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A Success - The Saskatoon Meeting of the AFMC/CAME/CFPC/MCC/RCPC April 30 - May 4, 2005

By Jean Gray, Chair, 2005 Medical Education Conference Program Committee

If you weren't able to attend the Inaugural Partners Meeting in Saskatoon, you missed a great party! Yes, the University of Saskatchewan really rolled out the red carpet with a visit to Boomtown, one of the largest indoor main streets in North America, followed by a Kaleidoscope of Cultures, a performance highlighting the diversity of ethnic culture in Saskatchewan. We all ate well at a Saskatchewan smorgasbord, complete with a variety of Saskatoon berry desserts, and then danced off the calories with a very spirited and talented University of Saskatchewan House Band. Apart from the cold, snowy weather during the first few days, the Saskatchewan hospitality was warm and welcoming.

So, too, were the discussions, based on the theme of *Learning from Each Other*. The Welcoming Ceremony on Sunday, May 1, celebrated the legacy of both Saskatchewan and Dr. Wendell Mcleod during a discussion of the origins of the societal roles of physicians as conceived by the Educating Future Physicians for Ontario (EFPO) program, funded by Associated Medical Services (AMS), and the national development of these roles in the form of the CFPC Principles of Family Medicine and the CanMeds competencies of the RCPSC. Speakers during the symposium were: **Drs. Bill Seidelman** (AMS), **David Popkin** (Saskatchewan), **Carol Herbert** (CFPC, UWO), **Jeff Turnbull** (RCPSC, Ottawa), **Brian Hodges** (Toronto), and **Paul Grand'maison** (Sherbrooke). *continued on page...3*



Welcome from the Five Partners who organized the 2005 Medical Education Conference, Sunday, May 1, 2005. From left to right: John McDonald, Past-president, RCPSC; Cathy Vardy, President, MCC; Alain Pavilanis, President, CFPC, Marcel D'Eon, President, CAME and Carol Herbert, President, AFMC.



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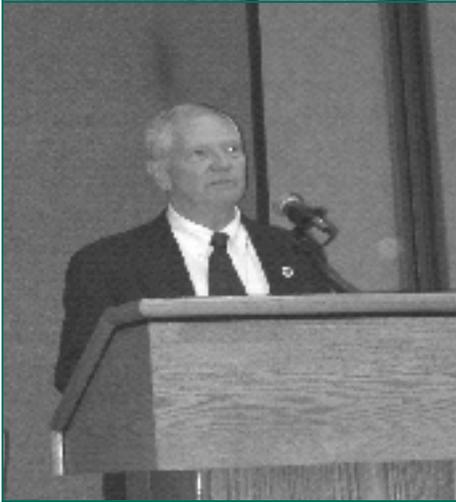
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A Success

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William Albritton, Host Dean, University of Saskatchewan, during his welcoming address at the conference.

The plenary session on Monday featured a testy debate on the question “Generalism vs Superspecialization: Can One School Support Both?” Drs. **Nick Busing** (CFPC), **Michel Brazeau** (RCPC), and **Dennis Kendel** (CPSS) began with data from the recent National Physician Survey and the regulatory authorities. Then the two debating teams took the stage and the rhetoric heated up. Arguing in favour of the motion: “*Be it resolved that a single faculty of medicine cannot effectively meet the needs of both generalist and subspecialist training and therefore should focus*



Debate panelists are left to right: James Clarke, CAIR, Joanna Bates, UBC and David Walker, Queen's University

on either generalist or subspecialist programs” were **Dr. Bill Albritton** (Dean, University of Saskatchewan), **Dr. Danielle Saucier** (Family Medicine, Laval) and **Ms. Ashley Waddington** (CFMS). Arguing against the motion were **Drs. Joanna Bates** (Associate Dean, UGME, and Family Medicine, UBC), **James Clarke** (CAIR), and **David Walker** (Dean, Queen's University). The audience was asked to render an opinion three times during the morning and it became evident, after an opportunity for audience discussion, that the team arguing against the motion carried the day! The discussion was a rich one and will be formulated as a formal document for publication.

Two other plenary sessions were held on Tuesday afternoon. The afternoon plenary sessions were scheduled to assure an audience for those presenting workshops and Research and Development presentations on Tuesday morning. Fortunately, it worked - as almost one hundred individuals attended each of the Tuesday afternoon sessions. *Promoting Scholarship in Education* featured **Dr. Karen Mann** (Dalhousie University) as a last-minute fill-in for Dr. John Bligh who was unable to attend. Dr. Mann outlined the basis of educational scholarship. Then **Drs. Tom Elmslie** and **Yvonne Steinert** facilitated group discussions on “Evidence-based Education” and “Education as an Academic Pursuit”. Each of these discussion groups came back with some serious questions posed to a panel consisting of **Drs. Louise Nasmith** (Chair, Dept. of Family & Community Medicine, Toronto), **Bernard Charlin** (Director, Health Sciences Education Research and Development Unit, Montreal), **James Brien** (Director, Research, Queen's), and **Sharon Strauss** (last year's AFMC GlaxoSmithKline Young Educators Award winner, Toronto).

The second and simultaneous plenary, Chaired by **Dr. Richard Handfield-Jones** (CFPC), focussed on *Reflective Practice: Broadening Our Perspectives* and featured articulate and moving presentations by **James Sákéj Youngblood Henderson** (Research Director, Native Law Centre of Canada, Saskatchewan) on aboriginal issues and healing, **Sarita Verma** (CFPC, Associate Dean, Queen's) on health advocacy with a focus on subSaharan Africa, and **Brian Hodges** (RCPC) on lifelong learning. Dr. Joseph Betancourt of Harvard had been scheduled to speak about cultural competency but family illness required cancellation just days before the session. The passion of the other speakers compensated well for his absence.

Our thanks to the Scientific Planning Committee, including **Drs. Jean Gray**, **Bill Albritton** (AFMC), **Karen McClean** (RCPC), **Danielle Saucier** (CFPC), **David Blackmore** (MCC), **Meridith Marks** (CAME), and particularly **Sue Maskill** (secretariat) for their hard work and for serving as Chairs of various sessions. Our gratitude also goes to the committee that selected the 27 workshops, 40 R and D sessions and 61 posters presented, including **Drs. Ramses Wassef** (CAME), **Rosie Goldstein** (RCPC), **Dianne Delva** (CFPC, AFMC), **Richard Handfield-Jones** (AFMC), and **Mark Goldszmidt** (CAME) as they had a large number of submissions to review this year. Many appreciated the efforts of **Dr. Todd Watkins** of the CMA who led the *Walk the Doc* program at 0700 hrs each morning to encourage physical, as well as intellectual, fitness. Also special thanks to the staff of ACMC for their many efforts as secretariat for this conference.

Wednesday, May 4, was available for any of the partners to present sessions of particular interest to their own members. AFMC, Chaired by

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A Success...
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Dr. Allyn Walsh (McMaster), presented a session for teachers of international medical graduates; the MCC hosted an international round-table on the use of objectives to link core learning expectations to assessment, featuring **Drs. David Blackmore** (MCC), **Henry Mandin** (Calgary),

Ralph Block (McMaster), and **David Stern** (Michigan); and CAME hosted two workshops, including one on the TIPS course (**Dr. Marcel D'Eon**, Saskatchewan) and another one on faculty development for clinical faculty (**Dr. Leslie Sadownik**, UBC).

Plans for the 2006 partners meeting in London are already underway and representatives to the planning

committee have been named. **Drs. Meridith Marks** (Chair); **Carol Herbert** (AFMC) or her alternate, **Francis Chan**; **Ramses Wassef** (CAME); **Dianne Delva** (CFPC); **Richard Birtwhistle** (MCC); **Ken Harris** (RCPSC); **Jean Gray** (who will chair a logistical taskforce); and **Sue Maskill** (secretariat). We hope to see you there!

AFMC Standing Committee on Postgraduate Medical Education (PGME) Report to the AFMC Board of Directors

The AFMC PGME Committee continues to meet twice yearly at the time of the annual AFMC meeting in the Spring and late Fall in Ottawa at the time of a conjoint meeting with the Education Committee of the RCPSC. The Postgraduate Associate Deans from across the country continue to regard these meetings as being enormously valuable. Over the course of the past year the following issues have been of particular concern to the PGME Committee:

PGY1 Entry Specialties/Common PGY1

Following the 2003 conjoint meeting between the UGME and PGME committees, a request was forwarded to the Royal College Committee on Specialties to consider reclassification of a number of PGY-1 entry specialties as subspecialties with post-PGY1 entry. This request was based on the concern of the current number of PGY1 entry specialties distorts the CaRMS matching process, drives premature career choice by medical students and leads to compromise of generalist training in the undergraduate curriculum by leaving medical students to consider a limited cross-section of elective experiences in order to facilitate participation in the match. Similar concerns about forced early career decision-making and perceptions of inflexibility regarding career “switches” after the PGY1 year led to the development of a common PGY1 proposal by the Canadian Medical Forum. The proposal for an “optional” common PGY1 advanced by the Canadian Medical Forum Working Group was given thoughtful review by the PGME Committee at its November 2004 meeting. The Committee had significant reservations about the feasibility of an optional common PGY1 year, particularly with regard to the complexities surrounding the assignment of positions available to residents who had opted for the “optional” first year. The Committee examined data relating to switches or transfers between programs, which suggested that there was in fact considerable flexibility already built into the system. The assumption that overall length of training would not be increased by the creation of a common PGY1 was challenged particularly in relation to specialties that do not have a basic clinical training year at present (e.g., Internal Medicine and Pediatrics). The Committee had considerable sympathy for the educational merit of a true common PGY1 for all trainees, recognizing however that it would be difficult to accomplish this objective without the extension of training in at least some disciplines. There was greater enthusiasm for a partial approach to this issue with vigorous encouragement of the “stream” models currently under discussion by the RCPSC. If the stream models could not be realized within the framework of the next couple of years, then the PGME Committee would be strongly supportive of a true common PGY1 for all residents.

Switches or Transfers

The Committee reviewed data from 15 of the 16 medical schools covering switches or transfers between programs for the academic year 2003-04. This data suggests that roughly 7% of residents successfully transferred between programs at the same universities and that another 3% transferred between universities. These numbers appear to be fairly consistent with similar data covering 2000-2001 (ACMC Forum 36:1, 2003). The Committee believes that these data document that there is a degree of flexibility built into the system currently, permitting transfers from one program to another. Most schools have local or provincial transfer policies that attempt to balance career flexibility with perceptions of workforce needs and the preservation of the integrity of the matching process.

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ANNOUNCEMENTS

ANNONCES

Memorial University of Newfoundland

Dr. Ford Bursey is the new Assistant Dean for Professional Development. He takes over at a time when the Office of Professional Development has moved to larger quarters and been restructured to include a number of new positions. He oversees professional development, faculty development, and the Clinical Skills Assessment and Training Program.

Dr. J.T.H. Connor has been appointed the John Clinch Professor of Medical Humanities and History of Medicine. Dr. Connor was the Assistant Director of the National Museum of Health and Medicine at the Walter Reed Army Medical Centre in Washington, DC. He is co-editor of McGill-Queen's University Press series in History of Medicine, Health and Society. For seven years he was Senior Editor of the *Canadian Bulletin of Medical History*, Canada's leading journal for medical history which was founded by Memorial's first John Clinch Professor of Medicine, Dr. Ken Roberts.

Dr. Max House was named an Officer of the Order of Canada who throughout a lifetime of service has been a model of duty, leadership and outstanding achievement. A neurologist and recognized world leader in telemedicine and distance education, he founded the Telemedicine centre at Memorial University in 1976. He went on to

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AFMC Standing Committee...

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Internal Medicine R4 Match

The PGME Committee continues to view with concern the trend toward decreasing numbers of trainees in general internal medicine and geriatrics through the R4 match. The Committee has previously requested the consideration of the AFMC Board of Directors to policy decisions limiting external non-ministry funding of medicine sub-specialty positions to improve recruitment into general internal medicine and geriatrics. The Committee is undertaking the development of a position paper relating to the issue and will seek the specific input of the Canadian Association of Professors of Medicine in the course of its development.

Standardized Dean's Letter

Postgraduate Associate Deans and Program Directors have long experienced frustration in the use of the Dean's Letters in the CaRMS process because of the substantial heterogeneity of information contained therein amongst schools. The PGME Committee has been working with the UGME Committee in an effort to standardize the Dean's Letters so that they are more useful in the CaRMS selection process. Input from the Program Directors and Postgraduate Associate Deans about the content and formatting of such a standardized letter will obviously be important. The work of a subcommittee of the Undergraduate Medical Education Committee relating to this initiative is eagerly anticipated.

Department of National Defense Contracts

The PGME Committee is developing a position paper relating to the standardization of contracts with the Department of National Defense. Many schools take DND-sponsored trainees and in some instances charge "tuition" along the lines of fees charged to Middle Eastern governments. Some Associate Deans have advanced the argument that the DND learners are not being educated to serve the public at large but rather to meet the specific needs of the Canadian Forces and to provide health care to a very clearly delineated population. Benchmarks for the marginal costs of training additional ministry funded residents suggest that these costs are in the range of \$29,000 Cdn per resident per annum. The advantages of the creation of a standardized approach to DND contracts among all of the medical schools has justified the effort by the PGME Committee to develop a specific proposal for subsequent presentation to the AFMC Board of Directors.

Consultation with the RCPSC and CFPC

The PGME Committee continues to work closely with the Education Committee of the Royal College, meeting conjointly with the Education Committee on an annual basis in late Fall. PGME Committee members sit on the subcommittees of the Royal College Education Committee, permitting a clear liaison between the work of these committees and the AFMC PGME Committee itself. The PGME Committee also meets twice yearly with the CFPC Executive Director and Director of Education and remains committed to pursuing initiatives directed towards increasing recruitment into family medicine residency programs.

George Elleker, Chair, PGME Committee

Report of the Standing Committee on Undergraduate Medical Education to the AFMC Board of Directors

The Committee would like to thank the AFMC for supporting the full-day annual retreat that has taken place since 1999. This year the main topic of the retreat workshop was on the Accreditation Standard ED-2: "The objectives for clinical education must include quantified criteria for the types of patients (real or simulated), the level of student responsibility, and the appropriate clinical settings needed for the objectives to be met". More than 80% of medical schools are cited for non-compliance with this standard. Illustrating the importance of the topic, several UG Deans brought their clerkship director. The workshop consisted with a problem based approach to understanding the standard followed by a presentation from Dr. Robert Eaglen from the LCME. Dr. Eaglen's presentation was rated as the best aspect of the workshop, was highly valuable and will assist the schools in reorganizing clinical education to fulfill the standard. The Committee wishes to thank the AFMC for supporting Dr. Eaglen's participation in the workshop. This was a good investment. The other major topics of the retreat were moving toward a "Standardized Made in Canada Dean's Letter of Evaluation" and the development of a collaborative examination software and question bank.

The Committee met at the AAMC meeting in Boston in November 2004 and was attended by fifteen UGME deans or delegates from across the country. 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 the new member into the network. The Committee welcomed Dr. Maggie Rebel replacing Dr. Cynthia Kenyon at the Schulich School of Medicine and Faculty of Dentistry at

UWO, Dr. David Rayner replacing Dr. Chris Cheeseman at the University of Alberta. Parting comments were delivered by Dr. Don Boudreau (McGill) and Dr. Chris Cheeseman. Dr. Rick Frecker, University of Toronto and Dr. Linda Peterson, University of Ottawa are both stepping down as Undergraduate Deans in July and September, respectively. The Committee expressed their appreciation to the richness of their contributions over the years. The following projects and issues are presently the focus of the Committee:

1) Matching to Residency Programs and Policy on Diversification of Electives

The residency selection process continues to cause significant stress in undergraduate students and disruption of UG medical education programs. The Standing Committee continues to be concerned about the large number of sub-specialty programs at the PGY1 entry level. The Committee supports the steps being taken by the Educational Committee of the Royal College to define criteria of a specialty program and to review all of its programs with respect to inclusion as PGY1 level. The process may take three years to bring about the desired change. The Committee appreciates the continued support of the Council of Deans for the following recommendation: **Establishment of a small number of core programs in major clinical disciplines for entry into postgraduate training (PGY1 level entry).** The Undergraduate Deans request that the AFMC take a leadership role in continuing to drive changes in postgraduate training programs.

Diversification of Electives:

Given the damaging effects of stu-

dents streamlining their UG educational program for the purpose of residency selection, and the need for medical education programs to ensure the appropriate balance in generalist and specialist experience, the UG, PG Standing Committees and the CFMS are developing an **AFMC policy to ensure that students diversify their electives.** A student interested in family medicine should not do all their electives in family medicine any more than a student interested in urology should do all of their electives in urology. Students should explore several areas of interest and undertake electives to strengthen their overall clinical knowledge and skills. A working group (Dr. David Rayner, UG, Dr. Joan Glenn, UG, Dr. Kris Severtz, PG, Dr. Lesley Flynn, PG and Ms. Ashley Waddington, CFMS) has been created to develop a policy. It is hoped it could be implemented to affect the match cycle of the graduating class of 2007.

2) CaRMS Match Times Table Committee

This year witnessed the creation of a CaRMS Times Table Committee to provide input to developing workable time lines for the match. There are two UG Deans (Dr. Alan Neville, McMaster, and Dr. Allan Jones, Calgary), one or two PG training program directors, CaRMS CEO, CaRMS staff and students. The Committee was unable to produce a perpetual timetable and the timetable for 2006 was reached as a compromise. The group has been given a mandate to produce a timetable for the next 2-3 match cycles for completion in the next few months. The UG Deans Committee is hopeful that development of time lines (deadlines, interview periods etc) will respect the in-

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tegrity of the UG educational programs and be workable for selection committees and students. Dr. Alan Neville and Dr. Allan Jones, the UG Deans on the Timetable Committee will follow-up with this work.

3) AFMC National Clinical Skills Working Group, Palliative Care and End-of-Life Care (EFFPEC), and the AFMC Social Accountability Working Groups on Aboriginal Health and Population and Public Health Objectives and Curriculum.

Curriculum development continues in these areas. The Committee was updated on the progress made by these working groups and received outcome objectives in a competencies framework for the physician roles for some of these more developed projects. The Undergraduate Deans are convinced of the importance of these newly emerging themes in medical education and feel that in order to really bring about change in physician education and patient care, that the same outcome objectives framework needs to be developed for post graduate and physicians in practice. The current tendency to focus first on undergraduate programs while not addressing the continuum of education and practice will not be successful. The new graduate motivated to deliver appropriate care in these domains will not be supported and will be lost. Development of competencies for post graduate and physicians in practise will allow the necessary dialogue to occur that will allow penetration of these requirements for patient care into practice. Also the working groups were informed of the development of learning resources of various types (i.e. PBL cases, videos, interactive learning tools etc.) are the most useful since they can be implemented in the schools despite differences in curriculum design. Communication links are being developed to

facilitate the implementation of these learning objectives and resources in every medical school.

4) Canadian Dean's Letters of Evaluation- name change Medical Student Performance Record-disclosure form

Dr. Oscar Casiro and Dr. Joanna Bates have continued to move ahead in developing consensus on a "standardized - made in Canada Dean's Letter of Evaluation". A project that was started "again" two years ago. The UG Deans did decide on certain reporting functions of the letter i.e. a disclosure form which will provide to residency training committees useful and relevant information, and a verification that the Dean's Letter is one of assessment/evaluation of student performance, not a letter of recommendation. The PG community however, would like the schools to use a similar format to facilitate data acquisition and the utility of the letters. At the retreat the Committee agreed that the document will now be called the Medical Student Performance Record and that each school will modify the disclosure form (piloted by Ottawa for the match of 2005) and use it for the match of 2006. The UG Committee requested that the PG Deans obtain feedback from the program directors on the disclosure form. The disclosure form indicates what the school reports and defines what the words "failure" and "remedial work" mean at that school. The disclosure form will indicate where specific information can be found i.e. on the MSPR or the transcript. The school will also verify if it will report substantial changes in professional or academic performance that occur during or after the residency match. The Committee does wish to continue to work on a common template and presentation of information in the MSPR realizing the difficulty that program directors

face in reviewing several hundred "Dean's Letters" all with different formats.

5) CMPA Patient Safety - Risk Management e-Curriculum Project

Dr. Gord Wallace, Director of Education at the CMPA presented the educational initiative to build a Patient Safety – Risk Management e-Curriculum. There will be self learning modules on medico-legal issues, prescribing medications, and assessing patient safety in one's practice etc. This is a collaborative project involving all the major stakeholders. The Committee learned of the existing educational resources that are available and the offer of the CMPA to assist in the undergraduate programs in terms of lectures, mock trials etc. The CMPA wants to develop a useful national curriculum for UG, PG and physicians in practice.

6) The Objectives of the Medical Council of Canada Examination and a New Part I Practice Exam

Robert Lee informed the Committee that the online learning objectives [www.mcc.ca/objectives online/](http://www.mcc.ca/objectives_online/) can be downloaded from the website for internal use. However, the search capability of the downloaded version is quite limited. This Spring the MCC piloted a practice exam for international medical graduates with the medical schools. This allowed the MCC to test the robustness of the system and receive feedback from the medical students. The pilot was a success and the MCC will make the examination available to medical students as a practice for the Part I licensure at the cost of 40\$.

7) Reports of the Licensure Examination Results

At the November meeting, Dr. Dale Dauphinee requested the UG Deans contribute to a task force to identify the reporting needs of the UG programs. Given all of the changes in

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clerkship organization and curriculum delivery, changes in the reports are probably necessary and timely. There is a commitment to ensure that primary care objectives and feedback related to family medicine is done properly. Dr. Joyce Pickering and Dr. David Rayner volunteered to join this working group. UG Deans will be surveyed about what they would like

to see in the reports to assist in program evaluation and curriculum improvement. The Committee anticipates some feedback from the Task Force at the Annual Meeting.

8) A National Examination Software and Question Bank

The AFMC/MCC national question bank has not grown over the past three years for several reasons. One is that the technology of the bank is now outdated and the bank does not

interface with software used in the schools to produce examinations. During the retreat, a proposal was made by Dr. Michael Clarke, University of Ottawa to develop a software that will meet the needs of the schools for paper based and computer based testing as well as allow sharing of questions from a secure source. Questions can be linked to learning objectives (of all types), and will al-

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VISIT THE AFMC WEB-SITE (www.afmc.ca/pages/articles_links.html) FOR ACCESS TO THE FOLLOWING INFORMATION

▪ *ACADEMIC MEDICINE, March 2005*

The Dependability of Medical Students' Performance Ratings as Documented on In-Training Evaluations
Christina van Barneveld, Lakehead University

▪ *CMAJ, March, 2005*

Supporting the Well-being of Medical Students
Verna Yiu, University of Alberta

▪ *MEDICAL EDUCATION, March, April, May, 2005*

Assessment in the Context of Uncertainty: How Many Members are Needed on the Panel of Reference of a Script Concordance Test?

R. Gagnon, B. Charlin, Université de Montréal; M. Coletti, University of Bobigny, France; E. Sauvé, Université de Montréal and C. van der Vleuten, Maastricht University, The Netherlands

Research in Clinical Reasoning: Past History and Current Trends

Geoffrey Norman, McMaster University

Exploring Family Physicians' Reactions to Multisource Feedback: Perceptions of Credibility and Usefulness

Joan Sargeant, Karen Mann and Suzanne Ferrier, Dalhousie University

A Structured Communication Adolescent Guide (SCAG): Assessment of Reliability and Validity

Kim Blake, IWK Health Centre; Nicolle Vincent, Susan Wakefield, Joseph Murphy, Karen Mann and Matthew Kutcher, Dalhousie University

Interactive Drama: Teaching Aboriginal Health Medical Education

Lindsay Crowshoe, Julia Bickford and Michele Decottignies, University of Calgary

Praxis Pointers: Reciprocal Publication of Practical Pearls

David Topps, University of Calgary

Online Simulations of Ambulatory Care for Medical Residents

Rene W.G. Wong and Heather Lochnan, Ottawa Hospital

Cabin Fever: An Innovation in Faculty Development for Rural Preceptors

Heather Armson, Rod Crutcher and Doug Myhre, University of Calgary

Report of the Standing... *continued from page...8*

low scientific generation of exams. After a formal RFI was put out by the University of Ottawa, an in-house software was identified that currently can deliver 90% of the required functionality. The author of the software is willing to participate by moving this to an open source project for further development. Prior to the retreat, Dr. Clarke and Dr. Peterson approached the MCC and obtained their interest in providing the server side function for the question bank. There was unanimous agreement that there is a need for the software and a desire to share questions. Dr. Clarke will organize a working group to determine the costs per school (funding or in kind). Each UG Dean will identify the key contact person in their faculty who will liaise with Dr. Clarke. It is possible that this project can produce a product by December of this year. The problem of populating the bank is always a challenge but the recent initiative of the MCC to permit schools to retain 25% of the questions generated by the MCC MCQ

workshops held at each school will be helpful.

9) AAMC Graduation Questionnaire

Rajeev Sabharwal informed the Committee that the AAMC is ready to work on the Canadian Graduate Questionnaire this year. The Committee strongly requests that the questionnaire be translated as soon as possible to permit its use in the francophone schools and in Ottawa. Sam Rowe and Bryan Magwood volunteered to review the GQ and gather input from the other schools to revise the questionnaire since this will be the ideal time to do this.

10) Changes in Royal College CanMeds Competencies, CanMeds 2005

Dr. Jason Frank of the Royal College provided the Committee with the recently approved CanMeds 2005 competency objectives. Accreditation standard, ED-IIa now states: The objectives and their associated outcomes must address the extent to which students have progressed in developing the compe-

tencies that the profession and the public expect of a physician. Most UG programs have graduate competencies that are based on the EFPO roles, CanMeds Roles and the 4 Principles of Family Medicine, or some combination thereof. Dr. Frank discussed the dialogue occurring between the CFPC and RCPSC to combine the CanMeds roles and the 4 principles into one framework. The UG Committee supports this initiative.

11) Critical Importance of Mission-Based Funding

The MD programs in the faculties of medicine across Canada are continuing to expand. Over the past 5 years, student numbers have increased or are planned to increase anywhere from 33-100%. Therefore emphasis on Mission-Based funding remains of critical importance. Collaboration between the AFMC Deans to facilitate these changes at each school would be a useful activity.

Linda N. Peterson
Chair, UGME Committee

Complementary and Alternative Medicine (CAM) in Undergraduate Medical Education (UME) Curriculum Project

The CAM in UME Curriculum Project is a collaborative initiative of all Canadian undergraduate medical schools. This project will provide UME teachers with materials on CAM that will help ensure that graduating medical students develop the necessary competencies to discuss CAM and natural health products (NHPs) with patients in an informed and non-judgmental manner.

The CAM in UME Project

Over the past four years, a number of small projects have taken place to investigate the role of CAM in UME within Canadian medical schools, including a half-day session at the 2001 annual AFMC meeting (developed by AFMC and Health Canada) and a half-day workshop with the Associate Deans of UME at the 2002 annual AFMC meeting. An invitational workshop to develop a national vision for CAM in UME, held in 2003, marked the formal start of the project. This workshop included representatives from 14 Canadian medical schools, the AFMC, the Canadian Federation of Medical Students (CFMS), Health Canada as well as CAM practitioners. Workshop participants refined a series of previously drafted student learning objectives on CAM; and wrote a Statement of Purpose for including CAM in UME that reflects the current emphasis on patient-centred health care and the interdisciplinary nature of health care.

The *Steering Group* of the CAM in UME project consists of Dr. Marja Verhoef, University of Calgary (Chair), Dr. Michael Epstein, University of Saskatoon (Consultant), and Ms. Rebecca Brundin-Mather, University of Calgary (Coordinator). The *National Working Group* represents a number of small sub-committees working on various compo-

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nents of curriculum development. The *Advisory Group* includes liaisons from all 17 Canadian medical schools as well as the AFMC, CFMS, Fédération médicale étudiante du Québec (FMÉQ), Health Canada and CAM Practitioners. The Advisory Group provides feedback and specific expertise to the working groups.

Curriculum Structure

One of the largest challenges is to balance the need for consensus and standardization at the national level while encouraging creativity, innovation, diversity and adaptability to local circumstances within each school's curriculum. In order to facilitate this balance and to practically help UME instructors develop CAM teaching materials, the curriculum framework consists of two parts.

Part 1 includes consensus materials, which are peer-reviewed CAM summaries that outline key information about a specific topic. Each summary includes a Rationale, a list of competency-based learning Objectives, a list of Sub-Topics and a list of annotated Readings (ROSTR). Given the multitude of complementary products and practices available, the focus is selective, driven by Canadian content and critical evaluation of evidence. The consensus materials are divided into three sections:

Foundations for CAM - topics that have relevance to undergraduate medical education beyond CAM such as "attitudes of Canadians towards health, medicine and health care" and "cultures and values and belief systems".

CAM Basics - topics such as chiropractic and natural health products. The major learning objectives for the CAM basics are to allow students to become competent in selected CAM (i.e., define, provide examples, know patterns of utilization, know magnitude of the evidence base and major clinical applications).

CAM in Clinical Practice - describes CAM in the context of specific medical conditions, symptom-patterns, and/or populations, such as CAM in diabetes mellitus, or CAM in cancer.

Part 2 includes teaching and learning resources that are diverse and suit the specific educational philosophy or circumstances of a specific medical school. Resources may include recorded presentations, annotated readings, case presentations, useful websites, etc. As this information will be available in an electronic format, it requires ongoing discussions about the type of electronic platform, database and index system to make this a useful resource for curriculum planners across the country in UME.

Progress to date

A number of ROSTRs have already been developed. In conjunction with the development of these ROSTRs, several working group members have begun to revise the learning objectives so that they can be expressed as enabling objectives for CanMEDS-oriented competencies. Others are addressing issues of authorship, copyright, database development and curriculum delivery platforms to allow for sharing of materials.

Much work still needs to be done to collect and create teaching and learning resources. This involves contacting CAM educators in allopathic schools as well as organizations and institutions involved in complementary practices and products, such as Health Canada's Natural Health Products Directorate.

Conclusion

Medical educators across Canada have recognized that greater emphasis needs to be given to educate medical students about the kind and extent of CAM use by Canadians. Medical students and hence, future practising physicians, must be competent to address CAM usage with their patients and to recognize factors associated with patients accessing CAM. While a few Canadian medical schools have begun to meet this curricular challenge, most still allot an incredibly small amount of curricular time for this issue. The CAM in UME project is meeting this challenge through a collaboration of all Canadian undergraduate medical schools.

The author acknowledges the documents provided by the Steering Group for the Second National Invitational Workshop on CAM in UME, March 11-12, 2005. For further information visit http://www.fp.ucalgary.ca/CAMinUME_revised_may4.rtf.

Alan Neville, AFMC Representative to the CAM in UME Project
Marja Verhoef, Chair of the Steering Group, CAM in UME Project

FORUM Newsletter is now available on our website at www.afmc.ca/publications_forum.html

Contributions to FORUM in either English or French are welcomed.

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

Memorial's Dean of Medicine Honoured in Ontario



Dr. James Rourke, Dean of Medicine at Memorial University of Newfoundland, received one of four 2004 College of Physicians and Surgeons of Ontario (CPSO) Council Awards on April 22, 2005. The Council Awards are presented at CPSO council to honour outstanding Ontario physicians who have demonstrated excellence and come closest to meeting society's vision of an "ideal physician." Dr. Rourke practised in Goderich Ontario for 25 years and was Assistant Dean at the Faculty of Medicine & Dentistry, University of Western Ontario prior to moving to St. John's in 2004 to become Dean.

Selection for the CPSO award is based on eight physician roles identified by Educating Future Physicians for Ontario project in 1993. These roles reflect the many needs and expectations of society and outline an archetype of the "ideal physician." These roles are:

- the physician as medical expert/clinical decision maker
- the physician as health advocate
- the physician as communicator
- the physician as learner
- the physician as collaborator
- the physician as scientist/scholar
- the physician as gatekeeper/resource manager
- the physician as person & professional

The CPSO seeks to recognize physicians whose performance in each of these roles is outstanding and the Council Award pays tribute to these exceptional physicians.

Dr. Rourke said that being selected for this award as one of four physicians in a province with more than 20,000 doctors is a real honour. He said it is particularly important that the very roles for which he is being paid tribute have been adapted as the CanMeds Competencies by the Royal College of Physicians and Surgeons of Canada to guide training programs at Memorial and across the country. "It is more than knowledge and skills – these roles embody what we aspire to in training future physicians. That is why I find this award particularly meaningful."

AFMC Standing Committee on Research and Graduate Studies (R&GS) 2004-2005 Annual Report

During the past year, the Standing Committee on R&GS has focused on:

1. Health Research Advocacy (HRA)

A working group of the R&GS Committee comprising Jim Brien (Queen's), Alison Buchan (UBC) and Penny Moody-Corbett (Memorial) continues to develop and modify the AFMC-HRA message. The current version of the HRA message was developed after consultation with the Council of Deans in the Fall and with the involvement of Earnsccliffe (government-affairs consulting firm).

The message was presented to the House of Commons Standing Committee on Finance during its pre-budget consultations last November.

The key elements of the HRA message are three-fold:

- **Sustainability:** a National Health Research Agenda linking all major funding agencies,
- **Knowledge Generation:** effective, evidence-based health care through the application of research into practice,
- **Knowledge Translation:** improved health of Canadians.

The recommended strategy for the health-research enterprise has three components:

- sustainable health-research funding to maintain momentum,
- integrated plan for funding health research, implemented by an oversight council,
- ongoing communication with Canadians about health-research discoveries, and their benefits and commercialization.

The HRA endeavour is an ongoing commitment that requires regular, timely input from all of the faculties

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serve as Lieutenant Governor of Newfoundland, and served that role with grace, energy and inclusiveness.

Dr. Leslie Rourke has been appointed Associate Professor of Family Medicine. Dr. Rourke practised family medicine in Goderich from July 1979 to June 2004, sharing the practice with her husband, Dr. James Rourke. She was an Adjunct Assistant Professor with the Department of Family Medicine at the University of Western Ontario and taught students and residents in her practice since 1984. She was a member of the Community-Based Family Medicine Training Program for training family medicine residents in communities outside London. She was the developer and facilitator of a master's course entitled Rural Medicine and Health and a member of the Faculty of Graduate Studies in the Department of Family Medicine.

Dr. Anne Sclater is the new Chair of the Discipline of Medicine. She has specialized in geriatric medicine during her years away and before returning to Newfoundland. She was on faculty at the University of Alberta and Capital Health as Associate Professor and Director of the Division of Geriatric Medicine. She worked with Alberta Health and Wellness on the development of provincial strategies on Healthy Aging and Alzheimer Disease.

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be fully appreciated by Canadians who have different levels of understanding of health research.

2. Graduate Studies in the Health Sciences

The R&GS Committee, with the leadership of Ed Kroeger (Manitoba), is focusing on strengthening the graduate studies programs, especially the MD/PhD program, of our faculties of medicine for capacity building of highly qualified health researchers. It is important for the AFMC to take advantage of new opportunities, and in particular, to participate fully in the CIHR Clinical Research Initiative that is focused on strengthening clinical research in Canada and, apparently, is in partnership with the Canada Foundation for Innovation for the establishment of clinical research centres.

3. Human Research Ethics – Research Ethics Boards (REBs)

The ongoing issue of a national accreditation system for institutional REBs across Canada continues to receive substantial attention. The R&GS Committee, with the leadership of Sam Ludwin (Queen's), developed a position paper entitled "ACMC Support for a National Human Research Ethics Accreditation Program" that was approved by the Committee and was submitted to the AFMC Executive last Spring for its due consideration. Sam Ludwin is the AFMC representative at the regular meetings/workshops of the National Council on Ethics in Human Research (NCEHR).

4. Canadian Council on Animal Care (CCAC)

The R&GS Committee has a strong, continuing relationship with the CCAC. Jack Bend (UWO) has served as a regular member, Chair

and now Past-chair of the CCAC over the last six years. This relationship will continue with Jim Thornhill (Saskatchewan) serving as a regular member, commencing this Spring. This longstanding relationship is important to maintain in order to ensure that the AFMC and the faculties of medicine have direct interaction with the CCAC in regard to the accreditation of our experimental animal research facilities, ongoing education of our researchers and trainees, and coordinated response to federal legislation that impacts on experimental animal research.

5. Interaction with Other Health-Research Organizations

The R&GS Committee has acted in a timely manner to implement the motion that was passed by the Committee, Council of Deans and Board of Directors at the 2004 Annual Meeting, *viz.*, "The ACMC will play a major leadership role in health research advocacy in building a common research message with other partnership organizations like the Association of Canadian Academic Healthcare Organizations (ACAHO) and the Council for Health Research in Canada (CHRC)". The R&GS Committee continues to refine the AFMC-HRA message.

The R&GS Committee interacted with the ACAHO Research Committee at a joint meeting last Fall in Ottawa, in which HRA and common messaging were discussed at length. Furthermore, AFMC was represented by six people (four Associate Deans/Directors of Research and two Deans) at the Leaders' Forum for Health Research in Canada last September in Ottawa. The Leaders' Forum was a national, multi-sectoral, two-day event involving about 120 participants from across Canada that was organized by the CHRC.

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Dr. Mary K. Wells is the new Assistant Dean for Undergraduate Medical Education. The undergraduate medical curriculum underwent significant change beginning in the Fall of 1997 when the curriculum began to be divided into pre-clerkship and clinical clerkship phases and Dr. Wells said the next big change will be the introduction of distributed learning.

Dalhousie University

Dr. Martin Gardner took over the Postgraduate Medical Education Associate Dean post from Dr. William Wrixon. He has been involved with education at the undergraduate, postgraduate and continuing medical education levels since he joined the Dalhousie faculty in 1982.

Dr. Michael Gray accepted the appointment of Head, Department of Biochemistry & Molecular Biology, taking over from Dr. Frederick (Ted) Palmer, who served as Head since 1998. He obtained both his undergraduate and graduate degrees in biochemistry from the University of Alberta and conducted post-doctoral work at Stanford University's School of Medicine.

McGill University

Professor Janet Henderson, a member of the Department of Medicine of the Faculty of Medicine, will succeed Dr. Robert MacKenzie as Associate Dean, Research for the Faculty of Medicine effective June 1, 2005.

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The Forum had four objectives:

- develop a comprehensive and integrated vision for health research in Canada,
- identify the key challenges facing the health-research community in the next decade,
- identify solutions to the most pressing challenges, set priorities and develop an action plan,
- develop key messages and strategies for use with government, the public and the media.

The R&GS Committee Chair (Jim Brien) participated in numerous meetings of the Steering Committee that organized the Leaders' Forum, thereby keeping the AFMC involved in the health-research agenda of the country. The Chair has volunteered to continue as a member of the Steering Committee as the "next steps" after the Leaders' Forum are articulated, in particular the Strategic Plan of Action. It is essential that the AFMC participate in this endeavour in order to continue to be involved in the future of Canada's health-research enterprise.

James F. Brien

Chair, R&G Studies Committee

David Naylor Appointed University of Toronto's President

Following an international search, Governing Council has approved the appointment of Professor David Naylor as the university's 15th President for a five-year term, effective October 1. "We are very fortunate to have him right here in our midst to lead our university at this important point in time" said Rose Patten, Chair of Governing Council and Chair of the Presidential Search Committee. Naylor has been Dean of the Faculty of Medicine and Vice-provost (relations with healthcare institutions) since

1999. A faculty member since 1988, he received his MD from the University of Toronto and DPhil from Oxford where he was a Rhodes Scholar in social and administrative studies. A fellow of the Royal Society of Canada, he is the co-author of approximately 300 scholarly publications. His academic work spans social history, epidemiology and biostatistics, public policy and health economics as well as clinical and health services research in most fields of medicine.

3rd G-I-N Conference 2005 'Evidence in Context'

In the setting of the '18th Entretiens' du Centre Jacques Cartier
5-7 December 2005 - Lyon, France, organized by the French 'Fédération Nationale des Centres de Lutte Contre le Cancer' under the patronage of the French Supreme Health Authority with the support of the French National Cancer Institute. The program and other information is available at <http://www.g-i-n.net>.

Le 3^{ème} colloque G-I-N 2005 'Recommandations pour la pratique clinique : au-delà de la création'

Dans la cadre des « Dix-huitièmes Entretiens » du Centre Jacques Cartier
5-7 décembre 2005 - Lyon, France, organisé par la Fédération Nationale des Centres de Lutte Contre le Cancer sous le patronage de la Haute Autorité de Santé et avec le soutien de l'Institut National du Cancer. Programme et autres renseignements sont disponibles sur <http://www.g-i-n.net>.

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University of Toronto

Professor Richard Reznick of Surgery was the winner of the 2005 Daniel C. Tosteson, MD, Award for Leadership in Medical Education, given by the Carl J. Shapiro Institute for Education & Research of the Harvard Medical School and Beth Israel Deaconess Medical Centre. The award recognizes an individual whose leadership has brought about significant innovation or improvement in undergraduate and/or graduate medical education.

University of Western Ontario

Dr. Glenn Bauman has been appointed Chair of the Department of Oncology and **Dr. Bryan Richardson** has been appointed Chair of the Department of Obstetrics and Gynecology.

University of Calgary

Dr. John Bradley was named one of Canada's 10 Family Physicians of the Year for 2004 and received the Reg L. Perkin Award. He is a Clinical Assistant Professor in the Department of Family Medicine and has been practising family medicine in Calgary for 32 years.

Dr. Michael Giuffre was named Calgary Medical Society 2005 Distinguished Physician of the year. He is a pediatric cardiologist at the Alberta Children's Hospital and Clinical Associate Professor in the Departments of Pediatrics and Medicine.

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AFMC Thanks Dr. David Hawkins (President's Dinner - May 1, 2005)



Dr. David Hawkins, Executive Director, is seen here viewing a photo of a kinetic sculpture presented by Dr. Carol Herbert, AFMC President, at the President's dinner held during the annual conference in Saskatoon. The sculpture is to acknowledge Dr. Hawkins ten years with AFMC. He will be stepping down this year and will be able to enjoy his garden sculpture "Balanced Heart" by Toronto artisan Mark Clark moving quietly in the wind.

Mr. Clark's sculptures are made from steel, 50% being commercial off-cuts or found objects such as stone, glass or farm implements thus making each piece unique.

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University of British Columbia

Dr. McIlwain, a Clinical Associate Professor in the Department of Family Practice was named one of Canada's 10 Family Physicians of the Year for 2004 and received the Reg L. Perkin Award. He is a rural family physician who has practised in Bella Coola, BC, since 1981.

Medical Hall of Fame

The Canadian Medical Hall of Fame has announced its 2005 inductees, whose efforts will be honoured at a celebration in Edmonton in September. Inductees are selected by an independent committee of leaders from the medical sciences community. This year's inductees include: **Dr. David Hubel**, co-winner of the 1981 Nobel Prize in Medicine for his groundbreaking research of the visual cortex; **Dr. John McEachern** (1873-1947) who identified the value of a national cancer care strategy; **Dr. Ian McWhinney**, a founder of modern family medicine in Canada, credited with defining the discipline as a distinct field of medicine; **Dr. Anthony Pawson**, international leader in biomedical research, whose discoveries have enhanced the understanding of the way cells communicate; and **Dr. Hans Selye** (1907-1982), scientist, endocrinologist and Nobel Prize nominee, regarded as the father of the field of stress and who discovered the biological stress response.



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President and Chief Executive Officer

The Association of Faculties of Medicine of Canada

The Association of Faculties of Medicine of Canada (AFMC) is seeking a President and Chief Executive Officer. Based in Ottawa, the AFMC represents Canada's seventeen Faculties of Medicine, and provides a national voice for academic medicine. AFMC's broad objective is to promote the advancement of academic medicine in Canada, which it does in three ways: by developing national policies appropriate to the aims and purposes of Canadian Faculties of Medicine; by reviewing and developing standards for medical education; and by serving as an advocate for Faculties of Medicine across the country, particularly in respect to health research funding and physician resources. Together with the Canadian Medical Association, AFMC carries out accreditation surveys of undergraduate medical programs in Canada, as well as all university-based continuing medical education programs. For more information about the AFMC, please visit www.afmc.ca.

The AFMC's strategic plan calls for the Association to become an increasingly strong, visible, and innovative advocate on issues related to medical education and physician resources. As part of this plan, the AFMC is committed to enhancing its role as an advisor to governments, other medical associations, and the profession as a whole, on a wide range of issues related to a national health care strategy.

The Search Committee is seeking a bold and creative leader who can guide the AFMC toward the realization of its strategic goals, and position the organization as the leading national voice in academic medicine. Ideally, the new President and CEO will be an M.D., although the Search Committee will also consider individuals with PhDs who have worked at the senior level in medical education. The President and CEO will have a solid understanding of the complexity of medical education, be a leader in academic medicine, and have both the skills and the connections to work effectively with government, related medical organizations, other health care partners and stakeholders, and the media. The ability to communicate effectively in both official languages will be an asset.

This is a full-time role, although there is the possibility of some flexibility to maintain a small clinical practice. The Search Committee will begin consideration of candidates in late April. Please respond in confidence to the address below.

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Président-directeur général

L'Association des facultés
de médecine du Canada

L'Association des facultés de médecine du Canada (AFMC) souhaite combler le poste de président-directeur général. L'AFMC, située à Ottawa, représente les dix-sept facultés de médecine du Canada et elle agit comme porte-parole national du secteur de la médecine universitaire. Le grand objectif de l'AFMC est de promouvoir les programmes de médecine universitaire au Canada. Pour ce faire, l'AFMC s'y prend de trois façons : en élaborant des politiques nationales qui tiennent compte des objectifs des facultés de médecine canadiennes; en révisant et en élaborant des normes relatives à l'enseignement médical; et en défendant les intérêts des membres des facultés de médecine partout au pays, notamment en ce qui a trait au financement des recherches sur la santé et aux ressources dont disposent les médecins. De concert avec l'Association médicale canadienne, l'AFMC effectue des enquêtes en vue d'approuver certains programmes de médecine de premier cycle offerts au Canada ainsi que l'ensemble des programmes de formation médicale continue des universités. Pour tout renseignement au sujet de l'AFMC, veuillez visiter le site www.afmc.ca.

L'AFMC, par plan stratégique, vise à devenir de plus en plus influente, visible et novatrice pour être en mesure de résoudre les problèmes liés à l'enseignement médical et aux ressources accordées aux médecins. Dans le cadre de ce plan, l'AFMC s'engage à intensifier son rôle en tant que conseillère auprès des gouvernements, d'autres associations médicales et de l'ensemble des membres de la profession, à propos d'un large éventail de questions qui se rapportent à une stratégie nationale en matière de soins de santé.

Le comité de recrutement recherche une personne dynamique, audacieuse et créative qui puisse guider l'AFMC vers l'atteinte de ses objectifs stratégiques et ainsi permettre à l'entreprise de se démarquer en tant que porte-parole national du secteur de la médecine universitaire. Idéalement, la personne embauchée pour combler ce poste devrait exercer la profession de médecin, mais précisons que le comité de recrutement considérera également la candidature de personnes qui sont titulaires d'un Ph. D. et qui ont déjà occupé un poste de direction dans le secteur de l'enseignement médical. La personne choisie devra être au fait de la complexité de l'enseignement de la médecine, avoir fait ses preuves à titre de leader dans le domaine de la médecine universitaire et avoir les aptitudes requises et d'importantes relations avec des personnes clés pour travailler efficacement avec le gouvernement, les organisations médicales connexes, d'autres partenaires en soins de santé et d'autres intervenants, ainsi qu'avec les médias. Le fait de pouvoir communiquer efficacement, tant en français qu'en anglais, sera considéré comme un atout.

Il s'agit d'un emploi à temps plein. La personne dont la candidature sera retenue pourra toutefois maintenir une petite pratique clinique. Le comité de recrutement amorcera son processus de sélection à la fin du mois d'avril. Veuillez nous faire parvenir votre candidature en toute confidentialité, à l'adresse suivante:

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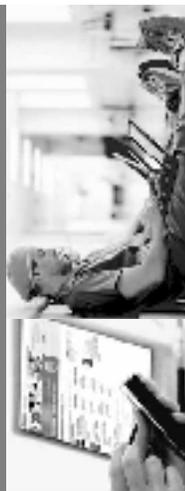
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 - a) Masters and PhD level enrolment and degrees awarded.
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- F. Applicant Study Data:** comparative acceptance rates by characteristics of applicant pool (citizenship, age, province of residence, language of instruction of schools applied to, performance on MCAT of applicants, educational background of applicants); repeat applicants to Canadian faculties of medicine; impact of repeaters on admissions.

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- B. Inscription en médecine au niveau prédoctoral et obtention du diplôme :** tendances; caractéristiques des étudiants admis; inscriptions; abandons; diplômes.
- C. Enseignement médical postdoctoral**
 - a) Maîtrises (2^e cycle) et doctorats (PhD/3^e cycle) : inscriptions et nombre de diplômes décernés.
 - b) Formation clinique post-MD/résidence : tendances dans le nombre de stagiaires, selon la spécialité de formation, la citoyenneté des stagiaires, le choix de carrière des femmes, le pays d'acquisition du doctorat en médecine, etc.
- D. Personnel enseignant**
- E. Recettes pour la recherche biomédicale et en science de la santé**
- F. Étude des candidatures à l'admission :** taux comparatifs de succès des candidats selon les caractéristiques des candidats (citoyenneté, âge, province de domicile, langue d'instruction des facultés de médecine, résultats des candidats aux tests "MCAT", antécédents scolaires des candidats); repostulants; l'effet des repostulants sur les admissions.



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