



# Specialist CPD eCoach

## A Practice Improvement Tool

### Overview

#### Purpose

This tool will guide you through a self-assessment in an area of practice you wish to learn more about or improve upon. It will help you develop a practice/quality improvement plan to address this area of practice and guide you through evaluating the effectiveness of your plan after you have implemented it.

### Complete this tool in four steps



1	2	3	4
Define your topic	Conduct self-assessment	Create a plan for improvement	Evaluate the implementation

#### Upon completion, you will be able to:

1. Reflect on an area of practice you wish to improve upon
2. Identify available sources of information for conducting a self-assessment
3. Formulate an improvement plan for practice/quality improvement
4. Determine the effectiveness of a practice/quality improvement plan
5. Describe how to use health data or information for practice/quality improvement

#### How eCoach works:

The eCoach is a step-by-step guide to support you in self-assessment of an area of practice you wish to learn more about or improve upon. You may complete this **by yourself**, with a **group/clinical team**, or with the support of a **coach**. You will not have to submit your responses to UBC CPD to receive a certificate of completion.

### Completion Instructions:

1. Use this document as an interactive PDF on your computer or print this document and complete by hand.
2. Once you've completed Specialist CPD eCoach, fill in an anonymous evaluation and submit your contact information to receive a certificate of completion: [link \(http://bit.ly/specialist-ecoach-evaluation\)](http://bit.ly/specialist-ecoach-evaluation).

### Privacy

Should you choose to complete this tool online (<http://bit.ly/specialist-cpd-ecoach>), your responses will be anonymized and will not be linked with your name or any other identifying information.

Responses are saved on the Survey Gizmo servers in Montreal, Canada and are compliant with Canadian privacy laws. Responses saved on UBC servers comply with UBC data sharing and privacy policies.

Your responses will only be accessible by UBC CPD staff and will not be shared with a third party. We may use your responses for program evaluation (i.e. to evaluate the effectiveness or identify ways to improve the tool) or for research purposes.

### Time Commitment

#### Up to 8 hours

*Note: The activity is not designed to be completed in one sitting. You can save your work and continue at a later date.*

### Accreditation

This activity is an Accredited Self-Assessment Program (Section 3) as defined by the Maintenance of Certification Program (MOC) of the Royal College of Physicians and Surgeons of Canada, and has been approved by UBC CPD for up to **8.0 MOC Section 3** Self-Assessment hours.

### Claiming Credits

Eligibility for MOC Section 3 credits is based on completion of all the steps in this tool. Once you have completed the tool, you can let us know once you have completed it by submitting your name and email [here \(http://bit.ly/ecoach-completion\)](http://bit.ly/ecoach-completion).

Remember to visit MAINPORT (<http://www.mainport.org/mainport/>) to record your learning and outcomes. You may claim a maximum of 8.0 hours (credits are automatically calculated).

### Improvement Examples

Example responses have been provided for reference.

[Example A – Depression Screening \(http://bit.ly/ecoach-depression-example\)](http://bit.ly/ecoach-depression-example)

[Example B – Test Follow-up \(http://bit.ly/ecoach-follow-up-example\)](http://bit.ly/ecoach-follow-up-example)



## Faculty/Author Disclosure Statements

Funds in support of this CPD Activity were provided as an educational grant to the Specialist eCoach from the Royal College of Family Physicians and Surgeons of Canada. The funds were independently allocated and disbursed in accordance with current UBC CPD Support Guidelines.

In accordance with the Committee on Accreditation of Continuing Medical Education (CACME) Standards for Commercial Support, all faculty participation in these programs are expected to disclose to the program audiences any real or apparent conflict of interest related to the content of their preparation.

Name	Affiliations, financial or otherwise, with a commercial organization that may have a direct or indirect connection to the content of this tool
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## Step 1: Define Your Topic

Your practice improvement goal(s) may involve a certain clinical topic, a challenging case, or a non-clinical component of your practice. It may have been inspired by a recent patient encounter whose process or outcome you feel could be improved upon, or other experiences such as conversations with colleagues and attending continuing professional development (CPD) events.

### REFLECTION

**1.1** Think back to what inspired you to learn more about this topic or improve your practice.

### EXAMPLES

- A** I am a neurologist and work in a rural community seeing outpatients and hospital inpatients. I see many patients with somatic complaints and neurological symptoms that seem to be psychiatric in origin; particularly I wonder about depression as a source. I also see patients who appear to have psychiatric symptoms in addition to their neurological condition. ***I would like to be able to properly screen my patients for depression.***
- B** An incident happened in my practice where I had ordered an ultrasound for a patient, but the investigation was never booked by the hospital. The patient's symptoms resolved so she never asked about the test again. Eighteen months later, when I ordered the same investigation, it showed cancer. I felt awful explaining to the patient that it could have been picked up earlier if I had followed-up with the test. ***I would like to establish a workflow to follow-up on ordered imaging investigations.***

**Briefly summarize the encounter or situation. Consider the following questions as you reflect:**

- What about the situation made you want to improve your knowledge or change your practice?
- What specifically piqued your interest?



**1.2** Identification of the topic or area to focus on.

**EXAMPLES**

- A** Screening tools for depression
- B** Follow-up system for ordered tests

**What topic or area of practice would you like to focus on?**

**1.3** What specifically would you like to improve in your practice? Define your improvement goal(s). It should be specific, measurable, achievable, realistic, and time-bound (SMART) to facilitate your success in achieving it.

<b>Specific</b>	The goal statement should be compelling, concrete, action-oriented, and important to you. What are you trying to accomplish? Are there ways to restate the goal to remove any misunderstanding? Does the goal start with an action verb (e.g. develop, improve, create)?
<b>Measurable</b>	How will you know when you have achieved the goal? How will you track and measure progress? How do you define success?
<b>Achievable</b>	The goal should require work, but be attainable.
<b>Realistic</b>	Do you have the ability and commitment to reach the goal? What additional resources will be needed for you to reach the goal (e.g. time, supports)? Does the goal set you up for failure from the outset?
<b>Time-Bound</b>	There should be a specific time-frame for achieving the goal. Is this timeframe reasonable for achieving the goal that you have set? Should your main goal be broken down into smaller subgoals to make it more achievable?

**EXAMPLES**

- A**
  - Within the next two months, I would like to have psychiatric screening tool(s) to administer to the appropriate patients, and incorporate the results into my assessments and consultative reports.
  
- B**
  - Next week at our staff meeting, I will clarify roles and responsibilities of my administrative staff regarding investigation follow-up. Together we will establish clear written guidelines on how to follow-up with imaging investigations.
  - Starting next week, with the help of my administrative staff I will track every imaging investigation I order and on a weekly basis review results and any discrepancies.

**List your SMART goal(s) in the box below:**



**End of Step 1**

**How much time (in hours) have you spent working on this step?**

*Respondents must complete all steps to be eligible for credit. No partial credits will be awarded.*

**EXAMPLE**

If you spent **15 minutes** working on this step, enter **0.25** in the space below.

## Step 2: Self-Assessment: Measurement

Measurement is a critical part of practice improvement. It allows you to determine whether the changes you implement have had the desired outcomes on your practice.

The following section outlines steps for gathering and utilizing information to help complete your self-assessment. It will provide you with a baseline measure or "snapshot" of your current practice or level of knowledge, and serves as a comparison point for assessing the results of your improvement efforts. This step has two sections:

**Step 2A** helps you identify how you will measure your progress as you proceed to develop and implement your improvement plan.

**Step 2B** guides you through collecting information for your measures. For projects that may be completely new and determining a baseline is not applicable, feel free to skip this step.

### Step 2A: Creating a Measurement Strategy

#### EXAMPLES

*The measures you use may be quantitative (numbers) or qualitative (a description or feature).*

- A**
  - The % of patients screened for depressive symptoms in my practice
- B**
  - The % of investigations booked (i.e. # investigations booked/# investigations ordered)
  - The % of investigations completed
  - The % of investigations that I received results from

Review your improvement goal(s) on page 7:

#### INFORMATION

There are three types of information sources you can use to assess your current practice. You may use one or a combination of these to collect information for your measures. Remember to select a method that isn't too time-consuming and to document your process so it can be repeated in the future.

#### Existing Sources

Consider the measure(s) you have selected and determine if relevant information sources may already exist that you have access to. Examples include:

- Administrative data from your practice
- Previously collected information from patient questionnaires and staff surveys
- Paper-based medical records
- Hospital data sources
- Public health or Ministry of Health data (e.g. <https://www.canada.ca/en/services/health.data.html>)



## EMRs

An EMR system is a reliable source of information on your practice.

- Do you have an EMR?
- Considering the measure(s) you listed previously, will your EMR be an appropriate source for the information you need?
- Do you know how to generate a report from your EMR to collect information for your measures?

If your answer to all three questions is yes, then your EMR may be the right source for the information you need.

If you are unsure of how to retrieve information from your EMR, instructions on how to run basic queries on different EMR platforms are available below:

- CST Cerner & Cerner PowerChart – [Training \(https://learninghub.phsa.ca\)](https://learninghub.phsa.ca)
- Accuro
- Plexia
- IntraHealth – Panel Cleanup and Management (<http://bit.ly/intrahealth-instructions>)
- Med Access – Practice Management and Reports (<http://bit.ly/MedAccess>)
- Oscar – Database Queries (<http://bit.ly/Oscar-queries>)
- PARIS – [Training \(https://learninghub.phsa.ca\)](https://learninghub.phsa.ca)
- Patient Care Information System (PCIS) – [Training \(https://learninghub.phsa.ca\)](https://learninghub.phsa.ca)
- Wolf – Panel Cleanup and Management (<http://bit.ly/wolf-panel>) & Using Wolf CDM in Your Practice (<http://bit.ly/wolf-cdm>)

You may also find the [Health Data Coalition \(HDC\) \(http://www.hdcbc.ca\)](http://www.hdcbc.ca) to be a useful resource. The HDC is an EMR agnostic IT platform in British Columbia that makes it possible to aggregate data across hundreds of clinics and providers while maintaining patient and provider confidentiality.

## Create Your Own

Your topic may be such that the information you need is not readily available in your EMR or any existing source that you have access to. Feeling adventurous? You can create your own information source. Examples may include:

- Completing a knowledge quiz to assess how much you currently know
  - MDLinx Knowledge Quizzes (free account)
  - QuizMD (subscription-based)
- [Patient Experience Tool](http://www.gpsc.bc.ca/what-we-do/professional-development/psp/patient-experience-tool) supported by the GPSC (<http://www.gpsc.bc.ca/what-we-do/professional-development/psp/patient-experience-tool>)
- Send out surveys to patients, staff and colleagues
- Have brief, casual one-on-one chats with staff and colleagues
- Invite a colleague to observe your performance during a patient encounter
- Enrol in CPD courses offering observed practice opportunities with performance



**2A.1 List one or more measures you can use to assess your progress towards your improvement goal(s).**

**2A.2 How will you collect the information for your measure(s)?**

- If you are using an EMR, what queries will you run?
- If you are using other existing information sources, what are they?
- If you are creating your own information source, describe your collection process.

**EXAMPLES**

- A**
- My clerical staff will track which patients have screening results included in my dictated consultations.
- B**
- I will use my EMR to track the number of results I order.
  - My administrative staff will use a logbook to identify when they had to call a patient to identify if a test was scheduled and/or if the patient went for the test.

**2A.3 What do you predict your practice baseline will be?**



## Step 2B: Gathering the Information

With your measurement strategy now in place, you can proceed with collecting the information you need to establish a baseline for these measures. After you have implemented your improvement plan, your baseline will provide a basis of comparison to determine whether improvement has occurred.

Remember that some projects may be new and not have a baseline. If this is the case, feel free to skip this step.

### TIP

If you need assistance with extracting and summarizing the information, consider reaching out to a colleague or staff member with expertise in this area. The BC Patient Safety & Quality Council (BCPSQC) also provides the Engaging People in Improving Quality (EPIQ) Toolkit which provides which provides more information on measurement strategies in quality improvement.

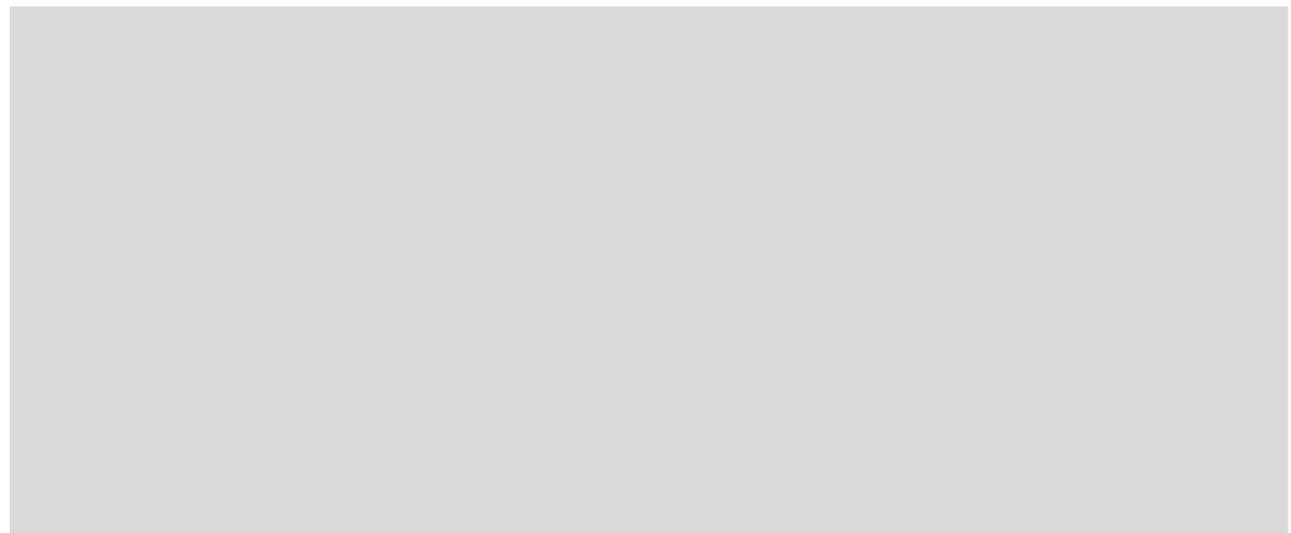
Review your measure(s) on page 10:

### **2B.1** Was your baseline what you expected? If not, why do you think your baseline was different than your expectations?

**2B.2 What is the current literature, guidelines, or scientific evidence on this topic? List your sources and any best practice standards, if applicable.**

Examples of resources:

- **BC Guidelines** (<http://bcguidelines.ca>): Clinical practice recommendations to BC practitioners developed by the Guidelines and Protocol Advisory Committee (GPAC)
- **BMJ Best Practice** (<https://bestpractice.bmj.com/>): Clinical decision support; CPSBC Library provides free access
- **Cochrane Library** (<https://www.cochranelibrary.com/>): Large number of systematic reviews
- **College of Physicians and Surgeons of BC (CPSBC) Library** (<https://www.cpsbc.ca/library>): Provides access to a wide range of journals and practice guidelines
- **CPG Infobase** (<https://joulecma.ca/cpg>): A database maintained by Joule (CMA) of Canadian clinical practice guidelines developed or endorsed by authoritative medical or health organizations in Canada.
- **Dynamed** (<http://dynamed.com>): Clinically-focused information updated with new research; CPSBC library and CMA provide free access
- **Health Data Coalition** (<http://www.hdcbc.ca/>): EMR agnostic IT platform available to physicians in BC
- **National Clinical Guidelines**
- **NNT** (<https://www.thennt.com/>): Quick summaries of evidence-based medicine
- **Royal College of Physicians and Surgeons of Canada resources** (<http://www.royalcollege.ca/rcsite/resources-e>)
- **STOPP** (<http://medstopper.com/>): Decision-making tool for reducing or stopping medications
- **University or provincial regulatory body libraries**
- **UpToDate** (<https://www.uptodate.com>): Clinical decision support resource





**2B.3** How does your baseline compare to current literature, guidelines, or scientific evidence on this topic?



## End of Step 2

**How much time (in hours) have you spent working on this step?**

*Respondents must complete all steps to be eligible for credit. No partial credits will be awarded.*

**EXAMPLE**

If you spent **15 minutes** working on this step, enter **0.25** in the space below.



### Step 3: Create an Improvement Plan

The first requirement of creating an improvement plan is to determine what success will look like. This may involve comparison to best practices or clinical guidelines in your chosen topic. Comparing your measures with clinical guidelines will help you identify an approximate target of what optimal values may be for your measures.

Review your measure(s) on page 10:

Review your identified information source(s) on page 12:

**3.1 Based on your comparisons with clinical guidelines or other ways you evaluate your success, what values for your measures will indicate success? How will you know when you have achieved your improvement goal(s)?**



Review your improvement goal(s) on page 7:

**3.2** Generate your improvement plan.

**Goal #1**

**Complete your action plan using the fields below.**

\*Template adapted from Agency for Healthcare Research and Quality and The Centre for Collaboration, Motivation and Innovation (CCMI) Brief Action Planning.

**Action Steps**

What needs to be done? Break down your goal(s) into a series of smaller action steps so it doesn't seem too overwhelming or difficult to achieve. This allows you to create milestones and generate a logical pathway for achieving your improvement goal(s).

**Timeline**

When should each action step be completed? Identify a reasonable timeline and consider how you will integrate this into your workday.

**TIP**

Accountability: Protect time to evaluate progress at regular intervals. Schedule time for this in your calendar. This allows for recalibration if necessary.



**Resources/Supports**

What resources are needed to complete each action step? Consider learning resources, literature review, calendar of available Continuing Professional Development events, practice-based support tools, goal completion tracking tools, reminder apps etc. Consider engaging the support of a colleague to help keep you on track.

**Potential Challenges**

What potential challenges may you encounter? How will you mitigate these challenges?

**Results**

How will you know when your improvement goal(s) have been achieved?

\*Template adapted from Agency for Healthcare Research and Quality and The Centre for Collaboration, Motivation and Innovation (CCMI) Brief Action Planning.

**+ Add another goal?**

- Yes (continue to next page)  No (proceed to page 25)



## Goal #2

### Complete your action plan using the fields below.

\*Template adapted from Agency for Healthcare Research and Quality and The Centre for Collaboration, Motivation and Innovation (CCMI) Brief Action Planning.

#### Action Steps

What needs to be done? Break down your goal(s) into a series of smaller action steps so it doesn't seem too overwhelming or difficult to achieve. This allows you to create milestones and generate a logical pathway for achieving your improvement goal(s).

#### Timeline

When should each action step be completed? Identify a reasonable timeline and consider how you will integrate this into your workday.

#### TIP

**Accountability:** Protect time to evaluate progress at regular intervals. Schedule time for this in your calendar. This allows for recalibration if necessary.



**Resources/Supports**

What resources are needed to complete each action step? Consider learning resources, literature review, calendar of available Continuing Professional Development events, practice-based support tools, goal completion tracking tools, reminder apps etc. Consider engaging the support of a colleague to help keep you on track.

**Potential Challenges**

What potential challenges may you encounter? How will you mitigate these challenges?

**Results**

How will you know when your improvement goal(s) have been achieved?

**+ Add another goal?**

- Yes (continue to next page)  No (proceed to page 25)



## Goal #3

### Complete your action plan using the fields below.

\*Template adapted from Agency for Healthcare Research and Quality and The Centre for Collaboration, Motivation and Innovation (CCMI) Brief Action Planning.

#### Action Steps

What needs to be done? Break down your goal(s) into a series of smaller action steps so it doesn't seem too overwhelming or difficult to achieve. This allows you to create milestones and generate a logical pathway for achieving your improvement goal(s).

#### Timeline

When should each action step be completed? Identify a reasonable timeline and consider how you will integrate this into your workday.

#### TIP

**Accountability:** Protect time to evaluate progress at regular intervals. Schedule time for this in your calendar. This allows for recalibration if necessary.



**Resources/Supports**

What resources are needed to complete each action step? Consider learning resources, literature review, calendar of available Continuing Professional Development events, practice-based support tools, goal completion tracking tools, reminder apps etc. Consider engaging the support of a colleague to help keep you on track.

**Potential Challenges**

What potential challenges may you encounter? How will you mitigate these challenges?

**Results**

How will you know when your improvement goal(s) have been achieved?

**+ Add another goal?**

- Yes (continue to next page)  No (proceed to page 25)



## Goal #4

### Complete your action plan using the fields below.

\*Template adapted from Agency for Healthcare Research and Quality and The Centre for Collaboration, Motivation and Innovation (CCMI) Brief Action Planning.

#### Action Steps

What needs to be done? Break down your goal(s) into a series of smaller action steps so it doesn't seem too overwhelming or difficult to achieve. This allows you to create milestones and generate a logical pathway for achieving your improvement goal(s).

#### Timeline

When should each action step be completed? Identify a reasonable timeline and consider how you will integrate this into your workday.

#### TIP

**Accountability:** Protect time to evaluate progress at regular intervals. Schedule time for this in your calendar. This allows for recalibration if necessary.



**Resources/Supports**

What resources are needed to complete each action step? Consider learning resources, literature review, calendar of available Continuing Professional Development events, practice-based support tools, goal completion tracking tools, reminder apps etc. Consider engaging the support of a colleague to help keep you on track.

**Potential Challenges**

What potential challenges may you encounter? How will you mitigate these challenges?

**Results**

How will you know when your improvement goal(s) have been achieved?

**+ Add another goal?**

- Yes (continue to next page)  No (proceed to page 25)



## Goal #5

### Complete your action plan using the fields below.

\*Template adapted from Agency for Healthcare Research and Quality and The Centre for Collaboration, Motivation and Innovation (CCMI) Brief Action Planning.

#### Action Steps

What needs to be done? Break down your goal(s) into a series of smaller action steps so it doesn't seem too overwhelming or difficult to achieve. This allows you to create milestones and generate a logical pathway for achieving your improvement goal(s).

#### Timeline

When should each action step be completed? Identify a reasonable timeline and consider how you will integrate this into your workday.

#### TIP

**Accountability:** Protect time to evaluate progress at regular intervals. Schedule time for this in your calendar. This allows for recalibration if necessary.



**Resources/Supports**

What resources are needed to complete each action step? Consider learning resources, literature review, calendar of available Continuing Professional Development events, practice-based support tools, goal completion tracking tools, reminder apps etc. Consider engaging the support of a colleague to help keep you on track.

**Potential Challenges**

What potential challenges may you encounter? How will you mitigate these challenges?

**Results**

How will you know when your improvement goal(s) have been achieved?

\*Template adapted from Agency for Healthcare Research and Quality and The Centre for Collaboration, Motivation and Innovation (CCMI) Brief Action Planning.



**3.3** Which CanMEDS roles do your goal fit under? The CanMEDS is a framework of competencies for physicians. The ultimate goal of the framework is to improve patient care and ensure training programs are responsive to societal needs. For a full description of each of these roles and the related competencies, see CanMEDS 2015.

Please select all CanMEDS roles that apply to your goal(s):

- Medical Expert**

As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician role in the CanMEDS Framework and defines the physician’s clinical scope of practice.
- Communicator**

As Communicators, physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.
- Collaborator**

As Collaborators, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.
- Leader**

As Leaders, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.
- Health Advocate**

As Health Advocates, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.
- Scholar**

As Scholars, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.
- Professional**

As Professionals, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.



**3.4** How confident do you feel about following through on your plan (on a scale from 0 to 10 with 10 being very confident)?

Consider what barriers need to be addressed? What resources do you need? What support can you get from colleagues/coaches?

**3.5** If you answered less than 7, what might you change in your plan to increase your confidence?

Evidence from Brief Action Planning literature indicates that a confidence level of more than seven (7) improves follow-through of a plan. See [White Paper](#) on Brief Action Planning from the Centre for Collaboration, Motivation and Innovation for more information.

**EXAMPLE**

Increase the timeline, break the paln down into smaller pieces, ask for help from a colleague/coach



**End of Step 3**

**How much time (in hours) have you spent working on this step?**

*Respondents must complete all steps to be eligible for credit. No partial credits will be awarded.*

**EXAMPLE**

If you spent **15 minutes** working on this step, enter **0.25** in the space below.



## Step 4: Evaluate the Implementation

This is the last step and involves reflecting on the results of your improvement plan. Gather post-implementation information using the same measure(s) you previously identified. If applicable, compare the **pre-implementation** and **post-implementation** information to assess the impact of your improvement activities.

*If you are unable to access post-implementation information, think of other ways to measure/observe the impact of your efforts.*

### TIP

You should allow ample time (6 - 12 weeks) between implementing your plan and evaluating results. This will provide a clearer picture of the effects of your improvement activities.

Review your improvement goal(s) on page 7:

Review your measure(s) on page 10:

### 4.1 Did you observe any changes in your measures?

Yes  No

#### 4.1.1 If yes, describe the changes.



**4.1.2** If no, what are some reasons why there was no change? Do you need to reconsider your improvement plan. If so, how?

**4.2** Did you encounter challenges or barriers while implementing your improvement plan?

Yes  No

**4.3** If yes, what were the challenges and how did you manage them?

Review the situation/encounter that inspired you to improve your practice on page 5:

**4.4** Has there been a change in your comfort level/confidence related to this topic?

Yes  No

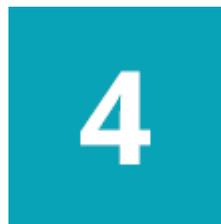
**4.5** Describe any steps you can take to further increase your comfort level/confidence.

For example, attending CPD or conducting further research on the topic, consulting with colleagues, working with a coach, increased practice.



**4.6** How will you use the results of your improvement plan to inform your practice in the future? What strategies will you use to address any areas that need further improvement? How will you overcome potential barriers?

**Describe your next steps.**



## End of Step 4

**How much time (in hours) have you spent working on this step?**

*Respondents must complete all steps to be eligible for credit. No partial credits will be awarded.*

**EXAMPLE**

If you spent **15 minutes** working on this step, enter **0.25** in the space below.



## MOC Section 3 Credits

### Total Hours

<input type="text"/>	<b>1</b>
<input type="text"/>	<b>2</b>
<input type="text"/>	<b>3</b>
<input type="text"/>	<b>4</b>

**Total Hours\*:**

**\*Please Note:** Specialist CPD eCoach is approved for up to 8.0 MOC Section 3 Self Assessment Hours

**Thank you for completing the Specialist CPD eCoach!**

### Evaluation

Please ensure you complete the [Evaluation Form](http://bit.ly/sp-ecoach-evaluation) (<http://bit.ly/sp-ecoach-evaluation>). Your feedback is invaluable in helping us improve the tool and provide physicians with opportunities to engage in reflective practice and practice improvement.

### Certification

Specialist CPD eCoach is an Accredited Self-Assessment Program (Section 3) as defined by the Maintenance of Certification Program (MOC) of the Physicians and Surgeons of Canada and has been approved by UBC CPD for up to **8.0 MOC Section 3 Self Assessment Hours**.

Once you completed the evaluation, you should be directed to a short survey to submit your name and email in order to receive your certificate of completion.

### Help

Questions or concerns? Email [ecoach.cpd@ubc.ca](mailto:ecoach.cpd@ubc.ca)