



Post MD Education
UNIVERSITY OF TORONTO

2017-2022 Strategy Development

Continuing Professional
Development (CPD)

Post MD Education

Table Of Contents

Executive Summary	3
Strategic Priorities	4
5-Year Report	4
Needs Assessment	5
Strategic Planning Retreat	6
a. Competency Based CPD: Implications and Opportunities for the Future.....	7
b. Retreat Findings	8
Advancing CPD Strategic Priorities	
a. Goals and Objectives: Vision, Mission, Values, Goals & Objectives	9
b. Next Steps	10
Appendix 1 - Competency Based Medical Education	11
Appendix 2 - Goals, Actions and Implementation Priorities	12
Appendix 3 - Spotlight on Research and Innovation	
3.1 Test-Enhanced Continuing Education - A Randomized Controlled Trial, Mark Feldman	14
3.2 A Flipped Classroom Train-the-Trainer Approach to Improving the Quality of Interprofessional Delirium Care, Sanjeev Sockalingam.....	15
3.3 Incorporation of Multiple Audience Interactive Format in a Surgical CPD Course, Yvonne Chan	16
3.4 Blended Learning Flipped Classroom for Safe Opioid Prescribing, Kate Hodgson	17
Appendix 4 - Key Challenges and Enablers for Implementing Competency Based CPD.....	18
Appendix 5 - 5-Year Strategic Action Plan	20

Executive Summary

The organizational and leadership structure at the University of Toronto's Continuing Professional Development (CPD) office changed in 2015. As part of this change, a renewed academic focus for CPD was sought, however, there was a lack of faculty engagement to support this vision. Efforts to engage the CPD community were made through a strategic development process. These stakeholders were key in creating a shared direction. They identified the foundational strengths and aspirations of U of T's CPD office and helped to develop a shared vision, strategic priorities and initial actions to move CPD forward.

A 5-year report was developed reflecting CPD's achievements and challenges. A strategic planning committee was formed with broad representation across the faculty of medicine including CPD leaders from clinical departments including medicine, allied health, postgraduate medical education, administration, Indigenous health, research and quality improvement. The committee disseminated a needs assessment survey to key stakeholders and identified four key priority areas: Leadership, Innovation, Scholarship and Community Engagement. Results of the needs assessment were used to guide the development of a strategic planning retreat.

The theme of the strategic planning retreat was 'Evolving CPD across the continuum' and engaged representatives from the broader University of Toronto community, regulatory authorities, CFPC and RCPSC as partners for advancing CPD. Generative questions in small groups were used to develop new ideas across each of the key priority areas and competency-based CPD was highlighted as a key future direction.

Following the retreat, working groups were created to synthesize ideas, develop goals, objectives and action plans. The strategy development process generated conversations, built relationships and engaged stakeholders in thinking strategically about CPD. This helped to create a renewed sense of purpose for the CPD community and an adaptable strategy for the next 5 years.



Continuing Professional Development (CPD) offers programs and conferences that can transform the way healthcare professionals work. Our mission is to improve the health of individuals and populations through the discovery, application and communication of knowledge. In 2016-17 we are engaging faculty to create a collective vision for CPD that bring all our activities into the 21st century.

Suzan Schneeweiss, Associate Dean, CPD

Strategic Priorities

The vision of the Faculty of Medicine at the University of Toronto is “leadership in improving health through education, research and partnerships” and its strategic priorities are to:

Prepare: the next generation of leaders
Discover: translate research discoveries to improve health
Partner: your gateway to and for the world

In 2016-17, the Post-MD Continuing Professional Development (CPD) program initiated a strategy development exercise to further align with the Faculty of Medicine. This included:

- Self-reflection and preparation of a 5-year report of activities and achievements from 2011-2016;
- A needs assessment to identify future directions and priorities;
- A strategic planning retreat to identify goals within four strategic priority areas – Leadership, Innovation, Scholarship, and Community; and
- Working groups to develop objectives and actions.

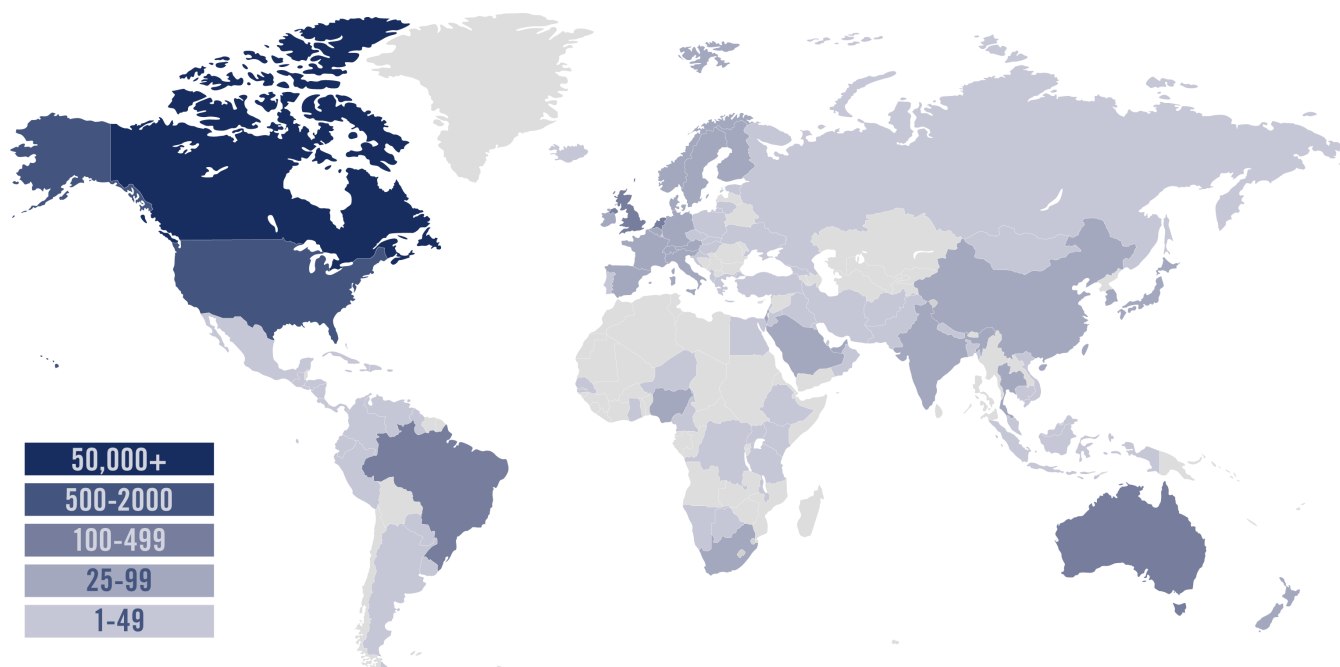
5-Year Report

In order to reflect on CPD’s accomplishments during the previous 2011-2016 strategic planning cycle, data was gathered illustrating CPD’s activity:

- Over 2000 courses and conferences
- More than 204,000 registrants
- 297 publications
- 165 research grants
- 145 programs using simulation
- 100 eLearning programs

COUNTRIES OF CPD REGISTRANTS OVER ACADEMIC YEARS 2011-2016

CPD's target population includes all health care professionals at the local, provincial, national & international levels



Needs Assessment

In 2016, a survey was distributed to CPD leaders and stakeholders in the Faculty of Medicine. The survey sought input on trends, best practices and priorities in CPD. The survey revealed that CPD should focus on the following:

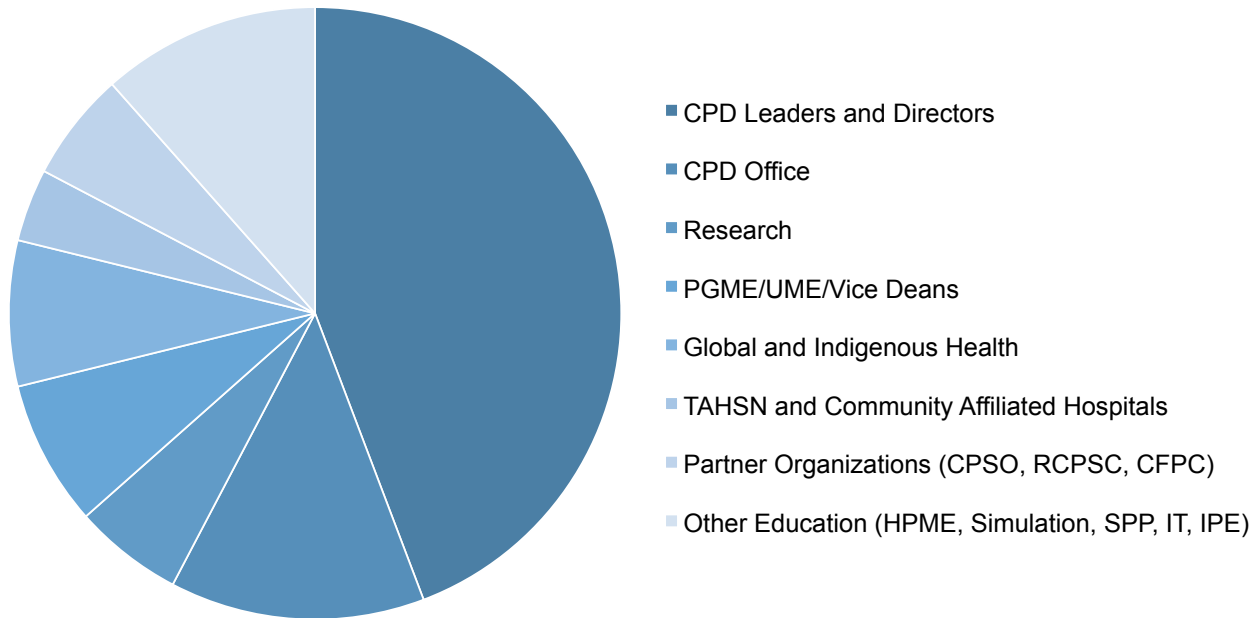
- **Technology:** Increased use of technology in CPD activities is important to enhance the learner experience. This includes simulation, novel tools, and on-demand formats.
- **Self-Directed Learning:** Self-directed learning is important. It ensures content has professional relevance and supports competence throughout one's professional career.
- **Integration Opportunities:** Key topics and strategies to integrate with CPD are Quality Improvement (QI), Communities of Practice, team-based interprofessional care, competency based medical education (CBME), public engagement and global health.
- **Faculty Expertise:** Faculty expertise is a great strength and resource. The CPD Office should continue to support and enhance faculty members and departments' best practices in simulation-based CPD, QI, team-training approaches and assessment/feedback.

These topics helped advance the identification of strategic directions for a retreat held in November 2016 and focused discussion about translating vision to reality, including key challenges and enablers for designing and implementing competency based CPD.

Strategic Planning Retreat

CPD's Strategic Planning retreat was held on November 25, 2016 with over 50 CPD and Faculty of Medicine faculty and staff in attendance.

Figure 1 – Retreat Participation



In addition to helping to shape CPD's next five-year strategy, a key focus of the retreat was competency based medical education (CBME) and how it related to continuing professional development. CBME is an outcomes-based approach to the design, implementation, assessment and evaluation of a medical education program using competencies as the organizing framework (see Appendix 1 for more details).



We have a unique opportunity as we go forward with the RCPSC's Competency-by-Design and the CFPC's Triple C to turn to our CPD community and integrate competency based medical education as precursors of life-long learning. Our strategy for the next five years is to focus on the continuum from the MD program to post MD to CPD.

Sal Spadafora, Vice-Dean Post MD Education

a. Competency Based CPD: Implications and Opportunities for the Future

Dr. Craig Campbell, Director, Continuing Professional Development, Office of Specialty Education, Royal College of Physicians and Surgeons of Ontario provided the keynote address at the retreat and identified implications and opportunities as we move forward with competency based CPD. He identified four premises:

- i) In competency based CPD, learning and assessment must be relevant to a physician's scope of practice.
- ii) Competency based CPD will require physicians to use multiple external sources of data with feedback to guide learning and behavior change. Assessment 'for learning' is an important strategy for lifelong learning in practice
- iii) Competency based CPD must focus on demonstrating improved patient care outcomes.
- iv) Competency based CPD must be viewed as a collective responsibility.

Dr. Campbell indicated that a renewed focus on competency based CPD means competencies will guide learning and assessment to continuously improve. He believes there will be less emphasis on documenting participation in learning activities 'for credit'; greater emphasis on demonstrating the impact of learning on competence, performance, quality and safety of care; and a balanced, comprehensive (programmatic) approach to assessment in practice. Overall, strategies must be embraced to promote continuous learning and improvement of individuals and teams.

This would require a change culture to create a system of continuous learning and practice improvement. This cultural shift would focus on enhancing competence, performance, patient outcomes; provide context in one's scope of practice; provide content based on best evidence; and integrate learning processes intentionally with formal learning, self-planned learning and assessment. See appendix 1 for overview on CBME.

Competency-based CPD is the right thing to do. It provides:

The right **focus**: Addresses patient/population and personal needs

The right **approach**: CQI of practice

The right **outcomes**: Enhance competence, performance, quality, safety of care

The right **evidence**: Drives improvement through data

"Competency-based CPD leverages the commitment and motivation of the professional"

Dr. Craig Campbell, Director CPD, Office of Specialty Education
Royal College of Physicians and Surgeons of Canada

b. Retreat Findings

A number of goals, actions and implementation priorities for CPD were identified through the small group discussions at the retreat to help CPD define its strategic directions for the next five years and focus on measurable goals, actions and outcomes (see Appendix 2).

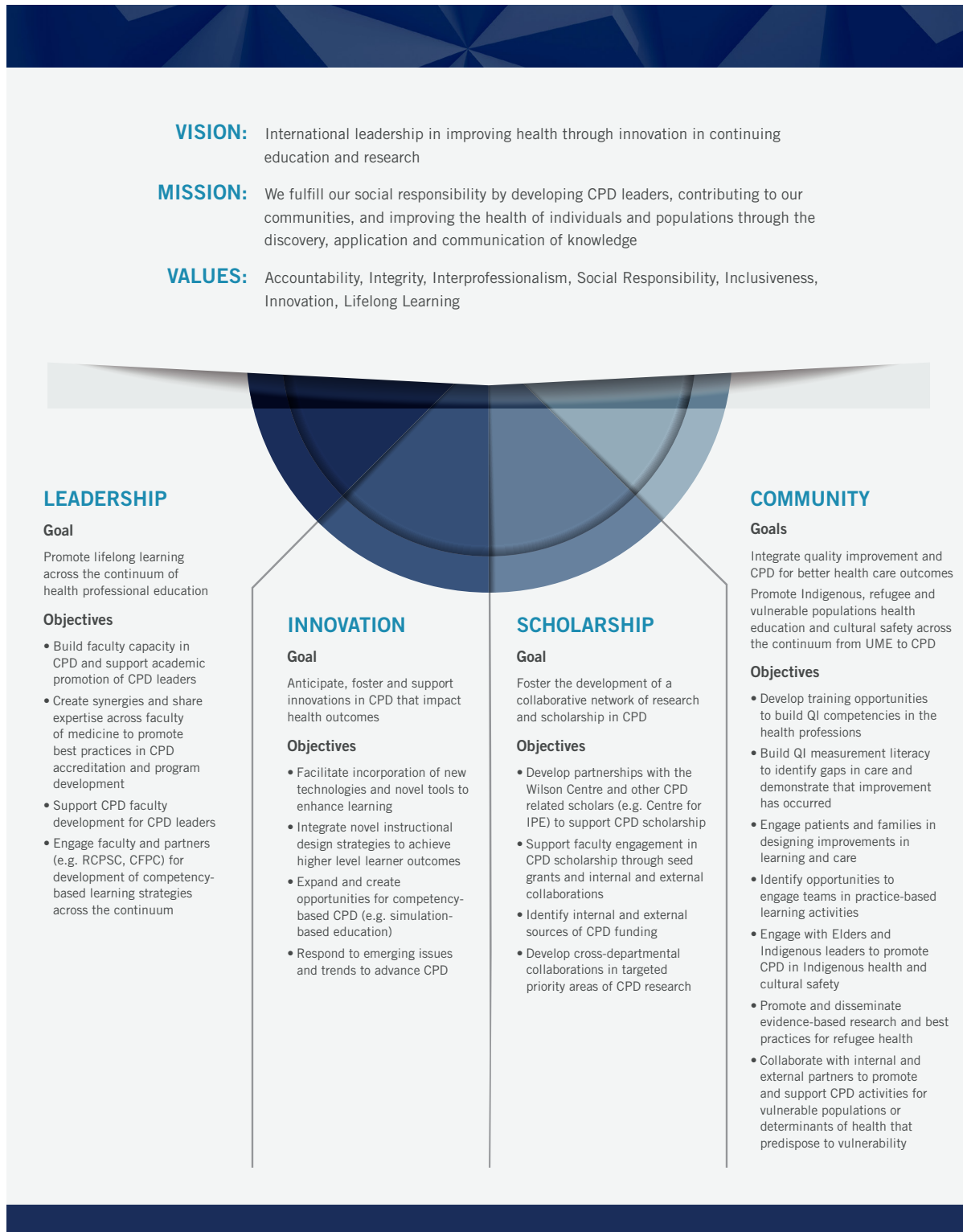
Key challenges and enablers for implementing competency based CPD were identified (see Appendix 4) and examples of research projects (test enhanced CE; flipped classroom train-the-trainer approach) and innovation projects (multiple audience interactive format; blended learning; flipped classroom) in CPD were presented (see Appendix 3).

Retreat participants indicated that there is a role for the CPD Office in:

- Promoting scholarship;
- Promoting sharing, collaboration and networks;
- Creating a repository of best practices and resources;
- Assessing faculty's CPD needs;
- Ensuring there is continuum from undergrad to postgrad to continuing professional development;
- Addressing cultural issues around CPD; and
- Brokering connections between CPD faculty and other resources / expertise within the university.

Advancing CPD's Strategic Priorities

a. 2017-2022 Strategic Priority Areas: Vision, Mission, Values, Goals & Objectives



b. Next Steps

This strategy development document will guide CPD priorities and actions during the next 5-year strategic planning cycle from 2017-2022. During this time the CPD Office will continue to seek input into, anticipate and respond to advances in the field of CPD and adapt its actions accordingly in order to improve the health of individuals and populations that we serve as healthcare professionals.

Appendix 1 - Competency Based Medical Education

CBME is an outcomes-based approach to the design, implementation, assessment and evaluation of a medical education program using competencies as the organizing framework.

Principles:

- Competences are the basis for curriculum design
- Outcomes-focused: demonstrated abilities
- Learner-centered
- Assessment must be relevant to the context and stage of a learner; track progress; provide feedback
- Responsive to societal health needs

For competency based CPD to be compelling it must....

- Focus on continuous improvement of practice, not just maintaining minimal competence.
- Be guided by each specialty and applicable to individual practice
- Embrace and support learning of individuals, groups and health teams in the workplace
- Have an impact on patient / population health outcomes
- Enhance health system

There are two types of CBME in Canada:

i) Competency by Design (CBD) – the RCPSC’s approach

CBD focuses on outcomes, asking the question “What abilities do physicians need at each stage of their career?” It will ensure that physicians continue to demonstrate the skills and behaviours needed to meet evolving patient needs.

ii) Triple C Competency Based Curriculum – the CFPC’s approach.

Triple C is a competency based curriculum for Family Medicine residency training that has three components:

- Comprehensive care and education
- Continuity of care and education
- Centred in Family Medicine

Appendix 2 – Goals, Actions And Implementation Priorities

	Goals, actions and implementation priorities identified at the CPD Retreat
Innovation	<ul style="list-style-type: none"> • Promote sharing and collaboration on CPD innovation • Create an inventory of successful innovations already available • Engage patients and families in planning CPD • Involve medical students in CPD • Serve as a broker between faculty and eLearning resources in the FOM • Increase grants, awards, seed funding and research funding for CPD • Focus on research into new innovations • Increase Public Health input into needs assessment
Leadership	<ul style="list-style-type: none"> • Promote CPD as a leader in scholarship • Promote UofT as the repository for CPD expertise, accreditation and educational management • Promote partnerships / sharing / teaching best practice • Create a repository of resource material, e.g. how to use technology • Remove silos / connect innovation • Ensure there is transition / engagement with MD and post MD programs • Address social responsibility / accountability / regional disparity in CPD, including disadvantaged population • Seek philanthropic support • Lead faculty development for CBD
Scholarship	<ul style="list-style-type: none"> • Address CPD cultural issues that impede instructional design, sharing data, simulation • Conduct a systematic needs assessment (capture intrinsic roles) <ul style="list-style-type: none"> - Problems that need to be fixed - Communication in practice - e.g. Mapping patient journey – inform simulation • Assessment of competencies <ul style="list-style-type: none"> - Assessment of practice competencies in a CBD context (metrics related to context) - “Safe place to learn” • Pair scholars and leveled support across departments and hospitals, including program evaluation and research support • Understand teacher and learner role (include patients as learners) • Identify 1-2 research foci for UofT CPD • Create networks and scholarship resources – from engaging with the literature to research program • Provide funding and resources to support research competition

QI and Patient Safety	<ul style="list-style-type: none"> • Promote movement towards collaborative interprofessional practice • Modify existing approaches vs. coming up with new approaches to integrating CPD/QI <ul style="list-style-type: none"> - Create new models that integrate CPD & QI - Figure out what the bridge is between what we already do well and use this to propel people into other types of activities that we think they should engage in (i.e. systems-based learning) • Support development of generic skills around continuous improvement - data literacy, how to learn from the data etc. • Establish the minimum requirement that we think everyone should know • Encourage all departments to ensure that the fundamentals of QI are available to all providers (and consider training them at the same time) • Should it be CPD's responsibility to generate performance data to inform CPD activities? • Engage the quality improvers in faculty development activities to become more effective educators (giving them tips, tools, approaches) • Create a university-wide working group / committee to discuss strategic goals that relate to aligning/integrating CPD/QI - and we need to make sure to include the hospitals / health system / community providers - and enhancing partnerships with other stakeholder groups / EDUs • Create a more focused strategy to promote peer assessment (beyond the regulatory colleges) • Develop approaches to 'micro-QI' or 'point-of-care' QI - how do we integrate these discussions into everyday care and learning? • Support a demonstration project - engage "QI folks" to figure out what an aligned CPD/QI model might look like
Social Responsibility	<ul style="list-style-type: none"> • Work across the continuum of UME-PGME-CPD • Identify other areas to address, e.g. under-housed in urban cities, drug addictions, international humanitarianism, etc. • Conduct a survey to identify CPD programs already in place • Develop a central repository (web-based) of education resources/sessions • Help to develop cultural competencies for different constituencies for different populations • Develop core content re: Indigenous Health <ul style="list-style-type: none"> - Anyone providing any form of health care to Indigenous people should have contextual knowledge and cultural training - UG and PG need core competencies in Indigenous Health - Increase the number of faculty coming to the CPD conference - will help change their perspective - Survey family medicine residents/faculty about their baseline knowledge on Indigenous Health (already planned) - develop strategy for education and spread in family medicine of the core content mentioned above • Hold a think tank in the new year re: faculty development and how to help teach faculty how to teach content and role model

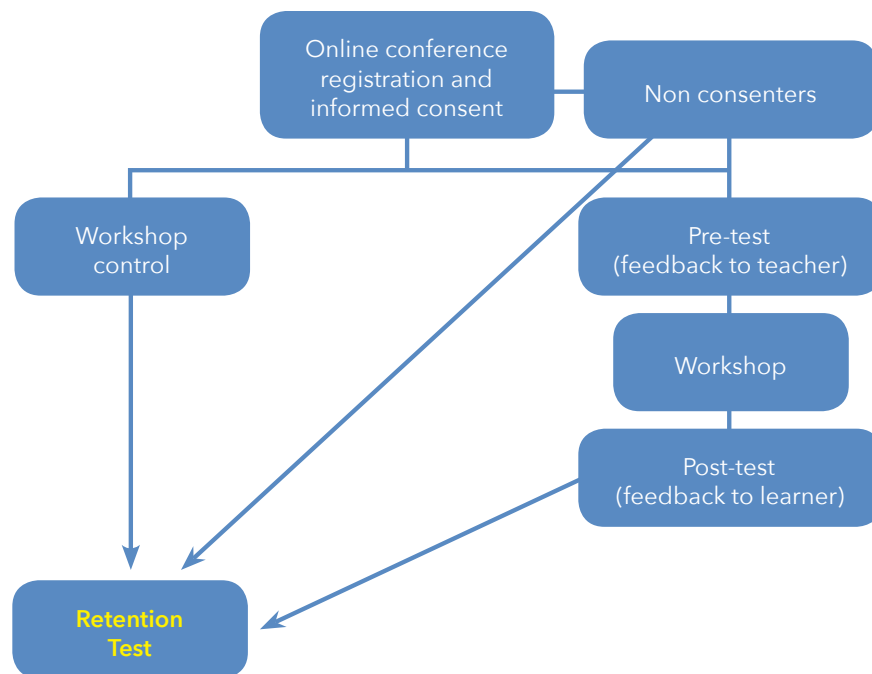
Appendix 3 - Spotlight on Research and Innovation

Scholarship in CPD occurs in many innovative ways. Four examples were presented at the CPD Retreat:

3.1 Test-Enhanced Continuing Education - A Randomized Controlled Trial, Mark Feldman

Research Question: Is an MCQ Test-Enhanced Learning strategy at a large, 'live' CE event efficient and effective?

Methods - Study Design



Conclusions:

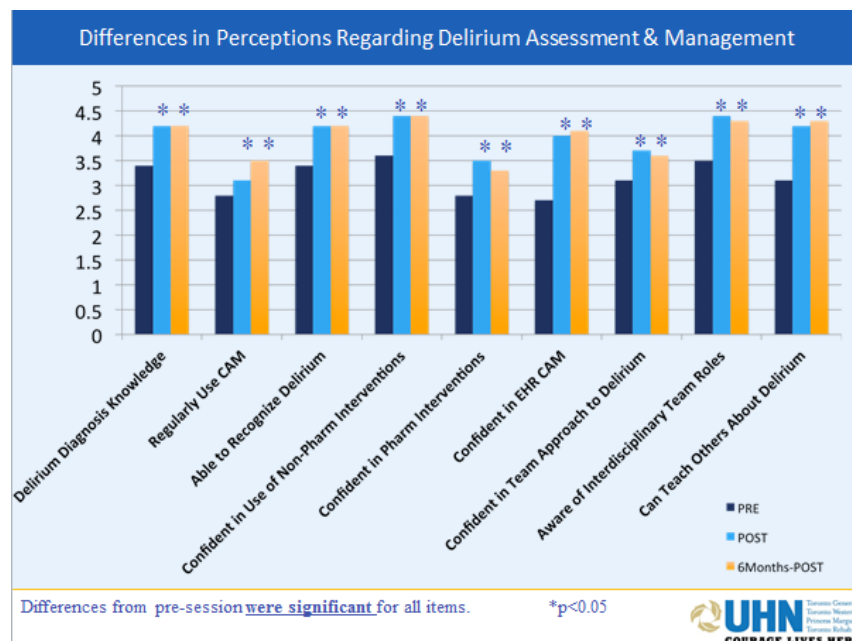
- MCQ pre- & post-conference testing (and its scholarly evaluation) can be implemented at a large, live CE conference
- This portable and efficient testing strategy can enhance CE learning with moderate effect size
- Efficiently testing practicing clinicians not only enhances learning but may also help to gauge knowledge requisite for competency based CE

3.2 A Flipped Classroom Train-the-Trainer Approach to Improving the Quality of Interprofessional Delirium Care, Sanjeev Sockalingam

Introduction:

Given the prevalence and morbidity associated with delirium, there is a need for effective and efficient institutional approaches to delirium training in health care settings. Novel education methods, specifically the “flipped classroom” (FC) and “train-the-trainer” (TTT), have the potential to address these delirium training gaps. This study evaluates the effect of a TTT FC interprofessional delirium training program on participants’ perceived ability to manage delirium, delirium knowledge, and clinicians’ delirium assessment behaviors.

Findings:



- Delirium Train-the-Trainer (TTT) flipped classroom (FC) program showed: sustained increases in participant self-efficacy and knowledge related to delirium care; and improved delirium assessment behaviours in patient care units
- The FC components of this program were highly valued by learners
- Combination of TTT and flipped classroom model allowed for more efficient delivery of delirium training across a large institution
- Pre-work through FC model may have facilitated reflection and learning from experience (Kolb)

3.3 *Incorporation of Multiple Audience Interactive Format in a Surgical CPD Course,* Yvonne Chan

CPD Course: University of Toronto - Rhinology Update 2015

Overview

Over the past several years, continued requests for CPD conferences related to sinonasal disease have been made. While there have been many courses focused on didactic lectures and opportunities for participants to engage in cadaveric dissections at Mount Sinai's Surgical Skills Centre, Drs. Yvonne Chan, John Lee and Allan Vescan decided to take a slightly different approach with the 2015 Rhinology Update. The conference committee arranged to have a live video feed of a real-time surgery demonstration with world renowned otolaryngologist, Dr. Heinz Stammberger from the Mount Sinai operating room, projected into the hospital's 18th floor auditorium. Participants in the auditorium were able to engage with the surgeons in the operating room through a live two-way communication. Experts in the operating room asked questions and pointed things out to those viewing the procedure. Throughout the demonstration participants were also able to vote on various aspects of the surgical procedure as it evolved. The program received the University of Toronto, Colin Woolf Award for excellence in course coordination.



Live Surgery demonstration with Dr. Stammberger - Toronto Rhinology Update 2015

Course highlights included:

- Live endoscopic sinus surgery highlighting the step-by-step techniques of sinus surgery and management of intraop complications
- Broadcast from the OR at Mount Sinai Hospital
- Interactive questions and answers during the dissection with audience
- "Ask the expert" panel discussion with case demonstrations of the didactic material and focus on audience participation

3.4 *Blended Learning Flipped Classroom for Safe Opioid Prescribing*, Kate Hodgson



The Safe Opioid Prescribing Program is a unique and innovative program that demonstrates a scholarly approach to program development as a longitudinal, blended webinar-based program. This series has been created to assist physicians in acquiring knowledge and learning new skills in the field of pain management, especially in the area of chronic non-cancer pain. Participants learn how to develop multi-modal approaches to complex chronic pain; to initiate and manage safe and effective opioid therapy; to prevent and address addiction to prescription opioids; and to develop communication and collaboration practice skills to better manage opioid therapy for their chronic pain patients.

Dr. Abhimanyu Sud, the Academic Program Co-Director was awarded the University of Toronto, Department of Family and Community Education Award of Excellence in Development and Use of Innovative Instructional Methods.

Appendix 4 - Key Challenges and Enablers for Implementing Competency Based CPD

Retreat participants identified the following implementation challenges and enablers for competency based CPD:

	Challenges	Enablers
Culture		<ul style="list-style-type: none"> • Create an appropriate culture where all CBE implications can be discussed and start the culture shift early (UGME) about the need for assessment. • Create a culture of assessment. • We can learn from good practice - observe and video best practices.
Resources	<ul style="list-style-type: none"> • Time and capacity for self-assessment. • Competency based CPD places a burden on physicians and the system; imbeds new requirements in hospitals, clinics and the health care setting; FFS model limits ability to invest time in CBE activities and assessments. 	<ul style="list-style-type: none"> • Look for opportunities for resources from government; build on things currently underway; initiate pilots where gaps in care can be addressed, e.g. opioid use.
Data	<ul style="list-style-type: none"> • Lack of data - what is collected, who collects and who pays for it? • Different stakeholders have different priorities - government, institutions, etc. • How to determine what data is needed and the process for identifying learning needs? • Do we have the capacity and capability to do a needs assessment and gap analysis? • External metrics focus on patient outcomes - what about other competencies? 	<ul style="list-style-type: none"> • May find we need "personalized CPD"; needs to go beyond the "expert" role. • Use data to describe CBE as a dynamic process. • Blend in self-reflection and assessment. • Address medico-legal constraints of evaluating practice. • Create access to patient outcomes data for all practitioners; don't hold it in silos.

Scope of Practice	<ul style="list-style-type: none"> • CPD for team - how to do this? Variability in scopes of practice makes it challenging to identify core competencies. • Scope narrows and evolves over career; new technologies are used. • System issues, regional disparities also contribute to practice variation such that CPD might be more conducive to some settings than others. 	<ul style="list-style-type: none"> • Need a more integrative, collaborative approach. • Identify professions that are responsible for responding to gaps. • Reduce cultural barriers to acknowledging that there are gaps in competence. • Implement CQI as a cross discipline competency. • Need team and system competencies. • Address need for sub-specialization vs. generalized competencies.
Definition and Understanding of CBE	<ul style="list-style-type: none"> • Lack of understanding of what CBE is and what it is within CPD. • CBE is a dynamic process - things change during career. How to marry this with static description? 	<ul style="list-style-type: none"> • Need a clear understanding of CBE and what this means for CPD and providers. • Ensure the word "learning" is front and centre.
Messaging	<ul style="list-style-type: none"> • Need a change in mind-set. • Is the profession ready for what many consider to be more than a "minor tweak"? 	<ul style="list-style-type: none"> • Messaging will be very important. It really isn't that big of a change. • Need an engagement strategy. There is a role for the CPD office here.
Buy-in	<ul style="list-style-type: none"> • MD buy-in - are practicing MDs going to want to be watched/ audited? They may not value CPD; there is a lack of time for self-assessment. 	<ul style="list-style-type: none"> • CPD needs change depending on the learner's stage of career. Need to make it a positive learning experience and a safe learning environment.

Appendix 5 - 5 Year Strategic Action Plan

Actions 0 - 18 months - end of 2018			
Leadership <ul style="list-style-type: none"> • Develop CPD faculty development programs to support international leadership in CPD (Foundations, CELP, ESCPD) • Create partnerships to develop and disseminate CPD programs • Develop guidelines for responsibilities, supports, and resources for faculty leads in CPD • Create working group to promote best practices in CPD 	Innovation <ul style="list-style-type: none"> • Explore technology platforms to enable online self-directed learning • Identify strategies for assessment to support the transition to competency-based CPD • Identify grants and learning opportunities to support innovation 	Scholarship <ul style="list-style-type: none"> • Develop an infrastructure to support research and scholarship in CPD • Reinstate CPD research and development grants • Conduct an environmental scan of CPD scholarship activity in the Faculty of Medicine • Create a list of available CPD research grants 	Community <p>A. QI and PS</p> <ul style="list-style-type: none"> • Establish a common language/ QI literacy • Establish training opportunities in learning and applying QI methodologies for health professions • Develop a 'how to' guide to engage patients and families to support CPD • Identify and support CPD activities that target healthcare teams <p>B. Indigenous and Refugee Health</p> <ul style="list-style-type: none"> • Deliver biennial Indigenous and refugee health conferences • Develop/ curate an online cultural safety course • Develop repository of online free resources for Indigenous and refugee health

Actions 18 - 36 months - end of 2020

Leadership	Innovation	Scholarship	Community
<ul style="list-style-type: none"> Identify and create a list of CPD champions across departments Review faculty guidelines for promotion and advocate for CPD track for promotion Support distributed model of CPD leadership through promotion of departmental CPD committees with academic and community representation Create and expand web-based repository of best practices in CPD (e.g., Quick Tips) Develop a modular curriculum to support lifelong learning for transitions in practice 	<ul style="list-style-type: none"> Utilize web-based platforms to support innovative strategies for lifelong learning Create a database of novel tools to enhance knowledge translation Incorporate the use of social media in programs and conferences for knowledge translation, networking and marketing Implement assessment strategies to support competency-based CPD across the continuum 	<ul style="list-style-type: none"> Collaborate with Wilson Centre to establish mentorship for CPD research and scholarship Develop workshops and presentations on scholarship of CPD and disseminate locally, nationally and internationally (e.g. SACME, AMEE) Create alignment with existing scholarship rounds and presentations related to CPD Identify and support a focused area of research and scholarship to advance CPD Disseminate research and scholarship through local, national, and international educational conferences (e.g. AMEE, SACME, CCME) 	<p>A. QI and PS</p> <ul style="list-style-type: none"> Define the core competencies in QI for practicing health professionals Teach clinicians to gather relevant QI data to learn from their practice and determine if improvements have occurred Utilize patient-reported experiences and share best practices to inform CPD program design Share best practices for team engagement in the workplace <p>B. Indigenous and Refugee Health</p> <ul style="list-style-type: none"> Conduct an environmental scan of Indigenous health education across the continuum Develop core Indigenous education for PGME and CPD Support research and scholarship in refugee and Indigenous health through abstract submissions to North American Refugee Health Conference and Indigenous Health Conference

Actions 36 - 60 months - end of 2022

Leadership	Innovation	Scholarship	Community
<ul style="list-style-type: none"> • Develop succession plan for CPD leadership • Collaborate with organizations (e.g. Royal College) to facilitate transition to competency-based CPD • Create a community of practice amongst CPD leaders, academic program directors and conference chairs through development of an online portal capturing and categorizing all CPD activities and learning tools 	<ul style="list-style-type: none"> • Support the development competencies for lifelong learning using a competency-based framework • Adopt disruptive innovations to facilitate development of new paradigms of learning • Support the development of virtual learning environments for interprofessional communities of practice • Scale and sustain successful initiatives 	<ul style="list-style-type: none"> • Facilitate development of internal and external partnerships to advance CPD research and scholarship • Engage faculty to create a community of CPD scholars locally and internationally • Grow number of CPD research projects in the Faculty of Medicine 	<p>A. QI and PS</p> <ul style="list-style-type: none"> • Utilize QI measures to drive and support improvements in learning and care • Disseminate knowledge (core competencies and QI literacy) to practicing health professionals • Establish work-based CPD activities to engage teams in improving care • Build capacity for coaching and mentoring of teams in their QI and learning activities <p>B. Indigenous and Refugee Health</p> <ul style="list-style-type: none"> • Collaborate with elders and Indigenous community leaders, other organizations and universities to benchmark, promote and standardize Indigenous health education across Canada • Collaborate with internal and external partners to develop refugee education curricula • Collaborate with global health program to develop/ expand global health CPD activities • Support development of CPD initiatives on social determinants of health



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