



All Program Directors and Family Medicine Site Directors Meeting

Friday May 29, 2015
12:00 – 2:30 pm
The Faculty Club – 41 Willcocks Street

Time	Agenda	Presenters
12:00 - 12:30	Registration and Lunch	
12:30 - 12:40	Welcome and Updates - packages	Dr. Glen Bandiera Acting Vice Dean, PGME
12:40 – 1:00	Awards & Thanks <ul style="list-style-type: none"> • Thanks to departing PDs and welcome to new • Acknowledgement of PG Excellence, Sarita Verma Awards, Mickle Fellowship, PARO Awards (previously awarded) • Trainee Leadership Awards Presentation 	Dr. Glen Bandiera
1:05 – 1:25	Charles Mickle Fellowship Address “Reflections on Postgraduate Medical Education”	Dr. Rayfel Schneider Professor and Associate Chair (Education) Department of Paediatrics
1:30 – 1:55	Documentation Issues and implications for Residency Program and Family Medicine Site Directors – A legal perspective	Sari Springer Cassels Brock Lawyers
2:00 – 2:10	HealthForceOntario Services	Matt Kirkham
2:15 – 2:30	PGME Strategic Plan – Update Wrap up	Dr. Glen Bandiera
<ul style="list-style-type: none"> • Coffee + desserts will be available throughout the meeting. • Please feel free to avail yourselves of refreshments during the meeting 		

rev. May 22, 2015



All Program Directors and Family Medicine Site Directors Meeting
Friday May 29, 2015

Agenda Package

Table of Contents

1. HealthForceOntario
2. PGMExchange Learning Repository
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8. Global Health
9. Resource Stewardship
10. Office of Integrated Medical Education Update
11. Save the Date: New Resident Reception 2015
12. Year at a Glance: 2015-16 Meetings & Activities

Practice Ontario at UofT

Practice Ontario at the University of Toronto (UofT) is a joint initiative between the University of Toronto Postgraduate Medical Education and HealthForceOntario Marketing and Recruitment Agency (HFO MRA). Regional Advisors at HFO MRA are distributed across the province to assist with physician recruitment in Ontario. Regional Advisors are an excellent resource for medical residents as they begin their journey towards independent practice.



Practice Ontario offers medical residents at UofT an opportunity to meet with a Regional Advisor who can:

- Provide one-on-one career guidance to help medical residents find jobs in Ontario that match their personal and professional interests and priorities
- Prepare them for a smooth transition to practice
- Introduce them to locum opportunities across Ontario
- Assist with finding a suitable Return of Service community
- Provide resources for CV preparation

How do I connect my learners with Practice Ontario services?

- Arrange a presentation with a Regional Advisor
- Share Practice Ontario services with your medical residents

For further information, or to arrange a Practice Ontario presentation at your training site please contact [**practiceontario@healthforceontario.ca**](mailto:practiceontario@healthforceontario.ca).

Visit our website for our complete list of services.

www.HealthForceOntario.ca/practiceontario

UTPGME→xchange

What is UTPGME→xchange ?

UTPGME→xchange is an online repository being developed by the PGME office. The repository holds and catalogues teaching, assessment, program development, and program evaluation resources for use by faculty and program directors to meet the needs of University of Toronto postgraduate programs.

Why develop UTPGME→xchange ?

It facilitates a culture of sharing medical education resources within our University of Toronto postgrad community.

Features of UTPGME→xchange ?



Search by popular keyword

Search using filters

Narrow Search By	⤴
Creation Date	▼
Creator	▼
Areas of Competence	▼
Keywords	▼
Format	▼
Purpose	▼
Intended Audience	▼
Intended End User	▼
Intended Department	▼
Intended Program	▼
Learning/Assessment Environment	▼
Organization	▼
Validation	▼
Copyright	▼

Menu	▼
Home	Menu
Saved Searches	
Saved Resources	
Help	
Contribute	
Logout	

- Save resources
- Recommend a resource
- Save searches

Want to use UTPGME→xchange ?

Available for Program Directors and FM Site Directors at www.pgmeexchange.utoronto.ca
You can log in to this resource using your UTORid and password.
Contact pgme.exchange@utoronto.ca for assistance or more information.

TOPICS in UTPGME~~x~~change include:

- Accreditation
 - CanMEDS Assessment and Teaching Tools
 - Competency Based Curriculum Design
 - Curriculum planning
 - Faculty Development
 - ITER development
 - Learners in difficulty
- ...and more

What is available in UTPGME~~x~~change ?

This month's 3 featured resources:

1) Patient Safety "Where is your stop line?"



- This collection of 8 short videos (approx. 1 min each) features physicians sharing their experiences on finding and acting on their 'stop line' as it relates to patient safety
- Includes teaching guides with sample open-ended discussion questions

Item ID# 84

2) ITER Development Package

Need to work on your ITERs ? This package contains a suite of tools to assist in the creation or revision of ITERs

- PGME Minimum Standards ITERs document
- ITER Compliance Template
- ITER Template (with instructions)
- ITER Template (without instructions)
- Sample Scholar ITER (with instructions)
- Sample Scholar ITER (without instructions)
- Ratings and Descriptors for ITERs document

The following sources of information were used for this evaluation:

- written examinations
- feedback from health care professionals
- completion of a scholarly project
- clinical observations from faculty
- oral examination
- other evaluations

Required on each form

Attendance	Yes	No	No. of days absent
Was the resident absent during this rotation?			
Reason(s):			

Optional

Ratings:

Select ratings to be used. (See Ratings and Descriptors file)

Descriptors for Ratings:

Provide descriptors for the ratings. (See Ratings and Descriptors file)

Goal = 20 or fewer ratings. All ITERs will include

Item ID# 89

3) Encounter Forms

Including Global Rating Scales

Topics include

- Collaboration
- Communication
- Discharge Planning
- Family Meeting
- Team Meeting
- Adolescent Patient

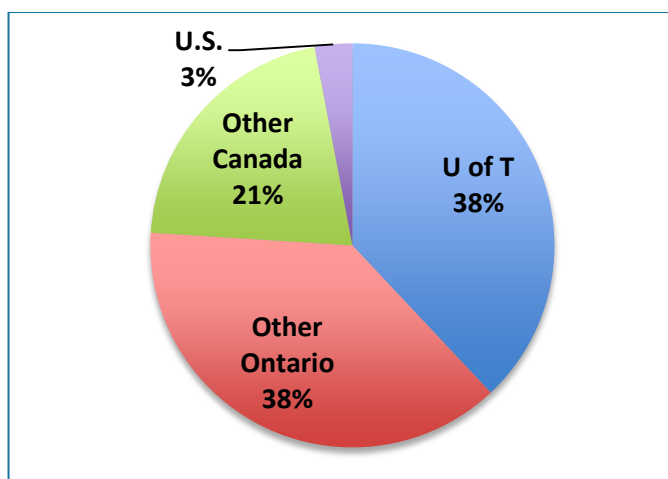
OVERALL PERFORMANCE				
1	2	3	4	5
Unsatisfactory		Solid performance		Superior
Below the minimally acceptable level for a trainee at specified training level		Demonstrates a solid ability to perform competently. Does what is expected at the specified training level.		Significantly exceeds the benchmark for competence at the specified training level

Item ID# 151

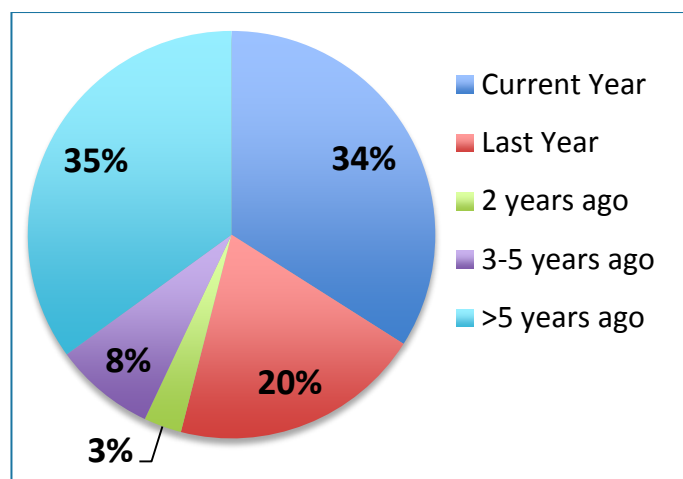
PGME by the Numbers: June 2015

Full-time Equivalent (FTE) DEPT/DIVISION	2014-15 Enrolment			2014-15 Enrolment		
	FELLOW	PGY	TOTAL	FELLOW	PGY	TOTAL
Anesthesia	84.2	99.3	183.5	94.05	103.14	197.19
Critical Care	24.8	16	40.8	31.19	16	47.19
Diagnostic Radiology	88	68.4	156.4	84.5	65.37	149.87
Family Medicine	6.8	393.5	400.3	3.07	388.39	391.46
Laboratory Medicine	21.7	51.2	72.9	30.41	44.49	74.9
Medicine	271.1	503.2	774.3	277.88	520.35	798.23
Obstetrics & Gynaecology	38.4	72.9	111.3	35.99	74.96	110.95
Ophthalmology	27.4	31.3	58.7	31.81	33.08	64.89
Otolaryngology	20.4	26	46.4	23.41	26	49.41
Paediatrics & Med Genetics	193	173.4	366.4	202.08	170.17	355.41
Paeds Critical Care	18.2	3.5	21.7	22.82	1.24	24.06
Palliative Medicine	0.8	4.2	5	0	4.04	4.04
Psychiatry	41.7	185	226.7	48.27	190.85	239.12
Public Health & Prev Med	0	20.8	20.8	0	20.47	20.47
Radiation Oncology	23.5	29.3	52.8	19.49	30.86	50.35
Surgery	199.6	265	464.6	207.46	272.32	479.78
Total	1059.6	1943	3002.6	1112.43	1961.73	3074.16

**2015 CaRMS PGY1 Match:
346 Cdn. Medical Graduates, by School of MD**



**2015 CaRMS PGY1 Match:
71 IMGs by Year of MD**





POWER Enhancements and Updates: June 2015

The following are highlights from activities related to POWER and the POWER Steering Committee, from June 2014 to June 2015:

External Review of POWER and MedSIS

AMBiT Consulting recently completed an external review of both POWER and MedSIS for the Faculty of Medicine. They interviewed various stakeholders and presented their final report with recommendations to the Vice Deans of UGME and PGME on May 5th. Next steps are currently under consideration and may include an environmental scan of Learner Management Systems options.

RES Changes

The new Rotation and Education Site Evaluation (RESe) tool is currently being piloted in 36 RCPC Programs and 18 FM Programs for 2014/2015. For the 2015-2016 academic year, the standardized RE form will be implemented for all Residency Programs in POWER. As part of the enhancement, the Rotation Effectiveness Score Report will be improved to clarify measures of comparison with new filters, and a legend for the 2015-16 academic year.

TES Reporting Changes

The TES reporting screen has been recently updated to provide more clarity. The labels have been updated to be consistent throughout the report and the legend more accurately describes what information is captured in each category.

Rotation Scheduler Enhancements

In July 2014, several enhancements were released into POWER to capture granular rotation information for Medical Trainee Days reporting. The second phase of enhancements will be implemented in June 2015 and will include the ability to schedule evaluations at the sub-rotation level.

On Call Stipends

The process for tracking On Call Stipends has recently changed. Trainees are now required to submit their Call Stipends through POWER. Calls are reviewed by the hospitals and are then submitted to the payroll system through POWER.

POWER Help Web Site

The POWER Help Web Site was recently launched into POWER. This site contains instructions for using POWER and information regarding new POWER enhancements.

POWER Steering Committee Leadership:

Adelle Atkinson, Chair,
Jeannette Goguen, Vice Chair



Wellness Office Update: May 2015

Service and Support

- *Program Wellness Leads/Committees:* If you have a designated wellness lead in your program/department, or an active resident lead/group, please forward us this information so that we may include them in our PG Wellness committees.
- *Expansion of PG Wellness Offices:* We are pleased to announce that the number of Resident Affairs/Wellness offices across the country has grown from two in 2006 (including our office) to *almost* every institution in Canada offering services to PG trainees.

Education

Now that we have Chris Hurst back from his leave, we are pleased to offer the following workshops for the 2015-2016 academic year:

1. Enhancing Resident Resilience and Performance: An overview
2. An introduction to Fatigue Management
3. Attentional Skills Development Part 1: Mindfulness in Medical Life
4. Attentional Skills Development Part 2: Attention and Cognition
5. The Emotional Physician: Working with Emotions
6. Team Work, Prosocial Behavior and Attuned Leadership
7. Managing Transitions and Change Throughout the Medical Career
8. Enhancing Exam Preparation and Performance
9. Time Management
10. Resident Resilience in the Context of Loss, Grief and Adverse Events
11. Downward Docs – Mindful Yoga and Medicine Workshop (facilitated by Dr. Tali Bogler)

For further information regarding booking our workshops, please contact Diana Nuss at pgwellness@utoronto.ca



Upcoming Launch

- Look for the upcoming launch of our vision for wellness education in PG training, the Integrated Resilience and Performance Curriculum (IRPC). This model builds on previous work and identifies teachable, iterative and contextual behavioural components and strategic core skills for physicians to effectively self-regulate thinking, feeling, attention and behavior in the service of personal and professional goals and values. We are actively working with other partners to develop this multimodal curriculum.

Research

- We are excited to be partnering with a team at St. Michael's Hospital on a grant application to try and understand the institutional contributions to resident fatigue.

We congratulate a team of PGY4 GIM residents and faculty who have received a grant to embark on a participatory action research project to improve wellness for GIM trainees.

Did you know?

- Health Force Ontario (HFO) offers career guidance, free job search and transition to practice preparation to residents through Practice Ontario. Please take advantage of their offerings to enhance your career planning curriculum.
- The Learner Environment Working Group has been created to enhance the work/learning culture for UG and PG learners (and others). This supports the ongoing work by the FMEC-PG Learning and Work Environment Implementation Committee.

Internal Review Committee

The Internal Review Committee (IRC) is a subcommittee of the Postgraduate Medical Education Advisory Committee (PGMEAC) of the University of Toronto, Faculty of Medicine and retains oversight responsibility of the internal review of residency programs according to the standards of accreditation of the RCPSC and the CFPC. The Family Medicine Internal Review Subcommittee (FM-IRSC) is an ad hoc subcommittee of the IRC and PGMEAC.

Accreditation Cycle 2013-15

Continuing through the accreditation cycle, regularly scheduled internal reviews began in January 2015. In addition, programs have been working on any follow-up requests as per the decisions made by The College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC) Accreditation Committees in 2013.

Internal Review Cycle as of May 15 2015

	Completed
Routine Mid-cycle Reviews of RCPSC Programs	13
Mandated Internal Reviews	5
Mandated External Reviews	1

Summary of Internal Review Committee Recommendations

Of routine mid-cycle reviews

Follow-up Report	3
Follow-up Reviews	1
No Further Action	0
Resident Report	1

Summary of Accreditation Decisions

Royal college of Physicians and Surgeons of Canada

Accredited New Programs	2
Full Accreditation With Follow-up at Next Regular Survey	4
Accredited program with follow up by mandated Internal Review	2

College of Family Physicians of Canada

Accepted Update Reports With Full Accreditation	2
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Areas of Focused Competence

Accredited New Program	1
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Upcoming activities for 2015-16

- Mandated Internal Reviews: General Internal Medicine (October 2015)
- External Reviews: Emergency Medicine (Oct 2015), Urology (Oct 2015), General Surgery (Oct 2015), Adult Respiriology (Oct 2015)
- 48 Routine mid-cycle reviews of Royal College Programs
- 15 Routine mid-cycle reviews of Family Medicine Sites
- The FM-IRSC will reconvene in Winter 2016



WATCH FOR

- All Program Directors and FM Site Directors are expected to participate in two (or more) internal reviews. All will share the role as Lead reviewer and 2nd Reviewer
- Watch for an email that we will be sending to Chief Residents...as Chief Residents serve on internal review teams. Each team has 2 faculty and 1 resident member.
- New Internal Review Site Visit Guide and Sample Questions is available as a resource to internal review teams (see attached)

Questions?

Please contact pgmecoordinator@utoronto.ca if you have any questions.

POSTGRADUATE MEDICAL EDUCATION INTERNAL REVIEW

INTERNAL REVIEW SITE VISIT GUIDE

This "guide" is intended to assist faculty and residents who have kindly agreed to serve as reviewers in the Postgraduate Medical Education (PGME) Internal Reviews.

Prior to the internal review

We suggest that the Chair assign leadership for different meetings (i.e. assign who will take the lead on questions) to the members of the team by email prior to the review. In addition, the Chair should assign the drafting of different sections of the report in advance, to share the load and to facilitate the completion of the report within 2 weeks following the review.

At the Internal Review

For each meeting during the internal review site visit, it is suggested that you provide a brief introduction letting the participants know that this is a formative process and particularly at the resident meeting, that the information will remain anonymous.

Please note, there is often not sufficient time to carry out an exhaustive review, therefore the team will need to be selective in what issues/questions they raise in each of their various meetings. The review of the pre-survey document, the most recent external review report, the 2013 transmittal letter, and the Standards Training Requirements (i.e. General Standards of Accreditation Booklet, and/or the Red Book) should highlight particular areas that members of the team wish to focus on in particular meetings. In preparation for the site visit, each team member should identify the questions that they wish to cover at which meeting(s). Some questions/issues should always be covered—for example:

- * If applicable, how has the program responded to any weaknesses/areas of concern that were identified in the 2013 transmittal letter?
- * Have any of the residents experienced any instances concerning their safety or have they been harassed or intimidated?

After the Internal Review date

If the review team receives additional information about the program (e.g. by e-mail or a phone call) after the internal review, this information should be directed to the PGME office as it is outside the bounds of the internal review process and report.

Please send the completed report to the PGME Office no later than 2 weeks after the internal review. The PGME accreditation team will review the report and will send any comments or questions for clarifications back to the review team chair prior to forwarding the report to the Program Director and Internal Review Committee.

Please find information regarding the purpose of the various meetings scheduled in the internal review below (or on the back)

1. Meeting of the Survey Team Members (15 minutes)

This time enables members to meet one another and to briefly review the purpose and plan for the review. The review team may wish to identify and agree on which questions "must" be asked in each of the upcoming meetings. *Resident files and RPC meeting notes will be available for review at this time.*

In reviewing the resident files, there is an opportunity to ensure that all relevant resident evaluations are in the file, to determine if the resident has read and signed each evaluation form, and to determine how quickly (i.e., timely) each evaluation was completed.

2. Meeting with the Program Director (30 minutes)

The meeting with the Program Director has been scheduled first so that the review team can get an overview of the program from the person who should have the greatest understanding of it and who, undoubtedly, created the pre-survey materials sent to the review team in preparation for the site visit.

3. Resident Meetings (60 minutes)

The reviewers should let the residents know that through their full and honest involvement, the program can be improved by becoming better aware of any areas that might require improvement. Questions may focus on the learning/training atmosphere, availability of career counseling, any instances when residents felt unsafe, harassed, and/or intimidated, and resident input into how the program is organized and what changes might be required.

4. Other Faculty (30 minutes)

Reviewers may want to follow-up/explore issues from the review of pre-survey materials or other meetings held that day e.g. timeliness of evaluations, frequency and quality of feedback, communication from the Program and RPC to the faculty on program related matters.

6. Divisional/Department Chief (30 minutes)

Reviewers may want to follow-up/explore various issues from the review of pre-survey materials or other meetings held that day e.g. Communication, relationships, and atmosphere within the division, adequate resources and support, process for teacher and program evaluations, faculty development opportunities.

7. Brief Review Team Meeting

This 15-minute period allows the team to ensure they have a common understanding of this program, particularly its strengths and weaknesses. This enables the team to best prepare for the "exit interview" with the program director and, possibly division chief, that immediately follows. It also enables the team to agree upon its process to develop and review the review report before submitting it to the Postgraduate Medical Education Office.

8. "Exit Interview" with the Program Director (and perhaps the Division Chief)

This meeting provides the program leadership with informal and unofficial feedback about what they heard concerning their program. At minimum, at the exit interview the team may wish to list the various program strengths and weaknesses that they identified during their review.

9. Final Remarks

First, those who agree to draft the review report will find that it is much easier to do this if it is done as soon after the review as possible—even that very night! The longer one waits, the more difficult it is to remember what was said and decided.

Thank you for taking on this important role within the Faculty of Medicine. It is only through contributions like yours that the University of Toronto is able to maintain the high quality and recognition of its many residency programs. Again, thank you!

Questions?

Please contact pgmecoordinator@utoronto.ca if you have any questions.

I. Review of documents

RPC minutes x 4/year

- Follow through of issues
- Separate from Division meeting
- Attendance
- Resident present/participate

Goals and Objectives

- Program/rotation specific/CanMEDS
- Overall plan to address each competency

Resident Evaluations

- Timely/face-to-face
- Based on specific goals and objectives
- Any remediation

Educational Curriculum

- How is it structured?
- Faculty or resident driven
- Is there a curriculum?
- Evaluated

II. Meeting with the program director

Describe program

Strengths and weaknesses

Any changes in the PSQ

Protected time and support

How is the program reviewed?

Weaknesses at last survey - in PSQ

Address each standard

- CanMEDS
- evidence

Specialty Committee concerns and questions

Is there anything to add to help program

Asked to leave for the last half of the RPC meeting

III. Meeting with the chair

Overview of strengths and weaknesses

Issues of concern with this program

Relationship with the program director

Involvement with the program and RPC

Resources available to this program

What is the role of research?

How are teachers rewarded/promoted?

How does the department recognize excellence?

IV. Meeting with residents

Explain what survey is all about

Comments are confidential

Focus on standards

Avoid focusing on one issue

What are the strengths of the program?

What are the areas to improve weaknesses?

What is the relationship of the residents to PD?

Is the program director supportive?

Received the goals and objectives of the program?

How are technical or clinical skills taught and evaluated?

Research experience/support/mentors

Do you have increasing professional responsibility?

Do you have any concerns of harassment or intimidation? Experiences? Process if it occurs?

Program response?

How are your evaluations done? Mid rotation? Face-to-face? Delay in receiving?

How do you evaluate the rotations and the faculty?

Aware of University/program safety policy?

How would you rate your educational experiences?

Would they recommend to a friend?

V. Meeting with faculty

What are the strengths and weakness?

How are they made aware of the objectives of the program? Do they receive copies?

How does the RPC and program director relate and communication with the faculty?

Is teaching valued?

Do they feel part of the program?

Do their concerns have a voice in the program?

VI. Meeting with Residency Program Committee (RPC)

The program director will be asked to leave after the first half of the meeting.

Dynamics of RPC - collegial/open

Role of the resident in the RPC?

How does the RPC function? Are there any subcommittees?

What do they see as the strengths and weaknesses? How do they communicate information to the faculty and residents?

How do they evaluate the program?

How do they evaluate the teachers?

Are there sufficient resources?

Does the RPC have the ability to make changes?

Board of Examiners – Postgraduate Programs (BOE-PG)

The BOE-PG is a committee of faculty and residents appointed by Faculty Council at the University of Toronto and is currently chaired by Dr. Jonathan Pirie.

Trainees in a residency program are routinely evaluated on an ongoing basis, both formally and informally. This evaluation must be conducted in accordance with the policies of the University, the RCPSC and the CFPC. When residents have difficulty achieving the goals and objectives of the residency program they are referred to the BOE-PG. The evaluation procedures are outlined in the Guidelines for the Evaluation of Postgraduate Trainees of the Faculty of Medicine at the University of Toronto (Feb 2007) http://www.pgme.utoronto.ca/sites/default/files/public/EdResearch/BoardOfExaminers/PoliciesGuidelines/Evaluation%20Guidelines_February%202007.pdf

Role of BOE-PG

At the request of a Program Director and the Vice Dean-Postgraduate Medical Education, 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, suspension or dismissal. The assessment of a resident's performance may include the evaluation of the residents' academic, behavioural, ethical and professional performance in their residency program, or the evaluation and recommendation from an independent process.



BOE

PGME Support

The PGME office plays an integral role in supporting faculty to identify, diagnose and intervene with residents in difficulty. The Education & Research Unit offers support and educational expertise to Program Directors (PDs) in planning a remedial program as well as providing teaching and assessment resources.



PGME

Residents in academic difficulty also have access to various other supports offered through PGME, including:
Wellness, PDs, and Coaching



Wellness



PDs



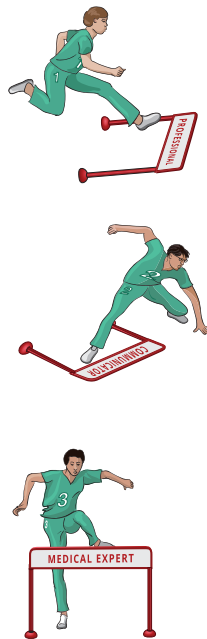
Coaching

University of Toronto BOE Statistics

University of Toronto: Statistics			From*		2011 - 12		to		2013 - 14	
CASE VOLUMES:	[n]	[%]	TYPES OF PROBLEMS**	[n]	[%]	TRAINEE LEVEL				
Continuing	40	41	(CANMEDS ROLES)			PGY 1	18	18		
New Cases	57	59	Medical Expert	75	38	PGY 2	24	25		
Total Cases over 3 years	97	100	Communicator	49	25	PGY 3	24	25		
			Collaborator	6	3	PGY 4	21	22		
OUTCOMES:			Professional	46	23	PGY 5+	10	10		
Successful Completion	46	90	Manager	21	11					
Resignation/Withdrawal	4	8	Health Advocate	0	0					
Transfer	1	2	Scholar	1	0					
TOTAL	51	100								

* Academic year July 1 - June 30
** Most cases have more than one type of problem

A targeted team approach to support residents and Program Directors is identified as a successful step to overcoming the hurdles towards the successful completion of remediation.



Top KEY STEPS to Remediation Planning

- 1 Identify residents in need
- 2 Determine timeframes and any urgent matters
- 3 Ensure due process policies
- 4 Gather documents
- 5 Draft remediation plan
- 6 Review remediation plan
- 7 Revise remediation plan
- 8 Attend (as appropriate, varies by university) meeting of BOE-PG to answer questions
- 9 Implement approved plan including regular structured meetings with resident
- 10 Communicate progress and outcomes of BOE-PG

Questions

- If you have a case, ALERT us early via pgboe@utoronto.ca
- Resources: <http://www.pgme.utoronto.ca/content/board-examiners-boe-pg-0>
- BOE-PG Dates for 2014-15: <http://www.pgme.utoronto.ca/content/board-examiners-boe-pg-0>
- Contact Dr. Susan Glover Takahashi via sglover.takahashi@utoronto.ca

Global Health @ PGME 2015-2016

1. Global Health Day @ PGME – June 11, 2015 11:30-17:45 (MSB/McLeod)

- Open to all residents, faculty, fellows to attend all or part. (~180 registrants as of May 20)
- Debate, keynote, roundtables with 20 global and local global health leaders
- **Program Directors:** Please attend, and facilitate your trainees attendance.
- **Program Administrators:** Please attend and advertise to residents/fellows/faculty and arrange optimal schedules for resident participation.

2. Global Health Education Initiative – Applications DUE SOON

- Two year co-curricular program for residents and fellows from all programs.
- Now in 7th year, with 100+ graduates, 100+ participants, 100+ faculty
- Class of 2015 Certificate Ceremony on June 11 as part of Global Health Day @ PGME
- **Program Directors:** PD must confirm resident's good standing in order to participate.
- **Program Administrators:** Please advertise to residents/fellows and arrange optimal schedules for resident participation.

3. Global Health Electives and Experiences

- All residents in all programs who wish to do international elective or experience (practice, teaching, research, observership, volunteer) must complete NEW MANDATORY GLOBAL HEALTH APPLICATION PROCESS. Details, application and Global Health Elective Guidelines online.
- All residents must complete pre-departure training and preparation through PGME – 2015-16 dates at gh.pgme.utoronto.ca
- Post-Elective evaluation post-travel debriefing to be implemented 2015-16.
- **Program Directors:** PDs will receive GH Elective application for approval and liaise with PGME GH Lead (Barry Pakes) if any questions/issues.
- **Program Administrators:** Please inform residents of the process and encourage them to begin process early. Ensure that all GH elective locations are entered full in POWER (Note: 209 of 286 (73%) international electives locations were recorded as "Unknown").

4. Global Health Education Sub-Committee

- Program and department representation to GH Education information exchange and planning, reports to PGMEAC.
- Meets quarterly for 1hr = 4hrs per year.
- **Program Directors:** Please ensure you have an active representative.

5. Other News and Activities

- Global Health Alumni Leadership event with Dr. James Orbinski, November 12, 2015
- PGME Social Responsibility Awards – Faculty winners – Lisa Andermann and Ken Fung;
- Resident winner – Nicole Kozloff

Please visit the GH @ PGME Website for resources, information, forms etc.

Resource Stewardship @ PGME

The need to deliver high quality and high value healthcare has never been so pressing. Health care costs continue to rise, yet 30% of healthcare spending offers no added value. It is time for physicians who as a group are responsible for approximately 80% of healthcare spending, to actively and consistently engage in the stewardship of healthcare resources (RCPC, CanMEDS 2015). Faculty need to model the behaviours and give our trainees the knowledge, skills and tools to responsibly do so. This imperative is underscored in the CanMEDS 2015 Leader role, and I PGME at the University of Toronto is effected through the Resource Stewardship Committee.

The Resource Stewardship Committee, established in June 2014, is a sub-committee advisory to the Postgraduate Medical Education Advisory Committee. The purpose of the committee is to lead in the development, implementation and evaluation of a strategy to integrate the competencies of 'Resource Stewardship (RS)' (with Choosing Wisely as the exemplar) into all PGME programs. The following table outlines the key responsibilities of the committee and accomplishments to date:

	Responsibilities	Priority	Accomplishments to date
1	Create and launch a platform to enhance awareness of RS across all programs	***	Link to Choosing Wisely Canada and RS committee information accessible from PGME home page
2	Identify a general set of RS competencies and an evaluation framework	*	Core competencies under development
3	Stratify competencies into those for a standardized PGME-wide RS curriculum, and those specific to a residency program/department.		Will begin once #2 complete
4	Identifying the knowledge, skill set, tools and methods required to teach the competencies		
5	Creating a full set of resources (faculty development, educational materials, etc.) to teachers and learners for RS. Would also include an evaluation framework	**	i) Leadership session for chief residents held: RS presentation ii) Part of agenda for surgical boot camp in July 2015 iii) Needs assessment and Faculty/senior resident development programme being planned for November

Watch for notice of the RS Faculty Development programme in November 2015. In the interim if you would like a seminar given to your department or advice regarding projects and staff/resident engagement, please contact one of the two co-chairs of the committee:

Brian Wong (BrianM.Wong@sunnybrook.ca) or **Anne Matlow** (Anne.Matlow@utoronto.ca)

Office of Integrated Medical Education Update

Integrated Medical Education is a collaborative endeavor engaging all University of Toronto affiliated teaching sites to deliver a broad range of experiences in settings that are reflective of the potential practice locations of our learners, and to maintain the highest level of excellence for accreditation. Academic leaders in the Faculty of Medicine undertook this approach in 2010 and see it as a critical success factor for the education and training of our learners that will ultimately benefit our patients and society. This report covers the 2011-2014 years and provides important data on our performance, measures of our success and indicators of areas for future development.

Valuing the education of our learners is an investment in the future of healthcare. Valuing the contributions of our faculty who teach at all clinical sites is a necessary part of this investment. By fully recognizing and respecting the teaching and learning cultures of all affiliated sites, we are investing in our teachers, our learners, and our communities. IME at the University of Toronto requires that all of our partners adopt a learner-centred approach that truly values the education of all learners across the continuum of medical education. This principle is enabled by our clinical academic departments who engage in building respectful and effective relationships with all of our faculty members and look for new and innovative ways to implement new educational models and curricula. Traditional DME (Distributed Medical Education) models involved an element of rural medicine, and implied a “hub and spoke model” with the University situated in the centre, sending learners “out”, sometimes across very long distances. Given the unique nature of the U of T’s complex network, the term IME was coined to accurately reflect that all of our sites are engaged in the seamless education of our students. IME involves teaching sites and learning experiences outside of the fully-affiliated hospitals in a broad range of alternate settings. IME at the University of Toronto involves integration amongst the various stakeholders, including postgraduate and undergraduate medical education, TAHSN (Toronto Academic Health Science Network) associate member hospitals, community affiliated hospitals and public health sites, and office-based teaching sites.

IME has required our medical school, education programs and clinical departments to build mechanisms which ensure an inclusive, efficient, and collaborative partnership with our community-based hospitals and office-based practitioners. To enable a fully integrated medical program, new pedagogical methods, educational technologies, and business models have been key. The main activities of OIME in 2010- 2014 were to:

- Expand MD teaching and learning to meet new standards for accreditation, teaching capacity and delivery of patient centered, interprofessional, evidence based health care, in urban, suburban and community settings.
- Enhance learners’ access to clinical teaching for all programs along the continuum of medical education.
- Align the clinical departments’ education programs with the Mission and Vision of the Faculty of Medicine, while enabling our clinical adjunct and part-time faculty to benefit from the resources, academic excellence and innovation of the University.
- Develop an accountability framework for the payment of clinical teachers to support integrated MD education.
- Monitor resource utilization for accountability and quality improvement.

In 2014 as the landscape for medical education shifted and the expansion had reached a turning point, and with further expansion possibly at a ‘freeze’, maintaining the stability of the integrated network was the main feature of our work. All Letters of Understanding were renewed with our community sites and consolidated for the processing and payments of office based practitioners. New affiliations with Rouge Valley Health Systems and Anishnawbe Health Toronto were undertaken. Site visits to the Royal Victoria Regional Health Centre and William Osler Health System as well as furthering our relationships with the Providence Healthcare were highlights of 2014’s outreach activities.

In February 2014, the TACT (Teaching and Academic Capacity in Toronto) Steering Committee was created. Reporting to myself, and co-chaired by Drs. Glen Bandiera and Stacey Bernstein, TACT will identify the capacity for learners (undergraduate and postgraduate) in all of the University of Toronto's affiliated medical education teaching sites. It will examine barriers to expansion including resource constraints and relationships with other medical schools and colleges/institutes that are in competition for the same clinical resources. Specifically TACT will:

1. Update the environmental scan of the real capacity in our affiliated hospitals, teaching sites and UofT Clinical Departments with a view to establishing an inventory of placements, rotations and unfilled gaps for UGME and PGME programs;
2. Conduct surveys, interviews and/or focus groups which may include UGME Directors, PGME Program Directors, Vice Chairs (Education) of Clinical Departments, Directors of IME, Clinical Chairs and PICs, VPs Medical Affairs and/or Education or Academic Leads;
3. Make recommendations on potential mechanisms to stretch the ability of our affiliated teaching sites to accommodate and integrate our learners over the next five years.

In 2013, the OIME hosted a summit on faculty development. In 2014, the OIME partnered with The Canadian Interprofessional Health Leadership Collaborative (CIHLC); The Centre for Interprofessional Education (CIPE); The Council of Health Sciences Education Subcommittee (CHSES); and, the Toronto Academic Health Science Network Education Subcommittee (TAHSNe) to sponsor an Interprofessional Education – Interprofessional Practice (IPE-IPP) Summit entitled “Reaching the Summit: Leading the Way from Interprofessional Education to Practice”. Again, acting as a primary integrator across the complexity of our system is a role OIME has played. The Summit was a major success and was attended by over 150 guests from all health disciplines, affiliated hospitals, and from many academic health science centres across Canada, including senior hospital and Ministry of Health and Long-Term Care leadership.

Since its creation, the IME environment has focused on fostering innovation to maintain the stability of the IME network and rich learning sites. Since its inception in 2012, we have totaled over 360,000 learner days; processed over \$12 million dollars in payments to community preceptors and have seen a 177% increase in faculty appointments. During the reporting period, we introduced three new awards to recognize excellence in teaching. These awards acknowledge the significant contribution of an increasing number of University of Toronto community-based teachers to the learning of medical students and residents at the University of Toronto. The first award recognizes excellence in community-based clinical teaching in a community hospital, the second award recognizes excellence in community-based clinical teaching in a clinic or office setting, and the third award recognizes sustained excellence in community-based clinical teaching. The awards are presented at the Faculty of Medicine's Annual Education Achievement Celebration, which will be held this year on May 12, 2015.

The OIME has also undergone major internal changes. Having a reduced staff complement, the work of the financial officer, Mubin Merchant, falls directly under my new role as Associate Vice Provost, Relations with Health Care Institutions and has been relocated to the 3rd floor of 500 University Avenue. Thanks to Mubin and the IME Steering Committee as well as to all of you, our partners and the incredible work of medical education offices across our affiliated hospitals, for making this project a major asset to the Faculty of Medicine and our collective academic enterprise.

Sincerely,



Sarita Verma LLB, MD, CCFP
Professor of Family Medicine
Associate Vice Provost, Relations with Health Care Institutions



Postgraduate Medical Education
UNIVERSITY OF TORONTO

Save the Date

Postgraduate Medical Education will be hosting a

New Resident Reception

on

Thursday, June 25, 2015

at

mercato

COLLEGE & ELIZABETH

101 College Street | Toronto | M5G 1L7

from

3:00 pm to 5:00 pm

Remarks from our Acting Vice Dean, Dr. Glen Bandiera, will begin at 3:30 pm

You will receive an invitation via email.

If you have any questions about this event, please contact

Lisa Bevacqua at lisa.bevacqua@utoronto.ca

Month	Registration	International	Meetings & Conferences
July 2015	<ul style="list-style-type: none"> Academic Session Starts Submission & processing of New Appointments Revision to current training profiles (July-June) 2 week Detailed AVP form. PEAPs 	<ul style="list-style-type: none"> In-person registration of new trainees for 2015-16 Visa trainee appointment paper work to PGME for January 2015 start date (suggested) CPSO Registration Committee – July 23 	<ul style="list-style-type: none"> Board of Examiners – July 24
Aug 2015	<ul style="list-style-type: none"> Submission & processing of New Appointments 6 week Detailed AVP form. PEAPs 	<ul style="list-style-type: none"> CPSO Registration Committee – no meeting ITERS due for Jan 2014 – Jun 2014 period 	<ul style="list-style-type: none"> Chief Resident Leadership Workshop – Aug 18 Board of Examiners – Aug 28 AMEE 2015 (Barcelona, Spain) – Aug 27 - 31
Sept 2015	<ul style="list-style-type: none"> Submission & processing of New Appointments PEAPs to CPSO Final AVP form to CPSO Mask Fit results due for first-time trainees 	<ul style="list-style-type: none"> CPSO Registration Committee – Sept 2 Latest application deadline for 2015-16 academic year (suggested) – Sept 30 	<ul style="list-style-type: none"> Program Directors' Development Workshop – Sept 24 Board of Examiners – Sept 25 PGMEAC – Sept 25
Oct 2015	<ul style="list-style-type: none"> Submission & processing of New Appointments Confirmation of Completion of Training forms (CCT) for RCPSC spring exams PEAPs 	<ul style="list-style-type: none"> CPSO Registration Committee – Oct 8 	<ul style="list-style-type: none"> TISLEP (Vancouver) – Oct 20 ICRE 2015 Admin Track (Vancouver) – Oct 21-22 ICRE 2015 (Vancouver) – Oct 22-24 ICCH 2015 (New Orleans) – Oct 25-28 Board of Examiners – Oct 30 PGMEAC – Oct 30
Nov 2015	<ul style="list-style-type: none"> Submission & processing of New Appointments Re-Appointment memos sent out to Programs CaRMS webstation opens for PD file review R4 Match CCT back at PGME for Dean's signature 2 week Detailed AVP form (different cohort for F/M) PEAPs 	<ul style="list-style-type: none"> CPSO Registration Committee – Nov 12 	<ul style="list-style-type: none"> AAMC Conference (Baltimore) – Nov 6-10 Research in Medical Education (Baltimore) – Nov 10-12 CFPC Family Medicine Forum (Toronto) – Nov 12-14 Board of Examiners – Nov 27 PGMEAC – Nov 27
Dec 2015	<ul style="list-style-type: none"> Submission & processing of New Appointments FITERS – RCPSC spring exams CaRMS web station opens for PD file review 6 week Detailed AVP form (different cohort for F/M) PEAPs 	<ul style="list-style-type: none"> Visa trainee appointment paper work to PGME for 2015-16 academic year (suggested) CPSO Registration Committee – Dec 17 	<ul style="list-style-type: none"> Board of Examiners – Dec 18 PGMEAC – Dec 18 University Closure – Wed Dec 23 – Fri Jan 1

Glossary:

AERA – American Educational Research Association
 AVP = Assessment Verification Period
 AWC = Accreditation Without Certification
 BOE = Board of Examiners

CaRMS = Canadian Resident Matching Service
 CITER = Core In-Training Evaluation Report
 CPSO = College of Physicians and Surgeons of Ontario
 FITER = Final In-Training Evaluation Report
 IAMSE – International Association of Medical Science Educators

ITER = In-training Evaluation Report
 LOA = Letter of Appointment
 PEAP = Pre-Entry Assessment Program
 PGMEAC = Postgraduate Medical Education Advisory Committee

Month	Registration	International	Meetings & Conferences
Jan 2016	<ul style="list-style-type: none"> ▪ Submission & processing of New Appointments ▪ Transfers request memos sent out ▪ PEAPs ▪ Final AVP form to CPSO different cohort for F/M 		<ul style="list-style-type: none"> ▪ PGMEAC – All PD and FM SD Meeting - Jan 22 ▪ Board of Examiners – Jan 29
Feb 2016	<ul style="list-style-type: none"> ▪ Submission & processing of New Appointments ▪ Deadline for submitting re-Appointments ▪ LOAs sent out for returning trainees ▪ CaRMS rank order lists due Feb 15 ▪ CCT for RCPSC Fall exams ▪ FITER (Spring Exams) due back at PGME for Dean's signature ▪ PEAPs 	<ul style="list-style-type: none"> ▪ ITERs due for RCPSC Spring Exams ▪ CPSO Registration Committee – TBC 	<ul style="list-style-type: none"> ▪ Board of Examiners – Feb 26 ▪ PGMEAC – Feb 26
Mar 2016	<ul style="list-style-type: none"> ▪ Submissions & processing of New Appointments ▪ CaRMS Match Day PGY1 – March 4 ▪ LOAs sent out ▪ CITER received from RCPSC and sent to PDs for completion ▪ CCT due back to PGME for Dean's signature ▪ PEAPs 	<ul style="list-style-type: none"> ▪ Departments confirm to PGME office application deadlines for visa trainees for 2015-16 academic year ▪ CPSO Registration Committee – TBC 	<ul style="list-style-type: none"> ▪ PGME Appreciation Reception – Mar 2 ▪ Board of Examiners – Mar 18 ▪ PGMEAC – No Meeting
Apr 2016	<ul style="list-style-type: none"> ▪ Submission & processing of New Appointments ▪ FITER sent to PD for completion for Fall Exam ▪ CITER due back to PGME for Dean's signature ▪ April 30 deadline to apply for Spring 2016 RCPSC exam ▪ PEAPs 	<ul style="list-style-type: none"> ▪ CPSO Registration Committee – TBC 	<ul style="list-style-type: none"> ▪ AERA 2016 Annual Meeting (Washington) – April 8-12 ▪ CCME (Montreal) – April 16-19 ▪ Board of Examiners – Apr 29 ▪ PGMEAC – Apr 29
May 2016	<ul style="list-style-type: none"> ▪ Mid May – Online registration begins for 2015-16 ▪ CITER received from RCPSC and sent to PD for completion ▪ PEAPs 	<ul style="list-style-type: none"> ▪ CPSO Registration Committee – TBC 	<ul style="list-style-type: none"> ▪ Board of Examiners – May 27 ▪ PGMEAC – All PD and FM SD Meeting - May 27 ▪ Clinical Skills Conference – TBC
June 2016	<ul style="list-style-type: none"> ▪ Submissions & processing of New Appointments ▪ FITERS for RCPSC Fall Exams due back at PGME office for Dean's signature ▪ PEAPs 	<ul style="list-style-type: none"> ▪ UofT certificates for clinical fellows completing their training in 2015-16 	<ul style="list-style-type: none"> ▪ IAMSE – TBC ▪ PGMEAC - no meeting ▪ Board of Examiners – June 24 ▪ New Resident Welcome Reception – June 29

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