
Accredited Simulation (SIM) 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. Do not send this form to the Royal College.

Date of Application:

Day Month Year

1. Simulation activity or program title: _____

2. Physician Organization

3. Co-Developing Organization(s)

4. Non-Physician Co-Developing Organization(s)

5. Course Chair: First Name, Last Name

6. Course Chair E-mail address

7. Course Chair Telephone number:

Alternate applicant contact information:

same as above; or

8. Alternate applicant First name, Last Name:

9. Job Title:

10. Organization:

11. E-mail:

12. Telephone number:

13. Fax number:

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)

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

14. This is a new simulation program
 Yes (if yes, skip to #18) No (if no, proceed to #15)

15. This program was previously accredited:
 Yes No

16. The program was last offered on:
 Day Month Year

17. The program content and format was last reviewed for accreditation on:
 Day Month Year

18. The maximum number of hours required to complete this simulation program is _____ hours.

Criterion 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.

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

1. Describe the identified target audience. Please indicate if this program is intended for other health professionals.
2. List all other non-physician healthcare professionals participating in this simulation.

3. List all members of the simulation development committee.

Name	RCPC or Credential	Title and Affiliation	E-mail

Provide an explanation and/or supporting documentation where required:

4. Describe how the need for the development of this simulation program was established.

A copy of the needs assessment must be attached to this application:

Yes

The 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.

5a. List the program learning objectives.

5b. List the individual session learning objectives.

A copy of the program including program and individual session learning objectives must be attached to this application:

Yes

Criterion 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. Describe the key knowledge areas, skills or competencies to be assessed by the simulation program.

2. List the scientific evidence base selected to develop the program (e.g. clinical practice guideline, meta-analysis or systematic review).

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

4. Describe how participation within each component of the simulation program is organized.

Criterion 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 reflection on performance, and time for this personal reflection, is encouraged.

For On-Line Simulation:

1. Describe the process by which participants will provide response to on-line simulation scenarios (e.g. the creation of an on-line response sheet or other web based assessment tool).

A copy of the participant response or assessment tool must be attached to this application:

Yes

2. Describe how participants will receive feedback after completion of a scenario.

A copy of the feedback tool must be attached to this application:

Yes

3. The on-line simulation must provide participants with references justifying the appropriate answer:

Yes

4. Describe how the references are provided to participants.

For all live activities:

1. Describe how participants receive feedback on their performance (e.g. videotape assessment).

A sample of the tool used by instructors to assess the participants is attached:

Yes No

1a. The reflective tool provides participants with an opportunity to document:

- Yes - Knowledge or skills that are up-to-date or consistent with current evidence
- Yes - Any deficiencies or opportunities for improvement in their performance
- Yes - Learning strategies to be pursued to address the performances deficiencies
- Yes - An action plan or commitment to change to address any anticipated barriers

1b. Describe the process used for administering the reflective tool

Attach a sample of the reflective tool to this application:

Yes

2. The program must provide participants with an evaluation form that assesses:

- Yes - Whether the stated learning objectives were achieved
- Yes - Relevance of the simulation to the participant's practice
- Yes - The appropriateness or relevance of the scenario
- Yes - The CanMEDS competencies or roles the program addresses.
- Yes – Presence of any bias
- Yes – Effective program design i.e. sufficient instruction time, sufficient practice time
- Yes – Whether instructors provide each participant with individual feedback on their performance?

Do instructors evaluate:

- Yes - No Competencies
- Yes - No Skills
- Yes - No Attitudes

A copy of the evaluation form(s) must be attached to this application:

Yes

3. The program must direct participants to document their learning in MAINPORT:

Yes

Criterion 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
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
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
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 which is solely responsible for distribution of these funds, including the payment of honoraria.
We comply with this standard: Yes
5. No drug or product advertisements appear on any of the simulation program's written materials.
We comply with this standard: Yes
6. Generic names should be used rather than trade names, consistently and fairly, throughout the SAP written materials.
We comply with this standard: Yes

7. Provide a web link to the program

8. List all organizations providing funding, goods, or services in-kind for the development of this program

A copy of the program budget must be attached to this application:

Yes

Copies of all promotional materials (e.g. e-mail templates, flyers and brochures) must be attached to this application:

Yes

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

- Copy of needs assessment
- Copy of program with program and individual session learning objectives
- Copy of instructor feedback tool
- Copy of participant response or assessment tool
- Copy of reflective tool
- Copy of evaluation form(s)
- Copy of the budget
- Copy of all promotional materials

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)

This section to be completed by University of Calgary, Cumming School of Medicine, CME & PD Office	
<p>This application is:</p> <p><input type="checkbox"/> Approved # <input type="text"/> MOC 3 SIM study credits</p> <p><input type="checkbox"/> Requires revisions <input type="checkbox"/> Revisions met requirements <input type="checkbox"/> Not approved</p>	<p>Date:</p> <p>Date:</p> <p>Date:</p>
<p>Notes:</p>	
<p>Reviewer name:</p> <p>Reviewer title:</p>	