Latest news for teachers, preceptors, and educational leaders

Upcoming Conferences

International Conference on Residency Education
October 18 to 20, 2018
Halifax, Nova Scotia

46th North American Primary Care Research Group Annual Meeting
November 9 to 13, 2018
Chicago, Illinois

Family Medicine Forum
November 14 to 17, 2018
Toronto, Ontario

Canadian Leadership Institute for Medical Education
February 4 to 7, 2019
Toronto, Ontario

Canadian Conference on Medical Education
April 13 to 16, 2019
Niagara Falls, Ontario

Society of Teachers of Family Medicine
April 27 to May 1, 2019
Toronto, Ontario

Society of Teachers of Family Medicine (STFM) Conference in Toronto!

Don’t miss your opportunity to be part of the STFM 52nd Annual Spring Conference in Toronto, Ontario, April 27 to May 1, 2019. This is a chance to showcase your work to an international audience, learn from the success of others, and cultivate new ideas by sharing innovation and success stories across borders. CFPC members will be able to register at the same rate as STFM members and obtain Mainpro+ equivalent certified credits. The Call for Abstracts is now open, until September 10, 2018. Use promo code CFPC2019 to waive the $25 abstract submission fee.

Update on activities

On behalf of the College of Family Physicians of Canada (CFPC) Section of Teachers (SOT) Council, I extend greetings to all family medicine preceptors, teachers, and educational leaders in Canada.

The SOT Council links the following groups through their committees and representatives: medical students, family medicine residents, early-career physicians, health professions educators, faculty developers, and leaders in undergraduate and postgraduate education. We also work to ensure that teachers, preceptors, and educational leaders have a variety of workshops to improve their supervision, teaching, and leadership skills at the Family Medicine Forum.

Below are a few highlights of our committees’ work:

• The Postgraduate Education Committee is developing strategies to support residency programs in implementing new frameworks, such as the revised accreditation standards and CanMEDS-FM
• The Undergraduate Education Committee is working on branding family medicine, developing a cultural safety tool, and updating CanMEDS-FMU
• The Faculty Development Education Committee continues to improve the online Faculty Development Resource Repository, while evaluating the awareness, uptake, and use of the Fundamental Teaching Activities (FTA) Framework
• The Health Professions Educators Group is developing a platform in which family medicine health professions educators (FM-HPE) can access resources to support their family medicine education duties, with the objective of nurturing an FM-HPE community of practice
• The First Five Years in Family Practice Committee is launching a First Five Years section in the August issue of Canadian Family Physician, and is continuing to explore how they can best support mentorship in family medicine
• Later this year, we will embark on a year-long celebration of family medicine teaching to mark the SOT’s 40th anniversary, beginning with a kickoff dinner on November 15th (tickets can now be purchased through the FMF registration portal)
• A national orientation to family medicine educational leadership is being developed to support new leaders and will be launched at Family Medicine Forum 2018

As you can see from these activities, the SOT is striving to ensure these important educational initiatives align, and to support teachers and preceptors who work with learners on a daily basis. We hope you find this newsletter useful and encourage you to connect with us regarding any suggestions and questions you might have.

Dr. James Goertzen
Chair, SOT Council

PS: Please also consider making a donation to support family medicine education initiatives through the Foundation for Advancing Family Medicine.
Upcoming grants
Support for medical education scholarship

The Edward J. Stemmler Medical Education Research Fund strives to support research about and the development of innovative assessment approaches that will enhance the professional development of those preparing to, or continuing to, practise medicine. Letters of Intent are due July 15, 2018.

The Small Research Grants program from the Spencer Foundation aims to support smaller-scale or pilot research projects that have budgets of $50,000 or less. Proposals are encouraged from scholars across a variety of disciplines in an effort to fund field-initiated education research. The deadline for proposals is August 1, 2018.

The Scholarly Work in Family Medicine Education Grant supports academic and community-based family physician CFPC members in leading projects in medical education with the intent of advancing family medicine education broadly. The application window opens in December, 2018.

Continuous Reflective Assessment for Training

The Certification Process and Assessment Committee (CPAC) is releasing a national programmatic assessment model for family medicine called Continuous Reflective Assessment for Training (CRAFT). The model involves a system of regular formative assessments of the learner in the workplace, accompanied by regular performance reviews with a consistent faculty advisor to reflect on progress and modify training as necessary. It has two components: a robust description of assessable outcome competencies (evaluation objectives), and an in-training assessment (ITA) template.

Priority topics and key features developed by the Working Group on the Assessment of Competence in Rural and Remote Family Medicine were endorsed by the Family Medicine Specialty Committee and will be posted on the CFPC website. CPAC is working on integrating these priority topics and key features in the existing evaluation objectives.

Patient Education Committee

The Patient Education Committee facilitates the provision of and timely access to quality patient education materials, tools, and initiatives to members and their patients/the public. It also plays an advisory role for CFPC for matters related to patient education. For information about materials, tools, and website content review criteria, please visit the Patient Education Committee References/Resources web page.

Family Medicine Longitudinal Survey

Family Medicine Longitudinal Survey (FMLS) data captures family medicine residents’ experiences with their training, their perceptions of the profession of family medicine, and their future practice intentions when they enter the program and again at graduation. To access FMLS reports for a specific school for a given year, please contact the program director or Chair directly. To request survey data for use in medical education research contact education@cfpc.ca.
Family Medicine Forum 2018

*Family Medicine Forum* brings together over 4,000 participants each year to provide the most efficient and reliable way to earn annual Mainpro+ credit requirements, and to help you advance your practice, and research and teaching skills. Don’t miss this opportunity to take part in Canada’s largest conference for family physicians and connect with your peers. Join us November 14 to 17, 2018, at the Metro Toronto Convention Centre! Learn more and register now at [fmf.cfpc.ca](http://fmf.cfpc.ca).

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2017 Recipient, Ian McWhinney Award: Dr. Miriam Boillat*

Three activities have remained at the core of Dr. Miriam Boillat’s career in family medicine: providing ongoing care for patients, serving as preceptor for family medicine residents, and teaching communication skills to medical students. She is an advocate for more family medicine teaching and role models in medical schools, a better understanding of family medicine by colleagues from other disciplines, and a greater recognition of family medicine by organization leaders.

Dr. Boillat has held many leadership roles in family medicine over the course of her career, including Family Medicine Program Director at McGill University for nine years. While there, she developed a strong interest in faculty development, leading her to the role of Director of Faculty Development for the Department of Family Medicine. Currently, she is Associate Dean of Faculty Development, where she promotes a collegial process that supports teachers, fosters reflection, and strengthens teaching practices.

Dr. Boillat obtained her medical degree from McGill University in 1983. She then completed an internship in internal medicine at Montreal General Hospital, and a two-year family medicine residency at St. Mary’s Hospital. She moved to New York City in 1987 to complete an academic family medicine fellowship at the State University of New York in Brooklyn. Since returning to Montreal in 1989, she has worked in the Department of Family Medicine at St. Mary’s Hospital Center, a McGill-affiliated hospital and family medicine training site.

*Originally published in the 2017 Section of Teachers Annual Dinner program.*

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Do you have questions or ideas for the Section of Teachers?

What topics would you like to discuss at our Teachers and Preceptors Knowledge Café at Family Medicine Forum?

Contact [education@cfpc.ca](mailto:education@cfpc.ca) today!
The Practice Improvement Initiative (Pii)

The Practice Improvement Initiative (Pii) aims to continue improving the high-quality care provided by Canadian family physicians and the teams they work with by using quality improvement (QI), data, and research.

It will support residents, teachers, and clinicians by spreading existing QI resources where these exist, and working with partners to address gaps. Recommendations on learning objectives, teaching, and assessment methods are currently being developed by the Pii advisory group. A QI manual for teachers and a general QI guide for residents will be available by Spring 2019. Please visit the Pii website for more details.

Reforming our Canadian system of residency accreditation

Accreditation is an exercise of assuring the quality of our family medicine residency training programs and, at the same time, continuously improving them with the ultimate goal being to train the best family physicians possible. In July 2018, we will be posting our new accreditation standards in view of applying them to all residency training programs in July 2019. We recognize the essential role you play as teachers in educating our residents and hope to keep you abreast of the upcoming changes to accreditation. For more information on the accreditation reform, please visit the CanERA website.

Practice Support Tools

The Practice Support department develops practical point-of-care tools and patient information you can use in your practice, share with other teachers, and provide to learners! These include the Poverty Tool and Osteoarthritis Tool, Prevention in Hand, Self Learning ... and more! For more information, including newly released tools, visit the Programs and Practice Support website.

Earn CPD certified Mainpro+® credits for FREE!

The Prevention in Hand (PiH) e-learning program provides users with a simple and effective way to learn about chronic disease self-management, supported by up-to-date clinical guidelines. The program now offers Mainpro+ certified e-learning modules. We encourage you to learn more about the program and start the modules TODAY!
New resident training guide

Check out the Section of Residents’ latest Guide for Improvement of Family Medicine Training (GIFT):

![Guide to Advance Care Planning Discussions](image)

**Guide to Advance Care Planning Discussions**

**Developed by Residents for Residents**

**What is advance care planning?**

Advance care planning (ACP) is a process in which a person reflects on and communicates their values, beliefs, goals, and preferences so that they can prepare for their future medical care. The designation of a substitute decision maker (SDM) is a key element of ACP.1

**Why is ACP important?**

Up to 76 per cent of patients will be unable to participate in some or all of the decisions affecting their own health care at the end of life, and 47 per cent of Canadians have not had a discussion with a family member or friend about what they would want or not want if they were ill and unable to communicate.1 Without the direction provided by ACP, families often feel burdened by directing medical care in crisis situations, and may feel ill-prepared to make decisions due to a lack of understanding of the patient’s values and preferences. When no prior direction has been documented, physicians often resort to using full resuscitation and medical care. This can mean aggressive treatments that the patient might not have wanted, and may result in unnecessary suffering for both the patient and their family.

Previous research has highlighted numerous benefits of ACP, including:

- Improved quality of end-of-life care2
- Improved patient and family satisfaction with end-of-life care3
- Reduced stress and anxiety for families4
- Reduced hospital admissions and length of stay5
- Increased use of hospice care6
- Shortened intensive care unit stay7

**How to perform ACP:**

1. Triage the discussion according to the patient’s health status (Table 1)
2. Check for and review previous ACP conversations
3. Plan for a serious discussion in an appropriate setting (for well patients, this discussion may take only a minute or two for patients with more serious conditions, this conversation will take some time)
4. Encourage the patient’s SDM to be present for ACP discussions
5. Have an ACP discussion using the Introduce, Discuss, Decide, Document (i2D) Framework (Table 2)
6. Revise the ACP discussion over multiple visits/discussions as appropriate given the patient’s health status

**Table 1: When to have an ACP discussion with your patient**

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<th>Health Status</th>
<th>Acuity</th>
<th>Actions</th>
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| Well patient           | Non-urgent | • Have a full ACP conversation during periodic health exam and triggered by important life events (e.g., marriage, pregnancy, new job)  
                         |            | • Emphasize choosing an SDM                                             |
| Patient with chronic   | Semi-urgent| • Have a full ACP conversation during periodic health exam and triggered by medical events (e.g., new diagnosis, discharge from hospital)  
                         | disease     | • In the patient with chronic disease, discuss the disease course and potential health outcomes as the disease progresses and at decision points that may arise in the future  
                         |            | • Benefit at regular intervals as appropriate                           |
| Patient with acute     | Urgent     | • Revise the ACP conversation with the patient/SDM, or initiate the discussion if this has not already been done  
                         | deterioration|            | • Code status and/or goals of care must be discussed with the patient or SDM at this stage  
                         | needed now  | • Physician may recommend best treatment based on the patient’s goals, fears, values, and their specific illness context  
                         |            | • Emphasize immediate or anticipated health care decisions               |

The full document and other guides are available online and you can request hard copies via email by contacting education@cfpc.ca.
Did you know?

Article: Preparing teachers for competency-based medical education: Fundamental teaching activities

Summary by Dr. Sudha Koppula, Chair, Faculty Development Education Committee

The emergence of competency-based medical education has necessitated medical teachers being prepared to develop and refine their teaching skills. Mentors’ guidance and teaching tools are required as part of a faculty development program in order to meet teachers’ needs given these changes. In this article, the creation of the Fundamental Teaching Activities (FTA) Framework is described as one tool to prepare teachers for competency-based medical education.

This article describes the work of the CFPC Working Group on Faculty Development, describing the day-to-day activities of medical teachers. These activities were organized into a framework and developmental trajectory intended to guide teacher development.

The FTA Framework is organized into three domains:
- Clinical preceptor
- Teacher outside the clinical setting
- Educational leader

Under each domain are associated tasks and the fundamental teaching activities themselves, each of which encompasses multiple teaching competencies.

The FTA Framework is also being used to develop faculty development activities, programs, and curricula. It is a basis for reflection on teaching activities that may include a mentor. The Working Group on Faculty Development (now the Faculty Development Education Committee, a standing committee on the Section of Teachers Council) has been using the FTA Framework to develop a national repository of teaching tools.

The hope is that educational leaders, faculty developers, and medical teachers find the FTA Framework useful for professional development. For more detail and information, please refer to the original article online.