#4K1 (24794)  
**A national CPD system for all healthcare practitioners: The Qatar plan**

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**Background:** In 2014, the QCHP and Royal College Canada International began a project to develop a national CPD system applicable for all healthcare practitioners.

**Summary of Work:** A key goal of this project was to enable the QCHP Accreditation Department (QCHP-AD) to support the continuous learning and improvement of its healthcare practitioners and also enhance the quality of care provided to patients. Outcomes included the development of a CPD framework, credit system, and CPD accreditation system.

**Summary of Results:** Participation in relevant and practice-specific CPD activities is a professional expectation for healthcare practitioners within medicine, dentistry, pharmacy, nursing, and allied health. Effective 2016, CPD participation will be a mandatory requirement across all of these health professions.

The CPD system is founded on principles of:  
- Continuous improvement;  
- Professional development;  
- Relevance;  
- Reflection;  
- Self-assessment

Learning activities included within the CPD framework have been organized into 3 categories:  
- Category 1: Accredited Group Learning Activities;  
- Category 2: Self-Directed Learning Activities;  
- Category 3: Accredited Assessment Activities

The CPD accreditation system is based on a set of values and standards (ethical and educational) to establish quality, to promote mutual accountability, and which value transparency and continuous improvement.

**Discussion and Conclusions:** The Royal College and the QCHP-AD have developed essential components of a national CPD system for Qatar, including a CPD accreditation system, CPD framework and credit system. This system balances self-directed and practice-based learning activities and will require all health professionals to demonstrate compliance with annual, mandatory CPD requirements starting in 2016.

**Take-home messages:** The development of national CPD systems can be achieved through international consultation and collaboration.

#4K2 (24978)  
**Patient and family involvement in adult critical and intensive care settings: Implications for Continuing Professional Development**

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**Background:** This presentation reports on a scoping review of patient and family involvement in critical care settings and key implications for CPD. The review had two aims; (1) investigate how patient/family involvement has been conceptualized and operationalized within critical care settings; (2) inform an emerging agenda for CPD research to optimize patient/family involvement in patient care.

**Summary of Work:** Through searches of Medline, CINAHL, Social Work Abstracts and Psycho Info, we retrieved English-language articles published between 2003-2014. Articles were included if they addressed the topic of patient and family involvement, and included a sample of adult critical care patients, their families and/or critical care providers. Two reviewers extracted and charted information from the studies, and analyzed findings using qualitative content analysis.

**Summary of Results:** 892 articles were screened, 124 were eligible for analysis, 61 quantitative, 61 qualitative and two mixed-methods studies. There was a significant gap in research on patient involvement in the intensive care unit. The analysis identified five different ways in which family involvement has been conceptualized as: being present; having needs met/being supported; communicators; decision-makers; as contributor to care.

**Discussion and Conclusions:** Four key areas for future research were identified: (1) scope the extent and nature of patient involvement in intensive care settings; (2) incorporate broader socio-cultural processes that shape patient/family involvement; (3) explore the intersections between patient/family involvement and teamwork processes; (4) develop a methodology for informing the design of CPD needs assessment in teamwork and patient/family involvement.

**Take-home messages:** There are opportunities for CPD driven interventions to improve critical care teams in their self-diagnosis and intervention processes around patient and family involvement.
Designing a continuing professional development (CPD) model for an innovative mobile health service in Qatar

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Background: A service delivering 24 hour home visits by a family physician (FP) and ambulance paramedic(AP) commenced in Qatar in 2014. The FPs were recruited from the UK, Ireland, Australia and New Zealand; the APs have all been in the ambulance service for many years. The rotating shift FP s, serving the needs of an extremely diverse population, also needed to maintain their licensure requirements for their home countries.

Summary of Work: A review of the clinical tasks and risks; the doctors’ journey; a CME survey; and mapping of existing CPD activities. This included considering job planning, appraisals, privileging, licensure, revalidation, and continuing medical education.

Summary of Results: The process identified the need for flexible delivery, equity, access, and the clinicians’ self-determined preferences for CME. This required a restructuring of the roster and working closely with operational management. The plan consists of self-directed learning time; formal monthly team CME meeting; accessing external CME activities; online learning system; advertising CME events; supporting research activities; performance appraisal and planned professional development.

Discussion and Conclusions: CPD needs to be embedded into the development phase as service demands can lead to lack of prioritizing of this essential workforce need. This may be particularly challenging in a multilingual, multi professional setting.

Take-home messages: Have a comprehensive view of CPD and embed it in the core design of a clinical service.

Evaluation of a novel approach to stimulate review of planned practice changes

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Background: Research suggests that transfer of new knowledge can be facilitated by review of planned practice changes. This study presents results from a pilot project of a novel approach to encourage this review.

Summary of Work: Using intended practice changes previously identified, a special educational module was created using patient cases with a companion evidence summary. Family physicians participating in Canada’s Practice-Based Small Group Learning Program met in groups to discuss this module and reflect on their current practices. Outcomes of the learning session were documented on a practice reflection tool (PRT). This tool recorded practices that participants intended to change, as well as practices that were confirmed. Evaluation included analysis of PRT statements and feedback given by selected facilitators during telephone interviews.

Summary of Results: PRTs were received from 94 groups (752 physicians). The learning session using this module was rated highly (4.3±0.7 on a 5-point Likert scale). PRT statements indicated that discussion prompted most groups (56%) to reflect on previous planned practice changes. Fourteen group facilitators were interviewed. The majority (64%) reported that planned practice changes were discussed and that they intended to review outcomes of planned changes more often.

Discussion and Conclusions: This novel approach prompting review of identified planned practice changes was perceived as helpful. It improved awareness of the importance of reviews and encouraged more regular practice reflection.

Take-home messages: A case-based educational module, involving conditions/illnesses previously discussed, can provide another approach for reviewing and reinforcing planned practice changes.
Mental health mentoring of family physicians: Optimizing collaboration and specificity

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Background: At least 20% of primary care visits are mental health based. However, many primary care physicians (PCPs) do not have specific training in this area, nor do current care models permit extended assessments. Additionally, most PCP questions are highly complex and difficult to resolve with typical knowledge acquisition strategies, like literature searches.

Summary of Work: The Collaborative Mental Health Network of the Ontario College of Family Physicians links 45 mental health specialist mentors with 450 PCP mentees. Regular face-to-face or teleconference small group meetings occur, and a mentee can also request input on a mental health issue via email, phone call, or fax. Responses are made within 24 hours.

Summary of Results: Participant PCP’s report increases in: access to the specialist’s opinion, satisfaction with consultations, knowledge base, and patient care. Concomitant reductions in time to optimal treatment and improved amelioration of symptoms are also reported by the PCP’s on their patient’s behalf.

Discussion and Conclusions: A program that pairs PCP’s with experienced and available expert colleagues increases collaboration and access to specialists. Participant surveys show that the program is utilized by many PCP’s and appreciated by them, but data on the ultimate impact on the patient is lacking. Practicing PCP’s are helped more specifically and effectively by discussion of a case with an expert than they are by pursuing scholarly resources such as literature reviews.

Take-home messages: Mentoring appears to be a superior technique for tailoring medical education in the context of active primary care.

On line program in Gastroenterology for general practitioners in Chile: Alliance between the Pharmaceutical Industry and School of Medicine of Pontificia Universidad Católica de Chile.

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Background: Facilitating free open access education is a technology available that can be used to facilitate effective learning. A main challenge is to define how technology can help current and future healthcare practitioners to improve their practice.

Summary of Work: Development and implementation of an online modular program with four modules in 2013 and 2014 about diagnosis and treatment of frequent gastroenterological disorders and associated conditions. It is a free resource offered to general physicians through invitation by pharmaceutical visitors and sign of a learning contract. Each module combines diagnostic assessment of knowledge, educational on line resources, and algorithms based on best evidence. Participants have three choices to take the summative final assessment followed by instant feedback each time.

Summary of Results: Overall, 120, 77, and 11 participants did and approved the first three modules with a mean of 91%, 88%, and 89% respectively.

Summary of demographics and track control data. Preliminary evaluation of participants’ perceptions with the program and virtual learning was done by an online survey to explore gain of knowledge, utility, and quality of educational resources, access to platform, and timely responses of administrators.

Discussion and Conclusions: Developers and administrators should work together and support CPD activities taking into account diversity of learners’ background, capabilities and time to be allocated for these activities.

Take-home messages: CPD in any specialty is an integral part of the Health Care Professional system and full support is necessary for the staff to help them to deliver safe, up-to-date, high quality care.