

Job Description: Continuous Medical Education

Continuous Medical and Allied Health Education at the University

1. Introduction and Purpose

This document outlines the roles and responsibilities for the continuous education (CE) framework targeting the university's medical and allied health professional community. The primary purpose is to ensure that all practitioners maintain the highest standards of patient care, adopt the latest evidence-based practices, and foster a culture of lifelong learning within the institution.

The scope of this function is critical to maintaining institutional accreditation, ensuring clinical excellence, and supporting the professional growth of hundreds of faculty members, clinical staff, residents, fellows, and allied health specialists across various departments, including but not limited to: Medicine, Surgery, Pediatrics, Nursing, Pharmacy, Physiotherapy, Radiology, and Public Health. The CE framework must be dynamic, responsive to clinical need, and rigorously evaluated to demonstrate educational return on investment (EROI).

The CE function is mandated to transform raw clinical data and emerging scientific literature into structured, accessible, and verifiable educational interventions.

2. Core Responsibilities

The responsibilities are structured around four pillars: Program Development and Curation, Implementation and Delivery, Evaluation and Accreditation, and Stakeholder Engagement.

A. Program Development and Curation

This area focuses on the strategic design and content integrity of all educational offerings.

Needs Assessment:

- Methodology Integration: Regularly conduct comprehensive needs assessments utilizing a triangulation of data sources:
 - Surveys and Interviews: Deploy validated instruments to capture self-perceived knowledge gaps, barriers to practice change, and professional development interests from diverse learner groups (e.g., junior residents versus senior consultants).
 - Performance Reviews and Clinical Audits: Systematically analyze institutional data, including mortality/morbidity reviews, adverse event reports, quality improvement project outcomes, and peer review documentation, to pinpoint specific areas where clinical practice deviates from established benchmarks or new guidelines.
 - Regulatory Mapping: Continuously monitor updates from national licensing bodies (e.g., Medical Council, Nursing Board), international specialty societies (e.g., ACC, ESC), and governmental health agencies to ensure immediate curriculum alignment.
- Gap Analysis Formulation: Translate raw data into formal educational objectives. For example, if audit data shows a sub-optimal adherence rate to sepsis bundle compliance, a specific CE objective must be formulated: "Following the CE module, 90% of participating Emergency Medicine physicians will correctly initiate the Stage 1 Sepsis Bundle within 15 minutes of patient presentation, as measured by chart review."

Curriculum Design:

- Diverse Modality Development: Design, develop, and implement a diverse portfolio of CE activities tailored to content complexity and learning objectives:
 - Workshops: Intensive, hands-on sessions focusing on procedural skills or complex psychomotor tasks.

- Grand Rounds: Large-format, multidisciplinary forums for high-level clinical case presentations and didactic lectures.
- Continuing Medical Education (CME) Courses: Structured, accredited multi-session programs often focusing on board certification maintenance or deep dives into sub-specialty topics.
- Online Modules: Asynchronous, self-paced modules utilizing rich media (video narration, interactive graphics) accessible 24/7.
- Journal Clubs: Facilitated sessions dedicated to critical appraisal of recent high-impact literature (e.g., NEJM, Lancet).
- Simulation-Based Training: Utilizing high-fidelity simulation centers for team training, crisis resource management, and complex procedural rehearsal, focusing on non-technical skills (NTS) alongside technical proficiency.
- Instructional Design Application: Employ established instructional design models (e.g., ADDIE, SAM) to structure learning experiences, ensuring coherence between learning outcomes, instructional strategies, and assessment methods.

Content Quality Assurance:

- Evidence Hierarchy Verification: Establish a strict protocol for content sourcing, requiring citation from Level I evidence (e.g., systematic reviews, randomized controlled trials) whenever possible.
- Accreditation Alignment: For all activities designated for credit, ensure strict adherence to the requirements set by accrediting bodies regarding conflict of interest disclosure, content balance, commercial support management, and designated learning hours.
- Strategic Alignment Review: Annually review the CE portfolio against the University's strategic academic and clinical goals (e.g., if the university is prioritizing cardiovascular research, CE offerings must reflect the translation of new findings from the university's own research labs).

B. Implementation and Delivery

This involves the operational excellence required to bring the educational content to the target audience efficiently and effectively.

Scheduling and Logistics:

- **Master Calendar Management:** Maintain a centralized, integrated master CE calendar, ensuring minimal overlap between high-priority activities and maximizing venue utilization. This calendar must be accessible via the internal faculty portal.
- **Resource Procurement:** Systematically forecast resource needs (e.g., specific laboratory supplies for surgical skills workshops, high-resolution projectors for pathology image review).
- **Facility Coordination:** Manage bookings for diverse settings, ranging from tiered lecture halls to dedicated simulation labs equipped with sophisticated physiological models. For virtual sessions, ensure robust platform stability (e.g., high-capacity videoconferencing licensing) and technical support availability.

Faculty Management:

- **SME Vetting and Onboarding:** Develop a rigorous vetting process for subject matter experts (SMEs), including review of their publication history, clinical standing, and prior teaching evaluations.
- **Faculty Development Training:** Provide mandatory training for all faculty on effective adult learning techniques, incorporating active learning strategies, managing difficult discussions, and utilizing educational technology tools effectively.
- **Compensation and Recognition:** Manage contracts, honoraria payments, and provide formal recognition (e.g., letters of commendation, institutional teaching awards) for faculty commitment to continuing education delivery.

Technology Utilization:

- **LMS Administration:** Serve as the primary administrator or liaison for the university's Learning Management System (LMS). Responsibilities include:
 - Uploading and organizing course materials (SCORM packages, video files, PDFs).
 - Managing user enrollment, pre-tests, post-tests, and certificate generation.

- Ensuring data security and FERPA/HIPAA compliance regarding learner performance records.
 - Blended Learning Integration: Design pathways that seamlessly transition learners between synchronous (live workshops) and asynchronous (LMS modules) components, often using technology to pre-assess knowledge before face-to-face interaction, thereby maximizing contact time efficacy.
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C. Evaluation and Accreditation

This pillar ensures accountability, demonstrates educational impact, and maintains professional standing.

Outcomes Measurement:

- Kirkpatrick Model Application: Implement multi-level evaluation strategies, typically adhering to the Kirkpatrick Model:
 - Level 1 (Reaction): Immediate satisfaction surveys post-session.
 - Level 2 (Learning): Assessment of knowledge and skills acquisition (pre/post-tests, objective structured clinical examinations (OSCEs)).
 - Level 3 (Behavior): Tracking observed changes in clinical practice (e.g., chart audits performed 3-6 months post-intervention to confirm behavioral transfer).
 - Level 4 (Results): Linking educational interventions to tangible institutional metrics, such as changes in patient safety indicators (e.g., reduction in hospital-acquired infections, improved diagnostic accuracy rates).
- Calculation of Competency Improvement: Where appropriate, develop metrics to quantify the rate of skill decay following initial training and schedule timely reinforcement activities. For instance, if skill retention drops by $R\%$ per quarter, remediation activities should be scheduled accordingly.

Accreditation Compliance:

- **Documentation Maintenance:** Maintain meticulous records required for accreditation audits, including faculty CVs, conflict of interest forms, detailed session agendas, verifiable attendance logs, and full evaluation reports for a minimum of seven years.
- **Credit Calculation Integrity:** Accurately calculate Continuing Education Units (CEUs) or Continuing Medical Education (CME) credits based on established formulas (e.g., 1 contact hour = 1 credit, subject to specific council rules).
- **Auditing Preparedness:** Be the primary contact and preparer for internal and external accreditation review boards, ensuring transparency and immediate access to all necessary documentation pertaining to educational rigor and provider qualifications.

Reporting:

- **Dashboard Development:** Create and maintain dynamic performance dashboards for key stakeholders. Key performance indicators (KPIs) must include:
 - Total participation hours by department and role.
 - Program utilization rates (e.g., ratio of eligible learners versus actual participants).
 - Average competency gain scores (Level 2).
 - Financial stewardship analysis (cost per learner vs. budgeted allocation).
 - **Annual Review Generation:** Produce a comprehensive Annual CE Report for the Dean, summarizing achievements, challenges, financial performance, and strategic recommendations for the ensuing year, often including projections based on anticipated regulatory shifts.
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D. Stakeholder Engagement

Effective CE requires robust communication and partnership across the academic health system.

Communication:

- Targeted Messaging: Develop differentiated communication strategies. Residents require details on required training tracks; faculty need information on teaching opportunities and content updates; clinical leaders require outcome data.
- Proactive Updates: Maintain dynamic channels (email newsletters, dedicated intranet pages) to disseminate information regarding upcoming mandatory training, new accreditation cycles, and opportunities for external educational grants.

Collaboration:

- Departmental Liaisons: Establish formal liaison roles within major clinical divisions (e.g., Chief of Surgery Education Coordinator) to ensure CE planning is fully integrated with clinical service demands and scheduling realities.
 - Research Integration: Work closely with the Office of Sponsored Research to bridge the gap between recently completed clinical trials and their translation into clinical practice guidelines disseminated via CE modules.
 - External Partnerships: Cultivate relationships with vendors, specialty societies, and other academic centers to co-sponsor events, share high-quality resources, and benchmark institutional CE effectiveness. This includes managing Memorandums of Understanding (MOUs) for shared educational initiatives.
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3. Required Qualifications (General)

To successfully execute the complex responsibilities outlined above, the following qualifications are essential:

- Education: An advanced degree in a relevant health science field is mandatory (e.g., MD, DO, PhD in Biomedical Sciences, MPH, or a specialized Master's degree in Health Professions Education (MHPE) or Instructional Technology).

- **Experience:** Proven, substantive experience (minimum of 5-7 years) in designing, managing, and evaluating complex Continuous Education or Professional Development programs specifically within an academic medical center or large tertiary care setting is required. Experience managing accreditation processes (e.g., ACCME, ANCC) is highly advantageous.
 - **Knowledge Base:** Deep, demonstrable understanding of adult learning principles (andragogy), instructional design models, competency-based medical education (CBME) frameworks, and current trends in healthcare education technology (e.g., VR/AR in training).
 - **Technical Proficiency:** High-level competency with Learning Management Systems (e.g., Canvas, Moodle, Blackboard) and familiarity with data visualization tools (e.g., Tableau) for reporting purposes.
 - **Core Competencies:** Exceptional organizational skills, meticulous attention to detail regarding documentation, strong written and verbal communication abilities, and proven capacity to manage conflicting priorities across diverse stakeholder groups.
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4. Reporting Structure

The function responsible for Continuous Medical and Allied Health Education operates at a strategic institutional level. The supervisory roles within this function typically report directly to one of the following senior administrative positions, depending on the university's organizational chart structure:

1. **The Dean of the Faculty of Medicine:** This places CE firmly within the academic mission of the largest clinical faculty.
 2. **The Vice-Chancellor for Academic Affairs (or Provost):** This emphasizes the university-wide responsibility for professional development across all health sciences disciplines.
 3. **Chief Medical Officer (CMO) or Chief Academic Officer (CAO):** In highly integrated health systems, reporting may align with direct clinical quality leadership.
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5. Appendices and Glossary of Terms

For clarity, the following glossary defines key terms utilized within this Job Description:

Term	Definition
CE	Continuous Education. Broad term covering all post-licensure professional learning.
CME	Continuing Medical Education. CE specifically for physicians.
Allied Health	Professionals providing diagnostic, therapeutic, or rehabilitative services (e.g., PT, OT, RT, Pharmacy).
LMS	Learning Management System. Software platform used for delivering and tracking online education.
SME	Subject Matter Expert. Faculty or clinician qualified to teach a specific topic.
Kirkpatrick Model	A four-level framework for evaluating training effectiveness, focusing on Reaction, Learning, Behavior, and Results.
OSCE	Objective Structured Clinical Examination. A standardized, objective method for assessing clinical skills.
NTS	Non-Technical Skills. Competencies such as communication, teamwork, leadership, and decision-making crucial in clinical settings.
FERPA	Family Educational Rights and Privacy Act. US federal law protecting the privacy of student education records (relevant for trainees).
HIPAA	Health Insurance Portability and Accountability Act. US law governing the security and privacy of protected health information (relevant when linking CE to patient data).

(Document End: This comprehensive document serves as the foundational charter for the Continuous Medical and Allied Health Education function at the University. Further operational policies will be detailed in supplementary procedural manuals.)