OPIOID AGONIST THERAPY

JANUARY 16-17, 2020

CLARION HOTEL & SUITES
BRANDON, MB

3130 VICTORIA AVE.
BRANDON, MB

28

Mainpro+
Group Learning
MOC Section 1

OPIOID AGONIST THERAPY 101: AN INTRODUCTION TO CLINICAL PRACTICE

THURSDAY JANUARY 16 AND FRIDAY, JANUARY 17, 2020

The workshop is accredited for both family physicians and Royal College fellows. Whether you are interested in prescribing or dispensing opioid replacement therapy, or whether you just want to learn more about opioid addiction and the resources available to your patients, this workshop will arm you with new knowledge and skills around supporting this vulnerable patient population.

AGENDA

0800 - 0820 Check in and coffee
0820 - 1630 Workshop - includes lunch and breaks

THIS PROGRAM WILL BE OF INTEREST TO PHYSICIANS, NURSE PRACTITIONERS, NURSES, PHARMACISTS AND OTHER ALLIED HEALTH CARE PROFESSIONALS.

OBJECTIVES:

At the end of this workshop, participants will:

- Have acquired the prerequisite knowledge to initiate and monitor patients on methadone and/or buprenorphine/naloxone.
- Be able to demonstrate basic decision making skills essential to providing or dispensing safe and effective opioid replacement therapy.
- Be able to explore the value of sensitivity, understanding and commitment in the delivery of addictions medicine in clinical or pharmacy practice.

Register online:
cpd-umanitoba.com

Rady Faculty of Health Sciences | University of Manitoba

SPEAKERS

- Erin Knight MD, CCFP (AM), Graduate Addiction Medicine Fellowship
- Nicole Nakatsu BAKines, BSc Pharm
- Marina Reinecke MBChB, CCFP (AM), ISAM
- Mike Sloan BSc Pharm
- Talia Carter OTReg (MB), MOT
- Joanna Lynch MD, CCFP (AM), FCFP
- Laurie Ireland MD, CCFP
- Jim Simm MD, FRCPC, CCSAM
- Melinda Fowler MD, CCFP, CPSM/CPSO, DC, BScN

In keeping with accreditation guidelines, speakers participating in this event are required to disclose to the audience any involvement with industry or other organizations that may potentially influence the presentation of the educational material.

PREREQUISITE READING

Prior to attending the workshop, the participant must read the following, available online via cpd-umanitoba.com

- *Making the Choice; Making It Work: Treatment for Opioid Addiction*; Second Edition
- The College of Physicians and Surgeons of Manitoba's publication: *Manitoba Methadone & Buprenorphine Maintenance: Recommended Practice*
- Required for pharmacists only - The College of Pharmacists of Manitoba guidelines: *Principles for the Provision of Opioid Dependence Treatment by Manitoba Pharmacists*

ACCREDITATION

The University of Manitoba, CPD Medicine Program is fully accredited by the Committee on Accreditation of Continuing Medical Education (CACME).

FEES

Physician	$1,250
Pharmacist	$300
Residents	$400
Nurse Practitioners	$400
Other Nurse Professionals	$350

CONTACT

Ana Mullen, Program Coordinator
Tel: 204-272-3122 | Email: Ana.Mullen@umanitoba.ca

REIMBURSEMENT OF REGISTRATION FEES

Physicians may be eligible for reimbursement of registration fees and expenses from a fund administered by Doctors Manitoba. For more information, visit www.docsmb.org or call 204-985-5844.

ADDITIONAL POLICIES

All sessions, topics and speakers subject to change.

Participants may receive a full refund less a $35 administrative fee if cancelled 14 days or more before the event. No refund past this date. Refunds cannot be given if an event is missed.

Candid photos may be taken at CPD events. Your registration implies your permission for these photos to be used for promotional material. Individuals in photographs will not be identified.

THIS PROGRAM HAS RECEIVED AN EDUCATIONAL GRANT OR IN-KIND SUPPORT FROM:

The College of Physicians & Surgeons of Manitoba

College of Pharmacists of Manitoba

College of Registered Nurses of Manitoba

Rady Faculty of Health Sciences | University of Manitoba

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MOC Section 1

OPIOID AGONIST THERAPY 101
INTRODUCTION TO CLINICAL PRACTICE

This workshop will arm you with new knowledge and skills around opioid addiction and the resources available to support this vulnerable patient population; it is a prerequisite training requirement in order to prescribe or dispense methadone and buprenorphine/naloxone in Manitoba.

WORKSHOP OBJECTIVES:

At the end of this workshop, participants will:

- Have acquired the prerequisite knowledge to initiate and monitor patients on methadone and/or buprenorphine/naloxone.
- Be able to demonstrate basic decision making skills essential to providing or dispensing safe and effective opioid replacement therapy.
- Be able to explore the value of sensitivity, understanding and commitment in the delivery of addictions medicine in clinical or pharmacy practice.

cpd-umanitoba.com

Rady Faculty of Health Sciences | University of Manitoba

OAT Registration website link

https://www.cpd-umanitoba.com/events/opioid-replacement-therapy-101-introduction-to-clinical-practice-brandon-mb/

UNIVERSITY OF MANITOBA | Rady Faculty of Health Sciences

Royal College Maintenance of Certification
Section 1 Credit Application

This application, complete with supporting documents, must be received by the CPD Medicine Program **at least 6 weeks** prior to the start date of your educational activity. ** A late fee of 50% of the accreditation fee will apply to applications received less than 6 weeks before the start of the activity. Click to see Fee Schedule. Applications received **less than 10 business days** prior to the event will not be considered and will be returned to the applicant.

Activity Information

Date of application: (dd/mm/yyyy)	01/11/2019		
Title of the activity: (as it appears on the certificate of attendance)	Opioid Agonist Therapy 101: An Introduction to Clinical Practice		
Activity start date: (dd/mm/yyyy)	07/11/2019	Activity end date: (dd/mm/yyyy)	20/11/2020
Delivery method of group learning activity:	☐ Web-based ☒ Face-to-face ☐ Both web-based and face-to-face		
If face-to-face indicate city(s) and province(s) of delivery:	Winkler – MB; Winnipeg – MB; Brandon – MB; Norway House – MB; Whiteshell Prov. Park - MB; Churchill – MB; Portage Le Prairie – MB; Saskatoon, Saskachewan (possibly once only)		
How many times will this activity be in the accredited year?	☐ 1 ☐ 2 ☐ 3 ☒ 4+	Estimated # of participants:	25-27
Registration fee(s): (List all that apply)	Physicians - $1250.00 Residents - $400.00 Nurse Practitioners - $400.00 All other nursing professionals - $350.00 Pharmacists - $300.00 Allied Health Professionals - $300.00		
For multiple occurrences, list each date, city and province of delivery.	Nov 7-8, 2019 Winkler, MB; Dec 5-6, 2019 Winnipeg, MB; Jan 16-17, 2020 Brandon, MB; March 12-13, 2020 Norway House, MB; April 23-24, 2020 Winnipeg, MB; May 28-29, 2020 Winnipeg, MB; June 18-19, 2020 Whiteshell Provincial Park, MB; Sept 10-11, 2020 Churchill, MB; Nov 19-20, 2020 Portage Le Prairie, MB.		

Was the program been previously accredited?	☒ Yes ☐ No	If yes, when was it reviewed?	23/04/2019
If yes, by which CPD accrediting body?	The University of Manitoba's CPD Medicine Program		
How many hours are in this activity, excluding breaks, lunch opening and closing remarks?	10 Hours		
Do you want this event posted to the Royal College website?	☒ Yes ☐ No		
Did this activity receive UEMS, AMA and/or QCHP-AD credits?	No, none		
If this activity was accredited for another system, which system? *(if applicable)*	☒ Yes ☐ No ☐ Unsure		

PART A: Administrative Standards

Name of physician organization that developed the group learning activity:		
1. **Physician organization** name and contact information applying for accreditation:	Physician organization name: The College of Physicians and Surgeons of Manitoba	
	Address: The College of Physicians & Surgeons of Manitoba 1000 – 1661 Portage Ave Winnipeg MB R3J 3T7	
	Email: MReinecke@cpsm.mb.ca	Telephone #: 204-772-9491
2. Will the physician organization maintain attendance records for 5 years?		☒ Yes ☐ No
3. **Point-of-contact** for participants:	First Name: Ana	Last Name: Mullen
	Address: CPD Medicine Program; Office of Continuing Competency and Assessment; Rady Faculty of Health Sciences; 260 Brodie Centre - 727 McDermot Avenue, Winnipeg, Manitoba, R3E 3P5	
	Registration Website address: www.cpd-umanitoba.com	
	Email: ana.mullen@umanitoba.ca	Telephone#: 204-272-3122
4. **Scientific Planning Committee Chair** name and contact information:	First Name: Marina	Last Name: Reinecke
	Email: MReinecke@cpsm.mb.ca	Telephone #: 204-772-9491
	Address: The College of Physicians & Surgeons of Manitoba 1000 – 1661 Portage Ave Winnipeg MB R3J 3T7	
5. *(Only applicable if activity was co-developed.)* Name and contact information for organization ***co-developing*** **the activity.**	Name of organization: N/A	
	Address: Click here to enter text.	
	Email: Click here to enter text.	Telephone #: Click here to enter text.

6. Is the co-developing organization a physician organization?	☐ Yes ☐ No

Content Development	
7. Was the content developed by the applying physician organization?	☒ Yes ☐ No
If no, who developed the content?	Click here to enter text.

8. **Scientific planning committee members (SPC)**

Complete the table below. Include it as an attachment if you have this information already available electronically. Indicate at least one Royal College Fellow.

Name of SPC member	**How does the individual represent target audience?**	**Is the individual a member of the physician organization responsible for planning the CPD activity?**
Example: Jane Smythe, MD	**Endocrinologist**	**Yes**
Marina Reinecke MBChB, CCFP	ISAM Certified; Addiction Medicine	Yes
Kulvir Badesha MD, FRCPC	Royal College Fellow; Internal Medicine Addiction Medicine practice (part time)	Yes; Royal College Fellow
Diana Heywood RN MN	Practice and Standards Consultant, College of Registered Nurses of Manitoba; provides	No;
Nicole Nakatsu B.A.Kines, B.Sc. Pharm	Clinical Resource Pharmacist, Family Medicine, Winnipeg Regional Health	No
Erin Knight MD, CCFP	Graduate Addiction Medicine Fellowship	Yes
Mike Sloan BSc. Pharm	Community based pharmacist with ORT practice; developed pharmacy content	No
Ronda Eros B.Sc. (Pharm.)	Assistant Registrar - Qualifications and Practice Development; College of	No
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PART B: Educational Standards

1. What is the intended target audience of the activity:
Addiction Medicine
2. If applicable, indicate if this event is intended to include other health professionals.
Pharmacists, Nurse practitioners, Nurses and any other allied health care professionals who work with individuals with opioid use disorder. Any physician with an interest in addiction medicine including family physicians and specialists (most often psychiatry, internal medicine, anesthetists/pain physicians and ER physicians).
3. What needs assessment strategies were used to identify the learning needs (*perceived and/or unperceived*) of the target audience? *Examples might include: surveys of potential participants, literature reviews, healthcare data, and assessment of knowledge, competence or performance of potential participants.*

Six different methods are used in this program to collect needs-assessment data:

a) The planning committee reviewed the results of both primary care and specialist needs assessment surveys that were sent out to health care professionals by the CPD medicine program at U of M over the last 2 years. We focused on the questions that asked physicians what topics/issues they would like to see addressed in CPD. The collated results we reviewed are included with this application. (See topics identified by dark blue tag identifying addiction/mental health related topics). In general, the larger topic(s) of addiction and mental health came up most frequently in the answers provided by primary care participants. There was a secondary theme around the challenges physicians face managing opioid prescribing and deprescribing, drug seeking behaviors and opioid diversion.

Data from the specialist survey covers a very broad variety of topics and interests, as can be expected. We highlighted (in yellow) all answers provided that relates to the learning needs identified in the primary care survey. The frequency with which these answers appear, underscores that a subset of specialists would also benefit from a professional development event addressing these learning needs, especially if the event is of an interdisciplinary nature.

b) This program has been offered in the past; we thus have data from previous workshop participants' completed evaluation forms. This information was reviewed by the planning committee in planning this updated and improved version of the workshop. It is included with this application. This method was chosen since the data collected comes from a target audience that is representative of the intended target audience.

c) As soon as professionals register for this workshop, they are sent a Pre- workshop Needs Assessment Questionnaire and are asked to complete it. This questionnaire is included with this application. This method provides data collected from actual participants registered for our workshop. The planning committee reviewed this data from previous workshops and will continue to review data collected from future participants.

d) Participants are required to complete a pre -and post-test at the beginning and end of the workshop. The pre-test results serve as a measure of gaps in knowledge and the post-test demonstrates how well these gaps are addressed during the workshop. The chair of the planning committee will review the pre-test results after day one. The pre –and post test results will be reviewed by the planning committee at their meetings. This data is also available from past workshops and was used to improve the new workshop.

e) The final method used to collect needs assessment data is the Mainpro+ Post Workshop Survey, which is e-mailed to participants upon completion of the workshop. This survey asks specific questions regarding barriers that participants have encountered or anticipate encountering in integrating opioid agonist therapy into their practice, as well as strategies that they have identified to address these barriers. The workshop design includes several opportunities for participants to explore and discuss barriers to implementing what they are learning in practice after the workshop.

The planning committee anticipates that by the time participants complete the Post Workshop Survey, they will have a new awareness of what particular barriers they face in their own practice environments. This will also prompt them to think about how they can overcome these barriers. This data will thus highlight learning needs that participants were likely not aware of prior to attending the workshop, thus serving as a source of unperceived learning needs. This data will then be reviewed by the planning committee and used to improve future iterations of the workshop.

The planning committee also had access to this data from past workshops held. This data was reviewed and used to improve this iteration of the workshop.

f) The planning committee consists of three experienced opioid agonist therapy (OAT) prescribers (one Royal College fellow and two CCFP family physicians with certificates of added competency in Addiction Medicine).

There are also two pharmacists on the planning committee who are involved with hospital-based - and community based opioid agonist therapy, respectively. Planning committee meetings included significant discussion regarding gaps we have identified in our own knowledge, competence and practice environments over the years and how we felt these gaps could be best addressed in the workshop. We, for instance, agreed that there is a significant service gap in Manitoba in terms of patients' access to OAT services, both rurally and in urban settings. This service gap discussion has been the driving force for the planning committee to develop a workshop that would equip prescribers and pharmacists to start treating patients with opioid use disorder, but also prepare them for the health advocate and manager/leader roles that they would be taking on in advocating for and establishing OAT services in communities in Manitoba.

4. What learning needs or gap(s) in knowledge, attitudes, skills or performance of the intended target audience did the scientific planning committee identify for this activity?

1) The planning committee reviewed the results of both primary care and specialist needs assessment surveys that were sent out to health care professionals by the CPD medicine program at U of M over the last 2 years. We focused on the questions that asked physicians what topics/issues they would like to see addressed in CPD. The collated results we reviewed are included with this application. (See topics identified by dark blue tag identifying addiction/mental health related topics). In general, the larger topic(s) of addiction and mental health came up most frequently in the answers provided by primary care participants. There was a secondary theme around the challenges physicians face managing opioid prescribing and deprescribing, drug seeking behaviors and opioid diversion.

2) Data from the specialist survey covers a very broad variety of topics and interests, as can be expected. We highlighted (in yellow) all answers provided that relates to the learning needs identified in the primary care survey. The frequency with which these answers appear, underscores that a subset of specialists would also benefit from a professional development event addressing these learning needs, especially if the event is of an interdisciplinary nature.

3) The program planning committee consists of three experienced OAT prescribers (one Royal College fellow and two CCFP family physicians). There are also two pharmacists on the planning committee who are involved in hospital-based - and community-based opioid replacement therapy, respectively. Planning committee meetings included significant discussion regarding gaps we have identified in our own knowledge, competence and practice environments over the years and how we felt these gaps could be best addressed in the workshop. We, for instance, agreed that there is a significant service gap in Manitoba in terms of patients' access to OAT services, both rurally and in urban settings. Many smaller communities have no licensed OAT prescribers. This service gap has been the driving force for the planning committee to develop a workshop that would equip prescribers and pharmacists to start treating patients with opioid use disorder, but also prepare them for the health advocate and manager/leader roles that they would be taking on in advocating for and establishing OAT services in communities all over Manitoba.

4) Opioid abuse and opioid use disorder are common medical conditions in Canadian society. Many physicians, however, struggle with how to effectively identify and engage/support

patients with opioid use disorder (opioid addiction). The planning committee believes that this is the result of a significant knowledge gap regarding the disorder and associated behaviors. There is also a lack of knowledge regarding best practices when it comes to treatment options. It is only in recent years that this type of education has become a part of main stream medical school - and residency curriculums. It is the hope of the planning committee that this workshop will address this knowledge gap.

5) Once physicians declare an interest in treating opioid use disorder, discomfort with interviewing this patient population and the complexities and challenges that goes along with integrating OAT into practice may discourage further involvement. This workshop is designed to address these learning needs/issues. The workshop empowers physicians with knowledge regarding effective interview strategies and provides practical opportunities to practice these skills during multiple simulated sessions. There is ample opportunity to explore different practice models and hear some success stories about how OAT can be integrated into community based practice and serve as a resource to other health care providers and the surrounding community. Common practice barriers are explored and discussed. This process creates viable evidence based treatment for patients with opioid use disorder, greatly improving patient outcomes in many health and social domains.

6) How were the identified needs of the target audience used to develop the overall and session-specific learning objectives?
For example:
- *Did the scientific planning committee share the needs assessment results with the speakers who are responsible for developing the learning objectives?*
- *Did the scientific planning committee use the needs assessment results to define the learning objectives for the speakers?*

The scientific planning committee was exclusively responsible for development of the workshop's learning objectives. Information used to develop the objectives included the information from the needs assessment tools (as previously described ... CPD family medicine needs assessment survey results, evaluation summaries, pre -and post-test result summaries and Mainpro+ Post Workshop Survey summaries from previous workshops) available to date, the professional/clinical expertise of members of the planning committee as well as a scan of the learning objectives and content of OAT training courses in other provinces in Canada.

Commonly encountered barriers to integrating OAT into practice were also discussed by the planning committee and kept in mind in developing the learning objectives.

The established learning objectives were then shared and discussed with individual speakers to ensure that they understood the objective(s) and felt that they could meet these objectives within the time frame and educational design of their assigned sessions.

7) What learning objectives were developed for the overall event? Provide 2 – 5 objectives:

At the conclusion of this workshop, participants will:

1) Have acquired the prerequisite knowledge to initiate and monitor patients on methadone and/or buprenorphine/naloxone.
2) Be able to demonstrate basic decision making skills essential to providing or dispensing safe and effective opioid agonist therapy
3) Be able to explore the value of sensitivity, understanding and commitment in the delivery of addiction medicine in clinical or pharmacy practice.

8) What learning objectives were developed for the specific sessions? Provide 1 – 2 objectives:

At the conclusion of this workshop, participants will be able to:

1) Identify opioid use disorder (neuroanatomy and pathophysiology of the brain's reward system, typical clinical presentations, typical behaviours, DSM-5 criteria).
2) Explain the model of addiction as a chronic disease, requiring long term management by health care professional(s) as well as mental health, spiritual and social support
3) Perform a comprehensive assessment of an individual with opioid use disorder and select appropriate treatment options.
4) Recognize the unique pharmacology of methadone and buprenorphine/naloxone and participate effectively in prescriber - pharmacist collaborative care.
5) Identify potential and actual drug interactions.
6) Select an appropriate methadone induction dose and manage initial methadone induction, dose adjustments and early stabilization issues appropriately.
7) Assess a patient's appropriateness for carry doses, including frequent reassessment and as-needed adjustments to carry status.
8) Discuss important issues in the maintenance phase of treatment, including urine toxicology, prolonged QT, split dosing, smoking cessation support and withdrawal of treatment.
9) Identify special considerations in the treatment of pregnant women with opioid use disorder - in the ante-natal period, during labour and post- partum, including breast feeding.
10) Examine neonatal opioid withdrawal and recognize how treatment decisions may impact withdrawal severity and overall maternal/neonatal outcomes.
11) Examine the role education and advocacy plays in promoting improved neonatal/maternal outcomes and strengthening the family unit.
12) Discuss special issues in the management of individuals with opioid use disorder and concurrent major psychiatric disorders.
13) Discuss special issues in the management of individuals with opioid use disorder and concurrent acute, chronic and post-operative pain.
14) Identify special considerations in the management of the individual with opioid use disorder and hepatitis C and/or HIV.
15) Formulate a practical approach to managing insomnia in the patient with opioid use disorder.

16) Discuss important safety considerations and formulate a practical approach to managing individuals with opioid use disorder who also abuse alcohol and/or benzodiazepines.

17) Distinguish different models of service delivery in opioid agonist therapy including the comprehensive care model, private clinic model, community clinic model and family practice model. Compare and contrast the strengths and weaknesses of each model.

18) Implement and integrate safe preparation, documentation, and dispensing of methadone and buprenorphine/naloxone in pharmacy practice.

9) CanMEDS Role(s) relevant to this activity? *Check all that apply*	☒ Medical Expert ☒ Communicator	☒ Collaborator ☒ Leader	☒ Health Advocate ☒ Professional	☒ Scholar

10) State the sources of information selected by the planning committee to develop the content of this activity (e.g. scientific literature, clinical practice guidelines, etc.)

Literature used to support basic content development for this workshop included:

The College of Physicians and Surgeons of Manitoba's publication: "Manitoba Methadone & Buprenorphine Maintenance: Recommended Practice"

and

The College of Pharmacists of Manitoba guidelines: "Principles for the Provision of Opioid Dependence Treatment by Manitoba Pharmacists"

This program also incorporates best evidence and in particular Canadian evidence whenever possible to educate and assist our participants in making the best possible treatment decisions for their patients.

The evidence presented is further enriched by individual clinical experience shared by some of the most knowledgeable presenters on OAT in Manitoba. All workshop presenters have substantial, long term experience in providing OAT to Manitoba patients and are dedicated to the principle of evidence-based medicine.

Dr. Knight's presentation early on day one addresses the robust evidence base that supports opioid agonist therapy as the most evidence-based treatment option for patients with opioid use disorder. Patient-specific outcomes are discussed including medical, social and community-based outcomes facilitated by the provision of opioid agonist therapy. Potential associated side-effects and risks of OAT to the patient and surrounding community are reviewed in this presentation and touched upon in others.

Alternative treatment options, including detox and other abstinence-based approaches are also reviewed from a patient outcomes perspective.
The planning committee feels confident that you will find this review of the evidence informing OAT balanced and informative.

All speakers were instructed to incorporate best available evidence into their presentations. Some presentations review the relevant evidence as the presentation goes along; others include a reference list at the end of the presentation.

When evidence has already been reviewed in a prior presentation, it is not repeatedly cited in presentations that follow later in the workshop.

No altering of graphs or diagrams was permitted in developing workshop materials.

Examples of Canadian evidence, guidelines and local data can be found in the following presentations:

- The pregnancy talk reviews the work of Dr. Ron Abrahams and his group on neonatal opioid withdrawal at the BC Women's Hospital. This work has changed practitioners around the world's understanding of the factors that influence the severity of neonatal opioid withdrawal, as well as how it should be managed to ensure best outcomes for the infant and the mom.

- Dr. Knight's presentation on Treatment Approaches reviews several Canadian guidelines from Vancouver Coastal Health and the CIHR's Canadian Research Initiative in Substance Misuse to inform our approach to detox vs opioid agonist therapy in individuals with opioid use disorder.

- This presentation also reviews the Canadian evidence from the robust research published by the Insite team, Canada's first supervised injection site. This research led to a supreme court ruling that paved the way for other such facilities opening in other Canadian cities.

- The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain is cited in more than one presentation (benzodiazepine talk, polypharmacy talk and pain management talk).

- The talk on polypharmacy draws on local data from the Chief Medical Examiner's office in Winnipeg, MB as well as epidemiological and surveillance data from the MB Government.

11) What learning methods were selected to help the CPD activity meet the stated learning objectives?

Learning methods were selected by the planning committee. A variety of learning/educational methods were selected to meet the needs of participants who have different learning styles and who are at different levels of clinical interview skill development. Different educational methods were also needed to convey educational content, while developing hand-on clinical/practice skills. Participants' feedback from previous workshops was also taken into account in developing this iteration of the workshop when it came to selecting educational methods.

The first learning method registrants encounter after signing up for this workshop is self-study. All participants are required to complete the pre-requisite pre-reading prior to attending the workshop. This ensures that all participants enter the workshop with some basic knowledge around opioid replacement therapy that they can then build on during the workshop.

Didactic lecture-style sessions are utilized to teach significant amounts of important medical expert type content in an organized fashion. The session are made more interactive and clinically relevant by including ample Q and A time as well as interactive, case based discussion woven into the more didactic content.

Standardized patient interview sessions (small group) are utilized to assist participants in developing essential "hands-on" interview skills and motivational enhancement skills. This method utilized the power of multi-source feedback (from the patient, co-learners and facilitator) in a supportive, nonthreatening environment.

The final session of each day is an interactive, case based, simulated scenario that allows professional

from different disciplines to practice "hands-on" clinical and pharmacy skills while actively collaborating with professionals from other disciplines in "real time". Multi-source feedback again enhances the learning experience.

The pre-and posttest, post workshop reflective questionnaire and informal discussion between participants as well as between presenters and participants during networking time rounds out our variety of educational methods, preventing participant fatigue with one single method.

The planning committee will continue to review and incorporate feedback on educational method from the workshop's evaluation processes.

12) What learning methods were selected to incorporate a minimum of 25% interactive learning? Examples may include discussion periods, small groups (generally less than 16 participants), workshops, seminars or audience response systems.)

Several types of interactivity occurs during this workshop:

a) All didactic presentations have 25% of the allotted time protected for interactive Q and A with participants

b) Several of the didactic presentations utilizes interactive case discussions as part of the presentation, in addition to the protected Q & A time described above.

c) The prescriber break-out sessions that occur both days in the afternoons are small group in nature (5-6 prescriber participants per group; 2 groups). During these sessions the participants get the opportunity to interview standardized patients to collect an addiction history. There is a facilitator present in each small group session who watches the interviews and provides feedback to the participants about their performance. Participants also interact with their co-participants in that they may ask for help if they get stuck during an interview; participants also give each other feedback during these sessions.

d) The participants are interacting with the workshop materials being taught by implementing what they have learned in the didactic lecture sessions when they interview the standardized patients and do patient education during these interviews. These sessions are an excellent opportunity for participants to further develop the CanMEDS role of 'communicator' as it relates to the subject matter.

e) The final session of each day is an interactive, simulated case involving participants from all disciplines involved in the provision of care for patients on OAT. Several participants actively participate by taking on different assigned roles in the scenarios; others observe and give those who are actively participating advice and feedback as the scenario progresses. There is also a minimum of 3 facilitators present during these sessions who provide ongoing guidance and feedback. Participants have the opportunity to incorporate a little bit of everything taught during this workshop during these final simulated scenarios. These scenarios offer excellent opportunities for participants to further develop the CanMEDS roles of communicator and collaborator as it relates to the subject matter

13) How will the overall group learning activity and individual sessions be evaluated by participants?

a) Participants will be asked to complete an evaluation form at the end of day one and again at the end of day 2. These forms provide an opportunity for participants to evaluate each individual session/speaker/facilitator, as well as the day overall. These evaluation form templates are included with this application.

b) Participants are required to complete a knowledge test at the beginning and again at the end of the workshop. The two tests are identical. Recalling and applying the knowledge they have gained during the workshop to hopefully achieve an improved score on the post test, serves as an evaluation of the learning activity in terms of its effectiveness to impart new knowledge to participants.

c) Although the post-workshop reflective questionnaire was originally designed as a reinforcement of learning activity, it also serves as an evaluation tool of the workshop overall. For example,

participants are asked about any changes they have made/are making in their practice since completing the workshop. Thus evaluating how effective the workshop was at inspiring practice change and providing the knowledge and tools to make that change a reality. The questionnaire also evaluates how effective the content/speakers were at assisting participants in developing strategies to overcome barriers to practice change etc. See post workshop reflective questionnaire.

14) (Optional) If the evaluation strategy intends to measure changes in knowledge, skills or attitudes of learners, please describe:

This program incorporates 2 measures of self-reported change in participants' knowledge and skills:

a) The first measure is an evaluation form that all participants are asked to complete after day 1 and day 2 of the workshop. The evaluation forms (2) are included with this application.

b) The second measure of self-reported change in knowledge and skills, including actual changes made in the participants practice, is the OAT post-workshop reflective questionnaire that participants are asked to complete and submit within 30 days of completing the workshop. A copy of this form is included with this application.

This program also incorporates three measures of objective change in participants' knowledge and skills:

a) The first objective measure of a change in knowledge is the pre -and post-test that participants are asked to complete at the beginning and the end of this workshop (they are identical and included with this application). This is thus an objective measure of a change in the CanMEDS medical expert role.

b) The second objective measure evaluates participants' skill level as it pertains to interviewing a patient with opioid use disorder: The prescriber break-out sessions that occur both days in the afternoons are small group in nature (5-6 prescriber participants per group; 2 groups). During these sessions the participants get the opportunity to interview standardized patients to collect an addiction history. There is a facilitator present in each small group session who watches the interviews and provides feedback to the participants about their performance. Participants also interact with their co-participants in that they may ask for help if they get stuck during an interview; participants also give each other feedback during these sessions. The standardized patient also gives feedback to the interviewer.

The participants are interacting with the workshop materials being taught by implementing what they have learned in the didactic lecture sessions when they interview the standardized patients and do patient education during these interviews. Participants get a second opportunity on day two to improve their performance conducting further interviews. They receive feedback from the **facilitator, their peers and the standardized** patient on day two as to improvements seen and further issues to work on. These sessions thus provide an objective measure of participants' knowledge and skills as it relates to the CanMEDS roles of 'communicator' and 'medical expert'.

The final session of each day is an interactive, simulated case involving participants from all disciplines involved in the provision of care to patients on OAT (physicians, pharmacists, nurses and nurse practitioners). Several participants actively participate by taking on different assigned roles in the scenarios; others observe and give those who are actively participating advice and feedback as the scenario progresses. There are also a minimum of 3 facilitators present during these sessions who provide ongoing guidance and feedback. Participants have the opportunity to incorporate a little bit of everything taught during this workshop during these final simulated scenarios.
These scenarios (with different patient and situational details) are again run on day two, offering participants an opportunity to improve on their performance from day 1. These scenarios thus provide an objective measure of participants' knowledge and skills as it relates to the CanMEDS roles of 'collaborator' and 'medical expert'.

15) (Optional) If the evaluation strategy intends to measure improved health care outcomes, please describe.

N/A

16) (Optional) If participants will receive feedback related to their learning, please describe the tools or strategies used.

a) The pre -and post-test that participants are asked to complete at the beginning and the end of this workshop (they are identical and included with this application). The correct answers to the test are provided to learners immediately after completion of the post-test, providing real time feedback on their learning.

b) The second strategy provides learners with direct multi-source feedback regarding their performance as it pertains to interviewing a patient with opioid use disorder: The prescriber break-out sessions that occur both days in the afternoons are small group in nature (5-6 prescriber participants per group; 2 groups). During these sessions the participants get the opportunity to interview standardized patients to collect an addiction history. There is a facilitator present in each small group session who watches the interviews and provides feedback to the participants about their performance. Participants also interact with their co-participants in that they may ask for help if they get stuck during an interview; participants also give each other feedback during these sessions. The standardized patient also gives feedback to the interviewer.

   The participants are interacting with the workshop materials being taught by implementing what they have learned in the didactic lecture sessions when they interview the standardized patients and do patient education during these interviews. Participants get a second opportunity on day two to improve their performance conducting further interviews. They receive feedback from the facilitator, their peers and the standardized patient on day two as to improvements seen and further issues to work on.

c) The final session of each day is an interactive, simulated case involving participants from all disciplines involved in the provision of care to patients on ORT (physicians, pharmacists, nurses and nurse practitioners). Participants again receive multi-source real time feedback on their performance. Several participants actively participate in these sessions by taking on different assigned roles in the scenarios; others observe and give those who are actively participating advice and feedback as the scenario progresses. There is also a minimum of 3 facilitators present during these sessions who provide ongoing guidance and feedback. Participants have the opportunity to incorporate a little bit of everything taught during this workshop during these final simulated scenarios. These scenarios (with different patient and situational details) are again run on day two, offering participants an opportunity to improve on their performance from day 1.

PART C: Ethical Standards

All activities accredited after January 1, 2018 must comply with the National Standard for support of Accredited CPD Activities. The National Standard applies to all situations where financial and in-kind support is accepted to contribute to the development, delivery and/or evaluation of accredited CPD activities.

1. Has the CPD activity been sponsored by one or more sponsor/exhibitor?	☒ Yes ☐ No
2. If yes, have the terms, conditions and purposes by which sponsorship is provided been documented in a written agreement that is signed by the CPD provider organization and the sponsor? *(Attach a sample)*	

3. If sponsorship has been received, please check all sources of sponsorship that apply

☒ Government agency	☐ Health care facility	☐ Not-for-profit organization	☐ Medical device company	☐ Pharmaceutical company	☐ Education *or* communications company

☒ Other *please specify* The College of Physicians and Surgeons of Manitoba (Professional Regulatory Body)

4. If yes, please list the name of the sponsor(s)/exhibitor(s) below and indicate whether the sponsor/exhibitor provided financial or in-kind support (should you require more space, attach a new page).

Sponsor name	Type of support		
Manitoba Health, Active Living and Seniors (MB Government) (Provides funds to CPSM)	☒ Financial support Amount received or anticipated to receive: $12,000.00 - $14,000.00 (see sponsorship agreement and attached funding letter for further details	☐ In-kind support Amount received or anticipated to receive: Click here to enter text.	☐ *For-profit sponsor* *or* ☒ *Non-profit sponsor*
College of Physicians and Surgeons of Manitoba (CPSM)(Direct funding to event)	☒ Financial support Amount received or anticipated to receive: $12,000.00 - $14,000.00 per workshop	☒ In-kind support Amount received or anticipated to receive: Space required for workshop. AV equipment and support	☐ *For-profit sponsor* *or* ☒ *Non-profit sponsor*
Click here to enter text.	☐ Financial support Amount received or anticipated to receive: Click here to enter text.	☐ In-kind support Amount received or anticipated to receive: Click here to enter text.	☐ *For-profit sponsor* *or* ☐ *Non-profit sponsor*
Click here to enter text.	☐ Financial support Amount received or anticipated to receive: Click here to enter text.	☐ In-kind support Amount received or anticipated to receive: Click here to enter text.	☐ *For-profit sponsor* *or* ☐ *Non-profit sponsor*

5. Describe the process by which the SPC maintained control over the CPD program elements including:
   - the identification of the educational needs of the intended target audience; development of learning objectives;

- selection of educational methods;
- selection of speakers, moderators, facilitators and authors;
- development and delivery of content; and
- evaluation of outcomes

a) Needs assessment: the scientific planning committee members reviewed the CPD medicine needs assessment data and the evaluation data from a previous workshop's participants. The scientific planning committee members designed questions for the pre and post-test, the Pre-Workshop Needs Assessment Questionnaire and the Mainpro+ Post Workshop Survey. The also reviewed the results of these tools used in previous iterations of the workshop.

The chair of the scientific planning committee will review the results of the pre-test after day one of the workshop and the entire scientific planning committee will review the results of all needs assessment tools after the workshop. The U of M CPD medicine coordinators will e-mail the pre and post workshop elements to participants and collect the responses.

The scientific planning committee was exclusively responsible for development of the workshop's learning objectives. Information used to develop the objectives included the information from the needs assessment tools (as previously described), the professional/clinical expertise of members of the planning committee as well as a scan of the learning objectives and content of OAT training courses in other provinces in Canada.

b) Educational methods were selected by the planning committee. A variety of educational methods were selected to meet the needs of participants who have different learning styles and who are at different levels of clinical interview skill development. Different educational methods were also needed to convey educational content, while developing hand-on clinical/practice skills.

Participants' feedback from previous workshops was also taken into account in developing this iteration of the workshop when it came to selecting educational methods.

Didactic lecture-style sessions are utilized to teach significant amounts of important medical expert type content in an organized fashion. These session are made more interactive and clinically relevant by including ample Q and A time as well as interactive, case based discussion woven into the more didactic content.

Standardized patient interview sessions (small group) are utilized to assist participants in developing essential "hands-on" interview skills and motivational enhancement skills. This method utilized the power of multi-source feedback (from the patient, co-learners and facilitator) in a supportive, non-threatening environment.

The final session of each day is an interactive, case based, simulated scenario that allows professional from different disciplines to practice "hands-on" clinical and pharmacy skills while actively collaborating with professionals from other disciplines in "real time". Multisource feedback again enhances the learning experience.

The pre-and posttest, post workshop reflective questionnaire and informal discussion between participants as well as between presenters and participants during networking time rounds out our variety of educational methods, preventing participant fatigue with one single method.

The planning committee will continue to review and incorporate feedback on educational method from the workshop's evaluation processes.

c) The scientific planning committee was responsible for the selection and recruitment of all speakers for this workshop. All Speakers selected are considered content experts in the area(s) they are presenting on and have significant clinical experience related to the subject matter. For instance, Dr. Ireland is the head of the Manitoba HIV Program and Dr. Simm has worked with a patient population with co-occurring mental health and addiction

issues for many years in his clinical practice.

Speakers were selected who have had preferably no or other otherwise minimal past interactions with the pharmaceutical industry. These individuals are committed to practicing evidence-based medicine and have a passion for teaching.

d) Developing good content starts with recruiting appropriate speakers; process for recruiting speakers was as stated above.

A detailed speaker letter was written by the planning committee and sent to all speakers, providing them with instructions on all parameters to keep in mind when developing workshop content, including a list of Quality Criteria to be considered in preparing their presentations. A copy of the template speaker letter is included with this application.

Along with the speaker letter, speakers were provided with the learning objectives for the overall event and for their specific sessions. The chair of the planning committee communicated with each speaker by e-mail and/or phone to ensure they understood the objectives for their session(s) and felt that they were able to meet these objectives.

Once content was submitted to the planning committee from the individual speakers, the content was reviewed by members of the planning committee. Several speakers received written feedback with suggestions for changes to improve the quality of content.

Speakers incorporated all feedback and resubmitted final content to the planning committee. The planning committee is committed to further incorporate any content feedback received during the accreditation review, as well as from the workshop evaluation process after each session of this workshop.

All speakers, facilitators and moderators have been instructed to present only this pre-approved content at the event. The delivery of all content at the event will be monitored by members of the planning committee to ensure content is delivered as expected.

e) The scientific planning committee developed the evaluation strategy for this workshop. Members of the planning committee developed the day 1 and 2 evaluation forms, including ensuring that mandatory questions are included. They also developed the pre and post-test and the post workshop reflective questionnaire which asks about practice changes etc.
The scientific planning committee will be responsible for reviewing all feedback; this will be discussed at a post workshop planning committee meeting and incorporated as needed into future iterations of this workshop.

6. Describe the process used to develop content for this activity that is scientifically valid, objective, and balanced across relevant therapeutic options.

Developing good content starts with recruiting appropriate speakers; process for recruiting speakers was as stated above under question #5.

A detailed speaker letter was then sent to all speakers, providing them with instructions on all parameters to keep in mind when developing workshop content, including a list of Quality Criteria to be considered in preparing their presentations. A copy of the template speaker letter is included with this application.

Along with the speaker letter, speakers were provided with the learning objectives for the overall event and for their specific sessions. The chair of the planning committee communicated with each speaker by e-mail and/or phone to ensure they understood the objectives for their session(s) and felt that they were able to meet these objectives.

Once content was submitted to the planning committee from the individual speakers, the content was reviewed by members of the planning committee. Several speakers received written feedback with suggestions for changes to improve the quality of content, including replacing trade names with generic names, clearly identifying any off-label medication recommendations on slides and

incorporation additional best Canadian evidence where applicable. Speakers were also reminded of specific feedback from previous participants of previous iterations of this workshop.

Speakers incorporated all feedback and resubmitted final content to the planning committee. The planning committee is committed to further incorporate any content feedback received during the accreditation review, as well as from the workshop evaluation process after each session of this workshop.

7. How were those responsible for developing or delivering content informed that any description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding?

Speakers were informed of this requirement by means of a speaker letter sent to all speakers, containing links to this information. Once initial content was submitted, it was reviewed by the planning committee. Any trade names only were identified, and speakers were asked to amend this content to reflect generic names only or both generic and trade names. All speakers responded by making the suggested changes. No commercial product/drug specific branding was identified in the content review.

8. All accredited CPD activities must comply with the National Standard for support of accredited CPD activities. If the scientific planning committee identifies that the content of the CPD activity does not comply with the ethical standards, what process would be followed? How would the issue be managed?

All content that forms a part of this workshop has already been submitted to the planning committee chair at the time of this application. All content has been reviewed by the scientific planning committee. Minor edits were suggested to individual speakers and all speakers incorporated all suggested edits. The final content is felt to be in compliance with the ethical standard. All speakers, facilitators and moderators have been instructed to present only this pre-approved content at the event.

Should a speaker deviate from this content at the event, the scientific planning committee will review this deviation and interview the speaker as to the rational for the deviation. If the deviation is felt to be problematic or not in compliance with the ethical standard, remediation may include a warning and remedial instructions to the speaker involved or possible removal and replacement of the speaker involved.

9. How are the scientific planning committee members' conflicts of interest declarations collected and disclosed to:
   - The physician organization?
   - To the learners attending the CPD activity?

All members of the scientific planning committee were asked to complete a COI disclosure form at the first planning committee meeting. The chair of the planning committee reviewed these forms. N f a real or potential conflict of interest is identified, the scientific planning committee would discuss this issue and ask the relevant presenter/moderator/facilitator for any additional information that may further inform the planning committee on this issue and/or potentially mitigate the conflict of interest.

If it is felt that the conflict of interest can be sufficiently mitigated, the speaker would be allowed to continue while disclosing all relevant information to the learners. If it cannot be mitigated sufficiently, the speaker may be asked to step down and an alternate speaker recruited.o conflicts of interest were disclosed that needed to be addressed further or that could not be sufficiently mitigated. The form completed by the chair of the planning committee was reviewed and signed by the educational director of the CPD Medicine Program. All these forms were then turned over to CPD Medicine Program staff for inclusion in the accreditation application.

The main workshop facilitator will introduce all planning committee members to learners at the beginning of the workshop by means of a slide. The slide will state all disclosures and these will be verbally stated by the facilitator as well.

10. How are the speakers', authors', moderators', facilitators' and or/authors' conflicts of interest information collected and disclosed to:
    - The scientific planning committee?
    - To the learners attending the CPD activity?

Speakers, authors, moderators and facilitators, were asked to complete, sign, and return a Conflict of Interest disclosure form to the CPD Medicine program for review. The chair of the planning committee reviewed and signed all these forms. All information disclosed was reviewed by the planning committee; no disclosures were felt to represent a conflict of interest that could not be resolved or sufficiently mitigated.

All moderators, facilitators and speakers at this event will display a COI disclosure slide(s) at the start of their presentation, disclosing any conflicts of interest to the learners. They will also verbally state this information while displaying this slide(s).

11. If a conflict of interest is identified, what are the scientific planning committee's methods to manage potential of real conflicts of interests

f a real or potential conflict of interest is identified, the scientific planning committee would discuss this issue and ask the relevant presenter/moderator/facilitator for any additional information that may further inform the planning committee on this issue and/or potentially mitigate the conflict of interest.

If it is felt that the conflict of interest can be sufficiently mitigated, the speaker would be allowed to continue while disclosing all relevant information to the learners. If it cannot be mitigated sufficiently, the speaker may be asked to step down and an alternate speaker recruited.

12. How are payments of travel, lodging, out-of-pocket expenses, and honoraria made to members of the scientific planning committee, speakers, moderators, facilitators and/or authors?

    If the responsibility for these payments is delegated to a third party, please describe how the CPD provider organization or SPC retains overall accountability for these payments.

All payments to members of the scientific planning committee, speakers, moderators and facilitators are made by the CPD Medicine program in accordance with the budget submitted with the program application.

Payments that will be made include speaker honoraria for all workshops. Actual parking expenses (for parking on the days of the workshop) to all speakers for Winnipeg workshops. No travel or lodging is reimbursed for Winnipeg workshops since all speakers, moderators and facilitators reside in Winnipeg where the workshop is held. No other out of pocket expenses are reimbursed unless pre-approved by the planning committee. We have had no such requests to date. Meals and breaks are provided to all participants, speakers, facilitators and moderators at the workshop, so there are no personal meal expenses for the Winnipeg workshops.

For out of town workshops all travel arrangements are made directly by the CPD Medicine Program at U of M. This includes flights (for remote workshops), rental cars if needed and hotel rooms. Speakers who drive their own vehicles to rural workshops are eligible to claim mileage at an agreed upon mileage rate. A per diem is paid for speaker's meals not provided at the workshop for rural and remote workshops. Economy airport parking or reasonable taxi expenses are reimbursed. Again, all of these payments to speakers are made directly by the CPD Medicine Program at U of M.

13. How has the physician organization ensured that their interactions with sponsors have met professional and legal standards including the protection of privacy, confidentiality, copyright and contractual law regulations?

This event has no commercial sponsors. All interactions, including the planning agreement, between the College of Physicians and Surgeons of Manitoba and the U of M is governed by the relevant U of M policies regarding the protection of privacy, confidentiality, copyright and contractual law regulations. The U of M CPD medicine program believes that all of these professional and legal standards have been met throughout the development of this program.

14. How has the physician organization ensured that product specific advertising, promotional materials or other branding strategies have not been included on, appear within, or be adjacent to any educational materials, activity agendas, programs or calendars of events, and/or any webpages or electronic media containing educational material?

This program does not have any commercial or for-profit sponsors, thus no product specific advertising, promotional material or corporate branding appears on any of the workshop materials, printed or on the U of M webpage (where registration is hosted). The logo of the College of Physicians and Surgeons of Manitoba (who provides financial and in-kind support to this workshop) as well as the

logos of the College of Pharmacists of Manitoba, College of Registered Nurses of Manitoba and the University of Manitoba appears at the end of page two of the workshop poster only, to indicate the collaborative nature of the relationship between the 3 Colleges and the U of M in bringing this event to life. It also indicates that all three regulatory bodies support this workshop and recognizes it as one of the formal training requirements to prescribe or dispense opioid replacement therapy in Manitoba. See included poster.
15. Have the sponsors/exhibitors been acknowledged with the following standard acknowledgement statement: "**This program has received an education grant or in-kind support from (names of funding organizations)**?"
Yes, this statement appears on page 2 of the workshop poster.

16. What arrangements were used to separate commercial exhibits or advertisements in a location that is clearly and completely separated from the accredited CPD activity?
We have no commercial exhibitors or advertisers involved in this event, so none of the above will be present at the CPD activity location.
17. If incentives were provided to participants associated with an accredited CPD activity, how were these incentives reviewed and approved by the physician organization?
Incentives were not provided.
18. What strategies were used by the scientific planning committee or the physician organization to prevent the scheduling of unaccredited CPD activities occurring at time and locations where accredited activities were scheduled?
Unaccredited CPD activities are not planned for any time during the event nor in the location of the event.

Attach the following documentation to the application form:	
Attachment 1	The preliminary program/brochure that includes overall and specific learning objectives.
Attachment 2	The final program content.
Attachment 3	Any other materials to promote or advertise the activity (for example, invitations, email announcements) (if applicable).
Attachment 4	Conflict of Interest Disclosure form completed and signed by each of the scientific planning committee members.
Attachment 5	The template evaluation form/tool developed for this activity.
Attachment 6	The budget for this activity that details the receipt and expenditure of all sources of revenue, including an indication of whether funds were received in an educational grant or in-kind support.
Attachment 7	The template certificate of attendance that will be provided to participants.
Attachment 8	The sponsorship and/or exhibitor prospectus developed to solicit sponsorship/exhibitors for the activity (if applicable).
Attachment 9	If sponsorship has or expected to be received for this activity, attach sample agreement between the CPD provider organization and the sponsor/exhibitor.

Incomplete application packages will be returned to the applicant un-assessed.

Accreditation Fee and Payment Information for Section 1 Credits

Activity Accreditation Fees (please check one that applies to this application)

Held once AND 1 day long or less	
☐ with commercial support – i.e. sponsorship funding, exhibitor fees.	$600
☐ without commercial support – i.e. sponsorship funding, exhibitor fees.	$450
▪ Late Fee: 50% of Accreditation fee.	
Held 2-4 times in the year OR 2-3 days long	
☐ with commercial support – i.e. sponsorship funding, exhibitor fees.	$800
☐ without commercial support – i.e. sponsorship funding, exhibitor fees.	$600
▪ Late Fee: 50% of Accreditation fee.	
Held 5 or more times per year OR Longer than 3 days	
☐ with commercial support – i.e. sponsorship funding, exhibitor fees.	$1000
☒ without commercial support – i.e. sponsorship funding, exhibitor fees.	$850
▪ Late Fee: 50% of Accreditation fee.	

Please indicate and include method of payment with application:

☐ Cheque enclosed (payable to the University of Manitoba)

☐ Visa ☐ MasterCard ☐ AMEX
Card number: Expiry Date: Security code on back:
Name on credit card:

☒ Invoice (GST will be added)
Department Name: The College of Physicians and Surgoens of Manitoba
Attention:
Address: Postal Code:
Email:
Phone Number:

☐ University of Manitoba FOAP for ID charge:

PART D: Declaration

As the chair of the scientific planning committee (or equivalent); 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 guidelines, entitled, *CMA Policy: Guidelines for Physicians in Interactions with Industry (2007)*, and National Standard for Support of Accredited CPD Activities have been met in preparing for this event.

Events must also comply with the University of Manitoba Max Rady College of Medicine policy on **Interactions between the Max Rady College of Medicine and Health-Related Industries** Commercial Support.

☒ **I Agree** By clicking "I agree" you are agreeing to the declaration stated above.

Name:	Marina Reinecke
Signature:	MReinecke
Date: (dd/mm/yyyy)	01/11/2019

PART E: CPD accreditation agreements

The Royal College has several international CPD accreditation agreements. These agreements allow physicians and/or other health professionals to claim or convert select Royal College MOC credits to other CPD system credits. Details about the specific agreements are available on their website.

Submit application, along with supporting documents to: lenore.chipman@umanitoba.ca

UNIVERSITY OF MANITOBA | Rady Faculty of Health Sciences

Royal College Maintenance of Certification
Section 3 Credit Application
Accreditation of Simulation Activities

This application, complete with supporting documents, must be received by the CPD Medicine Program **at least 6 weeks** prior to the start date of your educational activity. ** A late fee of 50% of the accreditation fee will apply to applications received less than 6 weeks before the start of the activity. Applications received **less than 10 business days** prior to the event will not be considered and will be returned to the applicant.

Simulation activities are designed to reflect real life situations to enable participants to demonstrate and receive feedback on their clinical reasoning, communication, situational awareness, problem solving and (where applicable) their ability to collaborate and work effectively within a healthcare team. Simulation activities reflect a range of options including role playing, use of standardized patients, task trainers, virtual simulation, haptic simulation, theatre simulation or hybrids of any of these examples.

Additional considerations:

- MOC section 3 – Accredited Simulation Activities are approved for up to a maximum of three years from the start date of the activity.
- Accreditation will not be granted retroactively.

Activity Information

Date of application: (dd/mm/yyyy)	01/11/2019		
Title of simulation activity	Opioid Agonist Therapy 101: An Introduction to Clinical Practice		
Activity start date: (dd/mm/yyyy)	07/11/2019	Activity end date: (dd/mm/yyyy)	08/11/2019
Delivery method of simulation activity:	☐ Web-based ☒ Face-to-face ☐ Both web-based and face-to-face		
How many times will this activity be held?	☐ 1 ☐ 2 ☐ 3 ☒ 4+	Estimated # of participants:	25-27
Has the activity been previously accredited?	☒ Yes ☐ No	If yes, when was it accredited?	04/04/2018
If yes, by which CPD accrediting body?	U of M CPD Medicine Program		
How many hours are in this activity, excluding breaks, lunch opening and closing remarks?	2 Hours per day; four hours total over two days.		
Do you want this event posted to the Royal College website?	☒ Yes ☐ No		

If this activity was accredited for another system, which system? *(if applicable)*	☒ Yes ☐ No ☐ Unsure
Did this activity receive UEMS, AMA and/or QCHP-AD credits?	No, none

PART A: Administrative Standards

Name of physician organization that developed the simulation activity		
1. Name and contact information for **physician organization** requesting accreditation:	Name of physician organization: The College of Physicians and Surgeons of Manitoba	
	Address: The College of Physicians & Surgeons of Manitoba 1000 – 1661 Portage Ave Winnipeg MB R3J 3T7	
	Email: MReinecke@cpsm.mb.ca	Telephone #: 204 772 9491
	Website address: www.cpsm.mb.ca	
2. **Point-of-contact** for participants:	First Name: Ana	Last Name: Mullen
	Address: CPD Medicine Program; Office of Continuing Competency and Assessment; Rady Faculty of Health Sciences; 260 Brodie Centre - 727 McDermot Avenue, Winnipeg, Manitoba, R3E 3P5	
	Email: ana.mullen@umanitoba.ca	Telephone#: 204 272 3122
3. Name and contact information for **Scientific Planning Committee Chair**: *(If different from above)*	First Name: Marina	Last Name: Reinecke
	Email: MReinecke@cpsm.mb.ca	Telephone #: 204 772 9491
	Address: The College of Physicians & Surgeons of Manitoba 1000 – 1661 Portage Ave Winnipeg MB R3J 3T7	
4. Name and contact information for organization ***co-developing*** **the activity** – *only applicable if activity was co-developed*:	Name of organization: N/A	
	Address: Click here to enter text.	
	Email: Click here to enter text.	Telephone #: Click here to enter text.
5. Is the co-developing organization a physician organization?	☐ Yes ☐ No	
6. Will the physician organization maintain attendance records for 5 years?	☒ Yes ☐ No	
Content development		
7. Was the content developed by the applying physician organization?	☒ Yes ☐ No	
If no, who developed the content?	N/A	

8. **Scientific planning committee members (SPC)**

Complete the table below. Include it as an attachment if you have this information already available electronically. Indicate at least one Royal College Fellow.

Name of SPC member	**How does the individual represent target audience?**	**Is the individual a member of the physician organization responsible for planning the CPD activity?**
Example: Jane Smythe, MD	**Endocrinologist**	**Yes**
Marina Reinecke MBChB, CCFP (ISAM Certified)	Family physician and opioid replacement therapy(ORT) prescriber.	Yes
Erin Knight MD, CCFP, Graduate Addiction Medicine Fellowship	Family physician and opioid replacement therapy prescriber.	Yes
Kulvir Badesha MD, FRCPC	Royal College Fellow; Internal Medicine Addiction medicine practice (part time).	Yes
Diana Heywood RN, MN	Practice and Standards Consultant, College of Registered Nurses of Manitoba; provides	No
Nicole Nakatsu B.A.Kines, B.Sc. Pharm	Clinical Resource Pharmacist, Family Medicine, Winnipeg Regional Health	No
Mike Sloan B.Sc. Pharm	Community based pharmacist with ORT practice; instrumental in pharmacist-specific	No
Ronda Eros B.Sc. (Pharm.)	Assistant Registrar - Qualifications and Practice Development; College of Pharmacists	No
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

PART B: Educational Standards

1. What is the intended target audience of the simulation activity?

Addiction Medicine

2. If applicable, indicate if this event is intended to include other health professionals.

Pharmacists, Nurse practitioners, Nurses and any other allied health care professionals who work with individuals with opioid use disorder. Any physician with an interest in addiction medicine including family physicians and specialists (most often psychiatry, internal medicine, anesthetists/pain physicians and ER physicians).

3. What needs assessment strategies were used to identify the learning needs (perceived and/or unperceived) of the target audience?
Examples might include: surveys of potential participants, literature reviews, healthcare data, and assessment of knowledge, competence or performance of potential participants.

Six different methods are used in this program to collect needs-assessment data:

a) The planning committee reviewed the results of both primary care and specialist needs assessment surveys that were sent out to health care professionals by the CPD medicine program at U of M over the last 2 years. We focused on the questions that asked physicians what topics/issues they would like to see addressed in CPD. The collated results we reviewed are included with this application. (See topics identified by dark blue tag identifying addiction/mental health related topics). In general, the larger topic(s) of addiction and mental health came up most frequently in the answers provided by primary care participants. There was a secondary theme around the challenges physicians face managing opioid prescribing and deprescribing, drug seeking behaviors and opioid diversion.

Data from the specialist survey covers a very broad variety of topics and interests, as can be expected. We highlighted (in yellow) all answers provided that relates to the learning needs identified in the primary care survey. The frequency with which these answers appear, underscores that a subset of specialists would also benefit from a professional development event addressing these learning needs, especially if the event is of an interdisciplinary nature.

b) This program has been offered in the past; we thus have data from previous workshop participants' completed evaluation forms. This information was reviewed by the planning committee in planning this updated and improved version of the workshop. It is included with this application. This method was chosen since the data collected comes from a target audience that is representative of the intended target audience.

c) As soon as professionals register for this workshop, they are sent a Pre- workshop Needs Assessment Questionnaire and are asked to complete it. This questionnaire is included with this application. This method provides data collected from actual participants registered for our workshop. The planning committee reviewed this data from previous workshops and will continue to review data collected from future participants.

d) Participants are required to complete a pre -and post-test at the beginning and end of the workshop. The pre-test results serve as a measure of gaps in knowledge and the post-test demonstrates how well these gaps are addressed during the workshop. The chair of the planning committee will review the pre-test results after day one. The pre –and post test results will be reviewed by the planning committee at their meetings. This data is also available from past workshops and was used to improve the new workshop.

e) The final method used to collect needs assessment data is the Mainpro+ Post Workshop Survey, which is e-mailed to participants upon completion of the workshop. This survey asks specific questions regarding barriers that participants have encountered or anticipate encountering in integrating opioid agonist therapy into their practice, as well as strategies that they have identified to address these barriers. The workshop design includes several opportunities for participants to explore and discuss barriers to implementing what they are learning in practice after the workshop.

The planning committee anticipates that by the time participants complete the Post Workshop Survey, they will have a new awareness of what particular barriers they face in their own practice environments. This will also prompt them to think about how they can overcome these barriers. This data will thus highlight learning needs that participants were likely not aware of prior to attending the workshop, thus serving as a source of unperceived learning needs. This data will then be reviewed by the planning committee and used to improve future iterations of the workshop.

The planning committee also had access to this data from past workshops held. This data was reviewed and used to improve this iteration of the workshop.

f) The planning committee consists of three experienced opioid agonist therapy (OAT) prescribers (one Royal College fellow and two CCFP family physicians with certificates of added competency in Addiction Medicine). There are also two pharmacists on the planning committee who are involved with hospital-based -and community based opioid agonist therapy, respectively. Planning committee meetings included significant discussion regarding gaps we have identified in our own knowledge, competence and practice environments over the years and how we felt these gaps could be best addressed in the workshop. We, for instance, agreed that there is a significant service gap in Manitoba in terms of patients' access to OAT services, both rurally and in urban settings. This service gap discussion has been the driving force for the planning committee to develop a workshop that would equip prescribers and pharmacists to start treating patients with opioid use disorder, but also

prepare them for the health advocate and manager/leader roles that they would be taking on in advocating for and establishing OAT services in communities in Manitoba.

4. What learning needs or gap(s) in knowledge, attitudes, skills or performance of the intended target audience did the scientific planning committee identify for this activity?

1) The planning committee reviewed the results of both primary care and specialist needs assessment surveys that were sent out to health care professionals by the CPD medicine program at U of M over the last 2 years. We focused on the questions that asked physicians what topics/issues they would like to see addressed in CPD. The collated results we reviewed are included with this application. (See topics identified by dark blue tag identifying addiction/mental health related topics). In general, the larger topic(s) of addiction and mental health came up most frequently in the answers provided by primary care participants. There was a secondary theme around the challenges physicians face managing opioid prescribing and deprescribing, drug seeking behaviors and opioid diversion.

2) Data from the specialist survey covers a very broad variety of topics and interests, as can be expected. We highlighted (in yellow) all answers provided that relates to the learning needs identified in the primary care survey. The frequency with which these answers appear, underscores that a subset of specialists would also benefit from a professional development event addressing these learning needs, especially if the event is of an interdisciplinary nature.

3) The program planning committee consists of three experienced OAT prescribers (one Royal College fellow and two CCFP family physicians). There are also two pharmacists on the planning committee who are involved in hospital-based - and community-based opioid replacement therapy, respectively. Planning committee meetings included significant discussion regarding gaps we have identified in our own knowledge, competence and practice environments over the years and how we felt these gaps could be best addressed in the workshop. We, for instance, agreed that there is a significant service gap in Manitoba in terms of patients' access to OAT services, both rurally and in urban settings. Many smaller communities have no licensed OAT prescribers. This service gap has been the driving force for the planning committee to develop a workshop that would equip prescribers and pharmacists to start treating patients with opioid use disorder, but also prepare them for the health advocate and manager/leader roles that they would be taking on in advocating for and establishing OAT services in communities all over Manitoba.

4) Opioid abuse and opioid use disorder are common medical conditions in Canadian society. Many physicians, however, struggle with how to effectively identify and engage/support patients with opioid use disorder (opioid addiction). The planning committee believes that this is the result of a significant knowledge gap regarding the disorder and associated behaviors. There is also a lack of knowledge regarding best practices when it comes to treatment options. It is only in recent years that this type of education has become a part of main stream medical school - and residency curriculums. It is the hope of the planning committee that this workshop will address this knowledge gap.

5) Once physicians declare an interest in treating opioid use disorder, discomfort with interviewing this patient population and the complexities and challenges that goes along with integrating OAT into practice may discourage further involvement. This workshop is designed to address these learning needs/issues. The workshop empowers physicians with knowledge regarding

effective interview strategies and provides practical opportunities to practice these skills during multiple simulated sessions. There is ample opportunity to explore different practice models and hear some success stories about how OAT can be integrated into community based practice and serve as a resource to other health care providers and the surrounding community. Common practice barriers are explored and discussed. This process creates viable evidence based treatment for patients with opioid use disorder, greatly improving patient outcomes in many health and social domains.

5. What learning objectives were developed for the overall simulation activity? Provide 2 – 5 objectives:

At the conclusion of this workshop, participants will:

1) Have acquired the prerequisite knowledge to initiate and monitor patients on methadone and/or buprenorphine/naloxone.
2) Be able to demonstrate basic decision making skills essential to providing or dispensing safe and effective opioid agonist therapy

Be able to explore the value of sensitivity, understanding and commitment in the delivery of addiction medicine in clinical or pharmacy practice.

6. What learning objectives were developed for the specific sessions? Provide 1 – 2 objectives:

At the conclusion of this workshop, participants will be able to:

1) Identify opioid use disorder (neuroanatomy and pathophysiology of the brain's reward system, typical clinical presentations, typical behaviours, DSM-5 criteria).
2) Explain the model of addiction as a chronic disease, requiring long term management by health care professional(s) as well as mental health, spiritual and social support
3) Perform a comprehensive assessment of an individual with opioid use disorder and select appropriate treatment options.
4) Recognize the unique pharmacology of methadone and buprenorphine/naloxone and participate effectively in prescriber - pharmacist collaborative care.
5) Identify potential and actual drug interactions.
6) Select an appropriate methadone induction dose and manage initial methadone induction, dose adjustments and early stabilization issues appropriately.
7) Assess a patient's appropriateness for carry doses, including frequent reassessment and as-needed adjustments to carry status.
8) Discuss important issues in the maintenance phase of treatment, including urine toxicology, prolonged QT, split dosing, smoking cessation support and withdrawal of treatment.
9) Identify special considerations in the treatment of pregnant women with opioid use disorder - in the ante-natal period, during labour and post- partum, including breast feeding.

10) Examine neonatal opioid withdrawal and recognize how treatment decisions may impact withdrawal severity and overall maternal/neonatal outcomes.
11) Examine the role education and advocacy plays in promoting improved neonatal/maternal outcomes and strengthening the family unit.
12) Discuss special issues in the management of individuals with opioid use disorder and concurrent major psychiatric disorders.
13) Discuss special issues in the management of individuals with opioid use disorder and concurrent acute, chronic and post-operative pain.
14) Identify special considerations in the management of the individual with opioid use disorder and hepatitis C and/or HIV.
15) Formulate a practical approach to managing insomnia in the patient with opioid use disorder.
16) Discuss important safety considerations and formulate a practical approach to managing individuals with opioid use disorder who also abuse alcohol and/or benzodiazepines.
17) Distinguish different models of service delivery in opioid agonist therapy including the comprehensive care model, private clinic model, community clinic model and family practice model. Compare and contrast the strengths and weaknesses of each model.
18) Implement and integrate safe preparation, documentation, and dispensing of methadone and buprenorphine/naloxone in pharmacy practice.

7. How were the identified needs of the target audience used to develop the learning objectives for the simulation activity
For example:
- *Did the scientific planning committee share the needs assessment results with the individual(s) who are responsible for developing the learning objectives?*
- *Did the scientific planning committee use the needs assessment results to define the learning objectives for the activity?*

The scientific planning committee was exclusively responsible for development of the workshop's learning objectives. Information used to develop the objectives included the information from the needs assessment tools (as previously described ... CPD family medicine needs assessment survey results, evaluation summaries, pre -and post-test result summaries and Mainpro+ Post Workshop Survey summaries from previous workshops) available to date, the professional/clinical expertise of members of the planning committee as well as a scan of the learning objectives and content of OAT training courses in other provinces in Canada.

Commonly encountered barriers to integrating OAT into practice were also discussed by the planning committee and kept in mind in developing the learning objectives.

The established learning objectives were then shared and discussed with individual speakers to ensure that they understood the objective(s) and felt that they could meet these objectives within the time frame and educational design of their assigned sessions.

8. CanMEDS Role(s) relevant to this activity? *Check all that apply*	☒ Medical Expert ☒ Communicator	☒ Leader ☒ Collaborator	☒ Health Advocate ☒ Professional	☒ Scholar

9. What opportunity do learners have to identify and evaluate the CanMEDS Role(s)	a) The prescriber break-out sessions that occur both days in the afternoons are small group in nature (5-6 prescriber participants per group; 2 groups). During these sessions the participants get the opportunity to interview standardized patients to collect an addiction history. The participants are also interacting with the workshop's educational content by implementing what they have learned in the didactic lecture sessions when they interview the standardized patients and do patient education during the course of these interviews. These sessions are thus an excellent opportunity for participants to further develop the CanMEDS roles of 'communicator' and "medical expert" as it relates to the specific subject matter. b) The final session of each day is an interactive, simulated roll play scenario involving participants from all disciplines involved in the provision of care to a patient being initiated on OAT. Several participants actively participate by taking on different assigned roles in the scenario; others observe and give those who are actively participating advice and feedback as the scenario progresses. There are also a minimum of 3 facilitators present during these sessions who provide ongoing guidance and feedback. Participants have the opportunity to incorporate a little bit of everything taught during this workshop during these final simulated scenarios. These scenarios thus offer an excellent opportunities for participants to further develop the CanMEDS roles of communicator, collaborator and medical expert as it relates to the specific subject matter. c) Both the day 1 and day 2 evaluation forms asks participants to what degree they felt the stated canMEDS roles were addressed during the workshop.

10. Describe the key knowledge areas or themes assessed by this simulation activity

- Clinical interview skills as is relates to the addicted patient population (communicator): The learners' abiity to effectively collect an addiction history, while creating a non-judgmental environment that promotes rapport building
- The ability to work and communicate effectively in an interdisciplinary team (collaboration)
- Reinforcement of knowledge base regarding opioid use disorder and evidence based treatment options (taught during prior workshop sessions)

11. State the sources of information selected by the planning committee to develop the content of this activity, e.g. scientific literature, clinical practice guidelines, etc.

Literature used to support basic content development for this workshop included:

The College of Physicians and Surgeons of Manitoba's publication: "Manitoba Methadone & Buprenorphine Maintenance: Recommended Practice"

and

The College of Pharmacists of Manitoba guidelines: "Principles for the Provision of Opioid Dependence Treatment by Manitoba Pharmacists"

This program also incorporates best evidence and in particular Canadian evidence whenever possible to educate and assist our participants in making the best possible treatment decisions for their patients.

The evidence presented is further enriched by individual clinical experience shared by some of the most knowledgeable presenters on OAT in Manitoba. All workshop presenters have substantial, long term experience in providing OAT to Manitoba patients and are dedicated to the principle of evidence-based medicine.

Dr. Knight's presentation early on day one addresses the robust evidence base that supports opioid agonist therapy as the most evidence-based treatment option for patients with opioid use disorder. Patient-specific outcomes are discussed including medical, social and community-based outcomes facilitated by the provision of opioid agonist therapy. Potential associated side-effects and risks of OAT to the patient and surrounding community are reviewed in this presentation and touched upon in others.

Alternative treatment options, including detox and other abstinence-based approaches are also reviewed from a patient outcomes perspective.
The planning committee feels confident that you will find this review of the evidence informing OAT balanced and informative.

All speakers were instructed to incorporate best available evidence into their presentations. Some presentations review the relevant evidence as the presentation goes along; others include a reference list at the end of the presentation.
When evidence has already been reviewed in a prior presentation, it is not repeatedly cited in presentations that follow later in the workshop.

No altering of graphs or diagrams was permitted in developing workshop materials.

Examples of Canadian evidence, guidelines and local data can be found in the following presentations:

- The pregnancy talk reviews the work of Dr. Ron Abrahams and his group on neonatal opioid withdrawal at the BC Women's Hospital. This work has changed practitioners around the world's understanding of the factors that influence the severity of neonatal opioid withdrawal, as well as how it should be managed to ensure best outcomes for the infant and the mom.

- Dr. Knight's presentation on Treatment Approaches reviews several Canadian guidelines from Vancouver Coastal Health and the CIHR's Canadian Research Initiative in Substance Misuse to inform our approach to detox vs opioid agonist therapy in individuals with opioid use disorder.

- This presentation also reviews the Canadian evidence from the robust research published by the Insite team, Canada's first supervised injection site. This research led to a supreme court ruling that paved the way for other such facilities opening in other Canadian cities.

- The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain is cited in more than one presentation (benzodiazepine talk, polypharmacy talk and pain management talk).

- The talk on polypharmacy draws on local data from the Chief Medical Examiner's office in Winnipeg, MB as well as epidemiological and surveillance data from the MB Government.

12. What simulation methods were selected to enable participants to demonstrate their abilities, skills, clinical judgment or attitudes?
e.g. Role playing, standardized patients, theatre-based simulation, task trainers, virtual patients etc.

a) The prescriber break-out sessions that occur both days in the afternoons (second last session of each day) are small group in nature (4-6 prescriber participants per group; 2 groups). During these sessions the participants get the opportunity to **interview standardized patients** to collect an addiction history.
b) The final session of each day is an interactive, **simulated roll play scenario** involving participants from all disciplines involved in the provision of care to a patient being initiated on OAT. Several participants actively participate by taking on different assigned roles in the scenarios.

13.How will learners participate in the simulation?

a) The prescriber break-out sessions that occur both days in the afternoons are small group in nature (4-6 prescriber participants per group; 2 groups). During these sessions the participants get the opportunity to interview standardized patients to collect an addiction history. There is a facilitator present in each small group session who watches the interviews and provides feedback to the participants about their performance. Participants also interact with their co-participants in that they may ask for help if they get stuck during an interview; participants also give each other feedback during these sessions. The standardized patient may also provide the interviewer with feedback from the patient's perspective.

   The participants are interacting with the workshop materials being taught by implementing what they have learned in the didactic lecture sessions when they interview the standardized patients and do patient education during the course of these interviews.

   After the conclusion of the interviews, all participants debrief with peers, the facilitator and the patient. These sessions are an excellent opportunity for participants to further develop the CanMEDS roles of 'communicator' and "medical expert" as it relates to the specific subject matter.

b) The final session of each day is an interactive, simulated roll play scenario involving participants from all disciplines involved in the provision of care to a patient being initiated on OAT. The patient is provided with a prescription for OAT induction, along with safe induction education by a prescriber. The patient then proceeds to a pharmacy counter where two different pharmacists handle different parts of the induction interaction, including communication with the prescriber by phone regarding unexpected complications that arise. All involved have to manage the situation.

   Several participants from different disciplines actively participate by taking on different assigned roles in the scenario; others observe and give those who are actively participating advice and feedback as the scenario progresses. There are also a minimum of 3 facilitators present during these sessions who provide ongoing guidance and feedback. Participants have the opportunity to incorporate a little bit of everything taught during this workshop during these final simulated scenarios.

   After the conclusion of the role play, all participants debrief with peers, the facilitators and the patient. These scenarios offer an excellent opportunity for participants to further develop the CanMEDS roles of communicator, collaborator and medical expert as it relates to the specific subject matter.

   Both sessions a) and b) are held on day one and again on day two, utilizing the same basic format, but different case/role play details. Cases are more complex on day 2. Skill building is thus cumulative. Many participants are thus able to use the second set of cases/role plays on day 2 to improve on their performance from day one.

14.How will learners provide responses to on-line simulation? (If applicable)
(e.g. through an online response sheet or web based assessment tools)
Attach a copy of the answer sheet of assessment tool.

N/A

15.How will learners receive feedback after the completion of an online simulation? (If applicable)

N/A

16.How will learners receive feedback (debrief) after the completion of a live simulation?
Attach a copy of the answer sheet if applicable.

a) Learners are provided with direct, verbal, multi-source feedback regarding their performance as it pertains to interviewing a patient with opioid use disorder: The prescriber break-out sessions that occur both days in the afternoons are small group in nature (4-6 prescriber participants per group; 2 groups). During these sessions the participants get the opportunity to interview standardized patients to collect an addiction history. There is a facilitator present in each small group session who watches the interviews and provides feedback to the participants about their performance. Participants also interact with their co-participants in that they may ask for help if they get stuck during an interview; participants also give each other feedback during these sessions. After the conclusion of the interviews, all participants debrief with peers, the facilitator and the patient.

   The participants are interacting with the workshop materials being taught by implementing what they have learned in the didactic lecture sessions when they interview the standardized patients and do patient education during the course of these interviews. Participants get a second opportunity on day two to improve their performance conducting further interviews. They receive feedback from the facilitator, their peers and the standardized patient on day two as to improvements seen and further issues to work on.

b) The final session of each day is an interactive, simulated case involving participants from all disciplines involved in the provision of care to a patient being initiated on OAT (physicians, pharmacists, nurses and nurse practitioners). Participants again receive multi-source, verbal, real time feedback on their performance.

   Several participants actively participate in these sessions by taking on different assigned roles in the scenario; others observe and give those who are actively participating advice and feedback as the scenario progresses. There are also a minimum of 3 facilitators present during these sessions who provide ongoing guidance and feedback. Participants have the opportunity to incorporate a little bit of everything taught during this workshop during these final simulated scenarios.

   After the conclusion of the role play, all participants debrief with peers, the facilitators and the patient. These scenarios (with different patient and situational details) are again run on day two, offering participants an opportunity to improve on their performance from day 1.

17.How will feedback (debrief) be provided to learners on their performance to enable the identification of any areas requiring improvement through the development of a future learning plan?

Direct, verbal, multi-source feedback is provided to participants after each of the sessions as described above.

Participants are encourage to work on issues identified during day one during the simulated sessions on day two.

Should significant deficits still be evident after day 2, a facilitator may choose to have a one-on-one conversation with the participant to indicate the need for a more structured learning plan to address these deficiencies moving forward. These participants are strongly encouraged to create a self-learning plan that includes further opportunities to gain exposure to strong interview skills when it comes to this vulnerable population. Participants are provided with the names of clinics and specific physicians who are willing and able to provide ongoing mentorship in this regard.

18.How will the simulation activity be evaluated by the learners?

Participants are asked to complete an evaluation form at the end of day one and again at the end of day 2. These forms provide an opportunity for participants to evaluate each individual session/speaker/facilitator, as well as the day overall. These evaluation form templates are included with this application.

Although the post-workshop reflective questionnaire was originally designed as a reinforcement of learning activity, it also serves as an evaluation tool of the workshop (including the simulated sessions) overall. For example, participants are asked about any changes they have made/are making in their practice since completing the workshop. Thus evaluating how effective the workshop was at inspiring practice change and providing the knowledge and tools to make that change a reality. The questionnaire also evaluates how effective the content/speakers were at assisting participants in developing strategies to overcome barriers to practice change etc. See post workshop reflective questionnaire.

19.**(Optional)** If the program evaluation strategy intends to measure changes in knowledge, skills or attitudes of learners, please describe:

This program incorporates 2 measures of self - reported change in participants' knowledge and skills.

a) The first measure is an evaluation form that all participants are asked to complete after day 1 and day 2 of the workshop. The evaluation forms (2) are included with this application.

b) The second measure of self-reported change in knowledge and skills, including actual changes made in the participants practice, is the OAT post-workshop reflective questionnaire that participants are asked to complete and submit within 30 days of completing the workshop. A copy of this form is included with this application.

This program also incorporates three measures of objective change in participants' knowledge and skills:

a) The first objective measure of a change in knowledge is the pre –and post-test that participants are asked to complete at the beginning and the end of this workshop (they are identical and included with this application). This is thus an objective measure of a change in the CanMEDS medical expert role.

b) The second objective measure evaluates participants' skill level as it pertains to interviewing a patient with opioid use disorder: The prescriber break-out sessions that occur both days in the afternoons are small group in nature (4-6 prescriber participants per group; 2 groups). During these sessions the participants get the opportunity to interview standardized patients to collect an addiction history. There is a facilitator present in each small group session who watches the

interviews and provides feedback to the participants about their performance. Participants also interact with their co-participants in that they may ask for help if they get stuck during an interview; participants also give each other feedback during these sessions. The standardized patient also gives feedback to the interviewer.

The participants are interacting with the workshop materials being taught by implementing what they have learned in the didactic lecture sessions when they interview the standardized patients and do patient education during the course of these interviews. Participants get a second opportunity on day two to improve their performance conducting further interviews. They receive feedback from the facilitator, their peers and the standardized patient on day two as to improvements seen and further issues to work on. These sessions thus provide an objective measure of participants' knowledge and skills as it relates to the CanMEDS roles of 'communicator' and 'medical expert'.

c) The final session of each day is an interactive, simulated role play scenario involving participants from all disciplines involved in the provision of care to a patient being initiated on OAT (physicians, pharmacists, nurses and nurse practitioners). Several participants actively participate by taking on different assigned roles in the scenarios; others observe and give those who are actively participating advice and feedback as the scenario progresses. There are also a minimum of 3 facilitators present during these sessions who provide ongoing guidance and feedback. Participants have the opportunity to incorporate a little bit of everything taught during this workshop during these final simulated scenarios.

These scenarios (with different patient and situational details) are again run on day two, offering participants an opportunity to improve on their performance from day 1. These scenarios thus provide an objective measure of participants' knowledge and skills as it relates to the CanMEDS roles of 'collaborator' and 'medical expert'.

20. **(Optional)** If the program evaluation strategy intends to measure improved health care outcomes, please describe.

N/A

PART C: Ethical Standards

All activities accredited after January 1, 2018 must comply with the National Standard for support of Accredited CPD Activities. The National Standard applies to all situations where financial and in-kind support is accepted to contribute to the development, delivery and/or evaluation of accredited CPD activities.

1. Has the CPD activity been sponsored by one or more sponsors?	☒ Yes ☐ No
2. If yes, have the terms, conditions and purposes by which sponsorship is provided been documented in a written agreement that is signed by the CPD provider organization and the sponsor? *(Attach a copies)*	
3. If sponsorship has been received, please check all sources of sponsorship that apply	

☒ Government agency	☐ Health care facility	☐ Not-for-profit organization	☐ Medical device company	☐ Pharmaceutical company	☐ Education *or* communications company

☒ Other *Please specify*	The College of Physicians and Surgoens of Manitoba (Professional Regulatory Body
4. If yes, please list the name of the sponsor(s) below and indicate whether the sponsor provided financial or in-kind support (*should you require more space, attach a new page).*	

Sponsor name	Type of support		
Manitoba Health, Active Living and Seniors (MB Government) (Provides funds to CPSM)	☒ Financial support Amount received or anticipated to receive: $12,000.00 - $14,000.00 (see sponsorship agreement and attached funding letter for further details	☐ In-kind support Amount received or anticipated to receive: Click here to enter text.	☐ *For-profit sponsor* *or* ☐ *Non-profit sponsor*
College of Physicians and Surgeons of Manitoba (CPSM)(Direct funding to event)	☒ Financial support Amount received or anticipated to receive: $12,000.00 - $14,000.00 per workshop	☒ In-kind support Amount received or anticipated to receive: Space required for workshop. AV equipment and support	☐ *For-profit sponsor* *or* ☐ *Non-profit sponsor*
Click here to enter text.	☐ Financial support Amount received or anticipated to receive: Click here to enter text.	☐ In-kind support Amount received or anticipated to receive: Click here to enter text.	☐ *For-profit sponsor* *or* ☐ *Non-profit sponsor*

Click here to enter text.	☐ Financial support Amount received or anticipated to receive: Click here to enter text.	☐ In-kind support Amount received or anticipated to receive: Click here to enter text.	☐ *For-profit sponsor* *or* ☐ *Non-profit sponsor*

5. Describe how sponsorship funds will be used including whom is responsible for paying the speaker and scientific planning committee honoria, travel and out of pocket expenses (as applicable)

See submitted budget. The cost of this workshop will, in part, be covered by learners' registration fees. The remaining deficit will be paid by the College of Physicians and Surgeons of Manitoba, who has agreed to provide financial support for this workshop.

All payments to members of the scientific planning committee, speakers, moderators and facilitators are made by the CPD Medicine program in accordance with the budget submitted with the program application.

Payments that will be made include speaker honoraria for all workshops. Actual parking expenses (for parking on the days of the workshop) to all speakers for Winnipeg workshops. No travel or lodging is reimbursed for Winnipeg workshops since all speakers, moderators and facilitators reside in Winnipeg where the workshop is held. No other out of pocket expenses are reimbursed unless pre-approved by the planning committee. We have had no such requests to date. Meals and breaks are provided to all participants, speakers, facilitators and moderators at the workshop, so there are no personal meal expenses for the Winnipeg workshops.

For out of town workshops all travel arrangements are made directly by the CPD Medicine Program at U of M. This includes flights (for remote workshops), rental cars if needed and hotel rooms. Speakers who drive their own vehicles to rural workshops are eligible to claim mileage at an agreed upon mileage rate. A per diem is paid for speaker's meals not provided at the workshop for rural and remote workshops. Economy airport parking or reasonable taxi expenses are reimbursed. Again, all of these payments to speakers are made directly by the CPD Medicine Program at U of M.

6. Describe the process by which the SPC maintained control over the CPD program elements including:
   - the identification of the educational needs of the intended target audience; development of learning objectives;
   - selection of educational methods;
   - selection of speakers, moderators, facilitators and authors;
   - development and delivery of content; and
   - evaluation of outcomes

a) Needs assessment: the scientific planning committee members reviewed the CPD medicine needs assessment data and the evaluation data from a previous workshop's participants. The scientific planning committee members designed questions for the pre- and post-test, the Pre-Workshop Needs Assessment Questionnaire and the Mainpro+ Post Workshop Survey.

The chair of the scientific planning committee will review the results of the pre-test after day one of the workshop and the entire scientific planning committee will review the results of all needs assessment tools after the workshop. The U of M CPD medicine coordinators will e-mail the pre and post workshop elements to participants and collect the responses.

The scientific planning committee was exclusively responsible for development of the workshop's learning objectives. Information used to develop the objectives included the information from the needs assessment tools (as previously described) available to date, the professional/clinical expertise of members of the planning committee as well as a scan of the learning objectives and content of ORT training courses in other provinces in Canada.

b) Educational methods were selected by the planning committee. A variety of educational

methods were selected to meet the needs of participants who have different learning styles and who are at different levels of clinical interview skill development. Different educational methods were also needed to convey educational content, while developing hand-on clinical/practice skills. Participants' feedback from a previous workshop was also taken into account in developing this iteration of the workshop when it came to selecting educational methods.

Didactic lecture-style sessions are utilized to teach significant amounts of important medical expert type content in an organized fashion. These session are made more interactive and clinically relevant by including ample Q and A time as well as interactive, case based discussion woven into the more didactic content.

Standardized patient interview sessions (small group) are utilized to assist participants in developing essential "hands-on" interview skills and motivational enhancement skills. This method utilized the power of multi-source feedback (from the patient, co-learners and facilitator) in a supportive, non-threatening environment.

The final session of each day is an interactive, case based, simulated scenario that allows professional from different disciplines to practice "hands-on" clinical and pharmacy skills while actively collaborating with professionals from other disciplines in "real time". Multi-source feedback again enhances the learning experience.

The pre-and posttest, post workshop reflective questionnaire and informal discussion between participants as well as between presenters and participants during networking time rounds out our variety of educational methods, preventing participant fatigue with one single method.

The planning committee will continue to review and incorporate feedback on educational method from the workshop's evaluation processes.

c) The scientific planning committee was responsible for the selection and recruitment of all speakers for this workshop. All Speakers selected are considered content experts in the area(s) they are presenting on and have significant clinical experience related to the subject matter. For instance, Dr. Ireland is the head of the Manitoba HIV Program and Dr. Simm has worked with a patient population with co-occurring mental health and addiction issues for many years in his clinical practice.

Speakers were selected who have had preferably no or other otherwise minimal past interactions with the pharmaceutical industry. These individuals are committed to practicing evidence-based medicine and have a passion for teaching.

d) Developing good content starts with recruiting appropriate speakers; process for recruiting speakers was as stated above.

A detailed speaker letter was written by the planning committee and sent to all speakers, providing them with instructions on all parameters to keep in mind when developing workshop content, including a list of Quality Criteria to be considered in preparing their presentations. A copy of the template speaker letter is included with this application.

Along with the speaker letter, speakers were provided with the learning objectives for the overall event and for their specific sessions. The chair of the planning committee communicated with each speaker by e-mail and/or phone to ensure they understood the objectives for their session(s) and felt that they were able to meet these

objectives.

Once content was submitted to the planning committee from the individual speakers, the content was reviewed by members of the planning committee. Several speakers received written feedback with suggestions for changes to improve the quality of content.

Speakers incorporated all feedback and resubmitted final content to the planning committee. The planning committee is committed to further incorporate any content feedback received during the accreditation review, as well as from the workshop evaluation process after each session of this workshop.

All speakers, facilitators and moderators have been instructed to present only this pre-approved content at the event. The delivery of all content at the event will be monitored by members of the planning committee to ensure content is delivered as expected.

e) The scientific planning committee developed the evaluation strategy for this workshop. Members of the planning committee developed the day 1 and 2 evaluation forms, including ensuring that mandatory questions are included. They also developed the pre- and posttest and the post workshop reflective questionnaire which asks about practice changes etc.

The scientific planning committee will be responsible for reviewing all feedback; this will be discussed at a post workshop planning committee meeting and incorporated as needed into future iterations of this workshop.

7. Describe the process used to develop content for this activity that is scientifically valid, objective, and balanced across relevant therapeutic options.

Developing good content starts with recruiting appropriate speakers; process for recruiting speakers was as stated above under question #6.

A detailed speaker letter was then sent to all speakers, providing them with instructions on all parameters to keep in mind when developing workshop content, including a list of Quality Criteria to be considered in preparing their presentations. A copy of the template speaker letter is included with this application.

Along with the speaker letter, speakers were provided with the learning objectives for the overall event and for their specific sessions. The chair of the planning committee communicated with each speaker by e-mail and/or phone to ensure they understood the objectives for their session(s) and felt that they were able to meet these objectives within the assigned time frame and format.

Once content was submitted to the planning committee from the individual speakers, the content was reviewed by members of the planning committee. Several speakers received written feedback with suggestions for changes to improve the quality of content, including replacing trade names with generic names, clearly identifying any off-label medication recommendations on slides and incorporation additional best Canadian evidence where applicable. Speakers were also reminded of specific feedback from previous participants of a previous iteration of this workshop.

Speakers incorporated all feedback and resubmitted final content to the planning committee. The planning committee is committed to further incorporate any content feedback received during the accreditation review, as well as from the workshop evaluation process after each session of this workshop.

8. How were those responsible for developing or delivering content informed that any description of therapeutic options must utilize generic names (or both generic and trade names) and not reflect exclusivity and branding?

Speakers were informed of this requirement by means of a speaker letter sent to all speakers, containing links to this information. Once initial content was submitted, it was reviewed by the planning committee. Any trade names only were identified and speakers were asked to amend this content to reflect generic names only or both generic and trade names. All speakers responded by making the suggested changes. No commercial product/drug specific branding was identified in the content review

9. All accredited CPD activities must comply with the National Standard for support of accredited CPD activities. If the scientific planning committee identifies that the content of the CPD activity does not comply with the ethical standards, what process would be followed? How would the issue be managed?

ALL content that forms a part of this workshop has already been submitted to the planning committee chair at the time of this application. All content has been reviewed by the scientific planning committee. Minor edits were suggested to individual speakers and all speakers incorporated all suggested edits. The final content is felt to be in compliance with the ethical standard. All speakers, facilitators and moderators have been instructed to present only this pre-approved content at the event.

Should a speaker deviate from this content at the event, the scientific planning committee will review this deviation and interview the speaker as to the rational for the deviation. If the deviation is felt to be problematic or not in compliance with the ethical standard, remediation may include a warning and remedial instructions to the speaker involved or possible removal and replacement of the speaker involved.

10. How are the scientific planning committee members' conflicts of interest declarations collected and disclosed to
    - The physician organization?
    - To the learners attending the CPD activity?

All members of the scientific planning committee were asked to complete a COI disclosure form at the first planning committee meeting. The chair of the planning committee reviewed these forms and found no conflicts of interest were disclosed that needed to be further addressed or that could not be sufficiently mitigated in any way. The form completed by the chair of the planning was reviewed and signed by the educational director of the CPD Medicine Program. All these forms were then turned over to CPD Medicine Program staff for inclusion in the accreditation application.

The main workshop facilitator will introduce all planning committee members to learners at the beginning of the workshop by means of a slide. The slide will state all disclosures and these will be verbally stated by the facilitator as well.

11. How are the speakers', authors', moderators', facilitators' and or/authors' conflicts of interest information collected and disclosed to:
    - The scientific planning committee?
    - To the learners attending the CPD activity?

Speakers, authors, moderators and facilitators, were asked to complete, sign, and return a Conflict of Interest disclosure form to the CPD Medicine program for review. The chair of the planning committee reviewed and signed all these forms. All information disclosed was reviewed by the planning committee; no disclosures were felt to represent a conflict of interest that could not be resolved or sufficiently mitigated.

All moderators, facilitators and speakers at this event will display a COI disclosure slide(s) at the

start of their presentation, disclosing any conflicts of interest to the learners. They will also verbally state this information while displaying this slide(s).

12. If a conflict of interest is identified, what are the scientific planning committee's methods to manage potential of real conflicts of interests?

If a real or potential conflict of interest is identified, the scientific planning committee would discuss this issue and ask the relevant presenter/moderator/facilitator for any additional information that may further inform the planning committee on this issue and/or potentially mitigate the conflict of interest. If it is felt that the conflict of interest can be sufficiently mitigated, the speaker would be allowed to continue while disclosing all relevant information to the learners. If it cannot be mitigated sufficiently, the speaker may be asked to step down and an alternate speaker recruited.

13. How are payments of travel, lodging, out-of-pocket expenses, and honoraria made to members of the scientific planning committee, speakers, moderators, facilitators and/or authors?

    If the responsibility for these payments is delegated to a third party, please describe how the CPD provider organization or SPC retains overall accountability for these payments.

All payments to members of the scientific planning committee, speakers, moderators and facilitators are made by the CPD Medicine program in accordance with the budget submitted with the program application.

Payments that will be made include speaker honoraria for all workshops. Actual parking expenses (for parking on the days of the workshop) to all speakers for Winnipeg workshops. No travel or lodging is reimbursed for Winnipeg workshops since all speakers, moderators and facilitators reside in Winnipeg where the workshop is held. No other out of pocket expenses are reimbursed unless pre-approved by the planning committee. We have had no such requests to date. Meals and breaks are provided to all participants, speakers, facilitators and moderators at the workshop, so there are no personal meal expenses for the Winnipeg workshops.

For out of town workshops all travel arrangements are made directly by the CPD Medicine Program at U of M. This includes flights (for remote workshops), rental cars if needed and hotel rooms. Speakers who drive their own vehicles to rural workshops are eligible to claim mileage at an agreed upon mileage rate. A per diem is paid for speaker's meals not provided at the workshop for rural and remote workshops. Economy airport parking or reasonable taxi expenses are reimbursed. Again, all of these payments to speakers are made directly by the CPD Medicine Program at U of M.

14. How has the physician organization ensured that their interactions with sponsors have met professional and legal standards including the protection of privacy, confidentiality, copyright and contractual law regulations?

This event has no commercial sponsors. All interactions, including the planning agreement, between the College of Physicians and Surgeons of Manitoba and the U of M is governed by the relevant U of M policies regarding the protection of privacy, confidentiality, copyright and contractual law regulations. The U of M CPD medicine program believes that all of these professional and legal standards have been met throughout the development of this program.

15. How has the physician organization ensured that product specific advertising, promotional materials or other branding strategies have not been included on, appear within, or be adjacent to any educational materials, activity agendas, programs or calendars of events, and/or any webpages or electronic media containing educational material?

This program does not have any commercial or for-profit sponsors, thus no product specific advertising, promotional material or corporate branding appears on any of the workshop materials, printed or on the U of M webpage (where registration is hosted). The logo of the College of Physicians and Surgeons of Manitoba (who provides financial and in-kind support to this workshop) as well as the logos of the College of Pharmacists of Manitoba, College of Registered Nurses of Manitoba and the University of Manitoba appears at the end of page two of the workshop poster only. The names of these four organizations also appear at the beginning of the poster, in small font, to indicate the collaborative nature of the relationship between the 3 Colleges and the U of M in bringing this event to life. It also indicates that all three regulatory bodies support this workshop and recognizes it as one of the formal training requirements to prescribe or dispense

opioid replacement therapy in Manitoba. See included poster.
16. What arrangements were used to separate commercial exhibits or advertisements in a location that is clearly and completely separated from the accredited CPD activity?
We have no commercial exhibitors or advertisers involved in this event, so none of the above will be present at the CPD activity location.
17. If incentives were provided to participants associated with an accredited CPD activity, how were these incentives reviewed and approved by the physician organization?
Incentives were not provided.
18. What strategies were used by the scientific planning committee or the physician organization to prevent the scheduling of unaccredited CPD activities occurring at time and locations where accredited activities were scheduled?
No unaccredited CPD activities are being planned at any time during the event, or in the location of the event.

Attach the following documentation to the application form:
• The preliminary program/brochure.
• The final program content.
• Any other materials to promote or advertise the activity (for example, invitations, email announcements) (if applicable).
• Conflict of Interest Disclosure form completed and signed by each of the scientific planning committee members.
• The (summarized) needs assessment results.
• The template evaluation form(s) developed for this activity.
• The budget for this activity that details the receipt and expenditure of all sources of revenue, including an indication of whether funds were received in an educational grant or in-kind support.
• The template certificate of attendance that will be provided to participants.
• The sponsorship and/or exhibitor prospectus developed to solicit sponsorship/exhibitors for the activity (if applicable).
• If sponsorship has been received for this activity, attach the written agreement that is signed by the CPD provider organization and the sponsor.
• A copy of the answer sheet or assessment tool that allows participants to demonstrate knowledge, skills, clinical judgment or attitudes.

Accreditation Fee and Payment Information

Please check one:

☐ with commercial support – i.e. sponsorship funding, exhibitor fees.	$800
☒ without commercial support – i.e. sponsorship funding, exhibitor fees. ○ Late Fee: 50% of Accreditation fee.	$600

Please indicate and include method of payment with application:

☐ Cheque enclosed (payable to the University of Manitoba)

☐ Visa ☐ MasterCard ☐ AMEX
Card number: Expiry Date: Security code on back:
Name on credit card:

☒ Invoice (GST will be added)
Department Name: College of Physicians and Surgoens of Manitoba
Attention:
Address: Postal Code:
Email:
Phone Number:

☐ University of Manitoba FOAP for ID charge:

PART D: Declaration

As the chair of the scientific planning committee (or equivalent), 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 guidelines, entitled, *CMA Policy: Guidelines for Physicians in Interactions with Industry (2007),* and National Standard for Support of Accredited CPD Activities have been met in preparing for this activity.

☒ **I Agree**	By clicking "I agree" you are agreeing to the declaration stated above.
Name:	Marina Reinecke
Date:	01/11/2019

Submit application, along with supporting documents, to: lenore.chipman@umanitoba.ca

For CPD Medicine Program Office Use Only

Title of Activity Opioid Agonist Therapy for Addiction

Date Application Received for Review

Approved for Section 3 SIM credits ☑ Yes **Number of hours:** 2.0 ☐ No

Requires revisions prior to approval

Revisions approved

If not approved provide reason

Jeff Toews — Jeff Toews.

Reviewer Name **Reviewer Signature**

Date: Nov. 7/2019

UNIVERSITY OF MANITOBA | Rady Faculty of Health Sciences

CPD Medicine Program
Max Rady College of Medicine
Rady Faculty of Health Sciences
University of Manitoba

Certification Application Questions

Before beginning the application for Mainpro+ Certification providers are expected to review the Mainpro+ Certification Standards thoroughly. Failure to adhere to Mainpro+ guidelines may result in a delay in the review process or a rejection of the application for certification.

Please note applications will only be accepted via the online CERT+ platform. Do not submit a paper application to the CFPC or a CFPC Chapter office. It will not be accepted.

Program Details

1.	Do you intend to deliver this program in Quebec?	☐ Yes X No
1.1	If yes please refer to the "Mainpro+ certification of programs delivered in the province of Quebec" section of the Understanding Mainpro+ Certification guide and read the specific requirements related to program delivery in Quebec before proceeding with this application. If your scientific planning committee and program structure does not meet the requirements this program cannot be delivered as Mainpro+ certified in Quebec (and CFPC members may not claim certified credits for attending any sessions delivered in Quebec). Please note that if you intend to deliver this program in Quebec in French and in English you must submit the French content for review simultaneously with the English content.	
2.	Program Title: Opioid Agonist Therapy 101: An Introduction to Clinical Practice	
3.	Program Start Date: November 7th, 2019	
4.	Provider Organization: The College of Physicians and Surgeons of Manitoba	
5.	Contact Name: Marina Reinecke	
6.	Email: MReinecke@cpsm.mb.ca	
7.	Telephone: 204 772 9491	
8.	Application contact (if different from above): As above	
9.	Contact First Name: N/A Contact Last Name: N/A	
10.	Email: N/A	
11.	Telephone:N/A	
12.	(If yes to Quebec): What is the name of the physician organization accountable for this program?	N/A

Financial

13.	Does this program receive financial or in-kind support from a for-profit company or organization?	☐ Yes X No
13.1	(if yes to above) Select the type (s) of for-profit support received:	☐ Financial ☐ In-kind
13.2	Provide the following: N/A	
13.2.1	Amount of financial support from for-profit organization(s) received or anticipated to receive:	
13.2.2	Amount of in-kind support from for-profit organization(s) received or anticipated to receive:	
13.2.3	List of for-profit supporters/sponsors:	
14.	Does this program receive financial or in-kind support from a not-for-profit organization?	X Yes ☐ No
14.1	(if yes to above) Select the type (s) of not-for-profit support received:	X Financial X In-kind
14.2	Provide the following:	
14.2.1	Amount of financial support from not-for-profit company received or anticipated to receive: **This workshop is funded by the College of Physicians and Surgeons of Manitoba (CPSM) through a funding agreement with Manitoba Health, Seniors and Active Living (MHSAL) (Manitoba government). The cost of the workshop will be offset by registration fees.** **Winnipeg workshops: after registration fees are applied, the outstanding balance is expected to be approximately $8,000.00 – 10,000.00. This amount will be paid by the CPSM.** **Rural workshops: after registration fees are applied, the outstanding balance is expected to be approximately $12,000.00 – 14,000.00. This amount will be paid by the CPSM.** **Remote workshops: after registration fees are applied, the outstanding balance is expected to be approximately $20,000.00 – 22,000.00. This amount will be paid by the CPSM.**	

14.2.2	Amount of in-kind support from not-for-profit company received or anticipated to receive: **The CPSM will provide in-kind support in the form of the space required for the workshop (the workshop is held at the CPSM), audio-visual equipment and support and use of the CPSM kitchen facilities.**	
14.2.3	List of not-for-profit supporters/sponsor: **1) The College of Physicians and Surgeons of Manitoba** **2) Manitoba Health, Seniors and Active Living (MHSAL)**	
15.	Does the CPD provider organization have written agreements with sponsors outlining the terms, conditions, and purposes by which sponsorship is provided? **N/A, CPD medicine, U of M have a business (planning) agreement with the CPSM.**	☐ Yes ☐ No N/A
16.	Is this program self-funded by a for-profit organization?	☐ Yes X No
17.	Does the CPD provider organization and/or scientific planning committee have measures in place to ensure that interactions with sponsors meet professional and legal standards including the protection of privacy, confidentiality, copyright, and contractual law regulations? **Note: No for-profit sponsors involved**	X Yes (CPSM) ☐ No
18.	Has the CPD provider organization ensured that all sponsorship funds are paid directly to the CPD provider organization/scientific planning committee or third-party non-commercial interested designated by the CPD provider organization? **All funding provided by the CPSM as outlined above will be paid directly to CPD Medicine, U of M who manages all financial aspects of the workshop.**	X Yes ☐ No
19.	(if yes to Quebec) Is a physician organization responsible for paying speaker and scientific planning committee honoraria and travel? N/A	☐ Yes ☐ No
20.	Registration fee: **Registration fee for: Physicians - $1250.00** **Residents - $400.00** **Nurse Practitioners - $400.00** **All other nursing professionals - $350.00** **Pharmacists - $300.00**	

21.	Additional costs to participants (describe in detail): **None for accommodation if living in Winnipeg and attending a local workshop. If from outside of Winnipeg, participants are responsible for their own travel cost, accommodations and dinners outside of the workshop. On the days of the workshop a light breakfast, full lunch and refreshments for two breaks per day are provided.** **If attending a rural or remote workshop and travel is required, participants are responsible for the cost of travel, accommodation and dinners outside of the workshop.** **All educational materials are provided at no additional cost.** **No social event is planned.** **Participants who park at the CPSM building are responsible for their own parking: $6.00 per day**	
22.	Are there any social events or activities associated with this program?	☐ Yes X No
22.1	(if yes to above) Describe in detail the social activities related to this program including when these activities take place in relation to the certified learning.	N/A

Location and Credits

23.	Select the format for this program:	X Live ☐ Online Self-study
23.1	Select all that apply (if live selected above):	X In-person ☐ Webcast
24.	Where will this program be delivered?	X Inside Canada ☐ Outside Canada

25.	Select all the provinces and/or territories in which the program will be delivered:	☐ Alberta ☐ British Columbia X Manitoba ☐ New Brunswick ☐ Newfoundland & Labrador ☐ Northwest Territories ☐ Nova Scotia ☐ Nunavut ☐ Ontario ☐ Prince Edward Island ☐ Quebec X Saskatchewan ☐ Yukon
26.	Select the Country (s) the program will be delivered in:	Canada
27.	Please provide the total education contact time included in the proposed program (not including breaks, meals, opening & closing remarks, or time allotted to complete program evaluations). Please submit the program agenda for confirmation purposes.	Hours: 14 Minutes: 0
28.	This program is seeking:	☐ One-credit-per-hour certification X Two-credits-per-hour-certification ☐ Three-credits-per-hour-certification
29.	Programs seeking two and three credits per hour must be developed and implemented by or in collaboration with a not-for-profit physician organization. Identify the not-for-profit physician organization:	The College of Physicians and Surgeons of Manitoba developed this program in collaboration with The University of Manitoba's CPD Medicine Program.
30.	Identify the appropriate credit category:	☐ Assessment X Group Learning ☐ Self-Learning
31.	Is accreditation for this program being sought with any other organization or group?	X Yes ☐ No
31.1	(if yes above) Name of Organization: **The Royal College of Physicians and Surgeons of Canada**	

	Amount and type of credits requested: Section 1: 10 hours **Section 3: 4 hours** **Name of Organization: The College of Pharmacists of Manitoba** **Amount and type of credits requested: 14 CEU's**	
31.2	Number of credits: As above	
31.3	Type of credit: As Above	
32.	Please select the type of program:	☐ One credit per hour hospital or clinical rounds program ☐ One credit per hour Journal Club ☐ One credit per hour small group learning activities ☐ One credit per hour Faculty Development program ☐ One credit per hour Regularly Scheduled Series (RSS) ☐ A single-delivery conference, scientific assembly, congress or similar event (excludes satellite symposia and ancillary sessions) X Any other CPD program or activity

Planning

33.	(if hospital or clinical rounds selected above) Is the planning committee accountable to the head of the department, chief of staff, or equivalent? N/A	☐ Yes ☐ No
34.	Is the scientific planning committee independent and responsible for content development?	X Yes ☐ No
35.	Who is the target audience for this program? (Select all that apply)	X Academic Family Physicians X Interprofessional teams

		X Researchers X Residents X Rural & Remote practicing Family Physicians X Urban practicing Family Physicians Family Physicians with a community of practice in: X Addiction Medicine o Cancer Care o Child and Adolescent Health X Chronic Pain o Dermatology o Developmental Disabilities X Emergency Medicine o Family Practice Anesthesia physicians X Global Health X Health Care of the Elderly X Hospital Medicine X Maternity and Newborn Care X Mental Health o Occupational Medicine o Palliative Care X Prison Health o Respiratory Medicine o Sport and Exercise Medicine
36.	Identify the CFPC program planning/scientific committee member(s) who were actively involved in the planning committee of this program. Members will be required to confirm their involvement before the submitted program can be reviewed: ***Dr. Marina Reinecke, MBChB, CCFP* (AM), ISAM Certified**	CFPC Member Name(s) CFPC Member Email(s)

	MReinecke@cpsm.mb.ca ***Dr. Erin Knight MD, CCFP (AM), Graduate Addiction Medicine Fellowship*** **eknight@hsc.mb.ca**	
37.	List all other planning committee/scientific committee members and their affiliations and expertise brought to the planning committee: **1) Name: Dr. Kulvir Badesha MD, FRCPC** **kbadesha@exchange.hsc.mb.ca** **Affiliation: Royal College Fellow; Internal Medicine Specialist; Hospital-based and community-based addiction medicine practice (part time)** **2) Name: Diana Heywood, RN MN** **dheywood@crnm.mb.ca** **Affiliation: Practice and Standards Consultant, College of Registered Nurses of Manitoba; provides nursing perspective and responsible for the ORT portfolio at the CRNM.** **3) Name: Ronda Eros, B.Sc.(Pharm.)** **reros@cphm.ca** **Affiliation: Practice Consultant, College of Pharmacists of Manitoba; responsible for ORT portfolio at the CPhM.** **4) Name: Nicole Nakatsu B.A.Kines, B.Sc. Pharm., BCPS, EPPh** **nnakatsu@hotmail.com** **Affiliation: Clinical Resource Pharmacist, Family Medicine, Winnipeg Regional Health Authority; Seven Oaks General Hospital; pharmacist instrumental in pharmacist-specific and overall content development**	Name Affiliation Member ID (if applicable) Email Address

	5) Name: Mike Sloan B.Sc. Pharm **msloan88@yahoo.com** **Affiliation: Community based pharmacist with large ORT practice; instrumental in pharmacist-specific and overall content development**	
38.	Does this activity include speakers/presenters/facilitators?	x Yes ☐ No
39.	Was the scientific planning committee actively involved in:	
39.1	Selection of topics	X Yes ☐ No
39.2	Determination of program content	X Yes ☐ No
39.3	Selection of speakers/presenters (if yes to 38):	X Yes ☐ No
39.4	The scientific planning committee is responsible for the selection and training of speakers/presenters (if yes to Quebec and yes to 38)	X Yes ☐ No
39.5	Review of Evaluation (development as well as evaluation results):	X Yes ☐ No
40.	Have you ensured that the scientific planning committee, speakers, moderators, facilitators, and authors complete conflict of interest disclosure forms and that the potential conflicts of interest will be disclosed to participants?	X Yes ☐ No
41.	Does the scientific planning committee have a plan for review of conflict of interest disclosures and a plan to mitigate any potential for bias?	X Yes ☐ No
42.	Will you communicate with speakers regarding the CMA Guidelines for Physicians in Interactions with Industry, Innovative Medicines Canada Code of Ethical Practices, and for programs delivered in Quebec the Code of Ethics of the Conseil québécois de développment professionel continu des médecins? You must include a copy of your speaker communication template.	X Yes ☐ No
43.	How will you communicate with speakers/facilitators/moderators regarding the format, Mainpro+ Quality Criteria, and program learning objectives they will address? What kind of instructions will be given?	

	A speaker communication letter (see included template) will be sent to each speaker/facilitator upon confirmation of their participation in this workshop. This letter contains detailed information regarding Mainpro+ Quality Criteria as well as a link to the document: "Understanding Mainpro+ Certification: A Standard for Continuing Professional Development (CPD) Program Providers" **A complete program learning objectives document is shared with all speakers and facilitators as an attachment to the speaker communication letter. The planning committee also individually communicates with speakers and facilitators to ensure that they are aware of and understand the objectives for their individual session(s).** **The program schedule is included in the speaker communication letter sent to all speakers/facilitators to ensure they understand how the 2 days flow. The expectations in terms of format for each of the individual sessions are also reviewed with individual speakers/facilitators as part of the planning committee's communication strategy.**	

44.	Program Key Words – In order to aid our members in searching for your programs most suited to their individual learning needs, please select the key words most relevant to your program from the list below:	**Aboriginal health** Academic medicine **Addiction medicine** Administration Adolescent medicine Allergy Allied health professionals Alternative/complementary medicine Anesthesia and analgesia Basic sciences **Behavioural sciences** Cancer care Cardiovascular medicine Cardiovascular surgery Child Abuse Chiropractic medicine **Chronic disease management** Clinical practice guidelines **Communication** **Community medicine** Critical care Culture Dentistry/oral medicine Dermatology Diabetes Domestic Violence **Drugs** Emergency medicine Endocrinology ENT

		Environmental medicine Epidemiology Ethics **Evidence-based medicine** Faculty Development **Family practice/general practice/primary care** Forensic medicine Gastroenterology General surgery Genetics **Geriatric medicine/care of the elderly** **Global health** Gynecology **Health economics** Health policy Hematology History Homecare **Hospitalist care** Imaging techniques Immunology **Infectious disease** **International medicine** Laboratory medicine Legal/medico-legal Lifestyle Management Medical careers Medical education Medical informatics

		Medical students and residents Men's health Molecular medicine Nephrology Neurology Neurosurgery Nuclear medicine **Nursing** Nutrition and metabolism **Obstetrics** Occupation/industrial medicine Oncology Ophthalmology Orthopedic surgery **Pain management** Palliative care Pathology **Patients** Pediatrics **Pharmacology** **Pharmacy** Preventive medicine **Prison medicine** **Psychiatry** **Psychotherapy/counseling** **Public health** Radiation therapy Radiology Rehabilitation medicine Religion/spirituality

		Research methods Respiratory medicine Rheumatology **Rural medicine** Sexual health and medicine Sociology Sports and exercise medicine Statistics Surgery Thoracic surgery **Toxicology** Transplant medicine Travel medicine Tropical medicine Urology Vaccines Vascular surgery Women's health
45.	Please identify the CanMEDS-FM roles addressed in this program:	X Collaborator X Communicator X Family Medicine Expert X Health Advocate X Leader X Professional X Scholar

46.	List the learning objectives for this activity as well as the CanMEDS-FM competency linked to the learning objective. What learning objectives have been developed for **a) The overall activity** At the conclusion of this workshop, participants will: 1) Have acquired the prerequisite knowledge to initiate and monitor patients on methadone and/or buprenorphine/naloxone. Family Medicine Expert 2) Be able to demonstrate basic decision making skills essential to providing or dispensing safe and effective opioid agonist therapy. Family Medicine Expert 3) Be able to explore the value of sensitivity, understanding and commitment in the delivery of addiction medicine in clinical or pharmacy practice. Family Medicine Expert Communicator Collaborator Professional Health advocate **b) Specific sessions?** At the conclusion of this workshop, participants will be able to: 1) Identify opioid use disorder (neuroanatomy and pathophysiology of the brain's reward system, typical clinical presentations, typical behaviours, DSM-5 criteria). Family Medicine Expert	a) the overall activity? b) Specific sessions?

	2) Explain the model of addiction as a chronic disease, requiring long term management by health care professional(s) as well as mental health, spiritual and social support. Family Medicine Expert Collaborator 3) Perform a comprehensive assessment of an individual with opioid use disorder and select appropriate treatment options. Family Medicine Expert Communicator Leader 4) Recognize the unique pharmacology of methadone and buprenorphine/naloxone and participate effectively in prescriber - pharmacist collaborative care. Family Medicine Expert Collaborator 5) Identify potential and actual drug interactions. Family Medicine Expert Collaborator 6) Select an appropriate methadone induction dose and manage initial methadone induction, dose adjustments and early stabilization issues appropriately.	

	Family Medicine Expert Communicator Collaborator 7) Assess a patient's appropriateness for carry doses, including frequent reassessment and as-needed adjustments to carry status. Family Medicine Expert Collaborator 8) Discuss important issues in the maintenance phase of treatment, including urine toxicology, prolonged QT, split dosing, smoking cessation support and withdrawal of treatment. Family Medicine Expert Communicator 9) Identify special considerations in the treatment of pregnant women with opioid use disorder - in the ante-natal period, during labour and post- partum, including breast feeding. Family Medicine Expert Health Advocate Collaborator 10) Examine neonatal opioid withdrawal and recognize how treatment decisions may impact withdrawal severity and overall maternal/neonatal outcomes. Family Medicine Expert	

	Health Advocate Collaborator Leader 11) Examine the role education and advocacy plays in promoting improved neonatal/maternal outcomes and strengthening the family unit. Family Medicine Expert Health Advocate Collaborator Scholar 12) Discuss special issues in the management of individuals with opioid use disorder and concurrent major psychiatric disorders. Family Medicine Expert Health advocate 13) Discuss special issues in the management of individuals with opioid use disorder and concurrent acute, chronic and post-operative pain. Family Medicine Expert Collaborator 14) Identify special considerations in the management of the individual with opioid use disorder and hepatitis C and/or HIV. Family Medicine Expert Health Advocate	

	Collaborator 15) Formulate a practical approach to managing insomnia in the patient with opioid use disorder. Family Medicine Expert 16) Discuss important safety considerations and formulate a practical approach to managing individuals with opioid use disorder who also abuse alcohol and/or benzodiazepines. Family Medicine Expert Health Advocate 17) Distinguish different models of service delivery in opioid agonist therapy including the comprehensive care model, private clinic model, community clinic model and family practice model. Compare and contrast the strengths and weaknesses of each model. Leader Scholar 18) Implement and integrate safe preparation, documentation, and dispensing of methadone and buprenorphine/naloxone in pharmacy practice. Collaborator	

Quality Criteria Questions if “any other CPD activity” selected

47A. **Quality Criterion 1 – Needs Assessment and Practice Relevance**

X One-Credit-Per-Hour Requirements	✓ Indirect assessment of target audience's needs were used to guide program development and to obtain generalized information on prior knowledge and practice experience (eg, generalized sources, national survey, small sample survey, published study results). ✓ Physician learning objectives are tied to needs assessment results. ✓ Needs assessment addresses physician competency through CanMEDS-FM Role(s)
X Two credits per hour - Must meet one credit per hour requirements AND include the following:	✓ Needs assessment sample is representative of intended target audience (eg, all rural physicians), enhancing applicability of program content ✓ Needs assessment identifies gaps in physician competence in at least one CanMEDs-FM competency area
☐ **Three credits per hour - Must meet one- and two- credits-per-hour requirements AND include the following:**	✓ Needs assessment, performed on actual program participants ✓ Information is collected from actual program participants about prior knowledge and practice experience ✓ Needs assessment identifies gaps in knowledge (eg, pre- and post-tests), competence (skills), or performance based on data from practice ✓ Gaps in physician competence in multiple CanMEDS-FM competency areas are identified
In the space provided, please provide a thorough description of how the Quality Criteria requirements have been met including:	1. Parties involved, and roles performed, during the needs assessment process, and include scientific planning committee involvement **Parties involved in collecting and reviewing the needs assessment data include:** **The scientific planning committee members, who reviewed the CPD Medicine needs assessment data from their primary care and specialist needs surveys, as well as the evaluation data from the past 18 months’ workshop participants.** **The scientific planning committee members designed questions for the pre-and post-test, the Pre-Workshop Needs Assessment Questionnaire and the Mainpro+ Post Workshop Survey.**

	The chair of the planning committee will review the results of the pre-test after day one of the workshop and the entire scientific planning committee will review the results of all evaluation measures at their meetings every four months. The U of M CPD medicine coordinator will e-mail the pre and post workshop elements to participants and collect the responses. **The scientific planning committee was responsible for the selection and recruitment of all speakers for this workshop. All Speakers selected are considered content experts in the area(s) they are presenting on and have significant clinical experience related to the subject matter. For instance, Dr. Ireland is the head of the Manitoba HIV Program and Dr. Simm has worked with a patient population with co-occurring mental health and addiction issues for many years in his clinical practice. Dr. Knight is the medical director of the Addictions program at Health Sciences Centre in Winnipeg.** **Speakers were selected who have had preferably no or other otherwise minimal past interactions with the pharmaceutical industry. These individuals are committed to practicing evidence-based medicine and have a passion for teaching in general.** 2. Method(s) used to collect needs-assessment data, and rationale to support the use of each method **Six different methods are used in this program to collect needs-assessment data:** **a) The planning committee reviewed the results of both primary care and specialist needs assessment surveys that were sent out to health care professionals by the CPD medicine program at U of M over the last 2 years. We focused on the questions that asked physicians what topics/issues they would like to see addressed in CPD. The collated results we reviewed are included with this application. (See topics identified by dark blue tag identifying addiction/mental health related topics). In general, the larger topic(s) of addiction and mental health came up most frequently in the answers provided by primary care participants. There was a secondary theme around the challenges physicians face managing opioid prescribing and deprescribing, drug seeking behaviors and opioid diversion.**

	Data from the specialist survey covers a very broad variety of topics and interests, as can be expected. We highlighted (in yellow) all answers provided that relates to the learning needs identified in the primary care survey. The frequency with which these answers appear, underscores that a subset of specialists would also benefit from a professional development event addressing these learning needs, especially if the event is of an interdisciplinary nature. **b) This program has been offered in the past; we thus have data from previous workshop participants' completed evaluation forms. This information was reviewed by the planning committee in planning this updated and improved version of the workshop. It is included with this application. This method was chosen since the data collected comes from a target audience that is representative of the intended target audience.** **c) As soon as professionals register for this workshop, they are sent a Pre- workshop Needs Assessment Questionnaire and are asked to complete it. This questionnaire is included with this application. This method provides data collected from actual participants registered for our workshop. The planning committee reviewed this data from previous workshops and will continue to review data collected from future participants.** **d) Participants are required to complete a pre -and post-test at the beginning and end of the workshop. The pre-test results serve as a measure of gaps in knowledge and the post-test demonstrates how well these gaps are addressed during the workshop. The chair of the planning committee will review the pre-test results after day one. The pre – and post test results will be reviewed by the planning committee at their meetings. This data is also available from past workshops and was used to improve the new workshop.** **e) The final method used to collect needs assessment data is the Mainpro+ Post Workshop Survey, which is e-mailed to participants upon completion of the workshop. This survey asks specific questions regarding barriers that participants have encountered or anticipate encountering in integrating opioid agonist therapy into their**

	practice, as well as strategies that they have identified to address these barriers. The workshop design includes several opportunities for participants to explore and discuss barriers to implementing what they are learning in practice after the workshop. **The planning committee anticipates that by the time participants complete the Post Workshop Survey, they will have a new awareness of what particular barriers they face in their own practice environments. This will also prompt them to think about how they can overcome these barriers. This data will thus highlight learning needs that participants were likely not aware of prior to attending the workshop, thus serving as a source of unperceived learning needs. This data will then be reviewed by the planning committee and used to improve future iterations of the workshop.** **The planning committee also had access to this data from past workshops held. This data was reviewed and used to improve this iteration of the workshop.** **f) The planning committee consists of three experienced opioid agonist therapy (OAT) prescribers (one Royal College fellow and two CCFP family physicians with certificates of added competency in Addiction Medicine).** **There are also two pharmacists on the planning committee who are involved with hospital-based -and community based opioid agonist therapy, respectively. Planning committee meetings included significant discussion regarding gaps we have identified in our own knowledge, competence and practice environments over the years and how we felt these gaps could be best addressed in the workshop. We, for instance, agreed that there is a significant service gap in Manitoba in terms of patients' access to OAT services, both rurally and in urban settings. This service gap discussion has been the driving force for the planning committee to develop a workshop that would equip prescribers and pharmacists to start treating patients with opioid use disorder, but also prepare them for the health advocate and manager/leader roles that they would be taking on in advocating for and establishing OAT services in communities in Manitoba.** 3. How practice relevance is addressed

	The content of this program is relevant to the overall practice of family physicians. Opioid abuse and opioid use disorder is common in Canadian society. Many physicians struggle with how to effectively support patients with opioid use disorder (addiction) as a result of knowledge gaps about the disorder and best practices when it comes to treatment options. Many communities have no approved OAT prescribers, making service access another significant gap. **Once physicians declare an interest in treating opioid use disorder, discomfort with interviewing this patient population and the complexities and challenges that goes along with integrating OAT into practice may discourage further involvement.** **This workshop is designed to address all of the above mentioned learning needs, empowering OAT prescribers to start addressing this service gap in Manitoba communities.** **The workshop thus aims to impart to the family physician new knowledge and skills that can be integrated into community based practice and serve as a resource to other health care providers and the surrounding community. This process creates viable evidence based treatment for patients with opioid use disorder, greatly improving patient outcomes in many health and social domains.** **Although prescribing OAT requires special training and prescribing approval from the CPSM or CRNM (for nurse practitioners) in Manitoba, treating opioid use disorder is within the scope of family physicians. Integrating ORT into family practice is an effective way to bring treatment to all MB communities.** **OAT is highly evidence based, as outlined in the presentation by Dr. Knight on day 1: 'Treatment approaches - the evidence and how it informs local practice (includes discussion on abstinence vs. harm reduction, naloxone and psychosocial support group)** 4. How gaps in competency were identified and how CanMEDS-FM competencies were utilized in the needs assessment and curriculum development process

	The planning committee believes that the combined results of all the above mentioned methods to elicit learning needs identifies gaps in several CanMEDs-FM Competencies: **a)The knowledge test as well as the pre-workshop needs assessment will identify gaps in the Family Medicine Expert role.** **b) The pre-workshop needs assessment questionnaire will assist us in identifying self - reported gaps in the roles of: Communicator (see question 2), Collaborator (see question 3), health advocate (the importance of advocating for this vulnerable population) as well as the manager role (integrating OAT into existing practices, creating yet another resource for communities and coordinating a variety of other health care and support services to benefit OAT patients).** 5. If this program was previously Mainpro/Mainpro+ accredited/certified you must include information on how data collected from previous program evaluations was considered during the needs assessment process. **Overall evaluation data from the previous iterations of the workshop was very positive. However, a few consistent themes emerged that the planning committee discussed and attempted to address as follows:** **a)One of the most consistent themes identified through the evaluation process was the "time crunch". We learned that we needed to strategically eliminate workshop content that was non-essential - to make room for some new desired content, manage time better and create even more discussion time. Participants felt that they did not have enough time to process everything presented.** **The planning committee discussed this issue at length. To some degree this feedback is the result of the large amount of information presented in this workshop. But we also felt that we could streamline content further. The planning committee looked over every slide of the existing content and identified many slides that could be eliminated due to being non-essential or in part a duplication of another. All speakers were again reminded that it is imperative to stay on time and that no speaker would be permitted to take up more time than what is allotted for their section.**

	b. We received feedback from participants of indigenous background that they would like to see a session dedicated to issues unique to the indigenous peoples of Manitoba. Addiction and mental health concerns disproportionately affect the indigenous population across Canada and Manitoba is no exception. The planning committee addressed this feedback by consulting with The Director of Ongomiizwin – Education, Dr. Melinda Fowler. Dr. Fowler is a Métis physician who holds OAT prescribing approvals. She agreed to develop a module for our workshop reviewing the history of indigenous people in Manitoba and looking at harm reduction through an indigenous lens. (Ongomizzwin is The Indigenous Institute of Health and Healing at the University of Manitoba). **c. The planning committee and speakers noted that at many past workshops, there were many questions regarding the management of benzodiazepine Rx's in the context of OAT. It was clear that our current content did not address this area sufficiently. We thus developed a new "short snapper" module to address this topic better. This also frees up some time in the maintenance phase presentation on day one, which was a talk prone to running over time. This will again help to better manage the "time crunch". We also freed up an additional 10 minutes of time for the maintenance phase talk to ensure that there is adequate time for Q and A.** 6. Please attach a copy of all tools used to facilitate the needs assessment. **See information included under needs assessment tab.** **Quality Criterion 2 - Interactivity and Engagement** • One-credit-per-hour requirements o Minimum of 25% of the program is conducted in an interactive manner • Two-credits-per-hour requirements (must meet one-credit-per-hour requirements AND include the following): o Between 25 and 50% of the program is conducted in an interactive manner o Learner engagement goes beyond audience question-and-answer period o Program includes opportunities for participants to engage with each other, with facilitators, and with material being taught. (Self-Learning category programs require engagement with facilitators and materials being taught only.)

	○ A component of the activity is based on small groups or workshops (Self-Learning category small group requirement is replaced with case-based learning component) ○ Three-credits-per-hour requirements (must meet one- and two-credits-per-hour requirements AND include the following):

48A. **Quality Criterion 2 - Interactivity and Engagement**

X One-credit-per-hour requirements	✓ Minimum of 25% of the program is conducted in an interactive manner
X Two-credits-per-hour requirements (must meet one-credit-per-hour requirements AND include the following):	✓ Between 25 and 50% of the program is conducted in an interactive manner ✓ Learner engagement goes beyond audience question-and-answer period ✓ Program includes opportunities for participants to engage with each other, with facilitators, and with material being taught. (Self-Learning category programs require engagement with facilitators and materials being taught only.) ✓ A component of the activity is based on small groups or workshops (Self-Learning category small group requirement is replaced with case-based learning component)
☐ Three-credits-per-hour requirements (must meet one- and two-credits-per-hour requirements AND include the following):	✓ Program is based on small-group learning (Self-Learning category programs must be based on case-based or immersive scenario learning) *Tool tip:* *Immersive learning environments (ILEs) are learning situations that are constructed using a variety of techniques and software tools, including game-based learning, simulation-based learning, and virtual 3D worlds. ILEs are distinguished from other learning methods by their ability to simulate realistic scenarios and environments that give learners the opportunity to practise skills.* ✓ Program includes activities that can be applied to participants' practice ✓ Program includes formal reflection on application of learning to practice over a realistic time period to assess practice change. *Tool tip:* *A realistic time-period is considered to be at least 6 weeks post program completion.*

In the space provided, please describe how the Quality Criteria requirement has been met by indicating:	1. The type of interactivity occurring **Several types of interactivity occurs during this workshop:** **a) All didactic presentations have 25% of the allotted time protected for interactive Q and A with participants** **b) Several of the didactic presentations utilizes interactive case discussions as part of the presentation, in addition to the protected Q & A time described above.** **c) The prescriber break-out sessions that occur both days in the afternoons are small group in nature (5-6 prescriber participants per group; 2 groups). During these sessions the participants get the opportunity to interview standardized patients to collect a comprehensive addiction history. There is a facilitator present in each small group session who watches the interviews and provides feedback to the participants about their performance. Participants also interact with their co-participants in that they may ask for help if they get stuck during an interview; participants also give each other feedback during these sessions.** **d) The participants are interacting with the workshop materials being taught by implementing what they have learned in the didactic lecture sessions when they interview the standardized patients and do patient education during the course of these interviews. These sessions are an excellent opportunity for participants to develop the CanMEDs-FM competency of 'communicator' as it relates to the specific subject matter.** **e) The final session of each day is an interactive, simulated case involving participants from all disciplines involved in the provision of care for patients on OAT. Several participants actively participate by taking on different assigned roles in the scenarios; others observe and give those who are actively participating advice and feedback as the scenario progresses. There are also a minimum of 3 facilitators present during these sessions who**

	provide ongoing guidance and feedback. Participants have the opportunity to incorporate a little bit of everything taught during this workshop during these final simulated scenarios. These scenarios offer excellent opportunities for participants to develop their CanMEDS-FM competencies of communicator and collaborator as it relates to the specific subject matter. 2. When/where the interactive component occurs **As outlined above; See program schedule below with highlighted interactivity components.** 3. How long the interactive component is anticipated to last **a) 25% of the allotted time for all didactic sessions** **b) See schedule for time spent discussing cases in an interactive fashion during certain presentations on both days** **c) -The 14:30 - 15:30 (Prescribers) Break-out session # 1 on day is 100% interactive.** **-The 15:30 - 16:25: (Prescribers and Pharmacists) Break-out session # 2 on day 1 is 100% interactive.** **-The 14:00 - 15:00 (Prescribers) Break-out session # 4 is 100% interactive.** **-The 15:15 - 16:15: (Prescribers and Pharmacists) Break-out session # 5 is - 100 % interactive.** You will be required to upload a copy of the program schedule with the interactive components highlighted. **See program schedule below:**

DAY 1 - November 7th, 2019

Opioid Agonist Treatment 101: An Introduction to Clinical Practice

Program Schedule

8:00 - 8:20 Check In and Coffee

8:20 - 8:40 Introductions and Orientation to the Workshop (Includes pre-test)

8:40 - 09:00 A Review of Opioid Use Disorder and emerging inpatient and community disease patterns (includes 25% interactivity through Q & A)

Marina Reinecke

09:00 - 10:00 Treatment approaches - the evidence and how it informs local practice (includes discussion on abstinence vs. harm reduction, naloxone and psychosocial support groups) (includes 25% interactivity through Q & A) (after deducting Q and A, a further 10% of the remaining allotted time is dedicated to an interactive case discussions)

Erin Knight

10:00 - 10:15 Coffee Break (provided)

10:15 – 10:45 Now what? Includes things to consider starting out in OAT practice, who's doing what out there and the exemption process (includes 25% interactivity through Q & A)

Marina Reinecke

10:45 – 11:30 Pharmacology of methadone and buprenorphine/naloxone and prescriber - pharmacist collaborative care (includes 25% interactivity through Q & A)

Nicole Nakatsu

11:30 – 12:15 The comprehensive patient assessment (includes 25% interactivity through Q & A)
Talia Carter

12:15 – 12:45 Lunch (provided)

12:45 - 13:55 From Initiation to the Maintenance phase - Dose adjustments, Urine toxicology, Carries, Split dosing, Management of Concurrent alcohol abuse and Insomnia (includes 25% interactivity through Q & A)
Erin Knight

13:55 – 14:15 Benzodiazepines and opioid agonist treatment: a practical approach to care (includes 25% interactivity through Q & A)
Marina Reinecke

14:15 - 14:30 Coffee Break (provided)

14:30 - 15:30 (Pharmacists) Break-out session # 1 - Integrating methadone and buprenorphine/naloxone into pharmacy practice - Part 1: An overview (includes 25% interactivity through Q & A)
Mike Sloan

14:30 - 15:30 Prescribers: Standardized patient (Talia and Nicole) interviews - 2 groups (Erin and Joanna facilitate) (this session is 100% interactive and occurs in small group)

15:30 - 16:25 (Prescribers and Pharmacists) Break-out session # 2: Case discussions (Marina, Mike and Nicole facilitate) (this session is 100% interactive and occurs in small group)

16:25 - 16:30 Day 1 Evaluation forms

DAY 2 – Nov 8th, 2019

Opioid Replacement Therapy 101: An Introduction to Clinical Practice
Program Schedule

8:00 - 8:20 Check In and Coffee

8:20 – 8:45 Reflections from day 1 and Lindy's tool (includes 25% interactivity through Q & A)
Marina Reinecke

8:45 - 9:25 Withdrawal of Treatment (includes 25% interactivity through Q & A)
Marina Reinecke

9:25 - 09:55 Polypharmacy and over-the-counter medication use (includes 25% interactivity through Q & A)
Marina Reinecke

09:55 – 10:25 Special Considerations: HIV and Hep C in the context of Opioid Agonist Treatment (includes 25% interactivity through Q & A) (after deducting Q and A, a further 10% of the remaining allotted time is dedicated to interactive case discussions)
Laurie Ireland

10:25 – 10:40 Coffee Break (provided)

10:40 - 11:30 Special Considerations: Pregnancy (includes 25% interactivity through Q & A)
Marina Reinecke

11:30 - 12:30 (Prescribers) Opioid Agonist Treatment and co-occurring psychiatric disorders – a 45 minute primer (includes 25% interactivity through Q & A) (after deducting Q and A, a further 15% of the remaining allotted time is dedicated to interactive case discussions)

Jim Simm

11:30 – 12:30 (Pharmacists) Breakout session # 3 - Integrating methadone and buprenorphine/naloxone into pharmacy practice - Part 1 continued: Witnessed ingestion (includes 25% interactivity through Q & A) (after deducting Q and A, a further 10% of the remaining allotted time is dedicated to interactive case discussions)

Mike Sloan

12:30 - 13:00 Lunch (provided)

13:00 – 13:30 Special Considerations: Acute, chronic and perioperative pain in the context of Opioid Agonist Treatment (includes 25% interactivity through Q & A)

Nicole Nakatsu

13:30 – 14:00 Special Considerations: Indigenous Health and Opioid Agonist Treatment. (includes 25% interactivity through Q and A)

Melinda Fowler

14:00 – 15:00 (Pharmacists) Break-out session # 4: Integrating methadone and buprenorphine/naloxone into pharmacy practice - Part 2: Special situations (includes 25% interactivity through Q and A) (includes 25% interactivity through Q & A) (after deducting Q and A, a further 10% of the remaining allotted time is dedicated to interactive case discussions)

Mike Sloan

14:00 - 15:00 Prescribers: Standardized patient (Talia and Nicole) interviews -2 groups (Marina and Laurie facilitate) (this session is 100% interactive and occurs in small group)

15:00 - 15:15: Coffee Break (provided)

15:15 - 16:15: (Prescribers and Pharmacists) Breakout session # 5: Case discussion (Marina, Mike and Nicole facilitate) (this session is 100% interactive and occurs in small group)

16:15 - 16:30 Post-test, Day 2 Evaluation Forms and Wrap-up

49A. Quality Criterion 3 – Incorporation of Evidence

X One-credit-per-hour requirements	✓ Provides an outline of the evidence used to create the content; must include references (authors, article title, journal, year, volume, and page numbers) within/on materials ✓ Evidence comes from systematic reviews/meta-analyses of studies (RCTs, cohort case control studies) or single, moderate-sized, well-designed RCTs, or well-designed, consistent, controlled, but not randomized trials, or large cohort studies. ✓ Any lack of evidence for assertions or recommendations must be acknowledged ✓ If a single study is the focus or select studies are omitted, the rationale to support this decision must be provided ✓ Graphs and charts or other evidence-related materials cannot be altered to highlight one treatment or product ✓ Both potential harms and benefits should be discussed; an efficient way to present these to clinicians is through number needed to treat (NNT) and number needed to harm (NNH), as well as through a presentation of absolute and relative risk reductions
X Two credits per hour (must meet one-credit-per- hour requirements AND include the following):	✓ Content must reflect patient-oriented outcomes (outcomes a patient can feel or perceive) and avoid surrogate outcomes *Tool tip:* *A surrogate outcome is an event or a laboratory value that researchers hope can serve as a reliable substitute for an actual disease.* ✓ Canadian-based evidence is included where it exists
☐ Three-credits-per-hour requirements (must meet one- and two-credits-per-hour requirements AND include the following):	✓ Provides opportunities for participants to seek, appraise, and apply best-available evidence (eg, research component for participants, assigned readings with discussion of evidence presented, and participant-driven literature reviews)

In the space provided, please describe how the Quality Criteria requirement hast been met.	For three credits per hour describe how and where/when this program provides opportunities for learners to seek, appraise, and apply best-available evidence. **This program incorporates best evidence and in particular Canadian evidence whenever possible to educate and assist our participants in making the best possible treatment decisions for their patients.** **The evidence presented is further enriched by individual clinical experience shared by some of the most knowledgeable presenters on OAT in Manitoba. All workshop presenters have substantial, long term experience in providing OAT to Manitoba patients and are dedicated to the principle of evidence-based medicine.** **Dr. Knight's presentation early on day one addresses the robust evidence base that supports opioid agonist therapy as the most evidence-based treatment option for patients with opioid use disorder. Patient-specific outcomes are discussed including medical, social and community-based outcomes facilitated by the provision of opioid agonist therapy. Potential associated side-effects and risks of OAT to the patient and surrounding community are reviewed in this presentation and touched upon in others.** **Alternative treatment options, including detox and other abstinence-based approaches are also reviewed from a patient outcomes perspective.** **The planning committee feels confident that you will find this review of the evidence informing OAT balanced and informative.** **All speakers were instructed to incorporate best available evidence into their presentations. Some presentations review the relevant evidence as the presentation goes along; others include a reference list at the end of the presentation.** **When evidence has already been reviewed in a prior presentation, it is not repeatedly cited in presentations that follow later in the workshop.**

	No altering of graphs or diagrams was permitted in developing workshop materials. **Examples of Canadian evidence, guidelines and local data can be found in the following presentations:** • **The pregnancy talk reviews the work of Dr. Ron Abrahams and his group on neonatal opioid withdrawal at the BC Women's Hospital. This work has changed practitioners around the world's understanding of the factors that influence the severity of neonatal opioid withdrawal, as well as how it should be managed to ensure best outcomes for the infant and the mom.** • **Dr. Knight's presentation on Treatment Approaches reviews several Canadian guidelines from Vancouver Coastal Health and the CIHR's Canadian Research Initiative in Substance Misuse to inform our approach to detox vs opioid agonist therapy in individuals with opioid use disorder.** • **This presentation also reviews the Canadian evidence from the robust research published by the Insite team, Canada's first supervised injection site. This research led to a supreme court ruling that paved the way for other such facilities opening in other Canadian cities.** • **The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain is cited in more than one presentation (benzodiazepine talk, polypharmacy talk and pain management talk).** • **The talk on polypharmacy draws on local data from the Chief Medical Examiner's office in Winnipeg, MB as well as epidemiological and surveillance data from the MB Government.**

50A. **Quality Criterion 4 – Addressing Barriers to Change**

X One-credit-per-hour requirements	✓ Educational design includes discussion of commonly encountered barriers to practice change

X Two credits per hour (must meet one-credit-per- hour requirements AND include the following):	✓ Educational design includes discussion to overcoming these barriers
☐ Three credits per hour (must meet one- and two- credits-per-hour requirements AND include the following):	✓ This program solicits information on barriers (real or perceived) to change from actual program participants ✓ The educational design addresses strategies to address these identified barriers and discusses approaches to overcoming these barriers
In the space provided briefly explain how the Quality Criteria requirements have been met including:	1. How and where/when this program addresses commonly encountered barriers to change relevant to the program content **Barriers to change are discussed is several different parts of this program:** **a) A commonly encountered barrier to change is participants' perceived discomfort with interviewing patients with substance use disorders. During the standardized patient interview sessions participants actively practice interviewing skills, including addressing difficult or sensitive questions, with direct feedback from co-participants, facilitators and standardized patients.** **b) Physicians often encounter multiple practical barriers to integrating OAT services into their practices. These can include stigma and a poor understanding of addiction amongst co-workers in the work place. A lack of enough time and inadequate fee for service remuneration can be a barrier to delivering high quality care to this vulnerable population. And finally, many physicians find that the communities they work within offer few support services for the multiple care needs of patients with substance use disorders, leading to an even higher care burden for the OAT provider.** **The above mentioned barriers are reviewed and discussed in the following presentations specifically:**

	'Now what? Includes things to consider starting out in ORT practice, who's doing what out there and the exemption process' **'The Comprehensive Patient Assessment'** **'Treatment approaches - the evidence and how it informs local practice (includes discussion on abstinence vs. harm reduction, naloxone and psychosocial support groups)'** 2. How and where/when this program addresses approaches to overcome identified barriers (2 credits per hour) **Strategies to overcome these barriers are discussed at several points as the workshop progresses:** **a) Being able to effectively interview and build rapport with patients with a substance use disorder is an important skill taught in this workshop. The best way to get comfortable with this skill is to practice it. Participants are thus encouraged to practice these skills in the safety of the workshop environment. Suggested ways of wording questions and reaffirming responses to patients' answers are reviewed in the 'Comprehensive Assessment' talk but also rehearsed during standardized patient interview sessions, which occur on both days of the workshop and include opportunities for feedback and discussion from co-participants, facilitators and standardized patients. Participants are often able to demonstrate greater comfort and competence on day 2 of the workshop compared to day 1.** **b) Being a resource to your own practice community by informally teaching what you have learned to others, providing supportive consultation on challenging cases involving addiction, or arranging an education event is discussed as strategies to overcome stigma and unsupportive attitudes from co-workers.**

	Templates to streamline histories and physicals are included in pre-reading. During the standardized patient interview sessions we discuss what information is most important to collect if time is limited. **Examples of groups of physicians across Manitoba who were very effective in their advocacy and negotiations to establish sustainable remuneration models for this type of work are reviewed and discussed.** **Participants are educated regarding what resources they can access for their patients in different communities.** **The interdisciplinary nature of the workshop also reminds participants how valuable a resource your community pharmacist, nurse, NP or fellow physician can be.** **Participants are prepared during this workshop to have realistic expectations about common challenges they will encounter doing this work.** 3. How and where/when barriers to change, related to the content of this program, were solicited from actual participants (3 credits per hour) N/A 4. What opportunities are provided for discussion of approaches to overcoming these barriers? (3 credits per hour) N/A

51A**. Quality Criterion 5 - Evaluation and Outcome Assessment**

X One-credit-per-hour requirements	✓ Measures to assess self-reported learning or change in what participants know or know how to do as a result of the CPD program or activity
X Two credits per hour (must meet one-credit-per-hour requirements AND include the following):	✓ An objective measurement of change in knowledge (eg, pre/post-test) ✓ Opportunity for participants to evaluate changes across multiple CanMEDS-FM competencies
☐ Three credits per hour (must meet one- and two- credits-per-hour requirements AND include the following):	✓ An objective measurement of change in competence and/or clinical performance for all participants using work-based strategies ✓ Measurement of change in all the CanMEDS-FM competencies identified in the needs assessment and educational objectives
In the space provided describe how the Quality Criteria requirement has been met.	**This program incorporates 2 measures of self - reported change in participants' knowledge and skills.** **a)The first measure is an evaluation form that all participants are asked to complete after day 1 and day 2 of the workshop. The evaluation forms (2) are included with this application.** **b) The second measure of self-reported change in knowledge and skills, including actual changes made in the participants practice, is the ORT post-workshop survey that participants are asked to complete and submit within 30 days of completing the workshop. A copy of this form is included with this application.** **This program also incorporates three measures of objective change in participants' knowledge and skills:** **The first objective measure of a change in knowledge is the pre –and post-test that participants are asked to complete at the beginning and the end of this workshop (they are identical and included with this**

	application). This is thus an objective measure of a change in the CanMEDs-FM competency Family Medicine Expert. **b) The second objective measure evaluates participants' skill level as it pertains to interviewing a patient with opioid use disorder:** **The prescriber break-out sessions that occur both days in the afternoons are small group in nature (5-6 prescriber participants per group; 2 groups). During these sessions the participants get the opportunity to interview standardized patients to collect an addiction history. There is a facilitator present in each small group session who watches the interviews and provides feedback to the participants about their performance. Participants also interact with their co-participants in that they may ask for help if they get stuck during an interview; participants also give each other feedback during these sessions. The standardized patient also gives feedback to the interviewer.** **The participants are interacting with the workshop materials being taught by implementing what they have learned in the didactic lecture sessions when they interview the standardized patients and do patient education during the course of these interviews.** **Participants get a second opportunity on day two to improve their performance conducting further interviews. They receive feedback from the facilitator, their peers and the standardized patient on day two as to improvements seen and further issues to work on.** **These sessions thus provide an objective measure of participants' skills as it relates to the CanMEDs-FM competencies of 'communicator' and 'family medicine expert'.** **c) The final session of each day is an interactive, simulated case involving participants from all disciplines involved in the provision of care for patients on ORT (physicians, pharmacists, nurses and nurse practitioners). Several participants actively participate by taking on different assigned roles in the scenarios; others observe and give those who are actively participating advice and feedback as the**

	scenario progresses. There are also a minimum of 3 facilitators present during these sessions who provide ongoing guidance and feedback. Participants have the opportunity to incorporate a little bit of everything taught during this workshop during these final simulated scenarios. **These scenarios (with different patient and situational details) are again run on day two, offering participants an opportunity to improve on their performance from day 1.** **These scenarios thus provide an objective measure of participants' skills as it relates to the CanMEDs-FM competencies of 'collaborator' and 'family medicine expert'.**

52A. **Quality Criterion 6 - Reinforcement of Learning**

X This requirement is not mandatory for one- credit-per-hour programs	
X Two credits-per-hour requirements:	✓ This program incorporates one or more validated strategies to reinforce and/or facilitate continued learning *Tool tip:* *Examples include reminders, checklists, guidelines and algorithms, feedback systems, protocols, patient education materials, etc. If a commitment-to-change contract is part of the designed curriculum, include a follow-up activity to review the contract at 6 and 12 weeks post course.*
☐ Three credits per hour (must meet the following requirement):	✓ This program incorporates two or more validated strategies to reinforce and/or facilitate continued learning; ideally administered at staggered time intervals (eg, 6 and 12 weeks) *Tool tip:* *Examples include reminders, checklists, guidelines and algorithms, feedback systems, protocols, patient education materials, etc. If a commitment-to-change contract is part of the designed curriculum, include a*

	follow-up activity to review the contract at 6 and 12 weeks post course
In the space provided describe how the Quality Criteria requirement has been met.	**This workshop utilizes several methods to reinforce learning:** **a)Participants are required to complete a knowledge test at the beginning and again at the end of the workshop. The two tests are identical. Recalling and applying the knowledge they have gained during the workshop to hopefully achieve an improved score on the post test, serves as a reinforcement of learning activity.** **b) The prescriber break-out sessions that occur both days in the afternoons are small group in nature (5-6 prescriber participants per group; 2 groups). During these sessions the participants get the opportunity to interview standardized patients to collect an addiction history. There is facilitator present in each small group session who watches the interviews and provides feedback to the participants about their performance. Participants also interact with their co-participants in that they may ask for help if they get stuck during an interview; participants also give each other feedback during these sessions.** **Prescribers then have a second opportunity to conduct interviews on day two in a similar session. Both these sessions serve as reinforcement of learning in that participants have to implement what they have learned during the workshop to interview the standardized patients and provide patient education. Feedback from facilitators and co-**

	participants further reinforce the desired communication skills and educational content. **The final session of each day is an interactive, simulated case involving participants from all disciplines. Several participants actively participate by taking on different assigned roles in the scenarios; others observe and give those who are actively participating advice and feedback as the scenario progresses. There are also a minimum of 3 facilitators present during these sessions who provide ongoing guidance and feedback. Both these sessions serve as reinforcement of learning again in that participants have to implement what they have learned during the workshop to effectively manage the scenario and provide appropriate patient education and intervention. Feedback from facilitators and co-participants further reinforce the desired communication skills and educational content.** **c) Participants are required to complete a Mainpro+ Post Workshop Survey, reflecting on changes made in their practice as a result of this workshop, barriers to change and strategies to overcome them, along with a few additional items. See Mainpro+ Post Workshop Survey attached to this application. This Survey will thus prompt reflection and facilitate continued learning. This survey has to be submitted within 30 days of completion of the workshop.**

53A. Upload requirements (if “Any other CPD activity” is selected)

To finalize your submission requirements please upload the following:	✓ Content of the program/activity ✓ COI slide template ✓ Conflict of Interest forms for the planning committee and speakers (if speakers are known at time of application) ✓ Program Agenda and/or Program invitation or brochure ✓ Summary of previous event evaluations ✓ Copy of program/session evaluation form/format ✓ If this program has for-profit financial support, please upload examples demonstrating corporate and product colours and branding for comparison purposes. ✓ Tools used to facilitate needs assessment ✓ Evaluations ✓ Speaker communications template (required only if activity includes speakers/presenters) ✓ Other