

# 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



## e-everything

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

E-commerce, e-democracy, e-tourism, e-health, e-learning, e-harmony... There seems to be no end to the range of human endeavors that can now be done, at least in part, electronically. This is not surprising as both the power of personal computers and the depth and breadth of the World Wide Web have exploded in the last decade.

The rate of adoption, or rather, the rate at which people are willing to partake in the application of electronic technologies to various human activities is variable. While it is often believed to be purely generational, I believe there is more to it than that. I am of a generation that has never worked without a computer. My wife and children are more than a little miffed at how my

BlackBerry and I seem to be physiologically connected. I send and receive over 200 emails a day, and have not set foot in a bank for years. And yet I still use a paper planner to schedule my life, write letters and notes with a fountain pen, read newspapers in hard-copy, and love to search the stacks at libraries. I think there is often a part of us that clings to old ways of doing things.

This edition of Gravitas is all about e-learning. The articles within it range from enthusiastic to more than a little skeptical. This is intentional and likely representative of our constituency. As a community of educators, I believe this discussion needs to happen. We need to be aware of, if not agree with the words of Lewis Mumford who said:

“Western society has accepted as unquestionable a technological imperative that is quite as arbitrary as the most primitive taboo: not merely the duty to foster invention and constantly to create technological novelties, but equally the duty to surrender to these novelties unconditionally, just because they are offered, without respect to their human consequences”.

We need to assess whether those of us that cling to the older ways of doing things are simply being resistant to change, nostalgic, or stubborn, or whether our guts are telling us something important. There is likely no clear answer to this question; no correct answer. The dialogue, however, will likely teach us all something – about e-learning, about medical education, about medicine, and about ourselves.

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## Ambient Informatics

By: Rachel H. Ellaway, Assistant Dean and Associate Professor, Education Informatics,  
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Clinical and academic practise is defined by the creation, evaluation and application of information and knowledge. It can also lead to our neglect of information and knowledge (which increases with our dependence on it), making it difficult to see the wood for the trees. Rethinking information and knowledge use as 'informatics' allows us to consider both information technologies (in their widest sense) and their social, cultural and cognitive dimensions as a holistic undertaking. The move to an informatics worldview in Canadian medical education was particularly evident at the 2008 Canadian Conference on Medical Education in Montreal in May.

The meeting involved many overtly informatics-themed meetings and events such as the day-long AFMC Medical Informatics Resource Group (MIRG) session, which was largely based around an 'unconference' format with participants spontaneously defining topics of interest and convening sessions in response to common interest. MIRG unconference topics included simulators, online social networking, service models, e-learning, electronic health and medical records, mobile data and tools, social accountability and interoperability, virtual patients, licensing and liability, sustainability, project planning, podcasting and at one point even a yoga session! This holistic informatics-oriented approach allowed a very heterogeneous group (educationalists, clinicians, technologists, librarians, administrators) to fluidly and quickly explore areas of common interest and options for collaboration, sharing and better understanding. Some typical end-of-session comments illustrate its success:

*"I thought we were really behind everyone with our own unique problems - now I understand we're all facing the same kinds of issues and we can help each other solve these common problems".*

*"I didn't realize there was so much talent, so many good ideas, so much energy, and so much interest in collaboration and mutual support".*

Other overtly informatics-related meetings included e-COFM, the AFMC Libraries Special Resource Committee and the Information Technology Group; the latter producing a benchmarking survey of IT services and facilities across the 17 faculties and exploring options for staff exchanges and placements between institutions to help drive staff development and greater collaboration. Academic stream sessions dealt directly with informatics issues including a virtual patient authoring workshop and a hot topic plenary session on the emerging nature of virtual learning environments.

A major development since the previous year's meeting in Victoria was the creation of CHEC-CESC (the Canadian Healthcare Education Commons - La collaboration pour l'éducation en santé au Canada) as a place to support collaborative learning and teaching for the health professions, allowing our communities to interact, share, and create resources in a secure and simple online environment:

<http://www.afmc.ca/chec-cesc>

Even for those not directly involved in overtly informatics-themed sessions the meeting was punctuated by PowerPoint, mobile calls and emails and searching for wifi hotspots. Informatics was therefore a pervasive and ambient presence at the national meeting, reflecting its critical position in supporting and enabling Canadian medical education. However, the extent to which participants were aware of it may have reflected their awareness of informatics issues in general. 🌐



## Réflexions *Par: Nick Busing, Président-directeur général*

Les implications de l'explosion des possibilités de cyber-apprentissage sont vastes et continuent à changer notre perception des enseignants et des apprenants des programmes pré- et post-doctoraux de même qu'au niveau de la formation médicale continue. J'aborderai ici brièvement certaines des implications du cyber-apprentissage sur l'enseignement médical de premier cycle.

Tout d'abord, définissons la notion de cyber-apprentissage. Il existe plusieurs définitions, mais j'ai opté pour celle fournie par Derek Stockley en 2003 : « l'exécution, par voie électronique, d'un programme d'apprentissage, de formation ou d'éducation. Le cyberapprentissage nécessite l'utilisation d'un ordinateur ou d'un dispositif électronique (p. ex., un cellulaire) afin d'accéder au matériel de formation, d'éducation ou d'apprentissage » (traduction). Bien que cette définition puisse ne pas tous vous rejoindre, elle est suffisante pour étayer mes propos.

On constate la place grandissante qu'occupe le cyberapprentissage au sein des facultés de médecine. On peut indubitablement affirmer qu'il joue désormais un rôle critique alors que nous développons davantage d'attentes à l'égard de l'enseignement à distance. Nos activités d'éducation médicale hors les murs, notamment la mise sur pied de campus régionaux offrant des programmes de quatre ans, les stages cliniques intégrés orientés sur la collectivité et les autres stages fondamentaux et facultatifs ont constitué un important incitatif pour la création d'un milieu d'apprentissage en ligne plus efficace.

Les normes du CAFMC /LCME nous ont aidé à penser aux stratégies de cyberapprentissage. Examinons ici trois de ces normes. Tout d'abord, la norme ED 5-A stipule que « le programme éducatif doit comprendre des occasions pédagogiques favorisant un apprentissage actif et indépendant afin d'encourager les compétences nécessaires à l'acquisition continue du savoir. » L'annotation relative à cette norme poursuit sur cette lancée en disant qu'on s'attend à ce que les méthodes d'enseignement et d'évaluation utilisées dans le cadre de cours et de stages dotent les étudiants des compétences nécessaires à l'appui d'une acquisition continue du savoir. Les étudiants en médecine d'aujourd'hui sont des pros du cyber-apprentissage. Pour cette nouvelle génération de médecins, l'apprentissage actuel et futur sera axé

en grande partie sur le cyberapprentissage. Il est donc critique que nos facultés de médecine soient au fait de cette réalité et se penchent sur les questions découlant de cette attente.

La norme ED-8 stipule qu'« il doit y avoir des expériences éducatives comparables et des méthodes d'évaluation équivalentes dans tous les cadres pédagogiques alternatifs au sein d'une discipline donnée. » La comparabilité des expériences éducatives peut être partiellement traitée au moyen de la technologie de la vidéo-conférence et de l'apprentissage mixte. Cependant, plusieurs autres expériences éducatives peuvent être enseignées au moyen d'un cyber-apprentissage dans le cadre duquel tous les étudiants en médecine auraient accès au même matériel d'apprentissage en ligne mais où chacun travaillerait seul. Le défi consiste à assurer la compatibilité des expériences éducatives dans un tel environnement.

La norme ED-12 stipule que « l'enseignement théorique des sciences fondamentales devrait inclure des expériences en laboratoire et autres occasions pratiques permettant l'application directe de la méthode scientifique, l'observation exacte des phénomènes biomédicaux et l'analyse critique des données. » La plupart des facultés offrent des exercices informatisés. L'apprentissage virtuel devient une réalité. Des cours tels que l'anatomie sont de plus en plus souvent donnés en ligne, ayant de plus en plus recours à des images digitales. Le laboratoire traditionnel a cédé le pas aux laboratoires virtuels dans le cadre desquels les étudiants peuvent travailler en ligne individuellement ou en groupes.

J'imagine aisément le jour où un nombre croissant de nos normes d'agrément, en particulier celles qui se rapportent au contenu de notre programme d'enseignement médical, seront de plus en plus axées sur les activités de cyberapprentissage. Le défi consistera à intégrer ces occasions à la quantité appropriée d'exposition clinique et d'élaboration de compétences chez nos médecins qui ne sont pas gagnés d'avance à la cause du cyberapprentissage. Comme c'est le cas avec un grand nombre de percées, il faut trouver un juste équilibre entre les mérites de l'innovation et les aspects de l'environnement traditionnel afin de veiller à doter les médecins de solides compétences cliniques et cognitives et d'autres types de connaissances. 🌐

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## The Deanery

### Articles of Interest

Visit the AFMC website for links to these journal articles at [www.afmc.ca/news-articles-e.php](http://www.afmc.ca/news-articles-e.php)

Medical students' views on training in intellectual disabilities Philip Burge, Hélène Ouellette-Kuntz, Queen's University; Barry Isaacs, Director of Research and Evaluation at Surrey Place Centre; Yona Lunsky, University of Toronto; and the Undergraduate Medical Education in Intellectual Disabilities Group at Queen's University *Canadian Family Physician* April 2008

Patients' perceptions and experiences of family medicine residents in the office Christine E. Malcolm, University of Toronto; Kevin K. Wong, University of British Columbia; and Ruth Elwood-Martin, University of British Columbia *Canadian Family Physician* April 2008

Steps to Improve the Teaching of Public Health to Undergraduate Medical Students in Canada Ian Johnson, University of Toronto; Denise Donovan, Université de Sherbrooke; and Jean Parboosingh, University of Calgary *Academic Medicine* April 2008

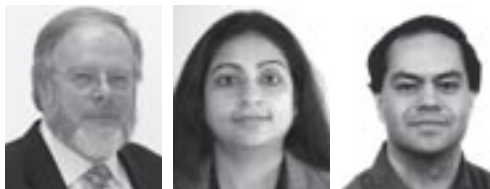
Family medicine curriculum: Improving the quality of academic sessions Douglas Klein and Shirley Schipper, University of Alberta *Canadian Family Physician* February 2008

Beyond Borders: Building Global Health Programs at McGill University Faculty of Medicine Nicole Saba and Timothy Brewer, McGill University *Academic Medicine* February 2008

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*By: Dean Sandham, Dean, Faculty of Medicine  
Aarti Paul, Systems Analyst, Curriculum Management System  
Sat Sharma, Medical Director, Curriculum Management System, University of Manitoba*

## Integration of e-Curriculum into Medical Education

Medical education aspires to impart future physicians with the knowledge and skills to practise medicine and to develop lifelong learning skills. The traditional model of medical education is based on transferring scientific facts to students via lectures and books, culminating into knowledge synthesis, acquisition of skills and professional attitudes. A more congenial educational model of self education incorporating problem-based learning has developed over the last few decades.

A corollary of recent advances in information technology is the advent of e-learning - an avant-garde, resourceful and amiable approach to medical education. E-learning can be defined as the use of electronic technology and media to deliver support and enhance teaching, learning and assessment. Therefore, e-learning implies a new educational technology based on well-designed computer-based courseware, allowing students to teach themselves. Rather than stagnant knowledge accrual, e-learning is the facilitation of live teaching with elements such as streaming lectures, whiteboards, downloadable slide sets, and discussion forums. This educational model may be viewed as a composite of e-teaching - the automation of a traditional teacher-centred approach; and e-learning - an ingenious student-centred approach.

The self-evident benefits of e-learning are myriad. These include faster learning at reduced costs, increased access to learning, and accountability for all participants in the learning process. Changes in health care delivery, advances in medicine, increased demands on academic faculty and the transformation of health care delivery sites

from acute care institutions to community-based settings have competed with traditional teaching time and resources. Medical faculty curricula are overburdened as new specialties, disciplines and technologies have proliferated, requiring a learner-centred rather than an instructor-centred model for medical education. In the face of these social, scientific, and pedagogical challenges, e-learning appears to be even more enticing as a means to improve the efficiency and efficacy of educational interventions.

Although gaining popularity over the past decade; use of e-learning remains highly variable among medical faculties and its integration has been a real challenge, especially in the teaching of clinical disciplines. Creation and deployment of learning management systems that support e-learning are arduous, expensive and their integration into medical education is equally challenging. E-learning material involves several components. Once content is developed, it must be managed, delivered, and standardized. Content management includes all of the administrative functions (e.g., storing, indexing, cataloging) needed to make e-learning content available to the learners. Examples of content management include portals, repositories, digital libraries, learning-management systems, search engines, schedules and personalized e-portfolios. A curriculum management system is web-based software that facilitates the delivery and tracking of e-learning across an institution and may serve several additional functions. It can simplify and automate administrative and supervisory tasks, track learner's achievement of

competencies, and operate as a readily accessible and life long repository for learning resources.

The University of Manitoba's Faculty of Medicine recently concluded a pilot evaluation of a comprehensive Curriculum Management System (CMS). After analyzing electronic curriculum systems currently available and conducting a needs assessment of students, faculty and administrative personnel, a software system with multi-user interface was deployed. The system was designed to assist faculty and students in the management of knowledge resources pertinent to the learning objectives defined by the curriculum. The Faculty of Medicine also performed a process evaluation that assessed the system's strengths and weaknesses as well as an outcome evaluation which monitored user satisfaction and change in the learner's behavior.

Two blocks of the pre-clerkship curriculum (Blocks III and VI) were chosen for rolling out a completely integrated electronic system of course content and scheduling, individualized to each student and teacher. The CMS team designed and customized the system's environment for University of Manitoba students and faculty and each user received their own personalized access to the CMS. The pilot was evaluated by quantitative and qualitative processes that included data collection on user logins, user satisfaction surveys and direct feedback from the students, faculty and administrative staff.

As a result, adoption and satisfaction of the piloted CMS by all users surged over time because of a well devised implementation plan. The majority of users lauded the faculty's initiatives for piloting CMS and expressed strong support for the concept of acquiring a lasting electronic curriculum system. The pilot experience proved that there is a dire need for an electronic CMS in undergraduate medical education at the Faculty of Medicine. The comprehensive appraisal and review of the pilot deployment was utilized to enhance the system in order

to improve user satisfaction and functionality by the students, faculty and administrative staff. The University of Manitoba's Faculty of Medicine is in the process of acquiring such an integrated curriculum management system.

The vision for integrating e-learning into the University of Manitoba's Faculty of Medicine is to launch and sustain lifelong learning for future physicians which fosters strong self-learning skills and academic scholarship at the onset of undergraduate medical education. A revolution in medical education is underway as e-learning nurtures adaptive learning (individualized learning), collaborative learning (interactions with other learners) and changing paradigms for the educators as their roles shift from disseminator to facilitator. In this era of lifelong learning and competency-based education, the traditional roles of educators have evolved. E-learning is shown to be efficient and effective and has received acceptance within the medical education community. Since integration and adoption requires a crucial cultural transformation, a blended learning educational experience would be most promising.

The future of e-learning promises integrated curriculum management systems with high fidelity, high speed simulations and personalized instruction using adaptive and collaborative learning. An excellent opportunity has presented itself to medical faculties to be innovative, pool resources and collaborate on creating novel digital repositories of e-learning materials. A robust peer review process to evaluate resources and an outcome-based assessment of learner satisfaction, content usability, and demonstration of learning must be ascertained. The integration of e-learning into undergraduate, graduate, and continuing medical education will endorse adult learning in medical education, wherein educators no longer serve solely as distributors of content, but become facilitators of learning and assessors of competency. 🌟

### 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. Rod Russell**, has been appointed as a faculty member to the Division of BioMedical Sciences.

Université Laval La direction de l'Université a rendu hommage récemment à 4 nouveaux professeurs et professeurs émérites dans la Faculté de médecine. Les nouveaux professeurs et professeurs émérites sont: **Francine Malouin**, **Picard Marceau**, **Noël Montgrain** et **Fernand Turcotte**.

Université de Sherbrooke Nominations: **Pierre Lena** - Professeur au Département d'anesthésiologie **Sébastien Aubry** - Professeur au Département de radiologie diagnostique **Maryse Paré** - Professeure au Département des sciences de la santé communautaire **Sameh Geha** - Professeur au Département de pathologie

Université de Montréal La professeure **Christine Colin**, aussi vice-doyenne à la santé publique, aux sciences de la santé et aux relations internationales à la Faculté de médecine, a été nommée, présidente du conseil scientifique de l'Agence universitaire de la Francophonie (AUF).

L'AUF est présente dans près de 74 pays, par ses bureaux régionaux, ses centres d'accès à l'information, ses campus numériques ou ses instituts de formation. L'AUF est présente dans près de 74 pays, par ses bureaux régionaux, ses centres d'accès à l'information, ses campus numériques ou ses instituts de formation.

McGill University **Dr. Claude de Montigny**, Department of Psychiatry, Faculty of Medicine was named Professor Emeriti. A renowned psychopharmacology investigator, Dr. de Montigny's research in anti-depressants and other psychoactive drugs has contributed to the development of strategies for optimizing their use. Dr. de Montigny's work has had a major impact on how depression is treated.

Dr. de Montigny was the first psychiatrist in Canada to be awarded an MRC Centennial Fellowship and an MRC Scientific Award and the first Canadian to earn the NARSAD Award (National Alliance for Research on Schizophrenia and Depression). A prolific author, Claude de Montigny has published over 200 scientific articles and ranks among the top 0.5% of the world's most cited scientists.

University of Ottawa **Dr. Charles Czarnowski** of the Department of Family Medicine and a family physician at the Bruyère Academic Family Health Team, received the Order of Vasco Nunez de Balboa at a special ceremony, hosted by Her Excellency Romy Vasquez, Ambassador of Panama.

Dr. Czarnowski was recognized for leading the Bruyère-Panama Project, which provides medical care to Panama's indigenous population and fosters collaboration between the departments of family medicine at the University of Ottawa and the University of Panama. A team of several faculty and residents in family medicine travel to Panama twice a year where they visit areas without access to basic amenities such as electricity or plumbing and engage with local health staff.

Queen's University at Kingston New Faculty Appointments: **Aman S. Hussain**, Medicine **Maria Kalyvas**, Oncology and **Timothy Holden**, Psychiatry

University of Toronto Professor Emeritus **Fergus Craik** of Psychology, a Senior Scientist at Baycrest's Rotman Research Institute who is internationally recognized for his experimental study of human memory processes, is among 44 new fellows and eight foreign members elected as a fellow of the Royal Society (UK).

University of Western Ontario **Dr. Fabian Gorodzinsky**, Schulich School of Medicine & Dentistry (Paediatrics) received the Angela Armit Award (Part-Time Faculty) for his superior teaching skills.

Northern Ontario School of Medicine Sudbury Psychiatrist **Dr. Rayudu Koka** has been elected Vice-President of the College of Physicians and Surgeons of Ontario (CPSO) college council, the organization's governing body. The CPSO regulates the practise of medicine to protect and serve the public interest. Koka was also recently awarded the Ontario Medal for Good Citizenship at a ceremony at Queen's Park.

University of Manitoba **Dr. Cheryl Rockman-Greenberg** was awarded the 2008 Scholastic Award from the Manitoba Medical Association.

University of Calgary **Dr. Samuel Weiss**, Director of the Hotchkiss Brain Institute at the Faculty of Medicine, has earned one of the world's most prestigious medical science awards, a Gairdner International Award. The award recognizes and rewards the achievements of medical researchers whose work contributes significantly to improving the quality of human life. Weiss' explorations into the brain have changed the fields of developmental neurobiology and neural regeneration.

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## Reflections *By: Nick Busing, President & CEO*

The implications of the explosion in e-learning opportunities are wide-reaching and continue to change the way we look at both teachers and learners in undergraduate, postgraduate, and continuing medical education environments. I want to focus briefly on some of the implications of e-learning in the undergraduate medical education environment.

Firstly, let's look at a definition of e-learning. Unfortunately the literature has far too many definitions, but one by Derek Stockley from 2003 may suffice: "the delivery of a learning, training or education program by electronic means. E-learning involves the use of the computer or electronic device (e.g. a mobile phone) in some way to provide training, educational or learning material". Despite the fact that this definition may not resonate with all of you, it is sufficient for the purpose of my commentary.


The expansion of e-learning is taking place in all of our faculties of medicine and I believe it is fair to say that it has become a much more critical learning tool as we develop more expectations for distance education. Our distributed medical education activities, including the development of regional four-year campuses, integrated community-based clerkships, and other community-based core and elective rotations have been a huge incentive to provide a more effective e-learning environment.

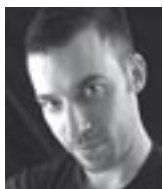
As well, the CACMS/LCME standards have helped us think about e-learning strategies. I want to look at three of these standards. Firstly, standard ED 5-A states that "the educational program must include instructional opportunities for active learning and independent study to foster the skills necessary for lifelong learning". The annotation to the standard goes on to say that it is expected that the methods of instruction and evaluation used in courses and clerkships will provide students with the skills to support lifelong learning. Students in medicine today are sophisticated e-learners. Learning now and in the future for this new generation of physicians will focus significantly on e-learning and

it is critical that our faculties of medicine are both aware of this and are addressing issues that arise from this expectation.

Standard ED-8 states that "there must be comparable educational experiences and equivalent methods of evaluation across all alternative instructional sites within a given discipline". Comparability of educational experiences can be partially addressed through video conferencing technology and joint learning. However, many other educational experiences can be taught through an e-learning environment in which all medical students have access to the same learning materials online but in which the individuals work on their own. The challenge is to ensure that there is compatibility of educational experiences in such an environment.

ED-12 states that "instruction within the basic sciences should include laboratory or other practical opportunities for the direct application of the scientific method, accurate observation of biomedical phenomena, and critical analysis of data". Computer-based exercises are available in most faculties; virtual learning is becoming a reality. Courses such as anatomy are being taught online more and more with the increased utilization of digital images. The traditional laboratory has given way to virtual laboratories in which students can work either individually or in groups on-line.

I can envisage the day when an increasing number of our accreditation standards, particularly those relating to the content of our medical education curriculum, are increasingly focused on e-learning activities. The challenge will be to integrate these opportunities with the appropriate balance of clinical exposure and the development of skills in our physicians which do not lend themselves well to the e-learning environment. As with so many advances, the challenge is to balance the merits of innovation with aspects of the traditional environment to ensure that we educate physicians with strong clinical and cognitive skills, but also with strong non clinical skills. 



## Web Hype 2.0

By: *Reuben Tozman, President, edCetra Training*

The medical community has begun to latch onto the new wave of hype in online learning and distance education: Web 2.0. A quick scan of recent articles about e-learning in the medical community shows a significant amount of time and effort being dedicated to pushing the Web 2.0 agenda.

What is Web 2.0? Briefly stated, Web 2.0 refers to web technologies that facilitate social networking (Facebook), user-generated content (YouTube) and virtual environments (Second Life). There is also what is being referred to as Web 3.0 or the 'Semantic Web' which is the creation of 'ontologies' that define web content and interrelate the content through various user-generated maps.

Much like other communities of practice that have begun to embrace new technologies for learning, the sudden dynamic and viral nature of people coming together to jointly define and work through problems can produce excellent opportunities for exchange and collaboration. Often termed informal learning or 'the water cooler effect', the analogy refers to the moment in an office environment where a bunch of people standing around discussing a work related problem and a participant in the discussion reveals a solution to the problem which may not have been accessible if not for the opportunity of that one informal moment of peer to peer discussion.


Adoption of Web 2.0 technologies is rampant specifically among the Gen Y fellowship. Citing adoption rates and the massive opportunity at hand with the adoption rates to reach students in the way that they like to be reached, the medical community has fallen into an age old trap of hype.

There is no doubt that adoption of Web 2.0 technologies is indeed rampant and that this presents an opportunity for the medical community at large to find ways of reaching students in a more meaningful way. However, there is still no clear evidence that these technologies produce significant results in student learning. Sure, there are studies that support students showing increased retention

of material when Web 2.0 technologies have been used. But a close look at the studies show no real cause/effect type relationship being established that indicate that the implementation of Web 2.0 technologies improved student achievements.

I would even argue that Web 2.0 continues to introduce some of the current problems facing educators. A few questions to consider are:

- 1) How do you manage misinformation? If learners are generating their own content and are answering each other's questions, who's managing misinformation? How do you stop bad information from reaching people? If someone intervenes what effect does that have on learners wanting to participate?
- 2) How do learners know what they need to learn? As learners, people don't necessarily know what they need to know and what they don't. Leaving learning up to an environment and allowing learning to happen informally leaves a lot of room for missed content and bad information.
- 3) It's easy to post, but how do you find it? The supporting technology around Web 2.0 is XML. XML allows for contributors to a web environment to mark up their content in their own way. Part of a learning environment is ensuring the right people get the right information at the right time. So although someone can post their own content, have they marked it up in such a way that someone else can find it?

As with any new technology and the hype surrounding it, caution needs to be taken to avoid letting the hype take over. Is Web 2.0 and the Semantic Web just another Educational DVD? 

*As the leading peer-reviewed journal in eHealth, JMIR, together with a number of sponsoring organizations, is currently preparing the first academic international "Medicine 2.0™" conference on Sept 4th/5th 2008 in Toronto (MaRS Conference Centre).*

*For more information, go to [www.jmir.org](http://www.jmir.org)*

## AFMC Announcements

Dr. Nick Busing, President and CEO is pleased to announce the following appointments:

### Members of 2008-2009 AFMC Executive Committee

Dr. Harold Cook, Chair  
Dr. Gavin Stuart, Past-chair  
Dr. James Rourke, Chair-elect and Treasurer  
Dr. Thomas Feasby, Member-at-large  
Dr. Réjean Hébert, Member-at-large  
Dr. Jean Rouleau, Member-at-large  
Dr. Catharine Whiteside, Member-at-large

Dr. Robert Haché, University of Ottawa to the position of Chair of the Research and Graduate Studies Standing Committee

Dr. Michael Rosengarten, McGill University to the position of Chair of the Continuing Medical Education Standing Committee

Dr. Danielle Blouin, Queen's University to the position of Chair of the Faculty Development Special Resource Committee

Dr. Lori Charvat, University of British Columbia to the position of Co-chair of the Equity, Diversity and Gender (EDG) Special Resource Committee

Dr. Aurel Schofield, Université de Sherbrooke to the position of Chair of the Francophone Minorities Resource Group

Mr. George Thomson to the new position of Public Member to the Committee on the Accreditation of Canadian Medical Schools



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## Introducing.... DataPoint!

A new AFMC publication that presents that data behind today's health care issues. You can find this publication on: [WWW.AFMC.CA](http://WWW.AFMC.CA)

## Annonçant... Le point!

Une nouvelle publication de l'AFMC qui présente les données sous-jacentes aux enjeux actuels en matière de soins de santé. Vous trouverez cette publication sur : [WWW.AFMC.CA](http://WWW.AFMC.CA)



## e-COFM: Ontario's medical e-learning team

*By: Anthony Levinson, Assistant Professor, Department of Psychiatry and Behavioural Neurosciences*

*John R Evans Chair in Health Sciences Educational Research and Instructional Development*

*Director, Division of e-Learning Innovation, Michael G DeGroote School of Medicine, Faculty of Health Sciences, McMaster University*

*Chair, e-Curriculum Working Group, Council of Ontario Faculties of Medicine*

The Council of Ontario Faculties of Medicine (COFM) provides coordination of efforts and a regular medium of communication between the six faculties of medicine in Ontario. e-COFM is the group within COFM concerned with e-learning through our e-curriculum working group.

e-COFM is made up of specialist representatives in information technology and e-learning from each of the Ontario medical faculties, as well as representatives from the Consortium of Ontario Academic Health Libraries, and the Distributed Medical Education Committee of COFM.

Together we provide advice on e-learning standards, policies and best practices to foster improvements in medical education. Work to date includes briefings on intellectual property policies in order to facilitate collaboration, as well

as hosting a national workshop on authoring tools for creating online virtual patient encounters such as OpenLabyrinth and WebSP which conform to international e-learning standards.

Future goals include collaboration with organizations such as MedBiquitous in the area of healthcare education technical standard so that educators will be better able to exchange content, track learner activities and profiles, and improve linkages between medical faculties, hospitals, and professional bodies.

Other projects include helping to elaborate specifications for data sharing initiatives such as a provincially coordinated clinical placement system, and e-portfolio projects to facilitate documentation of experiential learning throughout the spectrum of training and practise. We also

continue to work closely with national initiatives such as the AFMC's Informatics Resource Group, the Canadian Healthcare Education Commons (CHEC), and the national question bank initiative.

With our technology partners and other provincial groups, we are exploring new technologies to better bridge videoconferencing technologies between universities and hospitals in the province. We are also currently producing a series of white papers on best practices in a wide variety of academic informatics domains to better inform key stakeholders about some of the pedagogical and policy implications of various learning technologies. 

*Contact the Chair of e-COFM for more information:  
[levinsa@mcmaster.ca](mailto:levinsa@mcmaster.ca)*



## New Staff Appointments at AFMC

*Dr. Nick Busing, President and CEO of The Association of Faculties of Medicine of Canada, is pleased to announce five new staff appointments.*



In May 2008, **Ms. Tracy Elliott** took on AFMC's new position of Manager, Human Resources and Administration.

Tracy brings over 20 years of experience from the high technology sector to her role at AFMC. She built her HR tool-chest at Nortel Networks, Atsana Semiconductor, Chipworks and Elmwood School where she was responsible for a wide range of functions in the areas of recruitment, employee relations, performance management, compensation, employee benefits, human resource information systems, training and development, facilities management and special event planning.

By all measures, AFMC has seen terrific growth over the past few years – new projects, new staff and a newly expanded office. Tracy will make an important contribution to our growing organization. Her communication and employee relations skills will be most welcome as AFMC advances with its recruitment, performance management, compensation, benefits administration, HR policy and learning initiatives.



**Mr. Kowesa Etitiq** has been appointed Project Assistant through August 2009. Kowesa will be assisting Project Manager Barbie Shore on two national initiatives in the areas of aboriginal health and public health.

Kowesa brings strong skills in program management, communications planning and Indigenous understanding to the project. Originally from Iqaluit, Nunavut, he has been involved in projects that require an in-depth knowledge of Indigenous cultures and societies. He has developed and implemented materials and programs that are culturally appropriate, including training for non-Inuit people on Inuit culture, history, and the impacts of colonialism on their health and well-being.

He has also worked with different Inuit organizations as a policy advisor, including Nunavut Tunngavik Inc. and national Aboriginal organizations such as Inuit Tapiriit Kanatami and Pauktuutit Inuit Women of Canada.

Kowesa has been able to successfully work in both the Inuit and the Euro-Canadian worlds by following the traditional Inuit teachings of sharing and

cooperation. He also continually honours his Elders by following their advice to look to traditional Inuit knowledge to help chart the future and overcome challenges.



**Mr. Yannick Fortin** has joined AFMC as National IMG Database Project Manager. The National IMG Database is being developed to measure international medical graduate movement through the various processes that lead to practise in Canada. Yannick's unique skills and energy are most welcome in getting the National IMG Database off to the right start.

Yannick brings a terrific interdisciplinary background to the AFMC. After studying biotechnology, he spent several years at the McGill University and Genome Québec Innovation Centre where he participated in numerous experiments involving genomics and transcriptomics. Following his interest in sociology, Yannick then obtained a Master's degree in medical sociology at McGill University, where he researched the emergence of pharmacogenomics.

Through past experiences, Yannick developed strong data development, research, project management and client relation skills. His ability to navigate between qualitative and quantitative methodologies and findings, as well as his knowledge of contemporary issues surrounding health, illness and medical systems will serve him well in his new post.

As Project Manager of the National IMG Database, Yannick's role is to coordinate data exchanges pertaining to IMGs with thirteen Canadian medical regulatory authorities, seven regional and Provincial IMG assessment centres, the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada and the Medical Council of Canada. It is ground-breaking work and AFMC is grateful for Yannick's contribution to it.



**Ms. Claire de Lucovich** has been appointed Project Assistant through March 2009. She will be assisting Project Manager Catherine Moffatt with two national health initiatives: The Future of Medical Education in Canada and

The Accreditation of Interprofessional Health Education (AIPHE).

Claire earned an Honours Bachelor of Science degree in Psychology, and Peace and Conflict Studies from the University of Toronto. She obtained a post-graduate certificate in International Project Management from the Humber College Institute of Technology & Advanced Learning. She has previously worked as a conference administrator and as a program assistant. When not attending school or working in Canada, Claire has worked, volunteered, and travelled throughout the world, including Costa Rica, Australia, Thailand, and Europe.



**Ms. Catherine Peirce** has been appointed Project Manager, e-Learning through March 2009. Her primary responsibility is to act as the coordinator of a new AFMC initiative called the Canadian Healthcare Education Commons - Collaboration pour l'éducation en santé au Canada (CHEC-CESC).

Catherine comes to AFMC with extensive experience in providing strategic direction and leadership in the planning, development and implementation of education, technology-based resources. She has a strong project management background through work in the health and education not-for-profit sectors. She has also spent the past six years managing the development of curriculum-based, e-learning resources and has considerable experience working on projects with multi-sector partners and stakeholders. Catherine holds an M.A. in Communications.

Catherine's project management experience together with her technical, educational and communication skills will be strong assets as she works with representatives from each of Canada's 17 faculties of medicine to develop the CHEC-CESC, a national, healthcare education commons. The CHEC-CESC mission is to provide an online environment and associated commons to share educational materials, designs and practices associated with healthcare education in whatever form across the continuum and between professions in Canada. 🌱

*AFMC warmly welcomes our new staff to the team!*

## AFMC Introduces Four New Public Board Members

AFMC is extremely pleased to announce the introduction of four public members to its Board of Directors. The wealth of experience and unique perspective each bring is sure to contribute in a very meaningful way to the board's deliberations.

no photo available

**Dr. Catherine L. Cook** is a Métis Physician from Manitoba. She is the Executive Director of Aboriginal Health Programs at the Winnipeg Regional Health Authority where she is responsible for the ongoing development and implementation of the Aboriginal Health Strategy. Dr. Cook is also the Director of the Centre for Aboriginal Health Education through the Faculty of Medicine at the University of Manitoba where she is a leader in developing a resource centre for Aboriginal students and establishing processes for building the capacity to meet the academic, professional development and social support needs of Aboriginal students.

Dr. Cook has held several leadership positions throughout her career including Regional Medical Officer of Health for the Winnipeg Regional Health Authority and NOR-MAN Region, Director of Health Programs at Health Canada and Co-chair of the 'Changes for Children' Implementation Team – a process for systemic change within the child welfare system in Manitoba stemming from the AJI-CWI initiative and a series of reviews of the child welfare system. In addition, she currently is Principal Investigator for the Aboriginal Capacity and Development Research Environment (ACADRE) and Network Environments for Aboriginal Health Research (NEAHR) grants.

She received her medical education at the University of Manitoba and graduated in 1987. In 2003, she completed her Masters of Science through the Department of Community Health Sciences, Faculty of Medicine at the University of Manitoba. She is based in Winnipeg.



**Dr. John Evans** has been engaged in medical education, academic administration, government service, charitable foundations and business.

He is committed to the growth of Canadian companies and to sharing knowledge with the developing world.

Dr. Evans received his undergraduate medical training at the University of Toronto and specialty training in internal medicine and cardiology in London, England, Boston and Toronto. Dr. Evans was founding Dean of McMaster University's School of Medicine in Hamilton, Ontario, served as President of the University of Toronto, and was founding Director of the Population, Health and Nutrition Department of the World Bank in Washington, D.C.

As Chair of Allelix Inc., Dr. Evans was associated with the birth of biotechnology in Canada. He oversaw the evolution of Allelix into a public company, and the strategic merger with NPS. He currently serves as a director of several Canadian corporations and institutions. Dr. Evans previously served as Chairman of Torstar Corporation, Chairman of Alcan Inc. and Chair of the Board of Trustees of the Rockefeller Foundation.

Dr. Evans is a Companion of the Order of Canada, member of the Order of Ontario, Fellow of the Royal College of Physicians of Canada, Fellow of the Royal College of Physicians, (London), Master of the American College of Physicians and Fellow of the Royal Society of Canada.



**Mr. Shaheed Merani** is currently a student in the joint MD/PhD program at the University of Alberta. His PhD research was conducted in the Department of

Surgery under the supervision of Dr. James Shapiro in the field of pancreatic islet transplantation, an emerging therapeutic option for diabetes. Mr. Merani has served as President of the Canadian Federation of Medical Students

(2007-08) and Board Member to the Canadian Medical Association (2007-08), and is currently a Board Member to the Canadian Resident Matching Service.



**Mr. Graham Scott** is President of Graham Scott Strategies Inc. and counsel to McMillan Binch Mendelsohn. He has extensive experience in public policy,

governance in the voluntary sector and in the assessment of boards and management teams in both the voluntary and private sectors with a particular emphasis on health care policy and issues.

Mr. Scott was born in Nova Scotia and received his law degree from the University of Western Ontario in 1966.

Mr. Scott has served as Executive Assistant to the Rt. Hon. Robert Stanfield, Leader of the Opposition for Canada, and as Associate Secretary of the Cabinet and Deputy Minister of Health in Ontario.

Mr. Scott also represents health and government sector clients in matters of governance and accountability. He has been involved in the amalgamation, restructuring and governance processes of more than 40 hospitals primarily working with Maureen Quigley, Maureen Quigley and Associates Inc. and Graham Scott Strategies Inc. have a co-operative working relationship.

Mr. Scott has served as Interim President and CEO of Cancer Care Ontario, as Supervisor of the Hôpital régional de Sudbury Regional Hospital and as Independent Chair of the AHSC-AFP Task Force reporting to the Physician's Services Committee. In 2008 he was appointed as Investigator, Kingston General Hospital, by the Minister of Health and Long Term Care. 🇨🇦



## Musing on Technology Use by Medical Residents

By: Steve Slade, Vice President, Research and Analysis, CAPER-ORIS

Results of the 2007 National Physician Survey (NPS) are hot off the press and they offer a peek at some of the technologies and resources being used by medical residents as part of their clinical training. The 2007 survey, sent out to all second year medical residents, asked “What technology tools do you currently use in a clinical training setting?” The results are presented in Figure 1.

A variety of technologies are used by medical trainees. Two-thirds of second year residents use PDAs (personal digital assistants) as part of their clinical learning. One half use laptop computers and a third use cell phones. MP3 players, IPODs and tablets are also used as part of clinical training, but are less common.

The results are thought provoking. Certain technologies, like PDAs, laptop computers, cell phones and tablets have been around for some time now. These technologies have seen variable uptake among second year residents. Perhaps some technologies are broadly adaptable while others have quite specific applications.

I found it fascinating that one out of three medical residents said they use cell phones as part of their clinical training. My curiosity

was so piqued that I visited the Telus and Bell websites. I entered “healthcare support” as a search term on both sites and was quite amazed at what came back.

Both companies offer a variety of IT “solutions”. Bell talks about “health information exchange solutions” that “enable the sharing of electronic health information and real-time monitoring of clinical activities and processes”. Telus makes similar claims, offering a variety of IT solutions that “enable the delivery of health information to the point of care”.

It is quite some time ago now that Marshall McLuhan told us “the medium is the message”. In the spirit of this, still relevant observation we might ask ourselves what the use of technology during medical training today tells us about health care delivery tomorrow. What if the technology tools used by medical students and residents are not just educational instruments, destined to be put aside when training is complete? If trainees see these technologies as aides to medical practise, then perhaps they will carry them forward and continue to adopt new technologies throughout their careers. 🌐



### Announcing the Launch of CHEC-CESC.ca: The Web Portal of the Canadian Healthcare Education Commons - Collaboration pour l'éducation en santé au Canada

AFMC, together with Canada's 17 faculties of medicine, is pleased to announce the launch of the Canadian Healthcare Education Commons - Collaboration pour l'éducation en santé au Canada (CECH-CESC) web portal [www.CHEC-CESC.ca](http://www.CHEC-CESC.ca).

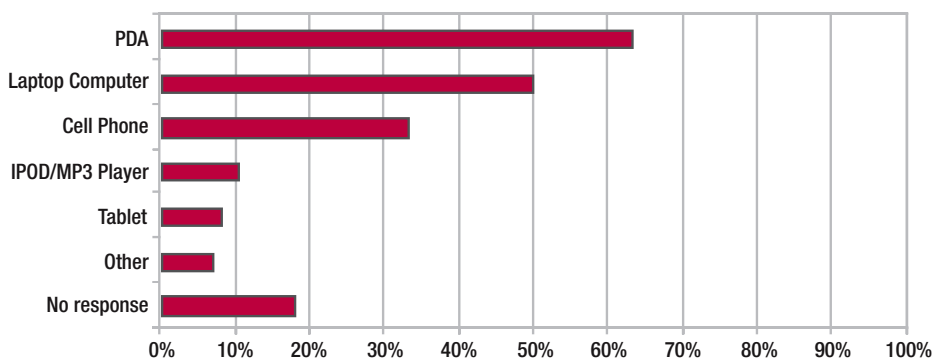
The CHEC-CESC Commons is a place for the medical education community to share resources, learn and network. The commons will help to encourage the creation and sharing of research, virtual patients or e-cases and other electronic tools for healthcare education. As a repository, the CHEC-CESC commons will offer an online database with sophisticated search and multi-platform storage capabilities for the exchange of educational research, resources, designs and practices, as well as support remote and distributed healthcare education.

### Lancement du site CHEC-CESC.ca : Le portail Web du Canadian Healthcare Education Commons - Collaboration pour l'éducation en santé au Canada

AFMC, en collaboration avec 17 facultés de médecine canadiennes, est heureuse d'annoncer le lancement du portail Web du Canadian Healthcare Education Commons - Collaboration pour l'éducation en santé au Canada (CECH-CESC). Le portail est disponible au [www.CHEC-CESC.ca](http://www.CHEC-CESC.ca).

La Collaboration CHEC-CESC est un espace dédié à la communauté de l'enseignement médical dans lequel les membres peuvent partager des ressources, apprendre et réseauter. La Collaboration viendra en soutien à la création et au partage des recherches, des cas/patients virtuels et autres outils électroniques en matière d'éducation en santé. À titre de dépôt, la Collaboration CHEC-CESC offrira une base de données en ligne, ainsi que des fonctionnalités de recherche sophistiquées et une capacité de stockage multiplateformes propres au partage de recherches, ressources, concepts et pratiques en santé, ainsi qu'au soutien à l'enseignement médical à distance et distribué.

Figure 1: Percent of Second Year Medical Residents Who Use Various Technology Tools in a Clinical Training Setting, Canada, 2007



Source: 2007 National Physician Survey: Second year medical resident Questionnaire. The College of Family Physicians of Canada, Canadian Medical Association, The Royal College of Physicians and Surgeons of Canada.



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



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