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| Needs Assessment Data Type | Source (e.g., link, title, description) | Summary of Information from source | Topics or learning objectives identified from this source | CanMEDS role(s) addressed by this topic/learning objective |
| Example Other | https://www.nosm.ca/education/cepd/program-development-toolbox/uptodate-searchable-database/ | Top 10 most-accessed resources for 2022 in Dermatology topic | Will have a session on common dermatology presentations with learning objectives focussed on diagnosis, management, and treatment; and when to refer. | Medical Expert, Collaborator |
| Example Practice Guidelines | <https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/communication/Team_Communication/team_communication-e.html> | Team Communication is a sub-theme of Communication, identified as one of 6 domains of the CPSI-RCPSC Patient Safety Competencies framework. | Supports Learning Objective: Develop communication skills that foster resilience and independence in their practice | Collaborator (communication between team members); Communicator (communication to patients) |
| Example Patient Perspective | Diabetes Canada | Collaborated with Diabetes Canada (patient advocacy organization) to gain insights into patient needs specific to Northern Ontario patient populations | Caring for remote patients with Diabetes complications | Medical Expert, Collaborator, communicator |
| Best Practice Guidelines |  |  |  |  |
| Chart Audits |  |  |  |  |
| Clinical Observances/ Patient Outcomes |  |  |  |  |
| Emerging Trends |  |  |  |  |
| Epidemiological/ Population Health Data |  |  |  |  |
| Evaluation Summary from Previous Program |  |  |  |  |
| Focus Groups/ Interviews |  |  |  |  |
| Other |  |  |  |  |
| Patient Perspective |  |  |  |  |
| Peer Reviewed Literature/ Research Findings |  |  |  |  |
| Physician/ Faculty/ Target Audience Request |  |  |  |  |
| Referral Patterns |  |  |  |  |
| Scientific Planning Committee Minutes |  |  |  |  |
| Survey of Anticipated Target Audience |  |  |  |  |
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|  | A diagram of a medical expert  Description automatically generatedA logo of a family tree  Description automatically generated   |  | | --- | | [CanMEDS (RCPSC)](http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e) | | | |  | | --- | | [CanMEDS-Family Medicine (CFPC)](https://www.cfpc.ca/uploadedFiles/Education/CanMeds%20FM%20Eng.pdf) | | |
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|  | **Summary** | **CPD Program may address. . .** |  |
| *Medical Expert* | The most commonly selected role that CPD program planners identify as being addressed through their needs assessment review. In some ways, this is understandable because both Colleges describe the medical expert role as the one that incorporates all of the other competencies! | Clinical reasoning / decision-making; clinical assessment and management; diagnosis, treatment, follow-up; scope of practice; procedural skills |  |
| *Communicator* | Addresses the physician-patient relationship, patient-centered communication, and communication with family. This includes understanding the patient’s fears, context, socio-economic status, family history, social issues and incorporating this understanding into patient care. | Patient values, patient-centred care, disclosure of harm, maintaining accurate and up-to-date patient records; |  |
| *Collaborator* | Incorporates sharing of knowledge, responsibilities, perspectives, and a willingness to work together to achieve the best outcome. This role refers to relationships with patients and their families, physicians, other health professionals, and community partners and may extend to administrative roles, education, advocacy and scholarship. | Teamwork, IPE, handover, referrals, conflict management |  |
| *Leader* | Refers to a physician role in the health care system, their responsibility to provide excellent patient care though their role as a clinician, administrator, educator or scholar. | Leading change, career development, QI, managing practice, health care systems |  |
| *Health Advocate* | Extends beyond the advocacy for a particular patient’s needs. It also reflects the physician’s societal role in prevention, health promotion and equity, in navigating the healthcare system. | Health promotion, equity, community engagement |  |
| *Scholar* | Refers to a physician’s commitment to continuous learning, teaching, evaluation of evidence, and contributing to the creation and sharing of knowledge through research. | Writing, grants, QI, research ethics, research skills, giving / receiving feedback, teaching |  |
| *Professional* | The role of professional refers to a physician’s commitment to ethical practice, high personal standards of behavior, accountability to the profession and society, and maintenance of personal health. | Ethical practice, wellness, personal behaviour, burnout, boundaries |  |

**!NEW! - How to incorporate patient perspective into your program:**

See the CFPC [Quick Tips: Guide for integrating patient perspectives into CPD activities for family physicians](https://nosm.sharepoint.com/sites/ContinuingEducationandProfessionalDevelopment/pdr/Program%20Development%20and%20Training%20Resources/Forms/AllItems.aspx?id=%2Fsites%2FContinuingEducationandProfessionalDevelopment%2Fpdr%2FProgram%20Development%20and%20Training%20Resources%2FCPD%20Quick%20Tips%20Integrating%20Patient%20Perspectives%2Epdf&parent=%2Fsites%2FContinuingEducationandProfessionalDevelopment%2Fpdr%2FProgram%20Development%20and%20Training%20Resources&p=true&ga=1)

***From the Guide:*** “Including patients and individuals with lived experiences in the design and development of continuing professional development (CPD) activities for family physicians is essential for fostering meaningful and impactful outcomes. By engaging with those directly affected by health care encountered in clinical practice. This collaborative approach not only enhances the relevance and effectiveness of CPD activities but also promotes a patient-centred health care system that prioritizes patients’ well-being and satisfaction decisions and interventions, CPD programs can better address the diverse needs, preferences, and challenges."

Conduct surveys or focus groups with patients to understand their perspectives on the health care experience

Identify areas where patient perspectives can enhance CPD activities for family physicians

Invite planning committee members to include patient stories and narratives in planning discussions

Should reflect practice relevance of the target audience

\*When including patient stories, case studies, or narratives, planning committees must make sure that patient confidentiality is maintained at all times, including during planning discussions and CPD sessions.

Include diversity lens to all resources ( culture, social, geographic, other)