

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

Our
commitment to
health education,
research, and clinical
care in academic
settings remains
at our core.

Major Changes at AFMC *By: Irving Gold, VP, Government Relations and External Affairs*

19th century philosopher Henri Bergson said “To exist is to change; to change is to mature; to mature is to go on creating oneself endlessly”. Whether you chose to see it as a process of change, maturation, or re-creation, there is no denying that The Association of Faculties of Medicine has recently undergone a major transformation.

First, and perhaps most obvious, is our new visual identity. You will see that our logo has changed and our communication tools all have a new look and feel. This newsletter, for example, has undergone a range of changes. Its new name, *Gravitas*, conveys what we strive to demonstrate – our depth of substance. You’ll also notice that *Gravitas* is thematically driven; this issue has quality as its theme. *Gravitas* will be shorter and contain links to our website for more in-depth information. New elements to

appear in every edition have also been created including a guest editorial, the vice presidents’ corner, a column devoted to innovations in medical education, and spotlights on various AFMC committees.

We have designed several new products as well. *iMPACT* is a new series of bilingual one-page spotlights to be released monthly which highlight the important contributions of faculty-based researchers and research teams. One edition of *iMPACT* will be included in each copy of *Gravitas*, and the others will be posted on our website. We have created a series of one-page bilingual program spotlights which will profile the important work we do. Similar one-pagers will be produced which will showcase our 17 faculties.

Finally, our website, to be launched November 5th, 2007, is currently undertaking a major

transformation.

There are too many changes here to outline – have a look for yourselves and let us know what you think.

As if all of this was not enough, on October 1st, we are moving! Our tenancy at the Royal College of Physicians and Surgeons has been a very positive experience. Unfortunately, however, we’ve outgrown the space the college has for us and have had to move. We have enclosed a change of address card with this newsletter – please update your records.

Despite all of these changes, however, what has not changed is our tripartite mission. Our commitment to health education, research, and clinical care in academic settings remains at our core; it will be revisited, updated and fine-tuned, but not changed. 🌟

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Reflections

By: Nick Busing, President & CEO

Accrediting our undergraduate medical education programs is a critical activity – aimed at ensuring the quality of the educational processes that teach tomorrow's doctors. The accreditation process has become increasingly complex and complicated. New standards addressing professionalism, service learning and translational research have been approved and are being applied. Faculties are expanding with regional campuses that offer four year programs distant from the traditional medical university complex and teaching hospitals. The numbers of students are also increasing significantly, putting a burden on existing resources; society's expectations of physicians continues to evolve and the information explosion challenges the practicing physician, the student and the educator.

In recent years, undergraduate accreditation survey visits to Canadian faculties of medicine have highlighted many strengths and several challenges that I want to bring to your attention. The first issue to note is the difficulty in addressing problems that have been present for many years. In some cases, chronic problems which have been identified in a number of prior surveys are not been remedied prior to more recent visits. This chronicity is of significant concern to both the Canadian and the American accreditation committees (CACMS & LCME). It behooves all of our

faculties not to allow problems (for example those relating to governance, mapping of the curriculum, addressing student concerns, etc.) to persist. Problems identified at a survey visit should be addressed promptly; the survey report and accreditation committee recommendations hopefully are a stimulus for change and can often be supportive of the school making changes.

A second issue that particularly concerns surveyors as well as CACMS and LCME, is failure to comply with standards that directly relate to students– issues of harassment or intimidation of students need to be addressed; inadequate counseling services, financial services or health services for students also lead to noncompliance with standards. Again these areas need to be addressed proactively and quickly. There is no place for student harassment or intimidation in our learning environment and students and schools must address these issues directly and aggressively.

There are more than 125 accreditation standards! Our faculties do exceptionally well in addressing many of them. Our graduates are second to none, in terms of knowledge, skills and attitudes. However, when certain standards are not corrected or when students work in an intimidating environment, we must address these issues more actively. 🇫🇷

(French version on page 7/ version français à la page 7)

Université de Montréal Launches the First North American Program in Insurance Medicine and Medico-legal Expertise

The Université de Montréal's faculty of medicine has recently launched a new and exciting program: Insurance medicine and medicolegal expertise. The course curriculum provides health professionals with a comprehensive, educational program which will improve their medicolegal knowledge and skills. This collaborative effort of Canadian and American academics is unique in North America and has remained highly successful since its introduction of online English content in January of 2007.

The program was first initiated at the Université de Montréal by Program Director Dr. François Sestier, who has been involved in IME's for over 30 years. Dr. Sestier noticed a lack of data in Québec on insurance medicine and medico-legal expertise and little training available. In 1999, North America's first program on insurance medicine was launched.

This past January, a web-based English language version of the program was launched to great

Providing the Highest Standards in Quality

By: Irving Gold, VP, Government Relations and External Affairs and Steve Slade, VP, Research and Analysis CAPER/ORIS

Ensuring that Canadians receive the best possible healthcare services is a justifiable and shared preoccupation for health system policy makers, practitioners, consumers and educators. Providing the best quality care means, among other things, ensuring that decisions are made using the highest quality research-based evidence, that graduates of our faculties of medicine receive the best possible education, that the data we use in planning for the needs of Canadians is sound. AFMC is active in a number of initiatives aimed at ensuring the highest levels of quality in all of these areas.

As the national voice of Canada's 17 faculties of medicine, AFMC is continually advocating in order to ensure sufficient and balanced investments in health research and research infrastructure to enable Canada to continue to produce the highest quality research and researchers. In addition, we strive to highlight the positive contribution Canada's faculty-based researchers make to Canadian society. To that end, we are very pleased to present, as an insert to our newsletter, a new series titled *iMPACT*. *iMPACT* will be released monthly and will highlight a faculty-based researcher or team that has had a significant impact on Canadian society.

Quality medical education is a continual focus for AFMC. We continue our important work on accreditation (see Dr. Busing's editorial on p. 2), and our many social accountability initiatives meant to ensure that medical education in Canada reflects Canadian values and social priorities. Providing the best possible medical education in our faculties of medicine

also means remaining on the cutting edge, challenging traditional methods, and continually innovating. Our focus on distributed medical education, inter-professionalism, and e-learning (see article on page 5) are but three examples of AFMC and our members leading the way.

For decades, AFMC has played a central role in measuring elements of the medical education system with a view to bringing data to healthcare system change. AFMC's Office of Research and Information Services (ORIS) gathers and publishes statistical information ranging from absolute numbers and trends in medical school applications, enrollment and graduation to numbers of teaching faculty and research funding levels. The Canadian Post-M.D. Education Registry (CAPER) picks up where ORIS leaves off, measuring the flow of physicians as they train to become specialists in family medicine, medical, surgical and laboratory disciplines. AFMC's recently-funded Future of Medical Education in Canada project (see article on page 5) will support a review of AFMC data holdings, thus assuring their continued quality and relevance in coming years.

As AFMC grows and changes as a function of shifts in the external environment, one thing will remain constant – our tireless commitment to the highest possible quality in health research and data, medical education and social accountability initiatives in our Canadian faculties of medicine. Our advocacy work, at all levels of government, will be unique in the Canadian landscape as a function of these combined areas of concern. 🌱

success with the help of Doctor Michel Lacerte, the English program's co-director. Initially available in French only, the online program provides a formal and comprehensive training complete with high-quality digital lectures for health and insurance professionals practicing or interested in medico-legal assessment and insurance medicine. Master's and PhD level training is also offered.

The program's faculty members are highly respected and accomplished Canadian and American lawyers, Justices, physicians, academic scholars and insurance experts. CSME, SMEQ and the Medical Legal Society of Toronto are closely involved with the curriculum development.

The program is offered in a 2 year structure as well as an optional third year, which leads to the diploma program. The minimum requirement to enroll in the program is a bachelor's degree.

Given the 2005 amendments to the Ontario Unfair or Deceptive Acts or Practices regulations, this program provides health care practitioners an exceptional and timely opportunity to become formally qualified in medico-legal assessment and insurance medicine.

For more information on this program visit the website at www.mae.umontreal.ca. 🌱

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Gravitas is the official publication of The Association of Faculties of Medicine of Canada. It is published four times a year. Opinions expressed in this bulletin do not necessarily reflect the views of the Association. Contributions to Gravitas in either English or French are welcomed. Advertisements are also accepted. Gravitas is sent free of charge to members of the Association. The annual subscription fee for non-members is \$30.00.

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.

Guest Editorial

Working Together: Governments and AFMC

By: Robert Shearer

Recently, I have left my position as Director, Health Human Resource Strategies Division at Health Canada to become the Health and Social Affairs Counsellor at the Mission of Canada to the European Union based in Brussels, Belgium. While at Health Canada over the past 15 years, I encouraged the department to work with the Association of Faculties of Medicine of Canada for a number of reasons.

Canadian medical faculties remain showcase models in our universities and continue to be recognized for their leadership in training Canada's present and future medical workforce. Faced with a full curriculum that requires adjustments to accommodate technology, scientific medical evidence and changing models of care, medical faculties continue to attract a talented group of professional staff who remain open to collaborative actions for skills improvement and necessary change. This has been demonstrated on several occasions when AFMC worked with Health Canada to develop collaborative initiatives, many of which, I am proud to have been a part of.

It is important to recognize the efforts of those who are responsible for the annual conferences on medical education coordinated by AFMC. I have participated in these meetings over the years and they continue to provide participants with a key annual medical education opportunity. Health Canada has co-sponsored several initiatives at these meetings, highlighting issues of mutual

interest to the department and each meeting organizing committee.

Also, opportunities to pilot development projects within medical faculties have proven invaluable, as was the case in our work with Complementary and Alternative Health Care. Health Canada also co-sponsored workshops with the AFMC network, as was the case with the work on social accountability in medical faculties.

Other examples of collaboration include work on HIV/AIDS Multidisciplinary Training, International Medical Graduates and most recently, Interprofessional Education for Collaborative Patient-Centred Practice. It is also important to highlight the valuable work done between AFMC and colleagues in provincial/territorial governments through the FPT Advisory Committee on Health Delivery and Human Resources.

As new initiatives continue to evolve, I believe that AFMC plays a valuable role in improving medical education in collaboration with other medical associations. I remain impressed with the leadership found within the organization and the dedication of both the staff and members associated with it.

I am sure that governments will continue to benefit from ongoing collaboration with AFMC and its associated stakeholders.

Keep up this great work! 🇨🇦

Canadian medical faculties remain showcase models in our universities and continue to be recognized for their leadership in training Canada's present and future medical workforce.

Articles of Interest

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

Academic Medicine June 2007

Introduction to Core Competencies in Residency: A Description of an Intensive, Integrated, Multispecialty Teaching Program Anne Rousseau, Danielle Saucier and Luc Côté, Université Laval

Canadian Family Physician August 2007

Factors That Influence Engagement In Collaborative Practice: How 8 Health Professionals Became Advocates Carol P. Herbert, University of Western Ontario; Lesley Bainbridge, University of British Columbia; Julia Bickford, University of Western Ontario; Susan Baptiste, McMaster University; Susan Brajtman, University of Ottawa; Trish Dryden, Centennial College; Pippa Hall, University of Ottawa; Cathy Risdon and Patricia Solomon, McMaster University

CMAJ June 5, 2007

Encouraging Medical Students to do Research and Write Papers Michael E. Detsky and Allan S. Detsky, University of Toronto

JAMA August 8, 2007

Alliance Between Society and Medicine: The Public's Stake in Medical Professionalism Jordan J. Cohen, Association of American Medical Colleges; Sylvia Cruess, McGill University; Christopher Davidson, Royal Sussex County Hospital, Brighton, UK

Medical Education June 2007

Assessment of Non-Cognitive Traits Through the Admissions Multiple Mini-Interview Jean-François Lemay, Jocelyn M. Lockyer, University of Calgary; V. Terri Collin, University of Pittsburgh Medical Centre; A. Keith W. Brownell, University of Calgary

Medical Education June 2007

Challenges in Multisource Feedback: Intended and Unintended Outcomes Joan Sargeant, Karen Mann, Douglas Sinclair, Dalhousie University; Cees van der Vleuten, Job Metsemakers, University of Maastricht, The Netherlands

Medical Education June 2007

The Effects of Examination Stress on the Performance of Emergency Medicine Residents Vicki R. LeBlanc and Glen W. Bandiera, University of Toronto

Medical Education June 2007

'Flying Below the Radar': A Qualitative Study of Minority Experience and Management of Discrimination in Academic Medicine Phyllis L. Carr, Harvard Medical School; Anita Palepu, University of British Columbia; Laura Szalacha, Brown University; Cheryl Caswell, New England Research Institutes; Thomas Inui, Indiana University School of Medicine

Editor's Note

In the June 2007 edition of FORUM, the date of the Young Leaders Forum should have read March 28 - 29, 2007 in the article *Connecting With the Health Leaders of 2027*.

Innovations in Medical Education

Two New Projects for AFMC

The Future of Medical Education in Canada

Canada's medical education system plays a foundational role in equipping physicians with the skills they will ultimately bring forward to the people and communities they serve. Although the medical education curriculum is constantly adapting to societal change, there has not been a recent comprehensive review of these changes in light of major societal changes. This project will bring together key stakeholders in medical education to undertake a comprehensive review of the current status of medical education in Canada. The review will also encompass international comparisons. Recognizing the significant role medical education plays in equipping learners with skills, this project will lay the foundation for an ongoing process to ensure that the curriculum in Canadian faculties of medicine is well aligned with societal needs.

** for more information about The Future of Medical Education in Canada project, please contact Catherine Moffatt, Project Manager.

The Canadian Healthcare Education Commons

At the May 2007 Medical Education Conference in Victoria, members of the AFMC Informatics Resource Group began to define a new vision for sharing and collaboration. What emerged was The Canadian Healthcare Education Commons (CHEC), a place to share resources, to learn and to network. Focused on e-learning and e-teaching, CHEC is a uniquely Canadian initiative, highlighting cultural awareness, pedagogy, service to both faculty and students, and best practice models. This initiative respects the plurality of the pan-Canadian context and the diversity of each of our schools while emphasizing the value and efficiencies inherent in dialogue, synergy, joint development and the potential for technological articulation. The 'Commons' will launch in early 2008 and we look forward to a dynamic relationship with members of the AFMC community.

** for more information about CHEC, contact Irving Gold.

Social Accountability

Accreditation of Interprofessional Health Education

By: Sue Maskill, VP, Education and Special Projects

Health Canada has recently funded a new partnership project on the Accreditation of Interprofessional Health Education (AIPHE), a collaborative alliance of eight national organizations that accredit pre-licensure education for six health professions in Canada. The objectives of this one and a half year partnership are to create and support the use of core joint principles/guidelines in formulating standards for interprofessional education as part of AFMC's Social Accountability Initiative (SAI).

Interprofessional education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care. Interprofessional education develops competencies in group decision-making, teamwork, conflict resolution, shared leadership and other knowledge, attitudes and skills that prepare students for collaborative patient-care practice.

The partnership, representing the disciplines of physiotherapy, occupational therapy, pharmacy, social

work, nursing and medicine, will consult with a wider range of stakeholders to develop principles and guidelines for use in formulating accreditation standards for their organizations and promoting their use among other stakeholders.

The partnership will also share knowledge about the value of interprofessional education and best practices in program accreditation review processes. Project activities include face-to-face discussion through two joint steering committee-advisory group meetings and a forum on accreditation of interprofessional education for stakeholders from the six participating professions.

Project documents and the website will be more widely promoted through meetings, conferences and partner networks. Products include a background paper, joint core accreditation principles and guidelines, a resource on accreditation review processes and a forum report.

We welcome any questions you may have on this new project and will keep you informed as to future developments.

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. John H. McLean, Professor of anatomy and neuroscience, is the first person to receive the Canadian Institutes of Health Research Synapse Award – Individual Researcher.

Université Laval **Philippe De Wals**, professeur titulaire et directeur de Département médecine sociale et préventive a reçu le Prix Hommage 2007 de l'Association des médecins spécialistes en santé communautaire du Québec.

Université de Sherbrooke **Professeur Pierre Beauséjour**, chef du programme-clientèle santé mentale au CHUS, a reçu le titre de « Distinguished Fellows 2006 » par The American Psychiatric Association (APA).

Université de Montréal **Gilles Lortie** assurera de façon intérimaire la succession de Rénald Bergeron au poste de directeur du Département de médecine familiale.

McGill University **Samuel Benaroya**, will become the Associate Vice Principal, Health Affairs in addition to his current position as Associate Dean, Inter-Hospital Affairs.

University of Ottawa **Dr. Wylam Faught** is the new Department Chair of the Faculty of Medicine and The Ottawa Hospital in Obstetrics and Gynecology.

Queen's University **Ron Easteal**, Department of Anatomy and Cell Biology, was the recipient of the 2007 Chancellor A. Charles Baillie Teaching Award.

University of Toronto **Professor Avrum Gottlieb** of Laboratory Medicine and Pathobiology has been elected as Vice-president for science policy of the Federation of Societies of Experimental Biology.

University of Alberta **Dr. Ronald G. Gill** has been appointed Scientific Director of the Alberta Diabetes Institute, the Dr. Charles A. Allard Chair in Diabetes Research and Professor in the Department of Medical Microbiology and Immunology.

University of British Columbia **Dr. Garth Warnock** has been appointed as Head of the Department of Surgery.

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

Resource Group Spotlight

Save the Date: 2008 Canadian Conference on Medical Education (Montréal)

By: *Kamal Rungta, Chair, 2008 Scientific Program Committee*

For the past four years, 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 partnered to plan and deliver an outstanding annual conjoint conference on medical education.

The 2008 Canadian Conference on Medical Education (Montréal) will be held on May 3 -7, 2008 in the vibrant city of Montréal and co-hosted by the Université de Montréal and McGill University.

The theme of this year's conference, *Educating for the Future: Predicting and Managing Change*, will allow for a program which reflects on contemporary issues and challenges such as the substantial expansion and distribution of our medical education programs across the country, the changing role of physicians and other health professionals, the increasing proportion of women learners and the emerging debate between competency and time-based education models.

The Scientific Program Committee is busy securing commitment from a list of exceptional speakers for the three planned plenaries:

- Educating for the Future: Predicting and Managing Change
- Competency-Based Education: What is the Problem?
- Practice Change through Knowledge Translation

We will also be expanding our capacity to deliver sessions in both French and English and look forward to a more robust participation by our Francophone colleagues.

The 2008 Scientific Program Committee includes: Dr. Dianne Delva (Past Chair), Dr. Ian Bowmer (MCC), Dr. Deborah Danoff (RCPSC), Dr. Mark Goldsmid (CAME), Dr. Bernard Millette (AFMC and co-host Université de Montréal), Dr. Joyce Pickering (AFMC and co-host McGill University), Dr. Paul Rainsberry (CFPC), and Dr. Ivan Silver (CAME). Dr. Kamal Rungta is the chair with invaluable support and guidance from Ms. Susan Maskill (Conference Secretariat, AFMC).

The conference remains an excellent opportunity for delegates to socialize, exchange ideas, and develop collaborative working relationships. It is also designed for our partner organizations to hold administrative and business meetings and honour many of our distinguished colleagues with a number of awards presented during the conference. [continued on page 7](#)

AFMC Resource Group on Global Health

The affects of globalization have unquestionably altered the way we define and respond to emerging issues in medical education. Diseases are no longer remote due to global migration, social and economic forces and enviromental changes. Interest in global health is at an all-time high among governments, foundations and faculty. For example, in 2006, 27% of graduating North American medical students took part in an overseas elective during medical school.

“One can see how global health issues are changing how physicians practice in ou time, says Dr. Timothy Brewer, Chair of the AFMC Resource Group on Global Health. In order to combat the health concerns originating from our changing environment, we need to work across boundaries to find answers.”

The AFMC Resource Group on Global Health provides guidance in order to improve the quality of physician training through very rigorous agreed upon definitions of global health and core competencies in order to improve global health training in medical faculties – training that not only will improve the health of Canadians but of populations worldwide.

Dr. Brewer states that challenges ahead can be summed up in two main areas of focus. The first area centers on the field of global health. “In order to successfully address the health care challenges engendered by globalization, we must understand the unique knowledge and skills that physicians need to equip themselves with, what defines the field and what individuals need to know to function in the field.”

The second area of focus is on finding the time to input all the many pieces of information physicians need into the curriculum.

“At McGill University, we are adding global health content without adding time by taking topics already covered and altering the course content to include global health information into the subject.”

The group has been successful in identifying knowledge and skill sets for each Canadian medical faculty, and is working to standardize the minimum information that faculties can use to inform students on this world-wide phenomena.

In 2005-2006, the group conducted a nationwide survey of existing global health training at Canadian medical faculties. The results were presented at the 2006 Medical Education Conference and later used to identify future needs and educational opportunities. The group has also organized workshops for the Canadian Conference on International Health as well as the annual conference on medical education.

Despite these key milestones, obstacles to building an appropriate level of global health education persist in medical universities due to inexperienced faculty and the need to obtain funding and adminisitrative support for developing the field of global health.

In the future, the group will actively work towards raising the standard of global health training in each medical faculty as well as working collaboratively with other groups with common goals. 🌐

Parlez-vous français?

We welcome submissions in English and French. Please email *Gravitas* at nru@afmc.ca

Réflexions

Par: Nick Busing, Président-directeur général

L'agrément de nos programmes d'enseignement médical pré-doctoral est une activité critique visant à assurer la qualité du processus éducatif dans le cadre duquel sont formés les médecins de demain. Le processus d'agrément est de plus en plus complexe. De nouvelles normes portant sur le professionnalisme, l'apprentissage du service et la recherche translationnelle ont été approuvées et mises en pratique. Les facultés prennent également de l'expansion en ouvrant des campus régionaux qui offrent des programmes de quatre ans hors des murs du complexe médical universitaire traditionnel et des hôpitaux d'enseignement. Le nombre d'étudiants augmente également de façon marquée, alourdissant le fardeau pesant sur les ressources existantes, les attentes de la société face aux médecins continuent à évoluer et l'explosion de l'information met à rude épreuve praticiens, étudiants et enseignants.

Au cours des dernières années, les visites d'agrément au niveau pré-doctoral dans les facultés de médecine canadiennes ont permis de mettre en lumière plusieurs points forts et enjeux que je désire porter à votre attention. Notons d'abord la difficulté à traiter des problèmes présents depuis plusieurs années. Dans certains cas, des problèmes chroniques ayant été identifiés dans le cadre de plusieurs visites antérieures n'ont pas été résolus avant la tenue des récentes visites. Cette chronicité s'avère particulièrement préoccupante pour les comités d'agrément canadien et américain (CAFMC et LCME). Il incombe à toutes nos facultés de veiller à l'éradication de ces

problèmes (par exemple ceux qui touchent les questions de gouvernance, le mappage du programme d'études, les préoccupations des étudiants, etc.). Les problèmes identifiés lors d'une visite d'agrément devraient être traités sans tarder. Le rapport de visite et les recommandations du comité d'agrément sont, nous l'espérons, une incitation au changement, et ces mesures peuvent souvent aider les facultés à procéder à des changements.

La non-conformité aux normes directement en rapport avec les étudiants – les questions de harcèlement ou d'intimidation, le caractère inapproprié des services de counseling, la question des services financiers ou des services de santé pour les étudiants – préoccupe toujours particulièrement les examinateurs ainsi que le CAFMC et le LCME. Une fois encore, ces enjeux doivent être traités rapidement et de manière proactive. Les cas de harcèlement ou d'intimidation des étudiants n'ont pas leur place dans notre milieu d'apprentissage. Les étudiants et les facultés doivent s'attaquer directement et de façon dynamique à ces questions.

Il existe plus de 125 normes d'agrément! Nos facultés réussissent exceptionnellement bien à respecter plusieurs d'entre elles. Nos diplômés font partie de l'élite sur le plan des connaissances, des compétences et des attitudes. Cependant, lorsque certains comportements ne sont pas corrigés ou lorsque des étudiants évoluent dans un milieu intimidant, il est de notre devoir de nous pencher plus activement sur ces questions. ❄️

As of October 1st, 2007,
AFMC is located at:
265, avenue Carling Avenue,
Suite/pièce 800
Ottawa, ON K1S 2E1



Save the Date: continued

This unique collaborative effort continues to pay dividends both in improving the quality of the conference as well as in increasing attendance each year. The 2007 conference was held in Victoria, B.C. and attracted more than 1000 registrants. Feedback from attendees was overwhelmingly positive and confirmed a high level of satisfaction on a wide array of workshops, research and development papers and posters. The inspirational plenary delivered by Sister Elizabeth Davis on Distributed Medical Education was particularly noted.

We need your participation to continue to build on our past success. Please save this conference in your calendars now.

I look forward to seeing you in Montréal.

Something On Your Mind?

We want to hear from you. Do you have a question, comment, suggestion or tip to pass along to *Gravitas*? If so, please contact Natalie at 613-730-0687 Ext. 228 or nruess@afmc.ca.

GRAVITAS
m. (feminine gravitatis)
caractère de ce qui a de
l'importance



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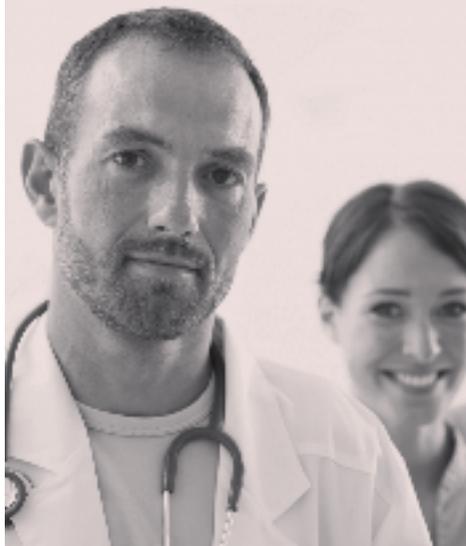
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