**Appendix 1: Categorization for Activities, Learning and Level of Change**

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| Assessment Activity Categorization | Description |
| Annual review | Performance reviews that occur annually or biannually and involves meeting with supervisor/division/department head to review past performance re clinical and/or academic work and plan the year to come. These activities may include discussions based on a variety of assessment activities (e.g., feedback on teaching, multisource feedback). Examples: Annual performance appraisal with Department Head; Annual review of scholarship, clinical, teaching, research and administrative practice. |
| Third party review | Summaries or reports on practice completed provided by an external group (e.g., national organizations, provincial medical regulatory or health system organizations). The summary or data reported may involve a comparator or benchmark with other members of the practice group or a broader physician group. Examples: Endoscopic quality data - compared with province; Review of feedback data on peer audit of 10% of surgical pathology cases signed out by me in the month of February 2017; College of Physicians and Surgeons of Alberta Snapshot of 2017 Practice Checkup report. |
| Direct observation | Direct observation by a peer, colleague or other health professional of an aspect of the physician’s clinical work. Examples: Supervision of use of new Stereotaxis guiding system; Had a colleague review my cataract surgery (direct observation) for an entire OR day; Invited a senior arthroplasty surgeon to constructively critique my OR flow, surgical technique; |
| Excluded | See below. NB: Note that if the physician repeated the name of the assessment activity or did not provide data pertaining to the activity, the data were excluded. |
| Feedback Other | Feedback on a physician’s role as a department head, clinical lead or other professional practice roles. Recommendations from promotions committee: revisions to teaching dossier, CPA dossier and curriculum vitae for promotion application to associate professor. |
| Feedback patients | Data provided by patients often in the form of surveys. Examples: assessing patient complaints; patients satisfaction after implantation of new generation of LIO [Laser Indirect Ophthalmoscope]. |
| Feedback on scholarship | Data provided through peer review processes related to feedback on manuscripts or grants. Examples: Review of comments from peer review of [journal article]; review the feedback on my publications, 2 hours each on 10 publications. |
| Feedback on teaching and assessment | Data provided about a physician’s teaching from students, residents, peers, or other professionals. Examples: Reviewing resident feedback on teaching and evaluation for small group session at national meeting; Reviewed medical students evaluation of my small group teaching assessments and my OSCE teaching assessments and my lecture about surgical treatment of arthritis. |
| Multisource feedback | Questionnaire based assessment that summarizes data and feedback from professional colleagues, co-workers, patients, and self. Examples: 360 Evaluation as Chief of Service for [specialty] at [location]; went over Pulse 360 survey; Manitoba Physician Achievement Review Program. |
| Personal Practice Assessment | Physician initiates and completes a personal assessment of an aspect(s) of their practice drawing on practice data such as patient charts, patient diagnostic/procedure databases. Examples: I reviewed my performance of colonoscopy since my move to a new centre; I reviewed 100 referrals received in my Gastroenterology practice. I wanted to determine the number of referrals from referring physicians that were inappropriate, incomplete and time it took; Diagnostic accuracy of pulmonary cytology samples as determined by histologic correlation and clinical outcome. |
| Self-assessment program | Accredited self-assessment programs developed by professional organizations, generally testing knowledge or its application to practice. Examples: Canadian Medical Protective Association-- Anatomy of a Lawsuit; Assessment of diagnosis accuracy on non-gynecological cytology slides using Canadian Association of Pathology slides; The American Academy of Orthopedic Surgeons (AAOS) Musculoskeletal Trauma Self-Assessment Examination. |
| Simulation programs | Simulation activities reviewed and approved by an accredited CPD provider organization or an accredited simulation program. Examples: Point of Care Ultrasound in Critical Care Medicine; Hands on supervised training on intraocular lens implantation; Cadaver lab learning surgical hip dislocation. |

**Exclusion Criteria Coding**

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| Activity Categorization | <http://www.royalcollege.ca/rcsite/cpd/moc-program/moc-framework-e> |
| Section 1—accredited learning  Section 1—unaccredited | Group learning provided by an accredited continuing professional development provider.  Group learning that is provided by a group where activity has not been developed by an accredited provider organization. This may include morbidity and mortality rounds, patient care rounds, clinical pathological conferences. |
| Section 2—planned learning  Section 2—scanning activities  Section 2—Systems learning | Planned learning includes fellowships, formal courses, personal learning projects, traineeships; and life support courses.  Scanning includes reading books, journals, on-line reading, podcasts, and internet searches  Systems learning is learning from participating in the development of a clinical practice guideline, quality care initiative, patient safety committee, curriculum development, exam development/execution, peer reviewer, or serving as a mentor, or the evaluation of a residency program. |
| Other Teaching  Other Vague | Teaching related activities designing assessments for learners, teaching, interviewing for residency programs.  Information was vague or cryptic. |

**Fox Criteria for changes**

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| **Categorization** | **Description [From Fox, pages 22 and 23]** |
| Accommodation | Small changes; simple complexity; e.g., MD adopts new informed consent form; adoption is rapid and simple |
| Adjustment | Small to moderate changes; incremental; more complex adaptation and more time/effort to accomplish; involves active assessment of disparity/fit between what is and what ought to be considered and purposeful behavior toward that end. Generally a desire to increase competence or respond to clinical environment. |
| Redirection | Large changes; structural major elements; requires adding, subtracting, or changing a major element of practice; e.g. abandon an aspect of work |
| No change | No change described. MD decided change not warranted. Needs to be explicit. |

**Learning Y/N:**

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| Categorization | Description |
| Yes | Learning is described or inferred based on content or column in which the learning is described. |
| No | No learning is described or apparent. Physician re-states title of the program. |

**Discussion Y/N**

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| Activities that include discussion | Annual reviews, direct observation and simulation |
| Activities that don’t include discussion | Third party review, feedback other, feedback teaching, feedback patients, feedback on scholarship, feedback on teaching and assessment, multisource feedback, personal practice assessment, self-assessment program |

**Appendix 2: Type of activity by learning, type of change and discipline.**

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| **Type of Activity** | **Learning** | **Type of Change** | **Discipline** | | | | |
| Anatomical Pathology | Cardiology | Gastroenterology | Ophthalmology | Orthopedic Surgery |
| Annual Review | No | No Change  Acc.  Adj./Red | 3  0  0 | 11  0  0 | 20  2  0 | 11  2  0 | 13  0  0 |
| Yes | No Change  Acc.  Adj./Red | 72  43  6 | 122  64  39 | 29  22  8 | 48  26  11 | 75  47  8 |
| Third party Review | No | No Change  Acc.  Adj./Red | 7  0  0 | 7  0  0 | 12  0  0 | 5  0  0 | 1  0  0 |
| Yes | No Change  Acc.  Adj./Red | 149  38  1 | 46  42  5 | 41  46  3 | 32  28  9 | 115  69  5 |
| Direct Observation | No | No Change  Acc.  Adj./Red | 0  0  0 | 0  0  0 | 0  0  0 | 3  0  0 | 2  0  0 |
| Yes | No Change  Acc.  Adj./Red | 9  5  0 | 19  15  3 | 8  17  7 | 8  35  5 | 72  87  20 |
| Feedback Other | No | No Change  Acc.  Adj./Red | 0  0  0 | 2  0  0 | 1  0  0 | 0  0  0 | 0  0  0 |
| Yes | No Change  Acc.  Adj./Red | 4  2  1 | 0  1  0 | 4  4  0 | 1  5  1 | 2  1  0 |
| Feedback Patients | No | No Change  Acc.  Adj./Red | 0  0  0 | 0  0  0 | 1  0  0 | 0  0  0 | 0  0  0 |
| Yes | No Change  Acc.  Adj./Red | 0  1  0 | 2  1  0 | 1  1  0 | 2  0  0 | 1  7  0 |
| Feedback Scholarship | No | No Change  Acc.  Adj./Red | 2  0  0 | 3  0  0 | 0  0  0 | 4  0  0 | 1  0  0 |
| Yes | No Change  Acc.  Adj./Red | 14  19  1 | 40  16  0 | 7  19  1 | 8  11  0 | 15  8  0 |
| Feedback Teaching | No | No Change  Acc.  Adj./Red | 6  0  0 | 8  1  0 | 7  0  0 | 6  0  0 | 12  0  0 |
| Yes | No Change  Acc.  Adj./Red | 95  99  1 | 191  111  1 | 29  65  0 | 104  77  0 | 165  100  0 |
| Multi-source feedback | No | No Change  Acc.  Adj./Red | 2  0  0 | 0  0  0 | 1  0  0 | 2  0  0 | 3  0  0 |
| Yes | No Change  Acc.  Adj./Red | 12  10  0 | 11  8  1 | 6  6  1 | 10  3  0 | 7  8  0 |
| Personal Practice Assessment | No | No Change  Acc.  Adj./Red | 2  0  0 | 2  0  0 | 5  0  0 | 9  4  0 | 9  0  0 |
| Yes | No Change  Acc.  Adj./Red | 105  23  2 | 31  74  5 | 31  45  2 | 85  93  11 | 132  74  7 |
| Self-assessment program | No | No Change  Acc.  Adj./Red | 118  2  0 | 7  1  0 | 25  0  0 | 20  0  0 | 24  0  0 |
| Yes | No Change  Acc.  Adj./Red | 940  82  0 | 213  87  3 | 78  102  4 | 137  55  1 | 156  65  2 |
| Simulation | No | No Change  Acc.  Adj./Red | 0  0  0 | 1  0  0 | 2  0  0 | 2  0  0 | 1  0  0 |
| Yes | No Change  Acc.  Adj./Red | 0  0  0 | 13  13  1 | 11  8  2 | 31  32  2 | 15  13  1 |