



Postgraduate Medical Education
UNIVERSITY OF TORONTO

July 1, 2011- June 30, 2012



Annual Report

Salvatore M. Spadafora MD, FRCPC, MHPE
Vice Dean, Postgraduate Medical Education

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Message from the Vice Dean

These are exciting times for the Faculty of Medicine at the University of Toronto and PGME is proud to be part of this learning and teaching enterprise. In 2011-12 we have continued our success at keeping the University of Toronto and our affiliated teaching sites at the forefront of excellence in teaching and research for a record high of 3,185 registered fellows and residents.

PGME at U of T not only continues to expand enrolment but has also added new residency programs with three newly accredited psychiatry subspecialty programs and a new PGY1 entry Vascular Surgery program. We are continuing as part of our expansion of RCPSC programs, we are working with hospitals, clinical departments and program directors to invest over \$2.8M in infrastructure to support our expansion of 26 new entry positions over the next three years.

PGME is building on many of the educational innovations implemented in previous years with the launch of CIPCorEd and two additional PGCorED modules. The Office of Resident Wellness expanded its trainee support through collaborations with programs and with colleagues across the Faculty of Medicine. Our Office has also been instrumental in the implementation of the T-IME preceptor payment system led by the Office of Integrated Medical Education (OIME). PGME is collaborating with UGME and our hospital partners in developing a new reporting system to capture the volume of medical trainee day activity at both full and community affiliates for reporting to the MOHLTC. This initiative is expected to significantly reduce the reporting burden on hospitals and enhance accuracy and accountability.

2011-12 also saw the culmination of the Future of Medical Education in Canada for postgraduate medical education (FMEC PG) project with a public launch of the final report at the end of March. The project, led by the University of Toronto, the University of British Columbia and McGill University, was commissioned by a consortium comprised of The Association of Faculties of Medicine of Canada (AFMC), the College of Family Physicians of Canada (CFPC), le Collège des médecins du Québec (CMQ) and the Royal College of Physicians and Surgeons of Canada (RCPSC). It consisted of a comprehensive environmental scan and multiple liaisons including stakeholder groups in the pan-Canadian PGME community and the public, to identify issues, concerns, priorities and successes relevant to the FMEC PG Project in the stakeholders' respective contexts.

The PGME Office hosted the Program Director Appreciation Night on March 7, 2012. This well-attended annual event allows us to formally recognize the contribution of our outgoing Program Directors through the presentation of certificates of appreciation and promote awareness of the collective achievement of all Program Directors in our shared educational enterprise. In addition, we held our first Appreciation Day for postgraduate program administrators on March 1, 2012 in recognition of their hard work and dedication. The agenda included updates on PGCorEd, the T-IME preceptor payment system, POWER best practices, and a guest talk on communicating with the upcoming generation of doctors. The event helped to facilitate networking and information-sharing among administrators across programs and departments.



At the start of this academic year, the PGME office began the process of renewing our strategic focus in light of a new environment for medical education at the University of Toronto. Many individuals have contributed to the development of the PGME Strategic plan, which will guide us through the next 5 years, through individual interviews, focus groups, surveys and a Town Hall meeting. This participation has provided useful feedback about the work of the PGME office and postgraduate medical education at the University of Toronto. I look forward to sharing the Plan upon its completion in the Fall of 2012.

I would like to thank all of the staff on the PGME team for their contributions to this impressive year, as well as those individuals who contributed to this report. The experience, dedication and enthusiasm of the PGME staff, program directors, trainees and academics, position us well to continue to be a leader and partner in advancing medical education.



Salvatore M. Spadafora MD, FRCPC, MHPE
Vice Dean, Postgraduate Medical Education
University of Toronto

Message from the Associate Dean

I have just completed my first year as Associate Dean of Admissions and Evaluation in the PGME Office and, although I was paying attention, it certainly has gone by in the blink of the proverbial eye!

Although not unfamiliar with the faculty members and staff at our training sites, it has been exciting meeting and working with colleagues in a diversity of roles this year. There is no shortage of interest and willingness to participate in our academic medicine activities.

The Best Practices in Teacher Assessment (BPTA) report was prepared in 2010 by a working group of faculty and PGME staff. Recommendations were aimed at better design of teacher evaluation forms to elicit more meaningful feedback. The recommendations from that report are now being implemented along with the development of modified forms, and results of our efforts were presented in three abstracts at the national CCME conference in Banff in April 2012.

New evaluation criteria were implemented to standardize resident evaluation across programs, and a statement delineating data confidentiality was also introduced in the POWER system this year. In addition, a clerkship evaluation-of-resident teaching was developed to provide feedback to our postgrad learners in their teaching/scholarly role.

The Portfolio working group which I chaired this year developed principles for the deployment of this resource by Program Directors and learners to record their experiences in a secure, on-line format. The re-development of the case logs feature in POWER is also underway, providing programs with an electronic inventory of clinical activity and procedures. Competency based assessment has been introduced on a limited basis in our Faculty. Orthopedic Surgery has led the way in this area and we had the privilege of co-hosting Dr. Olle Ten Cate, a renowned expert in this field, from the Utrecht Medical Centre. He made two very informative presentations on this issue at the Li Ka Shing Knowledge Institute.

As noted in Section 3 of this report, UofT continues to do extremely well in all of our CARMS matches and I am confident that 2013 will be no exception. To ensure we maintain our high quality intake and adhere to current standards, a new Best Practices in Applicant Selection (BPAS) working group has been formed to review admissions/selection procedures across PGME programs and formulate a document on best practices.

With the 3-year Internal Review process completed this Spring, we now turn our efforts to the external accreditation survey by the RCPSC and CFPC in April 2013. We have held 2 workshops with enthusiastic, engaged attendees. Dr. Spadafora and I are meeting with department chairs, program directors and the education directors of our affiliated hospitals to discuss any issues and concerns regarding documentation and scheduling. As you know, UofT is engaged in the RCPSC pilot program in which a select group of programs will undergo formal review. The final identification of those programs will be completed by January 2013. In the meantime, we look forward to reading your Pre-Survey Questionnaires!



I would like to thank everyone for their warm words of welcome in my inaugural year as Associate Dean. It is truly an honour to serve in the decanal group in this exciting Faculty with so very many dedicated and committed individuals.

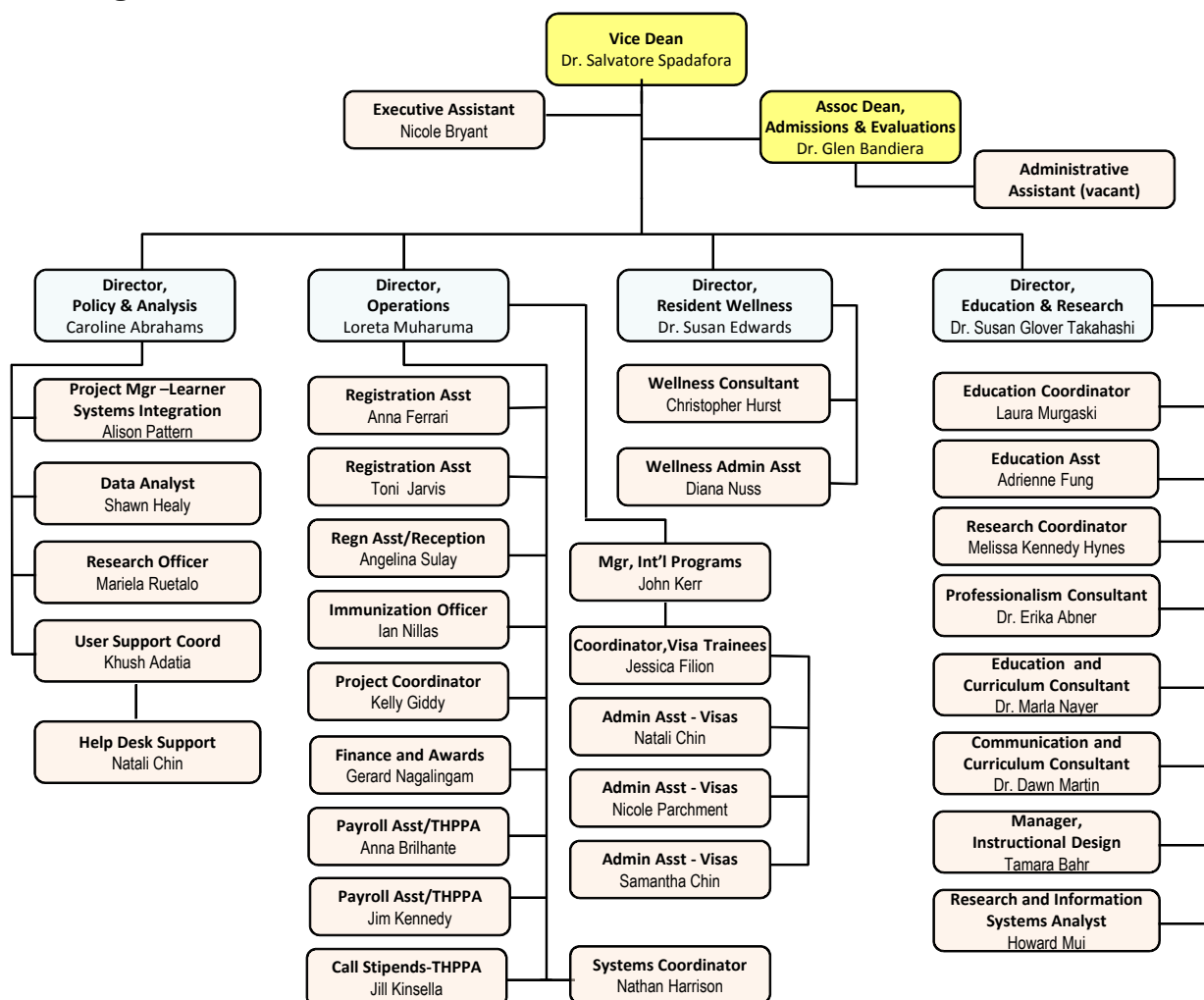
Sincerely,

A handwritten signature in dark ink, appearing to read 'Glen Bandiera'.

Glen Bandiera, MD, MEd, FRCPC
Associate Dean, PGME
Assessment and Evaluation

1. Overview of PGME Units

a) PGME Organizational Chart 2011-12



b) PGME Committees

- Awards Adjudication Committee
- Fellowship Education Advisory Committee
- Internal Review Committee
- Postgraduate Awards Committee
- POWER Steering Committee
- Quota Allocation Committee

Provincial/National

- PGM: Council of Ontario Faculties of Medicine
- PGE: Council of Ontario Faculties of Medicine
- RCPSC Accreditation Committee
- CFPC Accreditation Committee
- Triple C Curriculum Committee (CFPC)
- Sustainability Committee (Restricted Registration)

2. Strategic Plan

In 2005, PGME developed its inaugural Strategic Plan which focused on four goals: Enhance Excellence; Build Capacity; Maximize Accountability and Build Support Services. In 2011 PGME embarked on a process of renewing our strategic focus in light of a new environment for medical education at the University of Toronto. There are four main reasons why the PGME Office embarked on a strategic planning process:

- The current PGME Strategic Plan has been implemented successfully
- The Faculty of Medicine recently approved a new Strategic Plan

interviews, focus groups and online surveys.

The consultation culminated in a June 2012 Town Hall session involving individuals representing Department Chairs, Program Directors and PGME staff. They participated in small group discussions and provided comments on the draft Strategic Plan. PGME is currently in the process of finalizing the new Strategic Plan with an aim to share the finalized Plan in the Fall of 2012.

Figure 1: Strategic Plan Data Collection Methods and Participants

METHODS	PARTICIPANTS
19 One-on-One Interviews	Internal: PGME Executive, Dean and Deputy Dean, Vice and Associate Deans External: Ministry of Health and Long Term Care, Professional Association for Interns and Residents Ontario, Hospital University Education Committee, Postgraduate Medical Education Committee, Council of Ontario Universities
2 Focus Groups	PGME staff members
3 Online Surveys	Trainees, Program Directors, Ontario PGME Deans and Administrators

- Postgraduate Medical Executive is committed to continuing the agenda of transformational change in postgraduate medical education
- The Final Report for the Future of Medical Education in Canada Postgraduate project was released in Spring 2012.

Broad consultation was a key component of the PGME's strategic planning process. Work began in the late fall of 2011 and continued to June 2012. An external resource was used to conduct the facilitation and consultation with various stakeholders which included one-on-one

3. Enrolment/Expansion/Admissions

a) Growth (2007-08 to 2011-12)

In 2011-12, a total of 3,185 trainees were registered in 74 programs across 17 departments or units (see Figure 2). These trainees, which include 1,958 residents and 1,239 clinical and research fellows, rotated through or were based at one or more of our 27 fully affiliated hospitals, and innumerable clinical training sites such as doctors' offices, community health centres and clinics. The departments with the largest number of trainees continue to be Medicine, Surgery, Family Medicine, and Paediatrics.

**Figure 2: Growth in PG Trainees (Residents, Clinical and Research Fellows)
by Department: 2007-08 – 2011-12**

Department	2011 - 2012 (Distinct Trainees)			2007 - 2008 (Distinct Trainees)			% increase in Total
	FELLOW	PGY	Total	FELLOW	PGY	Total	
Anesthesia	118	99	215	105	98	202	6%
Critical Care	34	18	52	30	17	47	11%
Diagnostic Radiology	90	76	166	81	67	146	14%
Family Medicine	16	375	390	19	279	295	32%
Laboratory Medicine	29	59	87	35	51	86	1%
Medical Genetics	6	13	19	10	9	19	0%
Medicine	294	512	803	239	398	632	27%
Obstetrics & Gynaecology	38	65	103	40	51	91	13%
Ophthalmology	35	29	64	35	25	60	7%
Otolaryngology	22	28	50	24	26	47	6%
Paediatrics	221	171	389	203	122	325	20%
Paeds Critical Care	18	2	20	17	3	20	0%
Palliative Medicine	1	3	4	2	1	3	33%
Psychiatry	47	179	224	37	145	182	23%
Public Health & Prev Med	0	34	34	0	31	31	10%
Radiation Oncology	28	28	56	28	27	55	2%
Surgery	244	272	516	220	236	455	13%
Total	1239	1958	3185	1122	1579	2685	19%

Using 2007-08 as our base, the total enrolment growth of all PG trainees was 19% with a growth of 15% in PGYs and 11% in clinical and research fellows. As noted previously, expansion in specialty areas is part of an agreement between Ontario medical schools and the Ministry of Health and Long-Term Care which will continue to take place over the next three years.

b) Residents

i. Quota Allocations

The Quotas Allocation Committee of the Postgraduate Medical Education Advisory Committee (PGMEAC) was established in 2006 to develop a systematic method with fair and objective criteria for planning our physician intake and subsequent output. The Committee's Terms of Reference outline a transparent and competitive process

**Figure 3: CaRMS Match Performance 2007-2012.
Vacancies after First Iteration - CMGs
and IMGs**

Year	Toronto	Other Ontario Universities	Total Canadian Universities (incl. Ont)
2012	2	79	271
2011	2	93	303
2010	0	93	302
2009	0	64	320
2008	1	61	250
2007	0	76	296

for the allocation of residency positions taking into account: a program's past and current quotas; teaching faculty/preceptor capacity and availability; infrastructure and administrative support; previous CaRMS application numbers and match performance; accreditation status; and, societal need on a provincial, national, and global level.

The Quotas Allocation Committee meets in the summer and early fall to consider requests for changes in PGY1 quotas as well as quotas for the medical subspecialty match, the pediatric subspecialty match, the FM-Emergency match and other subspecialty programs in Surgery, Medical Imaging, Psychiatry and Ob/Gyn. The Committee uses the best available evidence to inform decisions on changes to residency program quotas. In 2012, 6 new specialty positions for CMGs were added for the CaRMS match in: Internal Medicine (3); Dermatology (1) and Vascular Surgery (2). For future deliberations, in the Spring of 2012, the Postgraduate Management Committee of the Council of Ontario Faculties of Medicine (PGM-COFM) created a PGME Planning Group to:

- Review current evidence sources to determine allocation of PG positions.
- Develop a process to allocate the specialty expansion positions, looking at high needs areas identified by the government, institutional capacity and accreditation requirements.
- Develop a process for medical schools to collaborate, and manage the distribution of specialty positions among schools, recognizing the fiscal situation of the province and the fluctuation in high needs specialty areas.

ii. CaRMS Performance

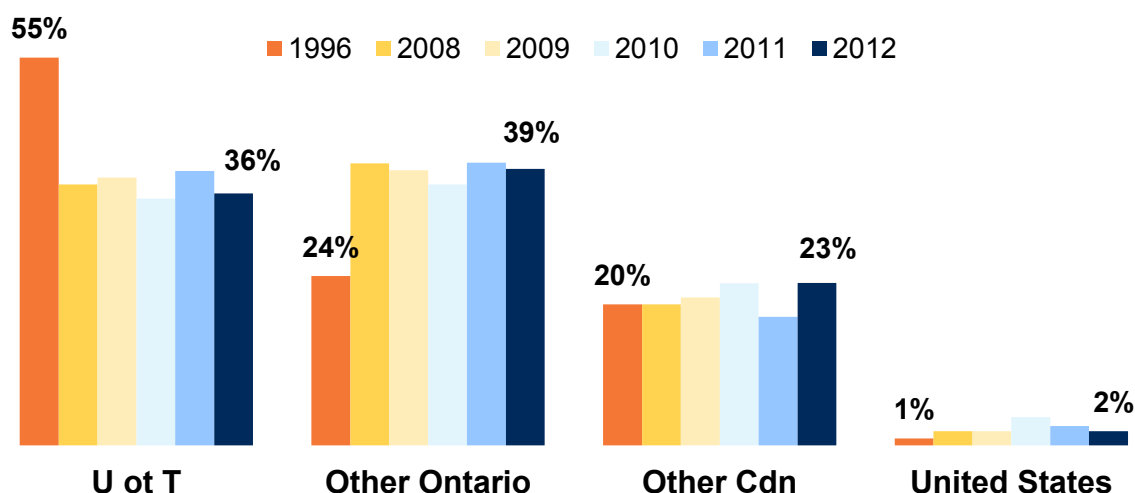
Admission to most residency programs at UofT PGME occurs through the national Canadian Resident Matching Service (CaRMS). CaRMS currently runs matches for the following areas: PGY1 Entry programs in March; Medical Subspecialty programs in November; CCFP-EM positions in December; and, Pediatric Subspecialty positions in June.

The largest match is the PGY1 match in March. The 2012 incoming class of PGY1s at the University of Toronto represented our largest cohort to date with 416 new entrants. 163 of our new PGY1s entered Family Medicine while 253 entered one of 24 RCPSC Specialty Programs. 87 PGY1s are in Medical Specialties, 42 in Surgical Specialties and 32 have entered Psychiatry.

The University of Toronto is the first choice for many applicants to postgraduate medical training in Canada. In fact, there are on average 1.4 candidates who ranked U of T as their first choice for every available PGY1 residency position in 2012. As a result UofT PGME continues to enjoy very successful CaRMS matches despite increasing quotas for most medical schools in Canada each year since

“The 2012 incoming class of PGY1s at the University of Toronto represented our largest cohort to date with 416 new entrants.”

2005. As noted in Figure 3, U of T has had few to no vacant positions after the first iteration over the last six years. Figure 4 presents Canadian Medical Graduates by school of medical degree, and shows that the proportion of medical students drawn from UofT in the match has remained steady over the last few years. In the CaRMS 2012 match to U of T PGME, 36% were from UofT UGME, 39% from other Ontario medical schools, 23% from other Canadian medical schools, and 2% from the U.S.

Figure 4: Source of MD for CMGs matched to PGY1 positions in Toronto: 1996 vs. 2012

c) Fellows

The Fellowship Education Advisory Committee (FEAC) meets quarterly under the direction of the Chair, Dr. David Latter. The FEAC is advisory to the Vice Dean PGME regarding the oversight of fellowship programs, and develops and maintains policies and procedures related to clinical fellows. Committee membership includes representatives from clinical fellowship programs and University affiliated hospitals/HUEC, clinical fellows and PGME Office staff.

The biannual survey of University of Toronto clinical fellows is a key responsibility of the FEAC. The web-based survey was first administered under the direction of the Fellowship Working Group in June 2008, to gather information on the views of clinical fellows regarding registration, quality of education, remuneration, intimidation and harassment, and future plans. Like its predecessors in 2008 and 2010, the 2012 Survey of University of Toronto Clinical Fellows enjoyed a very high response rate. Previous surveys have led to a number of FEAC initiatives. In addition, the CPSO has confirmed the impact of survey findings on its registration procedures for clinical fellows.

The FEAC also shares survey findings with HUEC, the Clinical Chairs Committee and the CPSO.

Other accomplishments of the FEAC in 2011-12 included:

- Drafting guidelines for performance assessment and management of deficiencies in clinical fellowships, including termination and appeals.
- Providing the CPSO with feedback on its new requirement that international medical graduates obtain source verification of their medical degree by the Physician Credentials Registry of Canada (PCRC).
- Monitoring the RCPSC's rollout of Areas of Focused Competence (Diploma) programs for clinical fellows.
- Creation of a Facebook-based online forum for clinical fellows. Over 240 clinical fellows are now sharing information and experiences, and networking through the "University of Toronto PGME Fellowship Forum" on Facebook.

Since the announcement on June 3, 2011 by Dr. Spadafora, Vice Dean PGME, of the new, centrally-issued University of Toronto certificate for clinical fellows, the PGME Office responded in 2011-12 to departmental requests for the issuance of over 500 fellowship certificates.

After presenting FEAC-developed guidelines for the remuneration of clinical fellows to HUEC and the Clinical Chairs Committee with the support of Dean Whiteside, the guidelines were formally communicated to hospital Vice Presidents of Education, Clinical Chairs and Program Directors. These guidelines are now posted on the PGME Office website.

“PGME at the University of Toronto continues to provide the majority of new graduate physicians entering the Canadian and Ontario practice pool each year”

Figure 4: Affiliated Teaching Sites

Full Affiliates	Community Affiliate	Community Affiliate – Special Care
<ul style="list-style-type: none"> □ Baycrest □ Bloorview Kids Rehab □ CAMH □ Mount Sinai □ St. Mikes □ Sick Kids □ Sunnybrook and St. John's Rehab □ UHN □ Women's College 	<ul style="list-style-type: none"> □ North York GH □ Toronto East GH □ St. Josephs HC □ Humber River Regional □ CVH and Trillium, Mississauga □ Southlake, Newmarket □ Royal Victoria, Barrie □ Lakeridge, Oshawa □ Scarborough Hospital □ Markham-Stouffville 	<ul style="list-style-type: none"> □ Bridgepoint Health □ George Hull Centre □ Hincks-Dellcrest □ Providence Healthcare □ Surrey Place □ West Park HC Centre □ Ontario Shores Centre for Mental Health Sciences (Whitby) □ Waypoint Centre for Mental Health (Penetanguishene)

d) Affiliated Teaching Sites

As of 2012, the Faculty of Medicine had 27 affiliated teaching sites. Figure 4 lists our teaching facilities within the full, community and special care community affiliate categories.

e) Contribution to Physician Supply

PGME at the University of Toronto continues to provide the majority of new graduate physicians entering the Canadian and Ontario practice pool each year. It was estimated that the 2011 practice entry cohort exiting our programs was 442 (18%) of the total practice entry cohort from all Canadian medical schools. The next highest contributors were UBC at 10% and the University of Montreal at 9% (CAPER 2012).

As of 2011 in Ontario, graduates from the PGME programs at the University of Toronto represented 56% of Ontario trained active specialists and 36% of Ontario trained active Family Physicians (Figures 5 and 6).

With over 70 RCPSC accredited specialty programs, the University of Toronto has also made a significant contribution to the supply of selected specialties in the province, with many of the areas having been deemed high priority by the MOHLTC based on population needs. For example, as of 2011, approximately 85% of active Ontario-trained community medicine specialists and 83% of active Ontario-trained Dermatologists, and 64% of active Ontario-trained diagnostic radiologists were graduates of the U of T residency programs. Figure 7 illustrates the percentage of active Ontario-trained specialists who did their training at the University of Toronto as of 2011.

Figure 5: U of T's contribution to RCPSC certified physicians in Ontario, OPHRDC, 2012

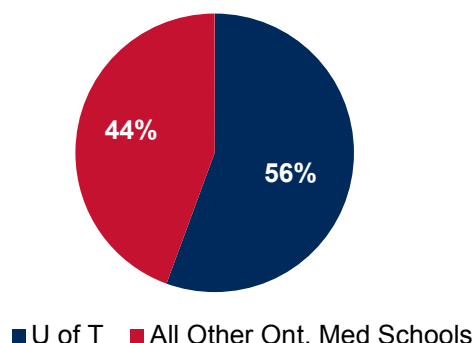
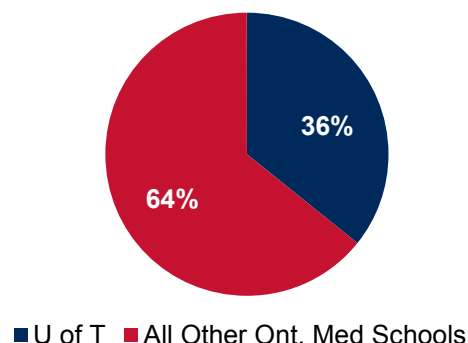


Figure 6: U of T's contribution to Family Medicine in Ontario, OPHRDC, 2012



f) Visa Trainee Report

Registration

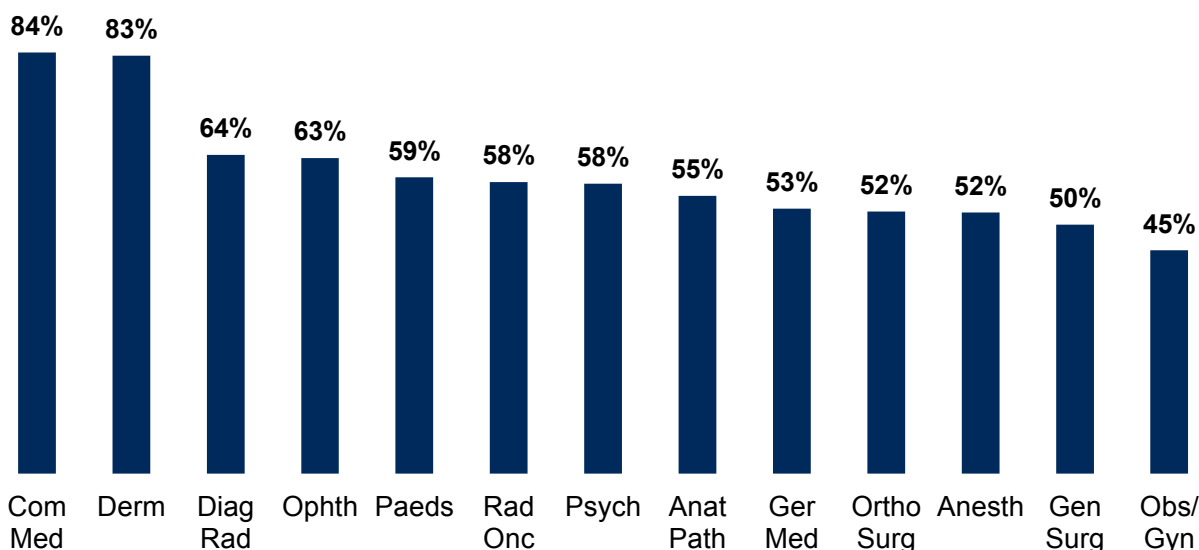
The PGME Office supports the University of Toronto's postgraduate medical programs in their commitment to training international learners (visa trainees). A total of 867 visa trainees registered with the PGME Office as research fellows, clinical fellows and residents in 2011-12. These trainees originated from over 70 countries. Ten countries – Australia, Brazil, India, Ireland, Israel, Japan Kuwait, Saudi Arabia, U.K and U.S.A. – accounted for more than half of all visa trainees enrolled in 2011-12.

Internationally Sponsored Visa Trainees

International sponsorship funding supported 201 (or 23.2%) of the 867 visa trainees.

The total intake of new sponsored visa trainees for 2011-12 was 82 (19 new residents and 63 new fellows). This number represents an increase of 14.1% over 2010-11 (when 71 new sponsored trainees were registered) and is the highest annual intake of any academic session since 2001-02. The new sponsored visa trainees for 2011-12 each paid the tuition rate of \$75,000 per annum.

Figure 7: % of Active Ontario Specialists who trained at U of T as of 2011, OPHRDC 2012



Visa Trainees as a Proportion of Total PGME Enrolment

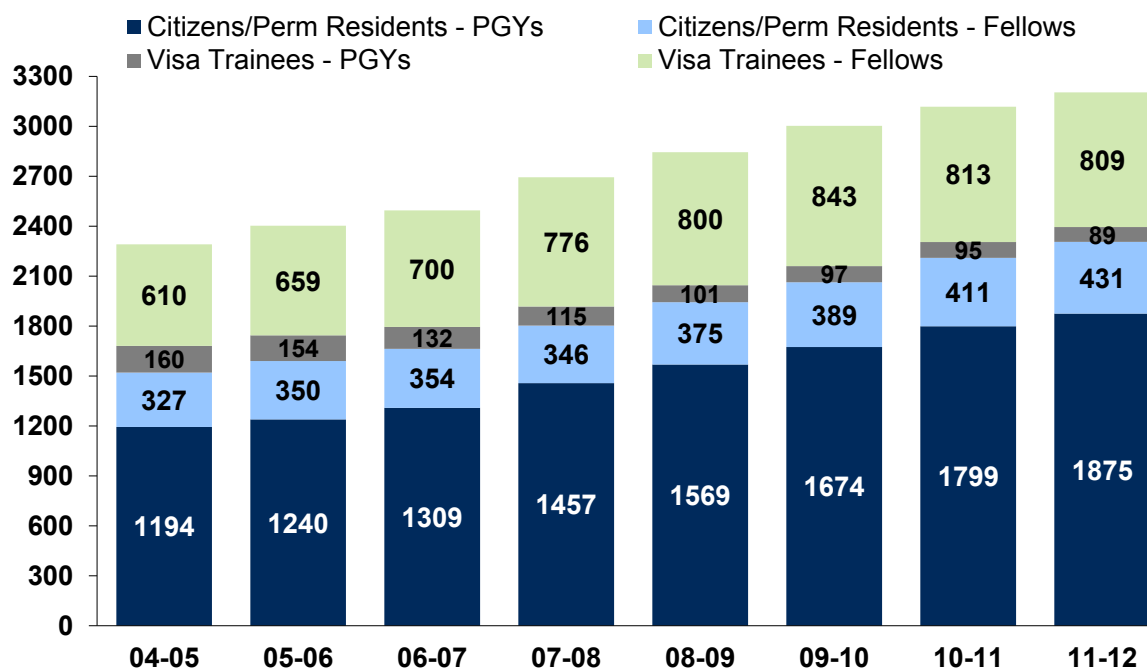
According to POWER-sourced data (Figure 8), visa trainees in 2011-12 represented 28.2% of the total PGME enrolment (898 of 3,185 trainees) and internationally sponsored residents made up 4.5% of the total enrolment of residents (89 of 1,964 residents).

Enrolment of Canadian citizens/permanent residents has increased in residency training programs while the enrolment of sponsored residents has fallen. The total number of sponsored visa trainees has remained stable, however, due to the increased enrolment of these trainees in fellowships.

“A total of 867 visa trainees from more than 70 countries registered with PGME Office in 2011-12”

After increasing annually during the academic sessions from 2004-5 to 2009-10, the total annual number of fellowship trainees registered (Canadians and visa trainees) has leveled off since 2009-10 at approximately 1,200 fellows, suggesting that the University may have reached its maximum fellowship training capacity.

Figure 8: Trainee Registration by Citizenship: 2004 to 2012 Canadian Citizens / Permanent Residents vs. Visa Trainees



g) Global Health Education Initiative

Global health activities, in Canada or abroad, uniquely contribute to resident learning and to meeting CANMEDs competencies. UofT's flagship program, the Global Health Education Initiative (GHEI), is a partnership between PGME and the Dalla Lana School of Public Health. It is the only program of its kind globally and is now in its fourth year of operation. The comprehensive 2-year curriculum, delivered as 25 three session modules by over 70 UofT faculty, recently graduated its second cohort of residents from a variety of disciplines.

Figure 9: GHEI Graduates, by Department

Department	No.
Anesthesia	9
Family Medicine	54
Lab Medicine	2
Medical Imaging	2
Medicine	27
Obstetrics & Gynecology	2
Pediatrics	28
Psychiatry	7
Public Health & Prev Medicine	10
Radiation Oncology	2
Surgery	9
TOTAL	152

Over 150 residents have graduated or are currently enrolled in the program (see Figure 9).

Our residents are active participants in numerous faculty-wide global health initiatives such as the Toronto Addis Ababa Academic Collaboration and the Department of Obstetrics and Gynecology's relationship with Moi Teaching Hospital in Eldoret, Kenya.

Residents are also leaders in initiating and implementing programs such as the Neurology International Residents' Video Conferencing Exchange (NIRVE) which brings together residents from Jordan, Russia, Canada and Brazil, and in facilitating and directing the International Pediatric Emergency Medicine Elective which builds peace through health for Israeli, Jordanian and Palestinian medical students.

In 2012, the PGME Office appointed Dr. Barry Pakes to be academic lead for PGME global health initiatives. He will continue to oversee the GHEI program and provide leadership for PGME in this area, collaborating with other global health educators across the Faculty through the newly established Global Health Education Committee,

“ The Global Health Education Initiative (GHEI) is a partnership between PGME and the Dalla Lana School of Public Health ”

which will report to the PGMEAC. Planned projects include the development of a framework and policies regarding global health electives, implementation of a pre-departure training and post-return debriefing program, as well as support for individual residents or resident groups, such as Residents Without Borders.

4. Research and Education

a) Highlights from workshops and Program Director faculty development

This year saw an increase in the frequency of faculty development offerings for program directors, program administrators and faculty involved in residency educational leadership. Rather than the 6 workshops

provided in previous years, 13 were provided this academic year. Additionally, time was available each week in 2012 for 'Just in Time' curricular consultations with program directors and administrators.

Each summer, the PGME office offers leadership development for postgraduate trainees. The Chief Resident Leadership Workshop provides an opportunity for participants to develop their leadership skills as they

Figure 10: Workshop and Faculty Development Overview – 2011-12

Chief Resident Leadership Workshop	August 18, 2011
New Program Directors Development Meeting	September 13, 2011
Faculty Development workshop: Issues and best practices in program planning for Integrated and Competency based approach to CanMEDs for Residency education	October 13, 2011
Faculty Development: Just-in-Time, one-on-one Accreditation prep coaching for Program Directors	November 24, 2011 February 1, 2012 March 7, 2012 May 1, 2012
Pre-Accreditation Workshop and All Program Directors + FM Site Directors Meeting	December 9, 2011
Program Administrator's Appreciation Day	March 1, 2012
Faculty Development workshop: Educational Program Development & Documentation for PGME Accreditation	March 27, 2012
Pre-Accreditation Workshop	May 29, 2012
Strategic Town Hall Meeting and All Program Directors + FM Site Directors Meeting	June 8, 2012
Family Medicine Enhanced Skills Assessment Tool Development Workshop	June 12, 2012
Linking competency-based education to clinical practice through Entrustable Professional Activities (led by visiting Professor Dr. Olle ten Cate)	June 28, 2012
Designing Entrustable Professional Activities (led by visiting Professor Dr. Olle ten Cate)	June 28, 2012
Observing medical education through the lens of Self-Determination Theory (led by visiting Professor Dr. Olle ten Cate)	June 29, 2012
Teaching peers as a philosophy in education (led by visiting Professor Dr. Olle ten Cate)	June 29, 2012

prepare for their role as chief resident, manager, leader and teacher. This year, trainees attended presentations and workshops focused on leadership & mentorship, conflict resolution, resident wellness, and best practices, tips and strategies for providing feedback.

The New Program Directors Development Meeting of September 2011 was held to assist new program directors integrate into their role and to the culture of Postgraduate Medical Education. Topics covered at this meeting included admissions, evaluations, and the POWER system, accreditation and internal reviews, tips for CanMEDS documentation and evaluations, and the pearls and pitfalls of the role as a program director.

The bi-annual meetings for program directors and Family Medicine site directors continue to be held by the PGME Office as an opportunity to inform, update and advise our program leaders about PGME activities and pertinent issues. The All Program Directors & FM Site Directors Meeting held in December 2011 and June 2012 focused on starting the preparations for the 2013 accreditation onsite reviews. In June 2012, the All Program Director's meeting included consultation on the strategic plan for the PGME office.

Other faculty development opportunities offered this year included an assessment tool development workshop for the Family Medicine Enhanced Skills Program Directors. We also had the benefit of learning from an international expert in competency based education and assessment, Dr. Olle TenCate. Dr. Ten Cate's 2 educational rounds and 2 half day workshops were co-hosted by the Department of Surgery, Division of Orthopedic Surgery and the PGME office and was delivered in collaboration with the Centre for Faculty Development at the Li Ka Shing Institute.

Program Director Faculty Development at PGME

On an annual basis, the PGME provides information and educational resources to support the faculty development of program directors including: educational resources, orientation meetings with each new Program Director, one to one coaching for Program Directors and semi-annual All Program Director meetings which includes one or more educational topics.

“PGCorEd modules focus on generic foundational competencies linked to the CanMEDS roles; in particular, the non-Medical Expert roles”

In anticipation of the needs of program directors to prepare for the April 2013 external accreditation on site surveys, over the past year the PGME office co-sponsored a series of workshops and one-on-one Coaching Sessions with the Centre for Faculty Development. Additionally, Just-in-Time one-on-one Accreditation Prep Coaching is available weekly with one or more of our Education and Curriculum Consultants. Workshops and Coaching are made available in an “in-person” and web conference format.

b) PGCorEd and CIPCorEd

Since July 1, 2008, all University of Toronto residents entering PGY1 are required to complete the web based PGCorEd core competency modules as part of their residency program certification.

PGCorEd modules focus on generic foundational competencies linked to the CanMEDS roles; in particular, the non-Medical Expert roles. The content of the modules is targeted at PGY1 and PGY2 residents and aims to help the PGY1 in transition from their role as a learner in medical school to the practitioner role. Figure 11 shows a picture of content from two modules – Resident as Learner & Teacher, Patient Safety.

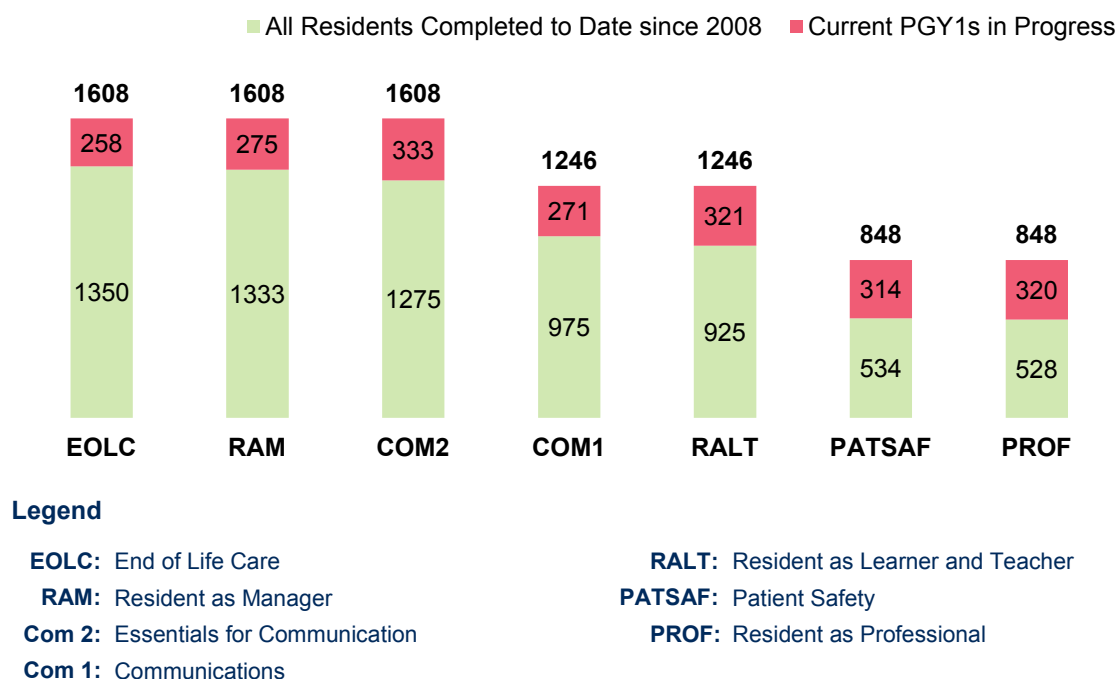
Seven modules have been launched since July 2011 including two new modules launched in 2011 (i.e. Patient Safety, Resident as Professional).

The modules must be completed before the end of the PGY2 year. Failure to complete all of the required modules delays the resident's promotion to the next training level or completion of the Final In-Training Evaluation (FITER), and may also constitute professional misconduct. Figure 12 shows completion rates from 2008-2012.

Figure 11: Sample Screens from **PGCorEd** Modules



Figure 12: **PGCorEd** Completion Rates from July 2008 - June 2012 for PGY 1 & 2 residents



Modules are also made available for subspecialty programs and senior residents upon request. There are currently 392 residents enrolled in PGCorEd across 14 subspecialty programs.

PGCorEd completion reports are now accessible to residents and program directors in POWER. Reporting is updated

three times a year (i.e. November, April 30, and July 1). A comprehensive program evaluation is done annually and reviewed in detail by a subcommittee of the Postgraduate Medical Education Advisory Committee (PGMEAC). Refinements and improvements are completed through program evaluation. A more comprehensive module review is undertaken every three or four years.

Figure 13: Sample Screens from CIPCorEd Units

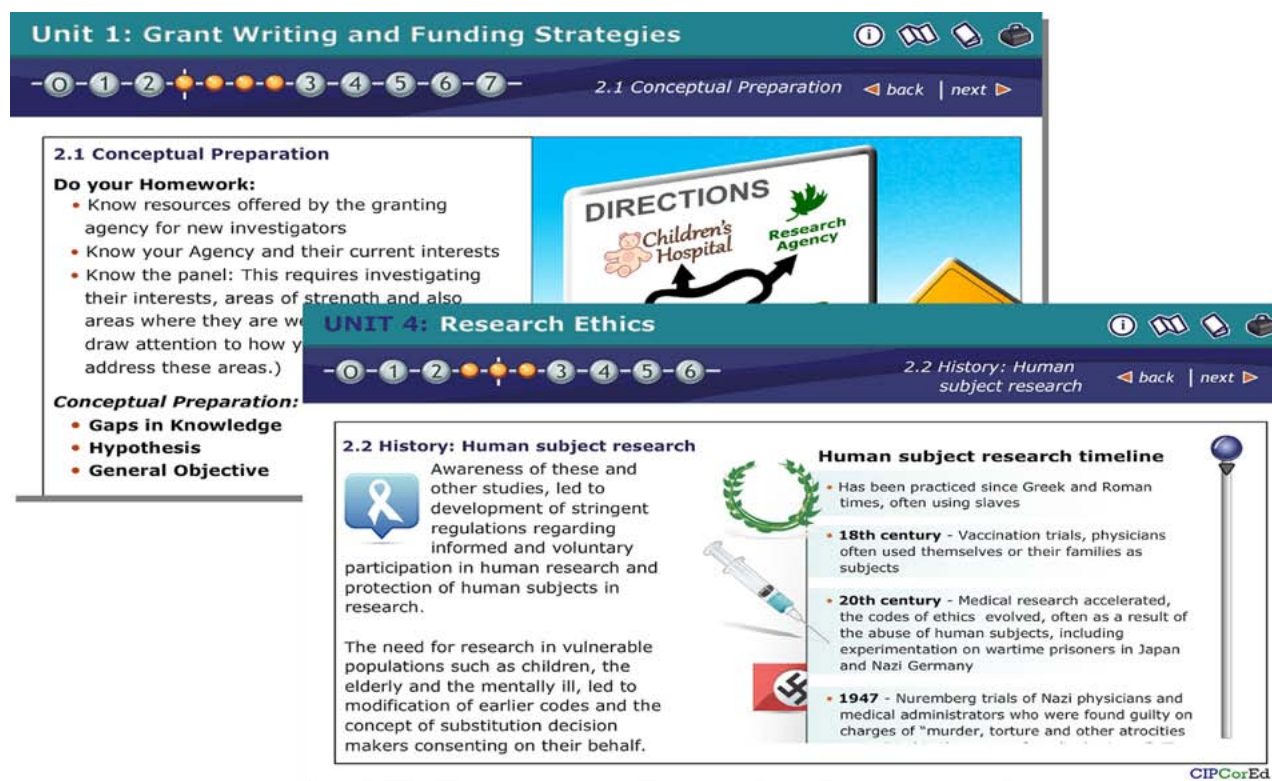


Figure 14: CIPCorEd Development Plan

Units Launched	Release Summer 2012
CIPCorEd: Units 1-3 <ul style="list-style-type: none"> • Grant Writing • Preparing Your CV & Teaching Dossier • Writing 	CIPCorEd: Units 4-6 <ul style="list-style-type: none"> • Research Ethics • Knowledge Translation • Mentoring

CIPCorEd

The PGME office, together with Dr. Norman Rosenblum, Program Director for the Clinician Investigator Program (CIP), and a team of CIP faculty and trainees, are working on the development of CIPCorEd. CIPCorEd is a set of online learning units, which focus on professional skills critical to the clinical investigator. Figure 13 shows a picture of content from two units - Grant Writing and Research Ethics.

As an online resource, CIPCorEd is designed for clinical investigator trainees to access this resource whenever and wherever desired. By its completion, CIPCorEd will consist of 7 individual units covering educational materials for 'generic' content regarding grant writing, collaboration in research and other foundational topics. The first set of units launched in Fall 2011 and those anticipated for launch summer 2012 are outlined in Figure 14.

c) Internal Reviews/Accreditation – IRC

The Internal Review Committee (IRC) and Family Medicine Internal Review Subcommittee (FM-IRSC) have completed all of the internal reviews and follow-up reviews of the 74 programs and 15 family medicine sites. The total number of reviews completed between 2009-2012 was 113 (i.e. 92 Royal College reviews, 21 CFPC reviews) and update reports was 46 (i.e. 38 Royal College updates, 8 CFPC updates) (See Figure 15).

The following activities were undertaken over the last academic year:

- Developed a monitoring and reporting database for the IRC activities and accreditation status
- Created pre-accreditation summary reports outlining the accreditation readiness for each program based on the 2011 accreditation standards
- The Vice Dean and Associate Dean met with department chairs regarding the weaknesses identified in their programs
- Preparations for the April 2013 accreditation survey have begun, including: distribution of PSQs to programs and hospitals; development of a Tip Sheet resource for PSQ completion; a pre-accreditation workshop for Program Directors with a concurrent session for

program administrators; a PSQ completion workshop with concurrent sessions for Family Medicine and Specialty programs.

Members of the Internal Review Committee are listed below:

IRC Faculty Members:

Glen Bandiera (Chair), Linda Sugar, William Chapman, Mark Fefergrad, Perle Feldman, Craig Fielding, Susan Glover Takahashi, Jeannette Goguen, Wayne Gold, Ron Kodama, Amina Lalani, Tony Mazzulli, Barbara-Ann Millar, Byung Moon, Linda Probyn, Irving Rosen, Rayfel Schneider, Dori Seccareccia, Anu Wadhwa, Cynthia Whitehead, Ian Witterick, Roy Wyman, Ari Zaretsky, Ingrid Zbieranowski

IRC Resident Members:

Saswata Deb (PGY3), Aaron Drucker (PGY3), Meredith Giuliani (PGY5), Ari Greenwald (PGY5), Noor Ladhani (PGY7), Judy Lin (PGY5)

FM-IRSC Faculty Members:

Leslie Nickell (Chair), Linda Sugar (Deputy Chair and IRC Liaison), Roy Wyman, Cynthia Whitehead, Risa Freeman, Brian Cornelson, Paul Philbrook, Karl Iglar

FM-IRSC Resident Members:

Deana Hathout (PGY3), Kate Bingham (PGY4)

d) Board of Examiners

The Board of Examiners – Postgraduate Programs (BOE-PG) is a committee of Faculty and Residents appointed by Faculty Council and currently chaired by Dr. Pamela Catton. At the request of a Program Director and Vice Dean-Postgraduate Programs, the BOE-PG reviews the cases of residents in academic difficulty to decide the course(s) of action, which may include remediation, remediation with probation, probation or suspension and dismissal. The assessment of a resident's performance may include the evaluation of the resident's academic, behavioural, ethical and professional performance in their residency program, or the evaluation/recommendation from an independent process.

As indicated in Figure 16 the number of new cases and the volume of reports for review have continued to be high in 2011-12. As well there has been an increase in the overall number of cases managed (n= 34), reports reviewed (n= 64),

Figure 15: Summary of Internal Review Cycle, IRC Recommendations and Upcoming Activities as of June 30, 2012

Internal Review Cycle as of June 30, 2012	Completed (2009-2012)
Routine mid-cycle reviews of RCPSC programs	71
Follow-up reviews of RCPSC programs	21
Total number of RCPSC reviews	92
Routine mid-cycle reviews of CFPC programs/ training sites	18
Follow-up reviews of CFPC programs/training sites	3
Total number of CFPC reviews	21
Update reports of RCPSC programs received	38
Update reports of CFPC programs received	8
Total number of update reports	46
Summary of IRC Recommendations	
<i>Of Royal College Programs Reviewed</i>	
Update reports	49
Follow-up reviews requested	22
No further action required	59
<i>Of Family Medicine Program/ Training Sites Reviewed</i>	
Update reports requested	11
Follow-up review requested	3
No further action required	15
Upcoming Activities	Summer 2012
Update reports from Royal College programs	11
Update reports from Family Medicine training sites	3

Figure 16: Summary of Board of Examiners Activity as of June 30, 2012

BOE ACTIVITY	2008-09	2009-10	2010-11	2011-12
Meetings	9	8	11	11
Reports reviewed (Remediation Requests, Updates)	28	29	53	64
CASE VOLUMES	2008-09	2009-10	2010-11	2011-12
New Cases (Over course of academic year)	13	14	19	19
Ongoing Cases (still open at June 30, 2012)	11	14	12	18
OUTCOMES	2008-09	2009-10	2010-11 (to June 24)	2011-12 (to June 30)
TOTAL Closed Cases	18	9	18	24
▪ Successful Completion	11	8	15	22
▪ Resignation	5	1	2	2
▪ Transfers	2	0	0	0
▪ Dismissal	0	0	0	0
▪ Appeals	0	0	0	0
▪ Other Outcome	0	0	1	0

cases closed (n= 24). The rate of successful completion of remediation remains high. This year the majority (22/24 or 91.6%) of residents successfully completed their remediation, and (2/24 or 8.3%) resigned following prolonged remedial periods.

Dr. Susan Glover Takahashi, Director of Education and Research, with the addition of two educational consultants, continues to offer support and educational expertise to programs in the planning of a remedial program. Dr. Glen Bandiera, Associate Dean PGME (Admissions and Evaluation) also provides his support and expertise as needed. The PGME Education and Research Unit provides teaching and assessment resources to assist

Program Directors with a remedial program, as well as, direction to communication and professionalism skills coaching resources.

“The rate of successful completion remains high. This year, the majority (22/24 or 91.6%) of residents successfully completed their remediation...”

5. Resident Wellness

The Office of Resident Wellness (ORW) provides services to residents and fellows in need, enhances curricular development in physician health and well-being, and contributes to the development of scholarly work in physician health in medical education.

“A key theme for 2011-2012 was that of integration of wellness activities from undergraduate medical education through to faculty development, which led to innovative collaborations with our colleagues across the Faculty of Medicine.”

a) Trainee Support

The number of new trainees accessing the services of the ORW continues to increase each year with a total of 118 trainees visiting the office 438 times in 2011-12 (**Figures 17 and 18**). As with previous years, residents in their PGY1 continue to represent the largest proportion of new visits (30%). The proportion of trainees who first visit the Office tends to decrease as years of training increases (Figure 19).

Mental health challenges are the most common among issues that bring trainees into the ORW for support (Figure 20). As in previous years, anxiety remained the top primary presenting issue for first and all visits in 2011-12. The top primary reasons residents visit the Office for support varies by PGY.

b) Educational Activities

The work of the ORW includes supporting program initiatives in physician health teaching, direct teaching of residents, and faculty development in the teaching of physician health.

The ORW directed its educational activities around the following three themes in 2011 – 2012 and was successful in developing partnerships in Undergraduate Medical Education (UGME) and Continuing Medical Education (CFD) to integrate these themes across the medical education continuum:

1. Managing Transitions and Change
2. Improving Self Awareness Skills to Enhance Performance and Well-being
3. Mindful Career Planning

Trainees:

Office of Resident Wellness staff presented 22 workshops to 15 postgraduate programs (residents and fellows). In addition, through the financial support of an educational grant from the Ontario Medical Association, the office was able to support an outside facilitator, Dr. Patricia Rockman to deliver workshops to three residency programs on “Managing Change” (theme 2) and “Mindfulness Based Strategies for Resident Resilience” (theme 1).

Faculty:

In 2012, the ORW partnered with the Centre for Faculty Development to offer two half day workshops on Managing Transition and Change and Enhancing Wellbeing and Performance to support faculty confidence in understanding and modeling physician health and well-being.

“Managing Transitions and Change in the Medical Career” was presented to faculty at the Department of Family and Community Medicine Academic Retreat.

UGME:

To support integration from Undergraduate Medical Education to postgraduate training, the ORW collaborated with the Office of Health Professions Student Affairs to develop a workshop as part of the Transition to Residency curriculum on “Managing Transitions and Change” for final year clerks. This was presented as a half day workshop in February 2012 and will continue in the fall of the upcoming year.

The ORW was delighted to join forces with the Program in Narrative and Healthcare Humanities, the Office of Health Professions Student Affairs, the Arts and Letters Club, and the Ethics and Professionalism Curriculum to support the Docs for Docs Film Series, screening films bimonthly to promote reflective discussion on themes relevant to health professionals. We are pleased that the initiative will continue this coming year as Cinema Medica: Health and Illness in Film.

Figure 17: Number of Trainees Seen 2006-12 (count)

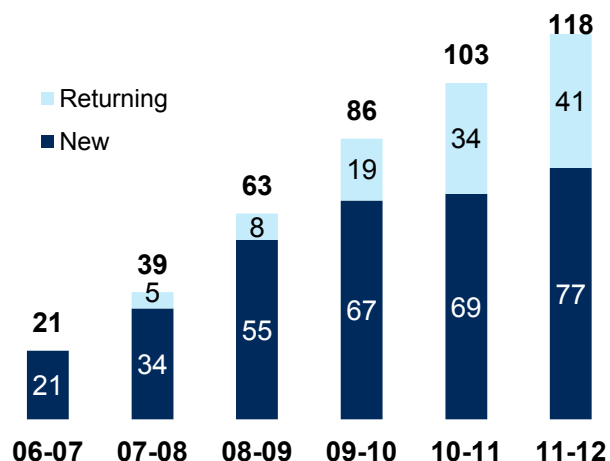


Figure 18: Number and Average number of visits 2006-12 (count)

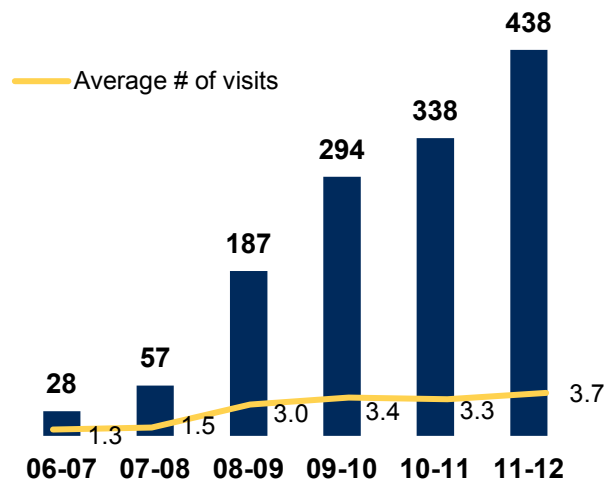


Figure 19: New Trainees Seen by PGY Training Levels

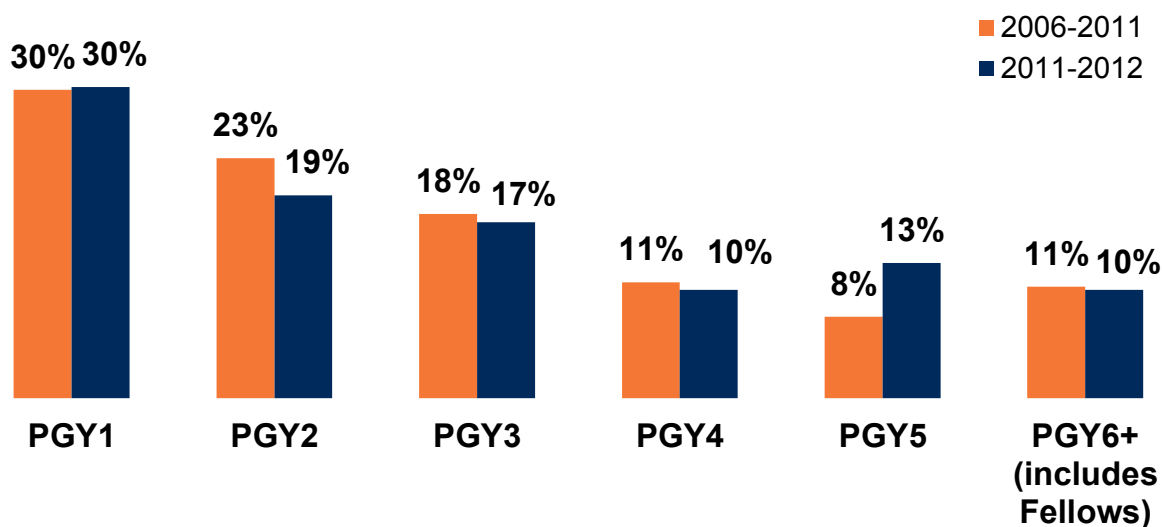
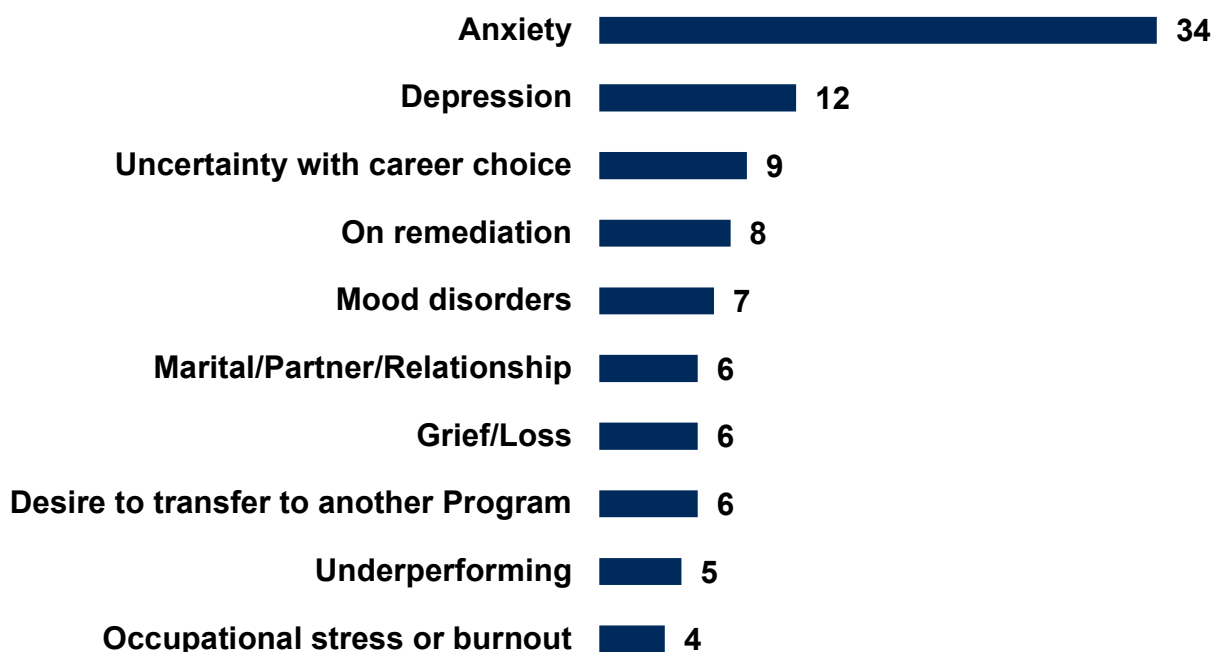


Figure 20: Top Primary Presenting Issues at First Visit**c) Research**

During the summer of 2011, the ORW completed a retrospective qualitative analysis of the counseling case notes from 52 medical trainees who made use of counseling supports at the Faculty of Medicine, between August 2008 and July 2011. The purpose of the study was to explore the challenges and adaptation experiences of trainees seeking help during third-year clerkship and the first-year of residency. Findings from the study were presented at the 2011 ICRE and 2012 CCME conferences, served as the basis for a prospective qualitative study initiated in 2012, and supported the development of the “Managing Transitions and Change” workshops delivered to final year clerks, residents, fellows and faculty.

In January 2012, the ORW accepted a final-year medical student from McMaster University to spend a research enrichment year in the Office. The student’s work has been focused on a qualitative research project to help the ORW understand the resident transition experience through the PGY1 year. Future work will be to help understand the impact of relational aspects on resident stress and performance during remediation.

d) Board of Medical Assessors (PG)

The Board of Medical Assessors-PG, is a committee of clinical faculty and chaired by Dr. David Tannenbaum to support the PGME office in developing best practices for postgraduate trainees with medical conditions that could potentially impact their training. Referrals to the BMA-PG are made at the request of the Vice Dean, PGME or Program Director. Recommendations of the Board to the Vice Dean include suggestions regarding the resident’s continuation in the training program including requests for further investigations or treatments, or training program modifications or accommodations. The Director, Resident Wellness supports the Board in gathering required medical information and supporting the implementation of the recommendations on the advice of the Vice Dean. The activity of the Board is summarized in Figure 21 on the next page.

Figure 21: BMA Activity

BMA Activity	2010-11	2011-12
Meetings	5	5
New cases	5	3
Active (ongoing)	5	4
Closed	0	4

e) Toronto Model of Integrated Medical Education (T-IME)

The T-IME Working Group on the Learner Experience, co-chaired by Dr. Susan Edwards, Director of Resident Wellness, and Dr. Leslie Nickell, Associate Dean of the Office of Health Professions Student Affairs (UGME), has focused their second year on collaborating with others to support the streamlining of the orientation and registration process and minimizing disruption for trainees as they move across affiliated learning sites of the University of Toronto.

f) Practice Ontario Pilot Partnership

The pilot partnership that was initiated in 2009 between HealthForceOntario and the PGME office to match University of Toronto residents with available jobs in Ontario continued through 2011-12. To date, the program has connected two hundred and twenty-four U of T residents with Community Partnership Coordinators.

Practice Ontario facilitated the following presentations for the 2011-2012 Academic Year:

Fifteen Specialty Resident Presentations to the following Programs: Emergency Medicine, Internal Medicine, Physical Medicine and Rehabilitation, Pediatrics, Radiology, Plastic Surgery, Psychiatry, Otolaryngology, Cardiac Surgery, Public Health & Preventative Medicine, Anaesthesia, Paediatric Clinical Immunology, Paediatric Neurology, Hematology, Medical Oncology.

Nine Family Medicine Presentations at various training locations.

“The Practice Ontario pilot partnership has matched 224 U of T residents to date with jobs in Ontario”

6. Assessment and Evaluation

a) POWER

Over the past twelve months, the PGME Office and the POWER Steering Committee have implemented several ongoing projects and new enhancements involving POWER. These developments have improved the overall evaluation data quality and furthered integration with the UGME Office. Key highlights include the implementation of the Privacy and Confidentiality Statement into POWER and MedSIS (the UGME learner system), the ability for clerkship students to evaluate residents as teachers, the ongoing production of VP Education Evaluation reports (by hospital) and the Residency Program Evaluation reports. In addition, PGME has participated in the successful development of the T-IME system for community preceptor payment tracking and the creation of the Unirversity of Toronto Medical Trainee Day (MTD) Working Group.

Additionally, this year saw the establishment of a new working group under the direction of the POWER Steering Committee; the Portfolio Working Group, which developed a report which will inform the future direction of trainee portfolios, and the reconstitution of the POWER Technical Working Group.

The following are some key activities and achievements from the last year:

TIME POWER-MedSIS Working Group Recommendations

Co-Chaired by Dr. David Latter and Dr. Patricia Houston, it completed its report in September 2011 which contained a number of recommendations related to enhanced reporting for both systems, particularly as it relates to retrieving scheduling information for all medical learners on site at affiliated teaching sites.

Staffing

In November 2011, Alison Pattern became the new Project Manager, Learner Systems Integration. In this role, Alison is involved in the integration, data analysis and reporting of information from both PG and UG registration, as well as evaluation and tracking systems (POWER and MedSIS).

Alison has assumed the responsibilities of the former POWER Project Manager and also works closely with UGME to identify and support joint activities and analysis related to both MedSIS and POWER.

Updated Minimum ITER Standards

As of July 1st 2012, all new ITERs are required to adhere to revised minimum standards which include a clear pass versus fail rating; and an explicit mapping of rotation specific goals and objectives within a reasonable length. These standards are in addition to existing minimum standards of: use of a five point scale; one global overall question and questions coded to the CanMEDS roles.

Best Practices in Teacher Assessment – Clerks Evaluation of Residents

In order to meet UGME accreditation requirements, a new function allowing Clerkship students to evaluate Residents and Fellows was introduced to MedSIS in February 2012. In the next year, these results will be made available for Residents and Program Directors in POWER.

Privacy Module

An e-learning module, dedicated to informing and testing residents on their knowledge of privacy, has been implemented in POWER. Residents are required to successfully complete the module in order to register for the upcoming training session.

Confidentiality and Use of Data Statement

A joint MedSIS and POWER Confidentiality and Use of Data Statement was approved by both PGMEAC and the Undergraduate Executive Committee and will be displayed in POWER for the 2012-13 academic session.

POWER Technical Working Group

In March 2012, the POWER Technical Working Group was reinstituted. This group will explore the enhancements requests and impact of these enhancements.

Medical Trainee Days (MTDs)

For the purpose of capturing MTD data on behalf of hospitals, the POWER system will be enhanced to include

sub-rotations which will allow longitudinal, multi-site and multi service rotations. The T-IME System will also be enhanced to accommodate flow of trainee information from both MedSIS and POWER; a central office will reconcile discrepancies and provide reports to hospitals for submission to the MOHLTC.

Portfolio Working Group Report

At the May 2012, POWER Steering Committee meeting, Dr. Bandiera presented the Portfolio Working Group Report which included a literature review, consultations with stakeholders, and sampled the environment to determine current examples and thinking around portfolios. Additionally, the group investigated the current PGME context and IT infrastructure in order to make recommendations that are compatible with the current and future direction within PGME.

b) Resident Exit Survey

In its seventh year, the 2011-12 Resident Exit Survey was launched at the end of March and yielded 282 responses for a 59% response rate (Figure 22). Since 2005-06, we have heard from over thirteen hundred exiting residents about their experience as a resident at the University of Toronto. The survey focuses on the quality of PGME education, readiness for practice, resident well-being, and future plans. This year we also shared the Resident Exit Survey tool with several other Canadian Postgraduate Medical Education

Offices as there is national interest in feedback from residents completing their programs.

“88% of exiting residents rate their overall educational experience as ‘very good’ or ‘excellent’ in 2011-12”

Over the years, we have observed consistently high satisfaction with residents’ overall educational experience and this year is no exception. As noted in Figure 23, 88% of exiting residents rate their overall educational experience as ‘very good’ or ‘excellent’ in 2011-12. Program Directors and the overall learning and working environments also receive high ratings from a large majority of residents. A smaller proportion of exiting residents rate their overall preparation for certification (66%) as ‘very good’ or ‘excellent’ and only a minority rate their overall preparation for practice (44%) as ‘very good’ or ‘excellent’. The overall preparation for certification ratings have dropped since 2006-07 in the last two years but the overall preparation for practice ratings have remained consistent.

Approximately half of respondents (47%) plan to pursue further training. Those who say they are only pursuing practice options (private, locums, clinical associate/contract positions) say they want to practice in the GTA (excluding

Figure 22: Resident Exit Survey Response and Accuracy

	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Number of Respondents	93	110	205	224	227	215	282
Total Population	332	341	339	380	366	408	482
Response Rate	28%	32%	60%	59%	62%	53%	59%
Margin of Error with 95% Confidence Interval	9%	8%	4%	4%	4%	5%	4%

Figure 23: Those that Rated their Overall Residency Experience Positively
Positive rating is 4 or 5 out of 5

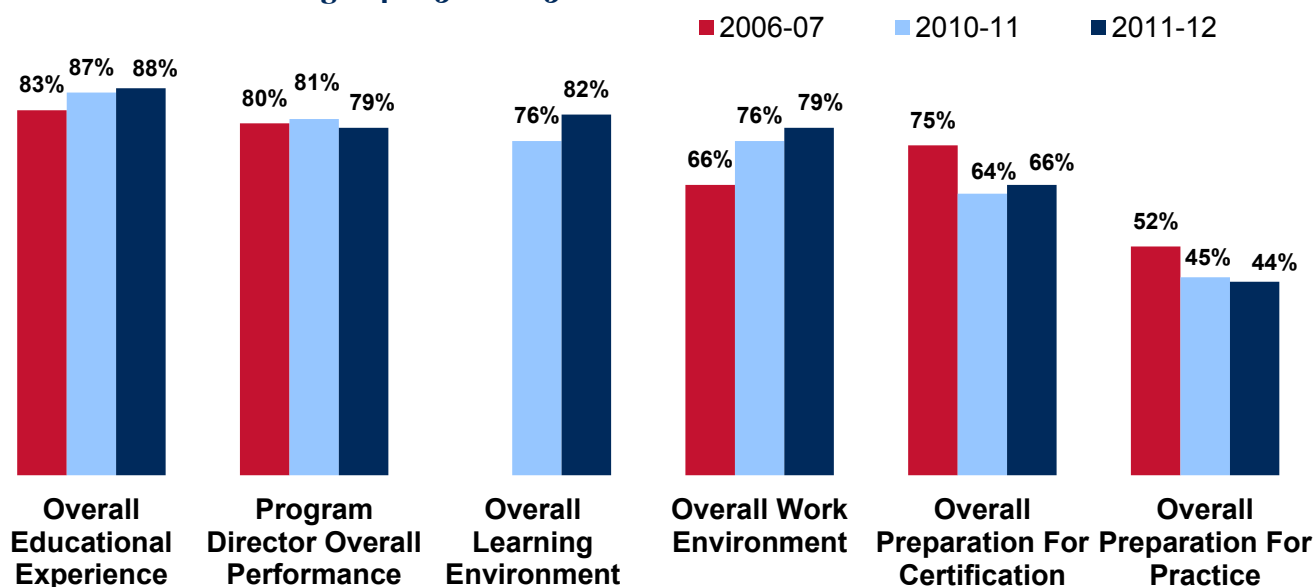
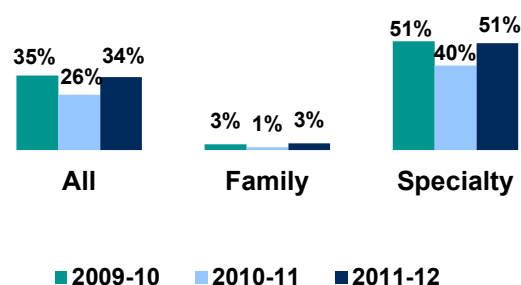


Figure 24: Concerns about Securing a Position Family Medicine vs. Specialty

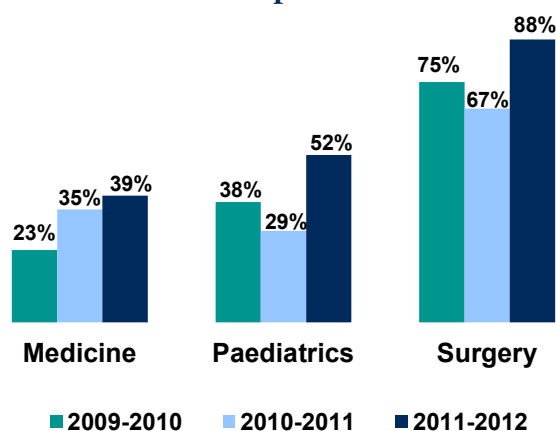


Toronto) (47%) or downtown Toronto (41%). Overall, concern about securing a position in their chosen specialty is up to 2009-10 levels (Figure 24) with specialty residents representing almost all of those who are concerned. Residents from the Department of Surgery in particular appear to be most concerned (88%). This proportion is at its highest level since we first asked this question in 2009-10 (Figure 25).

The incidence of intimidation and harassment, as defined by the PGME guidelines, has fluctuated slightly over the past seven years, but overall it has hovered at one-fifth of respondents (20% in 2011-12). Over seven years, awareness

of U of T's official reporting mechanism has grown from 47% in 2005-06 to 81% in 2011-12. Although use of official reporting saw only a slight increase from 3% to 9%, a larger proportion of those who did officially report the incident say they had satisfactory outcomes.

Figure 25: Concerns about Securing a Position Selected Departments



This year, three new themes were added to the survey: Call Schedules, Interprofessional Education (IPE), and Residents' Use of Technology. When asked to think about their work/life balance and their role as a student and worker

during their residency, almost half (46%) of respondents say they would not have wanted any changes to their call schedules in terms of length of shift and frequency of calls. One-quarter say they would have preferred shorter call shifts and/or less frequent calls. Two-fifths (42%) say they were exposed to IPE more than once a year during residency. Family medicine residents (52%) were significantly more likely to be exposed than Specialty residents (37%).

The PGME office is looking at ways to optimize information technology for field-based education and is therefore interested in understanding trainees' current use of

technology. We learned that almost 70% of respondents use a mobile device primarily for professional or educational purposes and that two-thirds currently use iPhones, 46% use iPads and 19% use Blackberries. Almost half (46%) say that having PGME resources and POWER available on their mobile device during their residency would have been extremely valuable while 41% say it would have been somewhat valuable.

Appendix A

New and Exiting Program Directors 2011-12

Program	Incoming Program Director & Date		Outgoing Program Director
Child & Adolescent Psych	John Langley	Nov 2011	n/a – new program
Colorectal Surgery	Helen McRae	Feb 2012	Marcus Bernstein
Forensic Psychiatry	Lisa Ramshaw	Nov 2011	n/a – new program
Geriatric Psychiatry	Rob Madan	Nov 2011	n/a – new program
Neonatal Perinatal	Emer Finan	Jan 2012	Martin Skidmore
Obstetrics & Gynaecology	Donna Steele	Mar 2012	Heather Shapiro
Neuroradiology	Timo Krings	June 2012	Manohar Shroff
Occupational Medicine	Aaron Thompson	Apr 2012	Ron House
Otolaryngology	Paolo Campisi	June 2012	Ian Witterick
Palliative Medicine	James Downar	Jan 2012	Giovanni Sirianni
Pediatric Clin Immun & Allergy	Eyal Grunebaum	Aug 2011	Chaim Roifman
Pediatric Nephrology	Seetha Radhakrishnan	Nov 2011	Tino Piscione
Pediatric Neurology	Anne Yeh	June 2012	Mahendra Moharir
Respirology	Christopher Li	May 2012	Jae Won Yang

Appendix B: PGME Scholarly Activities

July 1, 2011- June 30, 2012

Posters

1. Putting out the “welcome mat” for residents transitioning into postgraduate training:
Author: D. Martin, S. Glover Takahashi
Conference/Grant/Publication: ICRE, October 2011, Quebec City
Type: Poster
2. Supporting international medical graduates throughout residency: Moving beyond orientations:
Author: U. Najeeb, B. Wong, L. Stroud, K. Sivjee, S. Edwards, A. Kuper,
Conference/Grant/Publication: ICRE, October 2011, Quebec City
Type: Poster
3. A curriculum map for the CanMEDS Health Advocate role in a postgraduate specialty training program – recognizing health advocacy in the daily work of residents
Author: K. Hildebrand, E. Abner, S. Glover-Takahashi
Conference/Grant/Publication: CCME, April 2012, Banff
Type: Poster
4. How am I going to make it through? Exploring the adaptation experience of medical trainees who sought counseling supports during transition periods
Author: C. Hurst, S. Edwards, D. Martin, M. Ruetalo
Conference/Grant/Publication: CCME, April 2012, Banff
Type: Poster
5. Practice Ontario – Collaboration between the University of Toronto and HealthForceOntario Marketing and Recruitment Agency (HFO MRA) to develop a Customized Career Service for U of T Residents
Author: C. Kirby, C. Gomez, C. Abrahams, S. Edwards
Conference/Grant/Publication: CCME, April 2012, Banff
Type: Poster
6. Walking the talk in physician health teaching: an innovative collaboration for postgraduate medical education and faculty development
Author: S. Edwards, C. Hurst, S. Lieff, K. Leslie
Conference/Grant/Publication: CCME, April 2012, Banff
Type: Poster

Paper Presentations

1. Do we get better with time? What Is the Effect of Length of Teaching Experience?
Author: D. Dodig, E. Grigoriadis, D. Panisko, E. Lorens, G. Bandiera
Conference/Grant/Publication: AMEE, August 2011, Vienna Austria
Type: Paper Presentation
2. Targeting the 'Real' Problems: Identification, Diagnosis and Interventions for Residents in Need
Author: S. Glover Takahashi, S. Spadafora, D. Martin, E. Abner
Conference/Grant/Publication: AMEE, August 2011, Vienna Austria
Type: Paper Presentation
3. The challenge of teaching and assessing non-Medical Expert (NME) CanMedS Roles during postgraduate training: The program directors' perspective
Author: D. Martin, N. Fernandez, A. Boucher, M. Younker, J.R. Frank, R. Kouz, C. Whitehead
Conference/Grant/Publication: CCPH, October 2011, Toronto
Type: Paper Presentation
4. Workshop: Part 1: Mindfulness in Medicine
Author: M. Andrew, A. Chakravarti, C. Garcia, C. Hurst, L. LaCappara, A. Takhar
Conference/Grant/Publication: CCPH, October 2011, Toronto
Type: Paper Presentation
5. Workshop: Part 2: Teaching Resilience in the Context of Adverse Events
Author: M. Andrew, A. Chakravarti, C. Garcia, C. Hurst, A. Takhar
Conference/Grant/Publication: CCPH, October 2011, Toronto
Type: Paper Presentation
6. Best Practices in Remediation of Residents in Difficulty
Author: S. Glover Takahashi, W. Gold, D. Martin, L. Probyn, E. Abnew, I. Zbieranowski, S. Edwards, S. Spadafora
Conference/Grant/Publication: ICRE, October 2011, Quebec City
Type: Paper Presentation
7. Communication Problems are Not Always What They Seem – Assessment, Educational Strategies and Progress Monitoring
Authors: D. Martin, S. Glover Takahashi.
Conference/Grant/Publication: ICRE, October 2011, Quebec City
Type: Paper Presentation
8. Easier said than done: Residents learning CanMEDS communication competencies through a curriculum web initiative
Author: D. Martin, T. Bahr, C. Chi Ming, M. Kennedy, K. Imrie, A. Lalani, F. Leung, K. Loukes, P. Ravitz, H. Shapiro, S. Glover Takahashi
Conference/Grant/Publication: ICRE, October 2011, Quebec City
Type: Paper Presentation

9. "I'm anxious, exhausted and overwhelmed. How do I get back on track?" Comparing the transition experience of trainees making use of counseling supports during third-year clerkship or first-year residency.
Author: C. Hurst, S. Edwards, D. Martin, L. Nickell
Conference/Grant/Publication: ICRE, October 2011, Quebec City
Type: Paper Presentation

10. Remediation of residents in difficulty: A retrospective 10 – year review of the experience of a postgraduate board of examiners
Author: I. Zbieranowski, S. Glover Takahashi, S. Spadafora
Conference/Grant/Publication: ICRE, October 2011, Quebec City
Type: Paper Presentation

11. A 'Best Practices' approach to teacher evaluation across a large faculty is a feasible and effective change management strategy
Author: G. Bandiera, C. Abrahams, K. Imrie, S. Glover Takahashi, R. Brydges, S. Ginsburg, E. Lorens
Conference/Grant/Publication: CCME, April 2012, Banff
Type: Paper Presentation

12. Building a sustainable model for the Learning and Teaching of Medical Residents Across Diverse Training Programs
Author: T. Bahr, CM. Chow, J. Herold, S. Glover Takahashi
Conference/Grant/Publication: CCME, April 2012, Banff
Type: Paper Presentation

13. Career Concerns, Expectations and Post Residency Plans of Surgery Residents at the University of Toronto
Author: C. Abrahams, R. Levine, M. Ruetalo, S. Healy
Conference/Grant/Publication: CCME, April 2012, Banff
Type: Paper Presentation

14. How Am I Going To Make it Through? Exploring the Adaption Experience of Medical Trainees who Sought Counselling supports
Author: C, Hurst, S. Edwards, D. Martin, L. Nickell
Conference/Grant/Publication: CCME, April 2012, Banff
Type: Paper Presentation

15. It's About T-IME": Implementing the Toronto Integrated Medical Education (T-IME) Initiative.
Author: S. Verma, W. Kubasik, C. Abrahams, S. Spadafora
Conference/Grant/Publication: CCME, April 2012, Banff
Type: Paper Presentation

16. Supporting Resident Transitions In and Through Postgraduate Training
Author: D. Martin, S. Glover Takahashi
Conference/Grant/Publication: CCME, April 2012, Banff
Type: Paper Presentation

17. Walking the Talk: Developing a multi-source feedback instrument for the leadership capabilities of residency program directors.
Author: S. Lieff, A. Zaretsky; G. Bandiera, S. Spadafora, K. Imrie, S. Glover Takahashi.
Conference/Grant/Publication: CCME, April 2012, Banff
Type: Paper Presentation
18. Walking the Talk in Physician Health Teaching: An Innovative Collaboration for Postgraduate Medical Education and Faculty Development
Author: S. Edwards, C. Hurst, S. Lieff, K. Leslie
Conference/Grant/Publication: CCME, April 2012, Banff
Type: Paper Presentation

Workshops

1. Helping Residents in Need
Author: D. Martin
Conference/Grant/Publication: ICRE, October 2011, Quebec City
Type: Workshop
2. The good, the bad and the ugly of accreditation: Preparing pre-survey questionnaires.
Author: E. Abner, S. Spadafora, S. Glover Takahashi
Conference/Grant/Publication: ICRE, October 2011, Quebec City
Type: Workshop
3. From the Ground Up: Case studies in the design and implementation of remediation plans for the resident in difficulty
Author: P. Skalenda, S. Glover Takahashi, K. Iglar, D. Martin
Conference/Grant/Publication: FMF, November 2011, Montreal
Type: Workshop
4. An IT Solution for Measurement and Remuneration of Community Preceptor Activity
Author: S. Chan, W. Kubasik, C. Abrahams, L. Muharuma, S. Verma,
Conference/Grant/Publication: CCME, April 2012, Banff
Type: Workshop
5. Best Practices in Developing Individualized Educational Plans for Remediation
Author: W. Gold, L. Probyn, S. Glover Takahashi, D. Martin
Conference/Grant/Publication: CCME, April 2012, Banff
Type: Workshop
6. Tips and Tricks in Implementing Accreditation B Standards into ALL Family Medicine and Royal College Programs.
Author: S. Glover Takahashi, K. Iglar, S. Spadafora, M. Topps
Conference/Grant/Publication: CCME, April 2012, Banff
Type: Workshop

Referred Journal Articles

1. Glover Takahashi, S., Rothman, A., Nayer, M., Urowitz, M., Crescenzi, A M. (2012). Validation of a Large Scale Clinical Examination for International Medical Graduates. Canadian Family Physician. (In Press).
2. Iglar, K. Whitehead, C., Glover Takahashi, S. (2012). Competency-Based Education in Family Medicine. Medical Teacher. (accepted).
3. Jaakkimainen RL., Schultz, SE. ,Glazier, RH., Abrahams, C., Verma, S. (2012). Tracking family medicine graduates. Where do they go, what services do they provide and whom do they see? BMC Family Practice:13:26.
4. Spadafora, S., Houston, P., Levine, M. (2012) A national curriculum in anesthesia: rationale, development, implementation, and implications. Canadian Journal of Anesthesia: Volume 59, Issue 7. Page 636-641
5. Zbieranowski, I., Glover Takahashi, S., Verma, S., Spadafora, S. (2012). Remediation of Residents in Difficulty a Retrospective 10-Year Review of the Experience of a Postgraduate Board of Examiners. Academic Medicine. (accepted).

Appendix C: Postgraduate Medical Education Awards

2011-12

Adjudication Committees

1) PGME Research Awards

- Dr. Abhijit Guha
- Dr. Gregory Hare
- Dr. Ann Jefferies
- Dr. Melinda Musgrave
- Dr. Scott Walsh
- Dr. Kathleen Dattilo
- Loreta Muharuma (ex officio)
- Gerard Nagalingam (ex officio)

2) PGME Awards (PSI, PAIRO, CSCI/CIHR)

- Dr. Ann Jefferies
- Dr. Kathleen Dattilo
- Dr. Scott Walsh
- Dr. Melinda Musgrave
- Dr. Mark Sinyor

3) PGME Awards (Sarita Verma, Leadership)

- Dr. Salvatore Spadafora
- Dr. Susan Edwards
- Loreta Muharuma
- Caroline Abrahams

4) PGME Excellence Awards

- Dr. Yuna Lee
- Dr. Paul Bernstein
- Dr. Eric Yu
- Dr. Caitlin McKeever

PGME Research Awards

1) Summary of 2011 PGME Research Awards - Applicants and Funding

- Total number of applicants: 59
- Total funds available: \$212,324.82
- Total awarded: \$211,190.22
- Awards per trainee: \$5,000 to \$13,000
- 26 out of 59 applicants successful: 44%
- Successful MDs: 23 out of 26 (88.5%): \$207,610.29
- Successful non-MDs: 3 out of 3 (100%): \$3,579.93

2) 2011 PGME Research Awards - Funding Sources and Amounts

- Joseph M. West Family Memorial Fund - \$98,533.62
- Edward Christie Stevens Fellowship - \$51,712.48
- Chisholm Memorial Fellowship - \$25,689.69
- William S. Fenwick Research Fellowship - \$12,656.81
- Graham Campbell Fellowship - \$1,134.60
- Miriam Neveren Memorial Award - \$4,795.66
- William Cron Harris & Jean Gordon Harris Memorial Fellowship - \$5,368.30
- Edie Steinberg Scholarship Fund - \$3,984.33
- Ellen Epstein Rykov Memorial Prize - \$3,254.87
- Elizabeth Arbuthnot Dyson Fellowship - \$2,457.95
- Javenthey Soobiah Scholarship - \$1,353.22
- Heidi Sternbach Scholarship - \$951.71
- Nellie L. Farthing Fellowship - \$216.56
- Timeposters Fellowship - \$215.02
- Starr Medals - Gold Medals Only

2011 PGME Research Award Winners (by department)

Name	Department	Award
Johan Van Limbergen	Paediatrics	Miriam Neveren Memorial Award Nellie L. Farthing Fellowship William S. Fenwick Fellowship Chisholm Memorial Fellowship Joseph M. West Family Memorial Fund
Nigil Haroon	Medicine	Miriam Neveren Memorial Award Chisholm Memorial Fellowship William S. Fenwick Fellowship Edward Christie Stevens Fellowship Joseph M. West Family Memorial Fund
Nir Lipsman	Surgery	William S. Fenwick Fellowship Chisholm Memorial Fellowship Miriam Neveren Memorial Award Edward Christie Stevens Fellowship Joseph M. West Family Memorial Fund
David Cadotte	Surgery	Starr Medal Chisholm Memorial Fellowship Miriam Neveren Memorial Award Edward Christie Stevens Fellowship Joseph M. West Family Memorial Fund
Ahmad Alavian Ghavanini	Medicine	Chisholm Memorial Fellowship Miriam Neveren Memorial Award Edward Christie Stevens Fellowship Joseph M. West Family Memorial Fund

Name	Department	Award
Brent Williams	Paediatrics	Chisholm Memorial Fellowship Edward Christie Stevens Fellowship Joseph M. West Family Memorial Fund
Dina Kulik	Paediatrics	Chisholm Memorial Fellowship Joseph M. West Family Memorial Fund Edward Christie Stevens Fellowship Timeposters Fellowship Elizabeth Arbuthnot Dyson Fellowship
Darren Yuen	Medicine	Edward Christie Stevens Fellowship Joseph M. West Family Memorial Fund Starr Medal
Julio Furlan	Medicine	Chisholm Memorial Fellowship Joseph M. West Family Memorial Fund Edward Christie Stevens Fellowship
Christina Louise Basford	Physiology & Medicine	Javenthey Soobiah Scholarship
Siba Haykal	Surgery	Joseph M. West Family Memorial Fund Edward Christie Stevens Fellowship William S. Fenwick Fellowship
Srinivas Murthy	Paediatrics	Elizabeth Arbuthnot Dyson Fellowship Joseph M. West Family Memorial Fund
Jefferson Wilson	Surgery	Chisholm Memorial Fellowship Edward Christie Stevens Fellowship Joseph M. West Family Memorial Fund
Pawel Stocki	Biochemistry	Ellen Epstein Rykov Memorial Prize
George Ibrahim	Surgery	William S. Fenwick Research Fellowship Joseph M. West Family Memorial Fund
Lily Siok Hoon Lim	Paediatrics	Edie Steinberg Scholarship Fund Chisholm Memorial Fellowship Joseph M. West Family Memorial Fund
Ryan Alkins	Surgery	Edward Christie Stevens Fellowship Joseph M. West Family Memorial Fund
Marialena Mouzaki	Paediatrics	Joseph M. West Family Memorial Fund
Niraj Mistry	Paediatrics	Starr Medal Chisholm Memorial Fellowship Joseph M. West Family Memorial Fund
Nadia Luca	Paediatrics	Joseph M. West Family Memorial Fund
Furqan Shaikh	Paediatrics	Joseph M. West Family Memorial Fund
Andrea Covelli	Surgery	Ellen Epstein Rykov Memorial Prize Joseph M. West Family Memorial Fund
Akerke Baibergenova	Medicine	Joseph M. West Family Memorial Fund

Name	Department	Award
Marko Skrtic	Ontario Cancer Institute	Heidi Sternbach Scholarship
Kirsteen Burton	Diagnostic Radiology	William Cron Harris & Jean Gordon Harris Memorial Fellowship
Mark McVey	Anaesthesia	Edie Steinberg Scholarship Fund Joseph M. West Family Memorial Fund

Other PGME Awards

1) PAIRO Resident Teaching Awards – Residents (awarded February 2012)

- Value of award:\$1,000
- Number of applicants: 2
- Winners: Thamer Al Abbasi, PGY4 Surgery
Derek MacFadden, PGY2 Medicine

2) CSCI/ CIHR Resident Research Award (awarded July 2011)

- Value of award: \$1,000
- Number of applicants: 12
- Winner: Emilie Jean-St- Michel, PGY5 Paediatrics

3) PSI Resident Research Awards (awarded October 2011)

- Value of Award: \$ 2,000
- Number of Applicants: 21
- Winners: Julio Furlan, PGY3 Medicine
Eric Morgen, PGY4 Lab. Medicine & Pathobiology
Joel Woodley-Cook, PGY3 Diagnostic Radiology
Alun Ackery, PGY4 Medicine
Kaylyn Kit Man Wong, PGY3 Medicine

4) PGME Excellence Awards (awarded May 2012)

- Development and Innovation:
- Value of Award: \$ 1,000
- Number of Applicants: 6
- Winners: Peter Ferguson, Dept. of Surgery
Rodrigo Cavalcanti, Dept. of Medicine
- Teaching Performance/Mentorship/Advocacy:
- Value of Award: \$ 1,000
- Number of Applicants: 3
- Winners: Heather Ross, Dept. of Medicine
Robert Mustard, Dept. of Surgery

5) **Sarita Verma Award (awarded March 2012)**

- Value of award: \$500
- Number of applicants: 8
- Winner: Ari Zaretsky, Dept. of Psychiatry

6) **PGME Trainee Leadership Awards (awarded June 2012)**

- Value of award: \$500
- Number of applicants: 5
- Winners: Peter Lugomirski, PGY2 Medicine
Catharine Walsh, Clinical Fellow Paediatrics
Lauren Lapointe-Shaw, PGY3 Medicine

7) **Charles Mickle Fellowship (awarded April, 2012)**

- Awarded to a member of the medical profession anywhere in the world who has contributed greatly to medicine during the past 10 years
- Value of award: \$7,500
- Winner: Dr. David McKnight, Dept. of Anesthesia

8) **Clinician Graduate Degree Scholarship Program (November 2011)**

- This program is designed to foster clinician scientist/educator graduate training during postgraduate training by using funds generated from the Vision Science Research Program and the Postgraduate Medical Education office to “top up” stipends of postgraduate trainees in graduate programs to levels approximating those of their corresponding PGY level.
- Total Funds Available: \$200,000
- Total Top-up Funding Requested for 19 trainees: \$277,773
- Total Awarded: \$200,000

DEPARTMENT	# OF TRAINEES	VISION SCIENCE TOP-UP	PGME TOP-UP
Medicine	7	\$44,619.00	\$33,255.00
Surgery	6	\$38,254.00	\$30,153.00
Paediatrics	5	\$30,977.00	\$19,407.00
Laboratory Medicine & Pathobiology	1	\$2,051.00	1,284.00
TOTAL	19	\$115,901.00	\$84,099.00

Awards Administered by the PGME Office (adjudicated by departments):

9) Alfred Edward Covell Scholarship

- Value of award: \$ 10,688
- Winner: Kathy Cao, Dept. of Ophthalmology

10) C. P. Shah Award

- Value of award: \$ 480
- Winner: Peter Tanuseputro, Dalla Lana School of Public Health
Lawrence Loh, Dalla Lana School of Public Health

11) Dr. Peter Prendergast – Ontario Shores Prize in Quality Improvement

- Value of award: \$ 334
- Winners: Patrick Lo, Dept. of Psychiatry
Albert Allen, Dept. of Psychiatry
Adam Toews, Dept. of Psychiatry

12) Freda Noyek Merit Award in Otolaryngology

- Value of award: \$550
- Winner: Dustin Dalgorf, Dept. of Otolaryngology

13) Frederick Papsin Postgraduate Award

- Value of award: \$1,000
- Winner: Karthika Devarajan, Dept. of Obs. & Gyn.

14) John Edward DeToro Scholarship

- Value of award: \$500
- Winner: James Hendry, Dept. of Surgery

15) Irving Heward Cameron Memorial Scholarship

- Value of award: \$14,040, \$30,966,
- Winners: Sunjay Sharma, Dept. of Surgery
Lakhbir Sandhu, Dept. of Surgery

16) Roberta Jong Graduate Award

- Value of award: \$1,000
- Winner: Vivianne Aguilera Freitas, Dept. of Diagnostic Radiology

17) David A. Scott Award

- Value of award: \$453.71
- Winner: Wesley Errington, Dept. of Biochemistry

18) Knox Ritchie Research Award

- Value of award: \$250
- Winners: Kimberley Garbedian, Dept. of Obstetrics & Gynaecology
Sascha Drewlo, Dept. of Obstetrics & Gynaecology
Stephanie Backman, Dept. of Obstetrics & Gynaecology
Theresa Chow, Dept. of Obstetrics & Gynaecology
Sarah Cao, Dept. of Obstetrics & Gynaecology

19) Kris Conrad Merit Award in Facial Plastic Surgery

- Value of award: \$1,000
- Winner: Nitin Chauhan, Dept. of Otolaryngology

20) Stuart Alan Hoffman Memorial Prize

- Value of Award: \$750
- Winner: Andrea Conroy, Dept. of Lab. Medicine & Pathobiology