The Paediatric Insider

2015/2016

CME Annual Report

Schulich MEDICINE & DENTISTRY

Children's Hospital London Health Sciences Centre

Western

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Message from the Chair/Chief

As Chair/Chief of the Department of Paediatrics it is my pleasure to acknowledge the hard work and dedication of our faculty in developing, preparing and presenting Continuing Medical and Professional Education not only locally and regionally but also nationally and internationally. As child health care evolves and increasingly involves health care providers form a range of disciplines Continuing Education becomes a more and more critical part of professional practice. At the end of the day, committing to Continuing Education is committing to child health care.

Michael Rieder MD Ph.D FRCPC FAAP
FRCP(Glasgow) FRCP(Edinburgh)
Chief of Paediatrics, Children's Hospital
Chair, Department of Paediatrics
Distinguished University Professor
Schulich School of Medicine & Dentistry
Western University

"At the end of the day, committing to Continuing Education is committing to child health care."

Message from the CME Director

We are engaging in the practice of medicine in times of rapid technological advances leading to growing scientific knowledge, improved education techniques and increased access to information. Continuing Medical Education in the twenty-first century is mandated to be accountable in facilitating high quality scientific knowledge and demonstrating physician practice improvement.

In the fall of 2015, I assumed the role of CME Director in the department of Paediatrics and since then, it has been an eventful time for CME Paediatric program at the Children's Hospital as we have continued to grow, adapt, and remain open to new ideas. We are in pursuit of a truly dynamic, learner focused approach.

The Mission of our CME program is to promote medical education that is effective, ethical and evidence based, and strive for continuous quality improvement. Our Vision is to provide high quality knowledge, skills, and inter-professional learning opportunities in a variety of settings for Physicians and other health care providers in Southwestern Ontario.

To achieve CME's Mission and Vision, our committee members and valued stakeholders worked hard on developing a strategic plan for the next five years. Our goal is to work towards being leaders in medical education by focusing on five pillars of strategic direction:

1. Program planning and delivery
2. Leadership in education
3. Integrating technology to improve education & communication
4. Fostering collaboration within the hospital and regional partners
5. Sustainability of CME program

We are committed to ongoing evaluation and continuous improvement of our CME program and educational approaches. Annually, we will evaluate to ensure we are progressing towards achieving our goals in medical education. It is important for healthcare providers to continue to grow and expand their knowledge and hence, the Paediatric CME program is committed to providing appropriate opportunities. I thank you for sharing your ideas so generously. Our strategic plan is stronger because of your contribution.

I leave you with a quote that encompasses our philosophy:

"The capacity to learn is a gift; The ability to learn is a skill; The willingness to learn is a choice."

Dr. Rahul Ojha MBBS, DCH, MD, FRACP (Australia)
Paediatrician, Children's Hospital-LHSC.
Assistant Professor, Schulich School of Medicine & Dentistry,
Western University.

Our Team

Dr. Rahul Ojha

Dr. Andrea Andrade

Dr. Dirk Bock

Dr. Guido Filler

Dr. Tamara VanHooren

Dr. Doreen Matsui

Dr. Narayan Prasad

Dr. Jennifer McLean

Dr. Amita Misir

Dr. Anna Gunz

Dr. Jamie Wickett

Mr. Felix Harmos

Mr. Doug Jowett

Mission: To promote Medical Education that is effective, ethical and evidence based, and strive for continuous quality improvement.

Vision: To provide high quality knowledge, skills, and inter-professional learning opportunities in a variety of settings for Physicians and other health care providers in Southwestern Ontario.

Goals:

- Ensure regular assessment of delivered CME content and inclusion of unmet learning needs into programs developed and co-developed by CME Paediatrics.
- Continue to organize a regional Paediatric conference on an annual basis.
- Develop curriculum for the outreach education program.
- Supporting faculty education and development
- Utilise technology to improve program visibility
- Develop an informative, easily navigatable CME Website
- Improving and updating the constructive presence on social media.
- Supporting the educational development within the department and across southwestern Ontario
- Ensure operations are sustainable

In Focus - Our Conferences

Over 700 attendees

Over 50 Speakers

7 Different Conferences

Children's Hospital Paediatric Update Conference

The Children's Hospital Paediatric Update is an annual conference with objectives to provide medical professionals an opportunity to learn about common and important medical problems in children. It focuses on up-to-date & evidence based strategies to manage general paediatric problems. 2016 was the inaugural year for the Paediatric Update and it attracted over 165 people in attendance.

Genetic's Update

The Genetics Update is an annual event which provides healthcare professionals the opportunities to learn about evolving trends in genetics and available genetic testing techniques. The attendees are informed about the potential benefits they can reap from the wide variety of genetic services offered. The Genetic Update consistently draws out a large audience.

"An investment in knoweldge pays the best interest." ~Benjamin Franklin

Canadian Paediatric Emergency Medicine Review Course

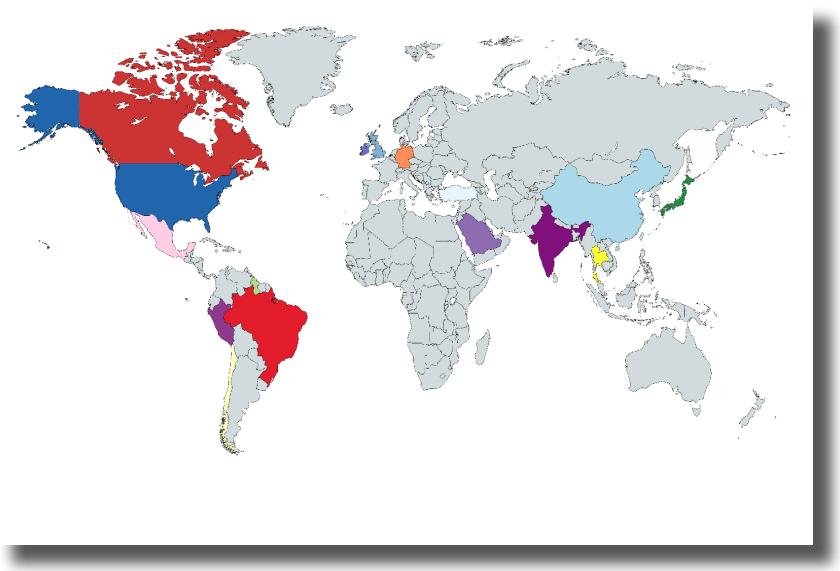
The course is a national, annual course that offers trainees and consultants from across Canada the opportunity to consolidate and update their knowledge in core topics in Paediatric Emergency Medicine. This is a 2 day comprehensive course that provides a case based approach, embedding up to date literature, for consultants and trainees requiring both practical and exam preparation knowledge for emergent illnesses in children. It also has a mini paediatric bedside ultrasound workshop in which attendees can get practical, hands-on skills by certified paediatric emergency consultants.

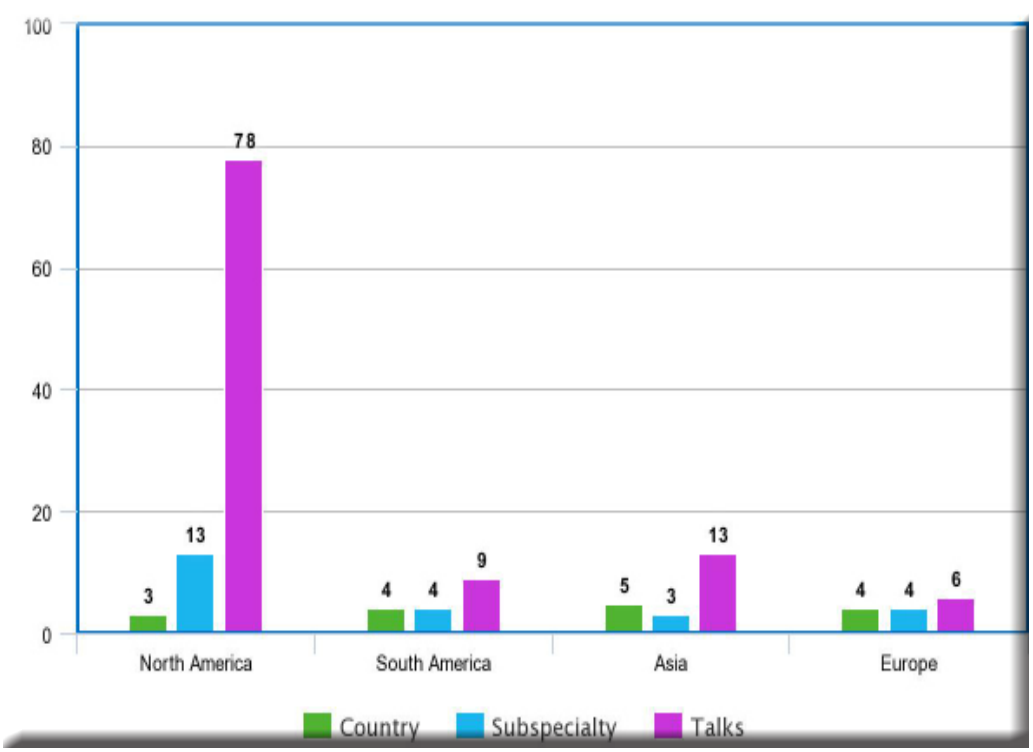
Paediatric Emergency Medicine Refresher Course

The Paediatric Emergency Medicine (PEM) Refresher Course presents an opportunity for health care providers to learn about the current standards of care in emergency medicine for children and youth. Beginning in 2015, this course has occurred annually and has successfully drawn out over 175 participants each year. This refresher course is designed to run in a four-year cycle with an age-based focus for each year (e.g. infant, toddler/preschooler, school-age and adolescent).

Impact

Our CME Activites Around the World



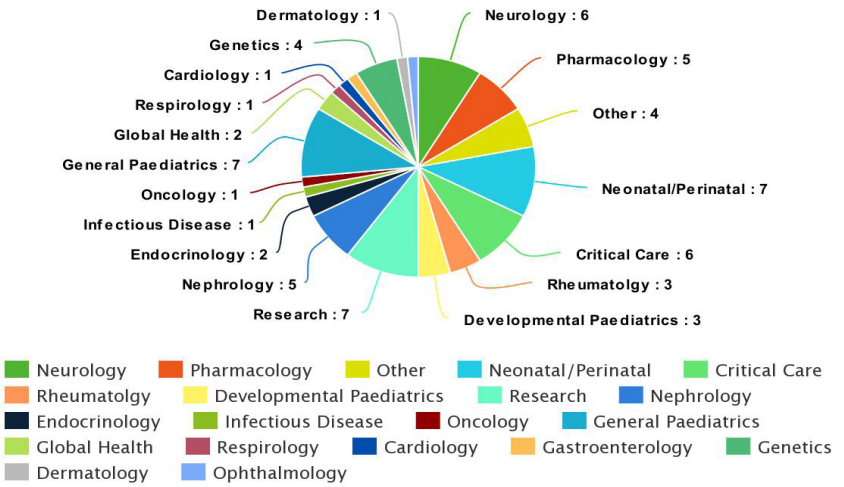


Faculty members of the Department of Paediatrics have travelled all over the world to share their knowledge.

Spotlight

Educational Activities we Provide

Grand Rounds Speakers



Ethic Rounds:

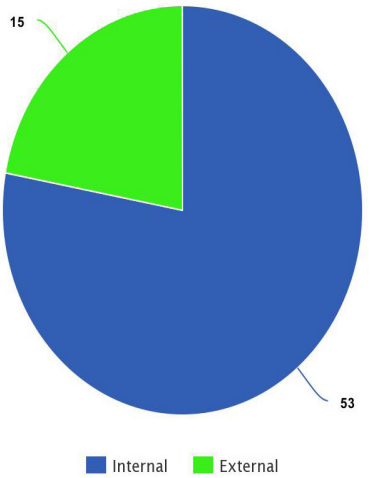
Department of Paediatrics Ethics Rounds occurs quarterly from 12-1pm at the Children's Hospital throughout the year. These rounds are designed to encourage a rich interactive discussion focusing on the ethical principles in question through discussion of a particular clinical case or case composite. It is a forum for information exchange and learning for all. The lectures are presented by faculty and trainees of the Department of Paediatrics at the Children's Hospital. Paediatric Ethics Rounds is accredited by the Royal College as a Category 1 Continuing Professional Development activity.

Grand Rounds:

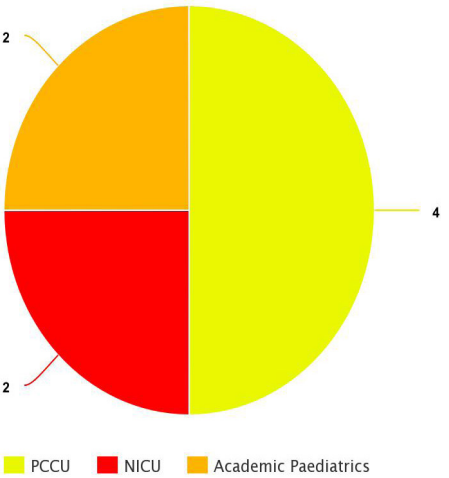
Paediatric Grand Round lectures take place every Wednesday from 08:00 - 09:00 AM in the Children's Hospital from September through June. These rounds cover a wide range of basic and clinical science topics relevant to paediatrics and are designed to discuss and evaluate cutting-edge topics relevant to contemporary paediatric practice. Grand round is a forum for information exchange and display excellence in paediatric research and education. The lectures are presented by faculty members of Western University and guest faculty from around the country and the world. These Rounds are accredited by the Royal College as a Category 1 Continuing Professional Development activity.

50-80 Attendees per session

Internal vs. External Grand Rounds Speakers



Ethic Rounds Presentation Per Division



Simulation:

Our paediatric simulation program has grown tremendously in the short 2.5 years of its existence. We currently have programs that span undergraduate, postgraduate and consultant level multi-disciplinary training. We are well on our way to becoming one of the pre-eminent paediatric simulation programs in the country. Following are the various simulation educational activities in department of Paediatrics.

1. Paediatric Residents and clerks Simulation Sessions throughout various rotations (Paediatric Emerg, PCCU and NICU).
2. Multi-disciplinary CTU Simulation session run by senior residents for junior residents and nurses on floor.
3. Multi-disciplinary Mock Codes run in various areas of the hospital, code pink team (including residents) responds.

4. Paediatric CME Training sessions. This is a simulation program, running in-situ simulations in the ED involving consultants, nurses, RTs, SW, and unit clerks to improve system and team dynamics during resuscitation in the ED.

"Education is the most powerful weapon which you can use to change the world" ~ Nelson Mandela

Outreach Education Program:

Continuing Medical Education (CME), Department of Paediatrics plans to offer an Outreach Education Program (OEP) developed in conjunction with the Southwestern Ontario Maternal, Newborn, Child and Youth Network (MNCYN) and Paediatric Simulation committee. It will provide specific learning opportunities for physicians in practice and other health care professionals in the region. We are proud to share the expertise of our physicians and educators in providing OTN lecture series and outreach hands-on skills workshops, such as simulation workshops. Our overall goal is to share our collective knowledge base with our regional partners.

Outreach Education Program -

Aim: To provide high quality evidence based knowledge, skills, and inter-professional learning opportunities for Physicians and other health care providers.

Target group: Family Physicians, Emergency physicians, Nurse Practitioners, Nurses, Allied health professionals and educators in our region.

Learning Format:

1) Live lecture (case based interactive sessions) through webcast/OTN.
2) On site simulation workshops.

Certified Courses (PALS, APLS, NRP)

Certified courses are provided on regular basis

Clinic Corner

Complex Neurodevelopmental Disorders Clinic

Provide developmental assessment and diagnosis for young children (toddler, preschool & early school age) with developmental delays and/or suspected cognitive impairment

Support transition to school entry for children with complex developmental diagnoses.

Complex Care Clinic

A multi-disciplinary Paediatric Complex Care Outpatient Clinic was started at Children's Hospital LHSC in November 2016. This clinic is part of the provincial initiative Complex Care Kids Ontario (CCKO) with the Provincial Council of Maternal and Child Health. This clinic is designed to support children with medical complexity and their families and will run with physician, nurse practitioner, nursing, dietitian, and social work support.

Chronic Pain Clinic

It is an inter-professional clinic that provides assessment and follow-up for children and youth with chronic pain. Patients are seen by the team for an initial assessment during which the "3 P's" of pain are assessed, and on which follow-up recommendations are made. The three components of treatment for chronic pain include physical, pharmacological and psychological.

Viewpoint

Department of Paediatrics Simulation Program

Dr. Gurinder Sangha

"Simulation is a technique – not a technology – to replace or amplify real patient experiences with guided experiences, artificially contrived, that evoke or replicate substantial aspects of the real world in a fully interactive manner." - David Gaba, MD

The first question we often hear in the Paediatric Simulation Program is "What is simulation?" David Gaba's explanation is likely the best description of what is meant by simulation. Simulation has long been a component of medical education, even if perhaps we didn't call it "simulation". Whether it was learning to take histories from standardized patients or suturing on a rudimentary model made of an operating room towel, we all participated in simulation activities throughout our medical training.

Although simulation is not about technology, advancements in technology have allowed us to more closely replicate the real clinical environment. Simulation in the aviation and military fields began in the 1930s. In medical education Resusci Anne, developed by Norwegian toy-maker Asmund Laerdal and colleagues in 1960, was the first medical simulation mannequin developed. At the time, Anne was developed to help teach the "new" concept of mouth to mouth ventilation. Modern day high-fidelity computerized mannequins were not developed until the 1990's and have been the most prominent innovation in medical education over the past 15-20 years.

Simulation education draws on two major concepts of learning theory: experiential learning and emotional learning. Experiential learning as described by Kolb, is an adult model of learning in which one lives (or simulates) a concrete experience and then reviews and reflects on the experience. This leads to concluding and learning from that experience and then planning and applying what was learned on the next experience. The simulation and debriefing model is based on this concept of experiential learning. The other concept, emotional learning, reflects the fact that one's emotional state during a learning experience influences retention. Highly activated states tend to help preserve learning. It's the reason why we all can remember that "one patient" that caused us to feel stressed, confused, and/or excited.

Well run simulation sessions have been shown to increase cortisol levels and sympathetic responses in participants, creating an active learning environment, maximizing education and retention for participants.

Simulation also takes aim at the traditional silo approach to medical education. Success in the healthcare arena is dependent on teamwork. Despite this, our education system has been setup with very little multidisciplinary learning opportunities. The traditional thinking seemed to be that if physicians, nurses, and allied health staff were well trained individually, when they came together in a high stress environment, they would seamlessly work together without issue. We know this to be false; interestingly, studies have found that up to 80% of all medical errors are due to teamwork skills as opposed to deficits in medical knowledge or skills. Concepts of crisis resource management including teamwork, communication, fixation errors, and priority setting are generally not well taught, if taught at all. It is illogical to think that somehow these skills are important for professionals in other high-risk fields, such as aviation, yet in medicine they don't apply. Simulation provides a venue to teach and practice these skills, so that we can translate them to the patient setting.

Simulation truly has the potential to revolutionize health care and address patient safety issues in a way that is unique and exciting. The old paradigm in medicine of see one, do one, teach one is antiquated and unacceptable in an age of patient centered care and patient safety. Simulation provides a controlled environment to develop and refine the skills needed to provide the best quality care to our patients.

The Simulation Program at Children's Hospital currently runs multidisciplinary educational programming at the undergraduate, postgraduate and continuing medical education (CME) levels. Outreach Simulation CME events have occurred in Goderich, Stratford and Chatham. CME courses utilizing simulation will be available in the new Women's and Children's Simulation Center in 2017/18.

Resident Column

Child Health in the 21st Century

Dr. Michael Rieder

Over the past century we have made great strides in child health such that a paediatrician from 100 years ago would stand in wonder at our ability to cure cancer, manage trauma and care for extremely premature infants. Despite these great strides – and between vaccination, specific drug therapy and public sanitation we indeed reduced child mortality in the first five years of life from 5% to 0.5% - challenges remain in the management of children.

These include the emergence of new diseases while the survival of children who have most certainly died previously has resulted in cohorts of children with chronic and complex disease.

As well, the genetic and therapeutic revolution of the past ten years has resulted in new diagnostic and prognostic markers as well as a wide range of new therapies, many of which are biological agents that are quite different from the small molecular therapies we have grown accustomed to.

While this new knowledge and the development of Precision Medicine provides tremendous new opportunities there are also enormous challenges, including what novel biomarkers mean for diagnosis and prognosis, which therapies should be used for which patients and how these therapies can be provided, including access and availability.

Given this context, child health care providers need to be thoughtful, open and engaged in continuous quality improvement, with robust and readily accessible Continuing Professional Development being an integral and essential component of state of the art care for children.

Multimedia Learning in Medicine

Dr. Amrit Kirpalani

As the practice of medicine continues to evolve, with new information regarding diagnoses and treatments, so too does our access to this information. From the undergraduate level through postgraduate training, medical education itself has undergone significant paradigm shifts. There has been a push away from the didactic model of teaching, towards problem- and team-based learning. For residents, competency-based education has been on the horizon and innovative instructional strategies are emerging. Continuing medical education may not be immune to these changes as practitioners are making use of various sources and media to stay up to date with their colleagues and hone their skills.

Today we can see examples of multimedia learning on a daily basis. One must look no further than the smartphones in the palms of providers on the wards or in clinic. Information previously reserved for journals and textbooks is now commonly retrieved from mobile apps or websites. Practitioners are also making use of various other unconventional sources for educational purposes: YouTube videos to help hone procedural skills, Podcasts to review specific topics of interest, Google Images to find flowcharts or physical exam findings, and many more.

With countless resources at our disposal, and countless more continuing to surface, the opportunities for self-directed learning and continuing medical education are endless. As adult learners, we can identify which medium works best for us and take advantage of the available resources. Of course, with the widespread availability of these tools, we must identify which of these sources are trustworthy. Many popular apps, podcasts, websites, and videos are lacking peer-review. Despite this, they remain widely-used and are viewed favourably by many in the medical community.

As learners in 2017 we have been gifted with innumerable tools to help with day-to-day practice and continuing education. These sources are invaluable to our learning and we should advocate for more peer-reviewed multimedia resources as part of our CME moving forward.

Social Paediatrics Curriculum Development

Dr. Jacqueline D. Ogilvie

As paediatricians, the impact of social determinants of health on our patient population is an important consideration – children do not exist in isolation, but rather within a dynamic network of caregivers and systems responsible for their care, education and well-being. It is essential to recognize the effect that these networks and systems have on a patient's health. Acknowledging the burden of a single parent or other multi-stressed household, for example, noting a parent's literacy level, or recognizing the systems barriers a family may be facing in their attempts to follow through on recommendations are all important determinants in a patient's health. And while some of these factors may – at times – slip our notice during busy clinic assessments, their effect remains.

How did we learn to appreciate the role these "non-medical" factors play in health and illness? How did we learn to advocate for our patients or to empower them to advocate for themselves? Likely, it has been some combination of our own life experience, practice experience, guidance from a good mentor and possibly, a little trial and error.

Learning 'Social Medicine' is often not explicitly taught in the way that we teach residents about congenital heart disease or treatment of acute otitis media. We expect that residents will learn the social aspects of disease and wellness through the apprenticeship model of medicine: experience, practice and guidance.

The concept of Social Medicine and Social Pediatrics can be confusing as definitions vary depending on the source. Yet common to all definitions is the recognition that the continuum between wellness and disease has influences far beyond the biomedical sphere—wellness is influenced by societal, cultural, economic, environmental and political factors. Clearly, social pediatrics is broad in scope and thus a challenge to formalize into a resident curriculum.

This is a challenge that our department is now undertaking. A Social Paediatrics Curriculum Development committee has been established and is working with one of our pediatric social workers, Jill Sangha, to create a meaningful and sustainable longitudinal curriculum for our residents. Jill Sangha is supported by a 1-2 year grant from the Associated Medical Services (AMS) Phoenix Fellowship Program, to help formalize and establish a Social Paediatrics curriculum.

As part of curriculum development, the committee consulted with faculty and residents to create a definition of Social Pediatrics that was meaningful for our context.

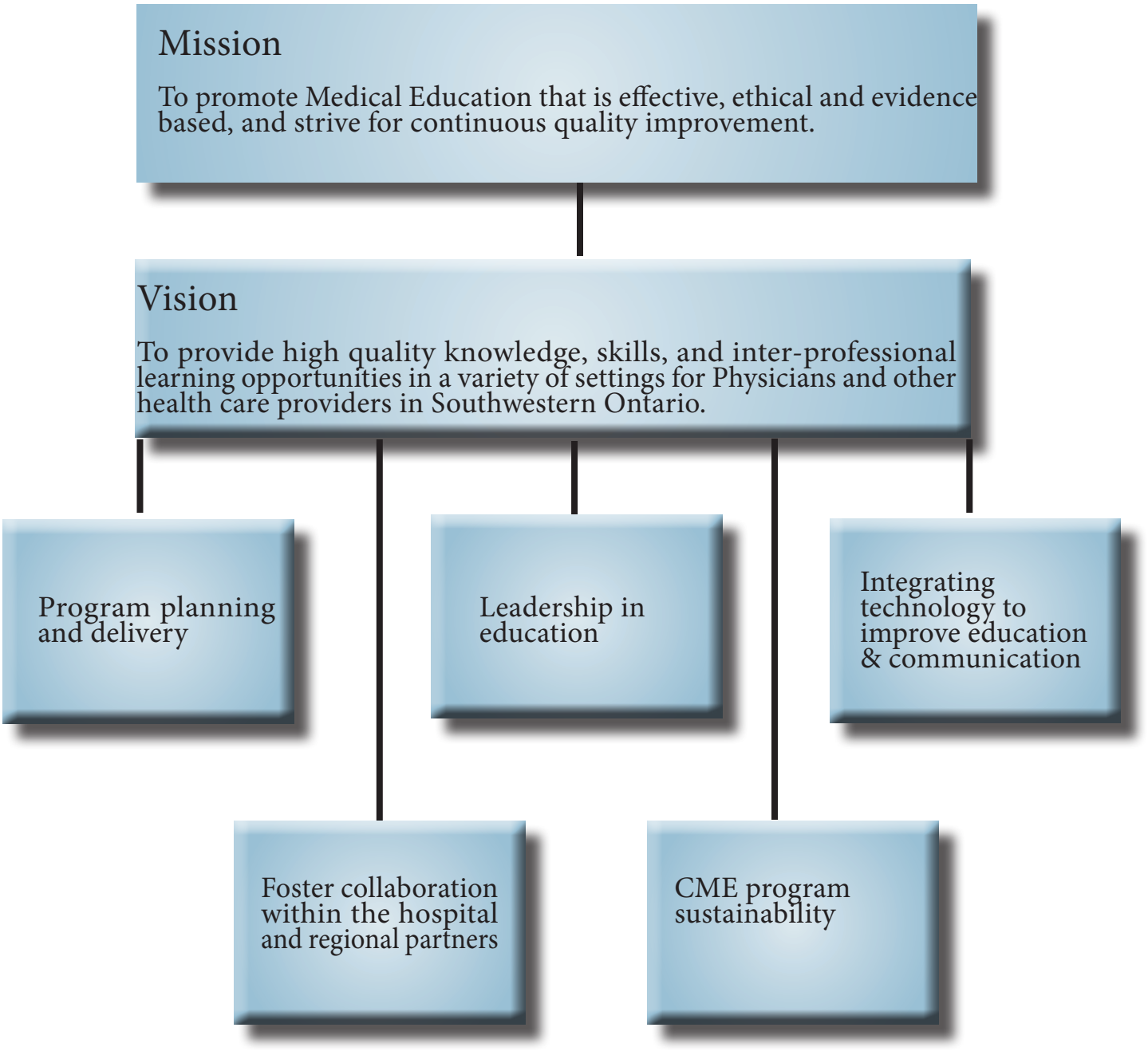
A global, holistic, and multidisciplinary approach and application to child health; it considers the health of the child within the context of their society, environment, school, and family, promoting and integrating the physical, mental, and social dimensions of child health and development as well as care, prevention, and promotion of health and quality of life. This comes with the recognition that family, educational, social, cultural, spiritual, economic, environmental and political forces affect the health & functioning of children.

We anticipate that the curriculum will have four key components:
1.Formal education sessions to introduce residents to important theory and evidence within Social Medicine. All sessions will combine a didactic, theory or knowledge based component with a practical component to highlight application.
2.Community based experiences woven throughout PGY1 to PGY3 rotations; balancing breadth of exposure to different services and agencies, with depth of experience.
3.Residency Advocacy Project in which residents will work in groups to learn about the principles and approaches to health advocacy and produce a small project.
4.Simulation training will provide an opportunity for residents to practice clinical competencies with a particular focus on therapeutic skills, professional attitudes, personal biases and interdisciplinary team-work.

There are many challenges facing the creation of such a curriculum and it will take time and fresh ideas to make it work well. We are looking to other Canadian programs that have created such a curriculum, or components of a curriculum, for guidance. The curriculum is also being developed with an eye towards Competency by Design and with input from the Western Centre for Education Research and Innovation. Certainly, social pediatrics already exists throughout our rotations and teaching; the purpose of this initiative is to enrich our residents' understanding of the theories relevant to social determinants of health, equip them with real experiences to draw upon once they enter independent practice and to ensure they are competent health advocates when they leave our program.

CME Strategic Direction

Strategic Map



"By failing to prepare, you are preparing to fail." ~Benjamin Franklin

Leadership in education

Goal:
Continue to organize a regional Paediatric conference on an annual basis.

Strategy:
•A needs assessment survey will be conducted annually across the region to ascertain healthcare professionals (Physicians, Nurses and Nurse Practitioners and Allied Health) learning needs. Once the information is gathered from the survey and the feedback from the previous conference is tallied, the CME committee will determine the list of topics for the next Paediatric Update Conference.

Goal:
Develop curriculum for outreach education program.

Strategy:
•The CME committee will conduct needs assessment in the region and work in conjunction with Maternal, Neonatal, Child and Youth Network (MNCYN) and the Paediatric Simulation Committee to create learning opportunities to meet these needs, and evaluate the efficacy of educational interventions. Examples of initiatives to include in a regional outreach education program are hands-on skills workshops, such as simulation workshops.

Goal:
Supporting faculty education and development

Strategy:
•Continuing to support departmental educational activities such as Grand Rounds and Ethics Rounds with the opportunity to showcase local faculty expertise.
•Support faculty interested in creating an novel CME curriculum or event.

Program planning and delivery

Goal:
Ensure regular assessment of delivered CME content and inclusion of unmet learning needs into programs developed and co-developed by CME Paediatrics.

Strategy:
•Needs assessment survey will be conducted across southwestern Ontario to ascertain health care professionals (community paediatricians, family physicians, nurses and nurse practitioners and allied health) learning needs.
•Ensure that developed programs offered by CME Paediatrics are accredited and advertised to Family Physicians, Specialists, Nurses, Nurse Practitioners, and Allied Health Professionals.

Foster collaboration within the Hospital and with regional partners

Goal:
Supporting the educational development within the department and across southwestern Ontario

Strategy:
•Develop a new educational program for our regional partners in southwestern Ontario.
•Work with partners to provide simulation learning across southwestern Ontario in collaboration with key players.
•Continue to foster collaboration with other departments, faculties and professional associations for academic activities.

5 areas to continue to thrive in

CME program sustainability

Goal:
Ensure operations are sustainable

Strategy:
•Develop a system to collect performance-related information and continue to review, monitor and improve the existing programs and funding strategies

Integrating technology to improve education & information

Goal:
•Utilise technology to improve program visibility

Strategy:
•Assess awareness and expectations of department members and regional partners regarding the CME committee's role and activities. Based on the assessment, create and implement an internal and external communications plan to promote CME programs.
•Develop the department CME website in order to improve ease of access to CME-related information and streamline the registration process to CME events.

Goal:
Develop an informative, easily navigatable CME Website

Strategy:
•Develop an easily navigatable CME Website. This comprehensive CME website will include CME vision, goals, and strategic plan for next 5 years. It will also provide updated information about the paediatric conferences (Paediatric update, PEM refresher course and others), a calendar for Grand Rounds along with an annual CME report. Online CME curriculum content/ courses designed by faculty will be hosted here. Goal Improve the use of technology to support program delivery

Strategy:
•Use of OTN, webcast for the Grand Rounds and Regional outreach education to connect with the target audiences outside of the hospital. This allows the program to be archived so people can continue to learn from presentations even after they have been completed.
•Develop a repository for all CME activities delivered (such as invited Guest Speaker, Key note speaker, workshop organizer, Panelist, moderators chairing sessions etc.) by paediatric faculty at a regional, national and international forum.

Goal:
Improving and updating the constructive presence on social media.

Strategy:
•Develop a social media presence for the Department of Paediatrics to engage with their faculty members, staff, trainees and public. By establishing a social media presence it will foster two-way communication between the department and the public. Social media will allow the Paediatric Department / CME to establish a strong brand identity.

Appendix

““Individual commitment to a group effort--that is what makes a team work, a company work, a society work, a civilization work.”
--Vince Lombardi

Committee Members:

Lead: Dr. Rahul Ojha, Academic Paediatric Medicine
Dr. Andrea Andrade, Neurology
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Dr. Amita Misir, Emergency Medicine
Dr. Dirk Bock, Academic Paediatric Medicine
Dr. Doreen Matsui, Clinical Pharmacology
Dr. Gary Tithecott, Academic Paediatric Medicine
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