

# HISTORY OF CAME



## CAME: Early Beginnings

By W. Wayne Weston, MD

On July 1 1987, the Canadian Association for Medical Education came into existence. You might say it burst into existence. By October this fledgling organization had amassed some impressive accomplishments:

- There were 500 paid up members
- A Steering Committee had been created with members representing schools across Canada and had held its first meeting
- The first Newsletter was published and a second was about to be circulated
- Plans were well underway for the first national meeting in Montreal in 1988.

This success story was the result of good timing and tireless work by the founders, especially Ian Hart.

Canada needed an organization like CAME and the leaders of medical education were eager for a Canadian forum to share ideas about good teaching and concerns about the faculty reward system that disadvantaged medical educators. Faculty members were expected to be triple threats excellent clinicians, exemplary teachers, and outstanding researchers but they were promoted largely on the basis of publications and research grants. Ian Hart recognized that becoming an excellent clinical teacher required time, attention, and training; he realized that it was not possible for him to be a triple threat and he decided to embark on a risky adventure. He changed career tracks from biomedical researcher to medical educator.

*“Early in my first full time faculty position I became aware that, although I was a well-trained research endocrinologist*

*and comfortable with my expertise in that area, I was spending a significant amount of time as a teacher and yet I had never been trained how to teach. I took some courses in medical education and in the late 1970s took a sabbatical year split between wet-lab research in thyroid disorders and medical education. On my return, I gave up my laboratory and grant support and proceeded to involve myself more and more in the field of medical education.”*

During his sabbatical in his native Scotland, Ian Hart collaborated with Ron Harden who had developed the Objective Structured Clinical Exam (OSCE) in the late 1970s. Hart recognized the potential of this new assessment tool and started using it when he returned to Ottawa and then promoted the idea across Canada and internationally.

Hart’s determination to improve the assessment process may have sprung from his own experience both as a postgraduate student and as an examiner. He had failed the fellowship examination his first time around. It was a tough blow for Ian. Later as an examiner for the Royal College he was upset when a candidate, whom he had passed, was failed by the senior examiner. It convinced him that there had to be a better way.

In the 1970’s and 80’s the lack of attention to medical education was beginning to change. Several initiatives were having an important influence on medical education in Canada and around the world:

- Medical schools began hiring experts in medical education. Starting with the appointment of Arthur Rothman at the University of Toronto in 1969, it became commonplace for faculties to have such in-house expertise in medical education.<sup>5</sup>
- Medical schools began establishing offices for faculty development and in 1975 the POD (Professional and Organizational Development) Network in Higher Education was created to advocate for improvements in teaching and higher education.
- In 1978, CAUT (The Canadian Association of University Teachers) published the first report on the teaching dossier. This was an important stepping-stone for changing the rules for promotion of faculty so that contributions to teaching and education would be acknowledged.
- In 1984, the GPEP (General Professional Education of the Physician) Report was published by the Association of American

## “It was inevitable, an idea whose time had come.”

**Dr. Ian Hart**

Medical Colleges. This was the first large scale review of undergraduate medical education since the famous Flexner Report of 1910.

- Around the world, medical educators were beginning to recognize medical education as a field of study in its own right.

During this time, a small band of medical educators in Canada regularly travelled to the UK to meet with ASME (Association for the Study of Medical Education, founded in 1957), to Europe to meet with AMEE (Association for Medical Education throughout Europe, founded in 1972), to the U.S. to meet with the GME (Group on Medical Education, founded in 1969, and now the Group on Educational Affairs) or to the RIME (Research in Medical Education) meeting.

This small band often met at these conferences and wondered why Canada didn’t have a similar organization. In 1976 Québec educators had founded Le Club de Pédagogie Médicale du Québec and in 1978 the College of Family Physicians of Canada had established the Section of Teachers of Family Medicine.

In 1985, Ian Hart and others formed the Ottawa Conferences focusing on issues of assessment with meetings rotating among national centres around the world. But there was no Canadian meeting for medical educators from all disciplines addressing the full range of issues in medical education. In July 1986, Ian Hart sent out a mail survey to faculty at medical schools across Canada and received 603 replies of interest from faculty at 11 medical schools. Hart then contacted his colleagues to create the first steering committee and received 100% support. (See the Box on Page 3 for the members of the first steering committee.)

They held their first meeting in November 1987 and started planning the first CAME meeting for October 1 and 2, 1988 at the Meridian Hotel in Montreal in conjunction with the Association of

Canadian Medical Colleges (now the Association of Faculties of Medicine of Canada).

The goal of CAME was to encourage and aid in the development of teaching and evaluation skills and research in medical education in the faculties of Canadian medical schools through the interchange of information on teaching, learning and evaluation methods. The early decisions of the Steering Committee were instrumental in laying the groundwork for the successful growth of CAME. Although 60% of members completing the original questionnaire preferred to meet in conjunction with the annual meeting of the Royal College of Physicians and Surgeons, the Steering Committee decided that CAME's general meeting should be tied in with the meeting of ACMC (Association of Canadian Medical Colleges). If the CAME meeting had been tied to the Royal College, it is likely that few members of the College of Family Physicians would have attended. Also, the ACMC meetings at the time focused largely on administrative issues for Deans and Associate Deans. They were considered by some to be staid and not very stimulating. The addition of CAME lectures, poster sessions, and workshops made the meetings more dynamic and interesting and attracted a group of educators who would never have attended the ACMC meetings. Fortunately for CAME, the ACMC provided much

needed administrative support and financing for the annual meeting and for translation of the newsletter and other documents into French.

CAME has helped change the environment for medical education in Canada by providing a forum for networking and the exchange of ideas, a place for educators to shine.<sup>11</sup> From the start, it has focused on serving its members by providing opportunities for teachers to learn from one another and venues for presenting their scholarly work.

**Box. Members of the 1st Steering Committee**

- Ian Bowmer - Memorial
- Lee Kirby - Dalhousie
- Paul Grand'Maison - Sherbrooke
- Louis Dufresne - Montreal
- Dale Dauphinee - McGill
- Ian Hart - Ottawa
- David Ginsburg - Queens
- Arthur Rothman - Toronto
- Geoff Norman - McMaster
- David Hollomby - Western
- Daniel Klass - Manitoba
- James Spooner - Saskatchewan
- John Baumber - Calgary
- Douglas Wilson - Alberta
- Gordon Page - UBC
- Valerie Paيدا - Canadian Federation of Medical Students



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