

Continuing Health Sciences Education Program

CURRICULUM NEEDS ASSESSMENT 2009

This needs assessment was developed to determine how the Continuing Health Sciences Education (CHSE) Program at McMaster University can:

1. Provide quality educational opportunities that will meet the needs of its Health Science Faculty.
2. Facilitate access to educational opportunities that will have a positive impact on improving knowledge and skills for physicians, nurses and other health professionals.

www.fhs.mcmaster.ca/conted

webform

A. CPD events (for the purpose of this survey CPD includes CE (Continuing Education), CME (Continuing Medical Education) and CPD (Continuing Professional Development))

1. Identify your knowledge of and/or relationship with the Continuing Health Sciences Education (CHSE) Program

(please, select all that apply)

- I know the CHSE Program provides and manages educational events on behalf of McMaster University Faculty
- I have attended educational events that were managed by CHSE
- I have used the registration and event management services provided by CHSE to organize educational events
- I am not familiar with the CHSE Program at McMaster University

2. I would be prepared to attend CPD events in the following location(s) (please, select all that apply)

- Hamilton only
- Hamilton and surrounding area (Burlington, Brantford)
- Golden Horseshoe (St. Catherine, Welland, Niagara)
- Southern Ontario (London, Guelph, Kitchener, Oakville)
- Other (please, specify) _____

3. I would consider attending CPD events in the following venue(s) (please, select all that apply)

- University Campus
- Hospitals
- Hotels
- Conference / Banquet Hall (no onsite accommodations)
- Restaurant / Dining establishments
- Other (specify) _____

4. I usually learn about CPD events / educational opportunities through (please, select all that apply)

- Direct mail
- Events and Rounds
- Posting in Hospital
- Advertisement in Journals
- Website
- E-mail
- Word of Mouth
- Fax
- Other (please, specify) _____

5. Please, rate the following reasons for attending a CPD event

REASON	1 <small>Least important</small>	2	3	4	5 <small>Most Important</small>
Content pertinent to my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need for professional certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendation by a colleague	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reasons (please specify):					

6. I like to attend / participate in the following type(s) of CPD programs (please, select all that apply)

- Conference
- Workshops
- Seminar Series
- Rounds
- Journal Clubs
- Practice-based Small Group
- Web-based Learning Sessions
- Evidence-based Resources
- Performance Practice Audits
- Simulations
- Independent Learning / Self assessment
- Other (please, specify) _____

7. During the past 12 month, approximately what percentage of your CPD time did you spend in each of the following types of educational events?

Type of Educational Event:	Total should equal 100%			
Conferences				%
Rounds				%
Web-based learning				%
Workshops				%
Journal Clubs				%
Seminar Series				%
Practice Based Small Group				%
Independent learning / Self Assessment				%
Performance Practice Audits				%
Evidence-based resources				%
Simulations				%
Other (please specify):				%
Total should equal 100%	1	0	0	%

Major Conferences

8. I would like to attend major conferences that are held over (please, select all that apply)
 0.5 day 1 day 1.5 days 2 days 2.5 days more than 2.5 days

9. I would like to attend major conferences on the following day(s)

Day of the Week	Choice 1	Choice 2	Choice 3	Never
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

10. I would prefer the first session of a conference to begin at the following time (please, select one)

0700 0800 0900 1000 1300 1400 1700 1800 1900

11. I would prefer the last session of conference to end at the following time (please, select one)

1200 1300 1400 1500 1600 1700 1800

12. Please, rate the following barriers in preventing you from attending a major conference

Barriers	1 No Barrier	2	3	4	5 Greatest Barrier
Time away from the office / work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of the conference	<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"/>
Cost of the conference / travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of the program content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of incentive / financial support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (please, specify)					

13. How much advance notice would you like to have before a major conference takes place? (please, select one)

6 months 3 months 2 months 1 month

B. Educational Needs

1. Please, rate the following presentation methods commonly used at CPD events in terms of how beneficial each is to you in gaining new knowledge and skills

Methods	1 Least Benefit	2	3	4	5 Greatest Benefit
Traditional lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short presentations (5-10 minutes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactive small group discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case-based discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical, hands-on workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panel Discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (please, specify)					

2. List 5 topics relevant to your professional activities that you plan to include in your personal CPD projects this year.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

3. With respect to the five topics listed in the previous question, indicate the level of your current knowledge base.

TOPIC	NOVICE	ADVANCED BEGINNER	COMPETENT	PROFICIENT	EXPERT
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. With respect to the five topics listed in the previous question, indicate your perception of the availability of CPD activities that will allow you to achieve your CPD goals this year.

TOPIC	NONE	VERY LIMITED	LIMITED	GOOD	EXCELLENT
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How useful are pre- and post- knowledge tests in helping you to determine how much you have learned during a CPD event?

- not useful somewhat useful very useful not sure

6. How useful are practice reflections / commitment-to-change statements in helping you to translate knowledge into practice?

- not useful somewhat useful very useful not sure

7. How useful are CPD events to you that provide opportunities for inter-professional education?

- not useful somewhat useful very useful not sure

8. Which of the following educational formats would you like CHSE to develop and implement? (please, select all that apply)

- | | | |
|--------------------------------------|------------------------------|-----------------------------|
| Educational credits (i.e. MAINPRO-C) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Internet / web-based education | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Internet rounds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Video-conferencing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lecture series | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Self Assessment Programs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

9. Other Comments (please, print):

C. Demographics

1. **Gender:** M F

2. **Profession:**

Physician	<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Member of the College of Family Physicians	<input type="checkbox"/> Non-member of the College of Family Physicians
	<input type="checkbox"/> Specialist	<input type="checkbox"/> Member of the Royal College of Physicians & Surgeons of Canada	<input type="checkbox"/> Non-certified specialist
		<input type="checkbox"/> Other specialty designation: _____	
	<input type="checkbox"/> Medical student / Resident		
Nurse	<input type="checkbox"/> RN	<input type="checkbox"/> BScN	<input type="checkbox"/> MScN <input type="checkbox"/> RN (EC) <input type="checkbox"/> Student Nurse
Other Health Professional	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Physiotherapist	
	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Social Worker	
	<input type="checkbox"/> Nutritionist	<input type="checkbox"/> Dietician	
	<input type="checkbox"/> Midwife	<input type="checkbox"/> Laboratory Technician	
	<input type="checkbox"/> Radiology Technician	<input type="checkbox"/> Physician Assistant	
	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Student, Specify _____	

Masters (please specify field) _____

Ph. D. (please specify field) _____

Other (please specify) _____

3. **Year of Graduation:**
 before 1970 1970-1979 1980-1989 1990-1999 2000-2005 after 2005

4. **What is your focus of professional activity:**
 Administration Education Clinical Research
 other (please specify) _____

5. **What best describes your professional environment::**
 Office Clinic Acute Care Facility Chronic Care Facility Academic Centre
 Community / Home Care Government Agency
 Other space (please specify) _____

6. **Practice / Work Setting:**
 inner city urban / suburban small town rural geographically isolated
 other (please specify) _____

7. **Does your professional association or your employer require you to report your CPD activities or maintain a CPD portfolio?**
 No Yes (please specify) _____

8. **Are you experiencing difficulties completing your CPD requirements?**
 No Yes (please specify) _____

9. **If you have participated in CPD events managed by CHSE, do you have any suggestions for improvement?**
 (please, print) _____

10. Do you have access to (please, select all that apply):

- A personal computer Yes No
 If yes: PC Mac
 High speed internet Yes No
 Video-conferencing facilities Yes No
 PDA Yes No

11. Do you use your personal computer for our CPD (please, select all that apply): Yes No

If yes, please indicate how you use your personal computer:

- Searching computer-based medical literature Checking for drug interactions
 Web-based learning Internet rounds
 Other (specify) _____

12. If yes: list 2 internet sites you regularly visit for CPD

1. _____ 2. _____

13. Have you had experience with:

- Internet or web-based education Yes No
 Video-conferencing for educational purposes Yes No
 Teleconferences for educational purposes Yes No

14. What is your preference for the format of teaching materials (please, select all that apply):

- Presentation handouts in binder or folder
 Data key or CD ROM
 PDF files via the web / internet
 Internet rounds

Other Comments: _____

Thank you for taking time to complete this assessment questionnaire

Please return your completed questionnaire by: **FEBRUARY 27, 2009**

Sheilah Laffan

McMaster University, Continuing Health Sciences Education

1200 Main Street West, **MDCL 3510**

Hamilton ON L8N 3Z5

Fax: (905) 572-7099

Email: laffans@mcmaster.ca

Website: www.fhs.mcmaster.ca/conted

To ensure confidentiality the form below will be kept separate by office staff as questionnaires are received.

A. Would you consider joining a CPD planning committee?

- Yes (please, include your name and contact information below)
- No

B. Would you consider being an author or reviewer for educational programs and needs assessment instruments?

- Yes (please, include your name and contact information below)
- No

C. On occasions CHSE takes part in educational research, with the intent to improve the educational services it provides to physicians and other health professionals as well as providing positive ways to improve knowledge and skills. Knowing that many physician and other health professionals are continuously being solicited to participate in various research studies, we would greatly appreciate it if you could indicate your interest as a participant in future educational research studies with CHSE:

- Yes, you have my permission to solicit me for future educational research studies (please, provide your name and contact information below)
- No, please, do not solicit me for future educational research studies

Contact Information:

Name: _____
(please, print)

Address: _____

City _____

Postal Code _____

Telephone: (_____) _____

Fax: (_____) _____

e-mail: _____

Enter your name to **WIN** one of five **\$50 vouchers** that may be used towards a CHSE program of your choice.

We will post the winners on our website:
www.fhs.mcmaster.ca/conted on:

February 27, 2009

Grand Prize of 1 free registration to the program of your choice must be used by December 2009.

Name: _____

Telephone: () _____
Please Print



McMaster University, Continuing Health Sciences Education
Michael G. DeGroot Centre for Learning and Discovery
Margaret & Charles Juravinski Education Research and Development Centre
1200 Main St. W. , ROOM# 3510
Hamilton, Ontario L8N 3Z5

Phone: 905-525-9140 ext. 22671
Fax: 905-572-7099

Email: laffans@mcmaster.ca
Website: www.fhs.mcmaster.ca/conted