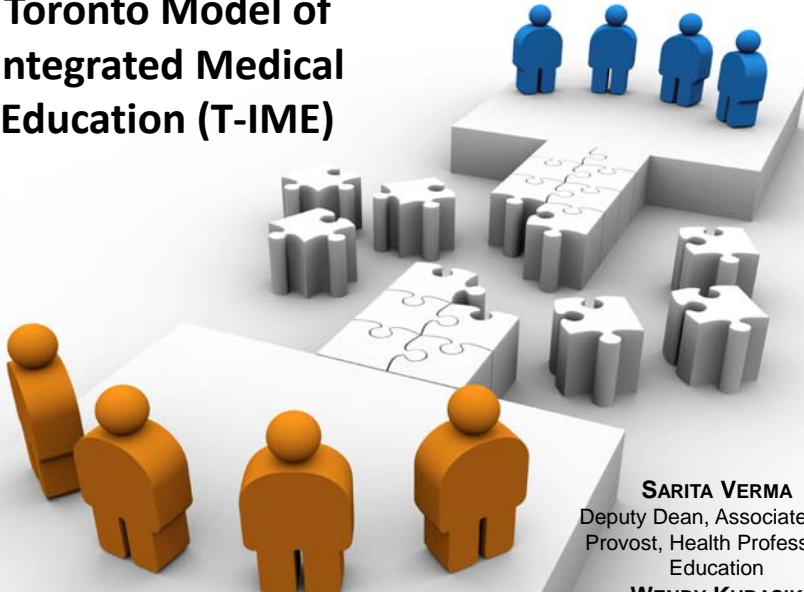


Toronto Model of Integrated Medical Education (T-IME)



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PGMEAC, January 24, 2014


IME at UofT: Key Milestones

Pre-2009:

- DME programs at the University of Toronto: decentralized, loose organizational structure with great variability amongst clinical departments

2009

- External review of the U of T's DME landscape

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FACULTY OF MEDICINE

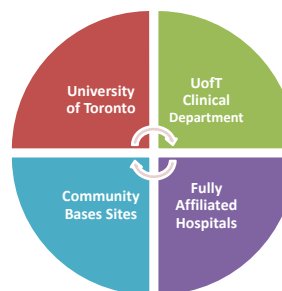
2009 DME Review: Recommendations

Recommendation	Key Points
Language	Develop language around “integrated medical education” rather than “distributed medical education”. The best learning occurs in both community affiliated hospitals and in the AHSC context.
Vision	Create a Faculty <i>vision</i> for integrated education across the Faculty and partner institutions.
Coordination	Develop a coordination model that reflects the education continuum.
Infrastructure	Establish a Faculty infrastructure and a senior leadership team.
Funding	Seek adequate financial supports.
Information Technology	Improve the quality of IT across the Faculty to support the vision of IME.
Research	Recognize the research opportunities brought to the table by community affiliates through their population base.

IME at UofT: Key Milestones

2010: Language and Vision:

- “Integrated Medical Education” (IME) vs. Distributed Medical Education (DME) adopted by the UofT
- Integration of the various stakeholders – hospitals (full and community affiliates), PGME and UGME, clinical departments, office-based teaching sites into the mission of the Faculty of Medicine
- Late 2010: Workshops and Summit meetings of key stakeholders for agreement on IME vision, principles and charter



IME: Key Milestones



Coordination and Infrastructure: Significant progress was made between 2010 and 2013

- Late 2010: T-IME Steering Committee formed
 - Senior representatives; 8 working groups
 - Project and administrative support
 - Governance and coordination for both T-IME and the OIME
- April 2011: Office of Integrated Medical Education (OIME) established
 - Manager, OIME; Director, e-Learning Innovation; Financial Officer; and Project Assistant (Research Officer recruitment underway)
- August 2011: Launch of the Mississauga Academy of Medicine

T-IME Working Groups



8 working groups under the T-IME Steering Committee:

1. Academic Appointments and Promotions (chairs: J. Bohnen/A. Gotlieb)
2. IT & Connectivity (chairs: M. Law/W. Robertson)
3. CE & FD (chairs: K. Leslie/D. Anastakis)
4. Hospital Finances for Medical Education (chair: S. Verma)
5. Key Performance Indicators for IME (chairs: S. Verma/S. Spadafora)
6. Learner Experience (chairs: S. Edwards/L. Nickell)
7. Policies & Procedures (chairs: J. Rosenfield/S. Spadafora)
8. POWER-MedSIS (chairs: P. Houston/D. Latter)

Preceptor Payments



- January 2011: Agreement with the MOHLTC on Funding for Community-based Preceptors (*NEW*)
 - 2011-2012 disbursed \$3.623 of the \$3.8 million (95% of budget)
 - 2012-13: disbursed \$4.075 of the \$4.3 million (95% of budget)
 - 2013-14: projecting \$5.569 million
- Development of the T-IME Preceptor Payments System
 - First of it's kind in Canada
 - Fully integrated database which extracts learner-related data from POWER and MedSIS
 - Provides granular access and control to teaching, learner and payment-related data
 - Allows for the triangulation of teaching activity with payments and evaluations
 - Facilitates accountability and reporting mechanisms

Key Outputs



- Annual growth in community-based academic appointments:
From 774 (June of 2010) to 2,045 (June 2013)
- T-IME CE & FD WG: New faculty orientation program (held at St. Joseph's Health Centre and Toronto East General in 2012-13)
 - Next sites: Southlake and Royal Victoria (2014)
- T-IME Appts & Promotions WG: Tool Kit for new faculty; online appointments application system under development
- OIME: 3 new awards for teaching excellence in the community hospitals (22 nominees in 2013; 5 awards given)
 - 49 nominations in 2014; growth of 122% in one year
- Online appointments application (launched in 2013)
- 3rd Annual OIME Summit
 - Joint Summit with the Centre for Faculty Development and the Council of Health Sciences Education

Key Outputs

- PGME Accreditation 2013
- IME Meeting April 9, 2013
- OIME and the relationships built were cited as a key strength of the Postgraduate Programs at the University of Toronto
- 1st KPIs for IME Report
 - Published in October 2013; “dashboard” on our website
 - Customized reports for all UofT Chairs and Hospital Vice Presidents or Directors of Medical Education



T-IME KPIs at a Glance

Shorter-Term KPIs (2012-13)	Longer-Term KPIs
Community-affiliated teaching sites	Socioeconomic impact studies
Learner Days	Impact on health human resources planning & eventual practice locations
Faculty Appointments in the Community Affiliated Sites	Impact of community-based rotations on CaRMS matches
Funding for Preceptors & Infrastructure	Comparability of the learner experience & performance across all teaching sites
Recognition and support for clinical preceptors	Learner & preceptor satisfaction studies
Evaluations (TES & RES)	Evaluation of faculty development programs



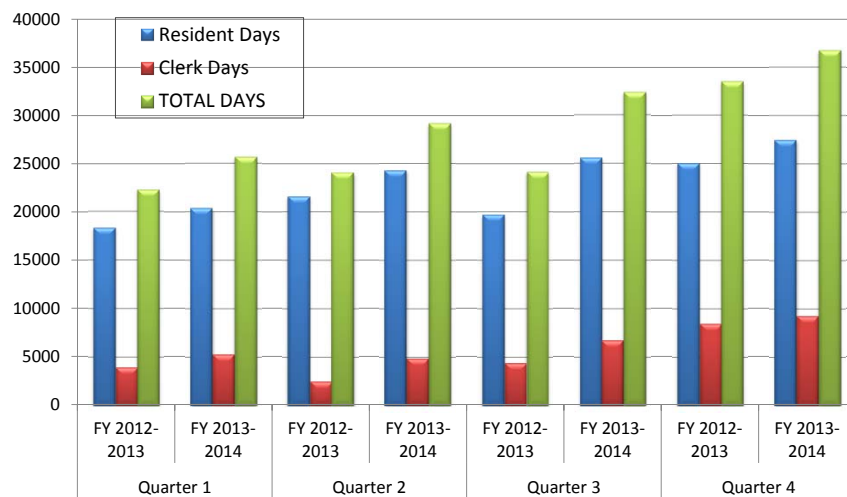
Learner Days in the Community Sites



- 231,000 learner days in the community sites in two years time
 - Growth of 16.9% from 2011-12 to 2012-13
 - 32% overall growth in Clerk Days
 - 12% overall growth in Resident Days
- **Growth reflects...**
 - Changing curricular and accreditation standards
 - Expansion
 - Increasing integration and partnerships – UofT with our community affiliated hospitals
 - Availability of high-quality, community-based learning in regions that constitute the UofT’s “community”



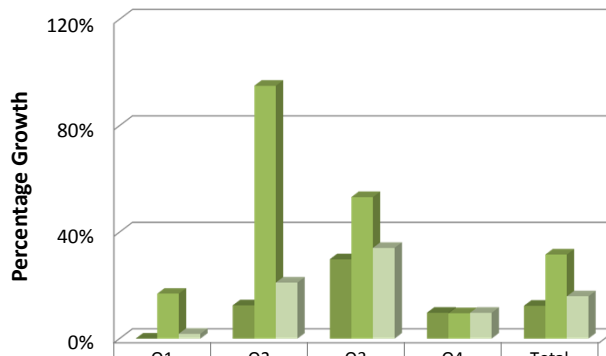
Learner Days in the Community Sites by Quarter: 2011-2012 and 2012-2013



Growth in IME Funded Learner Days: 2011-2012 and 2012-2013

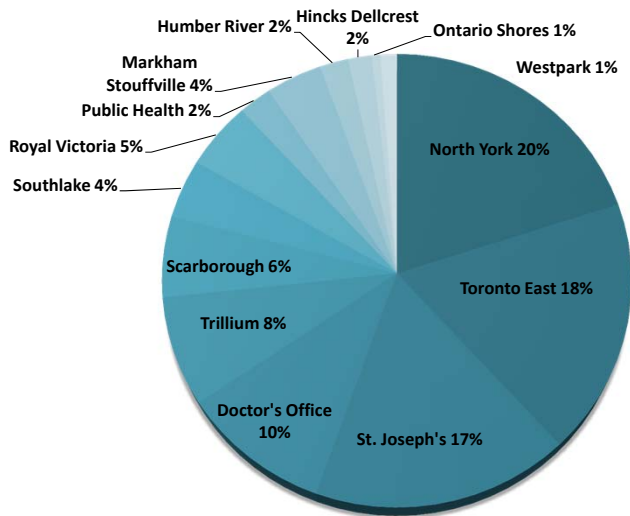


Overall growth of 16.9% from 2011-2012 to 2012-2013

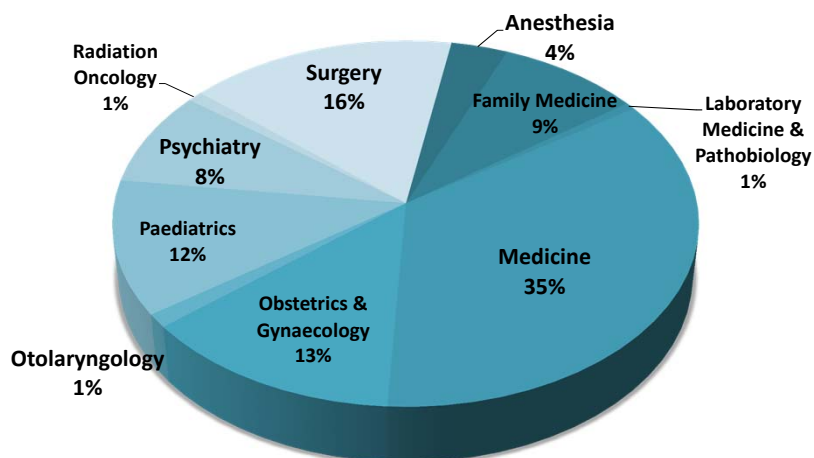


	Q1	Q2	Q3	Q4	Total
Resident Days Growth/Decline	-1%	13%	30%	10%	12%
Clerk Days Growth/Decline	17%	95%	53%	10%	32%
Total Learner Days Growth/Decline	2%	21%	34%	10%	16%

Distribution of IME Funded Learner Days: Hospitals



Distribution of IME Funded Learner Days: Clinical Departments

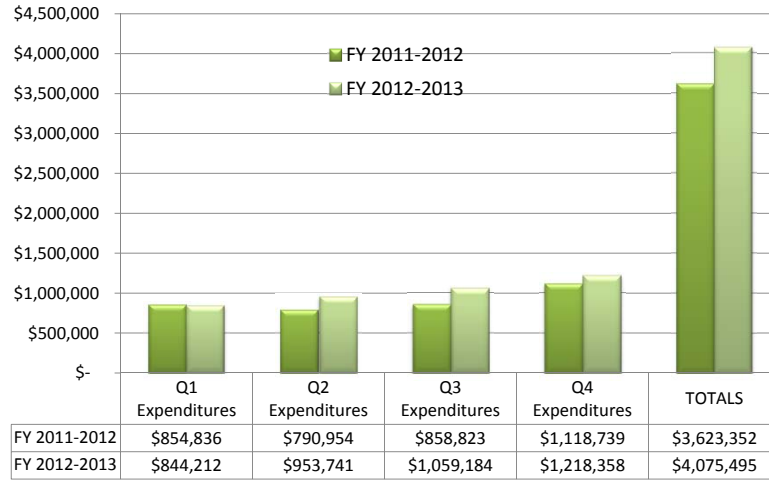


Preceptor Payments

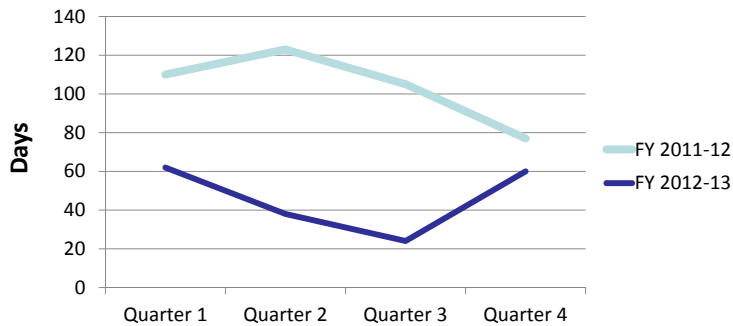


- \$7.3 million paid in just over two years time
 - Growth of 12.5% from 2011-12 to 2012-13
 - Largest growth of 23% occurred in Q3 of fiscal year 2012-2013
- **Budget Utilization**
 - 95% of budget allocated by the MOHLTC utilized in fiscal years 2011-2012 and 2012-2013
 - Projected payments total \$5.569 million in 2013-14 with additional growth in 2014-15
 - Additional funding requested from the MOHLTC for travel & accommodations funding needs created by ROMP's withdrawal from Southlake & Markham Stouffville

Total Payments by Fiscal Year Quarter: FY2011-12 and FY2012-13



Average Cheque Processing Times



- KPI demonstrates a significant reduction in our average payment timelines from year 1 to year 2
- T-IME system has facilitated the monitoring of resources for accountability and quality improvement processes
- T-IME has streamlined the MOHLTC reporting process thereby creating efficiencies in other operational areas

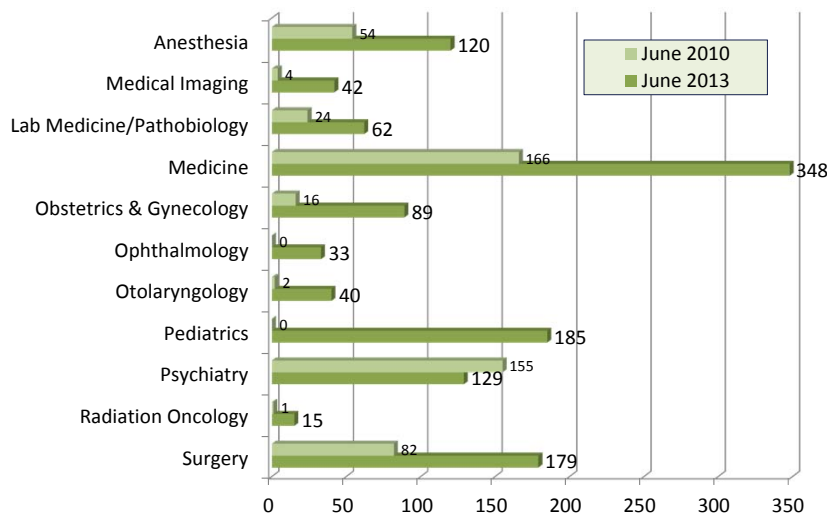
Community-Based Academic Appointments



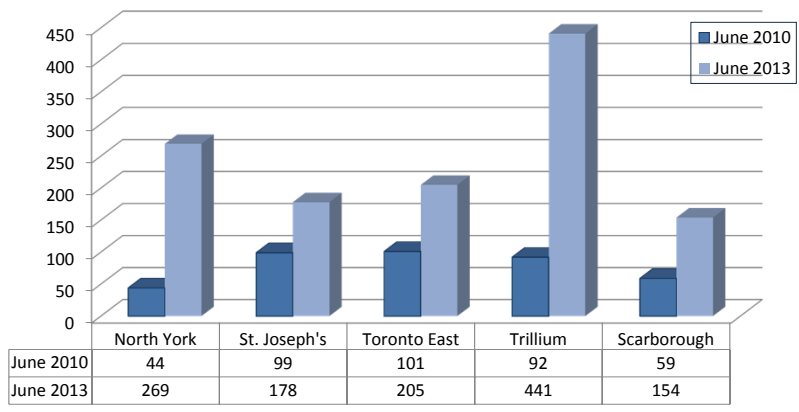
- **55% annual growth** in community-based academic appointments: From 774 in June of 2010 to 2,045 in June 2013
- Significant growth in all clinical departments & hospitals
 - Trillium Health Partners: over 342% growth
 - 122% growth in Anesthesia (from 54 community-based appointments to 120)
 - 950% growth in Medical Imaging (from 4 community-based appointments to 42)
 - 1,900% growth in Otolaryngology-Head and Neck Surgery (from 2 community-based appointments to 40)
 - 152% growth in Obstetrics and Gynecology (from 16 community-based appointments to 89)



Total Appointments & Growth: Uoft Clinical Departments



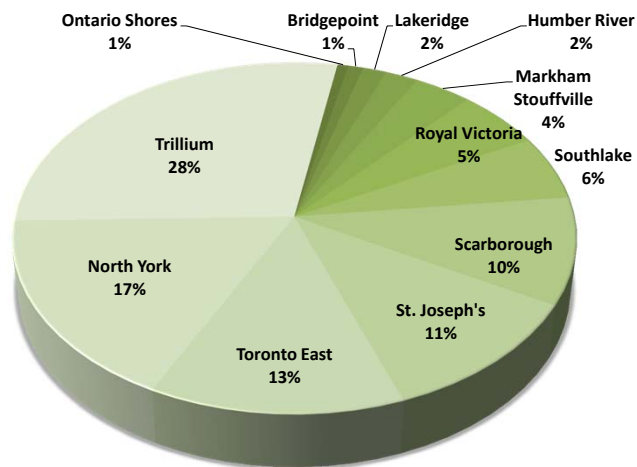
Total Academic Appointments: Trillium, NYGH, SJHC, TEGH & Scarborough



June 2010 vs. June 2013



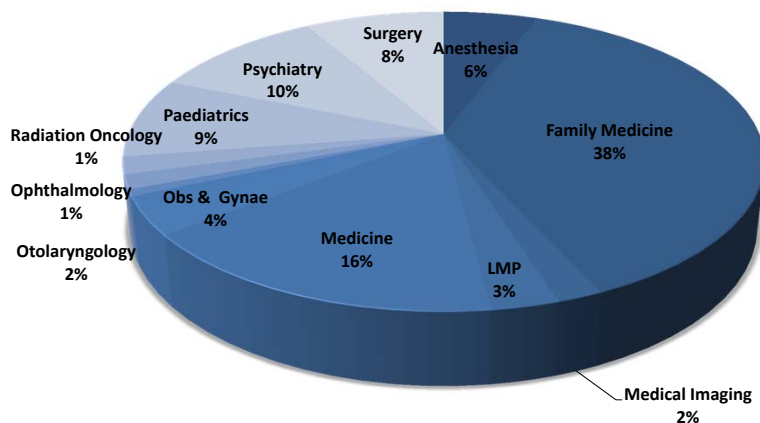
Distribution of Academic Appointments: Hospitals



As of June 2013



Distribution of Academic Appointments: UT Departments



As of June 2013

IME Leadership & Coordination

- OIME Think Tank on Future Directions, September 2011 (90+ participants)
- 2012 OIME Summit: ei3: e-Learning Innovation, Integration, and Impact (130+ participants)
- 2013 OIME Summit with the CFD and CHSE on faculty development (110 participants)
 - Proceedings for all Summits published on OIME website
- OIME Website: www.oime.utoronto.ca
- OIME Newsletter: 5 editions published thus far
- Annual Report 2011-2012 (published October 2012)
- KPIs for IME Report 2012-2013 (published October 2013)
- Conference presentations: CCME 2012 & 2013; AAMC 2012 (GRMC section)
- Membership, AFMC-DME group; DME-COFM

IME Challenges



- Affiliation Agreements:
 - Affiliation agreements & LOUs with all current hospitals renewed
 - No affiliation agreements with Rouge Valley, William Osler, Mackenzie Health, Brampton Civic Hospital, Oakville Trafalgar
- Expansion, changing accreditation standards, growth of IME rotations -- and, funding challenges
 - The MOHLTC does not provide the UofT with funding for infrastructure, travel or accommodations – unlike all other medical schools in Ontario
 - IME is the “new norm”
- ROMP’s withdrawal from Southlake & Markham Stouffville
 - Travel, accommodations, faculty development, credentialing
- Changing clinical practice models
 - E.g., Ophthalmology and Kensington Eye Institute; Otolaryngology

IME Challenges



- Recognition and supports for community-based faculty
 - Faculty development (new & ongoing); mentorship; research opportunities and programs
- Office-based physicians (170+)
 - Tracking of physicians; academic appointments; faculty development opportunities; integration with UofT clinical department; payment challenges (labor intensive); recognition
- Clinical placement opportunities & coordination with other Ontario medical schools
 - Clerks (e.g., Obstetrics & Gynecology)
- Data integrity and coordination: UofT departments, UGME, PGME & the hospitals
- Coordination challenges at smaller hospitals:
 - Lack of dedicated administrative support for medical education

Observations: IME at the U of T



- A forum for networking and building working relationships between the Faculty of Medicine and its many medical education stakeholders
- Working groups identified opportunities for linkages across groups to realize efficiencies and achieve integration across initiatives and synergies in portfolio operations/core business
- A platform for major traction on key performance indicators in medical education and the identification of priorities for future investment and strategy
- Integration of the various stakeholders – hospitals (full and community affiliates), PGME and UGME, clinical departments, office-based teaching sites into the mission of the Faculty of Medicine
- Mechanisms to ensure inclusive, collaborative and efficient partnerships with all stakeholders
- New pedagogical methods, educational technologies and business models

