

GRAVITAS

m. (feminine gravitatis) a quality of substance or depth
m. (feminine gravitatis) caractère de ce qui a de l'importance



AFMC

The Association of Faculties of Medicine of Canada
L'Association des facultés de médecine du Canada

...successful
collaboration is
about finding the
proverbial “win-win”
situation.

Collaboration is the Key

By: Irving Gold, Vice President, Government Relations and External Affairs

Collaboration as enlightened self-interest is a concept captured well by Adam Smith in the Wealth of Nations (1776):

In civilized society [man] stands at all times in need of the cooperation and assistance of great multitudes... Man has almost constant occasion for the help of his brethren, and it is in vain for him to expect it from their benevolence only. He will be more likely to prevail if he can show them that it is for their own advantage to do for him what he requires of them. Whoever offers to another a bargain of any kind, proposes to do this. Give me that which I want, and you shall have this which you want, is the meaning of every such offer.

Smith's point is a good one; collaboration need not mean subjugating one's own aspirations and goals for those of others. Quite the contrary - successful collaboration is about finding the proverbial “win-win” situation. In the health sector, there are many: achieving improved patient care through inter-professional collaboration, improving medical education by working together to identify and promulgate best practices, coming together to define ways of measuring our impact, and finding and communicating common advocacy messages. These are just a few examples of areas in which we can benefit by working together.

We hope you enjoy this second edition of *Gravitas*, (44th AFMC newsletter) which is all about the power of collaboration. We would also like to invite you to collaborate in the production of our newsletter. If you have a response to something you've read here, send it to us. If you have a suggestion for a theme – let us know. We want to hear your comments. 

- Irving Gold

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Réflexions

Par: Nick Busing, Président-directeur général

L'AFMC a réaffirmé sa mission, sa vision et ses objectifs stratégiques. Je vous encourage à en prendre connaissance en visitant notre site Web (www.afmc.ca – sous L'AFMC en bref). Nous continuons à penser aux valeurs sur lesquelles repose notre organisation et il va sans dire que les partenariats et la collaboration sont deux de nos valeurs fondamentales.

En songeant à nos principales activités, je suis frappé par les liens de collaboration que l'AFMC a noués dans le passé et qu'elle continuera à cultiver. Je pense en particulier aux importants partenariats découlant de notre initiative en matière d'imputabilité. Ces partenariats englobent les gouvernements, la collectivité et d'autres organismes médicaux et de santé. Sans la présence des partenariats, des initiatives telles que notre Groupe de travail sur la santé autochtone et notre Groupe de travail sur la santé publique ne pourraient être viables et ne pourraient nous aider à susciter des changements.

Dans le milieu de l'éducation médicale, nous participons à des initiatives nationales avec le Collège royal des médecins et chirurgiens du Canada et le Collège des médecins de famille du Canada. L'objectif visé par l'AFMC en ce qui a trait à l'amélioration de l'éducation médicale de premier cycle et de niveau post-doctoral s'harmonise naturellement avec ces deux organismes d'agrément.

Notre collaboration sur le plan de l'éducation s'étend à des organisations telles que l'ACÉM,

la FOMC et le Conseil médical du Canada. Notre Conférence canadienne sur l'éducation médicale est le fruit de la collaboration de cinq partenaires désireux d'organiser un événement pour les éducateurs médicaux du monde entier.

L'AFMC cultive également des partenariats et collabore activement au sein du milieu de la recherche. Nous rencontrons régulièrement des représentants de l'ACISU, de Recherche Canada, de l'AUCS et du Bureau de l'expert scientifique en chef. Nous participons activement à des comités examinant le rendement des investissements en recherche en santé, le guide d'éthique pour la recherche sur les humains et les questions d'intégrité en recherche.

La stratégie scientifique et technologique du gouvernement fédéral ainsi que son exposé de position Avantage Canada nous ont encouragés à travailler nos réponses collectives, une fois encore avec des partenaires comme l'ACISU et Recherche Canada.

À mesure que nous tissons d'importants et solides partenariats, notre défi consiste à offrir notre appui à des activités collectives au besoin et à faire la distinction entre nos préoccupations et celles de d'autres organismes lorsque la situation l'exige. Nous espérons que cet équilibre délicat confirmera l'AFMC dans son rôle de porte-parole de ses membres de même que de collaboratrice et de partenaire efficace. 

(English version on page 5/ version anglais à la page 5)

**Mobilizing Science and Technology to Canada's Advantage -
A Response by the Association of Faculties of Medicine of Canada.
Go to WWW.AFMC.CA and click on Advocacy to view this document.**



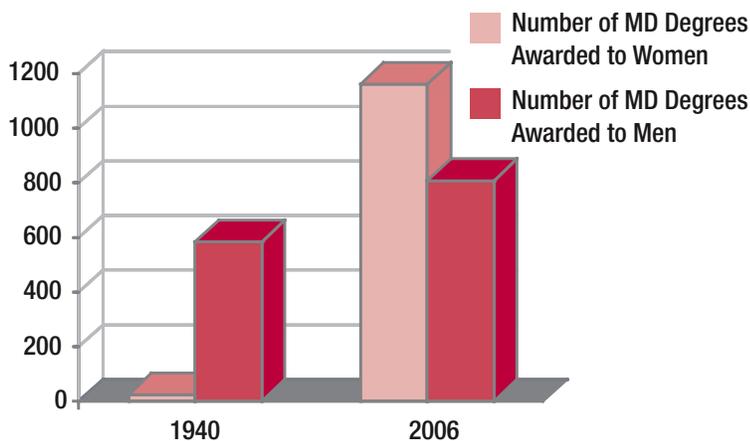
Collaborating for Medical Education Data, Then and Now *By: Steve Slade, Vice President, Research and Analysis*

Collaboration: the theme of this issue of *Gravitas*. It's a good word and if it was on the shelf, then it's the right time to take it off and reexamine it.

Under the auspices of the AFMC, collaboration among faculties of medicine, professional medical associations and government has produced data holdings spanning more than half a century. For instance, AFMC Office of Research and Information Services (ORIS) data shows that 25 women were awarded MD degrees in 1940 compared to 1,161 in 2006. By contrast, 584 men were awarded MD degrees in 1940 compared to 808 in 2006. These figures

territorial governments to ensure that, through CAPER, reliable statistics are maintained on the supply and mix of physicians trained in Canada.

The collaborative spirit that was required to build Canada's medical education databases will be critical in shaping their future. With this in mind, a data needs group will be formed as part of the AFMCs recently-launched Future of Medical Education in Canada project. The group will represent users and providers of medical education data. It will tackle a variety of issues, including the need to identify, prioritize and respond to emerging information needs as well as issues,



tell an important story about demographic shifts in Canada's physician workforce.

They tell an equally important story about what can be accomplished through a sustained commitment to collaborative work. This information (and far more within the underlying data source) would be unavailable if organizations and individuals failed to come together to fund and carry out the collaborative work required to compile data. The history of the Canadian Post-M.D. Education Registry (CAPER) tells a similar story. Since the mid-1980s faculties of medicine have partnered with half a dozen national medical organizations and federal/provincial/

such as technology and privacy, which are integral to data development and access. I gladly invite readers to contact me to learn more about this new initiative.

As a final reflection on collaboration, it is inspiring to think on the vision and foresight that became the foundation of our current medical education information system. Today there are organizations and people who continue to work toward this vision. I am very grateful for the opportunity to say thank you to them for their effort.

For more information on this article, contact Steve Slade at sslade@afmc.ca.

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Gravitas est l'organe officiel de L'Association des facultés de médecine du Canada et paraît quatre fois par an. Les opinions exprimées dans ce bulletin ne sont pas nécessairement celles de l'Association. Les contributions à cette publication sont les bienvenues et peuvent être rédigées en français ou en anglais. Les annonces publicitaires sont également acceptées. L'abonnement annuel à Gravitas est de 30,00\$ sauf pour les membres de l'Association qui le reçoivent gratuitement.

Articles of Interest

Visit the AFMC website for links to these journal articles at www.afmc.ca

Academic Medicine October 2007 Supplement
Medical School Admissions: Revisiting the Veracity and Independence of Completion of an Autobiographical Screening Tool Mark D. Hanson, University of Toronto; Kelly L. Dore, Harold I. Reiter, Kevin W. Eva, McMaster University

Academic Medicine October 2007 Supplement
Questioning Competence: A Discourse Analysis of Attending Physicians' Use of Questions to Assess Trainee Competence Tara J.T. Kennedy and Lorelei A. Lingard, University of Toronto

Academic Medicine October 2007 Supplement
The Power of the Plural: Effect of Conceptual Analogies on Successful Transfer Geoffrey Norman, Kelly Dore, Jennifer Krebs and Allan J. Neville, McMaster University

Academic Medicine October 2007 Supplement
Assessing the Relationship Between Cardiac Physical Examination Technique and Accurate Bedside Diagnosis During an Objective Structured Clinical Examination (OSCE) Rose Hatala, University of British Columbia; S. Barry Issenberg, University of Miami; Barry O. Kassen, University of British Columbia; Gary Cole, Royal College of Physicians and Surgeons; C. Maria Bacchus, University of Calgary; Ross J. Scalese, University of Miami

Academic Medicine October 2007 Supplement
Reasoning When It Counts: Students' Rationales for Action on a Professionalism Exam Shiphra R. Ginsburg, Glenn Regehr and Maria Mylopoulos, University of Toronto

Medical Education October 2007
The Doctor Dilemma in Interprofessional Education and Care: How and Why Will Physicians Collaborate? Cynthia Whitehead, University of Toronto

Medical Education September 2007
The Effect of Candidate Familiarity on Examiner OSCE Scores Ann Jefferies, Brian Simmons, Glenn Regehr, University of Toronto

Medical Education September 2007
Attitudes of Health Sciences Faculty Members Towards Interprofessional Teamwork and Education Vernon R. Curran, Dennis Sharpe, Jennifer Forristall, Memorial University of Newfoundland



Social Accountability Embraces the Power of Collaboration

By: Sue Maskill, Vice President, Education and Special Projects

In 2002, AFMC and the 17 faculties of medicine across Canada began their journey

together to focus on national initiatives guided by the framework of social accountability.

This framework was outlined in a 2002 vision paper entitled *Social Accountability: A Vision for Canadian Medical Schools* which was the work of a collaborative committee supported by Health Canada that included representatives from AFMC, other national medical organizations, senior members of the Canadian medical community, medical student and resident organizations, and provincial/territorial governments. The vision paper is available on the AFMC website at www.afmc.ca, under Social Accountability.

What is social accountability? Social accountability is defined by the World Health Organization (WHO) as:

The obligation to direct their education, research and service to activities towards addressing the priority health concerns of the community, region and/or nation they have a mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public. (WHO, 1995)

The above definition suggests that the central drive of increasing social accountability in academic medicine involves collaborative endeavors between the AFMC and the faculties of medicine with other partners and community representatives in order to make the greatest and most effective impact in meeting the needs of the community.

Several national initiatives framed by this social accountability vision of medical schools have been undertaken by AFMC and the faculties of medicine. All have involved working with multiple partners and using a patient-centred approach. With support from the Primary Health Transition Fund we began this work with two projects: one involved the assistance of medical students from Francophone minority communities in meeting the needs of

Francophone minority communities and the other focussed on continuing professional development and included several faculty demonstration projects to better meet the needs of the communities they serve.

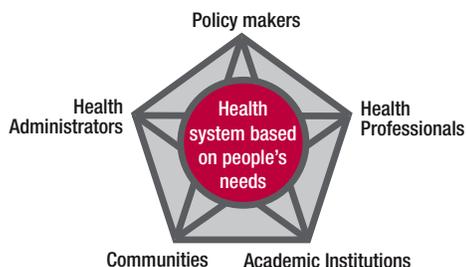
In 2004 AFMC held a Partner's Forum which sought advice and support from other stakeholders (governments, community representatives, health managers, other health and academic organizations) on discussions concerning the priority of social accountability initiatives as we move forward. As a result, our initiatives in social accountability targeted undergraduate curriculum for Aboriginal Health and Public Health and later involved the implementation of a Young Leaders' Forum to bring their vision of our health care system twenty years hence to our work.

End-of-life/Palliative care has also been a focus of another curriculum project of AFMC. At the recommendation of the IMG Task Force, AFMC was asked by Health Canada to develop the bilingual Faculty Development Program for Teachers of IMGs. It has now become a template for other health professional organizations as they develop a similar program for their faculty.

The latest two national initiatives involve a review of academic medicine and the gathering of 8 accreditation organizations from 6 health disciplines to develop core joint principles for interprofessional education that can be the framework for accreditation standards. We are grateful to Health Canada for supporting these many national initiatives outlined. Additional information on these initiatives can be found on the AFMC website at www.afmc.ca, under Social Accountability and Initiatives.

It may take more time and energy to involve partner stakeholders but the results leave one knowing that we have learned from each other and that our work will have greater impact on meeting the needs of various constituencies. It also gives more credibility to the process when those who have the expertise for certain

PARTNERSHIP PENTAGRAM



aspects of the “system”, including the community expertise, are involved. AFMC strives to adhere to the WHO partnership pentagram in guiding its work.

Reflections *By: Nick Busing, President & CEO*

AFMC has reaffirmed its mission, vision and strategic goals. I encourage you to view these by visiting the AFMC website (www.afmc.ca – under About AFMC). We are continuing to think about the values which underlie our organization, and certainly partnerships and collaboration are two of our core values.

Reflecting on our core activities, I am struck by the collaborative relationships that AFMC has forged in the past and will continue to nurture. Most notably there are significant partnerships arising out of our social accountability agenda. These partnerships extend to governments, the community, and other health and medical organizations. Were it not for partnerships, such activities as our Aboriginal Health Task Group and our Public Health Task Group would not be sustainable, nor would they lead to helping bring about change.

In the medical education communities we have national initiatives with the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada. AFMC’s goal of improving undergraduate and postgraduate medical education aligns naturally with these two certifying bodies.

Our educational collaboration extends to organizations such as CAME, FMRAC and

At a recent national meeting I attended involving representatives from other health disciplines and provincial health ministry officials, it was gratifying to hear that others are talking about our national medical education initiatives and wondering what they and the healthcare system can learn from our experiences. We have received many accolades from others as well about our individual initiatives which suggests we are on the right track.

The social accountability framework with its power of collaboration is a truly rewarding tool for the faculties of medicine to use in their work to make the greatest impact on the communities they serve. 🌟

the Medical Council of Canada. Our Canadian Conference on Medical Education is a wonderful collaboration of 5 partners to host an event for medical educators’ world wide.

AFMC is also extremely active in cultivating partnerships and collaboration in the research community. We meet regularly with representatives of ACAHO, Research Canada, AUCC, and the Office of the Chief Scientist. We participate actively on committees looking at return on investment in Health Research, the ethical guidelines for research involving human subjects, and issues of integrity in research.

The federal government’s Science and Technology Strategy as well as its Advantage Canada position paper have encouraged us to work on collective responses, again with partners such as ACAHO and Research Canada.

Our challenge, as we forge important and strong partnerships, is to ensure that we lend our support to collective activities where appropriate, and distinguish our concerns from other organizations when necessary. This delicate balance will hopefully ensure the effectiveness of AFMC as a spokesperson for its membership and as an effective collaborator and partner. 🌟

Appointments, awards and honours from Canada’s faculties of medicine / Nominations, prix et honneurs décernés par les facultés de médecine canadiennes

Memorial University of Newfoundland – Dr. Terry-Lynn Young, Discipline of Genetics, has been appointed as a member of the Institute Advisory Board for the Canadian Institutes of Health Research.

Université de Sherbrooke – Professeur au Département des sciences de la santé communautaire, Juan Roberto Iglesias a reçu le Prix prestige de l’Association médicale du Québec décerné à un médecin afin de souligner son excellence et sa contribution à l’avancement de la médecine.

Université de Montréal – L’Association des pédiatres du Québec a remis le prix Letondal 2007 à la D^{re} Elisabeth Rousseau, professeure titulaire à la Faculté de médecine et pédiatrie au CHU Sainte-Justine.

Université d’Ottawa – Le Collège royal des médecins et chirurgiens du Canada a décerné un prix d’excellence en recherche au D^r Marc Ruel, chirurgien cardiologue de l’Institut de cardiologie.

Queen’s University – Glenn Brown has been appointed as Head of the Department of Family Medicine, Hotel Dieu Hospital, Kingston General Hospital and Providence Care.

University of Toronto – Professors Abdallah Daar of Public Health Sciences, Alex Jadad of Anesthesia and Peter Singer and Arthur Slutsky of Medicine have been elected fellows of the Canadian Academy of Health Sciences.

University of Western Ontario – Dean Carol Herbert of the Schulich School of Medicine & Dentistry received a lifetime achievement award from the North American Primary Care Research Group. She has also been named Honorary Fellow of the Royal Australian College of General Practitioners for her work in reviewing its exam process and her years of promoting family medicine.

University of Manitoba – Recent appointments to the faculty of medicine: Dr. Xin-Min Li, Medical Director, International Medical Graduate Programs
Dr. David Eisenstat, Program Director, Advanced Degrees in Medicine Program

University of Calgary – Dr. Francois Belanger, Chief of Pediatric Emergency Medicine, will assume the role of joint regional-faculty Acting Head of Pediatrics.

To view more announcements from Canada’s faculties of medicine, visit our web site:

Pour avoir accès à d’autres annonces des facultés de médecine canadiennes, visitez notre site Web :

WWW.AFMC.CA

Guest Editorial

New Staff Appointment



– Stéphanie Mutschler, Executive Coordinator (CAME) and Meeting Coordinator (AFMC)

Dr. Nick Busing, President and CEO of the Association of Faculties of Medicine of Canada

(AFMC), and Dr. Yvonne Steinert, President of the Canadian Association for Medical Education (CAME) are pleased to announce that Ms. Stéphanie Mutschler has joined the team on October 24, 2007. Stéphanie will devote 2.5 days per week to both AFMC and CAME.

Stéphanie comes to the AFMC and CAME with extensive experience in the medical not-for-profit association sector, particularly in the areas of membership and project management. Stéphanie has been involved in activities related to marketing and communications, conference planning, sponsorship development, committee work and strategic planning while at the Canadian Cardiovascular Society and the Canadian Paediatric Society. More recently, she has been involved in donor relations and scholarships at the University of Ottawa.

Stéphanie's experience and success in relationship management, meeting and program planning and coordination along with her bilingual skills and experience gained within the medical association sector will serve her well in her new responsibilities.

As CAME Executive Coordinator, Stéphanie will replace Claudine Le Quellec who will be devoting most of her time as Accreditation Manager for CACMS and CACME. Stéphanie will also be involved in planning for the annual spring medical education conference and also assisting AFMC in planning its own meetings and events.

Welcome aboard Stephanie!

Life-long Learner

Jim Silcox, retired one-time Associate Dean of the Schulich School of Medicine & Dentistry, saw himself back in the classroom once again.

After 32 years of teaching as a Western faculty member, the eight-time winner of the Class of 1962 Award and five-time member of the USC Teaching Honour Roll graduated in October with a Master's in English from the University of Western Ontario.

Congratulations Jim!

Collaborating for Health

Dr. Philip Davies, Senior Research Fellow, American Institutes for Research

The health of Canada, and most countries, is multi-dimensional, multi-causal, and often cyclical and inter-generational. It requires multiple levels of activity and response at various levels: clinical, societal, economic, political, environmental, educational, behavioral and individual. Health needs are served by a range of professions both within and outside of medicine and healthcare. For this to happen effectively and efficiently we need to make the promotion of health a truly inter-disciplinary, inter-professional and collaborative enterprise.

The ways in which we have organized professional life, however, often work against the principles and practice of collaboration. Many health professions and public services have developed into silos of expertise and professional interest, and often work as special interest groups for their own identity and recognition as much as for the health and well being of the people they serve. Governments have given further impetus to this professional isolationism by developing market forces and a competitive ethos within health care systems and other public services. Performance targets are often set that cry out for a collaborative, joined-up approach from a variety of groups within and outside of health care, yet they are pursued by competing entities eager to secure scarce funding and organizational recognition. This has led to the observation that health care services, and many other public services, are 'hitting the target but missing the point'.

Many, if not most, of the health needs of contemporary societies would be better served by individuals and professional groups collaborating and working together. There are many examples of the benefits of such collaborative working and thinking. Historically, the eradication of diseases and improvements in public health were brought about by the collaborative and co-operative efforts of sanitation engineers, city planners, educationalists, voluntary and

community organizations, business groups and labor unions, as well as a range of health professionals.

More recently, we have seen improvements in our knowledge of effective health care and public policy interventions that have come about because of the collaborative efforts of practitioners and researchers in groups such as the Canadian Institutes of Health Research, the Canadian Association for Health Services and Policy Research, and the Canadian Health Services Research Foundation. Further afield groups such as the Cochrane and Campbell Collaborations and the Association of Medical Education in Europe, provide further illustrations of what can be achieved by the power of collaboration and co-operation.

The recently formed National Collaborating Centres of the Public Health Agency of Canada, whose primary goal is to "build on existing strengths and create and foster linkages among researchers, the public health community and other stakeholders to ensure the efficiency and effectiveness of Canada's public health system", surely provide a model and ethos that will serve Canada well, particularly if it is replicated beyond the field of public health. The forces that prevent this from happening are not innate or inevitable, but are the creation of people and institutions. As such, they can be overcome by people and institutions. It is incumbent on professional groups in health care and other public services to respond to the needs of contemporary society by overcoming the barriers to collaboration and co-operation that they have created. This is the key to improving health and well being in contemporary societies. 🌱

It is incumbent on professional groups in health care and other public services to respond to the needs of contemporary society by overcoming the barriers to collaboration and co-operation that they have created.



Collaboration and Advocacy – Identifying Win-win Situations

By: Irving Gold, Vice President, Government Relations and External Affairs

The political environment we are in is fairly rare; Canada has only experienced twelve minority federal governments in its history and most have lasted less than two years. Mackenzie King managed to bring two minority governments very close to the four-year mark – possibly as a result of his penchant for communicating regularly with the dead.

Keeping a minority government alive takes many things, and collaboration is one of them. By definition, minority governments must rely on the support of other parties to stay in power. Mackenzie King was good at working with others and creating consensus – this is how he was able to survive. Just as minority governments need to collaborate in order to survive, so too do those engaged in advocacy work – those trying to influence and shape government policy. There is perhaps no better example of an advocacy area where collaboration is critical than the Canadian

health sector with its countless and diverse advocacy organizations.

In the lingo of game-theory, some areas of health advocacy may well be zero-sum games where one group's win is another's loss. This will be the case when claims are made to ever-increasing slices of what is predetermined to be a fixed-sized pie. In other areas, however, advocacy can be a non-zero-sum game where multiple advocacy organizations can work together and win. Several meetings have recently been held among organizations such as AFMC, ACAHO, and Research Canada aimed at identifying areas of common concern and some consistent messages to be used by all of us. These key messages ought to be easy to find; we all agree that health research is critical to Canadian society for a variety of reasons including improving the health status of Canadians, finding better ways of running our system, creating jobs, producing economic activity, and creating an educated populace.

The difficulty lies not in finding common messages, but in turning our collective advocacy efforts into a non-zero-sum game. Each of our organizations must find ways of delivering common messages while allowing for enough organizational autonomy to incorporate each organization's more nuanced and complementary messages. Singing with one voice, singing the same song with our own unique voices, and singing our own songs are three different matters. Figuring out when to do each will be our real challenge.

King's success at keeping his minority governments alive was due to his ability to identify opportunities for Liberals and Progressives (and later, Conservatives) to work together towards a common goal, while respecting that this would not mean policy alignment in all areas. For us to be successful in our advocacy efforts, we may well have a great deal to learn from him. 🍀

Recommandations

Collaboration et défense des intérêts – Savoir identifier les situations gagnantes

Par : Irving Gold, Vice-président, Relations gouvernementales et affaires externes

Les circonstances politiques actuelles ne sont pas monnaie courante. Depuis sa création, le Canada n'a connu que 12 gouvernements minoritaires dont la durée de vie, pour la plus part, n'a pas dépassé deux ans. Mackenzie King a réussi à maintenir au pouvoir deux gouvernements minoritaires durant près de quatre ans – possiblement en raison de son penchant à communiquer régulièrement avec l'au-delà.

Plusieurs éléments, dont la collaboration, sont nécessaires pour réussir à maintenir en vie un gouvernement minoritaire. Par définition, les gouvernements minoritaires doivent miser sur l'appui d'autres partis pour demeurer au pouvoir. Mackenzie King excellait dans la collaboration et l'art d'atteindre le consensus – ce qui explique que son gouvernement ait survécu. Les gouvernements minoritaires ne sont pas les seuls à devoir miser sur la collaboration pour survivre. Il en va également de même pour ceux qui œuvrent à la promotion et à la défense des intérêts – qui tentent d'influencer et de façonner la politique gouvernementale. Le secteur canadien de la santé qui compte d'innombrables organismes distincts de revendication et de défense des droits est peut-être le meilleur exemple d'un domaine de défense des droits et des intérêts où la collaboration joue un rôle critique.

Dans le jargon de la théorie des jeux, certains secteurs de la défense des droits et des intérêts en matière de santé peuvent connaître des jeux à somme nulle, dans le cadre desquels la victoire d'un groupe constitue l'échec d'un autre. C'est le cas lorsqu'on demande des parts toujours plus grandes de ce qui est préalablement déterminé comme étant une tarte de format fixe. Cependant, dans d'autres secteurs, la défense des droits peut être un jeu dont la somme n'est pas nulle et où nombre d'organismes de revendication collaborent et atteignent leurs objectifs. Récemment, des organisations comme l'AFMC, l'ACISU et Recherche Canada ont tenu plusieurs rencontres afin d'identifier des secteurs de préoccupations communes et certains messages uniformes que nous pourrions tous utiliser. Ces messages-clés devraient être faciles à trouver. Nous sommes tous d'accord sur le fait que la recherche en santé est critique pour la société canadienne et ce, pour une variété de raisons, notamment l'amélioration de l'état de santé des Canadiens, la découverte de meilleures façons de gérer notre système, la création d'emplois, la production d'une activité économique et l'amélioration du degré d'instruction de la population.

La difficulté ne réside pas dans la découverte de messages communs, mais plutôt dans le fait de diriger nos efforts collectifs en matière de défense des intérêts vers un jeu dont la somme n'est pas nulle. Chacun de nos organismes doit trouver des moyens de livrer des messages communs, tout en permettant un degré suffisant d'autonomie organisationnelle afin d'incorporer ses propres messages plus nuancés et complémentaires. Chanter d'une même voix, chanter la même chanson avec nos voix uniques et chanter nos propres chansons sont trois choses distinctes. Le véritable défi consistera à trouver à quel moment il conviendra de faire chacune de ces choses.

Le fait que Mackenzie King ait réussi à maintenir en vie ses gouvernements minoritaires reposait sur sa capacité à identifier des occasions permettant aux Libéraux et aux Progressistes (qui deviendraient plus tard les Conservateurs) de collaborer en vue d'atteindre un objectif commun, tout en acceptant le fait que cette situation ne se traduirait pas par une harmonisation des politiques dans tous les domaines. Pour que nos efforts en matière de défense des intérêts portent fruit, nous avons sûrement beaucoup à apprendre de ses agissements. 🍀

Social Accountability

Collaboration Yields Results in Aboriginal Health Education and Recruitment Initiatives

By: *Barbie Shore, Project Manager*

AFMC continues to co-lead national initiatives in First Nations, Inuit and Métis health education and student recruitment and retention into medicine in partnership with the Indigenous Physicians Association of Canada (IPAC).

The AFMC-IPAC Aboriginal Health Curriculum Subcommittee engaged in a broad consultation process with many partner stakeholders to develop undergraduate core competencies in First Nations, Inuit and Métis health, with the intent of increasing cultural competency and safety between medical learners/physicians and Aboriginal peoples, and between Aboriginal and non-Aboriginal medical learners/faculty. This document will be available before the end of 2007.

The AFMC-IPAC Recruitment and Retention Subcommittee developed the *Pre-Admissions Support Toolkit for First Nations, Inuit, and Métis Students into Medicine* in partnership with admissions representatives from all 17 medical faculties and Aboriginal medical students. This toolkit gives medical faculties a guideline of things that work to support First Nations, Inuit and Métis students' success in their application to a faculty of medicine and during their medical education. It can be found on the AFMC website at www.afmc.ca, under the Aboriginal Health Needs section.

For more information on this Social Accountability Initiative, contact Barbie Shore, Project Manager at bshore@afmc.ca.

Medical and Health Science Students Collaborate on Public Health Interest Groups

By: *Barbie Shore, Project Manager*

The AFMC Public Health Task Group, with support from the Public Health Agency of Canada, is funding student-run Public Health Interest Groups as pilot projects over the next two years to raise awareness and interest in public health concepts and practice amongst medical students and those from other health professions.

This first year saw a tremendous response with 12 medical faculties starting new groups, each aiming their membership and activities at all health disciplines. The approach on how each will meet their objectives and the activities planned is as varied as the faculties they represent.

Some medical faculties are running their group across distributed campuses, ensuring broad reach and participation. Others have made interdisciplinary group leadership their foundation. All groups have set out creative activities to engage fellow students in public health concepts. These include: public health advocacy, training modules and electives, travel bursaries to participate in a public health elective in

another region, a speaker series, a movie series, panel discussions, debates, simulated public health emergencies, mentorship, journal clubs, direct community involvement, working in public health units, a social determinants of health game, interdisciplinary public health conferences, and developing a community health promotion/prevention programme to be delivered by first year students.

By supporting our student's enthusiasm to engage each other in public health principles and evaluating their group's successes and challenges, we hope to see sustained interdisciplinary Public Health Interest Groups across Canada after the pilot funding is complete.

For more information on this Social Accountability Initiative, contact Barbie Shore, Project Manager at bshore@afmc.ca.

This first year saw a tremendous response with 12 medical faculties starting new groups, each aiming their membership and activities at all health disciplines.

Discover Montréal from a New Perspective

2008 Conference Hosts – Université de Montréal and McGill University

Montréal Québec is a unique and fascinating city offering exciting entertainment and cultural diversity. An island set along the almighty St. Lawrence River, Montréal is a city built around a mountain (Mont Royal). It is a place where people from all around the globe come to enjoy a Canadian city with a European flair.

Montréal is also known as the city of festivals. It vibrates all year long to the rhythm of international festivals, major events and attractions including many international circuses. We propose a stimulating evening where culture and fine dining will be showcased in a festive setting, where artists and performers will give you a preview of what Montréal at its best has to offer.

One visit to this cultural treasure and you will know why Montréal attracts thousands of visitors each year. Come see and taste the uniqueness of Montréal!

Découvrir Montréal sous un nouvel angle

Conférence de 2008 co-animée par l'Université de Montréal et l'Université McGill

Montréal, c'est la tradition et le charme européens, accompagnés d'installations et d'attractions modernes. Entre le Mont-Royal, et le majestueux fleuve Saint-Laurent, le centre-ville et le Vieux-Montréal vibrent toute l'année au rythme de festivals, des événements d'envergure internationale et d'envoûtants spectacles de cirques. Des visiteurs du monde entier affluent chaque année pour vivre cette expérience d'une ville européenne en Amérique.

Nous vous proposons donc une soirée haute en couleurs où la culture et les arts culinaires seront à l'honneur. Dans un décor festif, des artistes et des créateurs vous donneront un avant-goût de ce que Montréal offre de mieux. Venez découvrir cette richesse culturelle qui chaque année attire des milliers de personnes. Une seule visite dans ce haut lieu de la culture vous convaincra.

Venez découvrir Montréal sous un nouvel angle !

Bienvenue à Montréal – May 3 to 7, 2008 Canadian Conference on Medical Education (Montréal)

By: Kamal Rungta, Chair, 2008 Planning Committee

It is indeed timely that 'collaboration' is the theme for this issue of *Gravitas*. For the past four years, the Association of Faculties of Medicine of Canada (AFMC), the Canadian Association of Medical Education (CAME), the College of Family Physicians of Canada (CFPC), the Medical Council of Canada (MCC), and the Royal College of Physicians and Surgeons of Canada (RCPSC) have modeled effective partnership and cooperation to bring you a wonderful medical education conference each year.

The Scientific Planning Committee has been very active in finalizing all conference details. An exciting development has been made in the form of an agreement to continue this collaborative effort under a new name: Canadian Conference on Medical Education. The 2008 conference theme is "Educating for the Future: Predicting and Managing Change." The conference goal is to provide a forum for medical educators, from all partner organizations and beyond, which enables sharing of innovations and collaboration on their work to improve our education system.

The two local university co-hosts, Université de Montréal and McGill University will offer a significant opportunity to expand the reach of the conference among our Francophone colleagues. We are also expecting to be able to offer many of the sessions in a bilingual format as well as three engaging plenaries:

Monday

Opening Plenary – Educating for the Future: Predicting and Managing Change presented by Mr. Léonard Aucoin, President, InfoVeille Santé, Montréal, is confirmed as one of two speakers presenting.

Tuesday

Concurrent Plenary Session 1 – Strategies to Change Practices presented by Dr. Dave Davis,

Vice President, Continuing Health Care Education and Improvement, Association of American Medical Colleges; Dr. Kendall Ho, Associate Dean, Division of Continuing Professional Development & Knowledge Translation Associate Professor, Division of Emergency Medicine, Faculty of Medicine, University of British Columbia; and Dr. Wendy Levinson, Sir John and Lady Eaton Professor and Chair, Department of Medicine, University of Toronto will speak to the plenary.

Tuesday

Concurrent Plenary Session 2 – Competency Based Education: What is the Problem?

presented by Dr. Raymond Lalande, Vice-décanat aux études médicales de 1^{er} cycle, Faculté de médecine, Université de Montréal; Dr. Daniel Klass, Quality Management Committee, College of Physicians and Surgeons of Ontario; and Glenn Regehr, Richard and Elizabeth Currie Chair in Health Professions Education Research, Professor, Faculty of Medicine, University of Toronto; Scientist, Toronto General Research Institute, University Health Network; Associate Director, The Wilson Centre will address the issues and challenges related to the transformation of medical education.

With regards to the scientific component of the meeting, I am excited to report that we have received a robust response to the calls for oral presentations, workshops and poster presentations – Dr. Mark Goldszmidt and the Selection Committee will have their work cut out for them in making the final selections!

Given these high caliber submissions, the rich and diverse group of medical educators and learners who will be attending the conference, the ample opportunities for social and collaborative engagement and the location of Montréal, which is one of Canada's truly treasured cities, I am very much looking forward to this year's conference.

Please plan on being there and taking full advantage of this stimulating event. 🌸

New Staff Appointment



– Catherine Moffatt,
Project Manager

Dr. Nick Busing, President and CEO of the Association of Faculties of Medicine of Canada (AFMC), is pleased to announce that Ms. Catherine Moffatt has been appointed Project Manager through March 2009. Her dossier includes two national health initiatives: The Future of Medical Education in Canada and The Accreditation of Interprofessional Health Education (AIPHE).

Catherine comes to the AFMC with a strong academic and professional background in education, training and international development, primarily in postsecondary and nongovernmental organization contexts. She recently obtained a master of education degree from OISE/UT. She has spent the past 7 years at the University of Toronto at Scarborough as Coordinator of the International Development Studies Co-op Program and has worked in Thailand, Eritrea, Costa Rica and Japan, to name a few of her past professional stints.

Catherine's extensive experience in stakeholder relations, program planning and coordination along with her skills in research, analysis and writing will serve her well in her new post.

The Future of Medical Education in Canada project will undertake to conduct a comprehensive review of medical education in Canada, clearly delineate some of the major societal changes taking place that are or should be influencing medical education into the future and, finally, through a collaborative, national approach, develop some high level principles for change.

The Accreditation of Interprofessional Health Education (AIPHE) project will bring together 8 national organizations that accredit 6 Canadian health disciplines to work to develop and support the use of core joint principles/guidelines in formulating accreditation standards for interprofessional education (IPE). This partnership will also strive to share knowledge about the value of IPE and best practices in program accreditation review processes. Future editions of *Gravitas* will feature updates on both projects.

We are very glad to have Catherine on board.

Welcome Catherine!

AFMC – CAME - CFPC – MCC - RCPSC

Mark your calendar

2008

CANADIAN CONFERENCE ON MEDICAL EDUCATION (MONTRÉAL) MAY 3-7, 2008

Le Centre Sheraton Montréal

“Educating for the Future: Predicting
and Managing Change”

Watch for it in early January.

The preliminary program, online registration,
and hotel accommodation information will be
available online at WWW.AFMC.CA (click on
Annual Conference) in early January.

If you have questions regarding the Canadian
Conference on Medical Education, contact the
Conference Secretariat: by email: rperreault@afmc.ca;
or by phone: 613 730-0687 ext 221.

À mettre à votre agenda

CONFÉRENCE CANADIENNE DE

2008

SUR L'ÉDUCATION MÉDICALE (MONTRÉAL) DU 3 AU 7 MAI 2008

Le Centre Sheraton Montréal

« Former pour l'avenir : Prévoir et gérer
le changement »

À surveiller au début janvier.

Le programme préliminaire, le formulaire
d'inscription en ligne et les renseignements sur
l'hôtel seront offerts en ligne au début janvier :
WWW.AFMC.CA (cliquez sur Conférence annuelle).

Pour toute question concernant la Conférence
canadienne sur l'éducation médicale, veuillez
communiquer avec le Secrétariat de la conférence
par courriel : rperreault@afmc.ca ou par téléphone
en composant le 613-730-0687, poste 221.

Canadian Medical Education Statistics (2007)

Information gathered from surveys distributed
by the Office of Research and Information
Services (ORIS) leads to the production of
the annual publication Canadian Medical
Education Statistics. The data available in
Canadian Medical Education Statistics are
used by the federal government, provincial
ministries of health and private industry as
well as AFMC's constituents.

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- :: General Information About Canadian
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Graduation Data
- :: Graduate Medical Education
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Collaborative Practice and Interprofessional Education:

Why, What, How, and Who Cares? *By: Louise Nasmith, Principal, College of Health Disciplines, University of British Columbia*

In Canada, there is a growing need to change the way health care is delivered in order to ensure timely access to health professionals who provide comprehensive care across all sectors. In 2002, the Romanow Commission¹ stated that “In view of ...changing trends, corresponding changes must be made in the way health care providers are educated and trained. If health care providers are expected to work together and share expertise in a team environment, it makes sense that their education and training should prepare them for this type of working arrangement”. This pronouncement was reiterated during the First Ministers’ Accord in 2003² and the First Ministers’ Meeting in 2004³ as well as in the Kirby Report⁴ and a number of provincial reports⁵⁻¹⁰. To assist in the transformation of the system, Health Canada invested \$30 million over 5 years to support Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP)¹¹ as part of the Health Human Resource Strategy. This initiative was unique in its approach which included not only the funding of a number of educational projects but an initial comprehensive review of the literature and an environmental scan¹², as well as commissioned papers to explore issues such as accreditation, regulation and liability, and faculty development.

A number of drivers in our health care system speak to the importance of collaborative models of practice: patient safety, health human resource shortages, access to care, chronic disease management, primary health care reform, and provider burn-out.

As defined by Health Canada, collaborative practice “is designed to promote the active participation of each discipline in patient care. It enhances patient and family centred goals and values, provides mechanisms for continuous communication among care givers, optimizes staff participation in clinical decision making within and across disciplines and fosters respect for disciplinary contributions of all professionals”¹¹.

Interprofessional education takes place on “occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care”¹³.

Across the country, at least eight universities have established offices, colleges, or other structures to advance interprofessional education (IPE) in the health disciplines, and others are in the process of doing so. The 20 educational activities¹⁴ that have been funded through the IECPCP project cross the continuum of learning from pre-licensure to practice and have focused on areas such as geriatric medicine, care of the elderly, psychosocial oncology, internal medicine, family medicine, and rehabilitation medicine. In three provinces (British Columbia, Newfoundland and Labrador, and Saskatchewan) the funding was leveraged to establish province-wide initiatives linking practitioners, universities and health authorities.

A new Health Canada project, coordinated by AFMC, is about to develop cross-discipline accreditation standards around collaborative practice and interprofessional education.

All of this work has begun to inform educators about such critical issues as: core competencies in collaboration, curricula, evaluation, and inter-sectoral relationships. However, there remain a number of unanswered questions and challenges:

- ∴ Reaching agreement on the core competencies
- ∴ Integrating the teaching of these into current curricula without “adding-on” to already charged programs
- ∴ Creating flexible models
- ∴ Preparing clinical placement sites that can model this type of practice
- ∴ Developing professional development programs
- ∴ Financing new models of education
- ∴ Creating the “evidence” that IPE leads to improved practice as well as patient outcomes

Is this just another “flavour of the day” that will pass or are we embarking on a major transformation in how health care and health professional education are delivered in Canada? Many in this country and world-wide believe that we have no choice and that “this is the right thing to do”.

So, who cares?

We all should – as practitioners, educators, policy-makers, patients, and citizens! 

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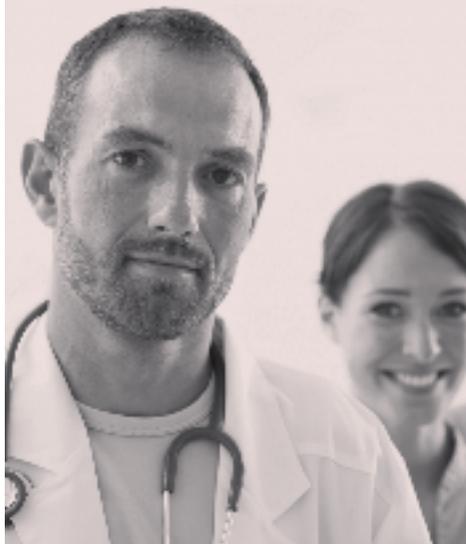


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m. (feminine gravitatis)
a quality of substance or depth



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