Ottawa, Ontario, Canada
April 25-29, 2014

Transforming Healthcare through Excellence in Assessment and Evaluation

www.ottawaconference.org  www.mededconference.ca
Dear friends and colleagues,

It is my pleasure to welcome you to the heart of the nation’s capital on behalf of the University of Ottawa’s Faculty of Medicine as we host you for the 2014 Canadian Conference on Medical Education.

This year’s format is unique as we combine the Canadian Conference on Medical Education with the Ottawa Conference, co-founded by the late Dr. Ian Hart, Emeritus Professor at the Faculty, in 1985. Held biennially, the Ottawa Conference is a forum for leaders in healthcare to exchange ideas on the assessment of competence in clinical and non-clinical domains of medical education.

The theme of the 2014 conference, “Transforming Healthcare Through Excellence in Assessment and Evaluation”, will benefit greatly from the partnership between both conferences.

During your time in Ottawa, I hope you will have the chance to experience firsthand what makes us a national leader in medical education by visiting our health sciences pavilion and centres of excellence which include the University of Ottawa Heart Institute, Canada’s first and largest cardiovascular health centre and the University of Ottawa Skills and Simulation Centre, the largest centre of its kind in the country. Our affiliated hospitals and research institutes, including The Ottawa Hospital, North America’s largest teaching hospital, are at the forefront of health care and research and are a pivotal part of our success.

I am certain you will be captivated by Ottawa: it is the home of many national treasures, including Parliament Hill and the historic Rideau Canal, a designated UNESCO World Heritage Site. Located near the provincial border of Quebec and Ontario, the city is enriched by its bilingual environment – a suitable location for the Faculty as Canada’s only bilingual medical school.

On behalf of the Faculty of Medicine at the University of Ottawa, I enthusiastically welcome you, colleagues and friends from faculties of medicine across Canada and around the world to the 2014 Canadian Conference on Medical Education. I am looking forward to sharing this experience with you.

JACQUES BRADWEJN, MD
# Preliminary Program Outline

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Ottawa Conference Pre-conference Courses

**OC-23**

**FUNDAMENTALS OF ASSESSMENT IN MEDICAL EDUCATION (FAME)**

**Course co-directors:** Jack Boulet (FAIMER, USA), Ann King (NBME, USA)

**Course faculty:** Steven Haist (NBME, USA), André De Champlain (MCC, Canada), Ingrid Philibert (ACGME, USA), Danette McKinley (FAIMER, USA), and Marc Gessaroli (NBME, USA)

**Schedule:**
- Friday, April 25 – full-day workshop
- Sunday, April 27 – lunch meeting with facilitators
- Monday, April 28 – lunch meeting with facilitators

This introductory assessment course is offered by the National Board of Medical Examiners (NBME) and the Foundation for Advancement of International Medical Education and Research (FAIMER). The course is led by internationally recognized faculty. FAME is intended to be a basic-level course on educational assessment. We are targeting persons who have responsibility for assessing undergraduate medical students, graduate trainees and practicing doctors. Instruction will concentrate on the application of assessment principles, including test development, scoring, standard setting and validation of test scores.

**OC-24**

**RESEARCH ESSENTIAL SKILLS IN MEDICAL EDUCATION (RESME) COURSE**

**Course faculty:** Charlotte Ringsted (Wilson Centre/University of Toronto, Canada) (Course Leader), Brian Hodges (Wilson Centre/University of Toronto, Canada), Albert Scherpbier (Maastricht University, Netherlands)

**Schedule:**
- Friday April 25: full-day workshop
- Saturday April 26: participants attended other preconference workshops
- Sunday April 27: lunch meeting
- Monday April 28: lunch meeting and 90 minute conference workshop

The RESME Course provides an introduction to the essential principles and methods of conducting research in medical education: formulating research questions, choosing a research approach, selecting an appropriate global methodology and constructing a research plan. Through a series of short presentations and small group work, this highly interactive course will introduce basic concepts and principles using a variety of examples relating to theory. After completing the course, participants will have acquired a framework for understanding and application of essential concepts and principles for research in medical education. Within six months of completion of the course, participants may choose to submit a short research proposal on a topic of their interest describing the application of concepts and principles covered in the course, leading to award of the RESME Certificate in Medical Education.
Pre-conference Workshops and Courses

** OC = OTTAWA CONFERENCE **
** CCME = CANADIAN CONFERENCE ON MEDICAL EDUCATION **

** All workshops are half-day workshops unless otherwise specified **

** THURSDAY APRIL 24 **

** CCME-01 **

** AFMC Leadership Inspiration For Faculty Executives (LIFE) Course **

*Full day workshop*

Geneviève Moineau, The Association of Faculties of Medicine of Canada

** Rationale/Background:**

Most often Faculty members are appointed to leadership roles within the Deanery, Departments or Institutes without any formal training or orientation to the position. New leaders are often in these new role due to demonstrated abilities in their previous positions. But the new role may require a different skill set or knowledge base. The LIFE Course will help new or not so new leaders gain some core knowledge, skills and insights to be more effective in their new environment.

** Learning Objectives:**

1. Apply new knowledge to increase effectiveness in a new leadership role
2. Develop new skills that will be put into action
3. Find resources available to respond to ongoing needs moving forward
4. Connect with colleagues from across the country with ongoing community building

** Instructional Methods:**

Various sections of the day will include short (10-15 min) presentations, small group work and reporting back, self-reflection and establishing an action plan. Groups and facilitators will rotate throughout the day. Facilitators will be Deans and AFMC current and past President and CEO. The environment will be deemed confidential and safe to allow for honest discussion. Topics will include:

- Opening reflection: what do you want written about your work when you leave your position
- Ice breaker: state your goal/mission in one minute (cocktail party or speed dating style)
- I never learned that in school: true confessions of the first year in office
- Why good governance is golden
- Lunch and Learn: Your most effective weapon is inspiration
- Navigating effectively in our complex environment
- What does a Dean really want?
- Final reflection: three concrete next steps to improve your effectiveness in your leadership role
- Closing activity: Creating a community and continuing the connection

** FRIDAY APRIL 25 **

8:30AM – 12PM

** OC-0 **

** FLAME – Fundamentals in Leadership and Management for Educators: Assessing Leadership and Professionalism **

*Full day workshop*

Judy McKimm and Paul Jones, College of Medicine, Swansea University, Wales, UK

** Introduction:**

It is widely recognised that non-technical skills, including leadership, are vital for effective and safe professional practice. Educators internationally are focussing on establishing robust ways of assessing professional practice. Regulatory and professional bodies increasingly require learners to demonstrate competence in leadership, yet many educators are struggling to teach and assess leadership competence. Many tools exist to assess leadership, but with crowded curricula and large numbers of students/trainees, how can educators implement effective leadership development programmes and assess leadership skills and behaviours? This workshop explores how leadership theory, practice and assessment can help inform our understanding of both
assessing professionalism and embedding leadership development.

**Intended outcomes:**
By the end of the workshop participants will (1) demonstrate understanding of leadership theory in relation to assessing leadership and (2) how leadership theory and practice can be used in assessing professionalism; (3) become familiar with methods for teaching and assessing leadership; (4) have shared practice on challenges and solutions and (5) identified strategies for introducing/developing leadership programmes.

**Content and Structure:**
Interactive small and large group activities and short presentations designed to facilitate discussion and participation and meet individual and group needs.

**Who should attend:**
Undergraduate and postgraduate medical and health professions’ educators who run leadership and management courses or plan to do so or have an interest in assessing professional behaviours and practice.

**Level:** Intermediate/advanced

**OC-1**

**Implementing Large-Scale Assessments of Clinical Teachers’ Professional Behaviors**

Dr Richard L. Cruess, Dr Sylvia R. Cruess, Dr Meredith Young, and Dr Yvonne Steinert, Centre for Medical Education, McGill University

Dr Kiki Lombarts, University of Amsterdam

Dr Darcy Reed, Mayo Clinic School of Medicine

**Introduction:**
An obstacle to transmitting the beliefs and values of the medical profession to future generations is unprofessional behavior of faculty members that can lead to a corrosive learning environment antithetical to the teaching and learning of professionalism. Valid and reliable student and resident assessment of the professional behaviors of clinical teachers, including their performance as clinicians, teachers and role models, can be an important part of a “fit for purpose” assessment program that can serve as the basis for feedback and action and can include rewards, remediation, or removal from teaching duties. Modern information technology linked to relatively uncomplicated assessment tools can contribute essential data to such a program.

**Content and Structure:**
Brief presentations will be made on the principles of assessing professional behaviors, the experience of two centers (McGill & Amsterdam) with large scale web-based student and resident assessment of faculty professional behaviors, and the experience of a third center (Mayo) reporting on the systematic use of such data. Each presentation will be followed by small group activities in which participants will be encouraged to reflect upon the issues and their applicability to their own settings. Finally, each participant will be given an opportunity to develop an action plan for their own institution.

**Intended outcomes:**
By the end of the workshop, participants will be able to: articulate the general principles of the assessment of professional behaviors; recommend strategies for student and resident assessment of faculty professional behaviors; recommend strategies for the use of such data; and develop an implementation plan for student and resident assessment of faculty professional behaviors in their own settings.

**Who should attend:**
Teachers, educators and administrators involved at all levels of the educational continuum.

**Level:** Intermediate

**OC-2**

**Organizing OSCEs and other SP Programs for Interprofessional Learner Groups**

Elizabeth Kachur, PhD

Lisa Altshuler, PhD

Karen Adamo Henry, MA

Angelica Hofhansl, PhD

**Introduction:**
Interprofessional education (IPE) is gaining popularity because it has become clear that educating for a multi-professional work environment and teamwork has to start early, and has to continue throughout work life. Standardized patients (SPs) and OSCEs are well established educational methods in just about all health professions, and they can also work in IPE programs. However, special considerations are needed: participants may have different roles, skills sets and performance standards. They may vary regarding professional culture and vocabulary. Building on theoretical considerations and using a variety of IPE programs as examples, this workshop will extrapolate strategies that can set the foundation for successful programs.
Content and Structure:

- Welcome/introduction – 10 min
- Best/worst training experiences with different professionals (think-pair-share, discussion) – 20 min
- Theories and literature behind IPE, OSCEs and SPs (mini-presentation, Q&A’s) – 15 min
- Knowledge and attitudes about different professions (exercise using flip charts & post-its, discussion) – 20 min
- Sample programs (mini-presentations) – 20 min
- Break – 15 min
- IPE station development (small group exercise, large group presentations) – 20 min
- IPE rating form development (small group exercise, large group presentations) – 20 min
- IPE SP training/faculty development (small group exercise, large group presentations) – 20 min
- Summary discussion – Do’s and Don’ts – 20 min

Intended outcomes:

1. List 3 opportunities and 3 challenges inherent in IPE OSCE/SP exercises
2. Discuss faculty development issues related to IPE OSCE/SP exercises
3. Identify 3 issues to consider when implementing an IPE SP-based program at your own institution

Who should attend:

administrators, education professionals, faculty from all health professions

Level: introductory/intermediate

OC-3

Evaluating Educational Innovations: The Key is to Start Early!

Elaine Van Melle, PhD, CanMEDS Education Scientist, Royal College of Physicians and Surgeons of Canada, Education Researcher Department of Family Medicine, Queens University. vanmelle@queensu.ca

Leslie Flynn, MD. Interim Vice Dean Education, Queen’s University

Clinic Educator, Royal College of Physicians and Surgeons of Canada.

Min-Ka Chan, MD. Director Education and Faculty Development, University of Manitoba

Clinic Educator, Royal College of Physicians and Surgeons of Canada.

Anna Oswald, MD. Assistant professor, Division of Rheumatology, University of Alberta

Clinic Educator, Royal College of Physicians and Surgeons of Canada.

Farhan Bhanji, MD. Associate Professor, Pediatrics, McGill University

Clinic Educator, Royal College of Physicians and Surgeons of Canada.

Introduction:

Educational innovations can include a new teaching strategy, assessment tool, workshop or curriculum (Van Melle et al, 2012). Evaluating the effectiveness of an innovation is often left as the last step in the cycle of design and implementation (Steinert & Snell, 2011). To provide meaningful results however, an evaluation needs to be threaded through all phases of design and implementation: it requires a thorough needs assessment, well-defined goals and objectives and a clearly articulated theoretical framework(s) (Donaldson, 2007). Drawing from the literature on program evaluation, using practical examples and interactive methods, this workshop will provide participants with such an approach.

Content and Structure:

This highly interactive workshop will begin with an overview of an evaluation framework. Application of the framework will be illustrated using a newly developed resident teaching program for adults with developmental disabilities. In small groups, participants will be encouraged to apply the framework to evaluating their own educational innovation. To complete the workshop, strategies for using the framework to build organizational capacity for evaluation and education scholarship will be discussed (Labin et al, 2012).

Intended outcomes:

By the end of this workshop participants will be able to:

1. Describe why evaluation should be threaded through all phases of design and implementation of an educational innovation.
2. Apply a framework which will lead to a meaningful evaluation.
3. Build organizational capacity for evaluation and education scholarship.
Who should attend:
Educators interested in evaluating educational innovations, educational leaders responsible for curriculum and program evaluation.

Level: Beginner/Intermediate

OC-4

Understanding and creating advanced items – a faculty development approach to writing multiple choice items

Douglas Wooster MD, FRCSC, FACS, RVT, RPVI, University of Toronto, Toronto, Canada
Elizabeth Wooster, PhD (Candidate) OISE/University of Toronto

Introduction:
Multiple choice format (MC) testing remains a prominent testing strategy for in-training and registration evaluation of students and postgraduate trainees. Creating items can be challenging but well-crafted tests show good reliability in these settings. Efforts to create a more ‘real world’ simulation has led to innovative testing strategies, such as script concordance (SC), and advanced MC items that allow for assessing higher level activities, such as ‘analysis’ and ‘synthesis’.

Content and structure:
This activity will include interactive discussion of the theory and preparation of such items. All participants will engage in hands-on preparation of advanced MC and SC items with the guidance of an expert leader. Discussion of strategies to transfer and teach these techniques to faculty at home institutions will occur. Participants will engage in the development of a skill transfer plan. A handout summarizing the steps for both preparation of transfer of these skills will be provided.

Intended outcomes:
At the end of this workshop, participants will be able to:
1. Discuss the theory related to MC and SC items
2. Describe and apply the steps related to the preparation of such items
3. Aware of strategies to transfer the skills to others.

Who should attend:
Anyone involved in the preparation of testing items or with an interest in the construction of advanced items.

Level: Intermediate/Advanced

CCME-02

Team Based Learning: a hands-on introduction

Full day Workshop

Lindsay Davidson, Sheila Pinchin, Theresa Suart, Eleni Katsoulas, Anthony Sanfilippo, Queen’s University

Rationale/Background:
Team Based Learning (TBL) is an emerging instructional method in medical education. Originally developed by Larry Michaelsen for use in business school, this structured, case-based active learning paradigm has been adapted to a wide variety of settings, including many in healthcare education. This full-day workshop will introduce participants to the techniques and theoretical underpinnings of TBL, preparing them to implement this method in their own educational context.

Learning Objectives:
By the end of the workshop, participants will be able to:
1. Describe the components and sequence of a TBL module;
2. Develop items for use in a readiness assessment test;
3. Create an application exercise;
4. Anticipate implementation pitfalls when introducing TBL as a new educational method.

CCME-03

Mettre en œuvre l’apprentissage fondé sur le travail d’équipe dans le cadre de la formation médicale prédoctorale préclinique

Atelier d’une demi-journée

Stéphanie Raymond-Carrier, Nicolas Fernandez, Eric Drouin, Université de Montréal

Justification/Contexte :
Les étudiants qui suivent une formation prédoctorale préclinique sont confrontés au défi que présente la nécessité d’acquérir une quantité considérable de connaissances en un court laps de temps. L’apprentissage fondé sur la résolution de problèmes (AFRP) a été la méthode de choix pour y parvenir. Cependant, cette méthode ne répond pas aux besoins de tous les apprenants. On envisage donc l’apprentissage fondé sur le travail d’équipe (AFTE) comme solution de rechange.
À l’automne 2012, 40 étudiants d’une cohorte de 280 étudiants en médecine ont volontairement accepté de participer à une expérience d’apprentissage fondé sur le travail d’équipe (AFTE) à l’Université de Montréal. Avant
le début de la séance, on a assigné des lectures sur le sujet et testé les connaissances en groupe et individuellement et on a répondu aux questions dans le cadre de discussions avec un instructeur. Les résultats de l’évaluation de l’enseignement indiquent un degré de satisfaction élevé des étudiants soumis à l’AFTE, principalement en ce qui a trait à l’orientation accrue fournie par l’instructeur et aux outils d’apprentissage plus utiles comme le travail préparatoire et les tests préalables. Les résultats obtenus à l’examen final étaient comparables entre les deux groupes. On a tenu compte des compétences en matière de collaboration et de communication dans l’évaluation globale et ces deux éléments ont été le point central d’un exercice d’évaluation au sein de l’équipe.

Objectifs d’apprentissage :
Au terme de l’atelier, les participants seront en mesure de déterminer l’avantage comparatif de l’AFTE par rapport à l’AFRP. Ils seront en mesure de développer une séance complète d’AFTE basée sur des énoncés de problèmes typiquement propres à l’AFRP. Ils seront en mesure de favoriser l’apprentissage en équipe en posant des questions plutôt qu’en donnant des réponses et en adaptant leur enseignement aux questions de leurs étudiants.

Learning Objectives:
At the end of this one day program, participants will be able to:

- describe the evidence behind the crucial conversations framework including the links to patient safety, learner engagement, and professional satisfaction
- apply the skills taught in the course to a number of hypothetical and real scenarios facing them in their professional and personal lives
- consider what further skills may be required to promote accountability in the learning and practice environments

Instructional Methods:
Mini-lecture, Workbook, Pair/Share, Small group, Case discussion, Role plays, Video analysis

CCME-04

Crucial Conversations for Health Professionals

Full Day Workshop

Derek Puddester, The Canadian Association for Medical Education

Rationale/Background:
Whenever you’re not getting the results you’re looking for, it’s likely a crucial conversation is keeping you stuck. Whether it’s a problem with poor quality, slow time-to-market, declining customer satisfaction, or a strained relationship—whatever the issue—if you can’t talk honestly with nearly anybody about almost anything, you can expect poor results.

Crucial Conversations is a course that teaches skills for creating alignment and agreement by fostering open dialogue around high-stakes, emotional, or risky topics—whatever the issue—if you can’t talk honestly with nearly anybody about almost anything, you can expect poor results.

Learning Objectives:
At the end of this one day program, participants will be able to:

- describe the evidence behind the crucial conversations framework including the links to patient safety, learner engagement, and professional satisfaction
- apply the skills taught in the course to a number of hypothetical and real scenarios facing them in their professional and personal lives
- consider what further skills may be required to promote accountability in the learning and practice environments

Instructional Methods:
Mini-lecture, Workbook, Pair/Share, Small group, Case discussion, Role plays, Video analysis

CCME-05

Creating Space IV- Exploring Different Paradigms:
Arts, Humanities and the Social Sciences in the Education of Health Professionals

1.5 day Workshop

Pippa Hall, Jean Roy, University of Ottawa, Rachel Ellaway, Siobhan Farrell, Northern Ontario School of Medicine, Jacalyn Duffin, Queen’s University, Abe Fuks, McGill University

Rationale/Background:
The AFMC AHSSM (Art, Humanities, and Social Sciences in Medicine) Educational Interest Group has hosted the Creating Space 1.5 day symposium for the past three years in conjunction with the Canadian Conference on Medical Education. The 2013 Creating Space meeting had more than 100 participants from Europe, Australia, United States as well as from across Canada. A call for abstracts is made in the fall, which are reviewed by the organizing committee and selected according to established objectives for the symposium. The final program for the symposium is confirmed in January. The symposium has attracted a growing community of scholars, educators and practitioners whose work in medical/health humanities has accelerated through their engagement with this meeting. Feedback has been extremely positive (rating 4.67/5), with comments supporting the excellent critical analysis and high quality of the papers, the diversity of perspectives and the opportunity for networking. The fourth Creating Space symposium plans to build on work of previous symposia to nurture a growing medical/health humanities academic community in Canada and beyond.
Learning Objectives:

At the end of this medical/health humanities symposium, participants will be able to:

1. Discuss the different conceptual and theoretical frameworks that inform different forms of scholarship in the use of the arts, humanities and social sciences (AHSS) as an integral part of health professional education.

2. Appreciate the importance of diversity and community engagement in health professional education through the lens of AHSS.

3. Discuss the challenges of collaborating across the disciplines of AHSS and medicine in health professional education.

4. Apply techniques and worldviews of AHSS to better prepare health professional students for clinical and academic careers.

FRIDAY APRIL 25

12:45PM – 4:15PM

OC-5

Optimal implementation of progress testing consortia: recent developments

On behalf of the Committee of Interuniversity Progress Test Medicine, the Netherlands.

Dr EA Dubois, Leiden University Medical Center, Leiden, the Netherlands.

Dr C Krommenhoek, Leiden University Medical Center, Leiden, the Netherlands.

Dr CF Collares, Maastricht University, Maastricht, the Netherlands.

Dr A Freeman, University of Exeter Medical School, Exeter, UK.

Dr AA Meibo, VU University Medical Center Amsterdam, Amsterdam, the Netherlands.

Dr AJA Bremers, University Medical Center St Radboud, Nijmegen, the Netherlands.

Dr B Schutte, Maastricht University, Maastricht, the Netherlands.

Dr AEJ Dubois, University Medical Center Groningen, Groningen, the Netherlands.

DR RA Tio, University Medical Center Groningen, Groningen, the Netherlands.

Introduction:

The initiatives for national and international large-scale progress testing consortia are increasing. In this workshop we will address the most recent developments on important aspects for the appropriate development and execution of collaborative projects on progress testing.

Content and structure:

The workshop starts with a short introduction on the structure of the progress testing consortium in the Netherlands and the first steps towards international collaboration. The participants will be split up into groups to elaborate on specific topics. Each participant can join two of the following groups:

1. Score comparisons and standard settings between different populations: how to ensure test fairness and validity?
2. Translation and review process: how to deal with test adaptation, an international blueprint and review panel?
3. Logistics and test safety, how to ensure test safety in large-scale consortia?
4. Collaboration, how to tackle legal issues, contract, and organisational structure?
5. Giving feedback, how to use progress testing to enhance learning within a collaborative project?
6. Production of questions, how to deal with relevance, aims/objectives?

After discussion in small groups, the participants will get together for a plenary feedback of all topics where some take-home messages will be addressed.

Intended outcomes:

Make the participants benefit from existing experiences in progress testing, raising awareness to issues which need to be accounted for before starting up collaboration in progress testing. Enable participants to tackle possible pitfalls in collaborative progress testing efforts.

Who should attend:

Participants having ideas for setting up an initiative for international progress testing should benefit from this workshop. It does not matter whether the participants are already involved in a national collaborative project for progress testing or not. This workshop is also meant for participants from countries who have doubts about international collaboration on progress testing because of differences in ethnic groups.

Level: Introductory, intermediate
OC-6

Are our assessments really valid? Using validity paradigms to design and evaluate programmes of assessment

Prof Trudie Roberts and Dr Richard Fuller, Leeds Institute of Medical Education, School of Medicine, University of Leeds, UK
Dr Kathy Boursicot, St George’s, University of London, UK

Introduction:
The shifting emphasis of validity to a more argument and inferential based approach provides a new lens with which to review how we design and evaluate programmes of assessment. Validity is increasingly recognised a continuum rather than an absolute, with consensus on the importance of the construct validity of assessment and the value laden nature of validity evidence. This workshop overviews the challenges between ‘traditional’ (psychometric) and more ‘contemporary’ interpretivist views of validity and how they can assist in selection and design of test formats and target further scholarship opportunities.

Content and Structure:
The workshop will explore how the concept of validity has shaped the development of assessments over that last three decades. Participants will work through a typical programme of assessments covering knowledge, skills and attitudes, identifying the strengths and weaknesses of the individual components. The participants will be introduced to the joint publication from the American Education Research Association (AERA), the American Psychological Association (APA) and the National Council on Measurement in Education (NCME) – ‘The Standards for Educational and Psychological Testing’ as a way of analyzing the utility of common types of assessment.

Intended outcomes:
At the end of the workshop, participants will
- Be better informed about the changing face of validity evidence and assumptions
- Have developed and improved their skills in the analysis of assessment formats against a validity framework
- Be able to identify sources of evidence used to generate validity inferences

Participants will also be encouraged to generate ‘take home lessons’ to implement in their own institutions

Level: Intermediate

OC-7

Preparing simulated/standardized patients for high stakes assessments

Cathy Smith, PhD, National SP Training Consultant, Pharmacy Examining Board of Canada; Lecturer, Faculty of Medicine, University of Toronto
Carol O’Byrne, BSP, RPEBC, RPh, OSCE Manager, Associate Registrar, Pharmacy Examining Board of Canada
Debra Nestel, PhD, Professor of Simulation Education in Healthcare, School of Rural Health, Faculty of Medicine, Nursing and Health Sciences, Monash University, Victoria, Australia

Introduction:
Simulated/standardized patients (SPs) are, in large part, the exam question for high stakes assessments, in particular for the Objective Structured Clinical Examination (OSCE). SPs need to present the question, or patient portrayal, in a standardized manner to provide the opportunity for reliable assessment inferences, ensuring the defensibility of the OSCE. Standardization refers to the consistency and accuracy of SP performance over time and between learners. (Adamo, 2003; Wallace, 2002) This is a complex, nuanced and demanding task, compounded by the diverse characteristics of SPs, SP trainers, and high stakes assessment contexts. There is a lack of detailed information regarding the training and support that SPs and SP trainers receive before, during and after they carry out this job. (Cleland, 2009; Watson, 2006) However, many of sources of variance can be remedied with improved training and ongoing monitoring for quality assurance. (Beaulieu, 2003; Cleland; Tamblyn, 1991; Watson)

Content:
In this workshop, we share our experiences of preparing SPs for high stakes assessments in Australia, Canada and the United Kingdom in medicine and pharmacy. We provide a rigorous and systematic experiential approach to train and support SPs, based on the concept of deliberate practice (Ericsson, 1993). Participants will work with tools that support standardization of SP performance including an explicit training protocol, case training DVDs, and an exam readiness evaluation form.

Structure:
Interactive exercises including large group discussions, training simulations using a ‘fish bowl’ approach, small group conversation circles and opportunities for individual reflection.
Intended outcomes:

By the end of this session, participants will be able to:
- discuss key considerations for standardizing SP performance for high stakes assessments; identify specific training strategies and tools to standardize SP performance; apply these strategies and tools through interactive role-play; reflect on applications to their own practice.

Who should attend:
Clinical educators and others responsible for training SPs for high stakes assessments
Level: Intermediate

The ‘What’ as well as the ‘How’: Towards more effective feedback in formative assessment of clinical skills for patient encounters

Dr. J Lefroy, Dr. SP Gay, Dr. MH Bartlett, Professor RK McKinley, Keele University School of Medicine, UK

Introduction:
Specific and timely feedback from a trusted assessor is one of the most effective interventions for improving skills (1). To be effective feedback must be tailored to the learner’s needs and be sufficiently specific to scaffold learning. This is challenging for busy clinical supervisors but support materials may make this task simpler and more effective. We will explore the expectations of formative workplace based assessment and the challenges assessors face in meeting them. Participants will discuss and share best practice in giving bespoke feedback.

Content and structure:
1. Introductory Plenary – to orientate delegates to formative assessment of clinical skills used in patient encounters.
2. Constructing feedback – delegates will observe videos of student-patient encounters and individually decide on the feedback they would give. This will stimulate small group discussions of the content of feedback.
3. A suite of generic clinical encounter skills assessment and feedback tools will be introduced and used to construct feedback for the same observed encounters
4. The closing discussion will bring together the reflections of the attendees and focus on the practicalities of formative assessment in real-time clinical practice.

Intended outcomes:

Participants will be able to:
- Identify the aims of formative assessment
- Share best practice on developing the content of feedback
- Construct effective tailored feedback a) freestyle and b) using a purpose-built system
- Reflect on personal experience of what has and has not worked in giving feedback

Intended audience:
Clinicians wanting to develop their skills of conducting formative assessment of skills for patient encounters.
Level: Introductory to intermediate

Reach for the Top: Leadership Development in Our Learners

Ming-Ka Chan, University of Manitoba, Wade Watson, Dalhousie University

Rationale/Background:
Leadership development for trainees is rapidly emerging. It is one of the key mandates of the Future for Medical Education in Canada (FMEC) at the undergraduate and postgraduate levels as well as a key theme for the development of health professionals in the 21st century. Learners are increasingly becoming active stakeholders in the future of medical and health professions education. This workshop will provide a toolkit for the development of a leadership curriculum for learners at a local and potentially national to international level. It is aimed at learners and faculty alike.

Learning Objectives:
By the end of this workshop, participants will:
1. Use a curriculum framework to develop an educational program for student/resident leaders
2. Develop two goals for enhancing student/resident leadership in their own institution
3. Develop an action plan with respect to above goals and assess success in implementation

Instructional Methods:
A brief didactic session will introduce/review curriculum development principles. The workshop will be structured around Kern et al’s ‘Six Steps to Curriculum Development’ to guide participants through the steps to develop a resident leadership curriculum that can be
modified and adapted for implementation back home. This model will be mapped to the Knowledge to Action Model for improved knowledge translation. Other modalities will include self-reflection, paired and small group exercises, development of goals and completion of an action plan. An electronic survey 6 months post workshop will be part of the activities to assess the success of action plan implementation. Participants for this workshop and/or the conference will be asked to complete an electronic needs assessment apriori to assist with content development around leadership curricula as viewed through the lens of the Royal College CanMEDS competency framework.

CCME-07

When the Going Gets Tough, the Tough Get Talking: Using Multimedia to Teach Effective Communication and Conflict Management

Nicolette Caccia, Filomena Meffe, Amy Nakajima, University of Toronto

Rationale/Background:

Communication, both with patients and other healthcare providers, is instrumental in the provision of good patient care. Conflict is a natural part of interpersonal relations, especially in a collaborative care framework that involves providers (and patients) with differing agendas, values, beliefs and approaches to care. The development of competence in conflict management is fundamental to optimizing patient care.

Learning Objectives:

At the end of this session, participants will be able to: understand the basics of conflict styles and conflict resolution; describe the elements of successful conflict analysis and management, including conflict prevention/reduction; use tools to manage conflict in the acute and non-acute situation; use e-learning to teach communication and conflict resolution skills/strategies; incorporate popular culture to provide relevant frameworks to teach and assess CCM.

Instructional Methods:

This session will first present an overview of communication and conflict management (CCM) that can be effectively taught in an e-learning framework, including tools for dealing with conflict in both acute and non-acute settings. Participants will then learn how to incorporate popular media to provide a platform on which to build basic CCM skills and to demonstrate techniques of coaching and mentoring, and the processes of modeling, scaffolding and fading. Participants in facilitated small groups will analyse a video example of poor communication and its remediation and then determine and discuss their own conflict styles.

The session will then highlight the use of popular culture to engage learners. Case-Based Learning and role-play with immediate active feedback will be discussed as methods to enhance CCM skills by providing clinical relevance and an opportunity to explore and practice skills needed to effectively manage conflict. The need for a safe and supportive learning environment and approaches that enable faculty to promote and maintain such an environment, will be explored.

Video scenarios demonstrating inter-professional conflict will be used to stimulate participant development of role plays to resolve the conflicts presented. Finally, participants working in small groups will develop an inter-professional or intra-professional conflict teaching encounter with an appropriate method of assessment, and then share their encounters and receive feedback.

CCME-09

Involving Patients in Interprofessional Collaborative Practice Education for Health Sciences Students

Éric Drouin, Vincent Dumez, Marie-Claude Vanier, Isabelle Brault, Université de Montréal

Rationale/Background:

Every patient will become his own caregiver at some point of his disease. As clinicians, it is our responsibility to ensure they become proficient caregivers. As educators, we must train future health professionals to integrate patients in their own care process, adapt to the different patients and create a real partnership with them. Patient involvement is crucial to better meet their needs and cope with growing burden of chronic diseases. University de Montréal (UdeM) envisioned a patient partner-in-care who feels part of the healthcare team and progressively assumes, at his own rhythm, his caregiver role, according to his abilities, values and life project.

Patients became key partners in our IPE curriculum and were involved in all steps of courses planning. We believe participation of patients in education must go beyond simulation or role play. Properly selected and trained patients can be paired with teachers and become co-trainers, helping students to understand their world and experiences. We have successfully run 2 pilot projects and are now expanding patient participation in our IPE curriculum. Over the last two years, our selected patients have co-trained more than 3000 health sciences students from 10 different disciplines on the concepts of partnership in care and collaborative practice.
Learning Objectives:
2. Reflect on ways to involve patients in IPE training programs.
3. Share tips with presenters to ensure success of patient involvement in teaching.

CCME-12
Social Media Bootcamp: Everything you wanted to know about social media but were afraid to ask your students
Dr. Anne Marie Cunningham (UK), Dr. Alireza Jalali (Canada), Mrs. Natalie Lafferty (UK), Dr. Neil Mehta (USA), and Ms. Catherine Peirce (Canada)

Rationale/Background:
The progressive and rapidly-changing social media landscape can make it difficult to keep up with the latest tools and trends. Whether you are an early adopter or a tentative observer, this workshop will have something for you. It is designed to introduce new tools and explore best practices for using social media in medical education.

This workshop will focus on evaluating and enhancing your presence online, personal and professional. It will also identify best practices for integrating social media as pedagogical tools. A leading expert and early adopter will open the workshop with examples of what’s new, what works, and what to avoid. In a small group session, participants will use an audit tool to evaluate their personal and professional “digital footprint”. There will be a discussion on issues of privacy and confidentiality and tips on using privacy settings in different tools.

Participants will compare their digital footprint with examples of existing policies and codes for professional online conduct set out in medicine and medical education. Participants will also engage in an interactive presentation using social media tools for teaching and learning including how to be a curator and how to use social media to promote learner engagement, collaboration, and feedback. The final segment of the workshop will focus on how to measure your online reach and influence.

Learning Objectives:
During the workshop, participants will:
• Assess and evaluate their digital footprint
• Identify new social media tools to optimize formal and informal learning

Instructional Methods:
Opening session, small group session with digital evaluation tool, and interactive presentation

SATURDAY APRIL 26
8:30AM – 12PM

OC-9
Setting Standards for Performance-Based Assessments
John (Jack) R. Boulet Ph.D., Foundation for Advancement of International Medical Education and Research
André F. De Champlain, Ph.D., Medical Council of Canada

Introduction:
For most traditional assessments, including multiple-choice examinations and other selected-response formats, standard setting techniques are well-developed and widely used. With the recent adoption of high-stakes performance-based assessments in medicine and other healthcare professions, including those used for credentialing, there has been a need to modify existing standard setting methodologies, including developing new techniques that can reliably delimit the point, or points, that separate adequate from inadequate performance.

Content:
The workshop will consist of the following parts:
1. Introduction to standard setting techniques. The participants will be provided with a brief synopsis of the main issues, including the need for standard setting, the methods and processes that are currently used, and the techniques that can be employed to evaluate the adequacy of the standards.
2. Standard setting activities. As part of this workshop, the participants will act as a large standard-setting panel.
3. Deriving the standard/discussion. The summary judgments from the panelists (audience) will be analyzed to yield performance standards.

**Intended outcomes:**
After attending this workshop, the learner will be able to:
1. Choose an appropriate standard setting methodology for his/her particular needs,
2. Design a basic standard setting study,
3. Understand and evaluate the process of setting standards for performance-based assessments.

**Who should attend:**
Individuals who are responsible for developing, administering, scoring performance-based assessments.

**Level:** Intermediate

**OC-10**

**Defining, assessing and predicting professionalism of medical students and doctors**

Professor David Powis, Associate Professor Don Munro, Professor Brian Kelly, University of Newcastle, New South Wales, Australia

**Content:**
The workshop will comprise three distinct components, each initiated by a short presentation by one of the facilitators followed by focused discussion involving all participants. The workshop will be informed by the findings of ongoing research conducted by the facilitators and others. A short reading list (annotated, or with abstracts attached) will be prepared for intended participants in advance of the workshop. The aim is to find ways to improve professionalism of doctors by

- Identifying the essential competencies (knowledge, skills and personal qualities) that comprise professionalism;
- Determining how these could be taught, encouraged and assessed in medical schools, and
- Specifying the core personal qualities underpinning professionalism, the presence or absence of which should be identified at the point of selection for medical school

**Desired outcome:**
To achieve a consensus of the essential components of professionalism in the context of medical education and practice. The workshop will attempt to devise practical strategies for educators for how these components may be taught, fostered and assessed within the medical curriculum, and how they may be measured by admissions personnel at the point of student selection and used to inform the admissions decision.

**Who should attend:**
Medical educators concerned with delivering the curriculum and with its associated summative assessment procedures, and those involved with selecting the students for health professional programs.

**Level:** Intermediate

**OC-11**

**From OSCE to OSTE: Using Objective Structured Teaching Encounters for Educators’ Deliberate Practice**

Alice Fornari, EdD, Barrett Fromme, MD, Krista Johnson, MD, Don Scott, MD MHS, Deborah Simpson, PhD, North Shore LIJ Health System, Great Neck, NY, USA

**Introduction:**
The best learning occurs in the context of good teaching, yet most teachers receive neither teaching skills training nor observation-based feedback, despite the ACGME and LCME mandates for teacher development. A key component in improving any complex skill like teaching is deliberate practice: sequenced task repetition with timely and behavior specific feedback. OSTEs are performance-based teaching exercises, which, like OSCE’s, use scripted “actors’ to portray common/difficult educational scenarios. OSTEs provide teachers an opportunity to “deliberately practice” skills in a low-threat simulation environment. In addition, formative feedback focused on teaching skills can provide education leaders with outcome measures for program evaluation. Faculty developers must use strategies that go beyond knowledge interventions to provide deliberate practice opportunities with feedback – like OSTEs – to advance the skills we value as educators.

**Content and Structure:**
1. Presenters will describe OSTE methodology, relevant literature, and analyze short OSTEs videos from teacher development programs.
2. Participants will (a) develop OSTEs in facilitated small groups using OSTE worksheets and (b) enact and debrief their OSTEs using a volunteer from another small group as teacher.
3. Session concludes by discussing OSTE assessment checklists to support learning outcomes/program evaluation, and opportunities for resource sharing (OSTE cases), possible collaboration and scholarship.
Intended outcomes:
This session will advance OSTEs as a strategy to meet today’s pressing needs for efficient, effective, and observation-based teacher development. Participants will: (1) receive an OSTE case set; (2) be prepared to use OSTEs; (3) appreciate OSTEs benefits and challenges, including value added benefits to trainees who serve as “standardized learners”.

Who should attend:
Faculty/administrators involved in faculty development efforts to improve teaching and learning; Clinical teachers/supervisors.

Level: Intermediate

OC-12

Good questions, good answers – construct alignment in judgement-based assessment

Dr Jim Crossley, University of Sheffield School of Medicine, Sheffield, UK
Professor Brian Jolly, University of Newcastle, NSW, Australia
Professor Robert McKinley, Keele University School of Medicine, Keele, UK
Professor Shiphra Ginsburg, Mt Sinai Hospital, Toronto, Canada

Introduction:
Many of the most important components of clinical performance cannot be reduced to their component parts for ‘objective’ assessment; they depend instead on judgements made by appropriately experienced assessors. New evidence makes it clear that such assessors produce much more reliable judgements if the response format or scale that they are working with is well aligned to the way they inherently understand progression or merit. For example, surgeons are both discriminating and consistent in their independent views of how ready a trainee is to operate independently; the inherent construct is readiness for independence or ‘entrustability’.

This observation has a profound impact on how we should design the response scales of all judgement-based assessment instruments.

Content and structure:
Keynote: evidence for the value of construct aligned scales (JC)
Q&A: exploring the implications as a large group (all facilitators)

Small group work: designing aligned scales for different contexts (undergraduate/postgraduate, medical/nursing/allied professions, craft specialities/non-craft specialities) (facilitated groups)

Group presentations and mutual critique

Plenary: a summary of findings and planning for implementation and investigation (RM)

Intended outcomes: Attendees will:
• be able to describe the concept of construct alignment as applied to assessment scales
• have the opportunity to design such a scale in their own context and to receive feedback on that scale
• be encouraged to formulate an implementation plan including a plan for evaluation

Who should attend:
Assessment leads or those interested in developing assessments (undergraduate or postgraduate, medical or non-medical)

Level: Intermediate

OC-13

Using Classical Test Theory with Excel® to quality assure assessments

John Patterson, PhD, Barts and The London, Queen Mary University of London, UK

Introduction:
Although more complex theories, such as item response theory, Rasch modelling and generalizability theory are now available, classical test theory (CTT) provides the simplest approach for analysing the performance of assessments. CTT gives measures of item facility, item discrimination and inter-item correlation, as well as estimates of overall assessment reliability and the contribution of each test item to that reliability. Such information is valuable in making examination decisions, in reviewing test and item performance and in question bank management.

Content and structure:
Delegates will use case studies from single best answer (SBA) and OSCE assessments to gain experience of the practical application of CTT and will role play how an examination board may consider statistical reports. The workshop will not involve calculations, although those attending will be able to obtain Excel workbooks that perform all of the calculations covered in the workshop.
Intended outcomes:
Those attending this workshop will be able to:

- Apply CTT concepts to the calculation and interpretation of item statistics.
- Define ‘reliability’ in CTT terms; explain the calculation of Cronbach’s α; discuss the factors in test design (number of items and inter-item correlation) that influence reliability.
- Interpret values of test metrics generated by single best answer (SBA) and OSCE assessments and consider how deletion of items or stations may improve the balance between content validity and overall reliability.

Who should attend: Anyone with assessment interests or responsibilities wishing to know how to evaluate test items using psychometrics. No prior knowledge of psychometrics is required and mathematical concepts will be kept to a minimum.

Level: Introductory

OC-14

Practical and trustworthy competency-based assessment in residency: Lessons learned from four years of implementation of the Competency-Based Achievement System (CBAS)

Dr Shelley Ross, Dr Mike Donoff and Dr Shirley Schipper, University of Alberta, Edmonton, Canada

Introduction:
As medical education moves globally towards competency-based assessment, programs need good strategies to track progress towards competency. Our approach was to develop the Competency-Based Achievement System (CBAS), a competency-based assessment framework that uses formative feedback to inform summative evaluation. For learners, we wanted a system that offered a way to guide their learning using formative feedback. And for advisors and preceptors, we wanted a system that would be learner driven, so that learners would a) recognize when they were being given feedback, b) be able to act upon that feedback, and c) progress towards competence by soliciting feedback in areas where they needed it. Family Medicine has been using CBAS since July 2008. Since implementation, an average of 5000 FieldNotes (documentation of formative feedback from workplace-based observations) have been entered annually into eCBAS, the electronic workbook used to track progress.

Content and Structure:
This session will offer participants some experience in using CBAS tools through demonstration and group discussion; particular emphasis will be placed on applying the tools of CBAS to unique cases within participants’ programs. This interactive workshop is for anyone with questions about how to implement workable competency-based assessment, and those who are already carrying out competency-based assessment and would like to share their experiences – positive and negative – with others. Input and sharing of experiences from all participants is strongly encouraged.

Intended outcomes:
By the end of this session, participants will be able to: 1) Describe how workable competency-based assessment can be done; 2) Identify the ways in which CBAS tools allow for more effective use and recording of feedback in Residency training; and 3) Evaluate how the CBAS system may work in their own programs.

Who should attend:
Members of programs at any stage of competency-based assessment implementation.

Level: All levels

OC-15

Assessment for and of learning: a framework for implementing student patient portfolios

A/Prof Susan van Schalkwyk, Centre for Health Professions Education; A/Prof Julia Blitz
Division of Family Medicine; Faculty of Medicine and Health Sciences, Stellenbosch University, South Africa

Introduction:
There is a growing body of evidence that attests to the value inherent in adopting portfolios as an integral part of student’s learning in health professions education. This includes the use of student patient portfolios as part of the formative and summative assessment practice in the clinical domain. However, introducing such portfolios into a traditional and established curriculum at undergraduate level can present significant challenges for programme coordinators as well as the faculty themselves. Drawing on our experience in implementing student patient portfolios for final-year medical students at a rural clinical school, this interactive workshop will give participants the opportunity to engage with a model for implementation that they can tailor to fit their own contexts.
Content and Structure:
After definitional clarity has been achieved by eliciting participant inputs and aligning these with the prevailing literature on portfolios in support of student learning, specifically in the clinical domain, the benefits and challenges associated with this approach will be explored in groups. This will be followed by a focus on the role and function of the patient portfolio where participants will have the opportunity to debate its potential to promote assessment for and of learning. Using structured templates, participants will then engage with the process of curriculum design to identify suitable ‘spaces’ where patient portfolios might make a meaningful contribution to student learning. Finally the implementation framework will be introduced. Participants will experience some of the practical components of the framework through role play. The workshop will end with a synthesis of the key concepts that have emerged during the session.

Intended outcomes:
By the end of this workshop participants will be able to:
- Define what a student patient portfolio is
- Describe the potential role and function of these portfolios in student learning and assessment
- Map out how patient portfolios can be included in students’ current curricula – effectively and seamlessly
- Apply a framework to guide the implementation of patient portfolios in their context.

Who should attend:
Faculty involved in curriculum planning; clinician educators, faculty development practitioners

Level: Introductory – intermediate

CCME-10
COMMOTION: The Collision of Emotion & Communication in Health Professional Practice
Nancy McNaughton, Kerry Knickle, University of Toronto

Rationale/Background:
Emotion is an integral, and often under-appreciated, component of competency in the health professions education. It is widely acknowledged as a core element of professional values, attitudes, beliefs and in humanistic approaches to professional activities—counselling, patient management, and communication. It is also recognized as an essential aspect of professional well-being and patient satisfaction. It is however, only peripherally embedded in learning related to the acquisition of knowledge and skills.

As health professionals and educators it is crucial to develop communication strategies that incorporate and address how we feel into daily practice. How do we communicate when we are angry or upset? How do we respond when others are angry or upset? This is a dance, not a march.

Acknowledging the ties between emotion, cognition and communication offers the health professional opportunities to question taken for granted ideas about “irrationality” of emotion and “rationality” of cognition.

Learning Objectives:
- Analyze challenging emotional triggers.
- Understand the role of power and emotion in communication
- Gain new insights about the affective processes that underpin effective communication.
- Learn about the connections between emotion, cognition and communication.
- Explore and practice effective communication techniques

CCME-11
Reducing medical-legal risks in team communication: tools and techniques
Ellen Tsai, Tunde Gondocz, Canadian Medical Protective Association

Rationale/Background:
Well-functioning teams deliver better care. Poor team communication is associated with a higher incidence of adverse events. In an era in which healthcare professionals depend on each other, successful team communication is paramount. The healthcare teams providing care to patients are even larger today, as a result of many systemic changes including resident work-hour limitations. This expansion in the patient’s care team increases the potential for communication breakdown. Poor team functioning may additionally hinder the ability to create a safe climate for team members to share patient safety concerns.

Learning Objectives:
- Describe the importance of communication in the healthcare team.
- List several methods of structured communication instruction.
• Demonstrate technique(s) to train others in using gradual assertiveness in voicing patient safety concerns.
• Discuss methods to provide feedback and evaluate learners in team communication.

CCME-13

Cultivating a Professional Environment in the Academic Health Centre: A Primer for Faculty and Administrators

Full day Workshop

Heather Lochnan, University of Ottawa, Pier Bryden, University of Toronto, Anna Byszewski, University of Ottawa, David McKnight, Leslie Nickell, Monica Branigan, University of Toronto, Gurdeep Parhar, Anita Parhar, Susan Murphy, Lesley Bainbridge, University of British Columbia

Rationale/Background:
Accreditation standards demand that academic health centres provide a professional learning environment for teachers and learners. Institutional leaders struggle to identify methods to survey the learning environment, as doing so often creates an atmosphere of anxiety and mistrust. Nevertheless, all stakeholders recognize that evaluation of the professional environment is a first step to improving and cultivating a positive culture. Ensuring adequate policies are in place and well understood, formal teaching of professionalism, role modeling professional behaviours, satisfactory assessment tools, and reporting mechanisms for transgressions are all key elements to be implemented. Faculty leaders recognize the value of taking an interprofessional approach at each step. Further, an interprofessional strategy can reframe professionalism as a common goal that ultimately improves patient care. Given concerns that professionalism may actually diminish during training, understanding the stages of identity formation as a professional is key to the development of a relevant health professional curriculum that can change behaviour.

Learning Objectives:
Morning: Understanding the Learner and Learning Environment

Participants will:
1. Learn how to evaluate the professional culture in their environment
2. Understand the importance of professional identity formation
3. Understand the role of every individual, administrator, faculty member and trainee, in maintaining the social contract.
4. Understand the benefits of an interprofessional approach that promotes positive behaviours, discourages bullying, and encourages collaboration and cooperation amongst health team members.

Afternoon: Reporting and Remediation

Participants will:
1. Establish appropriate reporting mechanisms with regards to transgression of professional behaviours.
2. Understand key elements of professionalism remediation models to ensure feedback is formative, fair and appropriate to the concern.

CCME-15

Management of an Adverse Event: approaches to teach, train, assess and support trainees and healthcare professionals

Full day Workshop

Amy Nakajima, Jocelyne McKenna, University of Ottawa, Nicolette Caccia, University of Toronto

Rationale/Background:
In Canada, an estimated 7.5% of hospitalized patients experience a serious adverse event (AE) each year, and these rates are likely higher in teaching hospitals. We as clinician teachers and educators struggle to teach our trainees about patient safety principles in practical and meaningful ways, and often find teaching disclosure to be especially challenging. Trainees may receive formal teaching, but often do not observe or participate in disclosure meetings in daily clinical practice: these informal and incidental opportunities for learning through observation and role modeling are missed. And yet, trainees need to become competent to manage the sequelae of an AE, including the ability to perform a disclosure, and to appropriately document the encounter. The Canadian Patient Safety Institute (CPSI) recommends that guidance and instruction on disclosure be integrated into undergraduate and graduate curricula for all healthcare providers. The CPSI also developed The Safety Competencies framework which defines the knowledge, skills and attitudes required among health professionals related to six domains of patient safety, of which one relates specifically to adverse events.

Competencies needed in the management of AEs include those situated in the Professional Role, such as
recognizing human fallibility in the context of systems, and need for humility and compassion in our professional lives. Teaching the need for a fair and supportive attitude towards those involved in AEs, to each other and to our trainees, is critical to a culture of safety and to reducing the potential deleterious impact of AEs on the wellness of the professionals involved in an AE, a.k.a. the “second victim.”

The first portion of this session will review Canadian disclosure guidelines. Strategies for teaching and assessing disclosure principles and skills, such as formal rounds, role-play, and SP encounters, including OSCE’s and simulation sessions will be presented. Participants will then work in small groups to develop a teaching encounter incorporating disclosure to a patient, and to consider how to assess performance of those competencies needed for a successful disclosure meeting.

Learning Objectives:
This workshop is designed for faculty who are interested in incorporating patient safety into undergraduate and postgraduate curricula and CPD, and is specifically designed for those with a beginner and intermediate level of familiarity with The Safety Competencies framework, the principles of disclosure, and adverse event management. At the end of this session, participants will be able to: describe how to manage an AE; appreciate the impact of the occurrence of an AE on the healthcare professional; plan an educational session on AE management; construct a teaching encounter involving an AE; and consider an appropriate method of assessment for this teaching encounter.

CCME-16

MedEdPORTAL: Opportunities to Advance Educational Scholarship, Share Innovations, and Promote Continuing Education

Emily Cahill, Robby Reynolds, Christopher Candler, AAMC-MedEdPORTAL

Rationale/Background:
MedEdPORTAL (www.mededportal.org) is a free, online service provided by the Association of American Medical Colleges in partnership with the American Dental Education Association. Through its three services; Publications, iCollaborative and the CE Directory, MedEdPORTAL strives to succeed as the most utilized, cited and influential destination for health education. This informational session will focus on sharing the purpose and tools made available in each of its three services; peer reviewed, scholarly teaching and learning modules within Publications, health education innovations within iCollaborative and credited, faculty-developed online continuing education courses within the CE Directory. A portion of the workshop will be dedicated to identifying areas for collaboration including the promotion of content and platforms accessible through the Canadian Healthcare Education Commons (http://chec-cesc.afmc.ca/).

Learning Objectives:
1. To understand the purpose, offerings, submission standards, processing policies of each of the MedEdPORTAL services.
2. To discuss material ready for submission, maximize the educational scholarship that can be awarded for high-quality tools and plan for next steps.
3. To demo the live MedEdPORTAL website and identify areas for future collaboration.

SATURDAY APRIL 26

12:00PM – 4:15PM

CCME-14

Growth Curves: A Mentoring Event for Early Career Medical Educators

Lara Varpio, PhD
Chair, Early Career Medical Educators (ECME) of CAME
Assistant Professor, Uniformed Services University of the Health Sciences

Meredith Young, PhD
ECME member and ECME representative on CAME membership committee
Assistant Professor, McGill University

Introduction:
Early Career Medical Educators (ECMEs) are MDs and PhDs who are within the first 7 years of their professional Medical Education careers. This event is tailored to support ECME members by providing intensive career mentoring, and networking opportunities with senior Medical Educators.

The session format is highly interactive. It will include fireside-style chats with two highly accomplished scholars:

- Kevin Eva, PhD (UBC)
- Shiphra Ginsburg, MD (UofT)

The session will also include multiple opportunities for small group interactions with a wealth of Medical Education’s senior scholars from both Canada and the US.
Among the participating mentors will be:

- Glenn Regehr, PhD (UBC)
- Carol Aschenbrener, MD (AAMC)
- Stan Hamstra, PhD (UofO)
- Claire Touchie, MD (MCC)
- Steven Durning, MD, PhD (USUHS)

There will also be opportunities for ECME members to present research ideas in order to receive developmental feedback from mentors and ECME peers. Participants will also be able to meet with fellow ECME members to discuss collaborations and inter-institution scholarly initiatives.

**Learning Objectives:**

By participating in this session, participants will be able to:

i) Describe strategies for managing the complexities of “early” career development (for both MDs and PhDs) in the field of Medical Education;

ii) Have mentoring conversations with senior medical educators (both MD and PhD), and develop closer ties with peers;

iii) Describe some career development techniques, principles, and philosophies used by a sample of senior medical educators to achieve success in in the field.

**Instructional Methods:**

This event will consist of a series of different “sessions” including:

a) Mentoring-oriented, fireside chats from senior medical educators (both an MD and a PhD scholar) about their career trajectories in medical education, lessons learned, etc.;

b) Interactive panel conversations, where senior medical educators will respond to career development questions from participants;

c) “In progress” short presentations of ECME member programs of research (to solicit feedback from other ECME members and from senior medical educators) in concurrent small group sessions. The presenter will describe: (1) area of academic interest; (2) progress to date; and (3) future plans / obstacles / points requiring input / etc. Small group discussion will provide the presenter with feedback and potential collaborative link suggestions; and

d) Networking opportunities at coffee breaks, where ECME members and senior medical educators will participate in building community ties.

**Intended Audience:** MDs and PhDs in the first 7 years of their careers in Medical Education
(a) the process of developing policies, (b) the challenges of implementing policies, and (c) issues relating to monitoring and enforcement.

Building on the expert panel discussion, workshop participants will break into three concurrent groups, each focussing on one of the three topics presented. These groups will be facilitated by the expert panelist. Participants will have the opportunity to discuss, in more detail, both the challenges and promising practices of the stage of COI policy development addressed in the workshop.

The workshop will conclude with a report from each group, highlighting the common challenges and promising practices identified in the breakout groups. Prior to closure, participants will have the opportunity to reflect and create a plan to advance conflict policies in their environments. A report of the proceedings will be produced and made available to the public on the AFMC website.

OC-16

Using Modern Test Theory for standard setting in Medical Education

A/Prof Boaz Shulruf and Prof Philip Jones, University of New South Wales, Sydney, Australia

Introduction:
The decision to pass or fail a medical student is a ‘high stakes’ one. The literature offers a range of quality standard setting methods, yet all have major limitations. Among those limitations or challenges might be the need to recruit a panel of experts to set up the standards, the need to employ a statistician or psychometrician who is able to undertake complex statistical analysis, the need communicate the results to the affected students in a simplified way and the need to provide robust justification for the pass/fail decisions should such decisions are legally challenged. This workshop will introduce the Objective Borderline Method (OBM), which is a new standard setting method derived from the principles of Modern Test Theory. The OBM is a probability base model, that can be applied for most types of examinations and yet is mathematically simple, which applicable for users with no statistical background.

Content and Structure:
1. Introduction to standard setting methods, what purposes they serve and a brief overview of the most commonly used methods
2. Introduction of Modern Test Theory and its relevance to standard setting
3. Introduction of the Objective Borderline Method (OBM), its theoretical foundation and application, using examples from different types of examinations.
4. Applying the OBM: setting standards for OSCE and MCQ (guided self-practice)
5. In-depth critical appraisal and comparison of the OBM with other methods

Intended outcomes:
Participants will be able to use the Objective Borderline Method (RBM) for setting objective Pass/Fail standards for clinical and other examinations within their own clinical and educational context. Hand-outs with guidelines and illustrations will be provided to the participants

Who should attend:
Medical educators who have strong interest in assessment and standard setting.

Level: Intermediate & advanced

OC-17

Designing and evaluating situational judgement tests to assess non-academic attributes in postgraduate selection

Fiona Patterson, University of Cambridge & Work Psychology Group, Máire Kerrin, Work Psychology Group, Chris Roberts, University of Sydney, Australia, Marcia Reid & Robert Hale Australian General Practice Education & Training (AGPET)

Introduction:
Research shows that an array of non-cognitive professional attributes, such as integrity, empathy, resilience and team awareness are critically important predictors of job performance and training outcomes. Until recently, international selection practices have tended to focus primarily on assessing academic ability. A key challenge for recruiters is how best to assess a broad range of non-academic attributes reliably, since large scale interviewing is costly and there is limited research evidence to support the use of personality tests for example, especially in high stakes settings. Building on international research and the Ottawa consensus statement regarding selection practices, Prideaux et al (2011) asked whether situational judgement tests (SJT$s) may be a valid method for assessing a broad range of non-academic attributes for high volume selection. This workshop explores the research evidence underpinning the reliability and validity of SJT$s in selection in medicine and how best to develop SJT items for selection purposes.
Intended outcomes:
By the end of the session, participants will: (1) Understand the research evidence on the reliability and validity of SJTs for medical selection (2) Understand the features important in developing a SJT (eg, designing items and response formats); (3) Recognise the advantages and limitations of using an SJT for selection into medical education and training;

Content and Structure:
Presenters will share their experience of developing and evaluating SJTs as a selection methodology. They will illustrate how they are delivered in combination other methods (eg., interviews, knowledge tests) for postgraduate selection across various specialties/settings. We will draw upon work conducted on GP selection in Australia using an SJT and MMIs and selection into specialty selection in the UK. Participants will be invited to practice item development and have the opportunity of reviewing SJT items. The session will consist of several short presentations on aspects of using the SJT, with a taster session on item writing with lively discussion and some interactive small group work.

Who should attend:
All those interested in selection into medical training, undergraduate or postgraduate.

Level of workshop: Introductory

OC-18
Research in Medical Education: Making Strange with Culture(s)
Dr Brian Hodges, Wilson Centre for Research in Education, University Health Network & Department of Psychiatry, University of Toronto, Toronto General Hospital, Toronto, Canada
Dr Ming-Jung Ho, Department of Social Medicine, National Taiwan University, College of Medicine, Taipei, Taiwan
Dr Ayelet Kuper, Wilson Centre for Research in Education, Sunnybrook Health Sciences Centre & Department of Medicine, University of Toronto, Toronto General Hospital, Toronto, Canada
Dr Cynthia Whitehead, Wilson Centre for Research in Education, Women’s College Hospital & Department of Family & Community Medicine, University of Toronto, Toronto, Canada

Introduction:
There is growing awareness that practices in medical education around the world are “constructed” – that is they can be very different across historical time periods and in different cultural settings. Far from there being a universal concept of what medical education is or should be, there are fascinating debates and divergences. This workshop will focus on the dimension of culture in medical education, examining specific examples of research that take up culture(s) using anthropological, sociological and discursive lenses. The purpose is shed light on things that might appear to be “true” or “natural” about medical education and show rather that some of our practices are in fact rather strange.

Structure:
Introductory presentation, small group work/case study, discussion.

Intended Outcomes:
Greater awareness of the constructed nature of medical education practices. Introduction to research methods from the social sciences that explore culture and medical education.

Who should attend:
Anyone with a curiosity to understand medical education in its diversity and variations and an appreciation for social science research methods. No research experience is necessary.

Level: Introductory / Intermediate

OC-19
Improving your OSCE: Measurement, Recognition and Remediation of Station Level Problems
Dr Richard Fuller, Dr Godfrey Pell, Dr Matthew Homer and Prof Trudie Roberts, Leeds Institute of Medical Education, School of Medicine, University of Leeds, UK

Introduction:
OSCEs are one of the major performance test formats in healthcare education, but are complex to design and deliver, and methods of assessment and standard setting must be defensible when subjected to detailed scrutiny. This workshop overviews how psychometric indicators at ‘whole exam’ and ‘station level’ can be used to test assumptions about quality, identify problems and model solutions within an overall framework of quality improvement.
Content and Structure:
The workshop will begin with an overview of the use of borderline methods of standard setting in OSCEs, and discusses the generation, use and interpretation of a variety of ‘whole exam’ and ‘station level’ psychometric indicators. A range of ‘diagnostic’ exercises will allow participants to gain confidence in interpreting station level metrics and identifying problems that range across station/checklist design issues, errors that arise during the delivery of the OSCE and the impact of aberrant assessor behaviour. Participants will then focus on ‘treatments’ – proposing solutions and carrying out subsequent monitoring that can be applied to their own OSCE assessments.

Intended outcomes:
At the end of the workshop, participants will
• Be better informed about the use of borderline methods to generate quality metrics
• Have developed and improved their skills in the analysis of performance tests
• Be able to recognise common ‘station level’ problems and propose remedial action
Participants will also be encouraged to generate ‘take home lessons’ to implement in their own institutions

Level: Intermediate

OC-20

Effecting Effective Feedback
Dr Janet MacDonald, Dr Lynne Allery and Dr Lesley Pugsley, School of Postgraduate Medical and Dental Education. Cardiff University, Wales, UK.

Introduction:
Formative assessment plays an integral part in facilitating learning; however the ways in which feedback is given, received and interpreted is multifaceted. A number of studies have explored the quality of feedback provided to students, to determine principles for formative assessment; whilst others have explored how feedback seeking behaviors can be encouraged. Since the educational value of feedback can be highly variable, developing coding systems in order to analyse the nature of the feedback that is provided can be a useful way for tutors to explore the nature of the feedback given and reflect on how these comments might enhance or impede learning.

Content and Structure:
In this highly interactive workshop, participants will be provided with the opportunity to engage with some of the coding frames that have been developed and to apply them to feedback transcripts in order to analyse the depth of feedback provided. The group will explore the educational value of this feedback for learners and reflect on the ways in which this approach might be usefully applied to peer review as a staff development tool in their own settings.

Intended outcomes:
• Participants will have experienced the application of the coding systems for analysing feedback.
• Participants will be able to apply these tools in their own settings to enhance the quality of the formative feedback provided to learners
• Ability to utilise the format as part of peer review and standard setting processes.

Who should attend:
Anyone involved in teaching and assessing learning and providing formative and summative feedback

Level: Introductory and intermediate levels

OC-21

Improving MCQs: Response and scoring systems
Dr Mike Tweed and Dr Tim Wilkinson, University of Otago, New Zealand

Introduction:
MCQs are used in many health-professional assessments. A common response system is choosing one from a list of n possibilities, usually 2 (true/false), 5 (best of five) or more. Common scoring systems have +1 for a correct response, with any incorrect responses scoring 0 (number correct) or -1/n-1 (formula scoring). Although easy to implement and understand these are limited when extrapolating to clinical practice. Issues include: partial knowledge; misinformation; constrained responses; differential incorrect responses; clinical uncertainty; scope of practice; self-awareness; and unrealistic responses to practice.

Content and structure:
Using content provided by and therefore relevant to participants, small groups will consider benefits and limitations of commonly used response and scoring
systems. The benefits and limitations of other response and scoring systems in use by the participants will also be considered. Following this, means proposed by the participants to overcome the limitations will be linked to methods available.

**Intended outcomes:**
Participants will be able to return to their place of work and:

- Consider how MCQ response and scoring may be developed to better meet the purpose of their assessments
- Discuss benefits and limitations of commonly used and currently used response and scoring systems
- Discuss how these limitations might be overcome
- Increase awareness of response and scoring systems including: script concordance; subset selection; confidence/certainty response; weighted response; respond until correct; ranking responses; and safe responding.

**Who should attend:**
Anyone interested in exploring alternatives and developing MCQ formats.

**Level:** Beginner

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**OC-22**

**Use of short film vignettes in OSCEs to assess medical ethics and law**

Dr Carolyn Johnston and Dr Tushar Vince, King’s College London School of Medicine, London, UK

**Introduction:**
Medical ethics and law (MEL) is part of the core curriculum in UK medical schools. MEL at King’s College London School of Medicine (KCLSM) is integrated across all years of teaching and assessed by short written examination and OSCE. The use of film vignettes in OSCE stations aims to provide an effective method to assess applied medical ethics – students are faced with realistic scenarios and required to demonstrate knowledge and an ability to identify and balance competing ethical issues. Four film vignettes have been made and used in OSCE stations for years 2 and 4:

- The role of the family in decision-making for an elderly man who lacks capacity
- Informing the relevant authority about a patient with epilepsy who is continuing to drive against medical advice
- Dealing with an aggressive and racist patient who needs treatment in hospital
- A seventeen year old refuses on-going chemotherapy which has a predicted even chance of remission

**Content and Structure:**
Demonstration of process and discussion of cost of making short film vignettes for assessment of MEL; Sharing experience of drafting questions and standardised mark sheets; Films already used in assessment at KCLSM will be demonstrated and those attending the workshop can ‘try’ the OSCE stations; Sharing data on performance to show that use of film vignettes does work as a valid tool for assessment; Ideas on other film vignettes for assessment will be discussed.

**Intended outcomes:**
Enthusiasm to try novel methods of assessing MEL; Increased knowledge of use of technology in OSCE; Confidence in approaching making of short films for assessment (or teaching) of MEL.

**Who should attend:** those who are interested in:

- adopting a novel approach to assessment
- assessing medical ethics and law
- technology based assessment

**Level:** All

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**CCME-17**

**How can faculty support learning portfolios? Building a community of skilled mentors for facilitation of reflective practice**

Kenneth Locke, University of Toronto, Anna Byszewski, University of Ottawa, Margaret McKenzie, Anthony Donato, Hedy Wald

**Rationale/Background:**
Competency based portfolios for learning and assessment are increasingly common in undergraduate and postgraduate medical training. The literature cites the need for competent portfolio mentors to support the development and assessment of learner competence using portfolios. However, the facilitation of students’ skills in self-monitoring and self-assessment, required for successful portfolios, often falls to faculty who are untrained for this type of oversight and inexperienced in personal reflection. The presenters have created faculty development strategically to support mentors of both low and high stakes learner portfolios at their respective institutions, which over time produced substantial
expertise amongst faculty for championing the process and coaching of reflective practice. In each location, a community of practice now mentors students on skills of reflection on professional identity, current performance, and learning plan development. The mentors are themselves mentored, by more experienced faculty, in best practices for supporting professional identity formation, including meaningful discussion between mentor and learner about life as a doctor, professionalism, and career aspirations. The presenters advocate focused training and informal peer mentoring to support new portfolio mentors, and continued refinement of skills for experienced faculty, through a community of practice model.

Learning Objectives:
Attendees will be able to:
1. Strategically select and develop a community of advisors to support a competency based portfolio program;
2. Train new faculty on skills needed to successfully demonstrate competence using a portfolio;
3. Mentor faculty on serving as reflection coaches and apply a rubric introducing faculty to levels of reflection in a portfolio;
4. Plan to activate and maintain a community of practice at their own institution.

CCME-18

Linking Practice Protocols and Patients’ Understanding in a Shared Decision Making Paradigm: A Challenge for Medical Education

Douglas Wooster, Lee Manchul, University of Toronto, Elizabeth Wooster, OISE/University of Toronto,

Rationale/Background:
Medical students and residents are trained to apply evidence based management protocols to patient care. Primary care physicians and specialists use these protocols and practice experience in practice. Patients have understanding and management expectations based on information from friends, family or the media. Often, these paradigms are not consistent and may represent a challenge in shared decision making (SDM).

Learning Objectives:
At the end of this workshop, participants will be able to:
1. Describe the SDM paradigm,
2. Discuss the challenges associated with implementing a SDM paradigm in the evidence- and practice-based management training milieu, and
3. Analyze the effects of patient understanding and expectations on the implementation of SDM strategies.

Instructional Methods:
Interactive didactic knowledge transfer
Brain storming in large and small groups
Small group discussions
Large group synthesis

CCME-19


Terri Cameron, Robby Reynolds, Association of American Medical Colleges , Washington, DC

Rationale/Background:
In preparing for replacement of AAMC’s national curriculum database, it was apparent that more comprehensive resources were necessary to enhance continuous quality improvement (CQI) of academic program effectiveness and accreditation efforts. Focus groups of representatives of Canadian and US medical schools were conducted to develop conceptual functionality for new benchmarking tools. These discussions resulted in development of a new Curriculum Inventory, a Curriculum Reports website with open access to aggregate curriculum information, a Dashboard that will allow more comprehensive and detailed benchmarking, and Accreditation Standards Self Evaluation Tool (ASSET). These tools will assist with continuous quality improvement and accreditation efforts by monitoring school data against aggregate data, highlighting potential areas of concern, and offering possible solutions from MedEdPORTAL and other sources.

This session will provide an overview of the new benchmarking tools available to Canadian and US medical schools, and how those tools can enhance continuous quality improvement and educational research efforts in medical education.

Learning Objectives:
By the end of this workshop, participants will be able to:
• Describe benchmarking resources available to Canadian and US medical schools
• Provide examples of how medical schools are using benchmarking data to enhance CQI and educational research
• Discuss data sources that should be considered in comprehensively documenting curricula
• Explain how use of standardized instructional and assessment method vocabulary and universal health care competencies affects curriculum documentation and mapping

• Document and perform the process for submitting and verifying Curriculum Inventory data

**Instructional Methods:**

• Presentations (interspersed with other activities – total 90 minutes)

• Small group discussions of the following questions (30 minutes)

• What types of benchmarking reports are most useful to medical school faculty, administrators, and students?

• How can schools use benchmarking reports to facilitate CQI and educational research?

• How should innovative curricula be documented in an aggregate reporting environment?

• What are the data sources necessary to provide comprehensive curriculum data for benchmarking?

• How will the use of standardized instructional and assessment method vocabulary and universal health care competencies affect curriculum documentation and mapping?

• Reports back to the larger group (30 minutes)

• Large group discussion (30 minutes)

• Questions/Wrap-up/summary (30 minutes).

**Learning Objectives:**

By the end of the workshop, participants will be able to translate the approach to their own discipline if they wish to move to competency based educational model. Through an interactive mix of presentations and small group discussions, participants will:

• Identify and use the three basic building blocks needed for transitioning to competency based curriculum

• Identify the key enabling factors for successful implementation at a program specific/site specific level

• Plan a program evaluation in the context of continuous quality improvement

• Review and clarify the policies (e.g. accreditation, assessment) that need to be aligned for successful implementation

• Understand the importance of a national coordinating hub in advancing change, and be able to start building such a hub by seeing how the College of Family Physicians of Canada has fulfilled this role

**Anticipated outcome:**

By doing all of the above, participants will be prepared to plan and initiate a transition to a competency-based approach to learning and curriculum for their institution and discipline.

**Instructional Methods:**

Interactive presentations

Small group discussions on assigned exercises

Small group discussions on developed themes

**CCME-20**

**Implementing a Competency Based Curriculum – One Specialty – 17 Schools – One Country Family Medicine’s Journey in Canada**

Ivy Oandasan, Tim Allen, The College of Family Physicians of Canada

**Rationale/Background:**

In 2010, The College of Family Physicians of Canada sought to enhance its approach to post-graduate training for family medicine by launching the Triple C Competency Based Curriculum. In this pre-conference workshop, participants will have an opportunity to explore a systematic approach to the development, implementation and evaluation of a national competency based curriculum, based on the experience across 17 university based family medicine programs in Canada.
AFMC-AMS J. WENDELL MACLEOD MEMORIAL LECTURE: ASSESSMENT TRANSFORMATION OF HEALTH CARE

Changes to health professions education across the continuum hold the promise of improving population health outcomes and the quality of patient care while reducing costs. Assessment can play a central role in achieving this promise. It offers the ability to ensure, direct, motivate and create learning. This session will explore how assessment can support the transformation of health care in terms of protecting patients and improving the health of communities, while at the same time creating and supporting the learning of health care providers throughout their careers.

Learning Objectives

After attending this session, the participants will:

1. Understand the transformative possibilities for assessment in terms of improving population health outcomes and the quality of patient care while reducing costs
2. Be exposed to some of the assessment methods available to support reform
3. Understand the resources required to support learning and create change
4. Understand the limitations of assessment in supporting learning and creating change

Speaker: Dr. John Norcini, President and Chief Executive Officer, Foundation of Advancement for Medical Education and Research

John J. Norcini, PhD, is President and CEO of the Foundation for Advancement of International Medical Education and Research (FAIMER®). FAIMER has an active research program on international health professions education and physician migration, global fellowship programs for faculty from health professions schools, and databases of recognized medical schools around the world. For the 25 years before joining the Foundation, Dr. Norcini held a number of senior positions at the American Board of Internal Medicine. His principal academic interest is in the assessment of physician performance. Dr. Norcini has published extensively, lectured and taught in many countries, and is on the editorial boards of several peer-reviewed journals in educational measurement and medical education.
Sunday April 27

8:30AM – 10:00AM

NEWER PRINCIPLES OF TEACHING, LEARNING AND ASSESSMENT

Speaker: Professor Des Gorman MD PhD, Professor of Medicine and Associate Dean, Faculty of Medical and Health Sciences, the University of Auckland (Head of the School of Medicine 2005-2010)

Member, Board of Directors, the New Zealand Accident Compensation and Rehabilitation Corporation (ACC)

Executive Chairman, Health Workforce New Zealand, Ministry of Health

Member, National Health Board, Ministry of Health

Member, Capital Investment Committee, Ministry of Health

Former Naval officer (submarine officer and mine warfare and clearance diving officer).

Planning the disposition and training of healthcare workers for uncertainty

The future health care milieu is uncertain. Predictably, conventional approaches to planning future health care systems, necessary health care workforces and their underpinning training is frequently “wrong”. The participation of some elements of the health care workforce in work is more dependent on general economic conditions than it is on either health need or plans. As such, the health care workforce often transitions quickly from “feast to famine” and back. A different approach to planning the necessary future health care workforce has been successfully implemented in New Zealand. This is based on addressing as many as is possible of scenarios of how health care might be delivered. The scenarios are generated by groups of subject matter experts and professional opinion leaders, are aggregated into services and solutions are integrated capital, IT and workforce projections.

Speaker: Brian D. Hodges, MD, PhD, FRCPC

Vice-President Education, University Health Network

Professor, Department of Psychiatry, University of Toronto

Brian D. Hodges is Professor in the Faculty of Medicine and Faculty of Education (OISE/UT) at the University of Toronto, the Richard and Elizabeth Currie Chair in Health Professions Education Research at the Wilson Centre for Research in Education and Vice President Education at the University Health Network (Toronto General, Toronto Western Princess Margaret and Toronto Rehab Hospitals). He leads the AMS Phoenix Project: A Call to Caring, an initiative to rebalance the technical and compassionate dimensions of healthcare.
Scylla and Charybdis: Caught between examination and reflection in medical education

A peculiar disjunction is apparent in the assessment of the health professionals. On one hand there has been an explosion of testing technologies such that health professionals undergo an almost endless series of written and performance examinations during training and practice. They live in what Michel Foucault called the ‘examined society’ in which constant surveillance and testing locates the responsibility for competence externally to individuals. Simultaneously a different discourse about assessment is gaining adherents, one that is tethered to a ‘trinity’ of reflective technologies: self-assessment, self-direction and self-regulation. This approach places the locus for control of competence internally, requiring portfolios and reflective diaries. Both conceptions of assessment have significant advantages but also limitations and even adverse effects. How does the health professional educator navigate between the Scylla of excessive external examination and the Charybdis of naïve reliance on self-assessment?

Monday April 28

8:30AM – 10:00AM

MAKING TEACHING AND ASSESSMENT RELEVANT

Speaker: Professor Trudie E. Roberts BSc., MB.ChB, PhD, FRCP, FHEA

Director – Leeds Institute of Medical Education, University of Leeds, England

Professor Roberts graduated from Manchester with a degree in Medicine and a BSc in Anatomy. She undertook her early medical training in Manchester and her research in Manchester and the Karolinska Institute in Sweden. In 1995 she was appointed Senior Lecturer in Transplant Immunology at the University of Manchester. In 2000 she was appointed Professor of Medical Education at the University of Leeds. She was awarded a National Teaching Fellowship in 2006. In 2009 she was appointed Director of the Leeds Institute of Medical Education. She was a council member of the General Medical Council from 2009 until 2012 and Chair of the Association for the Study of Medical Education until July 2013. She is a council member and Censor for the Royal College of Physicians of London. In September 2013 she takes over as President of the Association for Medical Education in Europe. Professor Roberts’s main interests and expertise are in the areas of assessment of competence, professionalism, and transitions in training and education. She is married to a surgeon, has two children and dreams of owning a Subaru WRX.

Cheating in assessments: doing it, detecting it, deterring it

Cheating is commonly defined as breaking the rules to gain advantage. How common is cheating in medical school examinations? It probably occurs more frequently than we would like to think. Why do students do it and how do they justify it when found out? Is cheating more morally wrong in would-be doctors than in other students? Are some types of cheating worse than others? How can we expose this type of deception and how can we deter students from deciding to cheat in assessments. In this presentation I will explore these issues and look at the dilemma posed by medical students and trainee doctors who are academically dishonest.
Speaker: Glenn Regehr, PhD
Professor, Department of Surgery
Associate Director (Research), Centre for Health Education Scholarship, University of British Columbia

Glenn Regehr completed his PhD in cognitive science from McMaster University in 1993. During his subsequent 20 years in medical education, Dr. Regehr has held positions as: Research Associate in Medical Education at the Program for Education Research and Development, McMaster University; Professor, Senior Scientist, Associate Director and Currie Chair in Health Professions Education Research at the Wilson Centre, University of Toronto; Acting Assistant Dean and Director of the Academy for Innovation in Medical Education, University of Ottawa; and, since 2009, Professor and Associate Director (Research) at the Centre for Health Education Scholarship at the University of British Columbia.

What if they aren’t playing our game? : Education theories, curriculum intent and learner goals re-examined

As education theorists and innovators we carefully construct curricular strategies and practices based on our goals regarding what we want students to acquire and on our understanding of what will maximize that acquisition. Most of these strategies and practices are designed with the assumption that students appreciate our goals and adopt them as their own … that students are willing participants in our plans for them and play along. It is likely, however, that several social and environmental factors of our own making lead our students to a different set of goals that are focused around efficiently and effectively accomplishing the tasks they perceive as necessary to succeed in the system. If we are trying to make teaching and assessment more relevant to our goals for the students, therefore, perhaps the question we should be challenging ourselves with is not what educational strategies would ideally maximize the acquisition of these goals, but rather how do we create willing partners in our students, and what do our grand educational strategies reduce to if they don’t play along?
Tuesday April 29
10:30AM – 12:00PM

MIRIAM FRIEDMAN BEN-DAVID LECTURE

Selecting for Personal Suitability

Medical school training can give a future doctor the basic knowledge required, and foster their skills for updating that knowledge to ensure continued academic competence. It can also teach or nurture the development of some of the other skills and attitudes in the competency list. But it is unrealistic to expect that medical education can do it all, particularly if the student is attitudinally unsuited or otherwise ill-equipped in their psychological makeup to meet the expectations of the profession and the community outlined above. Acceptance of this line of thought must lead us to acknowledge that we should take particular care in selecting medical students – future medical practitioners – basing our choice on a range of criteria that reflect the picture of the generic good doctor. In my presentation I will describe techniques and methods that have been used to measure some non-academic and non-cognitive qualities and provide empirical data on their reliability, construct validity and, most important, their predictive validity that supports their adoption for the purpose of selecting suitable future health professionals.

Speaker: Dr. David Powis, Professor, School of Medicine and Public Health, Faculty of Health, University of Newcastle, Australia

David Powis graduated BSc PhD from the University of London and has been a university teacher of, and researcher in, physiology and medical education since 1972. At the University of Newcastle, Australia from 1978, he developed a professional interest and worked extensively in the area of medical student selection with the aim of establishing fair principles and appropriate strategy for selecting students for health professional courses. Since 1997 he has worked with Miles Bore and Don Munro to develop and evaluate the Personal Qualities Assessment (www.pqa.net.au) as an instrument for this strategy.

Currently David Powis is a professor in the School of Medicine and Public Health and a conjoint professor in the School of Psychology at the University of Newcastle, an Adjunct Professor in the Faculty of Medicine at the University of Western Sydney, and a Visiting Professor at the University of Glasgow, Scotland.
SUNDAY APRIL 27
10:30AM – 12:00PM

SYMPOSIUM OC-1A

NBME Stemmler Grants: Demonstrating Excellence in Assessment and Evaluation

Presenters:
National Board of Medical Examiners (NBME) –
Dr Kevin Eva, University of British Columbia, Canada
Dr Larry Gruppen, University of Michigan, USA
Dr Maxine Papadakis, UCSF School of Medicine, USA
Dr David B Swanson, NBME (Moderator)

2015 marks the 100th anniversary of the NBME. The mission of the NBME is improving healthcare around the world through assessment and that mission supports directly the theme of the 2014 Ottawa Conference, “Transforming Healthcare through Excellence in Assessment and Evaluation”.

One mechanism the NBME uses to transform healthcare through excellence in assessment is the awarding of grant funds to support research in assessment through the Stemmler Fund. The goal of the Stemmler Fund is to provide support for research or development of innovative assessment approaches that will enhance the evaluation of those preparing to, or continuing to, practice medicine. The symposium will highlight the work of three Stemmler recipients and consider the impact their work has had on assessment and evaluation of medical professionals and suggestions for continued research in assessment and evaluation.

1:30PM – 3:00PM

SYMPOSIUM OC-2A

Validity Issues in Medical Education Assessment

Presenters:
Katharine Boursicot, SGUL, UK
Richard Fuller, Leeds, UK
Marjan Govaerts, Maastricht, Netherlands
Saskia Wools, CITO, Netherlands
Trudie Roberts, Leeds, UK (Chair)

The symposium brings medical education testing under scrutiny in relation to more modern argument-based approaches to validity. While the traditional psychometric discourse has been, and is still, dominant in medical education assessment, there are growing concerns that there are limitations to this view, especially in the context of newer assessment tools, such as workplace-based assessments. It is our intention to highlight the wider outlook provided by the unitary concept of validity, with its requirement to consider a range of different factors/evidence when making interpretations of test results, especially in high-stakes situations. The presenters will provide an international perspective of how far the modern views of validity have impacted on medical education testing.
SYMPOSIUM OC-2B
The Non-Medical Expert Roles: Methodological Challenges to Assessment and Evaluation

Presenters:
Ayelet Kuper (Wilson Centre, Toronto, Canada), Cynthia Whitehead (University of Toronto, Canada), Rachel Ellaway (Northern Ontario School of Medicine, Canada)
Discussant: Brian Hodges (University of Toronto/Wilson Centre, Canada)

The widespread adoption of role-based competency frameworks, such as CanMEDS, has highlighted the importance of assessing physician roles (often called “non-Medical Expert” or “Intrinsic” roles) that go beyond the performance of medical knowledge and technical skills. This symposium will provide a range of contrasting theoretically-grounded non-psychometric perspectives that challenge concepts such as authenticity and identity that are bound up with the non-Medical Expert roles. We will explore novel approaches to the assessment of these roles and the evaluation of the curricula that support them. Our aim is to draw the audience into a robust and constructive conversation about the assessment of the non-Medical Expert roles in order to explore theoretical, methodological and practical directions for medical educators and researchers to employ in their own practices.

3:30PM – 5:00PM

SYMPOSIUM OC-3A
What is best practice in the selection of medical students?

Presenters:
Professor Jennifer Cleland, University of Aberdeen, UK
Dr Sandra Nicholson, Barts and the London, UK
Prof Fiona Patterson, Cambridge University, UK
Dr Jonathan Dowell, University of Dundee, UK

Selection can be seen as the first assessment in the medical education and training pathway. Admission to medical school has traditionally used educational attainment as a primarily hurdle, increasingly in conjunction with aptitude test of some sort. Non-academic abilities are then usually considered by interview and/or other sources such as personal statements or even personality tests. However, these approaches have been criticised heavily on the basis of poor reliability as well as dubious validity and it is also clear they are not infallible: with regulators concerned about some of those entering medicine. And rarely is the major influence of self-selection considered. This symposium will explore the question “What is best practice in the selection of medical students?” from a number of angles including “evidential weight” and supporting Widening Participation. Emerging selection tools and their evidence-base will be reviewed, including Situational Judgement tests and Multiple Mini Interviews. Finally, the view of the regulator will be considered.

SYMPOSIUM OC-3B
Exploring Rater Cognition in Workplace-Based Assessment from Three Different Research Perspectives

Presenters:
Eric Holmboe, American Board of Internal Medicine, Pennsylvania, USA
Andrea Gingerich, Northern Medical Program (UBC Medicine), BC, Canada
Jennifer Kogan, Perelman School of Medicine, University of Pennsylvania, USA
Peter Yeates, University of Manchester, United Kingdom
Marjan Govaerts, Maastricht University, Netherlands

Workplace-based assessments are an integral part of our assessment systems. In efforts to improve the defensibility of assessment decisions and our accountability to patient safety, researchers have begun investigating raters’ cognitive processes. Although a relatively new domain of inquiry, there appear to be three distinct (though not exclusive) perspectives on rater cognition. One considers raters’ cognitive processing to be conscious and controllable, and seeks tangible training solutions. A second acknowledges the automatic and unavoidable limitations of human cognition and will ultimately seek to provide design solutions to minimize such weaknesses. The third casts the rater as a valuable source of information whose expertise is squandered in current practices but could be harnessed in radically different assessment approaches. This symposium features a group of international rater cognition researchers representing the current understanding of rater cognition. We see this symposium as an important tool for stimulating a discussion about prevailing assumptions and conceptual gaps as well as potential implications for improving assessment.
MONDAY APRIL 28

10:30AM – 12:00PM

SYMPOSIUM OC-4A

Faculty Development and Learner Assessment: The Missing Link

Presenters:

Yvonne Steinert and Colleagues, Centre for Medical Education, Faculty of Medicine, McGill University, Montreal, Canada

The assessment of learners at all levels of the educational continuum is the focus of much debate and research, as are specific aspects of assessment including standard setting, psychometric properties of assessment methods, and the value of an assessment program. However, the role of clinical teachers in assessing students and residents, and the need to prepare faculty members to observe critically, question effectively, and judge appropriately, is often neglected. The goal of this symposium is to highlight the role that faculty development can play in promoting reliable, valid, and fair learner assessments. The symposium will highlight common approaches to preparing faculty for their role as assessors as well as the proposed content of a faculty development curriculum that includes the goals and principles of learner assessment, an overview of diverse assessment methods (including their strengths and limitations), standard setting and ‘inter-rater’ reliability, and the role of contextual factors in assessment. It has been said that the lack of agreement among faculty members – and the difficulty of assessing learners in a meaningful way – is a threat to the reliability and validity of decisions made about learner competence. The goal of this symposium is to address how faculty development can help to overcome this challenge.

1:30PM – 3:00PM

SYMPOSIUM OC-5A

Bridging the Gap: How Medical Education and Measurement Science can Better Collaborate to Meet Growing and Broadening Assessment Needs

Presenters:

André F. De Champlain, PhD, Medical Council of Canada
Kevin Eva, PhD, University of British Columbia, Canada
Brownell Anderson, MEd, National Board of Medical Examiners, USA
Professor Dame Lesley Southgate, DBE, FRCP, FRCGP, St George's Hospital Medical School, UK
Ian Bowmer, MD, FRCPC, Medical Council of Canada (Discussant)

A widened perspective on assessment has been advocated to better meet the systemic nature of medical education. The aim of this symposium is to outline how measurement scientists and medical educators can better collaborate to meet this desire. The symposium will start with a focus on past successful collaborative models between measurement science and medical education that might serve as a platform for moving forward. Issues that will then be addressed are: (1) Overcoming the Unintended Consequences of Competency-based Assessment – A Medical School Perspective; (2) Integrating Assessment Data and Educational Experiences Across the Continuum; (3) Workplace Assessment: Has Measurement Killed Judgement?
SYMPOSIUM OC-5B

Medical Schools Council (MSC) assessment initiatives

Presenters:
Prof Val Wass, Keele University, UK (Chair)
Dr Katie Petty-Saphon, Medical Schools Council, UK
Veronica Davids, UK
Prof Simon Maxwell, University of Edinburgh, UK
Siobhan Fitzpatrick, UK
Prof Fiona Patterson, Work Psychology Group, UK

All 33 UK Medical Schools have formed an Assessment Alliance, working together to share good practice and resources and address issues of clinical competency standards. Individual medical school examinations are maintained, monitored by their regulator the General Medical Council. This symposium opens for discussion the challenges of shared test formats and compatibility of standards across this National initiative. The symposium includes: (1) Scene setting for those not familiar with UK processes; Role of the MSC/MSC-AA and its relation to the regulator; Academic freedom of medical schools vs. external accountability to stakeholders; Pros and cons of a national examination/need for comparability between schools. (2) The development and utility of a shared question bank: History and buy- in by schools; Development of good practice in assessment; IT issues; Practical issues

Comparison of passing standards using Rasch modeling: Conceptual issues; Application and initial results. (3) The development and utility of a national prescribing skills assessment: The problem of prescribing errors; Prescribing in relation to pharmacology and therapeutics; Experience with pilot on-line national assessments. (4) The place of Situational Judgements Tests for entry into residency (UK Foundation Programme): Lessons from industry and selection into general practice; Identification of the key roles of F1 doctors; Applicability to F1 selection; Experience with the SJT in selection.

SYMPOSIUM OC-6A

Multisource Feedback: Its controversies and challenges in providing feedback to practicing physicians

Presenters:
Jocelyn Lockyer PhD, University of Calgary, Canada
Joan Sargeant PhD, Dalhousie University, Halifax, Nova Scotia, Canada
John Campbell MBBS, University of Exeter Medical School, Exeter, UK
Marianne Xhignesse MD, University of Sherbrooke, Sherbrooke, PQ, Canada
Karen Mann PhD, Dalhousie University, Halifax, Nova Scotia, Canada

Multisource feedback (MSF) is increasingly being used as part of revalidation to assess physician performance across a range of competencies with particular emphasis on collaboration, communication, and professionalism. Both quantitative and qualitative data might be collected. Feedback from medical colleagues, co-workers (e.g., nurses, pharmacists, technicians), and patients are aggregated and form the basis of the data. MSF approaches have been extensively examined for evidence of validity, reliability, feasibility, acceptability, equivalence, and educational/catalytic effect. This research has identified areas of concern and opportunities to enhance the potential of MSF to support physician learning and change. Four questions emerging from the literature will direct this symposia: (1) Rater selection. What is the optimal approach to selecting raters? Should the physician select the professionals who assess his/her competence? (2) Data presentation. How are MSF data optimally presented to participating physicians? What is the value in collecting qualitative data? (3) Feedback delivery and action plan development. What are the optimal approaches to feedback delivery? (4) Coaching and mentoring. What potential benefits would ‘coaching’ with a certified coach offer to the MSF process?
SYMPOSIUM OC-6B

Some Promise and Pitfalls of Clinical Reasoning Assessment: A Critical Examination of the Script Concordance Test

Presenters:

Dr. Matthew Lineberry, Assistant Professor of Medical Education, University of Illinois at Chicago
Dr. Clare Kreiter, Professor of Family Medicine, University of Iowa
Dr. Georges Bordage, Professor of Medical Education, University of Illinois at Chicago
Dr. Jack Boulet, Associate Vice President, Foundation for Advancement of International Medical Education and Research (FAIMER) (Discussant)

Sound diagnostic reasoning during clinical encounters is a key competency of the effective clinician. However, the inherent complexity of such reasoning makes it challenging to assess, either for formative or summative purposes. In this session, we discuss one type of clinical reasoning assessment, the Script Concordance Test (SCTs). Two recently-published reviews on SCTs' psychometric properties have claimed that the methodology generally produces reliable and valid assessments of clinical reasoning, and that such tests may soon be suitable for high-stakes testing. Through a review of published SCT reports and a re-analysis of a previously-published SCT report, we have identified three critical threats to the valid interpretation and use of SCT scores which were not identified in previous reviews. These threats consist of logical inconsistencies in the scoring procedures, unexamined sources of measurement error, and construct confounding with examinees' response tendencies on Likert-type assessment items. This third issue risks bias against racial or ethnic groups with certain response tendencies; it also makes the test susceptible to score inflation due to coached test-taking strategies. Our research shows that examinees could drastically inflate their scores by never endorsing the two extreme scale points on the tests' 5-point scale. Even examinees that simply endorse "0" for every item could still outperform most examinees that responded as the test intended. In this symposium, we present our research on these validity threats and seek to stimulate discussion of alternative methodologies for assessment of clinical reasoning moving forward.

TUESDAY APRIL 29

SYMPOSIUM OC-7A

Issues and Controversies in the Use of Portfolios for Assessment in Undergraduate and Graduate Medical Education

Presenters:

Dr. Kenneth Locke, Faculty of Medicine, University of Toronto, Toronto, ON, Canada
Dr. Anthony Donato, Reading Health System, Reading, PA, USA
Dr. Pippa Hall, Faculty of Medicine, University of Ottawa, Ottawa, ON, Canada
Dr. Margaret McKenzie, Cleveland Clinic Lerner College of Medicine, Cleveland, OH, USA
Dr. Hedy Wald, Warren Alpert Medical School of Brown University, Providence, RI, USA

Portfolios are increasingly used in health professional education to complement, or in some cases replace, other forms of competency assessment. In many cases, they are used solely to promote reflective practice skill development in learners; in others, portfolios play a significant role in progress decisions. In this symposium, we will examine underlying theoretical principles, and explore issues and dilemmas that can arise, when using portfolios for formative and/or summative assessment. In doing so, we will discuss assessment strategies in light of Schuwirth and Van der Vleuten’s conceptual framework of assessment tools as instruments of learning, with emphasis on systems of assessment for learning, rather than reliance on individual assessments of learning. We aim to clarify and justify common elements of successful portfolio assessment systems. Portfolio implementation strategies and assessment systems within presenters’ undergraduate and graduate medical education programs, with associated practical and institutional issues, will serve as exemplars.
SYMPOSUM OC-7B

Narrative description as evaluation data in health professional education

Presenters:
Janice L. Hanson, PhD, EdS, University of Colorado School of Medicine, Aurora, Colorado USA
Lindsey Lane, BM BCh, University of Colorado School of Medicine, Aurora, Colorado, USA
TJ Jirasevijinda, MD, Weill Cornell Medical College, New York, New York, USA
Paul Hemmer, MD, Uniformed Services University of the Health Sciences, Bethesda, MD, USA

This symposium will confront the implicit assumption that “measurement” is preferable to “description” when assessing and evaluating learners in medical education. Symposium presenters will discuss why written narrative descriptions of learners’ performance provide a more useful and valid foundation for assessment and evaluation than ratings and scores from scales, checklists and examinations. Presentations will address challenges of changing a culture of evaluation that has relied on numbers for most evaluation data; methods for building shared understanding among faculty and learners; challenges of relying on narrative data when faculty come from different cultural backgrounds. The symposium will close with a summary of the group’s conversation about changing a program’s culture of evaluation toward narrative description of learner performance.
How to Register

Registration is managed by

ProReg Registration Solutions

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Nanaimo, British Columbia
V9X 1E8
Tel: (250) 740-2511
Toll free: 1-866-760-2005
Toll Free Fax: 1-866-760-2006
Email: info@proreg.ca
Website: www.proreg.ca

Please register online by following the
Registration link from the website
www.mededconference.ca or
www.ottawaconference.org. Payment can be made
by credit card (Visa or Mastercard). An invoice in
CDN dollars will be sent by email.

REGISTRATION FEES

Early Bird Registration (Full conference access)
$895.00 CDN (until March 15 2014)

Late Registration (Full conference access)
$950.00 CDN (after March 15 2014)

Qualifying Countries/Non-Canadian Medical Students
$790.00 CDN

One Day Registration
$300.00 CDN

Residents/Non-Medical Students
$200.00 CDN

Canadian Medical Students
$0.00

Early Bird Registration Students and Qualifying Countries
$790 CDN

Late Registration Students and Qualifying Countries
$895 CDN

Half-Day OC Pre Conference Workshops
$110 CDN

Half Day Pre Conference CCME Workshops
TBD

Full Day Pre Conference CCME Workshops
TBD

FAME Course
$800 CDN

RESME Course
$800 CDN (including post-course report assessment)

FLAME Course
$220

QUALIFYING COUNTRIES:

Algeria
Armenia
Azerbaijan
Bangladesh
Belarus
Bosnia
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Central America
Croatia
Estonia
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India
Iraq
Kazakhstan
Latvia
Lithuania

Malaysia
Moldova
Montenegro
Morocco
Myanmar
Nepal
Pakistan
Romania
Serbia
Slovakia
Slovenia
South America
Sri Lanka
Sub-Saharan Africa
Tunisia
Ukraine

CANCELLATION AND REFUND POLICY

Requests for cancellations or substitutions must be submitted in
writing to the Conference Secretariat (Ms. Chriss Holloway,
cholloway@afmc.ca ) 75% of the registration fee is refundable for
cancellation requests received by Monday, March 24, 2014. There
will be no refunds after this date, however substitution is
permitted.
Travel & Accommodations

Conference organizers have set aside room blocks at various hotels in the downtown Ottawa area. The easiest way to make your reservation is via the specific URLs set up by each hotel which can be found on the conference website. If making a reservation by phone, please be sure to quote the conference code when booking your room.

<table>
<thead>
<tr>
<th>Hotel &amp; Room Category</th>
<th>Price (does not include taxes)</th>
<th>Distance from the Ottawa Convention Centre (OCC)</th>
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<tr>
<td>THE WESTIN HOTEL (HOST HOTEL) (4 STARS)</td>
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<tr>
<td>Guestroom (King or 2 Double beds)</td>
<td>$229 Cdn</td>
<td>Attached to OCC by covered walkway</td>
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<td>Suites</td>
<td>$354 Cdn</td>
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<td>THE FAIRMONT CHATEAU LAURIER (5 STAR)</td>
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<td>Moderate</td>
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<td>Fairmont</td>
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<td>Junior Suite</td>
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<td>Corner Suite</td>
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<td>THE LORD ELGIN HOTEL (4 STAR)</td>
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<tr>
<td>Guestroom (King or 2 Double beds)</td>
<td>$199 Cdn</td>
<td>Walking distance (7 minutes)</td>
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<td>THE MARRIOTT HOTEL (4 STAR)</td>
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<tr>
<td>Traditional Guest Room (King or Double)</td>
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<td>Superior Guestroom</td>
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<td>Executive Corner King</td>
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<td>Deluxe Guestroom with Sofa Pullout</td>
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<td>Concierge Guestroom</td>
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<td>THE NOVOTEL HOTEL (3 STAR)</td>
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<td>Superior Double</td>
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<tr>
<td>Superior King</td>
<td>$185 Cdn</td>
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Call for Abstracts

Abstracts with a focus on medical education (medical student and resident training, continuing professional development) should be submitted to the CCME. Abstracts with a focus on assessment (including selection for medical and postgraduate studies, and curriculum evaluation) should be submitted to the Ottawa Conference.

The call for abstracts for the CCME opened on June 22 and the call for abstracts for the Ottawa Conference opened on July 22. Both will close on September 14, 2013. All authors will be notified of a decision by November 2013.

Abstracts may be submitted for:

**ORAL PRESENTATIONS**

**ORALS FOR THE CANADIAN CONFERENCE ON MEDICAL EDUCATION**

Oral Presentations are 10 minutes each, and are followed by a 5 minute question and answer period. There are a total of four oral presentations, grouped via a common theme, within each oral session. Oral presentations may include Education Research or Education Innovation related projects. Abstracts should be a maximum of 250 words.

Structure for Education Research abstracts should be as follows: Background/Purpose, Methods, Results, Conclusions. Education Innovation abstracts should be as follows: Context/Setting, Intervention, Observations, Discussion.

**ORALS FOR THE OTTAWA CONFERENCE**

All submissions in the category will be considered for a 10 minute oral presentation with 5 minutes for questions. Abstracts should be a maximum 200 words (excluding title, names and affiliations), structured as follows: Background; Summary of Work; Summary of Results; Conclusions; Take-home Messages.

**POSTER PRESENTATIONS**

**POSTERS FOR THE CANADIAN CONFERENCE ON MEDICAL EDUCATION**

Poster presentations may include Education Research or Education Innovation related projects. Abstracts should be a maximum of 250 words.

**FACILITATED POSTER SESSIONS**

This involves a short (3-5 minute) presentation from each poster presenter highlighting key points from their poster followed by group discussion. The purpose of facilitated poster sessions is to allow an opportunity for participants to share ideas and insights and interact around a theme addressed by a variety of related posters.

**POSTERS FOR THE OTTAWA CONFERENCE**

Posters presentations are 3 minutes each followed by a group discussion. Abstracts should be a maximum 200 words (excluding title, names and affiliations), structured as follows: Background, Summary of Work, Summary of Results, Conclusions, Take-home Messages.

**CONFERENCE WORKSHOPS**

**WORKSHOPS FOR THE CANADIAN CONFERENCE ON MEDICAL EDUCATION**

Workshops are 1.5 hours in duration and should focus on skills development, discussion for consensus building and active participation. Abstracts should be a maximum of 350 words structured as follows: Rationale/Background (describe the rationale for the workshop, drawing upon any theory and/or evidence as applicable). Learning Objectives (identify what the participants will achieve by attending the workshop), Instructional Methods (briefly describe the instructional methods to be used during the workshop).

**WORKSHOPS FOR THE OTTAWA CONFERENCE**

Workshops are 90 minutes’ duration. Abstracts should be a maximum 200 words (excluding title, names and affiliations), structured as follows: Background; Intended Outcomes; Structure; Intended Audience; Level of Workshop.
General Information

CONFERENCE VENUE
The Canadian Conference on Medical Education and The Ottawa Conference will be held at The Ottawa Convention Centre in downtown Ottawa, located in Ontario Canada. Centrally located with excellent air and transportation links, Ottawa is a premier Canadian meeting and convention destination. It is an impressive yet intimate G8 capital, home to famous landmarks, cultural attractions and celebrations, rich in natural beauty and blessed with a relaxed urban rhythm.

The main conference (plenaries, orals, workshops and posters) will be held at The Ottawa Convention Centre. The preconference workshops and all business meetings will take place at The Westin Hotel and the Fairmont Chateau Laurier.

HOW TO GET TO OTTAWA
The Ottawa/Macdonald-Cartier International Airport (YOW) is located 10.2 km south of downtown Ottawa. Macdonald-Cartier Airport is part of Canada’s busiest air corridor between Ottawa, Montreal, and Toronto, which is commonly referred to as the Eastern Triangle.

Ottawa’s airport serves all major North American airlines and has flights to Europe, the Caribbean and many cities to the United States.

For travel discounts please visit the conference website and select “Accommodation and Travel”.

CURRENCY
The Canadian Dollar, is exchangeable at money changers and banks. Traveller’s cheques may be cashed at any of the banks located in the city. Major credit cards are accepted in most hotels and large shops. ATMs (Automatic Teller Machines) are plentiful throughout the city.

Banking hours are generally 9:00am-5:00pm Mondays through Fridays and 9:00am to 4:00pm on Saturdays.

WEATHER
The month of April is characterized by very rapidly rising daily high temperatures, with daily highs increasing from 7°C to 15°C over the course of the month, exceeding 22°C or dropping below 0°C only one day in ten.

Daily low temperatures range from -2°C to 5°C, falling below -8°C or exceeding 10°C only one day in ten.

LANGUAGE
The language of the conference will be both English and French. Simultaneous interpretation will be available for all plenary sessions.
The 16th Ottawa Conference and the 12th Canadian Conference on Medical Education (CCME) will be held conjointly, in Ottawa, April 25-29, 2014. The program will be fully integrated with common plenary sessions and be relevant to medical education across the continuum including assessment. The symposia, workshops, oral presentations and posters will be labeled as either CCME 2014 or Ottawa Conference 2014. We look forward to welcoming our colleagues in health professions education to our National Capital and the birth place of the Ottawa Conference!

IMPORTANT DATES TO REMEMBER

August 1, 2013: (Early Bird) Registration opens
September 14, 2013: All Abstract submissions due (at midnight Pacific Daylight Time)
February 28, 2014: Associated Symposia Submissions due
Final Program Released: Mid-March
Deadline to reserve your room at The Westin (host hotel): April 2, 2014, 5pm