

Accredited Simulation Activities Application Form

Approval of Accredited Simulation Activities within
Section 3 of the Framework of Continuing Professional Development (CPD) Options of
the Maintenance of Certification Program (MOC)

The standards contained within this sample application must be met and supporting documentation provided in order for a simulation activity to be approved under Section 3 of the MOC program. A Royal College accredited CPD provider will determine if your simulation activity or program meets these standards. Ask the accredited CPD provider if they require the completion of a specific simulation application form and if co-development of this simulation activity is a requirement for your organization. Please keep a copy of the completed application form for your records, and do not send this form to the Royal College.

1. Simulation activity or program title: _____

2. Name of developing organization: _____

Simulation activities or programs approved under Section 3 must be developed or co-developed by a minimum of 2 (two) members of a physician organization. (see definition below)

3. Please select the option that applies to your organization.

Option 1: The simulation program was developed independently by members of a physician organization.

Option 2: The simulation program was prospectively developed in collaboration with another physician or non-physician organization. We accept responsibility for the entire program.

Physician Organization: A not-for-profit group of health professionals with a formal governance structure, accountable to and serving, among others, its specialist physician members through:

- Continuing professional development
- Provision of health care; and/or
- Research

This definition includes (but is not limited to) the following groups:

- Faculties of medicine
- Hospital departments or divisions
- Medical (specialty) societies
- Medical associations
- Medical academies
- Physician research organizations
- Health authorities not linked to government agencies
- Canadian provincial medical regulatory authorities (MRAs)

Types of organizations that 'Are Not' considered Physician Organizations

- Disease-oriented patient advocacy organizations (e.g. Canadian Diabetes Association)
- Government departments or agencies (e.g. Health Canada, Public Health Agency of Canada)
- Industry (e.g. pharmaceutical companies, medical device companies, etc.)
- Medical education or communications (MEC) companies (e.g. CME Inc.)
- For-profit online educators, publishing companies or simulation companies (e.g. Medscape, CAE)
- Small number of physicians working together to develop educational programming

Please list below all of the organizations developing or co-developing this simulation program.

Physician Organization(s):	Non-Physician Organization(s):

4. Date the simulation program was completed: _____
DD MM YY

4. Has the simulation program been previously accredited? Yes No

5. If the answer to question five above was yes, when was the program content and format last reviewed? (Contents of Simulation programs must be reviewed every three years)

DD MM YY

6. The maximum number of hours required to complete the simulation program is _____ hours.

Date of the application: _____

Chair of the Development Committee _____

Fax Number: _____

Phone Number: _____

E-mail address: _____

Criteria 1: Simulation activities must be planned to address the identified needs of the target audience within a specific subject area, topic or problem.

Simulation programs must be based on an assessment of need including but not limited to changes to the scientific evidence base, established variation in the management or application of knowledge or skills by physicians or teams of healthcare professionals, variation in the quality of care or health care outcomes experienced by patients.

Please provide an explanation and/or supporting documentation for each of the following:

1. Describe the identified target audience for this simulation. Please indicate if this program is intended for other health professionals.
2. List all members of the simulation development committee, including their medical specialty or health profession.

Name	Specialty/health profession

Please provide an explanation and/or supporting documentation where required for each of the following:

3. How was the need for the development of this Simulation program established?

4. Learning objectives that address identified needs must be communicated to the participants of the program. The learning objectives must express what the participants will be able to know or achieve by completing the program. Please list the learning objectives established for this Simulation program.

Criteria 2: Simulation programs must describe the methods that enable participants to demonstrate or apply knowledge, skills, clinical judgment or attitudes.

Simulation programs provide participants with a strategy to assess their knowledge, skills, clinical judgment and attitudes in comparison to established evidence (scientific or tacit). All simulation programs must enable participants to demonstrate their abilities across the key areas of the scenario(s), topic(s) or problem (s). Participants must complete all required activities or components of the program.

1. Please describe the key knowledge areas skills, or competencies assessed by this simulation program.

2. Please explain the scientific evidence base (clinical practice guideline, meta-analysis or systematic review) selected to develop the simulation program.

3. Please describe the process by which participants will be able to review their current knowledge or skills in relation to current scientific evidence.

4. How is participation within each component of the simulation program organized?

Criteria 3: The simulation program must provide detailed feedback to participants on their performance to enable the identification of any areas requiring improvement through the development of a future learning plan.

Providing specific feedback on the performance of the individual or team in achieving the learning objectives and demonstrating the competencies embedded within the simulation scenario(s) enables specialists to identify areas for improvement and the creation of a future learning plan. The feedback provided for participants can be completed at the end of the scenario or at a later time. The provision of tools to structure the reflection on performance and time for personal reflection is encouraged.

On-Line Simulation

1. Please describe the process by which participants will provide response to on-line simulation scenarios. For example through the creation of an on-line response sheet or other web based assessment tools. Please provide a copy of the response or assessment tool.

2. Please describe how participants will receive feedback after completion of the scenario

3. Does the on-line simulation provide participants with references justifying the appropriate answer? Yes No

If yes, please describe how the references are provided to participants.

All live activities:

4. How do participants receive feedback on their performance?

5. Do you include a reflective tool that provides participants with an opportunity to document:
 - a) Knowledge or skills that are up-to-date or consistent with current evidence
 - b) Any deficiencies or opportunities for improvement in their performance identified during the simulation
 - c) What learning strategies will be pursued to address the deficiencies; and
 - d) An action plan or commitment to change to address any anticipated barriers

Yes No

Provide a sample of the reflective tool or describe the process.

6. Does the program provide participants with an evaluation form that assesses:
 - Whether the stated learning objectives were achieved? Yes No
 - Relevance of the simulation to the participant's practice? Yes No
 - The appropriateness or relevance of the scenario? Yes No
 - Ability to identify CanMEDS competencies or roles Yes No
 - Identification of bias? Yes No
 - Are participants provided the opportunity to evaluate program design i.e. sufficient instruction time, sufficient practice time, etc? Yes No

 - Do instructors provide each participant with individual feedback on their performance? Yes No

 - Do instructors evaluate:

Competencies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Skills	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Attitudes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Provide a sample of instructor evaluation tool or describe process (i.e. videotaped assessment)

Please provide a copy of the evaluation form(s).

7. Does the program direct participants to document their learning in MAINPORT?
Yes No

Criteria 4: The content of Simulation programs must be developed independent of the influence of any commercial or other conflicts of interest.

All accredited simulation programs must meet the ethical standards established for all learning activities included within the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada. For example: The developing organization must ensure the validity and scientific objectivity of the content.

Each of the following ethical standards must be met for a simulation program to be approved under Section 3.

1. The scenario development committee was in complete control over the selection of the scenario, or topic and authors recruited to develop this simulation.

We comply with this standard: Yes No

2. No representative from industry participated on the scenario development committee or influenced the simulation program either directly or indirectly

We comply with this standard: Yes No

3. The simulation development committee and authors disclosed to participants all financial affiliations with any commercial organization(s) regardless of their connection to the topic or themes of the simulation.

We comply with this standard: Yes No

4. All funds received in support of the development of this simulation were provided in the form of an educational grant. Funding must be payable to the physician organization and they are responsible for distribution of these funds, including the payment of honoraria.

We comply with this standard: Yes No

Please provide a copy of the budget that identifies each source of revenue and expenditure for the development of this simulation program.

5. No drug or product advertisements appear on any of the simulation program's written materials.

We comply with this standard: Yes No

Please provide a web link to the program and any advertisements providing advance notification.

Please identify all organizations that are providing funding or services in-kind for the development of this program.

Checklist: Supporting Documentation to be included with this application form:

Copy of needs assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Learning objectives	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evaluation forms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy of the budget	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy of the promotional materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reflection tool	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy of feedback strategies of participants	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Declaration:

As Chair of the Simulation Development Committee, I accept responsibility for the accuracy of the information provided in response to the questions listed on this application, and to the best of my knowledge, I certify that the CMA's policy, entitled, '[Guidelines for Physicians in Interactions with Industry](#)' have been met in preparing this program. If this event is held in Québec, we are aware that it is mandatory to adhere to the Conseil de l'ÉMC du Québec's Code of Ethics entitled, '[Code of Ethics for parties involved in CME](#)'.

Signature (physician's name)

_____ (Must be a Fellow of the Royal College)

Accredited CPD Provider: When the final decision regarding approval/non-approval is made, please complete a Simulation Program Notification form and submit to our office for inclusion in MAINPORT and for listing on our website. Approved simulation programs may be active for a maximum of three years.

Section 3 approval will be recognized by the following statement on event materials:

This is an Accredited Simulation Program (Section 3) as defined by the Maintenance of Certification Program of The Royal College of Physicians & Surgeons of Canada, and approved by [Accredited Providers' Name] on dd/mm/yy' Program expires mm/yy. Remember to visit MAINPORT to record your learning and outcomes. You may claim a maximum of # hours (credits are automatically calculated).

This section to be completed by the accredited provider

This application is

- a) Approved
- b) Not approved

Rationale:

- c) Requires revisions prior to approval

Describe the specific areas that require revision: