

# CPDME Global Needs Assessment Report



The CPDME Global Needs Assessment identifies **current clinical and academic medicine** learning needs for practicing physicians in the Maritimes.

Reporting on the current learning needs of physicians is vital to the mission of Continuing Professional Development and Medical Education which aims to offer *innovative*, *inclusive*, *responsive*, and evidence-based learning to health professionals, and advances excellence in medical education and research with translation into practice.

This report targets maritime-based CPD providers, both **internal and external to Dalhousie University**, serving as a resource for informing curriculum development, instructional methods, and evaluation to ensure alignment with evolving healthcare practice needs. The findings draw from a three-year review of CPDME evaluations, research, patient feedback, and insights gathered from regulatory and other healthcare organizations. These results are designed to guide programming decisions over the next three-year cycle. This initiative complements existing processes within CPDME, and the CFPC and RCPSC criteria for accredited programs.

The present report emphasizes priority topics that CPD planning committees should consider incorporating. Moving forward, implementation will be bolstered by evaluation results and documentation of challenges and successes. These stories will be shared to inform the continuous improvement of CPD programs, and ultimately, enhance patient care.

# MESSAGE FROM OUR ASSOCIATE DEAN

How do CPD providers support compassionate, evidence-based, and patient-centered care in an everevolving healthcare landscape?

CPD providers play a critical role in meeting ever-evolving healthcare needs. At Dalhousie CPDME, we hold this responsibility with unwavering dedication, and our mission is to be at the forefront of physician education, setting new standards and driving the future of patient care.

To achieve our vision, we actively engage with leading experts, healthcare providers, and institutions to ensure our offerings are consistently up-to-date and relevant. The priority areas for CPD providers described in this report are informed by the recommendations from our internal three-year review of physician learning needs. We understand that the challenges healthcare providers face are ever-evolving, and we are committed to staying ahead of these changes.

We look forward to continuing our journey towards a brighter, healthier future for all.



Dr Stephen Miller, CPDME Associate Dean

"Education is the most powerful weapon which you can use to change the world."

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-Nelson Mandela

# PRIORITY AREAS

There are six priority areas to guide CPD providers over the next three years. While they are all important and interrelated, some will be more relevant depending on how they align with existing strategies and goals.

#### Balance program content

Plan program content that strikes a balance between established and emerging topics, and recognizes diverse perspectives.

### Address CanMEDs domains

Develop programs that address multiple domains of the CanMEDS competency framework.

### Focus on communication and collaboration skills

Promote effective communication and collaboration among healthcare professionals and patients, and foster compassion and empathy in care.

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### Address systems change

Support initiatives to address systems change and optimize the provision of care, focusing on healthcare disparities and oppressive practices, planetary health, and responsive and resilient healthcare.

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### Leadership in faculty development

Promote excellence in academic and clinical teaching, that encourages psychological safety in learning, engagement of diverse learners, incorporation of arts-based medicine, and physician wellness (among self and others).

### Enhance program delivery

Continue to explore technology and delivery of virtual learning, and enhance physician engagement and active learning opportunities across all program formats.

# SOURCES OF DATA

We use a multisource needs assessment strategy to identify perceived and unperceived learning needs.

| Data<br>source                        | Details   | Primary areas of concern  |
|---------------------------------------|---|---|
| Physician<br>feedback                 | Survey data from 400+<br>accredited CPDME programs<br>(2020-2022)<br>CanMEDS-based survey of<br>Maritime-based physicians<br>Survey of International Medical<br>Graduates   | <ul> <li>Mental health,<br/>management of<br/>chronic conditions,<br/>geriatrics and end of<br/>life care, women's<br/>health, gender<br/>affirming care,<br/>culturally and socially<br/>based care, ADHD,<br/>and skills training.</li> </ul> |
| Patient<br>feedback                   | Patient survey (Mini Medical<br>School Participants & Volunteer<br>Patient Program at local hospital)<br>Patient feedback from Colleges<br>of Physicians and Surgeons of<br>Nova Scotia and Prince Edward<br>Island | • Communication,<br>referrals for end of life<br>care, virtual care,<br>documentation,<br>cultural humility.  |
| Healthcare<br>and research<br>reports | Choosing Wisely Canada<br>Canadian Institute for Health<br>Information<br>Canadian Medical Protective<br>Association<br>Internal CPDME evaluation and<br>research projects  | <ul> <li>Antibiotic<br/>stewardship,<br/>screening and<br/>assessment, opioids,<br/>virtual care, cultural<br/>humility, mental<br/>health, frailty,<br/>planetary health, anti-<br/>oppression, and<br/>systems change.</li> </ul>             |

### CanMEDS Framework for Physician Competence

The CanMEDS framework defines the abilities needed by physicians across the educational continuum and serves an essential role in guiding the delivery of medical education and practice in Canada. This framework includes the domains: medical expert (integrating role), communicator, collaborator, leader, health advocate, scholar, and professional.

### Internal review of CPDME programs

CanMEDS roles addressed across 398 accredited sessions 75% (2020 - 2023)of programs 80 addressed clinical 70 medicine (medical 60 expert content) 50 40 7% 30 20 of programs 10 addressed 0 communication topics Medical expert Communicator Collaborator Leade Health Scholar Professional advocate CanMEDS roles addressed across 398 accredited sessions (2020-2023)

We conducted an analysis of **learning objectives** from clinical and academic medicine programs and mapped them to each of the six CanMEDS roles

The CanMEDs framework is undergoing review to ensure that the competencies align with current medical needs, support medical education providers, and the implementation needs of healthcare organizations. The updated competencies are expected in 2025 and will improve how medical education providers:

- Support the goals of anti-racism and anti-oppression
- Support the goal of equity, diversity, inclusion, and accessibility
- Respond to current societal needs and those expected in the next 10 years, including the <u>Truth and Reconciliation Commission recommendations</u> as well as new themes such as planetary health, which will be addressed with the addition of new competencies

Our needs assessment identified physician learning needs across all six CanMEDS domains.

# LEADERSHIP IN ACADEMIC MEDICINE

The Thomas and Alice Morgans Fear Memorial conference brings together scholars, practitioners, learners, decision makers and the public to advance collective knowledge and action on healthcare issues. Conference attendees are invited to share goals for change following the conference.



Planetary Health in Medicine

2021 FEAR Memorial Conference

- 97% intended to make changes
- Greatest opportunities for change were continued education, reduced waste, leadership engagement, and advocacy.

### Anti-Oppression in Academic Medicine

- 2022 Fear Memorial Conference
- 90% intended to make changes
- Greatest opportunities for change were continued education, inclusive admission & leadership positions, taking action to address microaggressions in clinic and teaching, advocacy, improved terminology, and inclusive assessment.



Resilient & responsive health systems

2023 FEAR Memorial Conference

- 78% intended to make changes
- Greatest opportunities for change were engaging leadership, intersectoral collaboration, evidence-based practice, and implementation.



## ENHANCING VIRTUAL PROGRAM DELIVERY

# Engagement in CPD is driven by program delivery as much as it is by content.

Post-pandemic, many of our programs remain virtual or hybrid. We are exploring faculty development and resources to promote tech-savvy speakers and moderators, fostering engaging learning for virtual and hybrid audiences.

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#### Faculty Development

 Invest in faculty development and resources to empower speakers and moderators to create active learning opportunities, including the effective use of technology to enhance engagement and learning for both in-person and virtual audiences.

#### Active learning and engagement

• Explore strategies to support speakers and moderators to encourage reflection and active learning, such as assessments, polling, quizzes, and small group work in breakout rooms.

#### Technology

• Explore virtual learning platforms that will enhance learner engagement, including virtual networking possibilities, providing chat access for both inperson and virtual participants, enabling the upvoting of comments/questions, and facilitating resource sharing.

### We wish to recognize those who supported this work, including our internal and external collaborators.

Jane Harris, Program Coordinator, Dalhousie CPDME Rachel Baker. Program Coordinator, Dalhousie CPDME Physicians and other health professional participants from Dalhousie CPDME programs Nova Scotia Health Authority Volunteer Patient Program College of Physicians and Surgeons of Nova Scotia College of Physicians and Surgeons of PEI Mini Medical School Participants Canadian Institute of Health Information Canadian Medical Protective Association Choosing Wisely Canada

We thank you for your continued support in our efforts to advance CPDME.

### CONTACT

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