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Introduction

There is a significant lag between the discovery of health information and implementation of that knowledge in practice. According to the Institute of Medicine, now the National Academy of Medicine, “It now takes an average of 17 years for new knowledge generated by randomized controlled trials to be incorporated into practice, and even then application is highly uneven”\(^1\).

The Office of Lifelong Learning (L3) looks to help bridge this gap by operating as an implementation hub, providing a community where health professionals and researchers can come to learn about and use, implementation science and quality improvement methods in their practice. We can help faculty members, and learners strengthen their knowledge and skills for quality improvement and implementation science.

The Office of Lifelong Learning is committed to a broader, more inclusive vision that includes considering the professional development needs of all of the members of the Faculty of Medicine and Dentistry, as well as our traditional focus on supporting community physicians. Some of the skills needed to navigate the emerging demands of our workplace, like plain language writing and cognitive coaching, are equally useful whether one is supervising graduate students or medical residents. Our goal is to build a vibrant and engaged implementation hub which serves as a community square connecting our community, harnessing ideas and emergent solutions, and reinvigorating our collective dialogue on how we support each other to advance healthcare to the benefit of all Albertans.

The Office of Lifelong Learning has been rebuilding, engaging in strategic planning, and establishing operational stability this past year. Our aim for the Office of Lifelong Learning is to be the academic home for those interested in implementation science and quality improvement within the Faculty of Medicine and Dentistry. The future of continuing professional development is focused on how we support the uptake and application of evidence in daily practice. Everything we do in research and development is wasted if it is not used. Too often we have research in practice and on practice generating contextually appropriate information with no mechanism to support the uptake of that information into practice. We know that didactic education, guidelines, and clinical tools do not change practice; they need to be integrated into a change process built into existing care structures and leveraging the principles of behaviour change and implementation science to advance care. This is the gold standard of moving from Evidence-based Medicine to Evidence-based Clinical Practice Improvement. Aligned with our provincial, national, and international stakeholders, the Office of Lifelong Learning aims to be a leader in the drive towards Physician Practice Improvement. The inspiring Future of Medical Education in Canada – Continuing Professional Development report provides a vision of the changing landscape for Canadian physicians for practice-based, data-driven reflective practice improvement. The College of Physicians and Surgeons of Alberta has embraced this vision, and it is aligned with our major system stakeholders.

In our rebuilding we are eager to hear ideas from our colleagues, and to work closely with the Offices of Faculty Development, Professionalism, Wellness, and others to craft offerings that support our Faculty and Community. At the Office of Lifelong Learning, we are focused on proactively responding to the expected shift in the approach to PPI, and will be well positioned to support these activities by 2025.
Lifelong Learning lectures and workshops

General lectures and workshops

A core piece of the suite of offerings at the Office of Lifelong Learning this past year has been our lecture and workshop series.

Improving health guidelines: Evidence-based strategies for writing Dr. Karen Schriver, May 2018

Guidelines are usually written by specialists and experts in the medical topic of the tool. The healthcare community shows increasing interest in how to write and present guidelines to best support uptake. Similar to others in public or government communications, many writers do not consider writing skills very important for the success of the guideline. Guideline writers are generally more interested in content than how the information will be read and used.

The goal of this workshop was to provide guideline producers and users with evidence-based writing principles to enhance guidelines. Quality writing can help healthcare providers and patients understand, use, and act upon recommendations, increasing the chances for the adoption of knowledge.

Implementation Science Series

While there is an abundance of information on best practices in multiple fields of medicine, often times, this information is not well known or practiced on the frontline. Other times, the information is not in a usable format for those on the frontline. The implementation science lecture series offers a starting point for researchers to understand how implementation science methodologies can help bring best practice into daily practice. These seminars helped those interested in implementing evidence to engage with stakeholders, explore implementation frameworks and their utilities, use qualitative approaches to build solid foundations, and use human-centred design to create tools and promote uptake. Many of these seminars will be offered again next year, and we are working towards creating a non-credit certificate for this series.
Evidence meets implementation: How do we implement evidence to advance healthcare, Dr. Denise Campbell-Scherer, October 2018

In this session, we explored how to make sense of problems and contexts to understand how to best approach the challenge of implementation. Building from Dr. Campbell-Scherer’s research, and using participant examples and practical challenges, we applied tools and approaches to think through:

1. Unpacking the problem being addressed and framing the best questions
2. The design of the knowledge transfer strategy
3. How to ensure broad perspectives of relevant stakeholders to both understand the problem, and design and implement the evaluation
4. Picking the best intervention theory
5. The design of an evaluation strategy which captures the complexity of intervening in a complex adaptive system using mixed methods and naturalistic methods.

Engaging Stakeholders: Strategies and learnings Dr. Thea Luig and Dr. Denise Campbell-Scherer, December 2018

Knowledge transfer that truly addresses the challenges of primary care practice is multi-directional. It respects and includes the tacit knowledge of all stakeholders in understanding the problem, broader questions, and context in order to negotiate the best way to intervene and achieve the desired outcome. Stakeholder engagement is the foundation for relevant research, and necessary for sustainable intervention implementation. Yet, building and maintaining relationships and negotiating diverse perspectives and agendas can be challenging. In this workshop, participants explored experiences from their past, planned work, and learned from each other about useful strategies to work with stakeholders. Topics of discussion included:

1. Forms of stakeholder engagement and why engagement needs to start prior to designing a research project
2. How to identify and engage key stakeholder agendas in mapping out a research program
3. Accommodating stakeholder agendas while maintaining methodological rigor
4. Strategies for maintaining stakeholder engagement throughout the research and policy cycles
5. How stakeholder engagement can contribute to partnership development and support continuing research relationships

Presenters shared examples from their work as brief case studies to provoke discussion.

**Grounding Implementation in theoretical approaches: Models, frameworks, and theories, Dr. Thea Luig and Dr. Denise Campbell-Scherer, February 2019**

There is an increased interest in using theoretical approaches in implementation and dissemination research to guide data collection and to better understand why and how implementation outcomes came about. A considerable number of frameworks and models for dissemination and implementation has been developed, making it difficult for researchers to identify and choose the best fit for their projects objectives. This workshop explained the differences between models, frameworks, and theories, as well as the different aims and uses of frameworks.

Presenters explored:

1. Why a theoretical foundation is crucial for designing and evaluating an implementation project; Different types, aims and uses, of models, frameworks, and theories
2. Considerations for the appropriate selection and application of a framework in the context of participants’ specific projects
3. Each of these were illustrated with examples and experiences from the presenters’ work to provoke discussion. Participants were encouraged to reflect on their own projects in light of the presented frameworks and shared ideas around their applicability in small groups.

**Design in Support of Shared Decision Making, Dr. Ian Hargraves, March 2019**

The need for shared decision making arises as patients and their clinicians face, and work through, what to do in response to illness. In this workshop, we considered the design of conversation aids—interactional tools intended to support patients and clinicians in developing courses of action that make practical, emotional, and intellectual sense for a person and their situation.

We discussed Shared Decision Making, particularly as it occurs in patient-clinician conversation. We reviewed the Mayo Clinic’s Knowledge and Evaluation Research (KER) Unit’s experience of developing encounter-based conversation aids, and engaged in hands-on activities focused on the creation of conversation aids.
Ethnographic principles for implementation, Dr. Thea Luig, April 2019

History reveals a strong, though very problematic, link of ethnography and implementation. Learning from history and applying contemporary principles of ethnography can help us achieve a clear understanding of why and how people do what they do, what works and what does not, and what is needed to achieve positive change. A core interest of ethnography is to understand the intersection between collectively shared understandings and practices with individual behaviour and experience within structural and socio-economic context. Interventions and implementation efforts can “fail” when real-world context is insufficiently understood, and people affected are not engaged in unpacking the problem and designing solutions. In this session, presenters reflected on how principles of ethnographic inquiry can help address very practical challenges in implementation and build the relationships and the knowledge to craft appropriate implementation strategies.

Explored principles included:
1. Building relationships and thinking about ownership,
2. Being comfortable with emergent designs that are responsive to complex social processes,
3. Practicing reflexivity
4. Considering micro, meso, and macro levels of context

Upcoming: Evidence-based writing strategies for healthcare, Dr. Karen Schriver, October 2019

Medical writing is challenging as it includes compiling highly specialized information and depicting it in a manner that informs audiences with varied levels of understanding on that particular field. There is a strong need for the ability to write and present information to best support uptake within the medical community. This process starts with a clear understanding of how the information is going to be read and used. This workshop will provide medical writers with empirical research on effective writing, methods to diagnose problems of poorly written content for health practitioners, and techniques to revise documents for simplicity, clarity, and technical accuracy.
Educational programs

5As Team Program

Managing obesity is hampered by misinformation about its complexity and chronicity, resulting in unrealistic expectations by healthcare providers and patients.

The 5As Team workshop supplies healthcare providers with an overview of therapeutic approaches, assistance in framing clinical conversations, opportunities to share personal experiences, and discusses strategies to improve obesity prevention and management in practice. Workshop participants also have the opportunity to participate in a simulation activity and practice using a collaborative, personalized approach to obesity prevention and management.

Included in this workshop is a take home toolkit that healthcare providers can use in their practice. 5As Team Training is also a Group Learning program has been certified by The College of Family Physicians of Canada for up to 13 Mainpro+ credits.

Assessment and Professional Development Portfolio in the Office of Lifelong Learning

As part of our strategic and operational planning for the Office of Lifelong Learning, we have established a portfolio for Assessment and Professional Development. This portfolio offers an opportunity to develop skills enrichment offerings for community physicians, and will include additional offerings in due course. Search and selection for an Assistant Dean for this portfolio is underway, and should conclude in the summer of 2019.

Partnership with the Department of Emergency Medicine for education and quality improvement

L3 has partnered with the Department of Emergency Medicine to pilot an education program that will develop and deliver short courses and educational materials to assist community physicians in advancing procedural knowledge and skills. These professional development opportunities would satisfy requirements for higher-level credits, and would focus on priority topics identified by the Department of Emergency Medicine.
EPIQ is a process that helps teams improve the quality of care that they provide. The EPIQ process facilitates local and national quality improvement using five principles:

1. Benchmarking with a standardized database
2. Collaboration between facilities and teams
3. Best practice consensus from best available evidence
4. Training of front-line teams in quality improvement methods
5. Sharing of successes and failures through networking.

Refined over 15 years of clinical trials, EPIQ clarifies the quality improvement process and addresses both the technical and human dimensions in orchestrating change.

The EPIQ workshop uses a hands-on approach that enables teams to successfully implement quality improvement together. Each workshop incorporates a series of 10 steps that build a team’s understanding of quality improvement using evidence-based tools and realistic improvement opportunities. The workshop’s collaborative approach parallels the team-based nature of healthcare, giving groups the language, skills, and tools needed to carry out their first improvement project.

In 2018, we partnered with Dr. Khalid Aziz and the Canadian Neonatal Network to be the sole licensed provider of EPIQ training in Canada.

In addition to supporting the Office of Post Graduate Medical Education with EPIQ workshop delivery for FoMD Learners and faculty, L3 is supporting EPIQ workshop delivery with international partner universities in Australia, New Zealand, and the United States, using a train the trainer model. There is widespread interest in the EPIQ workshop as an effective means of building quality improvement literacy and skills for teams, and we will continue exploring opportunities to deliver workshops with other groups, and through other delivery modalities, including module-based online delivery.
Human-centred design

Human-centred design is about helping people. It is an approach that puts people at the centre and requires a deep understanding of people’s needs, wants, and the context in which they work. This process considers the human perspective and cognitive factors to conceive and make products, communications, processes, and tools that help people achieve their goals with pleasure.

At L3 our human-centred designers work with key stakeholders such as physicians, nurses, healthcare professionals, and patients to understand problems from their perspective and create solutions together. While our human-centred design team primarily supports the Physician Learning Program, we have contracted with other groups to provide human-centred design support for their projects.
