office at UBC.

Challenges for the next year include:

- sustainability of programs in a cost recovery environment
- support for revalidation of licensure programs
- provision of funding and support for CME research
- funding for ongoing activity to support social accountability

Dr. Thomas E. Feasby Appointed as New Dean, Calgary

University of Calgary President and Vice-Chancellor, Dr. Harvey Weingarten, has announced the appointment of Dr. Thomas E. Feasby to Dean of Medicine for a 5 year term, effective July 1, 2007. He will replace Dr. Grant Gall, who is stepping down after 10 years as Dean.

Feasby’s appointment marks a homecoming of sorts: he was head of the faculty’s Department of Clinical Neurosciences from 1991 to 2003.

Feasby is currently the Associate Dean, Clinical Affairs in the Faculty of Medicine & Dentistry at the University of Alberta and Vice-President, Academic Affairs of Capital Health in Edmonton. He completed his BSc and MD at the University of Manitoba, followed by a research fellowship at Institute of Neurology in London, England and professorships in neurology at the University of Western Ontario in London, Ontario.
The AFMC PGME Standing Committee continues to meet twice yearly. These occur at the time of the annual Medical Education Conference in the Spring and again in the Fall in Ottawa at the conjoint meeting with the RCSPC Education Committee. All 17 medical faculties continue to be represented with no change in the individual representatives in the past year.

Common Issues – PGME and UGME Committees

- Perpetual CaRMS dates: A committee consisting of representatives from the Canadian Federation of Medical Students, the Canadian Association of Interns and Residents, the Canadian Resident Matching Service, and the Chairs of the Standing UGME and PGME Committees were successful in arriving at a decision regarding dates for important deadlines related to the CaRMS match for the next five years. A process was also established whereby any comments could be fed back to this committee which would meet annually to review the feedback received.

- Diversity of Electives for Medical Students

- Medical Student Performance Review (the standardized Dean’s letter): A national template has been established to assist Program Directors in their assessment of candidates for the CaRMS match.

Integration of IMGs into the Canadian Workforce

There was national consensus to include International Medical Graduates in the first iteration of the CaRMS match. The eligibility criteria for IMGs entering the first iteration of the CaRMS match was determined provincially. Several provinces have IMG assessment programs and the National Assessment Collaboration is currently working on nationally agreed upon assessment tools and scoring and thereby providing standardization of this process. Individual provinces will have the flexibility to establish their own thresholds in terms of eligibility criteria. The IMG tracking database currently being developed by CAPER should assist us in determining some outcomes related to our current decisions as well as for future planning.

Collaboration with FPT MOH

This collaboration continues to evolve in terms of developing a focus within areas of mutual interest, for example HHR planning, funding of postgraduate medical education and expansion and capacity issues related to medical education.

Collaboration with the Royal College of Physicians and Surgeons of Canada Education Committee

In addition to the conjoint Fall meeting, regular teleconferences between the two groups are providing an important venue to follow up on a number of initiatives, as well as an opportunity to flag concerns in a timely manner.

DND and Visa Trainee Contracts

The AFMC Executive Committee agreed to facilitate a national contract between the Department of National Defence and the faculties of medicine concerning PGME training for their candidates. They have also agreed to facilitate a similar process for contracts related to the visa trainees. The specific process that this will take has yet to be worked out however it is important to note that there is unanimous support from all the medical faculties within Canada.

Dr. Allan Purdy has been appointed Head and District Chief of the Department of Medicine at Dalhousie and Capital Health.

Dr. Mahesh Raju was appointed New Brunswick’s Provincial Medical Education Coordinator (Anglophone) by the New Brunswick Department of Health.

Dr. Preston Smith was appointed Head and Academic Leader for the Maritime Network of Family Medicine and Associate Professor in the Department of Family Medicine.

Dr. Evelyn Sutton has been appointed Assistant Dean, Admissions and Student Affairs.

University of Toronto

Professor Jagdish Butany has been installed for a second one-year term as president of the Society for Cardiovascular Pathology.

Professor Bruce Pollock has been elected Present-elect of the American Association for Geriatric Psychiatry (AAGP).

Professor Janet Roscoe has become Governor of the Ontario chapter of the American College of Physicians during Internal Medicine 2007.

University of Western Ontario

Dr. John Duff was recently elected President of the physician-sponsored Physicians’ Services Incorporated Foundation.

Gregor Reid has been appointed President of the International Scientific Association for Probiotics and Prebiotics.

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Proposed Changes to the R&GS Standing Committee Meeting Schedule

The committee undertook extensive discussion of a proposal to change the format and location of meetings of the R&GS Committee. The proposal was to either entirely discontinue the current meetings in conjunction with the annual Medical Education Conference and to substitute a meeting with our counterpart in AAMC, the Group on Research Advancement and Development (GRAND), that also meets annually in the Spring or to alternate meetings.

The AAMC research and graduate studies committees initiated separate meetings from the AAMC education meeting in the 1990s forming two sub-committees, GRAND meeting in the Spring in Washington, DC and GREAT meeting in different locations across North America in the Fall. The chairs of the GRAND and GREAT groups report on activities to the AAMC Board at the annual education meeting. Dr. David Korn, Senior Vice President of AAMC was present for these discussions and indicated that AAMC would be happy to work with the AFMC R&GS Committee to move forward the joint meeting proposal.

The proposal received unanimous support from R&GS Committee members and was taken to the AFMC board for discussion in May 2007.

Also, for the last 3 years the R&GS Committee has been holding a joint meeting with the Vice-presidents Research of the Association of Canadian Academic Health Organizations (ACAHO). In the Fall we agreed to make this a permanent fixture for standing committee members.
strength in Canada are natural resources S&T, information & communications technologies (ICT), health and related life sciences and environmental S&T

In conclusion, Dr. Nicholson stated that the report quantifies and makes explicit what has, to date, only been “impressions.” This report will focus the dialogue, create an agenda for S&T, and stimulate further discussions within stakeholder communities, leading to a greater understanding of the science and technology environment.

- Status Report on CIHR Activities – Dr. Alan Bernstein, President, CIHR

Dr. Bernstein began his discussion by identifying the political context which CIHR finds themselves operating within. The current minority government announced an economic update forthcoming in November, featuring “cash relief and incentives to boost Canada’s corporate R&D capabilities.” It appears that the Conservative government in power feels it has done a lot to sustain publicly funded research—it is now time for the corporate sector to participate. Dr. Bernstein stressed that sustained and growing investments in hospital and health research are critical—we most certainly aren’t “there” yet. Comparing Canada to the United States, Dr. Bernstein highlighted that per capita health research funding of health research is 3-5 fold larger in the United States versus in Canada.

Addressing briefly the International Review Panel (IRP), Dr. Bernstein reported that the results of the review were made public in June 2006. CIHR is king to digest the observations and tease out issues and establish how the agency will respond moving forward. Governing Council held a retreat in August 2006; the scientific directors have met twice to continue the conversation. Dr. Bernstein stressed that as a result of the IRP, CIHR is extremely well positioned to move forward with confidence.

Dr. Bernstein concluded by reviewing the CIHR budget and by reinforcing the role of those in the room to speak to government about their concerns regarding funding for CIHR and health research more broadly. Dr. Slutsky asked how those around the room could help more specifically. Dr. Bernstein again encouraged them to engage in the political process. The VPs of Research and the Deans of Research represent institutions who are conducting great research with public funds. The public cares about health research but these stories are only as good as they are told to the right audience: politicians and policy makers. Policy makers need to see and understand the connection between who is funding the research and the outcomes of the research. Participants in the room could ensure this happens.

- Research Canada (RC): Update on Activities – Ms. Deborah Gordon-El-Bihbety, President & CEO, Research Canada

There were four important developments for RC in 2006:
- the development of a diverse and fuller advocacy program
- Research Canada formally becoming an alliance
- the creation of a stronger identity and increased profile, and
- establishment of a clear value to the sector

In the opinion of Ms. Gordon-El-Bihbety, Canadians place a very high priority on health research. According to a public opinion survey conducted by RC, Canadians see a strong federal role for health research, understanding that health research holds promise for the future health of all Canadians.

- US Perspective on Health Research – Dr. David Korn, Senior Vice President, Division of Biomedical and Health Sciences Research, AAMC

In his opinion, the United States is a huge debting nation. In his presentation “Surviving an NIH Recession.” In his opinion, the United States is a huge debting nation. In 2005, 13 ACAHO members participated in this ground breaking survey to quantify the research enterprise in Canada. Highlights of the survey results included:
- 76% of health research occurs in ACAHO members’ institutions versus on the university campus
- in 2005, 13 ACAHO members reported 276 licenses were executed by research offices
- in 2005, 10 ACAHO members reported 87 provisional patents filed by the

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research offices
– in 2005, 11 ACAHO members reported 139 full patents filed
– in 2005, 13 ACAHO members reported tech transfer revenue of $11.93 million
– in 2005, 6 ACAHO members reported over $5.5 million in license or royalty income

A concerted effort will be made to contact those larger ACAHO members who have not responded to date to the survey, in order to create a more robust data set.

Human Research Participation Protection Process
– Arthur Kroeger, Chair, provided an update to the VPs and Deans of Health Research on the topic of the ethical oversight of human research participants. The objective of the human research participation protection process is to produce a more comprehensive system of ethical oversight in all settings of research.

The idea was to create an “experts committee” comprised of individuals with the knowledge to design an oversight system. The committee has been in operation since September 2006 and is currently in the process of establishing what the problems are they are trying to solve, and mapping out future work.

The committee’s approach is incremental and pragmatic. They are trying to design a system with broad support. Dr. Kroeger emphasized that the system must be in place via consensus in order for successful uptake.

Two years have been allocated to complete the work. Dr. Kroeger is hoping to be in public consultations by the spring of 2007.

OBITUARY
Gordon Gladstone Mercer, a founding staff member of Memorial’s faculty of medicine, died February 23, 2007. Ordained a priest in the Anglican Church in 1941, he joined the Canadian Army in 1951 and served with the United Nations in Korea, afterward serving in the Canadian Armed Forces. After retirement in 1972, he worked at Memorial’s medical faculty where he championed the cause of rural outport students. Always active in sports as a young man, he helped to organize the Canada Summer Games in 1977 in St. John’s Newfoundland.

University of Saskatchewan
New Appointments:
• Dr. William Bingham, Joint Head, Department of Pediatrics and the Saskatoon Health Region;
• Dr. Angela Busch, Director, School of Physical Therapy in the College of Medicine;
• Dr. Hyun “June” Lim, Associate Professor in the Department of Community Health and Epidemiology;
• Dr. Nazeem Muhajarine, Head of the Department of Community Health and Epidemiology;
• Dr. Sean Mulligan joins the Department of Physiology;
• Dr. Lila Rudachyk, Head, for the Department of Physical Medicine and Rehabilitation;
• Dr. Wolfgang Walz, Head, Department of Physiology;
• Dr. Sheldon Wiebe, Acting Head, Department of Medical Imaging.

University of Alberta
Dr. Bruce Fisher has been appointed Associate Dean, Faculty Development.

University of Calgary
Dr. Rose Goldstein has been appointed Vice-president (Research).

University of British Columbia
Dr. Bassam Masri has been appointed Head of the Department of Orthopaedics.

Les contributions à cette publication sont les bienvenues et peuvent être rédigées en français ou en anglais.

Contributions to FORUM in either English or French are welcomed.
The committee would like to thank the AFMC for supporting the full-day annual retreat that has taken place since 1999. The retreat workshop held in London on April 28, 2006, was on professionalism. The focus was on professionalism in the curriculum and on professional competencies, including modules facilitated by Doctors Kevin Eva, Sue Baptiste and Bryan Magwood.

The committee met at the AAMC meeting in Seattle on October 29, 2006 with eleven members in attendance. The committee appreciates the support of the AFMC in allowing incoming UG Deans to attend meetings and retreats to ensure continuity within the committee and to integrate new members into the network. This is of particular importance at a time when almost every medical faculty in Canada is in the process of increasing student enrolment and some are also distributing their students into distant sites. The committee is being enriched by the participation of associate or assistant deans based at various distributed sites.

The following projects and issues were the main focus of the committee during this past year:

**Matching to Residency Programs**

*Core Competencies Project.* The residency selection process continues to cause significant stress in undergraduate students and disruption of UG medical education programs. The committee continues to be concerned about the large number of sub-specialty programs at the PGY1 entry level. Deborah Danoff, who is now the Director of the Office of Education at the RCPSC was invited to the committee meeting in Seattle to make a presentation on the core competencies project.

*CaRMS Timetable.* Sandra Banner and Postgraduate Standing Committee Co-chairs Kamal Rungta and Kristin Sivertz were invited to the committee meeting in Seattle. Sandra Banner presented the outcome of the teleconference meeting of stakeholders that had been held on October 19, 2006 to develop timelines for the CaRMS match that could be in place for a minimum of 5 years. The AFMC UGME committee approved the revised CaRMS match timeline for the next five years subject to the agreed upon changes of keeping to a Saturday start to Sunday end, as discussed at the AFMC UGME meeting October 29, 2006.

**AFMC National Clinical Skills Working Group**

This group which has representation from most of the Canadian medical faculties met in November 2006 to complete the evidence-based clinical skills document. A draft of work to date was distributed to the undergraduate deans. The document has been revised and a section on procedural skills and pediatric examination added.

**Educating Future Physicians on Palliative and End of Care Project (EFFPEC):** The EFFPEC project now has a completed undergraduate medical curriculum which was sent to all the medical faculties for their consideration. It has been written in a CanMeds competency format allowing faculties to consider integrating the learning objectives in which ever way suits their particular curriculum. The Complementary and Alternative Medicine in UME project has created curricular materials. Dr. Neville is working with the steering group for this initiative to try to distil the project’s materials into useable curriculum competencies in a CanMEDS format. A workshop in Toronto brought together individuals who have been working on curricular objectives in this area and will be developing a guide for medical schools to consider implementing education about CAM into the undergraduate curricula.

**MCC Report**

Mr. Robert Lee from the MCC presented a report during the meeting in London and then in Seattle, outlining the status of the evaluating exam and the qualifying exams parts 1 and 2, including changes to the reporting system for part 1, i.e., the new graphic representation.

**MCQ Question Databank Taskforce Update**

The taskforce is a working group that has been developing a national collabora-
AWARDS & HONOURS

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McGill University
The following faculty members now have Professor Emeritus status: Garth M. Bray, Thomas Ming Swi Chang, Brian Collier and Margaret Lock

University of Ottawa
Nancy Edwards is the recipient of the 2006/07 University of Ottawa Excellence in Research award.

Queen’s University
Emeritus Professor James Day has been awarded a Lifetime Achievement Award from the Allergy Asthma and Immunology Society of Ontario.

University of Toronto
Professor Susan Abbey was the 2006 winner of the Canadian Psychiatric Association’s Paul Patterson Award.

Professor Ross Baker is the winner of the Filerman Prize for Innovation in Health Services Management Education.

Professor Sylvain Baruchel received the 2006 Prix du civisme from the Canadian section of l’Ordre national du Mérite (the French National Order of Merit).

Catherine Chalin has been awarded the Ludwick and Estelle Jus Memorial Human Rights Prize.

Professor David Conn is the winner of an Excellence in Leadership Award from the Baycrest Centre for Geriatric Care.

Professors Victor Hoffstein and Scott Walsh have been selected U of T’s winners of the 2007 PAIRO Excellence in Clinical Teaching Award.

Canadian Federation of Medical Students
During the past year, CFMS drew the attention of the UG deans to the following:

• an interest in global health whereby one student will be identified at each medical faculty to encourage other students to undertake electives

• in relation to possible changes to the PGY1 year, students do not want to see the length of training extended but they do want the flexibility of changing career paths

• CFMS approved a code of professionalism

• CFMS and FMÉQ are conducting an independent research project to survey medical students attending all medical faculties in Canada. The survey will characterize the medical student population and compare it to data obtained in 2002 to determine trends in regards to financial status, career choices and student debt loads. The undergraduate deans pledged to support this initiative.

AFMC committee and group reports are available on our website at www.afmc.ca.

Something On Your Mind?

We want to hear from you. Do you have a question, comment, suggestion or tip to pass along to FORUM? If so, please contact Natalie at 613-730-0687 Ext. 228 or nruss@afmc.ca.
Clinical Clerkship Directors and Administrators Build Networks

By: Doris Kurtz, Co-chair

Collaboration among clerkship administrators, directors, and coordinators from across Canada resulted in a successful inaugural education event. Doris Kurtz, Manager, Office of Medical Education, University of Alberta and Dr. Ann Colbourne, Associate Professor of Medicine, Memorial University of Newfoundland had long recognized the need to connect and collaborate with clerkship innovators across this country. Kurtz and Colbourne met originally many years ago at a Clerkship Directors in Internal Medicine (CDIM) meeting in the United States.

There is no formal mechanism to easily identify and communicate with colleagues in other Canadian faculties and no easy mechanism to share ideas or concerns about issues specific to third and fourth year medical studies. This is in contrast with formal linkages at the postgraduate education level. “There is a tremendous advantage to building a strong pan-Canadian perspective in clerkship governance and implementation,” says Colbourne. “We have so much to learn from each other which can be adapted to our local context. We struggle with the same issues but in reality feel very much alone in these struggles if we are unaware of our colleagues in other faculties.” There are some Canadian discipline and region specific networks in support of clerkship but there is no national network integrating all clerkships and provinces/territories.

“Opportunities for sharing knowledge and best practices within this cohort of directors and administrators is invaluable. This pre-conference program did in some part meet the immense need for collaboration and communication between Canadian clerkship directors and administrators from all disciplines across Canada,” Kurtz says.

In 2005, Ms. Kurtz and Dr. Colbourne as Co-chairs commenced the planning with Dr. Kirsty Tompkins (MUN), Ms. Sharon Pelley (MUN), Ms. Dympna McCulley (McMaster), and Dr. Michael Rieder (UWO) for the 2007 Medical Education Conference in Victoria, BC. Over 100 registrants attended Saturday sessions on technology enhancements in clerkship administration featuring the One45 WebEval System as well as an insightful presentation by Dr. Sarita Verma on professionalism challenges. Sunday sessions were hosted in two tracks: clerkship directors attended workshops on professionalism remediation and current challenges in accreditation particularly ED-2, while clerkship administrators attended workshops on time and stress management as well as approaches to dealing with difficult personalities.

Dr. Yvonne Steinert, CAME President, welcomed this group as the first Educational Interest Group (EIG) within CAME. As an EIG, clerkship directors and administrators will build a solid infrastructure through which meaningful networking and nurturing can occur.

Plans are underway to build on lessons learned from this year’s conference including the need to facilitate pan-Canadian networking and collaboration amongst clerkship directors and administrators. There is much to be shared and learned. There is much to celebrate. There is much yet to be done.

For further information, please contact: Doris Kurtz doris.kurtz@ualberta.ca or Ann Colbourne acolbourne@mun.ca.

AWARDS & HONOURS

Professor Robert Josse was the recipient of the American College of Endocrinology’s 2007 Distinction in Clinical Endocrinology Award.

Professor Lewis Kay was the recipient of the 2006 Dales Award.

Professors John Kingdom and Ivy Oandasan have each received a 2007 Canadian Association for Medical Education Certificate of Merit Award.

Lecturers Eileen La Croix and John Teshima were winners of a 2006-2007 Nancy C.A. Roeske, MD, Certificate of Recognition for Excellence in Medical Student Education.

Professor Margot MacKay was the recipient of the Johns Hopkins University’s Ranice W. Crosby Distinguished Achievement Award.

Professor Glenn Regehr was the winner of the 2007 John P. Hubbard Award.

Professor Zindel Segal was the 2007 recipient of the Eli Lilly Hope Award of the Mood Disorders Association of Ontario.

Professor George Steiner has been named a Distinguished Fellow of the International Atherosclerosis Society.

John Teshima was the winner of the Canadian Academy of Child and Adolescent Psychiatry 2006 Excellence in Education Award.

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The assessment and analysis of learning needs is critical for continuing medical educational (CME) programming and accreditation. In order for needs assessments to provide some meaningful data one has to move beyond the identification process and instructional solutions.

In 2003 Western established a new CME office as a core educational activity within the continuum of education. In order to best identify how to fulfill its mandate, a series of needs assessment projects were planned. To date, two of these have been completed using survey methodology. Here we present a comparison of the results from both surveys on physicians changing needs and their implication for CME program development. We will also highlight some lessons learned along the way.

Comparative methodologies and response rates:
The 2003 assessment was conducted in the Fall targeting 3,295 family physicians and specialists in the Southwestern Ontario (SWO) region using a mail out questionnaire. The response rate was 20%, while the 2005 needs assessment used the modified Dil’man’s technique offering incentives to participants resulting in a response rate of 32%. The respondents were the same target group of specialists/family physicians in SWO, only the number had increased to 3,732 in the region.

Results:
The results from both surveys indicated there were no best days or worst days for CME events for family physicians and specialists. Their preferred method of notification of upcoming continuing medical education events remained as mail-outs while e-mail was the second most popular method. The biggest challenges for physicians to attend continuing medical education events such as time away from the office, relevance of events and quality, did not change in the two years. Unlike 2003 specialists clearly preferred self-assessment programs more than family doctors. The top two topics that physicians said they could find time to attend were updating top 10 guidelines in specialty and pharmaceutical advances. In the 2005 survey physicians overall expressed an increased interest in more skill related topics, i.e. “more hands on topics”. In terms of demographics there were slightly more female respondents when compared to the 2003 survey.

Lessons Learned:
Similar results were obtained in 2003 and 2005 except for an apparent increase in physician interest in improving their teaching skills. No significant changes were found in the type of continuing medical education formats that are most appealing for physicians with traditional lectures still preferred. Similar to the 2003 survey, the 2005 survey showed that physician’s do not appear to be attending continuing medical education to obtain CPD credits: the relevance and quality of the education appear to be much more important drivers of physicians. The context of the education therefore needs to be considered when measuring barriers or challenges, since relevance and quality impact so greatly on a physicians’ decision to attend a CME event. CME topics involving physician well-being/stress management were found to be of more interest to specialists than family physicians. Our previous experience with physician attendance at CME events produced an impression that physicians prefer CME at no cost; however the survey response indicated that physicians neither agreed nor disagreed that they would be more likely to attend a free CME program. This was valuable new information for us when considering registration costs. Future directions will include assessing the link between perceived needs and attendance and identifying predictors of non-participation.

Genetics, show that people who have mutated versions of the gene face a greater risk of developing Alzheimer’s later in life.

These are just a few examples among so many which demonstrate the tremendous contribution to Canadian health research.

Since 2003, however, the momentum in federal science funding has slowed affecting the investments in health research. Research Canada believes that now is the time to take all of these gains, and to develop a national plan to ensure that the momentum is sustained. There are three critical elements to ensure this sustained growth.

One is additional funding for the CIHR to ensure that it is able to provide adequate project funding to the expanded research community. The second is continued funding for the Canada Foundation for Innovation to ensure that we maintain our leading edge infrastructure, and the third is specific tax incentives to encourage more private sector investment in health research.

Research Canada believes that a strong health research enterprise in Canada requires investments from all sources including investments from the private and private not-for-profit sectors. With clear leadership from the federal government, making balanced and long-term investments in Canadian health research, other sectors will step up to the plate, and Canadian scientists will have the opportunity to imagine, discover and innovate in the interests of all Canadians.
The wonderful location was a highlight of the meeting. Thank-you to Oscar Casiro and his team.

The Wendell Macleod lecture this year was titled Dancing with Elephants and David Snadden reflected on the challenges and opportunities to strengthen medical education and our health care system by embracing the strengths of the university and our communities.

Sister Elizabeth Davis provided wonderful inspiration for the conference. Her powerful talk opened the first plenary on “Distributed Medical Education: Is it Different Medical Education?” Sister Davis contends that education is already distributed in the information age. Networking is providing a shift in how we connect and will change how we work. Our choice is not whether to distribute but how we distribute. She challenged us to consider the communities we have failed; the poorest among us; in aboriginal, inner city and rural communities. As professionals we earn the trust of our communities by our commitment and actions. We can develop approaches to medical education that provide equity for our learners, not copies that are irrelevant to the community served. In this way we can live in harmony with David Snadden’s elephant without trying to become the elephant.

The meeting could not have achieved its goals without the contributions of medical educators in Canada. Less than half of the submitted workshops and research and development sessions could be accommodated. We were able to provide space for 88 posters and with dedicated poster time, exchanges were lively. The breadth and quality of submissions is an indication of the sophistication of medical education in Canada.

This year we reserved time for a ‘Hot Topic’ so that we could address an emerging issue. Experiences were shared about meeting the needs of international medical graduates in our system. This session was followed by concurrent plenary sessions. The first, Medical Education Research: How to Be Successful, allowed a growing population of researchers to share their ideas with leaders in the field. The challenges of providing support, training, focus and meeting the needs of our learners by studying important and relevant questions were discussed in a thoughtful exchange. The attendance at this session is a reflection on how far we have come in studying what we do.

The plenary on the electronic health record (EHR) raised issues concerning the potential of the EHR to increase patient safety, support quality assurance, provide better preventative care and support research in health care. Strong statements on how privacy legislation is a barrier to implementation of the EHR were made. Reflecting on Sister Davis’ remarks, it will only be a matter of time until we are able to balance the safety of patient information with patient safety. It is imperative that we do so in the interests of our patients.

Next year we will look to the future. The 2008 conference theme is: Educating for the Future: Predicting and Managing Change. The scientific committee under the guidance of Kam Runtga has already started planning. The next planning meeting is on June 22. If you have suggestions please make sure to let your organizational representatives know.

This is truly a collaboration and its success depends on the creativity of all participants.

Finally, thanks to the AFMC staff and volunteers from UBC who calmly, with smiles helped to ensure that we had a smooth and wonderful meeting. We could not have done it without you.
Connecting With the Health Care Leaders of 2027
By: Steve Slade, Vice President, Research, CAPER-ORIS

If asked what the Canadian health system should look like twenty years from now, what would you describe? Is your vision similar to, or quite different than, the next person’s? More generally, is the vision held by health care providers in sync with that of policy makers? Do health system managers share a different view than those in academia? How do the aspirations of these groups align with those of the general public? If you could bring together sentinel voices from among health care managers, providers, policy makers, academia and the general public would a common vision of tomorrow’s health care system readily emerge?

This past March an inaugural meeting was held in Ottawa to explore these questions. The meeting was hosted by the Association of Faculties of Medicine of Canada (AFMC) with support from Health Canada.

To promote an earnest and unfettered visioning exercise, the stage was intentionally set with as little premise as possible. Effort was made to recruit individuals who could conceivably be in leadership positions in 2027. Participants were selected from among stakeholder groups across Canada and with a balance of male and female voices. Apart from this basic structure, there were no preset issues put before the group — issues that could unduly constrain the discussion.

The meeting was incredible. It was led by a professional facilitator unaligned with any particular stakeholder group. It was launched with a get-acquainted reception and visioning exercise held on the evening of March 24, 2007. Participants commented on the fact that they had not previously met the people assembled for the meeting. This signaled the diversity of the group and, simultaneously, set the stage for a rich discussion carried out on the following day.

The full-day session held on the 25th was designed to drill down on key focus areas identified as being central to achieving a unified vision of tomorrow’s health care system. Success indicators and priority actions were articulated for each key focus area. The six key focus areas articulated by the group were:

1. The demographic tsunami, population health and coping with constant change.
2. People power — people who provide health care working together.
3. Policy and politics — achieving harmony in the health care system.
4. Equity and sustainability — achieving a health care system that is in tune with population needs, equitable and sustainable.
5. Matching our behaviours to our values — how do we “walk the talk”?
6. It’s a small world after all (meta matters) — health care is defined in a global context.

The breadth and depth of the dialogue that was started at this first meeting of tomorrow’s health care leaders will form the basis of a future AFMC report on the “Connecting With the Health Care Leaders of 2027” initiative. The synthesis report is scheduled for completion during the summer of 2007. Look to the AFMC website (www.afmc.ca) for updates on this project.
For over 5 years, AFMC’s Social Accountability Initiative has taken on many projects that help to produce health professionals and faculty research that meet the needs of communities across Canada. The following is an update on some of the many undertakings of local and national networks of academic health professionals, researchers and stakeholders.

Aboriginal Health Task Group

The AFMC and the Indigenous Physicians Association of Canada (IPAC) Aboriginal Health Curriculum Subcommittee organized a stakeholders’ workshop in December 2006, which focused on reaching a consensus on draft undergraduate First Nations, Inuit, and Métis health core competencies, using a CanMEDS framework. The draft core competencies will be circulated to medical faculties this summer. The Sub-committee will be moving forward with the creation of a national network of medical educators interested in Aboriginal health and Aboriginal expertise to refine and assist in implementing the First Nations, Inuit, and Métis health competencies into their curriculum. This network will be the driver for developing learning resource tools to assist faculty.

The AFMC-IPAC Aboriginal Health Recruitment and Retention Subcommittee held a workshop in February with representatives from each of the seventeen faculties of medicine involved in admissions/student support services. Supported by Health Canada, the sub-committee drafted a First Nations, Inuit, and Métis Student Pre-admissions Support Toolkit which will be used in recruitment and support of Aboriginal students into faculties of medicine. The Subcommittee also commissioned an environmental scan conducted by the National Aboriginal Health Organization (NAHO) on best practices in the recruitment of mature Aboriginal students into medicine. Next steps for the sub-committee include the review and sharing of strategies on outreach and the recruitment of Aboriginal students into medicine, and of existing recruitment DVDs and other media tools that may assist faculties in the development of their own resources.

Public Health Task Group

The AFMC Public Health Task Group presented a vision paper titled Enhancing the Health of the Population: The Role of the Canadian Faculties of Medicine to the deans and developed a work plan for 2006 – 2010 in which they have applied to the Public Health Agency of Canada (PHAC) for funding. The deans have each appointed a representative from their faculty for the national Public Health Educators Network (PHEN). This network will share best practices in public health education, undertake joint initiatives, and identify information being used in faculties on undergraduate public health teaching resources in order to develop new resources that can be shared at a national level.

AFMC has also invited students to apply for funding available to pilot up to eight Public Health Student Interest Groups within different medical faculties. The application submission deadline is July 9, 2007. For more information, contact AFMC Project Manager, Barbie Shore: bshore@afmc.ca.

International Medical Graduates

The Faculty Development Program for Teachers of IMGs is designed to help prepare teachers to work effectively and collaboratively with IMGs while enhancing their learning and practice experience. AFMC has obtained funding from Health Canada to facilitate a grants program which is available to each of the 17 faculties of medicine. Each faculty can apply for $5000 to $7500 to host a training session. The program includes six easy-to-use modules and companion resources — video scenarios, PowerPoint slides, IMG narratives, as well as faculty development guidelines for conducting site-specific activities.

Educating Future Physicians in Palliative and End-of-life Care (EFPPEC)

The EFPPEC initiative, jointly lead by AFMC and the Canadian Hospice and Palliative Care Association, is planning to hold its annual symposium in the fall concurrently with the Canadian Hospice Palliative Care annual conference. EFPPEC is also working with the Royal College to look at core competencies in end-of-life/palliative care for a few core specialties, as well as collaborating with the College of Family Physicians to develop core competencies in end-of-life/palliative care for family medicine training.

Proposed Initiative: Accreditation of IPE Programs

AFMC, at the request of Health Canada, hosted a consultation process with 5 other health disciplines: nursing, pharmacy, physiotherapy, occupational therapy, and social work to look at the feasibility of working together to develop joint core principles regarding accreditation of interprofessional education programs. As a result, eight accrediting organizations representing these six health disciplines have submitted a proposal to Health Canada.

Other social accountability initiatives include the searchable web-based inventory of social accountability projects developed with the support of the Academic Leaders Group (ALG); the AFMC Resource Group on Professionalism which maintains an active website of materials on professionalism in health care, and the Partners’ Forum, which helped to build a shared vision for action for the creative partnerships needed to work with the medical faculties to realize their goal of meeting communities’ needs. Partners in attendance included policymakers, other health professions, other academic health disciplines, some community interest groups and health managers.

For a complete update on AFMC Social Accountability Initiatives, please visit our website at www.afmc.ca.
VISIT THE AFMC WEB-SITE
(www.afmc.ca/pages/articles_links.html)
FOR ACCESS TO THE FOLLOWING INFORMATION

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  May 2007
  Continuous Quality Improvement and Community-Based Faculty Development Through an Innovative Site Visit Program at One Institution
  Rebecca Malik, Risa Bordman, Glenn Regehr and Risa Freeman, University of Toronto
  April 2007
  PBL in the Undergraduate MD Program at McMaster University: Three Iterations in Three Decades
  Alan J. Neville and Geoff R. Norman, McMaster University

• CANADIAN FAMILY PHYSICIAN
  May 2007
  Marketing Family Medicine: Challenging Misconceptions
  Noah Michael Ivers and Ramzy Abdel-Galil, recent graduates of the University of Western Ontario
  Family Medicine as a Career Option: How Students’ Attitudes Changed During Medical School
  Cheri Bethune, Penelope A. Hansen, Diana Deacon, Memorial University of Newfoundland; Katrina Hurley, Dalhousie University; Allison Kirby, Marshall Godwin, Memorial University of Newfoundland

• CMAJ
  April 10, 2007
  Managing Physician Shortages: We Are Not Doing Enough
  Guest Editorial – Nick Busing, President & CEO, AFMC
  Estimated 1500 Canadians Studying Medicine Abroad
  Patrick Sullivan, Ottawa

• MEDICAL EDUCATION
  May 2007
  Coming of Age as Communicators: Differences in the Implementation of Common Communications Skills Training in Four Residency Programmes
  Saleem Razack, Sarkis Meterissian, Lucie Morin, Linda Snell, Yvonne Steinert, Diana Tabatabai and Anne-Marie MacLellan, McGill University
  Virtual Reality and Brain Anatomy: A Randomised Trial of E-Learning Instructional Designs
  Anthony J. Levinson, McMaster University; Bruce Weaver, Northern Ontario School of Medicine; Sarah Garside, Holly McGinn and Geoffrey R. Norman, McMaster University
  The Enteric Jazz Band Lecture Enhancing Active Learning
  Sarah Forgie, Aberhart Center #1, Edmonton
  Structured Clinical Case PowerPoint™ Presentations for Distributed Learning
  Kim Blake, Ada Poranek and Kate MacCulloch, Dalhousie University
  Teaching Musculoskeletal Ultrasound in the Undergraduate Medical Curriculum
  Eli T Tshibwabwa, Hallie M. Groves and Mitchell A. H. Levine, McMaster University
  Advanced Medical Communications: Support for International Residents
  Mark Goldszmidt, Claude Kortas and Susan Meehan, University of Western Ontario
  April 2007
  Multiple Mini-Interviews Predict Clerkship and Licensing Examination Performance
  Harold I. Reiter, Kevin W Eva, Jack Rosenfeld and Geoffrey R. Norman, McMaster University