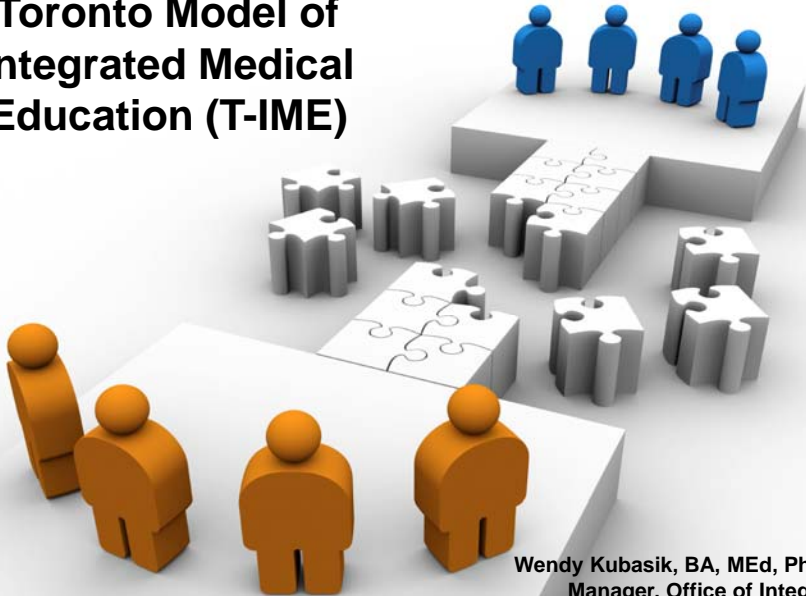


## Toronto Model of Integrated Medical Education (T-IME)



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## OIME

### *Recent Key Developments*



- OIME Website
  - Launched in March 2012 ([www.oime.utoronto.ca](http://www.oime.utoronto.ca))
- OIME Newsletter: Four editions have been published
  - Excellent feedback; stories and updates are welcome!
- OIME Annual Report 2011-2012
  - Published in September 2012
  - Customized reports provided to Chairs, Hospital VPs Education
  - 2012-2013 reports to be published late summer/early fall 2013
  - Report: Key Performance Indicators for IME (summer 2013)
- OIME List Serve
  - Over 2,200 participants

## OIME

### *Recent Key Developments*



- **New IME Community-Based Teaching Awards:**
  - 22 nominees; complete packages received from 20 nominees
  - Adjudication Committee met late March 2013
  - 5 awardees; presentations at Education Achievement Day event in May 2013
- **ei<sup>3</sup>: 2<sup>nd</sup> Annual OIME Summit (Educational Technologies): November 2012 (over 130 participants)**
  - 3<sup>rd</sup> Annual OIME Summit: December 3, 2013, Li Ka Shing Institute
  - Focus on faculty development; joint project with the Centre for Faculty Development
- **PGME Accreditation: IME Meeting April 9, 2013**
  - Favorable feedback on the OIME was received

## OIME

### *Recent Key Developments*



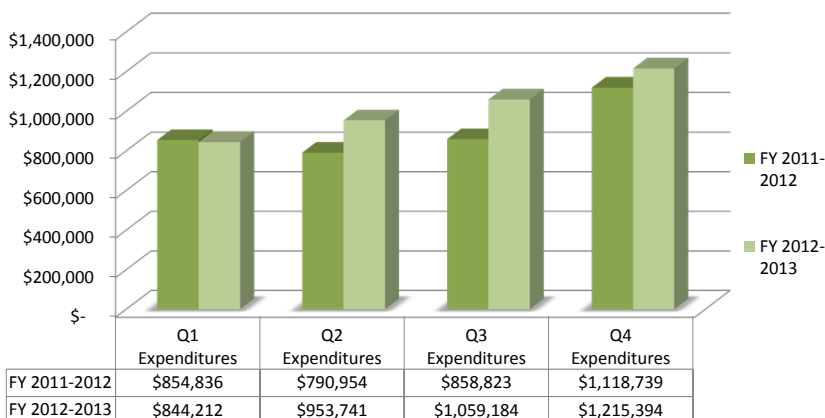
- **Conference Presentations:**
  - CCME 2012: Oral presentations on T-IME project & T-IME preceptor payment systems
  - AAMC 2012: Poster presented on the T-IME preceptor payment system (GRMC Section)
  - CCME 2013: Oral presentation (OIME & PGME) on a Key Performance Indicators Dashboard for IME
- **New OIME Staff:**
  - OIME Financial Officer (Mubin Merchant) and Project Assistant (Valerie Beck), Summer Student (Christie Huang, p/t)

## Learner Days in the Community Sites

- 82% of Clerks and 50% of Residents participated in at least one community-based rotation in 2011-2012
  - Data analysis underway: Data by clinical department; comparison with data from 2006-2007; types of rotations
- 95% of our MOHLTC preceptor payment budget of \$3.8 million was used in 2011-2012
- 95% of our MOHLTC preceptor payment budget of \$4.3 mil was also used in 2012-2013 (payments totaled \$ 4.075 million)
  - = **Growth of 12% from FY 2012 to FY 2013**
  - Communications with the PGME, Deputy Dean and the OIME around new rotations or expansion into the community sites (hospitals or offices) is key



## Community Preceptor Payments by Quarter: 2011-2012 and 2012-2013



## Community-Based Academic Appointments



- **168% growth** in community-based academic appointments: From 774 in June of 2010 to 1,703 in June 2012 to 2,075 in March 2013
  - Significant growth in all clinical departments
- T-IME CE & FD WG: New faculty orientation program
- T-IME Appts & Promotions WG: Tool Kit for new faculty; online appointments application system under development
- IME: 3 new awards for community-based teaching excellence (22 nominees and 5 awards recipients in 2013)
  - 2014: New Award in E-Learning Technology to be implemented
- CEPD & FD programs: Clinical departments and hospitals
- Online appointments application (implemented March 2013)

## IME Hot Button Issues



- Data integrity: Data entered by Program Assistants at UT
  - Data quality has consistently improved, but missing data
  - PAs should enter all rotations and complete all fields
- Affiliation Agreements:
  - Affiliation agreements at all current hospitals renewed
  - LOUs renewed - community-based hospitals and public health
  - Hospitals with no affiliation agreements: Rouge Valley, William Osler, Mackenzie Health, Brampton Civic Hospital, Oakville Trafalgar
- Office-based physicians
  - Number of office-based physicians has grown to over 170
  - Challenges: Tracking of physicians; academic appointments; faculty development opportunities; integration with UofT clinical department; payment challenges (labor intensive)
- Coordination challenges at smaller hospitals:
  - Lack of dedicated administrative support for medical education












## Background




- T-IME Project: Learner Experience working group (established in April 2011)
  - Co-Chairs: Leslie Nickell & Susan Edwards (+ hospital VPs Education, Vice Dean Equity, PGME, UMGE & learners)
  - Support provided by the Office of Integrated Medical Education
- Mandate:
  1. Create an inventory of learner-related policies (**DONE**)
  2. Review all policies (**DONE**)
  3. Work with the T-IME Policies and Procedures working group to communicate/adopt policies (**DONE**)
  4. Identify “learner irritants” in the hospital setting (**Ongoing**)
  5. Work with the hospitals and learners to devise methods to decrease “learner irritants” around orientation and registration processes at the hospital sites


## T-IME Learner Experience Working Group: Work Plan Priorities: 2012-2014



|   |   |   |   |   |   |  |   |   |
|---|---|---|---|---|---|--|---|---|
|  |  |  |  |  |  |  |  |  |
| Pagers  | Scrubs  | Common Orientation for Learners   | Security Badges   | Clerk & Resident Support Services   | Email   | Access to EMRs   | WiFi Access in Hospitals  | YouTube Access in Hospitals   |
|   |   |   |   | Sue & Leslie  | ← Link with T-IME Connectivity WG →   |  |   |   |




## Work Plan Priorities 2012-2013



*Priorities for 2012-2013 established by working group members (ranked order):*

1. Common hospital orientation program for learners
  - E-orientation modules: Privacy (Piloted 2011-2012); hand hygiene and sharps safety (July 2013)
  - For future: Violence, WHMIS, Harassment
  - TAHSN-e – coordination with T-IME and HUEC
  - Sharing of best practices, re: registration & orientation
2. Pre-printing of hospital security ID badges
  - Survey completed: HUEC Members
  - Coordination with HUEC; approval to seek further information
3. “Common” pagers
4. Access to EMRs (re: on-call coverage issues)



## Work Plan Priorities 2012-2013 cont'd...



### 5. WiFi, YouTube and Vimeo access in hospitals for educational purposes

- Active discussion at Hospital CIOs level
- Capacity and financing a major challenge
- “BYOD” policies under discussion at many affiliated hospitals

#### ***Ongoing or additional:***

- Parking fees for medical learners (request from HUEC)
- Clerk and Resident Support Services: Integration between OHPSA (UGME) and Office of Resident Wellness (PGME)
  - Shared resources and integrated strategies (e.g., career planning, support for wellness initiatives)

## OIME

### ***Parking Survey***



- Survey implemented through the T-IME Learner Experience working group on the request of HUEC
- 6 questions
- Survey piloted for content and construct validity
  - **Content** validity (are we asking the right questions? Are there any questions that should be added or reworded?)
  - **Construct** validity (survey tool, flow of the survey?)
- Survey emailed to all VPs or Directors of Education (HUEC members)
- 77% response rate achieved (20 respondents)
  - Two reminders sent (Responses pending: Baycrest, Women’s, Lakeridge, Ontario Shores, Scarborough, Surrey)

## OIME

Office of Integrated Medical Education



- Question 1: Do learners need to purchase a monthly parking permit at your hospital?
  - No = 11 hospitals (55% of respondents)
  - Yes = 9 hospitals (45% of respondents)
- Question 2: Is it possible for learners to purchase a weekly parking permit at your hospital?
  - No = 7 (35% of respondents)
  - Yes = 10 (50% of respondents)
  - Maybe = 3 (15% of respondents)

## Full Affiliates: Parking Fees



- Question 3, 4 and 5: What is the cost of a monthly parking permit for **staff** members? Do medical learners pay the same fee? Do residents pay the same fee?

| Hospital          | Monthly Parking Fee for Staff                 | Do medical learners (UGME) pay the same fee?         | Do residents pay the same fee? |
|-------------------|---|--|--------------------------------|
| CAMH              | \$60.00 (outdoors)                            | No – pay reduced fee                                 | Yes                            |
| Holland Bloorview | \$48/2 weeks to \$29/mos (farther away)       | No, but park off-site (waitlist for on-site parking) | Yes                            |
| Mount Sinai       | \$180   | No, pay higher fee (private parking company)         | No, pay higher fee (\$225/mos) |
| SickKids          | \$200 (Atrium), \$180 (Alan Brown)            | No   | Yes                            |
| St. Michael's     | \$300   | No response  | Yes                            |
| Sunnybrook        | \$118/mos, \$36/wk                            | Yes  | Yes                            |
| UHN               | \$135 – but lengthy wait list. Card = \$9/day | Yes  | Yes                            |



## Community-Based Affiliates: Parking Fees

- Question 3, 4 and 5:

| Hospital       | Staff Monthly Fee | Do medical learners (UGME) pay the same fee? | Do residents pay the same fee? |
|----------------|-------------------|--|--------------------------------|
| Bridgepoint    | \$90              | Yes (but student rate for new garage)        | Yes                            |
| Hincks         | No response       | Yes – see previous answer                    | Yes                            |
| HRRH           | \$38              | Yes  | Yes                            |
| Markham        | \$43              | Yes  | Yes                            |
| North York     | \$57              | Yes  | Yes                            |
| Providence     | \$47              | Yes  | Yes                            |
| Royal Victoria | \$41              | No (\$5.25/wk)                               | No (\$10/wk)                   |
| Southlake      | \$45 - \$60       | Yes (\$45/mos, park off-site)                | Yes                            |
| St. Joseph's   | \$70              | No (\$50/mos all trainees)                   | No (\$50/mos )                 |
| Trillium       | \$40              | Yes  | Yes                            |
| Waypoint       | FREE              | FREE   | FREE                           |
| Westpark       | \$44              | Yes  | Yes                            |

## Security-ID Badges: Background

- April 2013: OIME conducted a survey on behalf of the T-IME Learner Experience Working Group and HUEC
  - Survey pilot (TEGH & Sunnybrook, T-IME LE WG): Content and construct validity tested
- **Subject:** Security-ID Badges for UofT learners at the at the full and community affiliated hospitals (re: feasibility of pre-printing badges?)
- Survey sent VPs or Directors of Medical Education for 25 hospitals (both full/community affiliates)
- **88% response rate achieved (22 hospitals)**
- Survey responses pending from the following sites:
  - Scarborough Hospital, Lakeridge, Waypoint Centre

## Survey Results: General Findings

- 30% of hospitals (7) are currently pre-printing Security-ID Badges:
  - Full Affiliates: St. Michael's, CAMH
  - Community Affiliates: Bridgepoint, Hincks Dellcrest, Markham Stouffville, Southlake, West Park Healthcare
    - 3 sites use generic ID badges with a Photo ID
- Not all sites issue key fobs in addition to badges
  - Many badges have all the codes pre-programmed
- If learner not registered, no security/ID badge is provided
- Challenges involved with pre-printing badges):
  - Extra badges sometimes pre-printed, re: learners change their rotation (=cost, redundancy)
  - Learners sometimes don't send photos before the hospital printing deadlines (suggest having photos available via UofT)

## Survey Responses: Question 7

*If your Hospital does NOT pre-print badges for Learners, would you be open to doing so in future?*

| Response          | % Responses | Institution   |
|-------------------|-------------|---|
| Yes               | 30%         | Baycrest, Sunnybrook, Hincks Dellcrest, Humber River, Providence, St. Joseph's, Trillium                        |
| No                | 9%          | Holland Bloorview, Royal Victoria ("we require pictures)  |
| Maybe             | 44%         | St. Michael's, MSH, UHN, Women's College, Bridgepoint, North York General<br>Ontario Shores, TEGH, Surrey Place |
| Pre-print Already | 13% (?)     | CAMH, West Park, Markham Stouffville<br>(Unclear: SMH?)   |
| Not applicable    | 4%          | Southlake (generic badges)  |

## Results: Comments and Suggestions

- A few hospitals use generic, pre-printed Security Badges which are to be worn with acceptable photo ID (e.g., Southlake)
- Comment received: *“Require a good file sharing system since the learner info received from UofT does not always match up”*
- *“A reliable, centralized method whereby learner ID photos could be downloaded from POWER and pre-printed would be helpful”* (2)
  - UHN: Load photos onto POWER for downloading - to save learners time lost due to photo retakes
- Consider a “UofT Badge” that could be presented at each hospital rather than requiring to secure one at each location

## Next Steps: Learner Experience cont'd

### **Security-ID Badges:**

1. Explore pre-loading photos onto POWER and MedSIS
  - Photo specifications?
  - Technical specifications, re: hospital and university requirements, systems, processes that are in place, etc.
2. Hospital processes, best practices and feasibility: More information is needed
  - OIME to collect data through Med Ed/Med Affairs offices
3. Pilots: Pre-Printing of Security-ID badges:
  - UGME: Pilot pre-printing of badges with one hospital in 2013-2014
  - Pre-load professionally taken photos onto MedSIS
  - PGME: Explore requirements and processes, re: photos taken from POWER (possible: pilot with 1-2 sites)

## Next Steps: Learner Experience

### **Pagers:**

Explore issues around pagers further:

- Technical specifications, types of pagers, processes, challenges
- Request received from UHN, Sunnybrook and SMH to pursue further
- Project Plan; permission from HUEC

### **EMRs:**

- Access for on-call coverage – explore at program level?

### **YouTube, Vimeo and WiFi:**

- Liaise with Chief Information Officers group; Director, E-Learning Innovation; Director, Information Technology
- Pilots underway at some hospitals
- BYOD policies being explored
- Infrastructure and funding are the major hurdles at this point



## 2012/13 UofT PGME Internal Transfers, by Program/Year

| Program              | PGY1      |           | PGY2+     |          | TOTAL OUT | TOTAL IN  |
|----------------------|-----------|-----------|-----------|----------|-----------|-----------|
|                      | Out       | In        | Out       | In       |           |           |
| Anesthesia           |           | 2         |           |          | 0         | 2         |
| Family Med           | 5         | 5         |           |          | 5         | 5         |
| Gen Surgery          |           |           | 2         |          | 2         | 0         |
| Internal Med         | 2         | 1         |           |          | 2         | 1         |
| Lab Med              |           |           |           | 1        | 0         | 1         |
| Neurology            |           |           | 1         |          | 1         | 0         |
| ObGyn                |           | 2         | 1         |          | 1         | 2         |
| Otolaryngology       | 1         |           |           |          | 1         | 0         |
| Peds Neurology       |           |           |           | 1        | 0         | 1         |
| PHPM                 |           | 1         |           |          | 0         | 1         |
| Urology              | 1         |           |           |          | 1         | 0         |
| <b>TOTAL</b>         | <b>9</b>  | <b>11</b> | <b>4</b>  | <b>2</b> | <b>13</b> | <b>13</b> |
| <b># OF REQUESTS</b> | <b>30</b> |           | <b>13</b> |          | <b>43</b> |           |

## UofT PGME Internal Transfer Summary 2002-2013

| Year           | FAM MED |    | SPECIALTY |    | TOTAL<br>In/Out | #<br>Requests | % Request<br>vs Accept |
|----------------|---------|----|-----------|----|-----------------|---------------|------------------------|
|                | Out     | In | Out       | In |                 |               |                        |
| <b>2002/03</b> | 6       | 3  | 18        | 21 | <b>24</b>       | 28            | 86%                    |
| <b>2003/04</b> | 6       | 7  | 12        | 11 | <b>18</b>       | 27            | 67%                    |
| <b>2004/05</b> | 4       | 3  | 17        | 18 | <b>21</b>       | 29            | 72%                    |
| <b>2005/06</b> | 4       | 0  | 5         | 9  | <b>9</b>        | 18            | 50%                    |
| <b>2006/07</b> | 5       | 4  | 5         | 6  | <b>10</b>       | 26            | 38%                    |
| <b>2007/08</b> | 5       | 3  | 15        | 17 | <b>20</b>       | 50            | 40%                    |
| <b>2008/09</b> | 4       | 6  | 14        | 12 | <b>18</b>       | 45            | 40%                    |
| <b>2009/10</b> | 1       | 2  | 5         | 4  | <b>6</b>        | 26            | 23%                    |
| <b>2010/11</b> | 0       | 6  | 14        | 8  | <b>14</b>       | 31            | 45%                    |
| <b>2011/12</b> | 0       | 4  | 12        | 8  | <b>12</b>       | 41            | 29%                    |
| <b>2012/13</b> | 5       | 5  | 8         | 8  | <b>13</b>       | 43            | 30%                    |

# Transfer Highlights 2012-13

- Program capacity continues to limit transfers
- Complaints re waiting for 2<sup>nd</sup> iteration
- Increased use of 2<sup>nd</sup> iteration for transfers
- 30 PGY1 requests = approx. 7% of PGY1 cohort
- Distribution of requests (primary):
  - 42% FM transfer requests to specialty
  - 33% Specialty requests to FM
  - 25% Specialty to Specialty

# Intra/Interprovincial/2<sup>nd</sup> Iteration

- 77% (43) of requests from 5 schools want UofT
- **Outgoing:**
  - 2 matched in CARMS 2<sup>nd</sup> iteration (FM – Queen's, Dalhousie)
  - 4 transfers out: 2 Mac, 1 Queens, 1 Western
- **Incoming:**
  - 6 transfers in: Diagnostic Radiology, General Surgery, Peds Hem/Onc, Psychiatry, Rad Oncology (from McMaster, Queen, UWO, Ottawa, McGill and U.S.)