



DALHOUSIE
UNIVERSITY

CONTINUING PROFESSIONAL
DEVELOPMENT &
MEDICAL EDUCATION

Continuing Professional Development & Medical Education Planning Retreat

Meeting Summary Report

December 2023

Introduction

Staff and faculty of Continuing Professional Development & Medical Education (CPDME), Dalhousie Faculty of Medicine, met for a planning retreat on December 5, 2023. This was a follow-up meeting to an initial planning meeting conducted in March 2023. The purpose of this meeting was to:

- Validate/finalize the Department's mission, vision, and strategic directions developed at the March 2023 planning meeting.
- Develop an operational plan to support the strategic directions.

An external facilitator (Clare Levin, [Research Power Inc.](#)) was engaged to support the meeting and the strategic planning process. This report summarizes the discussion and outcomes of this meeting.

Background

Dr. Stephen Miller, Associate Dean, opened the meeting and provided the group with some background:

- Review of strategic and operational planning and key terms/definitions.
- Review of the draft vision and mission for CPDME.
 - **Draft vision:** Excellence in transformative continuing professional development and educational research that builds healthier communities.
 - **Draft mission:** To provide innovative, inclusive, responsive, and evidence-based learning to health professionals that advances excellence in medical education and research with translation into practice.
- Review of the work that was previously conducted to identify goals and objectives in the four areas of the framework: Excellence in Education, High-Impact Research, Serving and Engaging Society, and Valuing People (see the [Appendix](#) for an overview of the planning framework).

The group discussed the draft vision and mission and made the following suggestions:

- Vision:
 - The vision should reference “education research” rather than “educational”.
- Mission:
 - Remove reference to health professionals as CPDME also serves general science faculty.
 - Some participants wanted to simplify the words used at the beginning of the mission “innovative, inclusive, responsive, and evidence-based”.
 - CPDME doesn't “provide” learning, it fosters or supports learning, so the first word should be changed (or learning changed to “training” or “learning opportunities” or similar).
 - “Evidence-based” should be “evidence-informed”.
- Revised Versions (April 2024):
 - **Vision:** Excellence in transformative continuing professional development and education research that builds healthier communities
 - **(Draft) Mission:** To foster medical education research and evidence-informed learning that advance excellence in medical education and clinical care.

- **Mission:** To foster medical education research and evidence-informed learning that advance excellence in medical education and clinical care for physicians and healthcare professionals in the Maritimes.

The group agreed to continue to refine the mission and review and finalize it at a later date.

- Final Versions (July 2024):
 - **Vision:** Excellence in transformative continuing professional development and education research that builds healthier communities
 - **Mission:** To foster medical education research and evidence-informed learning that advance excellence in medical education and clinical care for physicians, scientists, and healthcare professionals in the Maritimes.

The Mission was approved by:

1. CPDME Advisory Committee on December 3, 2024
2. Faculty Council on June 3, 2025

Accreditation Standards

Dr. Miller discussed the previous Internal Quality Review (IQR) process and noted that the upcoming accreditation (in 2026) will be a similar process. Accreditation is helpful to understand how CPDME is doing, where there are gaps, and how those gaps can be addressed. Preparing for accreditation will begin in spring 2024 with a staff and faculty-wide survey of FoM and partners. All documents have to be submitted by fall 2025 and the onsite visit will be in the spring of 2026. The Committee on Accreditation on Continuing Medical Education (CACME) is still working to confirm the final standards and criteria that will be assessed. A copy of the new version of the accreditation standards is available to CPDME staff and faculty on SharePoint. The new version is supposed to be less prescriptive and allow for more flexibility and interpretation. There are lots of other related changes underway (e.g., updates to accreditation guidelines at both the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC)) so new areas may be added to CACME standards in future.

Unit Presentations

Over the fall, each unit of CPDME has been working to develop their unit action plan. For this meeting, each unit was asked to prepare a presentation that provided any context/background about their unit's work and discussed their key actions for the next year. Meeting participants listening to the presentations were asked to reflect on the following questions for each unit's presentation:

- Do all the actions presented make sense? Is anything unclear or missing?
- Are there any actions that are common/similar across different units? Anywhere your unit could collaborate to accomplish these actions?
- How do the actions align with the CPDME and Faculty of Medicine Strategic Plans?

The presentation and discussion for each unit is summarized in the following sections.

Accreditation Unit

- The IQR process identified the need for a procedural change and suggested changes to accreditation paperwork review and management.
- The required procedural change is removing the Director of Large Conferences and a member of the SPC CPDME review committee. That individual will no longer accredit programs where s/he participates as a member of the SPC and a new physician from the Faculty of Medicine will be identified to review those programs (primarily internal programs).
- Revised documentation/forms are close to being finalized and there will be an opportunity for other CPDME staff/faculty to review and provide input as these forms could be used to gather data to inform the work.
- Currently looking at opportunities to streamline forms that need to be completed and also align these with updates coming from the CFPC and the RCPSC. Also seeking suppliers for a platform to facilitate the accreditation/certification process. Ideally this will be an automated system that sends individuals reminders about all the pieces of information needed for their application.
- Considering fun/engaging innovative ways to share information about the accreditation process (e.g., using webinars, videos).
- Encourage the use of active learning strategies to promote knowledge acquisition and retention.
- There is currently no education program for new reviewers, so any new reviewers need appropriate support.
- Transitioning team, 2022-2024: Katie Henderson joined in August 2022, Mike Fleming will retire December 2023. He is in the process of compiling information about accreditation to ensure documentation is available to support staff transitions.

| High-level Actions | Goal or Objective Action Links To |
|--|--|
| Eliminate conflict of the Director and SPC CPDME representative being the same person | 1.5 Utilize program feedback to enhance program impact and effectiveness. |
| Streamline application process | 1.3 Leverage technology to support accessible and innovative learning opportunities that encourage active learning. 1.5 Utilize program feedback to enhance program impact and effectiveness. |
| Spreading the word | 1.4 Create innovative opportunities that encourage active learning. |
| Staff changes | Update: Mike Fleming retired effective Dec 29, 2023; Lisa Bonang has replaced him as of Feb 1, 2024. |

Academic Detailing Service

- Key Successes: Have moved towards more virtual/online detailing (although 70% still in person) and are doing more groups vs. individual detailing work; completed a research project; developed detailer support tools – streamline processes, efficiencies, documentation; had a PharmD student that supported the work. Overall, CPDME performs well on the percentage of physicians that are “detailed”, better than or comparable to Ontario and BC.

- Key Challenges: working to cover 1-2 topics/year. Have had a lot of turnover in detailers recently – most are community pharmacists and pharmacists have been short on time due to staff shortages and expanding scope in the sector. Reviewing resources and materials to provide less detail and more focus on detailing. This helps to meet participant needs and keep the detailers fresh. Time resource and consistent compensation for detailers are also challenges.
- Have prioritized improvements for the ADS annual conference. Focused on improving one aspect at a time and keeping what works. First area is expanding the audience and making it more interprofessional – ideally including physicians, NPs, and pharmacists (Maybe PA's as well) on SPC.
- Meeting participants raised the opportunity of doing detailing with specialists, particularly those in rural areas that have expressed interest in PD opportunities. However, it would depend on the topic, as not all would be relevant to a given specialist and would depend on their area.

| High-level Actions | Goal or Objective Action Links To |
|---|--|
| Conferences, presentations <ul style="list-style-type: none"> • Prioritizing based on time and resources available (which events to participate in and topic content) • ADS annual conference (vision/purpose, target audience, format) • Teaching support, recruiting speakers | 1.1 Develop and offer learning opportunities that are diverse, equitable, accessible, and inclusive 1.3 Leverage technology to support accessible and innovative learning opportunities that encourage active learning., 1.4 Create innovative opportunities that encourage active learning. 1.5 Utilize program feedback to enhance program impact and effectiveness |
| Detailing <ul style="list-style-type: none"> • Targets: # visits/participants per year, audience (broader) • ADS materials (new approach, needs assessment) • Workload/region coverage and consistency of delivery of ADS • Virtual detailing | 1.1 Develop and offer learning opportunities that are diverse, equitable, accessible, and inclusive 1.3 Leverage technology to support accessible and innovative learning opportunities that encourage active learning. 1.5 Utilize program feedback to enhance program impact and effectiveness |
| Topic development <ul style="list-style-type: none"> • Targets: # topics per year (goal = 2) • Resource management for content development (DEU) • ADS Materials (same as above) | 1.2 Incorporate evidence-informed planning to develop learning opportunities that respond to both perceived and unperceived needs 1.5 Utilize program feedback to enhance program impact and effectiveness |

Community Hospital Programs and Webinars

- Identified need for skill development and the opportunity to regularly practice different skills.
- Gap in specialties other than primary care accessing CPD. Getting contacted by specialists looking for PD opportunities, especially from rural areas. It would be helpful to learn more about

PD opportunities available to specialists so they can be directed to existing opportunities.

- Need for a broader Planning Committee for clinical webinars (e.g., offered by other Departments at Dal).
- CHP/webinar attendees missing webinars because they forgot/couldn't find the link. Looking at technology to support this so the events can automatically go into participants' calendars.
- Areas of success: we are growing! increased interest, attendance, interaction, etc. (Average CHP = 87, Average Webinar = 76). Originally CHP was designed to be in-person but moved to virtual during the pandemic, and virtual offerings have helped to support participation/attendance as it's more accessible. It continues as hybrid. Some sites wish to continue with virtual programming and others wish to have in person. Will develop opportunities based on site specific needs.
- Investigate ability to provide community specialist support via this program. ? opinion survey required?

| High-level Actions | Goal or Objective Action Links To |
|--|---|
| Host Simulation Sessions (CHP) – Implement for in-person and consider how we could expand to a virtual/hybrid model - Get the template for SIM Development from NAC and work on implementing - Continue conversations with SIM experts on development | 1.3 Leverage technology to support accessible and innovative learning opportunities that encourage active learning. |
| Provide/find access to CME for specialties other than primary care - Reach out to core departments to understand current opportunities for community specialists - Work with Tanya to build a needs assessment to distribute , identify gaps - What are the core specialties? What are we missing? | 1.4 Create innovative opportunities that encourage active learning. |
| Planning Committee - Highlight the opportunity for credits - Better advertisement - Look at planning committee through an EDI lens | 3.1 Work with communities to uncover gaps to inform medical education research and CPD offerings. |
| Implement links to register for specific webinars - Work with MedIT to create Registration links, and “Add to my calendar” options | 1.3 Leverage technology to support accessible and innovative learning opportunities that encourage active learning. |
| Increased attendance – Find out why - Scholarly activity: work with evaluation specialist to find the factors that might relate to our growth - Limit barriers to accessing our programs, i.e., Self register for the e-mail list | 1.5 Utilize program feedback to enhance program impact and effectiveness. |

Conferences

- Produce in-person, virtual and hybrid accredited learning events for health care professionals, including the Fall and Spring Annual Dalhousie Refreshers, Academic Detailing Conference, Thomas and Alice Morgans Fear Memorial Conference.
- Also produce Accredited learning events for third party Dal affiliated partners, such as: Atlantic Canada Stroke Conference, Atlantic Melanoma Meeting, Update in Rheumatology for Primary Care Practitioners, Care by Design Long Term Care. Also provide stand-alone Registration Services for third party Dal affiliated partners, such as: Dal Med Gala and Beatrice Hunter Cancer Research Institute.
- Plan to update the criteria for 3rd party conference coordination services with the following caveats: no multi-day events, no National Conferences, 3rd Party Planning Committee handles sponsorship, 3rd Party Planning Committee has own admin support for minutes and meeting scheduling, no longer offer Pharmacy accreditation for 3rd party conferences.
- Limited in what can be added to the work with the resources available.
- Will be implementing a new platform that will have a big impact and support delivering virtual and hybrid learning and conferences. Important to continue investing in training and new innovations. Will now be able to house virtual content and make it available on demand. Will also make the work more efficient (e.g., streamline/automate follow up for accreditation, gathering info from speakers, etc.). Ongoing PD is needed re: AI and other advanced technologies to support conferences.
- Also want to integrate EDIA process into the work and streamline how conference team works with accreditation team.

| High-level Actions | Goal or Objective Action Links To |
|---|--|
| Re-define criteria to produce 3rd party conferences | 1.0 Excellence in Education 1.1 Develop and offer learning opportunities that are diverse, equitable, accessible, and inclusive. 4.3 Identify areas where overwork occurs and address potential causes of faculty and staff burnout. |
| Acquire more sophisticated platform | 1.0, 3.0 Serving and Engaging 1.3 Leverage technology to support accessible and innovative learning opportunities that encourage active learning. Link to 3.0? |
| Invest in training | 1.0, 4.0 Valuing People 1.3 Leverage technology to support accessible and innovative learning opportunities that encourage active learning. 4.2 Increase engagement in professional development opportunities and CPD resources that support wellness for all. |

Faculty Development

- Faculty Development supports Faculty in their roles as teachers, curriculum developers,

academic Leaders, and Education Scholars. Sometimes this includes people who are teaching but do not have formal faculty appointments.

- Much of the work is done collaboratively with other units in the Faculty of Medicine, as well as with medical education leads located at distributed NS/NB sites.
- There are accreditation standards and other assessed needs in UG and PG related to Faculty Development which guide planning. Offerings include online programs, webinars, face-to-face programming, and stand-alone resources such as podcasts and modules.
- A new course on teaching with technology is beginning in January.
- Participation in medical education research and scholarly work is an identified team priority.
- With team members located in Halifax, Moncton, and Saint John, technology and virtual connection is leveraged to enhance team collaboration and unit productivity; team expansion with the new Cape Breton Medical Campus is anticipated and engagement with those involved in that work is ongoing.
- Important to work with Dean's Office as they develop via HR onboarding curricula to support development and mentoring of new faculty and staff; key importance with Cape Breton Medical Campus developing/opening in Fall 2025.
- The medical school is entering a new era with diverse faculty, staff and learners more than ever before. New offering such as the Anti-oppression modules should potentially be considered mandatory for faculty or strongly suggested in order to both benefit our faculty, but also the medical school's learning environment for faculty/staff/learners and other health professionals.

| High-level Actions | Goal or Objective Action Links To |
|--|--|
| Engage with the new Cape Breton Medical Campus Increase distributed education, support onboarding and mentoring of new faculty | 3.1 Work with communities to uncover gaps to inform medical education research and CPD offerings. |
| Create a new course on teaching with technology Support teachers and educators | 1.2 Incorporate evidence-informed planning to develop learning opportunities that respond to both perceived and unperceived needs. |
| Develop the Clinician Educator AFC at Dalhousie Achieve excellence in education research and scholarship | 1.2 Incorporate evidence-informed planning to develop learning opportunities that respond to both perceived and unperceived needs. 2.3 Strengthen support for graduate students and medical learners pursuing medical education research. |
| Collaborate with the Faculty of Management on leadership education Build capacity for systems change | 1.2 Incorporate evidence-informed planning to develop learning opportunities that respond to both perceived and unperceived needs. |
| Incorporate EDIA and anti-oppression into FD programs; create training and FD resources on EDIA Increase EDIA at Dalhousie FoM, consider mandatory participation in these programs and tie in with AFP deliverables. | 3.3 Support healthcare professional educators and others to be able to effect system change with an anti-oppression and EDIA lens. |

Humanities

- A growing body of literature supports incorporating the humanities into medical education. The CPD humanities series provides opportunities to engage with humanities.
- Humanities are pedagogical tool for difficult to teach competencies including advocacy, communication, and professionalism. They support empathy and wellbeing.
- This Competency-Based Education (CBE) approach aligns with Dalhousie's FoM and CPDME Strategic Plan. It is part of the curriculum for Med 2 and Clerkship students.
- Humanities-based education will work with multiple CPDME stakeholders: medical students, residents, faculty, community members. It focuses on key CanMeds competencies including professional, advocate, and communicator.
- Discussed example of a project currently underway in partnership with the CBC where a resident works with the CBC and pitches story ideas to them for use on the radio (Information Morning). Uses writing and reflection and gives resident experience with the media.
- Discussed a Blueprint document that has been developed with activities related to the humanities across UG, PG and CPD. This can be shared with others in CPDME to give more information about the work in humanities.

| High-level Actions | Goal or Objective Action Links To |
|--|---|
| Support Advocacy Medical Competency Education using the Humanities as a pedagogical tool | 2.1 Engage with under-served and rural communities to help identify and prioritize research topics. |
| Support Professional Identity Formation using the Humanities | 3.1. Work with communities to uncover gaps to inform medical education research and CPD offerings. 3.3. Support healthcare professional educators and others to be able to effect system change with an anti-oppression and EDIA lens. |
| Support Communication Medical Competency Education using the Humanities as a pedagogical tool | 1.1. Create innovative opportunities that encourage active learning. 2.4 Translate research findings and share with the medical education community. |
| Engage with learners at the levels of UGME, PGME, Faculty and Community levels | 1.2. Incorporate evidence-informed planning to develop learning opportunities that respond to both perceived and unperceived needs. 1.4 Create innovative opportunities that encourage active learning. 4.4 Develop and provide opportunities to meaningfully acknowledge and reward faculty and staff (including grant paid staff) across CPDME and the Faculty of Medicine. |

Medical Education Research

- Key successes: Annual Program offerings are running well and continue to gain momentum. Maintained a high level of research activity.
- House a number of different programs and offerings (e.g., relationship with Acadia University to offer a Masters to health professionals). Virtual program delivery has been helpful.
- One challenge is identity: The research unit is going through a bit of an identity crisis. Anchored by history (DME & CME) but role ambiguity/lack of clarity around deliverables/expectations.
- Unit wants to be known for conducting and disseminating rigorous and critically oriented qualitative research in medical education and wants to build capacity in medical education research.
- Another challenge is that feelings of belonging can sometimes be dictated by funding streams. Leads to variation in funding and salaries. Always thinking about how to provide a living wage, keep staff employed, and build capacity.
- Research unit is expected to bring in funds and this can create pressure or tension. Precarious funding can lead to people having different experiences/access to resources and supports.
- Looking to expand the team with another PhD researcher. Most interested in engaging a clinician and someone with a qualitative research focus.

| High-level Actions | Goal or Objective Action Links To |
|---|--|
| Build an identity that focuses on our strengths: rigorous, critically oriented qualitative research in medical education Ensure we are supported to: <ul style="list-style-type: none"> • secure ongoing research funding (prioritizing Tri-Council funding) • disseminate findings in traditional and non-traditional formats • recruit additional faculty researcher with complimentary worldview/skillset | 2.2 Expand opportunities for supporting clinicians and basic science faculty to engage in education research and scholarship. 2.4 Translate research findings and share with the medical education community. |
| Manage the realities of being the academic home for medical education research in a department focused on service providing/continuing education <ul style="list-style-type: none"> • Support capacity-building, including graduate students • Value people in grant-paid roles • Continue offering programs | 2.3 Strengthen support for graduate students and medical learners pursuing medical education research. |

Review of All Actions and Gap Areas

In addition to all of the actions identified at the unit level, there are some areas in the planning framework where no specific unit-level actions were identified. These include:

- 4.1 Build a psychologically and culturally safe and brave environment internally, then externally. (no linked unit-level actions)

- 4.5 Develop and communicate resources that demonstrate authentic commitment to safe spaces and EDIA. (no linked unit-level actions)
- 2.1 Engage with underserved and rural communities to help identify and prioritize research topics. (only one linked unit-level action)
- 2.2 Expand opportunities for supporting clinicians and basic science faculty to engage in education research and scholarship. (only one linked unit-level action)
- 3.2 Design a purposeful and socially accountable approach to engage priority communities (Black, Indigenous, rural, other). (only one linked unit-level action)
- 4.2 Increase engagement in professional development opportunities and CPD resources that support wellness for all. (only one linked unit-level action)
- 4.3 Identify areas where overwork occurs and address potential causes of faculty and staff burnout. (only one linked unit-level action)
- 4.4 Develop and provide opportunities to meaningfully acknowledge and reward faculty and staff. (including grant paid staff) across CPDME and the Faculty of Medicine. (only one linked unit-level action)

It was noted that some of these objectives will be addressed by leadership and at the department level (e.g., psychologically and culturally safe and brave environments) and others can be incorporated into unit-level actions.

Meeting participants divided into small groups to discuss the gap areas and came up with some suggestions for other potential actions:

- To create a more psychologically safe and brave environment, need to make sure the expectations are explicit (e.g., ask for information about learning objectives, choice of speakers, and how these meet the need for safety). Gather info about the pedagogical approach and how it will support a safe learning environment. Then evaluate after events/learning to see if objectives were met, and don't work with individuals that don't meet these expectations.
- Need to define a psychologically and culturally safe and brave space. Noted that this is an ongoing process and will evolve over time.
- It will be helpful to network with others doing work related to social accountability and EDIA. Work is being done in this area in many small ways but is not always captured.
- Ask presenters to be explicit about how they are addressing social accountability. Also consider EDIA in choice of speakers, award winners, etc.
- Consider how content presented at conferences can be de-biased.
- Consider how best to engage priority communities in research. Need to do this in a respectful way that is community-led. Feel it would be helpful to have guidance in this area.
- Want to do more translation of research into clinical work. Clinicians within CPDME can provide guidance on this.

Next Steps

To continue the planning work, the following next steps are proposed:

- Finalize the vision and mission based on input provided at the meeting (see updated/revised versions in the [Appendix](#)).

- Faculty Development unit (and potentially others) are interested in learning more about learning opportunities that are planned/available for specialists in rural areas.
- An in-service related to EDIA from Dal's Office of Equity and Inclusion is planned for March 2024.

Appendix: Planning Framework

Vision: Excellence in transformative continuing professional development and education research that builds healthier communities

Mission (revised July 2024): To foster medical education research and evidence-informed learning that advance excellence in medical education and clinical care for physicians, scientists, and healthcare professionals in the Maritimes

The CPDME Strategic Plan includes four strategic directions that are aligned with the Faculty of Medicine's Strategic Plan: Excellence in education, High-Impact Research, clinical care, and social policy and advocacy. Each strategic direction includes a goal and objectives.

Strategic Direction: Excellence in Education

Goal: Evidence informed CPD that is responsive to both perceived and unperceived needs of learners across the continuum.

Objectives:

1. Develop and offer learning opportunities that are diverse, equitable, accessible, and inclusive.
2. Incorporate evidence-informed planning to develop learning opportunities that respond to both perceived and unperceived needs.
3. Leverage technology to support accessible and innovative learning opportunities that encourage active learning.
4. Create innovative opportunities that encourage active learning.
5. Utilize program feedback to enhance program impact and effectiveness.

Strategic Direction: High-Impact Research

Goal: Research that advances understanding and innovation in medical education across the continuum.

Objectives:

1. Engage with underserved and rural communities to help identify and prioritize research topics.
2. Expand opportunities for supporting clinicians and basic science faculty to engage in education research and scholarship.
3. Strengthen support for graduate students and medical learners pursuing medical education research. Consider: Financial, logistical, and academic support
4. Translate research findings and share with the medical education community.

Strategic Direction: Serving and Engaging Society

Goal: Excellent healthcare responsive to patient and community needs and realities through scholarship, outreach and engagement, and professional development.

Objectives:

1. Work with communities to uncover gaps to inform medical education research and CPD offerings.
2. Design a purposeful and socially accountable approach to engage priority communities (Black,

Indigenous, rural, other).

3. Support healthcare professional educators and others to be able to effect system change with an anti-oppression and EDIA lens.

Strategic Direction: Valuing People

Goal: A psychologically and culturally safe environment where collectively, faculty, staff, and those we serve feel seen, trusted valued, engaged, and supported.

Objectives:

1. Build a psychologically and culturally safe and brave environment internally, then externally.
2. Increase engagement in professional development opportunities and CPD resources that support wellness for all.
3. Identify areas where overwork occurs and address potential causes of faculty and staff burnout.
4. Develop and provide opportunities to meaningfully acknowledge and reward faculty and staff (including grant paid staff) across CPDME and the Faculty of Medicine.
5. Showing support in other areas that matter: functional and comfortable office space, appropriate equipment, etc.