Medical Informatics Resource Group

Report 2008
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Submitted by Rachel Ellaway, Chair of the AFMC Medical Informatics Resource Group

Background

The AFMC Medical Informatics Resource Group arose from an ad hoc group of individuals with an interest in the application of technology in medical education. David Fleischer (McGill) was the chair for the first decade or so of the Group’s existence with the chair moving to Ben Chen (Queens) in 2006 and then to Rachel Ellaway (Northern Ontario) in 2008.

The Group has fairly open terms of reference with a general remit to consider e-learning and other technology-related matters of interest on behalf of the 17 schools and the AFMC. There is no formal membership at present with attendance drawn from any individuals from the 17 schools with an interest in technology use in medical education. There are also no rules of business or formal reporting arrangements other than the Chair reporting the AFMC Board Meeting at the Annual Conference.

Proposed Direction

The main function of the Group to date has been to provide a platform for networking and mutual awareness of the developments and issues in medical schools across Canada. However, as technology use is now part of the mainstream in medical education there is a clear need, expressed both within and outside the Group, for more direct action and engagement.

A number of changes to the structure and business of this Resource Group are therefore being proposed at the Montréal meeting. More specifically that the remit of the Group change so that its role becomes:

- to advise the AFMC on matters of academic informatics, including information technology, e-learning, e-teaching, e-research and medical informatics
- to act as the informatics review body for informatics requests made to the AFMC and referred to the Group
- to act as a clearing house for information and resource exchange in support of the informatics needs of the members and attendees
- to direct and lead directly, and through commissioned working groups, on academic informatics on matters of national interest and importance to medical education

That it adopts a model of formal membership, rules of engagement and reporting/accountability arrangements within the AFMC and with respect to the 17 schools.

That it more formally moves to a model of a steering committee and long and short life sub-committees to ensure the focus and viability of its new remit.
CHEC-CESC

At the May 2007 Medical Education Conference in Victoria, members of the Group began to define a new vision for sharing and collaboration between the schools and beyond. What emerged was the Canadian Healthcare Education Commons / la Collaboration pour l’Éducation en Santé au Canada (CHEC-CESC), a place to share resources, to learn, to develop and to network. A modest amount of seed funding was obtained from each of the schools and a project officer (Catherine Peirce) has been appointed at the AFMC offices in Ottawa.

CHEC is a uniquely Canadian initiative, highlighting cultural awareness, pedagogy, service to both faculty and students, and best practice models. This initiative respects the plurality of the pan-Canadian context and the diversity of each of our schools while emphasizing the value and efficiencies inherent in dialogue, synergy, joint development and the potential for technological articulation. CHEC-CESC is being launched at the Montréal meeting.

Although not formally established at the time of writing it is intended that the governing body for CHEC-CESC will become a sub-committee of the main Medical Informatics Resource Group.

AFMC Information Technology Group

Under the direction of Wes Robertson (Toronto) the IT Group has met annually for the last few years. To date, while the Medical Informatics Resource Group focused on the pedagogical issues, the IT Group focused on “particular solutions and their implementations.” Formally, the IT Group remains a subgroup of the MIRG, and as such may receive agenda items from it; otherwise, it is free to engage in discussions and to initiate IT related projects that, as a group, it considers would be of collective benefit or interest. A key activity in the last year or so has been a benchmarking exercise to compare the IT units at all of the schools in Canada. This has demonstrated many synergies between the different units and opened up new opportunities for collaboration and mutual support.

Conclusion

Technology and informatics are now a fundamental part of medical education in Canada. The AFMC needs to be able to both facilitate cooperation between those directly involved in this area and to take a strategic position on behalf of its members to ensure appropriate use, resourcing and development in the years to come.

The reconstitution of the Medical Informatics Resource Group is designed to afford both of these requirements and to provide a more structured, active and effective way to work with technology in medical education for everyone concerned. Members of the Board, of other AFMC Groups and the rest of the community are encouraged to engage with this group to ensure appropriate and timely technology solutions to their needs.

Rachel Ellaway, April 2008