CAEP ACADEMIC CONSULTATION SERVICE

The Terms of Reference for the CAEP Academic Section state that its mission is “to improve emergency care of patients by enhancing academic emergency medicine primarily at Canadian medical schools and teaching hospitals; to foster and develop education, research and academic leadership amongst Canadian emergency physicians, residents and students; and to provide mentorship in academic emergency medicine (EM).”

Presently, the CAEP Academic Section is completing an Environmental Scan of the EM units of all 17 Canadian medical schools to establish the current state. The scan covered areas from leadership/administration, education (from undergraduate to graduate and continuing professional development), research, and funding. The information was gathered from the heads of the academic units and experts at each institution. The CAEP Academic Section Executive has been studying the data, as have the Working Groups (Leadership, Education, and Research). The common finding in each domain is the remarkable disparity across the country. Some institutions are clearly thriving, while others are struggling to meet the needs of their faculty and students.

In order to address the variability and tap into the growing expertise of the Academic Section, we would like to propose that a CAEP Academic Consultation Service be created and supported by CAEP to provide in-depth analysis and best practices to those institutions seeking assistance to improve their performance across any of the three areas of Academic Section expertise. We plan to make this service available to academic EM units in Canada, but will leave it to individual units to apply for or request assistance (i.e., we will not actively “target” sites for assistance).

OBJECTIVE

By allowing an experienced consultant to analyze the strengths and weaknesses of a requesting institution, opportunities for improvement and threats to their development can be identified. Since holding the annual Academic Symposia, best models and practices have been characterized from across the country in the areas of Research and Education. We anticipate similarly that the best Governance, Funding, and Leadership models will also be found during the 2015 Academic Symposium on Leadership.

This proposal rests on their expertise and ability to give guidance to Canadian EM units that are struggling in a particular area. We propose that that a consultant be made available to those institutions in need to do a preliminary analysis and site visit to offer recommendations in one of three domains, based on currently known best practices in Canada:

1. Governance, Funding, and Leadership
2. Education Scholarship (excluding residency programs)
3. Research Scholarship
SCOPE OF SERVICES: ANALYSIS, SITE VISIT, AND REPORT

A. Interested EM units can contact the Academic Section to set up a site visit for either (1) Governance, Funding, and Leadership, (2) Education Scholarship, or (3) Research Scholarship.
   - An integrated analysis across multiple areas can also be requested (e.g., research and education).
   - A more focused consultation on a specific area under the main categories can be requested (e.g., curriculum development under education scholarship).
B. The Academic Section Expert (or two experts, if multiple diverse areas are requested for review) will review the proposed site through the Environmental Scan data and further information provided by the site.
   a. Ian Stiell, Jim Christenson, Jonathan Sherbino, and Jeff Perry have agreed to be consultants.
   b. Active recruiting of additional consultants has not started, but qualified individuals may include: active senior Academic Section Members from the three working groups and those who have led Academic Symposium Panels.
C. A site visit will be arranged and will entail interviews with key people.
D. Costs incurred for the site visits would normally be the responsibility of the site (travel expenses and $1,500 honorarium to each consultant physician).
E. We recommend that each site is entitled to have the $1,500 honorarium subsidized by CAEP once every three years. We estimate the annual cost to CAEP to be about $9,000 annually for six sites @ $1,500 per year.
F. A report will be sent to the site within a month of the visit, detailing the current state (strengths and weaknesses), identifying areas for development, and including recommendations to achieve it.
G. On-going support will be provided for three years through biannual updates (via e-mail or phone).

CAEP INVOLVEMENT
This project requires some CAEP support.

A. Administrative support (10 hours total) to set up the logistics and advertising of this service.
B. Administrative support (20 hours per site [to be shared by on-site administrative support]) to set up the site visit (and coordination of travel and onsite meetings). It will also require the setting of detailed agendas for each on-site interview.
C. Research/administrative support (one day to one week per site visit) to complete the current analysis (pre-visit assessment).
D. Research/administrative support (one to two weeks per site) to prepare the recommendations and report for the site.
E. Payment of three $1,500 honoraria per year to the Academic Section expert for their time.
SITE RESPONSIBILITIES

A. The site will confidentially disclose information relevant to the site visit.
B. Costs incurred for the site visits would normally be the responsibility of the site (travel expenses and $1,500 honorarium to the consultant physician).
C. The site will be transparent about their goals and measures of success.
D. The site will provide an administrative contact and support to set the on-site meetings.

BENEFITS

By providing support to the EM units in need of further development in their (1) Governance, Funding, and Leadership, (2) Education Scholarship, or (3) Research Scholarship, we will be strengthening EM for all Canadians by starting from the core. Strong academic departments provide support for their faculty and promote excellence in teaching and learning. These strengths will further stimulate EM research, because of the strong educational core. Holding each of these elements together is a network of administration and leadership that will allow the further growth of education and research across Canada. There will be no more “have-nots” in academic EM. Stronger academic departments will provide the best training for EM physicians to improve care for patients. We believe that this support service will clearly demonstrate added value for the CAEP Membership, for academic physicians, and EM units.

CLOSING

This is a great opportunity to put the expertise of the Academic Section into action. Improving the academic side of EM will ultimately improve the care of patients. Canadians will enter the emergency departments employing emergency physicians who have had the best possible training.