Postgraduate Medical Education
UNIVERSITY OF TORONTO

**ALL PROGRAM DIRECTORS AND
FAMILY MEDICINE SITE DIRECTORS MEETING**

Friday June 14, 2013

AGENDA PACKAGE: TABLE OF CONTENTS

Accreditation

Following more than 2 years of quality monitoring via Internal Reviews, then an intensive year of preparations, Accreditation Week started on Sunday April 7, 2013, with Dean Catharine Whiteside and Vice Dean Salvatore Spadafora providing an overview of the structures and processes at the University of Toronto, Faculty of Medicine, and Postgraduate Medical Education (PGME) for the accreditation teams from the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC) and reception following at the Royal Ontario Museum.

Each day from Monday April 8 to Thursday April 11, 2013 reviewers visited residency programs, family medicine sites, hospitals and health facilities, and participated in many meetings to understand the complex matrix of activities across the 79 residency programs, 15 family medicine sites, and 27 affiliated hospitals and health facilities.

Initial feedback from the surveyors was extremely positive for both the central review of the structure and processes of the PGME office, the PGME committee and the affiliated hospital and health facility partners (i.e. "A" accreditation standards), as well as the RCPSC residency programs and CFPC programs and sites (i.e. "B" accreditation standards). The full results of this review will be available in June (CFPC) and October (RCPSC) 2013.

The chairs of the RCPSC and CFPC survey teams provided a brief verbal preliminary report indicating that the recommendation for each of the programs reviewed at the time of the on-site survey was for accreditation with follow-up as per the chart (right).
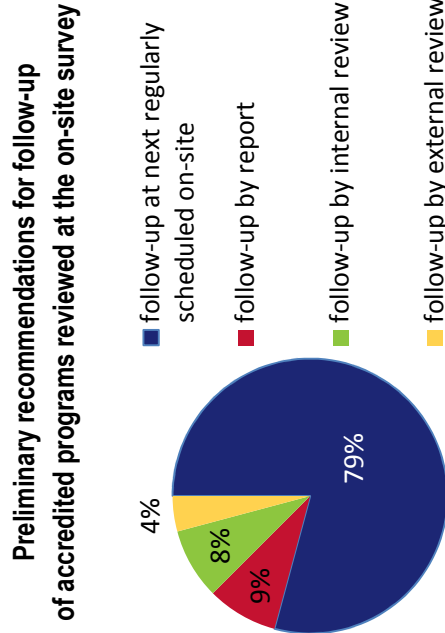
A heartfelt thanks to the hundreds of postgraduate educators, administrators and residents who collaborated and contributed to the success of accreditation week!

NEXT STEPS

- The Family Medicine residency program on-site survey reports have been received and program responses are being prepared for the CFPC meeting in June.
- The RCPSC will be sending the on-site survey reports in "batches" between now and the end of June. There will be a one week turnaround time from when you receive your program's report to send the draft response with edits to factual information to the PGME office at pgmecoordinator@utoronto.ca
- The PGME office will work with all programs to edit and finalize responses prior to sending to the respective college with the Program Director and Vice Dean's signatures.

Preliminary recommendations for follow-up of accredited programs reviewed at the on-site survey

- follow-up at next regularly scheduled on-site
- follow-up by report
- follow-up by internal review
- follow-up by external review

79%
9%
8%
4%

INTEGRATION ● INNOVATION ● IMPACT

www.pgme.utoronto.ca

CIPCorEd™ **is a set of 30 – 45 minute web-based e-learning modules developed for the Clinician Investigator Program trainees on research related topics.**

- **NOW AVAILABLE for July 1, 2013** as an elective for all PGME Residents and Fellows.

An outline of the content is found below:

Unit 1: Grant Writing Funding Strategies	
• Conceptual Preparation	• Style Tips
• Structure of a Grant	• Pre-submission Review Strategies
• Writing – Approach	• Strategic Approaches to Granting
Unit 2: Manuscript Writing	
• Writing the manuscript	• Manuscript submission
• Packaging the data	• Responding to reviewers
Unit 3: Preparing Your CV	• Teaching Dossier
• Curriculum Vitae	• Creative Professional Activities (CPA) Dossier
• Biosketch	• Strategies for Keeping Documents Current
Unit 4: Research Ethics	• Obtaining research ethics approval
• Consent and Capacity	• Conflicts of interest and how to manage them
• The regulatory environment	• Research Ethics Resources
Unit 5: Knowledge Translation	
• Why is KT important	• Model of KT
• History of KT	• Toolkits
• What is KT all about?	• KT Resources
Unit 6: Mentoring	
• Why be a good mentor	• Challenges and issues
• Managing the Mentees	• Traits of good mentors and Tips from experienced mentors
• The Mentoring Toolbox – Key Principles to effective mentorship	

HOW TO ENROLL YOUR TRAINEES:
- Send an email to Howard Mui pgcoredinfo@utoronto.ca with:
  - Program Name
  - Who can have access to the trainee score information
  - Which trainees are to be enrolled
- PGME will enroll trainees using UTORID information from POWER
- PGME will enroll faculty using UTORID information provided
- Orientation to score reports will be provided to adminstrators by PGME office

Postgraduate Medical Education
UNIVERSITY OF TORONTO

2013 – 2014 Year-at-a-Glance

Month	Registration	International	Meetings & Conferences
July 2013	• Academic Session Starts • Submissions & processing of New Appointments • Revision to current training profiles (July-June)	• In-person registration of new trainees for 2013-14 • Visa trainee appointment paper work to PGME for January 2014 start date (suggested)	• Board of Examiners – July 26
Aug 2013	• Submissions & processing of New Appointments	• CPSO Registration Committee – Aug 1 • ITERs due for Jan 2013 – Jun 2013 period	• Chief Resident Leadership Workshop – Aug 13 • Board of Examiners – Aug 23 • 2nd Int'l Conf on Faculty Development in the Health Professions (Prague) – Aug 24 • AMEE 2013 (Prague) – Aug 24-28
Sept 2013	• Submissions & processing of New Appointments • PEAPs, AVPs	• CPSO Registration Committee – Sept 12 • Latest application deadline for 2013-2014 academic year (suggested) – Sept 30	• Program Administrators' Pre-ICRE Orientation – Sept 10 • Program Directors' Development Workshop – Sept 12 • PGMEAC – Sept 20 • Board of Examiners – Sept 20 • ICRE 2013 (Calgary) – Sept 26-28 • ICCH 2013 (Quebec) – Sept 29 – Oct 2
Oct 2013	• Submissions & processing of New Appointments • Confirmation of Completion of Training forms (CCT) for RCPSC spring exams	• CPSO Registration Committee – Oct 17	• RCPSC Accreditation Committee – Oct 10-11 • PGMEAC – Oct 25 • Board of Examiners – Oct 25
Nov 2013	• Submissions & 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	• CPSO Registration Committee – Nov 14	• AAMC Conference (Philadelphia) – Nov 1-6 • CFPC Family Medicine Forum (Montreal) – Nov 7-9 • Simulation Summit 2013 (Vancouver) – Nov 8-9 • Board of Examiners – Nov 22 • PGMEAC – Nov 22
Dec 2013	• Submissions & processing of New Appointments • FITERs – RCPSC spring exams • CaRMS web station opens for PD file review • PEAPs/ AVP – different cohort for F/M	• Visa trainee appointment paper work to PGME for 2014-2015 academic year (suggested) • CPSO Registration Committee – Dec 12	• All Program Directors' Meeting – Dec 13 **University Closure – Dec 23-Jan 3**

Glossary:

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 Canada
FITER = Final In-Training Evaluation Report
ITER = In-training Evaluation Report

LOA = Letter of Appointment
PEAP = Pre-Entry Assessment Program
PGMEAC = Postgraduate Medical Education Advisory Committee

Postgraduate Medical Education
UNIVERSITY OF TORONTO

2013 – 2014 Year-at-a-Glance

Month	Registration	International	Meetings
Jan 2014	• Submissions & processing of New Appointments • Transfers request memos sent out • PEAPs/AVPs – different cohort for F/M		• Board of Examiners – Jan 24 • PGMEAC – Jan 24 • Program Administrators' Accreditation Workshop – Getting Ready for the Next Cycle – Jan 28
Feb 2014	• Submissions & processing of New Appointments • Deadline for submitting re-Appointments • LOAs sent out for returning trainees • CaRMS rank order list due • CCT for RCPSC fall exams • FITER (Spring Exams) due back at PGME for Dean's signature	• ITERs due for July 2013 – Dec 2013 • CPSO Registration Committee – TBC	• PGMEAC – Feb 28 • Board of Examiners – Feb 28
Mar 2014	• Submissions & processing of New Appointments • CaRMS Match (PGY-1) • LOAs sent out • CITER received from RCPSC and sent to PDs for completion • CCT due back to PGME for Dean's signature	• Departments confirm to PGME office application deadlines for visa trainees for 2014-2015 academic year • CPSO Registration Committee – TBC	• PGMEAC – Mar 28 • Board of Examiners – Mar 28
Apr 2014	• Submissions & processing of New Appointments • FITER sent to PD for completion for Fall Exam • CITER due back to PGME for Dean's signature	• CPSO Registration Committee – TBC	• AERA 2014 Annual Meeting (Philadelphia) – April 3-7 • Board of Examiners – Apr 25 • Conference on the Assessment of Competence in Medicine (Ottawa) – April 26-30 • CCME (Ottawa) – April 26-30
May 2014	• Mid May – Online registration begins for 2014-15 year (according to the academic year July 1-June 30) • CITER received from RCPSC and sent to PD for completion	• CPSO Registration Committee – TBC	• PGMEAC – May 23 • Board of Examiners – May 23 • CanMEDS – TBC • Clinical Skills Conference – TBC
June 2014	• Submissions & processing of New Appointments • FITER (Fall Exams) due back at PGME office for Dean's signature – Jun 8	• UofT certificates for clinical fellows completing their training in 2013-14	• IAMSE (Nashville) – June 7-10 • PGMEAC - All Program Directors' - June 20 • Board of Examiners – June 20 • New Resident Orientation – TBC

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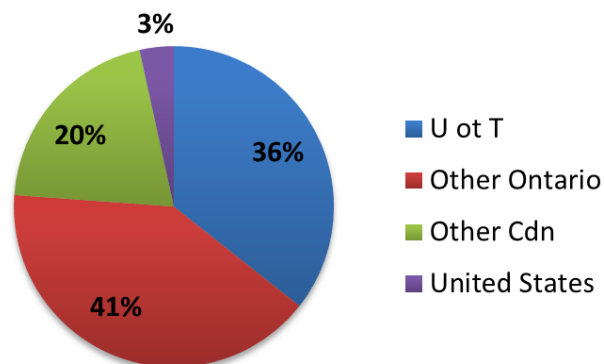PGMEAC = Postgraduate Medical Education Advisory Committee

PGME by the Numbers: June 2013

(Data from POWER, June 10, 2013)

Postgraduate Medical Trainees at the University of Toronto (All Funding Sources)

DEPARTMENT	2011-12			2012-13		
	FELLOWS	PGYs	TOTAL	FELLOWS	PGYs	TOTAL
Anesthesia	115	98	213	120	98	218
Critical Care	31	18	51	31	17	48
Diagnostic Radiology	90	76	166	98	72	170
Family Medicine	15	370	391	26	402	428
Laboratory Medicine	23	58	83	24	58	82
Medical Genetics	6	13	19	8	12	20
Medicine	270	494	789	290	499	789
Obstetrics & Gynecology	38	64	102	47	71	118
Ophthalmology	33	28	61	33	28	61
Otolaryngology	21	28	49	23	24	47
Pediatrics	200	166	366	214	158	372
Pediatric Critical Care	18	2	20	18	5	23
Palliative Medicine	1	3	4	0	5	5
Psychiatry	41	178	219	45	187	232
Public Health and Prev. Medicine	0	32	32	0	25	25
Radiation Oncology	28	26	54	30	29	59
Surgery	208	244	452	214	236	450
Total	1138	1898	3036	1221	1926	3147

CaRMS PGY1 – Source of MD (CMGs)

- U ot T — 36%
- Other Ontario — 41%
- Other Cdn — 20%
- United States — 3%

CaRMS PGY1 – Year of MD (IMGs)

- Current Year — 44%
- Last Year — 24%
- 2 Years Ago — 6%
- 3 to 5 Years Ago — 3%
- 5 to 10 Years Ago — 11%
- > 10 Years Ago — 11%
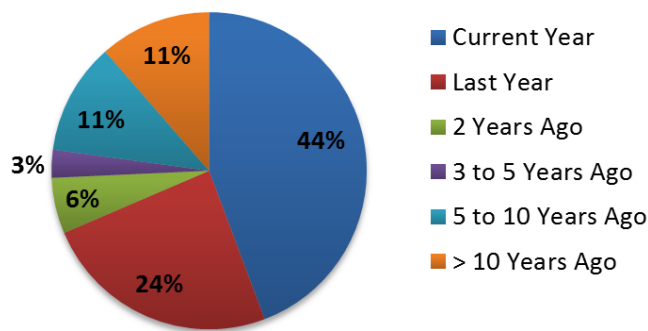
27 Full and Community Affiliates as of June 2013

Full Affiliates	Community Affiliate	Community Affiliate – Special Care
• Baycrest • Bloorview Kids Rehab • CAMH • Mt. Sinai • St. Mikes • Sick Kids • Sunnybrook • UHN • Women's College	• 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	• 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)

Board of Examiners

Background

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. Trainees in either a Royal College of Physicians and Surgeons of Canada (RCPSC) or College of Family Physicians of Canada (CFPC) 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 academic difficulty (i.e. 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). See: http://www.pgme.utoronto.ca/pande/evaluation/guidelines.htm

ROLE BOE-PG

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.

PGME Support

The PGME Education and Research Unit, under the direction of Dr. Susan Glover Takahashi and with the addition of three educational consultants, Dr. Erika Abner, Dr. Dawn Martin and Dr. Marla Nayer, offers support and educational expertise to programs in the planning of a remedial program. The Education and Research Unit also provides teaching and assessment resources to assist Program Directors with a remedial program, as well as, direction to communication and professionalism skills coaching resources.

ACTIVITY UPDATE as of June 1, 2013

July 1, 2012 – May 31, 2013 (11 months)

Case Volumes and Outcomes:

	2011-12	2012-13
▪ Number of Residents seen	33	23
▪ Number of NEW cases	18	15
▪ Number of CLOSED cases	24	9
▪ Number of Residents Resigned	2	1

New Cases (n=15)

CATEGORY	CRITERIA	NUMBER (%)
Training Level	PGY1	2 (13%)
	PGY2	5 (33%)
	PGY3	3 (20%)
	PGY4+	5 (33%)
Type of Trainees	MOH CMG	9 (60%)
	MOH IMG	6 (40%)
	Visa/other	0
Type of Problem	Medical Expert	13 (87%)
(Most cases have	Professional	9 (60%)
>1 problem area)	Communicator	7 (47%)
	Manager	5 (33%)
	Collaborator	2 (13%)
	Health Advocate	0
	Scholar	0

Postgraduate Medical Education
UNIVERSITY OF TORONTO

2013-14
Board of Examiners-PG
Meeting Schedule

MEETING DATE	Deadline for submitting ITERS for report	Deadline for submitting DRAFT report	Deadline for submitting FINAL report
July 26, 2013	Fri Jul 5	Wed Jul 10	Wed Jul 17
August 23, 2013	Fri Aug 2	Wed Aug 7	Wed Aug 14
September 20, 2013	Fri Aug 30	Wed Sep 4	Wed Sep 11
October 25, 2013	Fri Oct 4	Wed Oct 9	Wed Oct 16
November 22, 2013	Fri Nov 1	Wed Nov 6	Wed Nov 13
December 13, 2013	Fri Nov 22	Wed Nov 27	Wed Dec 4
January 24, 2014	Wed Jan 8	Wed Jan 8	Wed Jan 15
February 28, 2014	Fri Feb 7	Wed Feb 12	Wed Feb 19
March 28, 2014	Fri Mar 7	Wed Mar 12	Wed Mar 19
April 25, 2014	Fri Apr 4	Wed Apr 9	Wed Apr 16
May 23, 2014	Fri May 2	Wed May 7	Wed May 14
June 20, 2014	Fri May 30	Wed Jun 4	Wed Jun 11

*Please alert pgboe@utoronto.ca when you have a case

OFFICE OF RESIDENT WELLNESS UPDATE
JUNE, 2013

HOW WE CAN HELP YOU

- The Office of Resident Wellness (ORW) has seen 131 trainees between July 1, 2012 – May 31, 2013, for a total of 415 trainee visits. This is an increase from last year (118 trainees for a total of 438 visits).

- We will have provided 36 workshops to residents and fellows in 21 programs from July 1, 2012 - June 30, 2013. The workshops incorporate reflective group processes and mental preparation skill development to enhance clinical performance and personal well-being. These support the development of the CanMEDS and CanMEDS (FM) Professional and Manager competencies.

We are pleased to continue to offer advice, support and coaching for your residents. Presently, our services are as follows:

1) Dr. Susan Edwards, Director, Resident Wellness:

   - Trainee advice regarding issues of intimidation, harassment and compromised learning environment, health and wellness issues including needs for external referrals for assessments and ongoing care, impacts of health issues on academic performance, training accommodation requests and needs, questions regarding leaves, career uncertainty, and questions regarding transfers.

   - Program Director support including advice regarding residents and fellows with health or wellness challenges (as above), and referrals to the Board of Medical Assessors (PG).

2) Christopher Hurst, Counselor/Educator:

   - Counseling/coaching to support and develop skills to enhance performance and well-being for trainees experiencing distress, particularly as it relates to the learning environment. This includes academic difficulty, relationship problems, and some availability to optimize exam preparation for trainees at risk. Short-term counseling and coaching is available for personal stressors. Referrals to outside providers are made as required.

   - Develops curriculum and delivers ORW workshops. Chris is eager to collaborate with your faculty to design program specific content for any of the workshops offered or to support the development of your own curriculum. Please see the list on back as a reference.

HOW YOU CAN HELP US

We wholeheartedly endorse the resident wellness support and educational initiatives that exist in many of your programs. We would like to expand into other programs and facilitate the sharing of resources and experiences. Skills for self-awareness and self-management get the most traction when they are reinforced in the learning environment so, as faculty with lived experience in the residents' discipline, you are able to provide context and perspective to complement what we in the ORW can offer.

We encourage each of our residency programs to identify a wellness lead to:

1) develop program specific solutions (including first-response support and working with Chris Hurst to develop curricula tailored to the program's needs); and

2) contribute to a network of wellness leaders which can be coordinated through the ORW.

Please contact Susan.Edwards@utoronto.ca for further details; the ORW will be following up in the next few months to get an understanding of interest and priorities. In the meantime, please forward any wellness activities that you are aware of in your program to pgwellness@utoronto.ca, which we will collate and share.

ORW Workshop Series Descriptions 2013-2014

1) Enhancing Resident Well-being and Performance
This skills based workshop focuses on well-being and clinical performance strategies. The workshop draws from current research in performance enhancement, expert behaviors, and training for high stress environments. The format is very interactive. Techniques taught include: brief mindfulness techniques, solution focused discussions, and experiential exercises
in communication processes to bring awareness well-being and optimal performance during residency and beyond. It supports the development of the CanMEDS and CanMEDS (FM) professional competencies.

2) Fatigue Management
Drawing on research in fatigue from the aviation industry and sleep medicine, this workshop outlines current knowledge and optimal strategies for managing fatigue and accompanying states of low mood and motivation. Countermeasures and strategies for improving sleep and alertness are covered. Experiential exercises for pre-sleep relaxation rituals, approaches to working with insomnia, and a repertoire of on-call tactics are offered to participants.

3) Managing Transitions and Change throughout the Medical Career
This interactive workshop uses a psychological model of transition to outline the inner challenges and adaptive changes that medical trainees frequently encounter during the training process. Through large and small group discussion participants explore common challenges and coping strategies. A concrete plan for a sustainable approach to self-care necessities and successful anticipation of transition phases is then developed. This supports the development of CanMEDS and CanMEDS (FM) competencies in both the Professional and Manager domains.

4) Mindful Career Planning
Through reflection, discussion and self-assessment, residents are led through an interactive enquiry examining their projected career paths and the many influences that may impact career planning. The goal is to develop a framework for understanding how to make meaningful career decisions at pivotal points throughout their professional lives. This workshop draws heavily on the module developed by Dr. Susan Lieff for the RCPSC CanMEDS Manager Train-the-Trainer curriculum.

5) Enhancing Exam Preparation and Performance
Preparing well for OSCE's and written exams requires a multi-level approach that includes awareness of pacing, peak attentional periods, optimal studying practices and priorities and clear strategies for enhanced performance before and during exams. This workshop brings together the lessons learned by two PGME consultants who have coached many residents through the preparation process and into successful exam completion.

6) Time Management
Managing one's energy and time are essential skills for physicians in training and practice.
This interactive workshop will:
a) provide a framework for effective time management;
b) encourage residents to reflect on fundamental priorities in order to make mindful decisions about how they choose to use the limited time they have; and
c) provide opportunities to discuss and apply specific time management strategies.

7) Resident Resilience in the Context of Adverse Events: A Mindful Approach
Resident resilience is discussed in the context of adverse events, professional roles and personal reactions. The links between patient safety, adverse events, system vulnerabilities and practitioner well-being are reviewed. Videos, group discussion, story-telling and attentional skills exercises are employed to open up the subject of adverse events for discussion, reflection, self-care planning and professional responsibility.

POWER Enhancements and Updates – June 2013

The following are highlights from activities related to POWER and the POWER Steering Committee, from December 2012 to June 2013:

E-LOA

- The PGME Office enhanced the POWER system to submit Electronic -Letters of Appointment (E-LOA) to the CPSO. All trainees (excluding elective trainees) are required to log into the POWER system and provide a digital signature on the E-LOA.

Resident as Teacher

- Trainees and Program Directors are now receiving aggregate Resident as Teacher Effectiveness reports. Similar to the Teacher Effectiveness Report, trainees must receive a minimum of 3 evaluations before being able to view their scores.

Procedure (Case) Logs

- PGME has conducted three focus group meetings with Program Directors and Trainees to determine the functionality of this new enhancement. The system is currently in development and is expected to be released to programs this summer. PGME will work individually with each program to customize the Procedure Log functionality.

Registration Modules

- Two new registration modules will be implemented this summer. Trainees will now be required to complete module on; privacy, sharps (needle stick) and hand-washing. These modules will reduce the time trainees spend registering at each hospital.

POWER Rotation and Scheduling Enhancements

- POWER is being enhanced to better reflect the increase in longitudinal and multi-site rotations and to allow for scheduling and evaluation of these types of rotations. The new data entry screens will be available this summer. The PGME Office will support programs as we transition to the enhanced scheduling screens.

POWER Help Desk

- **Effective May 1, 2013 the PGME Office is providing Level 1 Helpdesk support and POWER training to Program Directors, teachers, administrators and learners.**

- **The POWER Help Desk can be reached at: power.help@utronto.ca or by calling 416-978-8399.**

POWER Steering Committee Membership:

Kevin Imrie, Chair,	Adelle Atkinson, Vice-Chair,
Sal Spadafora, PGME	Jeannette Goguen, Medicine
Jodi Herold, UGME	Nicole Woods, Surgery
Wes Robertson, Faculty of Medicine	Julia Skilarenko, PAIRO Rep
Karl Iglar, DFCM	Glen Bandiera, PGME
George Oreopoulous, Vascular Surgery	

PGME/ UME Faculty and Staff:
Alison Pattern, Loreta Muharuma, Caroline Abrahams, Sue Glover-Takahashi, Khush Adatia, Frazer Howard (UME)

Postgraduate Medical Education
UNIVERSITY OF TORONTO

Integration • Innovation • Impact

June, 2013

About PGCorEd

The Postgraduate Medical Education Office (PGME) Core Curriculum Web Initiative – called PGCorEd is a set of web-based e-learning modules, which covers the foundational competencies for the University of Toronto postgraduate trainees. PGCorEd is designed to be responsive to the practical realities of residency training by being available when and where the resident needs the information.

Each PGCorEd module is about 4 hours in length and includes 6-8 units, which require approximately half an hour each to complete.

Effective 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.**

These modules are required for completion before the end of the PGY2 year. Failure to complete all of the required modules will delay promotion to your next training level or completion of your Final In-Training Evaluation (i.e. FITER) and may constitute professional misconduct.

PGCorEd modules focus on generic foundational competencies linked to the CanMEDS roles, in particular, the non-Medical Expert roles. Also, the content is targeted at the PGY1 & PGY2 Resident and aims to help the PGY1 in transition from learner role of medical school to practitioner role.

Upon entry to your program you will be provided with an ID and password to access the modules, which are located on the U of T Learning Portal (our online learning environment).

When you register you will be given a 'login' for the U of T portal system.

> ➢ The above description is provided to all PGY1s in their Letter of Acceptance Package from the PGME Office.
> ➢ See Reverse for PGCorEd™ Module Update & information about CIPCorEd.

PGCorEd Module Update

MODULE	LAUNCHED	In Development
End of Life Care	☑	
Manager	☑	
Communicator 1	☑	
Communicator 2	☑	
Resident as Learner & Teacher	☑	
Patient Safety	☑	
Professional	☑	
Collaborator		☐ Launch TBD
Health Advocate		☐ Launch TBD

Note: Resident PGCorEd Mid Term and Year End Reports are available in POWER

About CIPCorEd

CIPCorEd is an on-line learning tool by which you can learn anytime, any place about professional skills critical to the clinical investigator. CIPCorEd consists of a series of educational units designed specifically for the clinical investigator trainee. Each unit contains information critical to the development of a body of knowledge and skills required for success as a clinical investigator. 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 over 7 individual units.

CIPCorEd Launch and Development Update

Unit	LAUNCHED	In Development
1. Grant Writing 2. Manuscript Writing 3. CV Writing 4. Research Ethics 5. Knowledge Transition 6. Supervising Trainees and Mentoring	☑	

Progress Report: Office of Integrated Medical Education

May 27, 2013

Through the **Office of Integrated Medical Education (OIME)**, created in late April of 2011, the Faculty has established a platform and a framework upon which to build our educational programs across our sites. The OIME has successfully integrated clinical education across the continuum of medical education which values and recognizes all of our learners and clinical teachers. This has provided us with a platform to harness our collective strengths, enhance our already strong and effective partnerships and communications strategies with both our community-based hospitals and office-settings, and recognize and reward the value contributed by community-based faculty who teach our learners (i.e., the preceptor payments).

Recent developments:

- *IME Summits:*
  The inaugural IME Summit took place in September 2011, and was focused on charting a roadmap for IME at the University of Toronto. The second IME Summit, which focused on educational technologies, took place in November of 2012. Both events were well-attended, with senior leaders representing our full and community affiliated hospitals, clinical departments, and administrative units.
- *OIME Communications Program:*
  The OIME website was successfully launched in March 2012 (see www.oime.utoronto.ca), with excellent feedback received from our stakeholders. The OIME Newsletter has printed four editions to date, and has been circulated to our list serve which includes over 2,100 subscribers.
- *OIME Annual Report:*
  The inaugural OIME Annual Report for 2011-2012 was published in October of 2012, and can be found on our website. Our report for 2012-2013 will be published in the fall of 2013.
- *Remunerating our community-based faculty:*
  The implementation of the T-IME preceptor payment system was a major project in 2011-2012. In 2012-2013, payments totaling $4.1 million (over 124,000 learner days) were funded through the community-based preceptor payment program. Growth of 12% in the community-based rotations and payments took place from fiscal years 2011-2012 to 2012-2013.
- *Appointing our community-based faculty members:*
  Between June 2010 and March 2013, we experienced growth of 168% in the number of community-based academic appointments. Significant growth occurred at all sites, and in all clinical departments.
- *Recognizing and Rewarding our Community-Affiliated Faculty Members:*
  Three new awards for excellence in community teaching were established in 2012. In the first year of implementation, we received 22 nominations, and 5 awards were presented at the Faculty's Education Achievement Day celebration in May 2013. Next year, a new award for innovation in e-learning technologies will also be implemented.
- *Orientation Program for New Faculty Members:*
  The OIME, CFD, and T-IME CE & FD working group launched a new orientation program for community-based faculty members in December of 2012. The sessions cover a range of topics for new faculty members.
- *Data Integrity and Reporting Functionality:*
  PGME, UGME and the OIME have met regularly with several clinical departments to help facilitate enhanced data integrity and reporting procedures in POWER, MedSIS and T-IME. All rotations and sub-rotations should be entered to facilitate payments or MTD data collection, regardless of

whether an evaluation is needed. The "bridge" between HRIS and T-IME has not yet been finalized, however, the target date for completion by the Discovery Commons and AMS is now the fall of 2013.

- ***Measuring our Performance:***

The production of a KPI (key performance indicators) report – with initial KPIs for the OIME and medical education more generally – is underway. The report is expected to be published during the summer of 2013.

- ***The Learner Experience:***

The T-IME Learner Experience working group has been working on several projects to streamline the medical learner (clerks and residents) registration and orientation process as they move through the affiliated hospitals. This group has collaborated with TAHSN-e, HUEC, PGME and UGME in the development of e-registration modules (hand hygiene, sharps safety and privacy); completed a survey on parking requirements across the hospitals; completed a survey on security-ID badges; and is currently reviewing the feasibility of "common" UofT pagers for medical learners.

- ***OIME Scholarship:***

The OIME presented orals at the Canadian Conference on Medical Education, Banff, Alberta, April 2012 and Quebec City, April 2013 as well as a poster on the T-IME preceptor payment system at the American Association of Medical Colleges, San Francisco, November 2012.

- ***Staff Members, OIME:***

Mubin Merchant, our Financial Officer, was recruited in November 2012. Our full-time Project Assistant (Valerie Beck) joined the department in February 2013, and we also have a part-time UofT graduate student, Huong Le, who will work with us this summer.

For further details, please contact: Wendy Kubasik, Manager, OIME (wendy.kubasik@utoronto.ca)

Principles and Best Practices

in Resident Application and Selection

DRAFT

For Discussion/Consultation

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PRINCIPLES

#	Principle
1	Selection criteria and processes should be reflective of the program's clearly articulated goals.
2	Selection criteria and processes should reflect a balance of emphasis on all CanMEDS competencies.
3	Selection criteria used for initial filtering, file review, interviews and ranking should be as objective as possible.
4	Selection criteria and processes should be fair and transparent for all applicant streams.
5	Selection criteria and processes should promote diversity of the resident body (e.g. race, gender, sexual orientation, religion, family status,) be free of inappropriate bias, and respect the obligation to provide for reasonable accommodation needs, where appropriate.
6	Programs should choose candidates who best meet the above criteria, and are most able to complete the specific residency curriculum and enter independent practice.
7	Multiple independent objective assessments result in the most reliable and consistent applicant rankings.

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PRINCIPLES

#	Principle
8	Undergraduate and postgraduate programs must be engaged in collaborative planning and innovation to optimize the transition between PG and UG.
9	Postgraduate programs must be well informed of educational needs of individual candidates to allow effective and efficient educational programming.
10	Recognizing that past behaviour and achievements are the best predictors of future performance, efforts should be made to include all relevant information about applicants' past performance in application files. (full disclosure)
11	Applicants should be well informed about specialties of interest to them, including heath human resources considerations.
12	Programs must consider and value applicants with broad clinical experiences and not expect or overemphasize numerous electives in one discipline or at a local site.
13	Diversity of residents across PGME programs must be pursued and measured.

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BEST PRACTICES

#	Best Practices
Transparency	
1	Programs must define the goals of their selection processes and explicitly relate these to overall program goals.
2	Programs should define explicitly in which parts of the application/interview process relevant attributes will be assessed.
3	Programs should explicitly and publicly state the processes and metrics they use to filter and rank candidates, including on program and CaRMS websites.
4	Programs should maintain records that will clearly demonstrate adherence to process (for example, for audit purposes).
Fairness	
5	Application scores should be based solely on information contained in the application and interview assessment/ratings only on information gathered during the interview.
6	Programs must abide by the Guidelines for management of Conflict of Interest in Admissions decisions. *

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BEST PRACTICES

#	Best Practice
Selection Criteria	
7	Programs must establish a comprehensive set of program-specific criteria that will allow thorough assessment of all candidates.
8	Selection criteria must include elements specific to each specialty that are validated to predict success in that field (for example, hand-eye coordination for procedural disciplines).
Process	
9	Criteria, instruments, interviews and assessment/ranking systems must be standardized across applicants and assessors within each program.
10	Assessments should be based on demonstrable skills or previous behaviours, both of which are known to be predictive of future behaviours.
11	Applicant assessment should be based on multiple independent samples and not on the opinion of a single assessor.
12	Programs should regularly assess the outcomes of their process to determine if program goals and BPAS principles (e.g., Diversity) are being met.

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BEST PRACTICES

#	Best Practice
Assessors	
13	Selection teams must be comprised of individuals with a breadth of perspectives that reflect program goals.
14	Assessors must be trained in all aspects of the process, including the program goals, selection process, assessment criteria, and assessment/ranking systems.
Assessment Instruments	
15	Programs must strive to incorporate objective assessment strategies proven to assess relevant criteria.
Knowledge Translation	
16	Best practices should be shared among different specialties and programs.
17	Innovations in Application and Selection should be done in a scholarly manner that will allow eventual peer-reviewed dissemination.

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BEST PRACTICES

#	Best Practice
Ranking	
18	Ranking must be done using pre-defined and transparent processes and driven solely by information that is available in the application file and acquired during the interview process.
19	Programs should rank candidates in the appropriate order based on assessment and not based on whom committee members think will rank the program highly.
20	Programs should establish clear criteria for determining 'do not rank' status.

*Faculty members who have leadership roles in undergraduate medical education should not participate in admissions deliberations. If this is not possible, then they must disclose their conflict of interest and the nature of their involvement in undergraduate education to the Vice Dean, Undergraduate Medical Education, Vice or Associate Dean, Postgraduate Medical Education, AND to the admissions committee. They must refrain from providing any information they acquire by virtue of their undergraduate leadership roles, and focus only on that information they acquire as clinical teachers and supervisors of individual learners, or as members of the admissions committee. Admissions committee members, program directors and/or training committees must identify inappropriate information when it is disclosed and ensure it is NOT used for decision-making purposes.

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PGME STRATEGIC PLAN: 2012-2017

The Strategic Plan is comprised of four high level directions supported by a series of strategic actions outlining tangible initiatives to be undertaken to realize the overall plan.

The PGME Strategic Plan is aligned with both the Faculty of Medicine Strategic Academic Plan and the 2012 Future of Medical Education in Canada – PG recommendations. The Plan enables and supports our partners and programs to establish, meet and exceed best practices in the education of physicians as emerging leaders.

PGME Strategic Directions:

❶ Strengthen each learner's experience across the medical education continuum

❷ Support and develop local, national and international leadership in evidence-based curricular innovation

❸ Recognize and support clinical teachers in the delivery of learner- and health-system focused education

❹ Foster leadership in social accountability among PGME learners and faculty

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Glen Bandiera, M.D., FRCPC (EM), Associate Dean, Admissions and Evaluation, Postgraduate Medical Education

❶ Learner experience

Strengthen each learner's experience across the medical education continuum.

We will:

> Implement a centralized and seamless learner orientation and registration system

> Increase opportunities for learners to explore tailored training in health systems leadership and medical scholarship and research

> Advance and apply knowledge that optimizes performance, learning, safety and well-being

> Monitor the learning experience with a view to continuous quality improvement

> Communicate and disseminate PGME educational innovation and other work to all local, national and international audiences

Evaluation of learner experience:

• PGME Surveys of Resident and Fellow Satisfaction and Engvgement

• Rotation Evaluation and Resident Assessment of Teacher Effectiveness Scores

• Increased distribution of learners across all teaching sites

• CaRMS application and match data to assess demand and quality

❷ Leadership in curricular innovation

Support and develop local, national and international leadership in evidence-based curricular innovation.

We will:

> Support programs to continually adapt and adjust to evidence-based education practices

> Establish a systematic approach for PGME delivery of educational information

> Identify gaps in best practices and develop strategies to address them

> Share and disseminate results of the PGME experience with local, national and international stakeholders and audiences

Monitoring leadership in curricular innovation:

• Usage of PGME Repository of e-Learning Resources

• Publications, citations and presentations on curricular innovation by U of T Faculty

• Coordinated decision-making across Faculty departments and divisions

❸ Clinical teachers

Recognize and support clinical teachers in the delivery of learner- and health-system focused education.

We will:

> Develop an engagement strategy to better understand the needs of clinical teachers

> Adapt standards for departments to provide feedback to clinical teachers

> Support and develop residents as current and future clinical teachers

> Engage and assist leaders and stakeholders in supporting clinical teachers

> Optimize information technology for field-based education

Measurement of clinical teacher support:

• Number of new and ongoing Faculty appointments by Department/Hospital

• Number of new teaching awards by Department

• Resident Assessment of Teacher Effectiveness

• Availability and usage of faculty development resources and workshops

❹ Social accountability

Foster leadership in social accountability among PGME learners and faculty.

We will:

> Lead in developing a national framework to meet the social accountability definition developed in the Future of Medical Education in Canada (FMEC)

> Develop template reporting and key performance indicators for social accountability in PGME

> Engage Program Directors in HHR (Health Human Resources) planning priorities as part of the annual quotas allocation process and take a national leadership position on a Canadian HHR strategy

> Support local and national initiatives to educate residents on their career options, with an emphasis on population health needs, including medical research and global health

> Establish an award for recognition of faculty members and residents who demonstrate leadership in the development and implementation of socially accountable programming

Tracking social accountability:

• Create and implement evidence-informed quota allocation plans

• Monitor distribution of U of T graduates in practice

• Inventory existing and emerging global health initiatives