

# Five-Weekend Care of the Elderly Certificate Course

## *Continuing professional development activity for family physicians*

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### Abstract

**Problem addressed** Primary care practitioners have unique clinical challenges in caring for elderly patients and require educational courses that are specifically designed for their needs in caring for this patient population.

**Objective of program** To improve family physicians' knowledge of and confidence in managing common geriatric problems.

**Program description** The accredited course curriculum is delivered on 5 weekends over approximately 6 months. Each weekend focuses on a different theme including cognitive impairment, gait disorders, mental health and pain management, geriatric medical problems, and failure to thrive. Participants complete written assignments between weekend sessions, which involve self-reflection on how the new knowledge and skills gained through the course will be incorporated in the management of elderly patients in their practices.

**Conclusion** The 5-Weekend Care of the Elderly Certificate Course is an accredited continuing professional development program for primary care practitioners. Preliminary evaluation suggests improvement in participants' self-rated knowledge of and confidence in managing geriatric problems. Qualitative data show positive changes in clinical practice.

### EDITOR'S KEY POINTS

- The 5-Weekend Care of the Elderly Certificate Course was developed by family physicians for family physicians with the aim of creating a curriculum that specifically addressed the geriatric care learning needs of primary care practitioners. Having family physicians lead the teaching provides primary care role models with whom physicians can identify.
- The course offers a comprehensive approach to primary clinical care of elderly patients. Knowledge gained from this course can be used in a variety of settings, including outpatient clinics, inpatient units, long-term care facilities, and housecall visits.
- Preliminary evaluation of the course demonstrated improvement in participants' self-rated knowledge of and confidence in managing common geriatric problems. Qualitative data also showed positive changes in participants' provision of geriatric care.

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# Un cours accrédité de cinq fins de semaine sur les soins aux personnes âgées

*Une activité de formation continue à l'intention des médecins de famille*

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## Résumé

**Problème à l'étude** Les médecins de première ligne qui traitent des personnes âgées font face à des défis cliniques particuliers; ils ont besoin d'une formation spécifique pour combler leurs besoins dans ce domaine.

**Objectif du programme** Améliorer les connaissances et la confiance des médecins de famille qui traitent des problèmes gériatriques courants.

**Description du programme** Le contenu de ce cours accrédité se donne en 5 fins de semaine sur une période d'environ 6 mois. Chaque fin de semaine couvre un thème différent : déficit cognitif; trouble de la démarche; traitement de la douleur et des troubles mentaux; problèmes gériatriques médicaux; et perte d'autonomie. Les participants devaient rédiger un travail entre chacune des fins de semaines pour préciser ce qu'ils pensaient de la façon dont les connaissances et habilités acquises seraient incorporées dans le traitement des personnes âgées.

**Conclusion** Ce cours accrédité sur les soins aux personnes âgées, qui se donne en 5 fins de semaine, est un programme de formation continue à l'intention des médecins de première ligne. Une évaluation préliminaire permet de croire en une amélioration des connaissances et de la confiance que les étudiants croyaient avoir à l'égard de la gestion des problèmes gériatriques. Des données qualitatives indiquent aussi des changements positifs dans leur pratique.

### POINTS DE REPÈRE DU RÉDACTEUR

- Ce cours accrédité de 5 fins de semaine sur les soins aux personnes âgées a été créé par des médecins de famille pour des médecins de famille afin de leur offrir une occasion de combler leurs besoins dans ce domaine. Les médecins de famille qui sont responsables de l'enseignement sont des modèles de rôle en soins primaires, auxquels les médecins de première ligne peuvent s'identifier.
- Ce cours est une revue détaillée des soins primaires à donner aux patients âgés. Les connaissances acquises grâce à ce cours peuvent servir dans divers contextes de pratique, p. ex. les cliniques externes, départements hospitaliers, centres d'hébergement pour soins de longue durée et visites à domicile.
- Lors d'une évaluation préliminaire, les participants ont dit avoir amélioré leurs connaissances et être plus confiants pour traiter les problèmes gériatriques habituels. Certaines données qualitatives indiquaient aussi des changements positifs dans leur façon de traiter les patients âgés.

Cet article a fait l'objet d'une révision par des pairs. *Can Fam Physician* 2015;61:e135-41

Within the next few years in Canada, for the first time ever, seniors aged 65 years and older are expected to outnumber children aged 14 years and younger.<sup>1</sup> Seniors already account for approximately half of all outpatient visits to physicians.<sup>2</sup> Most geriatric care in Canada is provided by generalist family physicians and this is likely to continue given the relatively few physicians specializing in geriatric medicine. A review of geriatric specialists in 2009 showed that there were only 211 internist geriatricians certified with the Royal College of Physicians and Surgeons of Canada and 130 family physicians with the care of the elderly designation.<sup>3</sup> Primary care physicians have expressed difficulty caring for elderly patients owing to factors such as lack of exposure to geriatric medicine training, inexperience, and excessive amounts of time required to manage care.<sup>4</sup> Research on geriatric continuing medical education (CME) needs was completed in 1996 by Pereles and Russell who interviewed family physicians in Calgary, Alta.<sup>5</sup> Family physicians in this study identified geriatric CME needs in medical management, medications in the elderly, and mental health issues. Elderly patients of the studied family physicians also identified CME needs dealing with process-of-care issues such as time management, interviewing skills, and communication skills.<sup>6,7</sup>

A literature review on CME in geriatrics was completed searching Ovid MEDLINE from 1946 to 2012, using the medical subject headings of *family physicians*, *nurse practitioners*, *continuing education*, *program development*, *care of the elderly*, and *geriatrics*. Of the 107 articles found, 22 discussed postgraduate education curriculums in residency training programs rather than CME for practising clinicians. Of those articles pertaining to CME for family physicians, practice-based small group learning was shown to be an effective teaching format.<sup>8,9</sup> There are other CME courses for family physicians that have been reviewed and that have shown benefit; however, these courses were on specific topics such as palliative care, opioid use, and dementia management.<sup>10,11</sup> Previous longitudinal learning experiences for family physicians, specifically 5-weekend programs, have also been described, but these articles did not pertain to geriatric medicine education.<sup>12,13</sup>

To address the educational needs of family physicians caring for an aging population, a continuing professional development activity was created with the endorsement of the Department of Family and Community Medicine at the University of Toronto in Ontario, the Ontario College of Family Physicians, and the Canadian Geriatrics Society. Knowledge of and skills in geriatric care that were believed to be necessary for primary care practitioners were identified based on the expert opinion of family physicians with a special interest in care of the

elderly and guided the development of a curriculum that was based on the style of a 5-weekend program.

The goal of the course was to increase knowledge of and confidence in managing common geriatric medical conditions.

### Program description

The 5-weekend-program style originated in business schools for their leaders to develop on-the-job skills. This was later adapted in the mid-1990s by the University of Toronto Department of Family and Community Medicine to train academic family physician leaders.<sup>12,13</sup> This longitudinal teaching format takes place on 5 weekends over the course of 6 months, allowing practising physicians to attend with minimal disturbance to their week-day clinical duties.

The leads for each weekend are all practising family physicians with special interest or additional training in care of the elderly. Each weekend has a theme (**Figure 1**) and together the weekend workshops provide a comprehensive, generalist approach to managing elderly patients in most clinical settings.

To promote the course, an electronic flyer was sent out to those on the Ontario College of Family Physicians membership mailing list, and it was also advertised on the Canadian Geriatrics Society and the College of Family Physicians of Canada (Health Care of the Elderly Committee section) websites. Since its inception in 2011, the course, which takes place in Toronto, has had 20 to 28 participants each year, for a total of 96; 58 family physicians, 27 nurse practitioners, and 11 family medicine resident or fellow trainees. Most participants have been from outside the greater Toronto area, including out-of-province family physicians, specifically Alberta (3), Nova Scotia (3), and Saskatchewan (1).

On the first day, participants are introduced to one another and encouraged to share e-mail addresses. To facilitate networking opportunities, a cocktail reception for all the participants and faculty is held at a nearby hotel at the end of the first day.

The course agenda consists of didactic lectures and case-based small group learning opportunities involving 4 or 5 participants. Tables in the room are

**Figure 1. Agenda of the 5-Weekend Care of the Elderly Certificate Course**

- Weekend 1:** Diagnosis and management of mild cognitive impairment and dementia
- Weekend 2:** Approach to physically frail elderly patients with falls
- Weekend 3:** Mental health and chronic pain management
- Weekend 4:** Management of common medical problems in the elderly
- Weekend 5:** Mental health and chronic pain management

arranged to facilitate small group activities. At the end of the weekend, there is a take-home 500-word writing assignment in which participants are asked to reflect on clinical challenges they have encountered and explain how the material presented in the course will affect the care they provide in the future. These assignments are sent via e-mail to both the program director and to the lead of each weekend class at least 1 week before the next weekend class; participants then receive an e-mail communication consisting of feedback and further guidance. Sometimes this feedback includes suggestions for improvement and other times it results in consultation with other expert or content speakers in the course. At the beginning of the next weekend class, a debriefing session (approximately 90 minutes) occurs in which the assignments are discussed with the entire group. The lead physician facilitates this discussion to ensure all important learning points are covered.

Ethics approval was obtained from the University Health Network Research Ethics Board in December of 2012 to evaluate the effects of the program on the 2013 class (24 participants [9 family physicians, 11 nurse practitioners, and 4 family practice trainees], 21 of whom consented to the research study). This included a blinding protocol so that the course director and leads were not aware of participants' decisions to participate in this study. This study followed a mixed-methods study design,<sup>14</sup> in

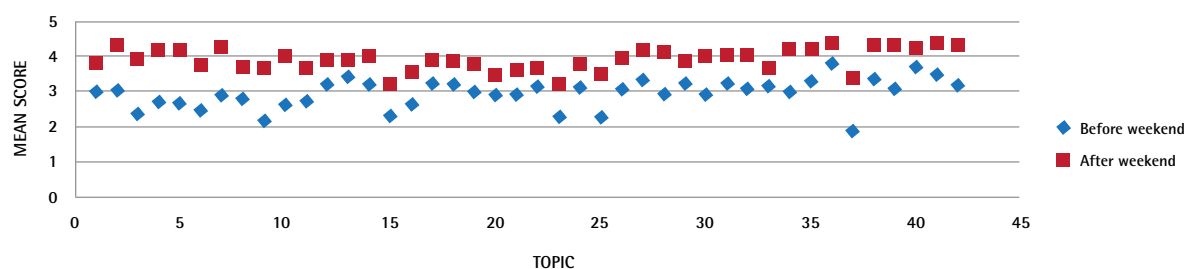
which quantitative data were collected through a Web-based program (SurveyMonkey) after each weekend, and qualitative data were collected through written reflection on how the course resulted in a change of clinical practice leading to a higher standard of care.

The retrospective "post-then-pre" questionnaires<sup>15</sup> asked participants to rate their knowledge of and confidence in managing the 42 geriatric topics presented in the course, both before and after each weekend, on a scale of 1 to 5. A Wilcoxon signed rank test comparing the before and after measurements demonstrated that the results were statistically significant for all but 1 of the 42 topics. This might have been influenced by the fact that only a small number of participants answered that particular question. **Figures 2 and 3** present increased mean self-rated scores on knowledge of and confidence in all of the 42 topics as measured by this questionnaire using this scale. The improvement in mean scores for all 42 topics suggests a favourable trend toward increased knowledge and confidence based on self-report. Our findings of increased confidence could represent a measure of self-efficacy as shown by Bandura.<sup>16</sup>

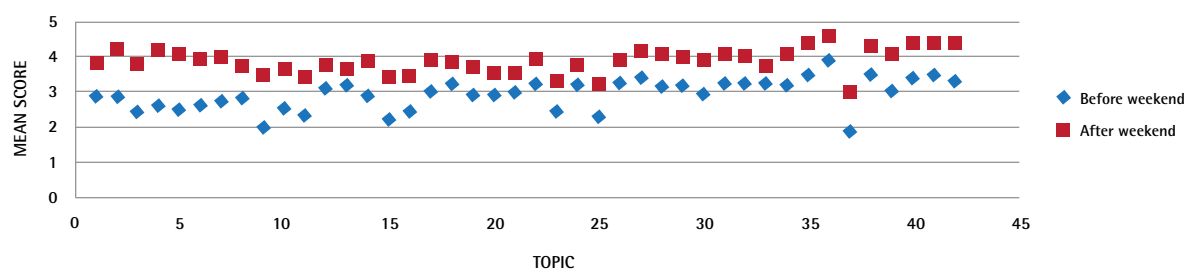
## Effects of the course

For the final weekend assignment, participants are asked to reflect on how the course has initiated a change in clinical practice that will lead to a higher standard of care.

**Figure 2. Questionnaire results of participants' self-rated knowledge of all 42 topics: Mean retrospective scores on a scale of 1 to 5 before and after the weekend course.**



**Figure 3. Questionnaire results of participants' self-rated confidence in all 42 topics: Mean retrospective scores on a scale of 1 to 5 before and after the weekend course.**



One of the authors (S.M.) used qualitative methods to analyze participants' final assignments to determine common themes. This was accomplished by categorizing statements and extracting the main themes using the constant comparative method.<sup>17</sup> These themes were quantified,<sup>18,19</sup> and 4 broad themes were revealed (**Table 1**).

**New knowledge gained.** Many participants mentioned that by taking this course, they not only gained new knowledge about certain conditions, but they also learned *how* to actually manage the conditions. Also, they reported that the course material served to address gaps in their knowledge or consolidated their existing knowledge on topics related to geriatric care.

**Improved confidence in the ability to deliver geriatric care.** Participants described overall greater confidence in delivering and managing geriatric care. Participants also described greater comfort in broaching sensitive but important topics (eg, driving capacity in dementia) so that they, as well as their patients, felt more comfortable. Participants believed they were better able to stay on track with relevant issues during the course of the clinical encounter and less likely to overlook important issues and concerns.

**Specific changes adopted in practice.** Participants mentioned a number of changes that they would adopt in geriatric care practice as a result of this course. These changes include the use of various tools (eg, Centre for Family Medicine Memory Clinic Brain Map, Montreal Cognitive Assessment, Timed Up and Go test, Elder Abuse Suspicion Index, tests for weight loss) and procedures, particularly joint injections and pessary insertions. Also, participants mentioned replacing old practices with new ones. Furthermore, participants expressed how they would not only adopt these changes into their own practices, but would also share these practices with colleagues.

**Reinforced positive attitudes toward care of the elderly.** Participants recognized the need for serving an ever increasing geriatric patient population and how this course equipped and prepared non-specialist primary care practitioners with the right tools to serve this growing need. As a result, participants described the course as being comprehensive, relevant, and applicable to their own practices, and expressed feelings of gratitude toward the course leads.

## Discussion

The 5-Weekend Care of the Elderly Certificate Course

**Table 1. Main themes that were extracted from participants' statements about the course**

THEME	SAMPLE STATEMENTS
New knowledge gained	<p>"The [course] helped me improve my knowledge regarding the assessment, diagnosis, and treatment of Parkinson's, which has been very helpful for me. I recently saw a patient who was exhibiting signs of PD. I was happy to have a guide to help me through the diagnosis and [provide] suggestions regarding treatment with [carbidopa-levodopa] to send to his primary care provider"</p> <p>"Even though I had some knowledge about recognizing early signs of cognitive impairments as I often saw this in my clients in the secondary stroke prevention clinic, I could not really say that I knew how to manage the conditions. I now know how to safely increase the dose and monitor the side effects"</p>
Improved confidence in the ability to deliver geriatric care	<p>"This course increased my confidence in all aspects of caring for geriatric patients. Through experience and this course, I feel that I can provide excellent care to my geriatric patients. I also feel much more comfortable acting in a consulting-type role with primary care providers in our FHT after attending this course"</p> <p>"Driving capacity in the elder [patients] can be a very complex issue to deal with. While our main goal with respect to the elderly functional capacity is to maintain independence, we cannot allow it [driving] when it poses a threat to others. However, we learned a way to present this to the client in a way that provides them with a choice to retire driving versus being threatened [with] having it revoked"</p>
Specific changes adopted in practice	<p>"I have certainly made changes in my residents' blood sugar monitoring and medication to allow more liberal blood sugar values and avoid unrecognized episodes of hypoglycemia. I have shared the goal of blood sugar values with regulated staff in long-term care so they are aware of the rationale and [the] targets to be achieved in the elderly"</p>
Reinforced positive attitudes toward care of the elderly	<p>"I feel fortunate to have been able to participate, and feel that the experience has stimulated me to continue to learn and grow"</p> <p>"The topics are very relevant. The presenters [were] very skilled, dedicated, and delivered the material in a most thoughtful way"</p> <p>"In a sense, the weekend course was a perfect microcosm of my entire [fellowship] year. If I were to distil from my fellowship the most valuable knowledge gained, skills learned, attitudes adopted, and behaviours practised, I would end up with the weekend course"</p>

FHT—family health team, PD—Parkinson disease.



was developed by family physicians for family physicians with the aim of creating a curriculum that specifically addressed the geriatric care learning needs of primary care practitioners. Having family physicians lead the teaching provided primary care role models with whom the participants could identify. While most geriatric CME activities for family physicians have focused on specific topics, the 5-Weekend Care of the Elderly Certificate Course offers a comprehensive approach to primary clinical care of elderly patients. Knowledge gained from this course can be used in a variety of settings, including outpatient clinics, inpatient units, long-term care facilities, and housecall visits.

Data from the self-rated knowledge and confidence questionnaires demonstrate an improvement when comparing the mean scores before and after participating in each weekend session. The qualitative findings complement the questionnaire results in that they indicate positive specific effects of the course on participants' provision of geriatric care.

A strength of the 5-Weekend Care of the Elderly Certificate Course is the longitudinal structure and comprehensiveness of the course over 5 weekends, with face-to-face contact with the same familiar group of participants. According to Davis and colleagues, educational events that have multiple sessions have been demonstrated to be more effective than single episodic events.<sup>20</sup>

Davis et al describe the types of CME interventions that are most effective at changing physician performance and patient health outcomes.<sup>21</sup> Ineffective interventions include those classified as merely predisposing (didactic or passive presentation of material). More effective interventions are classified as enabling or facilitating and include patient case discussions, allowing for rehearsal of clinical management skills. The 5-Weekend Care of the Elderly Certificate Course incorporates small group interactivity, with discussion of patient cases, which has previously been shown to be effective in practice-based small group learning in CME.<sup>8,9</sup> Putting participants into groups of 4 or 5 allows them to intimately share their experiences and crystallize their own opinions about complex issues. Research on adult learning has shown that mature learners are self-directed and motivated by internal drives rather than external ones.<sup>22</sup> Because of this, much independence is given to the participants with regard to their choice of homework assignment topics. The homework assignments allow enough freedom for the participants to attempt to learn what they want to learn. The homework assignments contained guiding questions that encouraged reflection on complex cases that participants needed to sort out in their own minds. The outline also highlights that by completing the assignments of this College of Family Physicians of Canada Mainpro-C approved course, participants get continuing professional

development credit for the time taken to do some deep self-reflecting about personal clinical weaknesses.

### Limitations


Limitations of this course include the difficulty for participants to travel to Toronto. While an online educational format is possible, the interactivity of small group learning would be difficult to achieve. The small group interactivity was a highly valued aspect of this course. Our program committee has been approached to attempt duplication of this program in other provinces with the suggestion that local family medicine faculty members be involved.

For the homework assignments, participants are required to provide a written reflection on their own clinical experiences and describe how the care they provide might be improved by what they learned in the course. This exercise requires some training with respect to expectations of the assignments, and this was found to be a limiting factor. Some of the submitted homework assignments were merely descriptions of complex patient cases with limited self-reflection into aspects of care that might be improved. Further explanation of the self-reflection exercise and its purpose needs to be provided to participants in future courses.

The self-rated responses of improved knowledge and confidence might not be an accurate measure of effects on physician performance, as there is mounting evidence that physicians are not very good at self-assessment.<sup>23,24</sup> More objective ways of assessing the effects on physician performance, such as a chart audit, could be attempted in the future.

Finally, this course did not address interviewing or communication skills. This is an identified area of need for family physicians,<sup>6,7</sup> which might be addressed in future courses.

### Conclusion

The 5-Weekend Care of the Elderly Certificate Course is a unique, accredited, and comprehensive continuing professional development program for primary care practitioners that addresses the learning needs encountered in the primary care setting. The program was created for family physicians by family physicians with special interest in care of the elderly. Preliminary evaluation has been favourable, demonstrating improvement in participants' self-rated knowledge of and confidence in managing common geriatric problems. Qualitative data also show positive changes in participants' provision of geriatric care. 

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#### Contributors

All authors contributed to the concept and design of the program; data gathering, analysis, and interpretation; and preparing the manuscript for submission.

#### Competing interests

None declared

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