

**ACCREDITATION APPLICATION**

**Royal College of Physicians and Surgeons of Canada (RCPSC)**

**MOC SECTION 3 SIMULATION ACTIVITY**

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| **IMPORTANT TO READ:****Application Forms:** To obtain MOC Section 3 Simulation accreditation, ensure to complete all questions on this application form and all questions on the [**Accreditation/Certification - Collective Application Form**](https://www.mcgill.ca/medicinecpd/files/medicinecpd/general_accreditation_application_form.docx) **Supporting documentation:** Ensure to submit all supporting documentation at the same time as the completed application forms (final versions). **Accreditation Eligibility Information**: To obtain accreditation approval for a MOC Section 3 Simulation activity, compliance with the standards contained within this application form must be fulfilled. Program Organizers must visit the [**RCPSC website**](https://www.royalcollege.ca/rcsite/cpd/accreditation/cpd-accreditation-simulation-based-learning-activities-e) to ensure that the activity complies with CPD criteria.For additional templates, quick tips, etc., visit our website at [**McGill CPD - Accreditation/Certification Documentation**](https://www.mcgill.ca/medicinecpd/accreditation)* If elements linked to the activity’s development, planning and implementation are not eligible for accreditation/certification as stated by our regulatory authorities, **the McGill CPD Office reserves the right not to grant accreditation/certification.** [**National Standard for Support of Accredited CPD Activities**](http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/national-standard-accredited-activites-e.pdf)
* **If the activity has already occurred, it is not eligible for accreditation.**
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| **ACTIVITY NAME:** |

**Physician Organization:**

**Indicate which option applies to your organization:**

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| Option 1 - 🞏 This simulation activity was developed independently by members of a **physician organization1.** Option 2 - 🞏The simulation activity was prospectively developed in collaboration with another physician or **non-physician2 organization.** We accept responsibility for the entire activity.1 **Physician Organization:** A not-for-profit group of health professionals with a formal governance structure. These include (but not limited to): • Faculties of Medicine • Hospital Departments/Units • Medical Societies • Medical Associations2 **Non-physician organization:** A pharmaceutical/communication company, medical/surgical supply company or other profit organization |

**SECTION 1: A Simulation activity must describe the methods that enable participants to demonstrate or apply knowledge, skills, clinical judgment or attitudes. Additionally, Simulation activities must provide participants with a strategy to assess their knowledge, skills, clinical judgment and attitudes in comparison to established evidence (scientific or tacit). All simulation activities must enable participants to demonstrate their abilities across the key areas of the scenario(s), topic(s) or problem (s).**

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| Describe the key knowledge areas skills, or competencies assessed by this simulation activity. |
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| Explain the scientific evidence base (clinical practice guideline, meta-analysis or systematic review) selected to develop the simulation activity. |
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| Describe the process by which participants will be able to review their current knowledge or skills in relation to current scientific evidence. |
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| **A copy of the tool that will used to review current skills was provided with this application submission** | 🞏 Yes 🞏 No |

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| How is participation within each component of the simulation activity organized? |
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**SECTION 2: The simulation activity must provide detailed feedback to participants on their performance to enable the identification of any areas requiring improvement through the development of a future learning plan. Providing specific feedback on the performance of the individual or team in achieving the learning objectives and demonstrating the competencies embedded within the simulation scenario(s) enables specialists to identify areas for improvement and the creation of a future learning plan. The feedback provided for participants can be completed at the end of the scenario or at a later time. The provision of tools to structure the reflection on performance and time for personal reflection is encouraged.**

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| Describe the process by which participants will provide responses to the simulation scenarios. For example: response sheet or other assessment tools. |
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| **A copy of the tool that will used to provide responses was provided with this application submission** | 🞏 Yes 🞏 No |

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| How will participants receive feedback on their performance? |
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| Describe how participants will receive an individualized performance feedback report after the completion of the scenario(s): |
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| **A copy of the individualized feedback report was provided with this application submission** | 🞏 Yes 🞏 No |

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| Does the simulation activity provide participants with references justifying the appropriate answer? | 🞏 Yes 🞏 No |
| Describe how the references are provided to participants: |
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| **A copy of the tool that includes references was provided with this application submission** | 🞏 Yes 🞏 No |

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| Do you include a reflective tool that provides participants with an opportunity to document the following: |
| 1. knowledge or skills that are up-to-date or consistent with current evidence
 | 🞏 Yes 🞏 No  |
| 1. any deficiencies or opportunities for improvement in their performance identified during the simulation
 | 🞏 Yes 🞏 No |
| 1. what learning strategies will be pursued to address the deficiencies
 | 🞏 Yes 🞏 No |
| 1. an action plan or commitment to change to address any anticipated barriers
 | 🞏 Yes 🞏 No |



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| Describe the process and provide samples/templates of the reflective tool. |
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| **A copy of the reflective tool was provided with this application submission** | 🞏 Yes 🞏 No |

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| Does the activity provide participants with an evaluation form that evaluates: |
| 1. whether the stated learning objectives for the overall activity and content were achieved
 | 🞏 Yes 🞏 No  |
| 1. relevance of the scenarios to the participant’s practice
 | 🞏 Yes 🞏 No |
| 1. the scientific validity and thoroughness of the content being presented
 | 🞏 Yes 🞏 No |
| 1. if the content and delivery method allows to assesses knowledge
 | 🞏 Yes 🞏 No |
| 1. the ability to identify CanMEDS competencies or roles
 | 🞏 Yes 🞏 No |
| 1. if participants perceive any degree of bias in any part of the activity
 | 🞏 Yes 🞏 No |
| 1. if the presenter made a disclosure statement (verbal and with slide)
 | 🞏 Yes 🞏 No |
| 1. are participants provided the opportunity to evaluate the activity delivery design

 i.e. sufficient instruction time, sufficient practice time, etc. | 🞏 Yes 🞏 No |
| 1. will instructors evaluate: Competencies, Skills, Attitudes
 | 🞏 Yes 🞏 No |
| **A copy of the instructor’s evaluation tool was provided with this application submission** | 🞏 Yes 🞏 No |

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| Do the activity guidelines direct participants to document their learning in MAINPORT?  | 🞏 Yes 🞏 No |

**SECTION 3: The content of Simulation activities must be developed independent of the influence of any commercial or other conflicts of interest.**

All accredited simulation activities must meet the ethical standards established for all learning activities as stated within the Royal College of Physicians and Surgeons of Canada criteria.

**Each of the following ethical standards must be met to be approved under MOC Section 3** **Simulation accreditation standards.**

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| In compliance with the [National Standard for Support of Accredited CPD Activities](http://www.royalcollege.ca/rcsite/documents/continuing-professional-development/national-standard-accredited-activites-e.pdf), the Physician Organization and/or Scientific Planning Committee must have complete control over the topics, content, and speakers selected for the activity. |
| We comply with this standard: | 🞏 Yes 🞏 No |

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| The Scientific Planning Committee and all resource persons will disclose to participants (verbal and with slide) all financial affiliations received from commercial interest/activity sponsors (for-profit or not-for-profit): |
| We comply with this standard: | 🞏 Yes 🞏 No |

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| No drug, product or device advertisements appear on any of the promotional/written/content materials (including website, etc..: |
| We comply with this standard: | 🞏 Yes 🞏 No |
| **As part of the ethical review process, ensure to provide a copy of all promotional materials with your accreditation application submission** |



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| Generic names will be used rather than trade names consistently and fairly throughout the written materials/content: |
| We comply with this standard: | 🞏 Yes 🞏 No |

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| **We comply with the 4 above-mentioned standards:** | 🞏 Yes 🞏 No |

As Chair the Scientific Planning Committee for this simulation activity, I accept responsibility for the accuracy of the information provided in response to the questions listed on this application form and certify that that the SPC members and presenters associated with this activity comply with the guidelines set forth in CPD standards.

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**DATE:** (yyyy/mmm/dd) **SCIENTIFIC PLANNING COMMITTEE CHAIR** (SIGNATURE)



**IMPORTANT**

**To ensure that this activity meets the MOC Section 3 Simulation criteria, kindly confirm if the below methods are implemented within the progression of the activity/course:**

**1. Has appropriate depth and breadth of the specific topic been assessed?**

The standard: Simulation-based activities must be planned to address the identified needs of the target audience within a specific subject area, topic or problem. This information will assist in identifying learning objectives, selecting appropriate educational content, and developing evaluation and assessment strategies.

We comply with this standard: Yes □ No □

**2. Will learners be provided with strategy to assess their knowledge, skills, etc. in comparison to established evidence?**

The standard: All simulation-based activities must enable participants to assess their competencies across the key areas of the scenario(s), topic(s) or problem(s). Participants must complete all required components of the activity.

We comply with this standard: Yes □ No □

**3. How will learners record their answers?**

The standard: Must allow learners to review their current knowledge in relation to current scientific evidence and provide learners with a process to record their answers.

We comply with this standard: Yes □ No □

**4. How will participants receive feedback on their knowledge?**

The standard: Accredited simulation-based activities must provide learners with feedback on the answers they provided (which questions were answered correctly/incorrectly).

We comply with this standard: Yes □ No □

**5. How will the references for the correct answers be provided to learners?**

The standard: Accredited simulation-based activities must provide references within the individualized correct/incorrect report to facilitate a review of the evidence for incorrectly answered questions.

We comply with this standard: Yes □ No □

**Checklist**

**When submitting the complete application package, ensure to enclose the supporting documentation found on page 19 of the Accreditation/Certification - Collective Application form and those listed below:**

**NOTE: Naming conventions for files:** File names should be short, but descriptive (<20 characters)

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| 🞎 | Completed Accreditation/Certification - Collective Application Form & Supporting Documentation |
| 🞎 | Signed and Completed RCPSC MOC Section 3 Simulation Application Form (pg. 4) |
| 🞎 | Copy of Budget  |
| 🞎 | Template - Participant Reflection Tool |
| 🞎 | Template - Participant Feedback Report - Correct and Incorrect Answers with References |
| 🞎 | Participant’s feedback strategies/response sheets |
| 🞎 | Instructors evaluation tool |

**PLEASE READ:** All required supporting documents (final versions) are to be submitted at the same time with the Collective Application Form.

Continuing Professional Development (CPD)

URL: <https://www.mcgill.ca/medicinecpd/accreditation>