

2008 Rural Saskatchewan Family Physicians
Continuing Professional Learning Needs Assessment

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Glossary of Acronyms and Abbreviations

CME	Continuing Medical Education
CPL	Continuing Professional Learning
CPSS	College of Physicians and Surgeons of Saskatchewan
Nominal Group Technique	NGT
PDA	Personal Digital Assistant
PEARLS	Evidence-based practice reflection activities
Saskatchewan Medical Association	SMA

Glossary of Terms

Revalidation

Revalidation is the mandatory participation in meaningful continuing education activities as a condition of ongoing licensure. In the case of generalists, this requirement consists of 250 study credits in each five year cycle – a minimum of one half of which must be from accredited continuing medical education events.

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Abstract

The introduction of revalidation in 2008 is expected to create an increased demand for lifelong learning opportunities from Saskatchewan's physicians. It is anticipated that the increased need for education among rural and regional physicians – who make up 42% of the generalist physician population – will be particularly high. Therefore, CPL developed and implemented a written needs assessment survey, undertaken in the summer and fall of 2008, to determine what types of educational opportunities would best address this increased demand among rural and regional generalists.

The results of the needs assessment indicate that rural generalist physicians intend to increase their participation in continuing education activities with an emphasis on self-directed learning opportunities. The choice of self-directed education will allow physicians to obtain the required continuing education credits while minimizing the barriers that prevent their participation in more traditional continuing medical education opportunities. The preference for self-directed education will challenge CPL to expand upon the traditional continuing medical education formats to include these different modalities.

Executive Summary

Introduction

The 2008 Rural Saskatchewan Family Physicians Continuing Professional Learning Needs Assessment, undertaken in the summer and fall of 2008, was designed to determine the educational needs of rural and regional physicians and to identify the barriers that prevent them from taking part in the programs that already exist. Findings presented in this report will inform the development of future rural and regional CPL programs.

Methods

Although the original design of the needs assessment was a multi-modal approach consisting of both a written needs assessment and NGTs, the final process consisted only of the written needs assessment.

Four hundred and three needs assessments were mailed to rural and regional generalists in the summer of 2008 with a second mailing occurring in the fall. Ten of the potential participants were eliminated, leaving a study population of 393. Eighty-three completed surveys were returned for a 21% response rate.

Findings

Study Population Description

The rural and regional generalists in Saskatchewan are predominantly male (69%) physicians who received their training outside of Canada (64%) and have an average of 21 years of service. Forty-four percent of them are working in communities of less than 5,000 people. Caring for geriatric patients and those with chronic disease makes up the bulk of their caseload.

Barriers to Participation in CME

The respondents indicated that the lack of local CME programs and the lack of locum coverage are the two greatest barriers to their participation in CME. Related barriers

include the travel time required to access programs, busy practices and the lack of relevant rural content.

Learning Preferences

Revalidation appears to be impacting the planned participation in CME with 39% of the respondents anticipating that they will take part in more than 50 hours of accredited CME in the future. They would prefer that this education be delivered via self-directed modalities and/or structured education close to their practices and families. Despite the stated desire to increase their participation in self-directed education, the face-to-face learning opportunities (i.e. conferences) remain the most preferred educational format.

Logistics

The respondents indicated that, in keeping with the barriers they identified, they have a preference for events that take place in their own communities although this preference is very nearly matched by events taking place in Saskatoon. Regional locations are also somewhat preferred. Evening events and/or those that take place on weekends other than holiday ones are preferred.

Learning Needs

Emergency medicine was the most frequently written in learn need followed by psychiatry and dermatology. Unfortunately, the respondents did not provide further details about specific topics within these broad areas so further targeted needs assessments will be required.

Discussion

Based on the findings arising from the 2008 Rural Saskatchewan Family Physicians Continuing Professional Learning Needs Assessment, the following recommendations have been developed:

1. CPL should develop topic specific needs assessments in the areas of chronic disease management and geriatrics which could then inform the development of educational interventions in these areas.

2. CPL should adjust the program content of the educational programs developed by the Division to better represent the patient profile of rural physicians.
3. Programs in the three high priority learning needs – emergency medicine, psychiatry, and dermatology – should be developed and implemented using one or more of the preferred educational formats.
4. The strong preference for face-to-face education combined with the preference for local continuing education programs suggests that CPL should develop “regional” education opportunities. These opportunities will, however, still have challenges related to travel and time away from practices and families if they only take place in regional centres.
5. CPL should work with Telehealth Saskatchewan, the regional health authorities and the Saskatchewan Ministry of Health to explore ways in which videoconferencing can be made available in more communities. If the expansion of videoconferencing is not possible, then Webex and/or Webinar technologies need to be further investigated.
6. CPL should engage in the development and/or support of online CME, problem based small group learning, PEARLS and self-assessment activities as these are the more highly preferred educational formats.

The 2008 Rural Saskatchewan Family Physician Continuing Professional Learning Needs Assessment has also provided direction for the Saskatchewan Medical Association, who funded the study. The SMA should:

1. Increase their support of distance education initiatives delivered by CPL so as to meet the educational needs of rural physicians. This could include supporting the expansion of videoconferencing, assisting in the development and deployment of regional education, and/or assisting in the development of self-directed education formats.
2. Explore ways in which they can increase the availability of locum coverage for those times when rural physicians want and/or need to attend conferences at a distance.

Conclusions

The 2008 Rural Saskatchewan Family Physician Needs Assessment has provided CPL with direction about the need for relevant and accessible continuing education in rural and regional communities throughout the province. However, to accomplish all that this needs assessment asks for, CPL will need short term financial support so they can research, develop, implement and evaluate the required innovations. It is anticipated that this need will diminish as the new programming becomes self-sustaining.

2008 Rural Saskatchewan Family Physicians Continuing Professional Learning Needs Assessment

Introduction

The growth of knowledge in medicine, as in other fields, has been especially rapid in the last decade. These advancements in knowledge and their applications have direct impacts on medical practitioners as they strive to maintain their medical and technical competencies. This creates an ever increasing demand for “lifelong” learning for physicians. Therefore, the mission of Continuing Professional Learning (CPL) is “to plan, implement, support and evaluate evidence-informed lifelong learning for Saskatchewan physicians in order to contribute to optimal health care outcomes”.

Stephan Abrahamson and colleagues (1999) identified eight guiding principles in the development of continuing education with needs assessments being defined as the foundation. "Needs assessment" refers to a process by which adult learners' opinions, feelings and educational needs are identified. Needs assessments may be either general or topic specific. The CPL program staff carries out topic specific needs assessments on a continuous basis; however, the last general needs assessment was completed in 2003. While it has informed program changes and modifications since that time, educational needs are not static so it is essential to repeat needs assessments on a regular basis.

The introduction in 2008 of revalidation resulted in the recognition that physicians, many of whom had not previously been required to produce evidence of continuing education participation, would need to change their continuing education practices. CPL further recognized that the rural and regional physicians (i.e. those located outside of Regina and Saskatoon) would be faced with the greatest challenges in meeting the revalidation requirements. Therefore,

rather than repeating a general provincial needs assessment, they developed a targeted needs assessment for rural and regional physicians.

Purpose

The purposes of the 2008 Rural Saskatchewan Family Physicians Continuing Professional Learning Needs Assessment were to:

- establish what educational formats rural Saskatchewan physicians use and/or prefer to use in their continuing professional development,
- determine where and when they would prefer to learn,
- identify the barriers that prevent the study population from taking part in continuing professional development activities, and
- develop a patient profile for rural Saskatchewan which will help to inform future continuing professional development programming.

Study Population

For the purposes of this needs assessment, the specialists practicing in rural and regional areas of the province were not included in the study population. The remaining four hundred and three generalists received the initial mailing of the needs assessment survey. Ten of these were subsequently disqualified from the target audience because they were no longer practicing in rural Saskatchewan. Therefore, the final study population consisted of three hundred and ninety-three generalists practicing in the rural and regional areas of Saskatchewan. This study population represents approximately forty-two percent of the general practitioners and family physicians practicing in Saskatchewan in 2008 (College of Physicians and Surgeons of Saskatchewan licensure data).

Methods

The original design of the 2008 Rural Saskatchewan Family Physicians Continuing Professional Learning Needs Assessment consisted of a written needs assessment questionnaire and nominal group techniques to validate the results of the survey.

Needs Assessment Survey

The initial version of the needs assessment was developed by using a similar study completed by University of British Columbia CPD-KT (2006). Preliminary drafts of the survey were forwarded to ten physicians to determine the ease of completion. Feedback received from these physicians was used to create the final version of the needs assessment survey.

Ethics approval was granted in August 2008 by the University of Saskatchewan's Ethics Board.

A Web-based version of the survey was created through the University of Saskatchewan's Web Survey Tool provided by Information Technology Services. Rural and regional generalists were asked to provide their email addresses so that the online survey could be distributed to them. Unfortunately, very few email addresses were obtained so it was not possible to effectively use this distribution method.

Each general practitioner and family physician practicing in a rural or regional location was assigned a numerical code prior to the distribution of the print needs assessment survey. This numerical code, placed on the self-addressed return envelope included with the survey, served as a tracking mechanism. The numerical code also allowed for the development of an understanding of the distribution of the responses from the health regions.

The print version of the survey was distributed, along with a glossary (Appendix A), via Canada Post to all rural and regional physicians in the province. Physicians were asked to voluntarily complete and return the survey with the return of the completed needs assessment constituting consent for participation in the survey.

A second distribution of the print needs assessment to those who had not yet responded occurred in October of 2008. The response rate after the second distribution was 21% so no further distributions were undertaken.

The data contained in the completed needs assessments was collated and analyzed using SPSS 16.0.

Nominal Group Technique

The Nominal Group Technique (NGT) is a structured, small group needs assessment tool that provides information about the perceived needs of the group that takes part in it. It consists of one clearly written research question (Appendix B) which the participants are invited to respond to, first as individuals and then by sharing with the group. Through a two stage voting process, the group ranks the identified needs from the highest priority to the lowest priority.

The preliminary research question for the NGT was developed prior to the needs assessment survey, but was not finalized until preliminary analysis of the needs assessment data took place.

Invitations to participate in one of four NGTs were sent to randomly selected physicians in two northern and two southern communities. Unfortunately, the response to these invitations was so low that the NGTs were cancelled.

The needs assessment study was then modified and an amendment to the Ethics Approval sought so that telephone interviews could be used to validate the responses obtained from the needs assessment tool.

Telephone Interviews

Data gathered from the needs assessment survey was used to create the scripted telephone interview questions (Appendix C). The telephone interviews were to be used to validate the differing perspectives, concepts and/or themes arising from the survey analysis. Unfortunately, the participation in the telephone interviews was so low that this was not accomplished.

Findings

Eighty-three responses were received from the 393 rural and regional generalists who were contacted in this needs assessment. This represents a twenty-one percent return rate.

The responses were tracked by location so that it was possible to determine that 60% of the responses received were from regional health authorities in CPL's northern catchment area while 40% were from the southern catchment area. The ratio of the northern versus southern responses is, therefore, 1.5:1. The rural and regional population ratio for the northern and southern catchment areas, based on the 2008 SMA population data (personal communication), was also 1.5:1 so the responses received can be viewed as being representative of the study population.

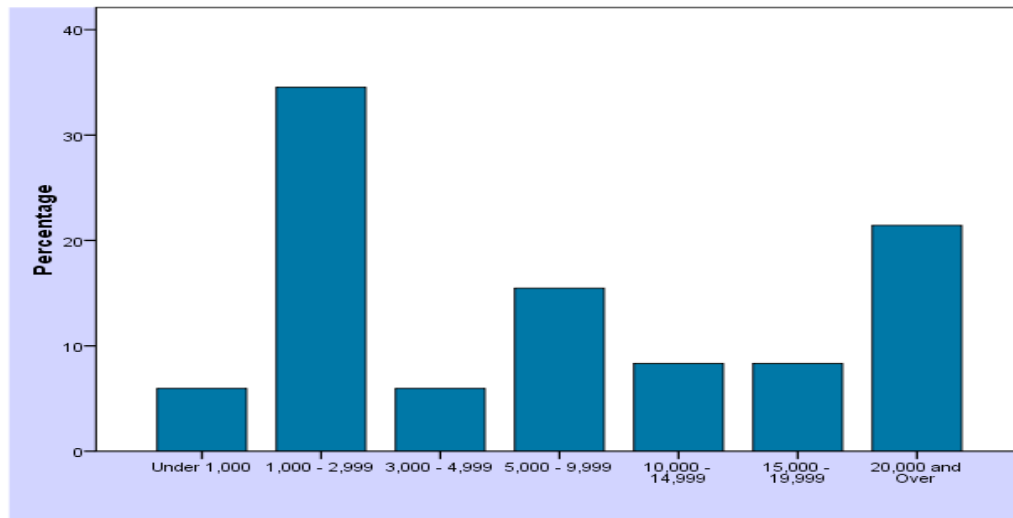
Demographics

Several questions included in the needs assessment tool were designed to elicit information about the demographics of the population surveyed. The responses

to these questions indicate that, of the 83 respondents, this is a predominantly male (69%) population trained outside of Canada (64%).

Forty percent of the respondents work in communities with populations of less than 2,999 with 6% of them located in communities of less than 1,000. Six percent of the respondents work in a community with a population of 3,000 to 4,999 while the remaining 54% are in communities with populations larger than 5,000. The distribution of community populations is further detailed in Figure 1.

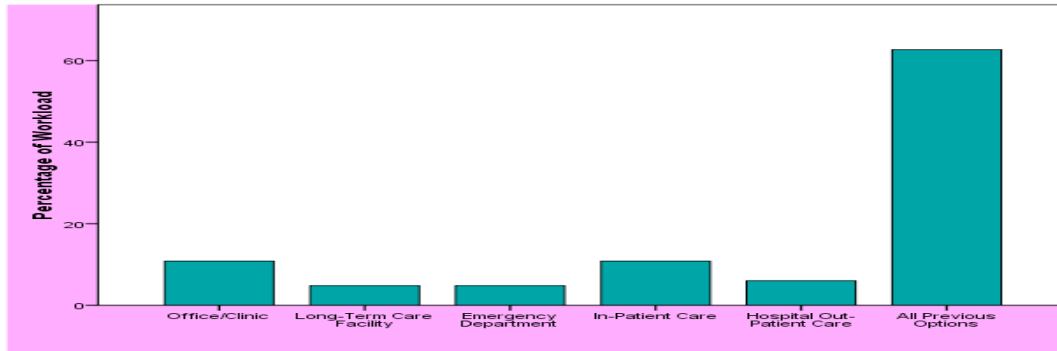
Figure 1
Rural Family Physicians and General Practitioners Community Population



When asked the settings in which they work, the majority (64%) of the respondents indicated that their practices involved them in a wide range of different settings rather than a limited environment. Therefore, rural physicians tend to see patients in their offices as well as providing services in both long term care settings and hospital settings. The hospital settings in which they practice include emergency, in-patient and out-patient care. The distribution of practice types is contained in Figure 2.

Figure 2

Rural Family Physicians and General Practitioners Work Responsibilities

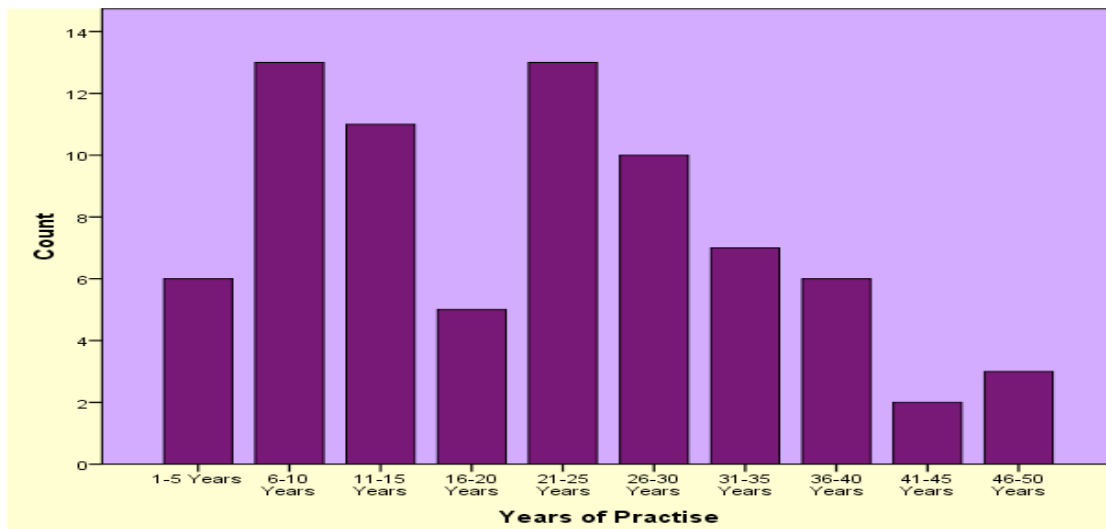


The majority of the physicians who responded to the needs assessment were in full or part time practice rather than locums.

The respondents reported that they had been in practice any where from one year to fifty years with the average length of service being 21 years. Figure 3 illustrates the distribution of the years of service for the respondents.

Figure 3

Rural Family Physicians and General Practitioners: Distribution of Years of Service



Patient Profile

The respondents were asked to estimate the percentage of their workload that was composed of a variety of patient populations. The rationale underlying the question was to create a profile of the types of patients being seen in rural practices and, in turn, to indirectly identify the areas in which there might be educational need.

Saskatchewan rural generalists are unlikely to encounter HIV/AIDS patients (M=1.5) in their practices; however, they are very likely to be caring for geriatric patients (M=4.0) and those with chronic diseases (M=3.9). As the patient profile in Figure 4 demonstrates, the chronic disease states they are likely to see include addictions or substance abuse, mental illness and pain.

A significant portion of the rural workload is focused on the care of Aboriginal peoples (M=2.9) and those who are living in poverty (M=2.7) – not surprising given the make up of Saskatchewan's rural population and the employment options available to them. Women's health (M=3.2), children and youth (M=3.0) and recreational injuries (M=2.8) also form a large portion of their workloads.

A small portion of the rural workload includes maternal care (M=2.4), occupational injuries (M=2.0), permanent disability (M=2.3) and oncology (M=2.4) and palliative care (M=2.4). It is likely that individuals in these circumstances are referred to the tertiary care centres for care delivered by specialists which may partially explain their low representation in the patient profile.

Figure 4

Rural Family Physicians and General Practitioners Patient Profile

Patient Demographics <10% 10-25% 26-50% Greater than
50%



Barriers to Participation in CME

The attendance data compiled in the Revalidation Impact Study demonstrates that a very large majority of Saskatchewan physicians are not accessing either distance education programs or conferences developed and delivered by CPL. When selected conference attendance data was analyzed by health region, it was further determined that the bulk of the participants at conferences were from either the Regina Qu'Appelle Health Region or the Saskatoon Health Region. It

was, therefore, important to identify what prevents rural physicians from accessing CPL's conferences and distance education programs.

The question in which barriers to participation were identified included statements about time, finance, technology and additional barriers which respondents ranked on a scale ranging from "never a barrier" through to "very frequent barrier".

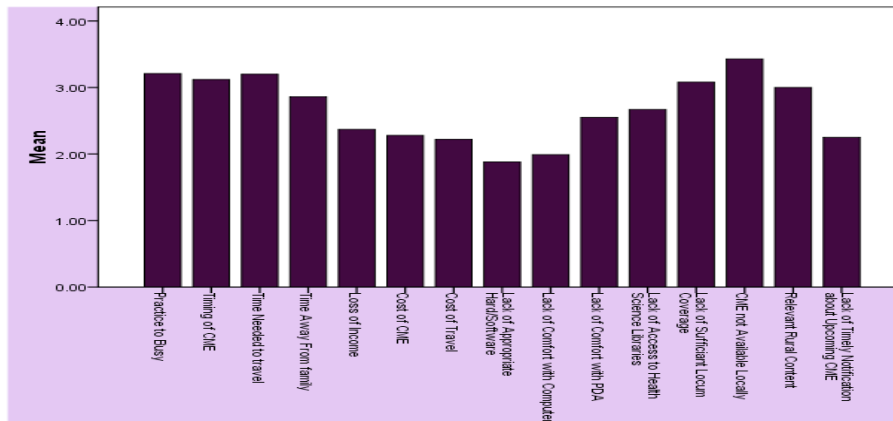
Of the identified barriers, financial and technological considerations had the least impact on attendance at CME events. The respondents did, however, indicate that they had some discomfort with PDAs (M=2.6).

Time as it related to travel time to access CME (M=3.2) and busy practices (M=3.2) were significant barriers to participation in CME events. The timing of these events (M=3.1) and the lack of relevant rural content (M=3.0) were also significant factors in preventing attendance at educational programs. The lack of adequate locum coverage (M=3.4) and the lack of local CME opportunities (M=3.4) were identified as the greatest barriers to their participation in CME.

A comparison of the impact of each of the barriers to participation in CME is included in Figure 5.

Figure 5

Perceived Barriers to CME Participation



Learning Preferences

The needs assessment survey provided significant information about the learning preferences of rural Saskatchewan physicians.

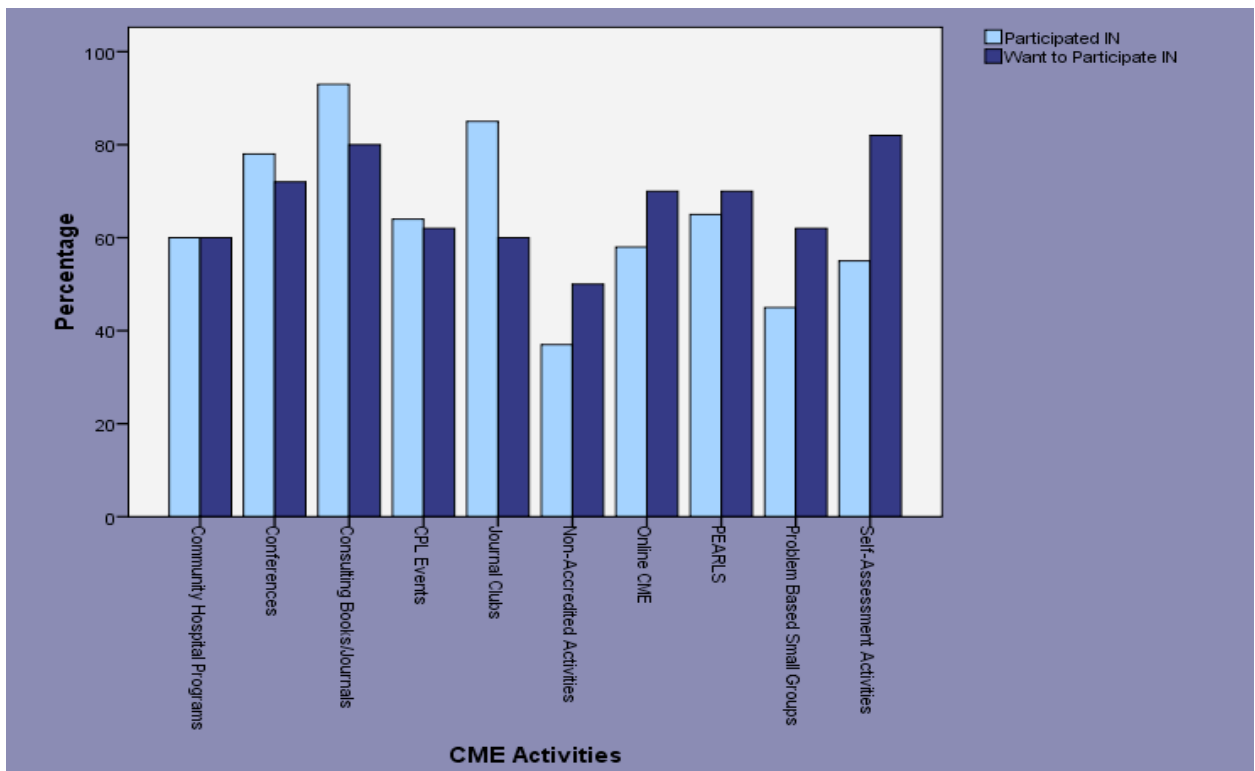
The initial questions on the survey focused on the continuing education practices of physicians in the past year, when revalidation was not in effect, and their projected attendance as a result of revalidation. Thirty-one of the respondents (37%) indicated that they had taken part in 36 to 50 hours of accredited CME activities in the last year. A small percentage (4%) indicated that they had participated in less than 10 hours of accredited CME. When the respondents were asked the number of hours of accredited education they intend to participate in, thirty-nine percent of the respondents indicated that they would be participating in more than 50 hours per year in the future.

The respondents were then asked to indicate whether they had participated in a variety of different formats within the past year and whether they anticipate

participating in more of programs in these formats. The percentages of positive responses for these formats are summarized in Figure 6.

Figure 6

Rural Family Physicians and General Practitioners Percentage of Past Participation and Future Participation



As the data contained in Figure 6 demonstrates, physicians anticipate that they will participate in more self-directed education and structured education formats that do not require time away from their practices and families. They also have indicated that they do not anticipate participating in more CPL events or conferences elsewhere in the future.

The final question that focused on CME formats asked the respondents to indicate their preference for each of the formats identified above on a scale of

“not preferred” to “highly preferred”. A moderate preference toward a CME format was defined as a mean of 3.

Conferences elsewhere were identified as the structured educational format for which there was the highest preference with a mean of 3.4. CPL events, which included conferences, district medical society meetings and videoconferences, had the second highest level of preference (M=3.1) of the structured educational formats. Online CME (M=2.9), community hospital programs (M=2.7), problem based small groups (M=2.5), and non-accredited activities (M=2.3) rounded out the structured educational format preferences.

Of the self-directed educational formats, the most preferred was PEARLS (M=3.2) followed by self-assessment activities (M=3.0). Consulting books or journals had a mean of 3.0 while journal clubs had a mean of 2.3.

Logistics

Two questions included in the needs assessment survey dealt with the logistics related to participation in continuing medical education events.

The first question asked the respondents to identify their level of preference for attending CME events in their own community, a regional location, Regina, Saskatoon, a national setting or a recreational setting. The respondents indicated that they have a preference for CME activities located in Saskatoon (M=3.4), their own community (M=3.4) and regional locations (M=2.7). Educational events occurring in Regina (M=2.3) were the least preferred provincial option.

Recreational and/or national settings were identified as less preferred locations for attendance at CME events (M=2.8). This ranking would indicate that, despite their stated preference for the *educational formats* of conferences elsewhere, this

is not their preferred *location*. Given the barriers that prevent physicians from attending conferences – specifically the lack of locum coverage – it is natural that conferences at a distance are the less preferred location. However, when responses to the location question were considered in conjunction with the timing of events, preference for participation in these types of events increases when they are held during summer holidays or school breaks ($r = .344$, $p < .005$ and $r = .254$, $p < .005$).

When given the option of breakfast, lunch or evening weekday CME events, the respondents indicated a preference for evening meetings ($M = 2.8$). On the other hand, breakfast activities would actually influence a physician to not attend ($M = 2.0$).

Weekend events, other than ones occurring on holiday weekends, are generally preferred ($M = 3.3$).

Learning Needs

Respondents to the needs assessment survey were given an opportunity to write in their top three learning needs and to identify topics within that learning need that they would like to have addressed in future educational opportunities. The information provided was collated and ranked according to the number of times a topic was identified.

One quarter of the responding rural physicians indicated a need for emergency medicine courses. Ten of the responses concerned psychiatry topics such as depression, anxiety, and behavioural problems while six concerned dermatological topics.

Unfortunately, the respondents did not provide any information about their learning needs within these broad topics so further topic specific needs assessments will be required.

Discussion

Professional isolation has frequently been identified in the literature as a major problem for rural health care professionals. The absence of peers to challenge, stimulate, and support the rural physician may make keeping up to date and staying motivated to learn new skills or acquire new information difficult. In fact, the best known demographic risk factor for loss of competence is isolation from peers (St. George, 2006).

It is also generally thought that rural physicians have greater unmet information needs and may be out of date with respect to recent advances in medical knowledge (Gorman, 2004; Andrews, 2005). However, Dee and Blazek (1993) explain that rural physicians face the same inundation of new medical knowledge as their urban counterparts. Rural Saskatchewan physicians in this study reported taking part in, on average, 36 hours per year of accredited CME activities. This reported CME activity is supported by the research findings of Gorman and colleagues (2004) who found that rural physicians actually sought and acquired the same overall amount of medical information as their urban peers.

Although the patient profile created through this needs assessment is a self-reported profile, it contains valuable information about the work load and its challenges. These physicians, two thirds of whom are internationally trained, may have very little experience with geriatric patients and chronic diseases because of the range of practice they engaged in while in their countries of origin. However, the bulk of their practices in rural Saskatchewan revolve around these conditions. This might, therefore, indicate knowledge gaps for which educational interventions could be designed.

The patient profile data also provides direction about areas in which education may not be as needed as it once was. For example, the POGO (Pediatrics,

Obstetrics and Gynecology) conference has been in existence for over fifty years – commencing at a time at which general practitioners were actively involved in obstetrical care. The current patient profile for rural Saskatchewan indicates that this type of care represents less than 25% of the workload. Therefore, to attract rural physicians, it may be necessary to shift the content of the POGO away from obstetrical topics and focus more on children and youth and women's health issues.

Despite what the patient profile tells CPL, the physicians themselves view education about emergency medicine as their highest need. While this may seem contradictory, one must remember that the skills associated with emergency response are not typically used on a regular basis. As well, there is often a lack of specialist support when emergency situations arise (Kamien, 1998). Therefore, rural physicians tend to ask for this type of education so that they can keep their skills up to date.

Face-to-face meetings, as evidenced by the high level of preference they have towards these formats, have been and continue to be the preferred educational format for rural Saskatchewan physicians. This observation is supported by research such as Rourke's (1998) in which it was found that rural physicians demonstrated a significant preference to conferences and live learning activities.

The current needs assessment did not pursue the reasons behind each response; however, one could speculate that the opportunity to interact with one's colleagues is very attractive to someone working in an isolated location. As well, it has often been stated that it is psychologically helpful to get away to a completely different setting to learn new approaches, develop different points of view, and expand one's view of medicine, humankind, and the world (Rourke, 1998). Finally, being away from the rigors of practice, whether at a distant conference or on a vacation, may allow the rural physician to return with a renewed eagerness for the rewards of clinical practice.

Although attending conferences, either at provincial locations or elsewhere, provides face-to-face learning opportunities, the logistics of arranging coverage, accommodation and transportation may make participation difficult. In fact, the respondents to the needs assessment indicated that the greatest barriers to their participation in CME events were the lack of local programs and the lack of locums.

Since Saskatchewan physicians are required to ensure that their patients have access to medical care at all times, the lack of locums (physicians who accept temporary work assignments so others can attend continuing education programs or take vacations) has a negative impact on their ability to meet the revalidation requirements. Therefore, they would prefer to have local CME programs that do not require locum coverage.

It may not be possible to completely eliminate the other underlying barriers - time away from their families and practices and costs associated with travel and loss of income. However, these barriers may not seem as overwhelming if the conference content is highly relevant to their practice or includes opportunities for family time outside of the conference. The opportunities for family activities may, indeed, underlie the preference for conferences elsewhere as these may provide a combination of learning and vacation.

Distance education initiatives such as district medical society meetings, travelling regional programs or videoconferences also have the potential to address the barriers identified in the previous paragraphs. For example, videoconferencing, when widely distributed and supported by technologies such as Webex or Webinar, has the potential to overcome the barriers created by distance and cost. As well, research by McDowell and colleagues (1987) concluded that videoconferencing provides the equalities of urban CME within the isolated, distant, and multi-disciplined environment of rural physicians.

Online CME, which was quite highly ranked as a preferred method of learning as well as one they intend to take part in more of, addresses the need for continuing education that is accessible within one's own community and minimizes time away from both family and practice. The fact that the respondents indicated they intend to take part in more online CME identifies an educational format that CPL should be more actively engaged in developing. This engagement could include placing a greater emphasis on developing content for MDcme or developing supports so that the completion rate for online programs increases.

The respondents also saw themselves taking part in more problem based small group learning, PEARLS, and self-assessment activities – despite the fact that these were not among the educational formats they had high levels of preference for. These educational formats do, however, have the benefit of being within the control of the learner, do not usually require time away from their practices and families, and may be available via the Internet. The fact that these were educational formats with lower levels of preference would suggest that these may represent areas in which CPL could explore the development and delivery of materials and/or supports to increase their involvements in these activities.

One area of concern was the expressed desire to take part in more non-accredited activities in the future. Under the revalidation requirements, generalists are allowed to claim a maximum of 125 study credits in each five year cycle from non-accredited sources. Increasing the participation in these non-accredited activities may, therefore, not be in the physicians' best interests. However, if they were to use these activities to generate additional self-directed learning activities, they could initiate highly relevant learning.

Recommendations

The 2008 Rural Saskatchewan Family Physician Needs Assessment has provided CPL with a great deal of information and direction for the design of educational interventions to address the needs of rural physicians. The recommendations arising from the study include:

- CPL should present the information contained in this needs assessment and the 2008 Revalidation Impact Study to the CPSS, SMA, Saskatchewan Ministry of Health and College of Medicine as partial justification for moving away from the current cost recovery model.
- Develop topic specific needs assessments as the first stage in designing education in the areas of chronic disease management and geriatrics. A suggested chronic disease management needs assessment, drawn from the UBC CPD-KT survey, is included in Appendix D.
- Adjust program content for all of the educational programs developed by the Division to better represent the patient profile of rural physicians.
- Programs in the three high priority learning needs – emergency medicine, psychiatry, and dermatology – should be developed and implemented using one or more of the preferred educational formats.
- The strong preference for face-to-face education combined with the preference for local continuing education programs suggests that CPL should develop “regional” education opportunities. These opportunities will, however, still have challenges related to travel and time away from practices and families if they are limited to regional centres.
- CPL should work with Telehealth Saskatchewan, the regional health authorities and the Saskatchewan Ministry of Health to explore ways in which videoconferencing can be made available in more communities. If the expansion of videoconferencing is not possible, then Webex and/or Webinar technologies need to be further investigated.

- CPL should engage in the development and/or support of online CME, problem based small group learning, PEARLS and self-assessment activities as these are the more highly preferred educational formats.

The 2008 Rural Saskatchewan Family Physician Needs Assessment has also provided direction for the Saskatchewan Medical Association, who funded the study. The SMA should:

- Increase their support of distance education initiatives delivered by CPL so as to meet the educational needs of rural physicians. This could include supporting the expansion of videoconferencing, assisting in the development and deployment of regional education, and/r assisting in the development of self-directed education options.
- Explore ways in which they can increase the availability of locum coverage for those times when rural physicians want and/r need to attend conferences – either provincially or outside of the province.

Conclusion

It can not be disputed that there is a need to ensure relevant and accessible continuing education is provided so that physicians can meet the revalidation requirements. The 2008 Rural Saskatchewan Family Physician Needs Assessment provides CPL with direction about what that continuing education should be and how it could be delivered to the generalists in rural and regional centres in the province. However, to accomplish all that this needs assessment asks for, CPL will need short term financial support so they can research, develop, implement and evaluate the required innovations. It is anticipated that this need will diminish as the new programming becomes self-sustaining.

Future Directions

The data collected through the 2008 Rural Saskatchewan Family Physician Needs Assessment has the potential to provide an even richer understanding of the education needs of these physicians. For example, it would be possible to analyze the data on the basis of health region so that the educational needs of specific health regions could be reported. It would also be possible to carry out analyses that would link the broad themes reported in this document to gender, stage of practice, or cultural background information.

The current needs assessment also points to the need to conduct an urban generalists needs assessments so that the results of the two studies could be compared. Given that the majority of the current participants in CPL conferences are from one of the two major urban health regions, this comparison would allow CPL to better understand the educational needs of this groups of physicians. Additionally, the comparison would allow for the development of more inclusive educational offerings that address the needs of all generalists and, hopefully, creating a broader participant base and a richer learning experience for all.

CPL, the SMA and other key stakeholders will need to be cognizant of their responses to the needs assessment results. The study population will be watching to see what is done with this report and how it impacts their ability to participate in relevant continuing education and maintain their licensure. If, five years from now, nothing has changed then the needs assessment will have failed. Future research could, therefore, explore the programming and other changes that take place as a result of the needs assessment.

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Problem Based Small Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online CME (i.e. MDcme, MDBriefcase, mdPassport)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community hospital programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-accredited pharmaceutical or industry sponsored activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Directed Formats:	Yes	No	Yes	No	Not Preferred	Slightly Preferred	Moderately Preferred	Highly Preferred	N/A
PEARLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consulting books and/or journals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Journal clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-assessment activities (i.e. audit, personal learning plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please indicate the degree to which you would **prefer to attend a CME activity** in the following **locations**:

	Not Preferred	Slightly Preferred	Moderately Preferred	Highly Preferred	No Comment
My own community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saskatoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National setting (i.e. another province)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational setting (i.e. a cruise or golf course)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. To what extent would you prefer to attend a CME activity during...

	Not Preferred	Slightly Preferred	Moderately Preferred	Highly Preferred	No Comment
Weekdays:					
Breakfast time (i.e. 0700)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch time (i.e. 1200)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (i.e. 1900)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekends (i.e. Friday/Saturday)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holiday weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School breaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please indicate the extent to which each item poses a barrier to your participation in CME:

	Never Barrier to Participation	Rarely Barrier to Participation	Sometimes Barrier to Participation	Very Frequent Barrier to Participation	N/A
Time:					
Practice too busy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timing of CME programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time needed to travel to CME activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time away from family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance:					
Loss of income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of CME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology:					
Lack of appropriate computer hardware/software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of comfort with computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of comfort with personal digital assistants (PDAs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of access to health science libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Barriers:					

Women's health (excluding maternity care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternity care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational injuries (including agricultural)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic disease (i.e. Asthma/Lung disease, Diabetes, Cardiovascular diseases)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic mental illness (including depression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please indicate which setting(s) best describe where you work. Please check **ALL** that apply.

- Office/Clinic**
 Long-Term Care Facility
 Emergency Department
 In-patient care
 Hospital Out-patient care
 All of the Above

If none of the above, please describe where you work:

We would like to know a little bit about you. Please remember all data will be kept strictly confidential.

11. I completed my medical training

- in Canada
 outside of Canada

12. Since completing your training, how many years have you been in practice?

13. Are you

- Male
 Female

14. Which of the following apply to your current status? Please check **ALL** that apply. I am...

- In full or part-time medical practice
 A locum

15. For the purpose of exploring the relationship between rural physicians' educational needs and their location, what is your office postal code? _____

16. Do you have other comments relating to the provision or delivery of CME, access to CME for rural physicians *or* any aspect of this survey?

Revalidation 2007 - What does it mean for you?

Glossary

Continuing Professional Development - (CPD) - The development of clinical knowledge and skills, and the professional roles of family physicians and specialists, as set out in the Four Principles of Family Medicine from the College of Family Physicians of Canada and CanMeds from the Royal College of Physicians and Surgeons of Canada.

CCFP, FCFP - Means Certification or Fellowship in Family Medicine by the College of Family Physicians of Canada. This is granted to family physicians who meet their requirements for certification or fellowship.

FRCP, FRCS - Fellow of the Royal College of Physicians, Fellow of the Royal College of Surgeons. This is granted by the Royal College of Physicians and Surgeons of Canada to physicians with specialty training who meet their requirements for fellowship.

Mainpro - the program of the College of Family Physicians of Canada to track physicians' continuing professional development activities. Physicians are required to submit a total of 250 credits every 5 years. At least 125 of these must be from accredited CME (Mainpro-M1 and / or Mainpro-C credits). The rest can be from non-accredited CME (Mainpro-M2 credits). Members of the College of Family Physicians of Canada are required to meet the requirements of Mainpro in order to retain their membership.

Maintenance of Certification - the program of the Royal College of Physicians and Surgeons of Canada to track physicians' continuing professional development activities. Physicians are required to submit a total of 40 credits per year and 400 credits every 5 year cycle. Physicians holding FRCP or FRCS are required to meet the requirements of Maintenance of Certification in order to retain their status.

The College's Revalidation Program

1. The revalidation requirement will affect you in 2007.
2. If you currently are a member of the CFPC or hold FRCP or FRCS you will need to meet the requirements of Mainpro or Maintenance of Certification at the end of your cycle, and provide proof that you have done so. There is nothing further you need to do.
3. If you currently are not currently enrolled in either Mainpro or Maintenance of Certification, you will need to enrol prior to applying to renew your license for 2008.
4. The College of Family Physicians of Canada has agreed that non-members can enrol in Mainpro and have their Continuing Professional Development activities tracked in the same way as members currently have their CPD activities tracked.
5. The Royal College of Physicians and Surgeons of Canada has agreed that physicians who don't hold fellowship can enrol in the Maintenance of Certification program and have their Continuing Professional Development activities tracked in the same way as physicians holding FRCP or FRCS currently have their CPD activities tracked.

6. You will have to confirm that you have enrolled in either Mainpro or Maintenance of Certification in order to renew your licence for 2008.
7. If you hold only a temporary or educational licence, you are not required to enrol for Mainpro or Maintenance of Certification.
8. You can apply to the Registrar of the College of Physicians and Surgeons for an exemption from the Revalidation requirement. Unless an exemption is granted, you will not be able to renew your licence for 2008 without enrolling in either Mainpro or Maintenance of Certification. Exemptions will be only granted sparingly, and only for compelling reasons.
9. When you reach the end of your renewal cycle, if you have not met the requirements of Mainpro or Mainpro, you can apply to the Registrar of the College of Physicians and Surgeons for permission to renew your licence notwithstanding the failure to meet the requirements. The Registrar, if he grants that request, can do so with conditions.
10. You will not be required to confirm to the College of Physicians and Surgeons on a yearly basis what CPD activities you have undertaken. You will need to confirm that you have met the requirements at the end of your renewal cycle.
11. At the end of your five year renewal cycle, you will be required to provide proof that you have met the requirements of Mainpro or Maintenance of Certification. Failure to do so will mean that you will be unable to renew your licence unless you receive an extension or an exemption from the Registrar.

Enrolling in Mainpro or Maintenance of Certification

The contact information for the two Colleges is:

The College of Family Physicians of Canada
2630 Skymark Avenue
Mississauga, ON L4W 5A4

You may call the CFPC dedicated hotline at 1-866-224-8104 or
call toll free 1-800-387-6197 ext 204
Website: <http://www.cfpc.ca>

The Royal College of Physicians and Surgeons of Canada
774 Echo Drive
Ottawa ON Canada
K1S 5N8

You may call the RCPSC Department of Professional Affairs at 1-613-730-6243 or
call toll free 1-800-461-9598
Website: <http://rcpsc.medical.org>

Source: College of Physicians and Surgeons of Saskatchewan website.



**2008 Rural Saskatchewan Family Physicians
Continuing Professional Learning
Needs Assessment Survey**

Researcher: Heather Stenerson, Research Director, Continuing Professional Learning, College of Medicine, University of Saskatchewan, (306) 766-4018

Purpose and Procedure: The purposes of the 2008 Rural Saskatchewan Family Physicians Continuing Professional Learning Needs Assessment are to:

- establish what educational formats rural Saskatchewan physicians use and/or prefer to use in their continuing professional development,
- determine where and when they would prefer to learn,
- identify the barriers that prevent the target audience from taking part in continuing professional development activities, and
- develop a patient profile for rural Saskatchewan which will help to inform future continuing professional development programming.

The Nominal Group Technique (NGT) is a structured, small group needs assessment tool that provides information about the perceived needs of the group that takes part in it. It consists of one clearly written research question which the participants are invited to respond to, first as individuals and then by sharing with the group. Through a two stage voting process, the group ranks the identified needs from the highest priority to the lowest priority.

The priorities identified through the NGT process will be used to validate the results obtained from the needs assessment survey.

Potential Risks: There are no risks or deceptions involved in this research study.

Potential Benefits: The results of the needs assessment will be of value to the CPL staff, the funders of this research study and the Advisory Committee members as decisions are made about programming for rural Saskatchewan physicians.

Storage of Data: The research data will be stored in a locked filing cabinet and/secured computer files, by the Research Director in the Regina office of the Division of Continuing Professional Learning, for a maximum of five years when the data will be appropriately destroyed.

Confidentiality: Each participant who takes part in the NGTs will receive an identification number. Once the NGTs have been completed and compiled into the overall needs assessment results, the list of identification numbers and names will be destroyed.

Right to Withdraw: Your participation is voluntary, and you may withdraw from the study for any reason, at any time, without penalty of any sort. If you withdraw from the study at any time, any data that you have contributed will be destroyed at your request.

Questions: If you have any questions concerning the study, please feel free to ask at any point; you are also free to contact the researcher at the number provided above if you have any questions at a later date. This study has been reviewed and approved on ethical grounds by the University of Saskatchewan Behavioural Ethics Board on. Any questions regarding your rights as a participant may be addressed to that committee through the Ethics Office (966-2084). Out of town participants may call collect. The results will be available from the researcher at your request.

Appendix B

**2008 Rural Saskatchewan Family Physicians
Continuing Professional Learning
Needs Assessment
Nominal Group Technique**

Question

What strategies and approaches could Continuing Professional Learning implement to best meet the educational needs of rural and remote physicians during the first revalidation cycle and beyond?

Appendix C

**2008 Rural Saskatchewan Family Physicians
Continuing Professional Learning
Needs Assessment
Interview Script**

What strategies and approaches could Continuing Professional Learning implement to best meet the educational needs of rural and remote physicians during the first revalidation cycle and beyond?

Note: Additional questions will be incorporated into the scripted telephone interview as concepts and/or themes emerge from either the needs assessment survey or the NGT analysis.

Appendix D

Chronic Disease Management

1. a) Does your practice currently have a system of identifying patients with chronic diseases (e.g. congestive heart failure, diabetes etc.)?

Yes

No

b) **If YES**, which of the systems below do you currently use and prefer to use?
Please check **ALL** that apply.

	Currently Use	Prefer to Use	N/A
Colour-coded chart stickers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bring Forward (B/F) system or calendar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer database (e.g. by diagnostic code etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A written list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provincial “Chronic Disease Management Toolkit”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. To what extent would you be interested in participating in a CPD activity on the following **potential** chronic disease management (CDM) content areas?

Potential CDM Content Area:	Not Interested	Somewhat interested	Moderately Interested	Very Interested	No Comment
Facilitating patient self-management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrating group counselling visits into practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using clinical practice audits to enhance care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using clinical practice guidelines to enhance patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incorporating CDM tools into your practice (e.g. diabetes flow sheet etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in a family practice network to care for a defined patient population including patients with chronic diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific CDM topic:					
Addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Topic (please specify):					