

**UNITÉ DE
SOUTIEN**

SRAP | QUÉBEC

MAKING A DIFFERENCE

CONSULTATION SESSIONS OF THE QUEBEC SUPPORT UNIT 2015

RUIS Sherbrooke

December 7 | Delta Sherbrooke Hotel

RUIS Laval

December 9 | Hôtel Alt Québec

RUIS de l'Université de Montréal

December 10 | Hôtel Gouverneur, Montreal | Morning

RUIS McGill

December 10 | Hôtel Gouverneur, Montreal | Afternoon

Patient-oriented research is defined as a continuum of research that involves patients as partners, targets priorities identified with them, and improves health outcomes that matter for patients.

It is carried out by multidisciplinary teams in partnership with the various stakeholders, and its aim is to apply the knowledge generated so that health systems and practices will be improved.

Dear participants,

Thank you for accepting our invitation to take part in this first series of consultations and discussions presented by the Methodological Unit for Support to Patient-Oriented Research in Quebec (the SUPPORT Unit, or simply, the Unit). The Unit is one of the links in the Strategy for Patient-Oriented Research of the Canadian Institutes for Health Research (CIHR), in partnership with the Ministry of Health and Social Services (MSSS) and the Fonds de recherche du Québec – Santé (FRQS). The purpose of these meetings is to launch the Unit. Our goal is to mobilize all stakeholders and to establish contact with you.

The theme of this first conference is "*Make a Difference*". Indeed, this is the ultimate goal of patient-oriented research.

Doing patient-oriented research means doing research differently. Patient-oriented research is a continuum that engages patients as partners and targets priorities that have been identified together with patients, all with the ultimate aim of applying the resulting knowledge to improve the health system and practices.

Patient-oriented research recognizes the expertise of patients, certainly, but also that of the clinicians and managers who are working in the field every day to meet population needs. Patient-oriented research also favours conducting studies in real-world practice settings and making good-quality data accessible to guide decision-making. The mission of the methodological units is to foster a change in culture and to provide guidance to researchers and other actors in the health network as this transformation unfolds. Thus, at the heart of patient-oriented research is a philosophy of co-construction of knowledge and of methodological advances to support this real-world research.

We have planned this meeting to give you plenty of opportunity to have your say, and to provide you with a foretaste of the work to be carried out by the different components of the SUPPORT Unit, but especially for you to tell us about your needs. What has to be done to increase research capacity, especially in the primary care sector—one of the Unit's priorities—in order to support service integration in Quebec? What are the strengths of your RUIS? Its potential contributions? To whom should the Unit offer its services, and how? In sum: how can the SUPPORT Unit make a difference?

In closing, I would especially like to thank all my colleagues and their teams, who make up the Quebec SPOR-SUPPORT Unit, for their contributions. I also wish to extend warm thanks to the four RUISs who responded to our invitation and agreed to support us in organizing this day.

With best wishes for a productive meeting,

Cordially yours,



Marie-Dominique Beaulieu, MD, FCMF, M.Sc.
Executive Director and Scientific Director,
Quebec SPOR SUPPORT Unit

Researchers, patients, clinicians and managers
COME AND MAKE A DIFFERENCE!

Program | Morning session

8:00	Arrival of participants, breakfast
9:00	Opening remarks, Dr. Marie-Dominique Beaulieu, Executive Director and Scientific Director, Quebec SUPPORT Unit
9:30	First discussion workshop as selected on your registration form At each workshop you will be able to learn about the services offered by the Unit and to discuss with us the needs that must be met to increase research capacity in patient-oriented research. <ul style="list-style-type: none">▪ Data access – Alain Vanasse, MD, PhD, FCMF▪ Methodological developments – Pierre Pluye, MD, PhD▪ Clinical and evaluative studies in real-world contexts – Janusz Kaczorowski, PhD▪ Research on health and social services systems, knowledge translation, and implementation – France Légaré, B.Sc. Arch, MD, PhD, CCMF, FCMF▪ Strategy for research in partnership with patients and the public – Antoine Boivin, MD, PhD & Vincent Dumez, M.Sc.
10:00	Second discussion workshop
10:30	Break
10:50	Third discussion workshop
11:20	Plenary session with component leaders
11:50	Closing remarks, Dr. Marie-Dominique Beaulieu
12:00	Closure

Objectives

After participating in this activity, you will be able to:

1. Recognize and explain the mission and objectives of the SPOR SUPPORT Unit of Quebec
2. Appreciate the value of, and issues associated with, patient partnerships in research projects
3. Identify how the SUPPORT Unit can help support your patient-oriented research activities
4. Recognize the role that each person, in their own field of expertise, can play in conducting a patient-oriented research project
5. Identify your own needs in terms of training, support and collaboration from each component of the SPOR SUPPORT Unit

Program | Afternoon session

1:00	Arrival of participants
1:30	Opening remarks, Dr. Marie-Dominique Beaulieu, Executive Director and Scientific Director, Quebec SUPPORT Unit
2:00	First discussion workshop as selected on your registration form At each workshop you will be able to learn about the services offered by the Unit and to discuss with us the needs that must be met to increase research capacity in patient-oriented research. <ul style="list-style-type: none">▪ Data access – Alain Vanasse, MD, PhD, FCMF▪ Methodological developments – Pierre Pluye, MD, PhD▪ Clinical and evaluative studies in real-world contexts – Janusz Kaczorowski, PhD▪ Research on health and social services systems, knowledge translation, and implementation – France Légaré, B.Sc. Arch, MD, PhD, CCMF, FCMF▪ Strategy for research in partnership with patients and the public – Antoine Boivin, MD, PhD & Vincent Dumez, M.Sc.
2:30	Second discussion workshop
3:00	Break
3:20	Third discussion workshop
3:50	Plenary session with component leaders
4:20	Closing remarks, Dr. Marie-Dominique Beaulieu
4:30	Cocktail
5:30	Closure

Each component of the SUPPORT unit has a specific expertise, and in these workshops each will explain to participants the type of support it can provide. Each component will guide participants in identifying the role each person can play in patient-oriented research, whether that person is a patient, clinician, researcher, manager or decision-maker.

TO MAKE A DIFFERENCE

SPOR at a glance

- SPOR is a national coalition of federal, provincial and territorial partners: patients' rights advocates, provincial health authorities, university health centres, charitable organizations, the pharmaceutical sector, etc., all committed to the integration of research results into healthcare.
- SPOR focuses on the priorities that have been established with patients. It produces, for decision-makers and healthcare providers, information to help improve healthcare treatments, policies and practices that matter to patients.
- SPOR is involved in implementing innovative diagnostic and therapeutic approaches that are aligned with needs. The aim is to ensure the right patient receives the right care at the right time.
- SPOR enables the Canadian government to collaborate with the provinces, territories and other partners to bring research-generated data directly to the intervention setting.

Support units at a glance

- Support units are locally accessible multidisciplinary nodes that bring together specialized research resources, knowledge about policies, and information about patients' perspectives. They provide the expertise required for patient-oriented research and help guide health system transformations in accordance with local health needs.
- Patients, researchers, policy makers, funding agencies, health professionals and other key players are involved in developing all aspects of a support unit, using a collaborative leadership approach. This approach ensures all the essential viewpoints are incorporated to produce changes in practice, foster the use of scientific evidence, and achieve health system sustainability.
- At the heart of each unit are six components: data platforms and services; methodological developments; research on the health system, knowledge translation, and implementation; clinical trials in real-world settings; professional development in health services methodologies and research; and consultation and research services. Cutting across all of these is another component, which is patient involvement.
- The support provided by the units can be summarized in four terms: consultation, training, guidance, and collaboration.

CAN MAKE A DIFFERENCE IN YOUR PATIENT-ORIENTED RESEARCH PROJECTS

PRESENTING THE QUEBEC SPOR-SUPPORT UNIT

Mission

To be a permanent infrastructure supporting patient-oriented research that contributes to improving health outcomes for patients and the population, by giving priority to the primary care sector of the health and social services system and to the integration of care and service trajectories for users and their families.

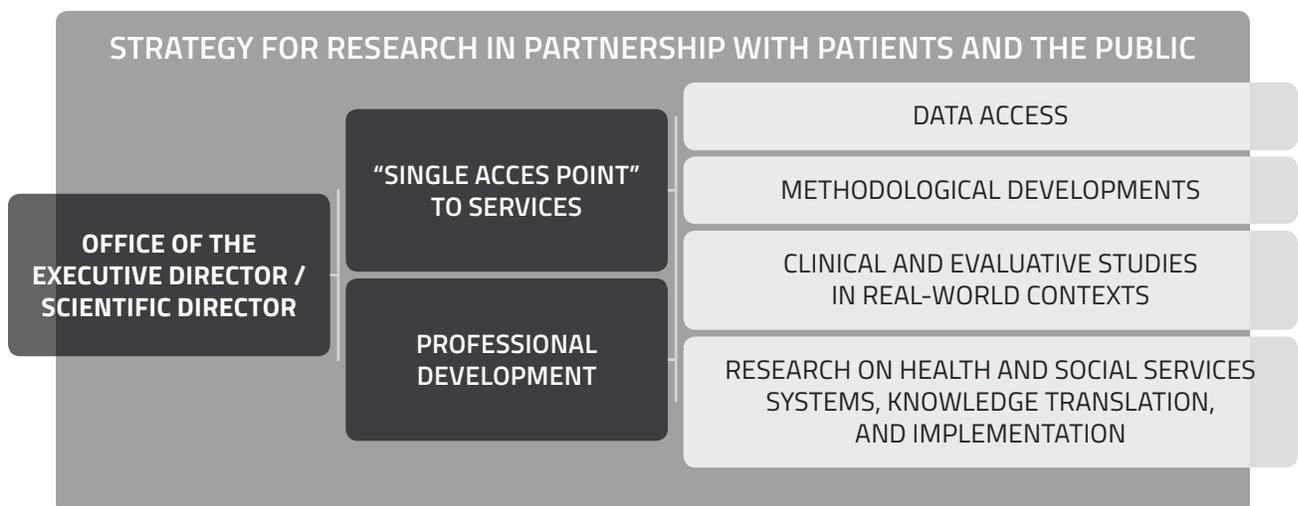
Vision

A learning health system, with a strong health and social services primary care sector, that incorporates research into care and services and that builds on the experience of users, health professionals, and managers.

Key orientations

- The Fonds de recherche Québec – Santé and the Ministry of Health and Social Services have decided on the priority target for patient-oriented research in Quebec: the improvement of primary care services organized within an integrated healthcare system. This target is aligned not only with Ministry priorities in Quebec, as confirmed by the results of several studies, but also with those of the national Strategy for Patient-Oriented Research (SPOR).
- Mental health disorders, chronic illness management and prevention, and problems associated with population aging are among the priority issues to be addressed. Priority themes include: diagnostic and treatment methods; judicious and appropriate use of resources; interprofessional collaboration; and transitions in patient care between primary care services, specialized services and hospital settings.

Configuration of the SUPPORT Unit



DATA ACCESS

Vision

Implement strategies and create infrastructures to ensure access to, and use of, enriched and clinical data in order to generate patient-oriented research and promote reflexive practice.

Objectives

- Produce a status report on data availability and access and on existing expertise in secondary data analysis in Quebec
- Facilitate the access to and use of enriched data relevant to the SPOR in Quebec, including those of the RAMQ
- Develop a critical mass in research for using databanks
- Support the use of electronic medical records (EMR) in patient-oriented research (POR)
- Establish national and international collaborations on infrastructure and/or POR projects in primary care

Services

If you are preparing a grant request or conducting a funded project, we will support you in all stages of the process of accessing provincial data or EMR data (among other things, for reflexive practice):

- **Assistance in drafting a protocol:** Description and explanation of database contents, appropriate selection of variables and/or existing data sources, project feasibility analysis, assessment of data acquisition costs and/or creation of case selection algorithms
- **Assistance in requesting authorization to receive data:** Guidance in preparing ethics evaluation requests, authorization requests from the Access to Information Commission (CAI), and requests for data from data holders
- **Assistance in gaining access to enriched data:** Acquisition of data from data-holder partners and creation of an enriched data set by means of a data matching platform
- **Assistance in using data:** Secure remote access to data and support in analyzing and interpreting results
- **Assistance in setting up a customized training program on using enriched data**
- **Assistance in setting up a centre for methodological information and meta-data**

This component is under the responsibility of Université Sherbrooke.

Director: Alain Vanasse, MD, PhD, FCMF

Assistant Director: Jean-François Éthier, MD, C.M., M.Sc.

Coordinator: Anne-Marie Cloutier, M.Sc.: Anne-Marie.Cloutier@USherbrooke.ca



Alain Vanasse, MD, PhD, FCMF

Dr. Vanasse, a professor in the Department of Family Medicine at the Université de Sherbrooke since 1999, has led the PRIMUS Research Group since 2001. His areas of interest include chronic diseases, mental health, the healthcare system and primary care, in relation to service accessibility for different populations. He directs the research program on “Care trajectories and preventable hospitalizations related to conditions conducive to ambulatory care at the CHUS”, jointly funded by the FRQS, the MSSS and the CHUS.

Based on secondary analysis of existing databases and a geomatics approach, Dr. Vanasse’s research projects are conducted from a population perspective, focusing particularly on underserved populations. He is a collaborator in several research programs on medical informatics. His research findings are of interest mainly to researchers and decision-makers concerned about improving health policies, whose long-term goal is to narrow the health services accessibility gap for different communities in Quebec and Canada.



Jean-François Éthier, MD, C.M., M.Sc.

Dr. Jean-François Éthier, a graduate in internal medicine from McGill University, is an assistant professor in the Department of Medicine–Internal Medicine Services at the Université de Sherbrooke and a doctoral candidate in epidemiology and biomedical information sciences–medical informatics at Université de Paris VI (P & M Curie). In his research, Dr. Éthier focuses on methods for achieving semantic interoperability between systems, for organizing data warehouses in the biomedical field, for comparing heterogeneous data, and for supporting part of the reasoning underlying the analysis of biomedical data and medical decision support.

Tell us about your support needs.
Collaborate in developing services to improve data access.
MAKE A DIFFERENCE.

METHODOLOGICAL DEVELOPMENTS

Vision

Respond to the needs of clients (researchers, patients, clinicians and managers) with respect to the latest methods (from methodological to technical approaches) for planning, conducting and evaluating patient-oriented research (POR).

Objectives

- Set up, with clients, an information monitoring system on high-priority POR methodologies
- Adapt and test relevant POR methodologies with clients and our partners
- Create and test new POR methodologies with clients and our partners
- Design methodological POR instruments with clients and our partners

Services

- **Methodological monitoring:** Help to share and reduce as much as possible the time and effort involved in selecting the most relevant methodological publications by and for clients and their communities
- **Adaptation and creation:** Facilitate clients' access to high-level experts (our partners) by identifying an expert in the type of methodology required and helping their assistants and students with planning, coordinating and disseminating the methodology adapted/created and tested
- **Instrumentation:** Provide clients with four diagrams (graphic description, interface diagram, typical use case, and action sequence) to define their needs

Examples of methodological developments

- Guidelines for planning, executing and evaluating participatory POR with healthcare and social services organizations
- Guidelines for combining data or results from qualitative and quantitative POR studies
- Decision support for a critical evaluation tool used in systematic reviews of POR literature
- Statistical analysis techniques to correct biases due to classification errors and missing data in POR

This component is under the responsibility of McGill University.

Director: Pierre Pluye, MD, PhD

Assistant director: Elham Rahme, PhD

Coordinator: Paula Bush, PhD: paula.bush@mcgill.ca



Pierre Pluye, MD, PhD

Full professor, Department of family medicine

Research scholars - Senior FRQS

Director, Methodological developments platform, Quebec SPOR-SUPPORT Unit

Pierre Pluye is also an Associate Member of the School of Information Studies of McGill University, the Centre for Clinical Epidemiology and Community Studies of the SMBD Jewish General Hospital, and the "Centre interuniversitaire de recherche sur la science et la technologie" of UQAM. He has worked as a General Practitioner in France, and is a specialist in Public Health and Social Medicine (PhD in Public Health & Health Promotion, Université de Montréal). He is funded by the Canadian Institutes of Health Research (CIHR) and the "Fonds de la recherche du Québec - Santé" (FRQS), professional organizations and a private foundation. He has expertise in mixed methods research and complex literature reviews (mixed studies reviews including quantitative, qualitative and mixed methods studies). His research seeks, primarily, to examine the application and effects of information acquired via electronic resources, by clinicians, patients, and consumers.



Elham Rahme, PhD

Associate Professor, Department of Medicine

Associate Member, Department of Epidemiology, Biostatistics and Occupational Health

Assistant director of the 'Experimental Therapeutics and Metabolism' program of the McGill University Health Centre Research Institute

Elham Rahme is also a member of the executive committee of the Réseau Québécois de recherche sur l'usage des médicaments and an associate leader of the Health Services Research platform of the Réseau Québécois de recherche sur le suicide, les troubles de l'humeur et les troubles associés. She holds a PhD in statistics and has extensive expertise in pharmacoepidemiology and health services research. Her research interests include the evaluation of the safety, effectiveness, and economic implications of prescribed medications. She has conducted population-based studies on the utilization, adverse events, and cost of NSAIDs; risks and benefits of extended outpatient anticoagulant use following total hip and knee arthroplasty; home care following hospital discharge from hemiarthroplasty; use of serotonin re-uptake inhibitors in association with suicide; rate of infection in patients undergoing dialysis; estimation of the prevalence of diagnosed and undiagnosed diabetes in Quebec; utilisation, safety and cost of anti-TNF-alpha drugs; and assessment and development of biostatistical methods for pharmacoepidemiology research.

Tell us about your support needs.

Contribute to satisfying the needs for cutting-edge methodologies.

MAKE A DIFFERENCE.

CLINICAL AND EVALUATIVE STUDIES IN REAL-WORLD CONTEXTS

Vision

Facilitate and support studies conducted in the primary care context, as well as in the area of continuum of care, that meet the highest scientific and ethical standards. This mission will be operationalized by bringing together the expertise available in Quebec, developing capacity in areas where expertise is lacking, and making a tool kit available to the community of researchers and research partners.

Objectives

- Develop an offer for scientific collaboration centred around protocol development, operationalization and execution of pragmatic trials
- Develop and adapt shared tools that represent best practices for patient-oriented research in primary care and address the issues associated with clinical trials in real-world contexts
- Develop an offer for training activities regarding pragmatic trials to be offered to students and resident fellows of the SUPPORT Unit

Services

- For preparing a grant request:
Training on pragmatic trials, access to relevant references, support in the development of grant proposals, and support in the preparation of protocols
- For carrying out a funded project:
Statistical, pharmaco-epidemiological, and bioinformatics support, and support for data collection and processing

This component is under the responsibility of Université de Montréal.

Director: Janusz Kaczorowski, PhD

Assistant director: Benoit Mâsse, PhD

Coordinator: Martine Fournier, M.Sc.: martine.fournier.chum@ssss.gouv.qc.ca



Janusz Kaczorowski, PhD

Janusz Kaczorowski is a medical sociologist with research background in family medicine, epidemiology, psychology, and sociology. He is Professor and Research Director in the Department of Family and Emergency Medicine at the Université de Montréal. He is a holder of the Dr. Sadok Besroul Chair in Family Medicine and the GlaxoSmithKline-CIHR Chair in Optimal Management of Chronic Disease. He directs the Evaluation, Health Care Systems and Services research theme at CRCHUM research center.

He plays leadership roles in hypertension, stroke and primary care research communities in Canada. He has an active, collaborative and multi-disciplinary research agenda that includes optimal use of therapeutics in primary care, primary prevention of cardiovascular disease and stroke, knowledge transfer, health services research and population health.

He has over 20 years experience in developing, coordinating, and completing all aspects of research studies in primary care. He has held a number of large grants both as principal investigator and co-investigator and has co-authored over 200 peer-reviewed articles.



Benoît Mâsse, PhD

Benoît Mâsse is an associate professor of biostatistics at the University of Montreal School of Public Health. He directs the Applied Clinical Research Unit at CHU Sainte-Justine and is also an associate researcher with the Fred Hutchinson Cancer Research Center (Seattle, WA). Before coming to CHU Sainte-Justine and the University of Montreal in 2010, he was a senior biostatistician with the NIH HIV Prevention Trials Network (HPTN). In collaboration with Dr. Myron Cohen, he developed the innovative design for the HPTN 052 Study in the early 2000s. This international study indicated for the first time that it was possible to considerably lower the risks of HIV transmission in heterosexual serodiscordant couples by using an antiretroviral combination therapy. The results of this study became the turning point in the global fight against HIV/AIDS. In 2011, the journal *Science* named this study as the scientific discovery of the year. He published the innovative design of this study in *Contemporary Clinical Trials* in 2012. Over the years he has acquired extensive expertise in designing, conducting and analyzing multicentre studies, both national and international, particularly in numerous African, Asian, and South American countries. In the past two decades, Dr. Mâsse has obtained more than \$60 million in research grants for over 65 clinical and epidemiological studies. He has published more than 125 articles in peer-reviewed scientific journals.

Tell us about your support needs.
**Collaborate in developing services to implement pragmatic trials
on primary care and the continuum of care.**
MAKE A DIFFERENCE.

RESEARCH ON HEALTH AND SOCIAL SERVICES SYSTEMS, KNOWLEDGE TRANSLATION, AND IMPLEMENTATION

Vision

Identify, design and implement effective knowledge translation strategies for patient-oriented research and apply the knowledge coming out of that research. Give stakeholders (patients, clinicians, managers, decision-makers and researchers) the skills needed to produce knowledge and apply it throughout the network in Quebec's health and social services system.

Objectives

- Identify the resources available for knowledge synthesis and translation in Quebec's health and social services sector and determine the needs
- Identify and disseminate effective knowledge translation strategies and tools for patient-oriented research
- Support the development of expertise and research on knowledge synthesis and translation
- Support the involvement of decision-makers, clinicians and patient research partners in knowledge synthesis and translation
- Explore additional services in terms of research on health and social services systems
- Contribute to the pan-Canadian networking of researchers at different levels conducting research on health and social services

Services

- Guidance on involving a decision-maker, clinician and/or patient in a patient-oriented research project
- Support for the development of a knowledge translation protocol
- Identification of effective strategies for implementing knowledge tools
- Guidance on the design and implementation of a knowledge translation project
- Support for the process of designing and conducting a systematic review and meta-analysis
- Customized individual training programs in knowledge synthesis and translation

This component is under the responsibility of Université Laval.

Director: France Légaré, B.Sc. Arch, MD, PhD, CCMF, FCMF

Coordinator: Hervé Tchala Vignon Zomahoun, M.Sc., PhD candidate:
Herve.Zomahoun@crchudequebec.ulaval.ca



France Légaré, B.Sc. Arch, MD, PhD, CCFP, FCFP

France Légaré obtained a Master's in community health from Université Laval under the co-supervision of professor emeritus Gaston Godin and Dr. Sylvie Dodin, and a PhD in population health from the University of Ottawa under the supervision of professor emeritus Annette O'Connor. A family physician since 1990, Dr. Légaré is a professor in the Department of Family Medicine and Emergency Medicine at Université Laval and holds the Canada Research Chair in Implementation of Shared Decision Making in Primary Care. In 2005, with the support of two Canada Foundation for Innovation (CFI) grants, she headed up the creation of the first research laboratory in primary care practice (PBRN – practice-based research network) devoted to the implementation of shared decision making in clinical practice. Since 2011, she has been Director of the research sector of the Department of Family Medicine and Emergency Medicine at Université Laval. She has been involved in the Cochrane Collaboration since 1999. She has been awarded the titles of Family Medicine Researcher of the Year, from the College of Family Physicians of Canada (2011); Shared Decision Making Champion, from the Informed Medical Decisions Foundation (2014); and Pioneer of Family Medicine Research, from the College of Family Physicians of Canada (2015).

Tell us about your support needs.

Collaborate in optimizing existing knowledge translation resources.

MAKE A DIFFERENCE.

STRATEGY FOR RESEARCH IN PARTNERSHIP WITH PATIENTS AND THE PUBLIC

Vision

The aim of the Strategy for Research in Partnership with Patients and the Public is to develop a pole of expertise on the entire Quebec territory, by relying on the four RUIs of Quebec for patient-partner research methodologies, but also by working with other members of the public, including family caregivers, citizens, and community members.

Objectives

The overall objective of the Strategy is to support partnerships with patients and the public in health and social services research in Quebec.

The specific objectives are to:

- Create an enduring infrastructure to support research conducted in partnership with patients and the public across the entire territory of Quebec
- Develop capacities in the 4 RUIs of Quebec for research conducted in partnership
- Support the development of methodologies for research conducted in partnership

Activities to support partnership-based research

- Support the development of an expert-advisory network through various activities
- Offer mobilization and pairing activities that would involve patients, community representatives and citizens interested in working together collaboratively
- Provide training and guidance aimed at developing capacities for collaboration in all the partners, including researchers, managers, patients, and members of the public
- Contribute to the development of activities to evaluate research conducted in partnership

The Strategy for Research in Partnership with Patients and the Public is a cross-sectoral team of experts under the responsibility of the Office of the Executive Director and Scientific Director of the SUPPORT Unit.

Co-lead: Antoine Boivin, MD, PhD, assistant professor, Department of Family Medicine and Emergency Medicine, Faculty of Medicine, University of Montreal

Co-lead: Vincent Dumez, M.Sc., co-director of the Department of Patient Collaboration and Partnership of the Faculty of Medicine, Université de Montréal

Coordinator: Baptiste Godrie, PhD: baptiste.godrie@umontreal.ca



Antoine Boivin, MD, PhD

Antoine Boivin is an assistant professor in the Department of Family Medicine at the University of Montreal, a family physician at the CHUM Family Medicine Unit, and a researcher at the University of Montreal Public Health Research Institute (IRSPUM) and the University of Montreal Hospital Research Centre (CRCHUM). He has a master's degree in health services research from the London School of Hygiene and Tropical Medicine (U.K.) and a PhD in medical sciences from Radboud University Nijmegen (The Netherlands). He was recently appointed holder of the Canada Research Chair on Patient and Public Partnership (2016-2021).

Dr. Boivin's research program focuses on involving patients and the public in the organization of services, the development of public policies, and research. In particular, he directed the first randomized clinical trial on patient involvement in developing priorities for improving chronic illness care. With Vincent Dumez, he is co-lead of the Quebec SUPPORT Unit's Strategy for Research in Partnership with Patients and the Public.



Vincent Dumez, M.Sc.

Mr. Vincent Dumez holds a finance degree and a master in science of management from Montreal's international business school Hautes Études Commerciales (HEC). Up until 2010, Mr. Dumez was an associate in one of Montreal's most influential consulting firm where he acted as a senior strategic consultant.

Suffering from severe chronic diseases for more than three decades, M. Dumez has been actively involved in the thinking and the promotion of the 'patient partner' concept at Montreal University.

Mr. Dumez is now co-director with Dr. Paule Lebel of a larger faculty unit, which integrates inter professional collaboration and patient partnership competencies development.

Tell us about your support needs.

Collaborate in creating a real partnership-based research environment.

MAKE A DIFFERENCE.

Libelle accreditation

The Director, Continuing Professional Development (DPC) Office of the Faculty of Medicine of the University of Montreal is fully accredited by the Association of Faculties of Medicine of Canada (AFMC) and from the Quebec College of Physicians.

This activity, approved by the Director, Continuing Professional Development (CDP) Office of the Faculty of medicine of the University of Montreal, is an Accredited Group Learning Activity under Section 1, as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada for a maximum of 3 hours.

This program meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited by the University of Montreal for up to 3 Mainpro-M1 credits.

For all other participating professionals, this program provides a certificate of participation of 3 hours. Participants must claim the number of hours according to their participation.



Quebec SPOR SUPPORT Unit

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