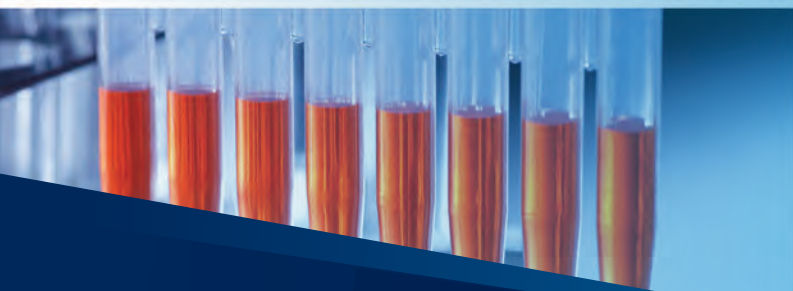




Postgraduate Medical Education
UNIVERSITY OF TORONTO



PGME 2013 - 2014 ANNUAL REPORT

Postgraduate Medical Education

July 1, 2013 - June 30, 2014



2013-14 Annual Report

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Message from the Vice Dean



I am pleased to present the 2013-14 report of activities and achievements in the Postgraduate Medical Education division of the Faculty of Medicine. We launched our strategic plan in August 2012 and are well on our way to implementing several initiatives in support of our learners and faculty members.

UofT PGME is a significant contributor to the physician workforce for Ontario and Canada. We are actively engaged in planning activities at national and provincial committees to respond to Ontario's health care needs.

Following our April 2013 accreditation, internal and external reviews have been undertaken and reports submitted to both Colleges. Dean Whiteside established a Task Force on PGME program support, chaired by Dr. Patrick Gullane, former chair of the Department of Otolaryngology – Head and Neck Surgery. The Task Force submitted its report with recommendations on improved methods of faculty development, administrative support, and remuneration. We look forward to its implementation in the coming year.

The Global Health Education Initiative, led by Dr. Barry Pakes and Judy Kopelow, launched our inaugural PGME Global Health Day in May 2014, an inspiring event bringing world leaders in global health to discuss their experiences and ways to impact change. Over 175 learners engaged in a variety of sessions on global health education, research, service and activism across disciplines.

The Fellowship Education Advisory Committee established further support for our clinical fellowship community by developing Guidelines for Educational Responsibilities in Clinical Fellowships, providing

a roadmap to assist fellows in academic difficulty.

Our Wellness Office continues to assist our learners in optimizing their clinical performance and personal well-being. A new counselor, Christiane Martin, has been added to the Wellness group to expand the scope of these services.

Dr. Anne Matlow was appointed as academic lead for PGME leadership and strategic initiatives. Under her direction, the Resource Stewardship committee will develop a curriculum to promote allocation of finite clinical resources. In partnership with the Institute of Health Policy Management and Evaluation, physician leadership program development is also underway.

Our commitment to integration and excellence is evident in PGME involvement in several committees and initiatives, such as the Best Practices committees on Admissions and Selection, Rotation Evaluation, and Learner Experience. We also participated in the Faculty's eLearning Task Force for integrated educational technology development as well as the Teaching and Academic Capacity in Toronto (TACT) Committee, which aims to analyze capacity in partner teaching sites.

In partnership with our hospital and Ministry of Health colleagues, PGME supports our faculty members and administrators in preparing Ontario's future physicians. Many thanks to all who support us in meeting this challenge.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'M. Spadafora'.

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

Message from the Associate Dean



2013-14 has been a year of exciting new directions and responsibilities. In July 2013, I was seconded by the Dean of Medicine to the position of Associate Dean, Mississauga Academy of Medicine (MAM) and Medical Education Advisor to the CEO, Trillium Health Partners (THP) for one year. In this role, I worked with THP's VP Education and Medical Affairs, Dr. Norm Hill, and MAM Academy Director, Dr. Pamela Coates. I helped with THP's evolution to a teaching hospital and first intake of clinical clerks in September 2013. MAM's yearly intake of 54 medical students will reach 216 at steady state. THP - the result of the merger of Credit Valley Hospital and Trillium Health Centre - is a very large community teaching hospital with over 1,200 beds, 8,000 employees, 1,200 physicians and over 1.5 million patient visits annually. The high patient to learner ratio and significant staff interaction result in a hands-on practical experience for learners.

My activities included an analysis of THP's challenges as an educational institution. Recommendations included a leadership structure to support education, analysis of the longitudinal integrated clerkship model, and participation in faculty development to help teachers support clerks transitioning to residency. I also assisted in troubleshooting logistical issues and the design of educational experiences. I met with MAM/THP Department Chiefs and education leads, many of whom are new to academic leadership positions. I also met with several academic leaders and learner groups at the Mississauga campus. It has been a huge learning curve, both being immersed in a community setting and focusing on undergraduate

education, but links to PGME are clear. There is an opportunity for new and innovative education models at THP, and providing diversified experiences for all learners (an FMEC recommendation) can be addressed through strategic partnerships in Mississauga.

I was involved with several committees, including the Undergraduate Medical Education (UGME) Executive, Clerkship and Curriculum Committees and other MAM/THP committees. It was rewarding to see many opportunities to further advance UGME-PGME integration. Provincially, I have represented the University on the Council of Ontario Faculties of Medicine Distributed Medical Education Committee, culminating in a retreat with the Ontario Deans of Medicine and Ministry representatives on the future of distributed models in Ontario.

I remained involved in PGME, which has begun implementation of its strategic plan in Best Practices in Admission and Selection, leadership programming, the learning repository PGMEExchange, mobile applications, new teacher assessment reporting format, learner diversity survey and global health programming. I look forward to returning this Fall and re-engaging in these initiatives when my MAM responsibilities end.

Sincerely,

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

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

Message from the Director, Education



After stepping down as the Program Director for the Diagnostic Radiology Program, I began the position of Director, Education in October 2013. This has provided me with a tremendous opportunity to work in the Postgraduate office on several different initiatives. The three most important initiatives are as follows:

1. Best Practices in Rotation Evaluation (BPRE), Chair:

This working group composed of Program Directors, residents, UGME representatives, hospital representatives and PGME staff provided advice to the POWER Steering Committee and Vice Dean PGME about Best Practices in Rotation Evaluation for postgraduate medicine at the University of Toronto. After an extensive background review, the group developed a revised rotation evaluation form with the experienced assistance of Dr. Susan Glover Takahashi, Director of Education and Research. This form was presented at PGMEAC and HUEC in May 2014 and piloted by several programs in July 2014. The form will be revised based on feedback and will be implemented universally for the 2015-2016 academic year. The form will allow programs to gain meaningful information about rotations and hospital sites in order to make necessary improvements. This will also allow for comparable measures across rotations, sites and programs.

2. Implementation of Best Practices in Application and Selection (BPAS):

After approval of the final report in the fall of 2013, I have been involved in the implementation of the principles and best practices described in the BPAS report. This includes a workshop at the December 2014 All PDs meeting and working with individual

programs and Program Directors to assist them in making improvements in their selection process. This work will continue over the next few years with ongoing education provided to programs and encouragement of collaboration with sharing of useful resources and tools.

3. Accreditation and Internal Review Committee:

The University of Toronto had a very successful accreditation in April 2013. We have already begun the new accreditation cycle and I have taken on the position of Chair of the Internal Review Committee.

The committee membership is almost complete and we are gearing up to start regular meetings in September 2014. I am very thankful that Dr. Tony Mazzulli will be the Vice-Chair of the committee and look forward to working with him. We are working with programs that require follow-up reviews or progress reports from the 2013 review and others that have off-cycle mandatory reviews to assist them with a successful outcome.

In addition to the above initiatives I have enjoyed working with individual residents and Program Directors, providing them with mentorship and guidance. I would like to thank the PGME staff members who have welcomed me into my new role. I am continually inspired by the projects and initiatives at the PGME office and the ongoing pursuit of excellence in Postgraduate Education at the University of Toronto. I am honoured to be part of the team.

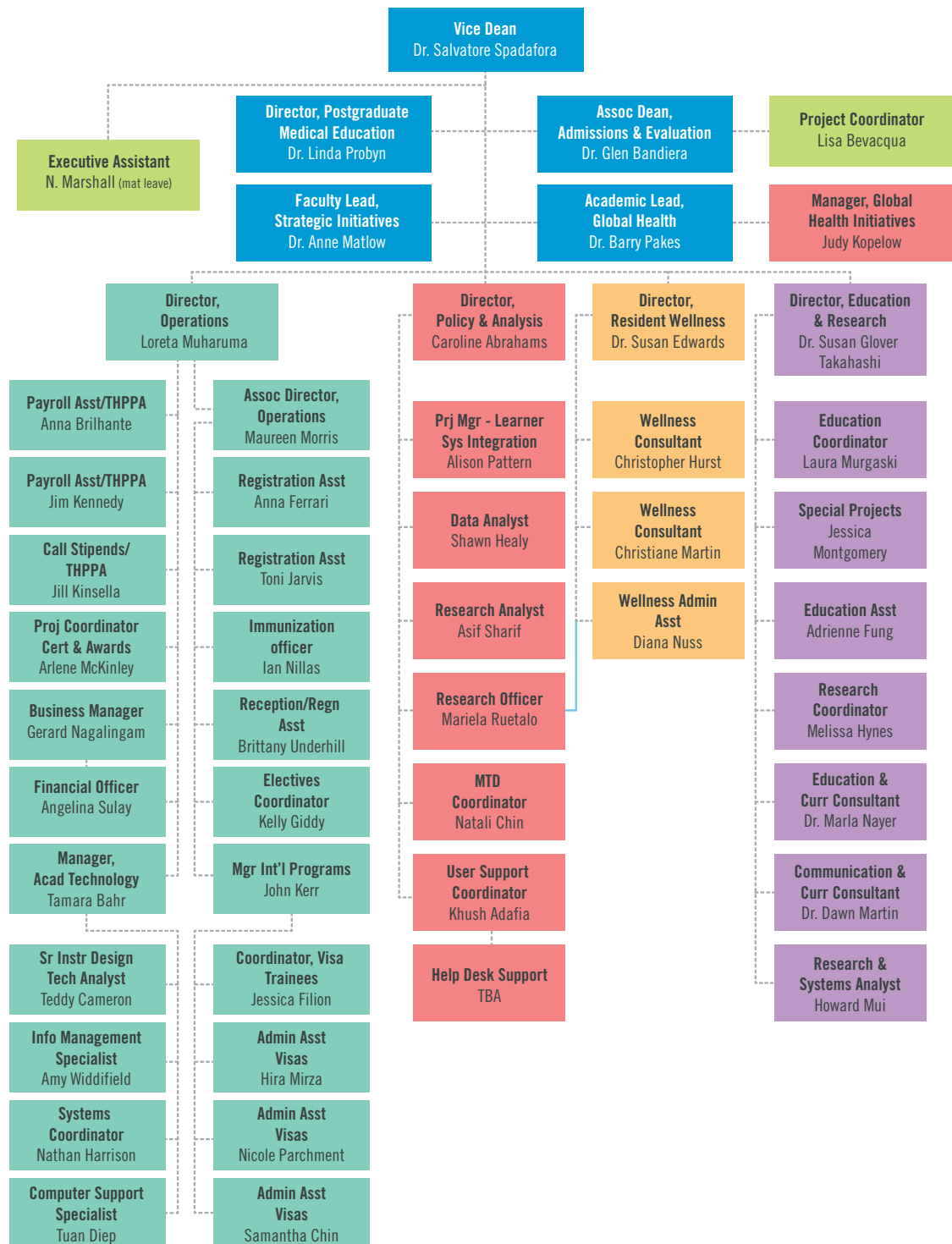
Sincerely,

A handwritten signature in black ink that reads "Linda Probyn". The signature is fluid and cursive, with the first name "Linda" being more prominent than the last name "Probyn".

Linda Probyn, MD, FRCPC
Director, Education



PGME Organizational Chart



What's New

2013-14 was a year of diversification, growth, innovation, support and collaboration for PGME at U of T. With over 3,400 postgraduate learners, the PGME office has expanded and adapted to ensure we are at the forefront of best practices and future directions for postgraduate education in Canada and internationally.

Faculty and Staff

Starting with our leadership, we were delighted to welcome Dr. Linda Probyn as PGME Director, Education, Dr. Anne Matlow, Faculty Lead of Strategic Initiatives and Dr. Barry Pakes, Academic Lead of Global Health. Other additions to PGME included Ms. Judy Kopelow as Manager, Global Health Initiatives, Ms. Maureen Morris, Associate Director, Operations and Registration, and Ms. Christiane Martin as our second Wellness Consultant. Dr. Glen Bandiera, Associate Dean, Admissions and Evaluation was seconded for a year to assist in developments in Mississauga and Dr. Sal Spadafora was renewed for a second term as Vice Dean, beginning in January 2015.

Global Health

The Global Health team of Barry Pakes and Judy Kopelow developed Global Health (GH) Elective guidelines for medical residents and are currently working on a common application process for global health electives, as well as a common ITER to enable them to compare and evaluate the GH elective experiences of our trainees. A highlight of 2013-14 was the inaugural Global Health Day on May 27 with 175 participants.



What's New

Technology and Innovation

PGME has been very active with several eLearning and technology initiatives to improve and enhance the education and learning experience for trainees, faculty and administrators. The “E-LOA” replaced the paper based Letter of Appointment process for thousands of trainees. In addition, we have launched an online visiting electives system for more efficient elective approvals, as well as an online system for fellowship applications.

The POWER help team was very busy launching an enhanced POWER case logging system in May, an updated location controller and an enhanced rotation scheduler to better capture the detail of rotations.

UT PGMEExchange is the new online repository for learning resources, including tools for teaching, assessment, curriculum planning and workshop development. It is available as both a desktop and mobile application.

Collaboration

Major collaborations continued or got underway, including the eLearning Task Force with representation from PGME, UGME, Continuing Professional Development and other key faculty representatives, the Task Force on Best Practices in PGME Program Support (the Gullane Task Force) with representation from many clinical departments, and the Teaching and Academic Capacity in Toronto (TACT) Steering Committee.

Best Practices (Administration, Admissions and Evaluation)

The Best Practices theme continued with recommendations from the Best Practices on Rotation Evaluations that revised the Rotation Evaluation form, implementation of the Best Practices on Applications and Selection recommendations through workshops and resource guides and recommendations from the Best Practices on PGME Program Support (Gullane Report).

Strategic Plan: 2013-14 Update

In service to the University of Toronto, Faculty of Medicine Strategic Plan and in alignment with the Future of Medical Education in Canada – Postgraduate project (FMEC-PG), **PGME enables and supports our partners and programs to establish, meet and exceed best practices in the education of physicians as emerging leaders.**

In 2013-14, PGME continued working on priorities and action items for each of PGME's four strategic directions.

Strategic Direction #1: Strengthen each learner's experience across the medical education continuum

Priorities and action items include:

- More centralized registration activities through eLearning orientation modules and mandatory registration elements, e.g. vaccinations
- The Leadership and Education Development (LEAD) program for residents and the Clinician-Scientist Training Program Task Force, both in progress
- The 8th year of the Resident Exit survey to monitor and identify issues
- 'Best Practices' presentations at CCME, AMEE, ICRE conferences
- **UT PGMEExchange** repository to support teachers and leaders



Strategic Plan: 2013-14 Update

Strategic Direction #2: Support and develop local, national and international leadership in evidence-based curricular innovation

Priorities and action items include:

- **UT PGME**exchange consultations with office of education and research
- Annual 'Best Practices' working groups –
 - ITERs – minimum standards implemented for all new ITERs
 - Teacher Assessments – minimum standards disseminated
 - Application and Selection – recommendations disseminated
 - Rotation evaluations – in progress

Strategic Direction #3: Recognize and support clinical teachers in the delivery of learner and health-system focused education

Priorities and action items include:

- A new annual teaching assessment reporting format
- Mobile POWER applications
- Community-based teaching awards

Strategic Direction #4: Foster leadership in social accountability among PGME learners and faculty

Priorities and action items include:

- Representation on local and national health human resources task forces
- An Ontario survey of admissions and selections practices
- A PGME learner diversity survey
- The Global Health Program

Enrolment, Admissions and Output

Enrolment Growth: 2009-10 to 2013-14

In 2013-14, a total of 3,404 trainees were registered in 79 programs across 17 departments or units (Table 1). These trainees, which include 2,034 residents and 1,370 fellows, trained in our full and community affiliated hospitals and/or in many teaching sites in physicians' offices, clinics, and community health centres. The departments of Medicine, Surgery, Family Medicine and Pediatrics have the largest number of trainees. In the last five years, the total enrolment growth of all trainees was 13%, with an increase of 15% in residents and 11% in clinical and research fellows.

Table 1: 5-Year Growth in PG Trainees (Residents, Clinical and Research Fellows)
By Department/Division/Unit, 2009-10 to 2013-14

Department/Division/Unit Distinct Trainees *	2013 - 2014			2009 - 2010			% Change
	Fellow	PGY	Total	Fellow	PGY	Total	
Anesthesia	120	102	221	100	104	204	8%
Critical Care, Adult	39	16	55	36	21	57	-4%
Critical Care, Paediatric	20	5	25	20	2	22	14%
Diagnostic Radiology	104	71	172	89	72	161	7%
Family Medicine	20	430	450	12	312	323	39%
Laboratory Medicine	33	52	85	38	61	99	-14%
Medical Genetics	7	13	20	6	7	13	54%
Medicine	354	529	872	291	452	741	18%
Obstetrics & Gynaecology	46	77	123	32	65	95	29%
Ophthalmology	34	33	67	40	27	67	0%
Otolaryngology	24	26	50	23	26	49	2%
Paediatrics	226	168	390	234	140	370	5%
Palliative Medicine	1	5	5	1	2	3	67%
Psychiatry	58	189	247	47	158	205	20%
Public Health & Prev. Medicine	0	22	22	0	34	34	-35%
Radiation Oncology	30	31	60	37	25	62	-3%
Surgery	256	266	522	229	261	488	7%
Total	1370	2034	3404	1232	1766	2998	13%

* A few trainees may transition from resident to fellow or vice versa during the course of an academic session. As a result there is a slight over count in both categories compared to the total of distinct trainees.

Enrolment, Admissions and Output

Visa Trainee Report

Registration

The PGME Office supports the University of Toronto's postgraduate medical programs in their commitment to training international learners ("visa trainees"). A total of 961 visa trainees registered with the PGME Office as research fellows, clinical fellows and residents in 2013-14, an increase of 2.2% (or 21 trainees) over the 940 registered in 2012-13. An additional 17 clinical fellows plus an additional 11 research fellows accounted for this increase. The number of internationally sponsored residents registered in 2013-14 declined by 9.2% over the number registered in 2012-13 (from 76 to 69 residents).

Visa trainees registered in 2013-14 represented more than 70 nationalities. As in 2012-13, ten countries – Australia, Brazil, India, Ireland, Israel, Japan, Kuwait, Saudi Arabia, U.K and U.S.A. – accounted for almost two-thirds of all visa trainees enrolled in 2013-14.

Internationally Sponsored Visa Trainees

International sponsorship funding supported 23.2% (or 223) of the 961 visa trainees registered in 2013-14.

The total intake of new sponsored visa trainees for 2013-14 was 76 (16 new residents and 60 new fellows). This total represents a decline of 12.6% over 2012-13 (when 87 new sponsored trainees were registered, a record high).

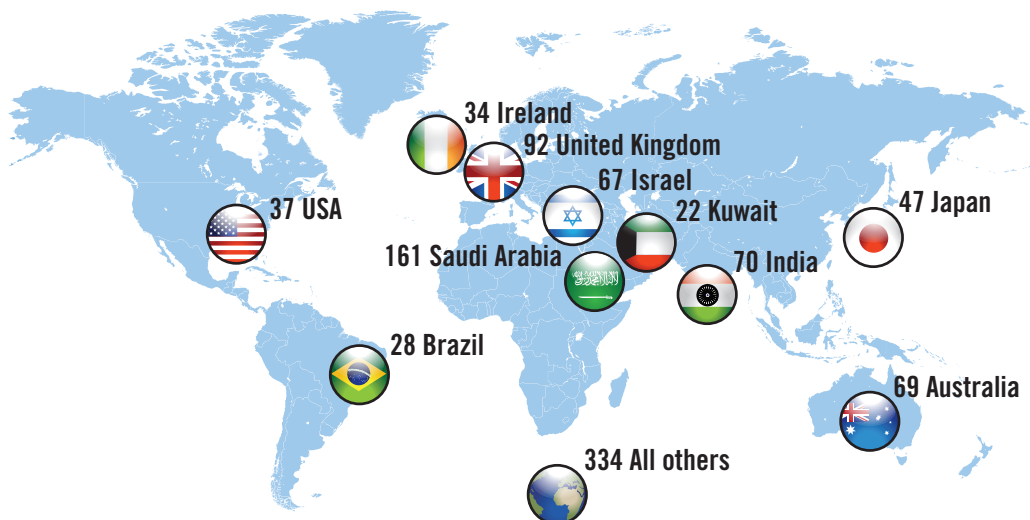
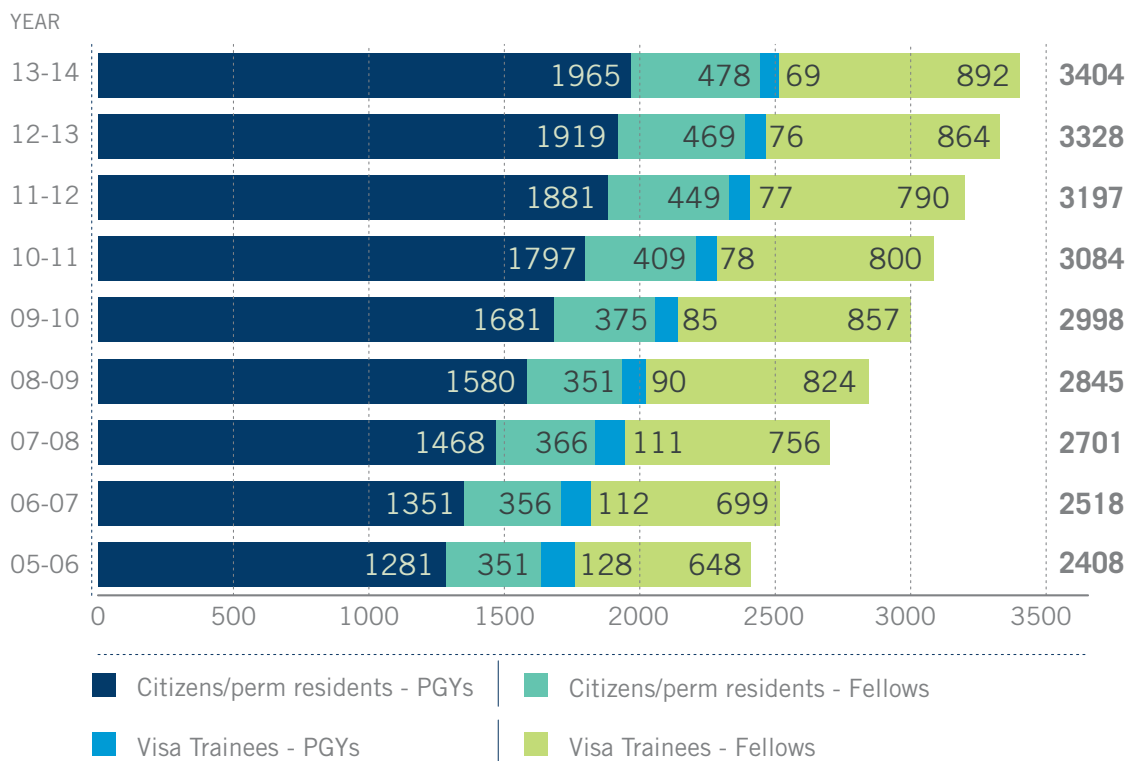
Visa Trainees as a Proportion of Total PGME Enrolment

According to POWER-sourced data (Figure 1), visa trainees in 2013-14 represented 28.2% of the total PGME enrolment (961 of 3,404 trainees) and internationally sponsored residents made up 3.4% of the total enrolment of residents (69 of 2,034 residents).

In 2013-14, ten countries -- Australia, Brazil, India, Ireland, Israel, Japan, Kuwait, Saudi Arabia, UK and USA – accounted for almost two-thirds of all visa trainees enrolled in 2013-14

Enrolment, Admissions and Output

Figure 1: PG Trainee Enrolment by Legal Status, 2005 – 2013
Canadian Citizens/Permanent Residents vs. Visa Trainees



Enrolment, Admissions and Output

Quotas Allocations

Planning for the allocation of residency positions at the University of Toronto for 2013-14 was guided by our Quotas Allocation (QA) Subcommittee of PGMEAC.

The QA Subcommittee met in October 2013 to consider the current status of the MOHLTC pause on RCPSC Specialty Expansion, current activities of the PG-COFM Working Group on PG Planning, the PGME initiative on Best Practices in Applications and Selection, as well as requests from Program Directors for changes to quotas for PGY1 entry programs and second entry subspecialty programs.

As a result of QA Subcommittee deliberations and consideration of population health needs and other factors, several adjustments were made to the PGY1 Quotas for 2014 from the previous year. In particular, Orthopaedic Surgery reduced their CMG intake from 10 to 8 in light of health human resource needs and employment prospects. In addition the quota for Core Internal Medicine was increased from 49 to 51, consistent with population health needs and particular needs for medical subspecialties such as Geriatrics and Cardiology.



Enrolment, Admissions and Output

CaRMS

In 2013-14, PGME at the University of Toronto participated in four CaRMS matches: the PGY1 match (417 positions filled), the Pediatric Subspecialty Match (25 positions filled), the Medicine Subspecialty Match (68 positions filled) and the CCFP Emergency Medicine Match (9 positions filled).

In the PGY1 match, all 417 PGY1 positions plus one Family Medicine position sponsored by the Department of National Defence, filled in the first iteration. For the fourth time in the last six years, the University of Toronto was the only medical school to fill all of its positions in the first round. Of the 417 filled positions, 346 were filled by Canadian medical graduates and 71 were filled by International Medical Graduates.

The 346 UofT PGME positions for Canadian Medical Graduates were filled by:

- ☐ 126 UofT graduates
- ☐ 139 from other Ontario medical schools
- ☐ 74 from other Canadian medical schools
- ☐ 7 from the U.S. schools

U of T's total of 161 FM PGY1 positions represented 32% of all Ontario FM positions in the match, and the quota of 256 specialty positions represented 36% of all Ontario RCPSC specialty positions.



Table 2: Breakdown of 2013-14 Positions Filled in CaRMS

Department/Division/Unit Distinct Trainees			
Discipline	CMG Positions	IMG Positions	Total
Anesthesia	13	4	17
Anesthesia - CIP	2	0	2
Cardiac Surgery	1	0	1
Dermatology	6	1	7
Diagnostic Radiology	9	2	11
Emergency Medicine	7	3	10
Family Medicine - GTA	115	20	135
Family Medicine - Barrie/Newmarket	14	4	18
Family Medicine - Rural	8	0	8
General Surgery	11	3	14
Internal Medicine	56	14	70
Laboratory Medicine	2	4	6
Medical Genetics	1	0	1
Neurology	5	2	7
Neurology - Pediatric	1	1	2
Neurosurgery	4	1	5
Obstetrics & Gynecology	11	1	12
Ophthalmology	4	0	4
Orthopedic Surgery	7	2	9
Otolaryngology	5	0	5
Pediatrics	17	4	21
Physical Med & Rehab	3	0	3
Plastic Surgery	4	0	4
Psychiatry	27	4	31
Public Health and Preventive Medicine	3	0	3
Radiation Oncology	4	0	4
Urology	4	1	5
Vascular Surgery	2	0	2
Total	346	71	417

Enrolment, Admissions and Output

Affiliated Teaching Sites

Fully Affiliated Hospitals

- Baycrest
- Centre for Addiction and Mental Health
- Holland Bloorview Kids Rehab
- Mount Sinai Hospital
- St. Michael's Hospital
- Sunnybrook Health Sciences Centre
- The Hospital for Sick Children
- University Health Network
- Women's College Hospital

Community Affiliated Hospitals and Teaching Sites

- Bridgepoint Health
- George Hull Centre for Children and Families
- Hincks-Dellcrest Centre
- Humber River Regional Hospital
- Lakeridge Health
- Markham Stouffville Hospital
- North York General Hospital
- Ontario Shores Centre for Mental Health Sciences
- Providence Healthcare
- Royal Victoria Regional Health Centre
- Southlake Regional Health Centre
- St. Joseph's Health Centre
- Surrey Place Centre
- The Scarborough Hospital
- Toronto East General Hospital
- Trillium Health Partners
- Waypoint Centre for Mental Health Care
- West Park Healthcare Centre



Enrolment, Admissions and Output

Teaching and Academic Capacity in Toronto (TACT)

The University of Toronto has faced unprecedented growth and expansion in undergraduate and postgraduate medical education since 2008. The opening of the Mississauga Academy of Medicine and a comprehensive affiliation with Trillium Health Partners, together with the introduction of community preceptor payments, has resulted in unprecedented growth in the number of community-based appointments as well as expansion, growth and distribution of learners outside of the traditional Academic Health Science Centre context.

In parallel with this growth and expansion, a number of factors have become increasingly important in determining the optimal placement of learners for clinical experiences (e.g., changing accreditation standards, health human resources needs, evolving curricular standards, new standards for medical education, shifts in clinical practice patterns and evolving physician remuneration models). All of these factors have created pressures – as well as new opportunities – around clinical teaching capacity, educational quality, and the distribution of learners and preceptor funding.

In response, the Teaching and Academic Capacity (TACT) Steering Committee was established to update the environmental scan of the capacity in our affiliated hospitals, teaching sites and clinical departments. The committee began its work early in 2014 and will recommend potential mechanisms to optimally increase the number of medical learners in our system by assessing, planning and strategically using the capacity that we have, over the next five years.

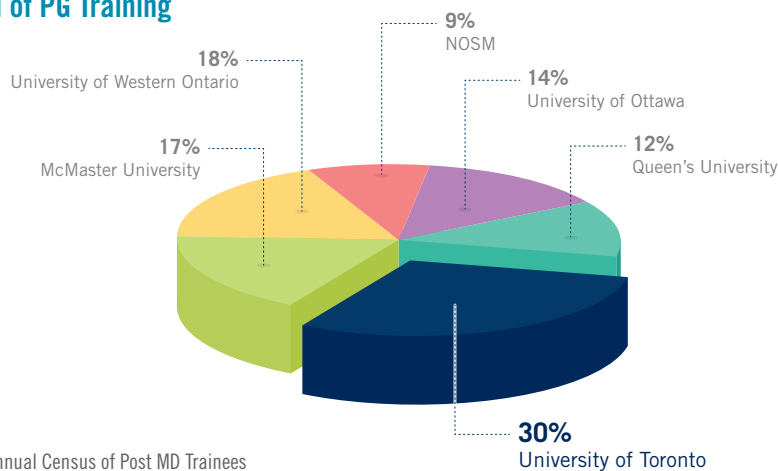
The PGME office is involved in an in depth analysis of learner growth and clinical activity measures, as well as an assessment of the quality of the learner experience at both full teaching and community sites. The committee is developing recommendations for an online, electronic, “capacity dashboard”, which will organize the data needed to continually assess capacity, and accurately predict and optimize medical student and resident placements across all affiliated sites. This will assist in achieving consistency, excellence and equity.

Enrolment, Admissions and Output

Contribution to Physician Supply

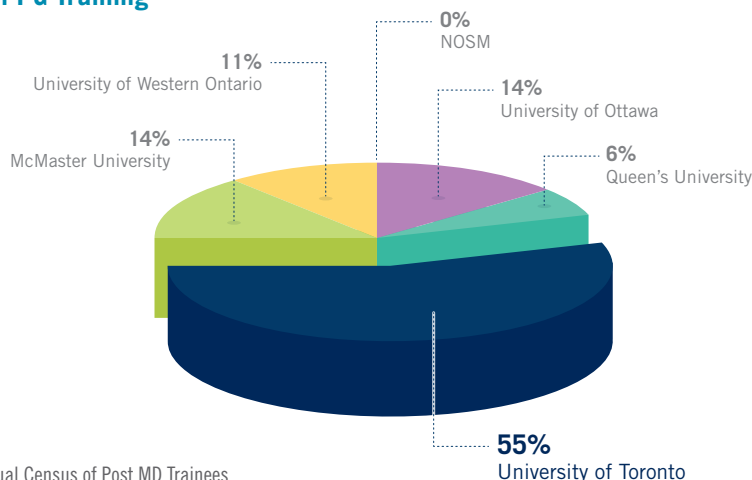
The University of Toronto continues to be the largest source of new physicians in Canada and Ontario each year. According to the 2013-14 Canadian Postgraduate Education Registry Report, 30% of the new cohort of Ontario trained Family Physicians practicing in Ontario, exited from FM training at U of T. Similarly 55% of the new practice cohort of RCPSC trained specialists in Ontario exited from U of T. Overall, 46% of new Ontario trained physicians graduated from PGME at U of T in 2013.

Figure 2: 2013 Estimated Practice Entry Cohort of New Family Physicians by Ontario School of PG Training



Source: CAPER, 2013-14 Annual Census of Post MD Trainees

Figure 3: 2013 Estimated Practice Entry Cohort of New RCPSC Specialists by Ontario School of PG Training



Source: CAPER, 2013-14 Annual Census of Post MD Trainees

Workshops, Faculty Development and eLearning

Workshops and Faculty Development

In 2013-14, there were 19 faculty development offerings (compared to 11 in 12-13), for Program Directors, program administrators and faculty involved in residency educational leadership, as well as one for residents who had volunteered to be instructors and evaluators at the surgical skills preparation sessions (see Table 3 – 2013-14 PGME Faculty Development Workshops).

Additionally, there were multiple one-on-one sessions with Program Directors or faculty regarding such topics as:

- developing goals and objectives
- development or revision of ITERs
- guidance on best practices in teacher evaluations
- develop or refinement of assessment tools
- managing residents in difficulty

Each summer, the PGME office offers leadership development for postgraduate trainees.

The Chief Resident Leadership Workshop provides an opportunity for participants to develop their

leadership skills as they prepare for their role as chief resident, manager, leader and teacher.

This year, trainees attended presentations and workshops focused on leadership & mentorship, resident as teacher, and resident wellness.

The bi-annual meetings for Program Directors and Family Medicine Site Directors continue to be held by the PGME office as an opportunity to inform, update and advise our program leaders about PGME activities and pertinent issues. The All Program Directors & FM Site Directors Meetings held in December 2013 and June 2014 offered both formal workshops and resources on topics of interest and need (e.g., Case Studies in Developing a Supportive Learning Climate, Global Health Update).

Again this year, there was a workshop for PGY1 to PGY4 surgical residents who had volunteered to be instructors for the 55 residents attending the Surgical Skills Preparatory Camp in July 2014. This Resident as Instructor workshop provided them with an overview of both teaching and evaluation of the skills to be covered.

Workshops, Faculty Development and eLearning

Table 3: 2013-14 PGME Faculty Development Workshops

WORKSHOP TOPIC	Date
Teaching Residents to Teach for Surgical Skills Prep Camp	July 5, 2013
Chief Resident Leadership Workshop	August 13, 2013
Pre-ICRE Session for Program Administrators	September 10, 2013
New Program Directors Development Meeting	September 12, 2013
ITER development for FM-Enhanced Skills programs	October 10, 2013
Best Practices in Assessment and Selection (BPAS)	December 13, 2013
Remediation 101 Workshop	December 13, 2013
All Program Directors and FM Site Directors Meeting	December 13, 2013
Competency Based Curriculum Workshop #1	January 22, 2014
Getting ready for the next accreditation cycle: Program Administrator's meeting	January 28, 2014
CanMEDS OSCE Workshop #1	February 4, 2014
Collaborator Workshop	February 7, 2014
Program Director's Appreciation Night	March 6, 2014
Resident as Learner & Teacher – From PGCorEd to Practice	May 6, 2014
Implementing Competency Based Education in Surgical Residency Programs	May 15, 2014
The Communicator Role in Surgery – From PGCorEd to Practice	May 20, 2014
Teaching Residents to Teach for Surgical Skills Prep Camp	June 4, 2014
All Program Directors and FM Site Directors Meeting	June 20, 2014
Best Practices in Admissions & Selection in Medical Residency Programs	June 23, 2014

Workshops, Faculty Development and eLearning

2013-14 PGME Faculty Development Workshops



Workshops, Faculty Development and eLearning

2013-14 PGME Faculty Development Workshops



Workshops, Faculty Development and eLearning

eLearning Task Force

In January 2014, the University of Toronto, Faculty of Medicine created an eLearning Task Force to help shape the Faculty's role in eLearning and use of educational technology to provide the best education for today's and tomorrow's learners. The Task Force is co-chaired by Professors Dimitri Anastakis, Vice Dean of Continuing Professional Development, and Jay Rosenfield, Vice Dean of Undergraduate Medical Professions Education. Task Force membership spans all medical education portfolios from undergraduate to postgraduate and graduate and adult learners.

The working definition of eLearning being used by the Task force is:

eLearning is an approach to engaging faculty of medicine learners in a form of education that applies technological approaches to teaching, learning and scholarship and may include asynchronous and synchronous learning and interactions which assist in the communication of knowledge and skills and their development and exchange.

The Task Force will complete an inventory of eLearning efforts and resources across the Faculty, conduct a literature review and an environmental scan of best practices in eLearning, and interview global leaders in eLearning. With this information the Task Force will identify the gaps between where we are today, and where we need to be over the next decade and beyond. The Task Force report and its recommendations to Faculty of Medicine (FOM) leadership in December 2014 will help position the FOM as the leader in eLearning (i.e., teaching, learning and scholarship) across the education continuum.



Workshops, Faculty Development and eLearning

UT PGME~~Exchange~~

In June 2014 PGME launched **UT PGME~~Exchange~~**.

UT PGME~~Exchange~~ is a central place to collect and share learning resources within the University of Toronto PGME community including tools for teaching, assessment, curriculum planning, and workshop development.

Within the **UT PGME~~Exchange~~**, each resource has a corresponding 'guide' for teachers and other users on how to use the resource in the educational setting. Resources can be sorted by CanMEDS role, intended audience, program, format, author and more. The **UT PGME~~Exchange~~** is an online, web based resource that can be accessed from your personal computer or mobile device. These shared resources can be used and re-used to support learning activities.

<http://www.pgmxchange.utoronto.ca>



Workshops, Faculty Development and eLearning

Clinical Investigator Program Core Education (CIPCorEd)

CIPCorEd is an on-line resource which 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. The overall objectives of CIPCorEd are:

- Understand foundational knowledge critical to the success of the clinical investigator in areas including research ethics and integrity, knowledge translation, building collaborative teams, mentorship, and intellectual property and commercialization.
- Demonstrate ability to apply an approach to research communication activities such as grant writing, preparation of manuscripts, preparation of a curriculum vitae, and oral research presentations.
- Develop awareness of available resources for future use, including international agreements on the performance of ethical research and international standards for publication in peer-reviewed journals.

We are happy to announce the completion of the two final eLearning modules “Collaboration in Research” & “Presentations.” CIPCorEd is open and available to any residency program that requests it and is a mandatory educational requirement for residents enrolled in the Clinical Investigator Program (CIP) residency program.

The complete list of CIPCorEd offerings is as follows:

1. Grant Writing
2. Manuscript Writing
3. CV Writing
4. Research Ethics
5. Knowledge Translation
6. Supervising Trainees and Mentoring
7. Collaboration in Research
8. Presentations

Workshops, Faculty Development and eLearning

PGCorEd

The Postgraduate Medical Education office (PGME) Core Curriculum Web Initiative – called **PGCorEd** – is a set of web-based eLearning 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 approximately 4 hours in length and includes 6 to 8 units, each of which require approximately half an hour to complete. **PGCorEd** modules focus on generic foundational competencies linked to the CanMEDS roles; in particular, the non-Medical Expert roles. The content is targeted at the PGY1 and PGY2 resident and aims to help the PGY1 in transition from learner role in medical school to the practitioner role and includes:

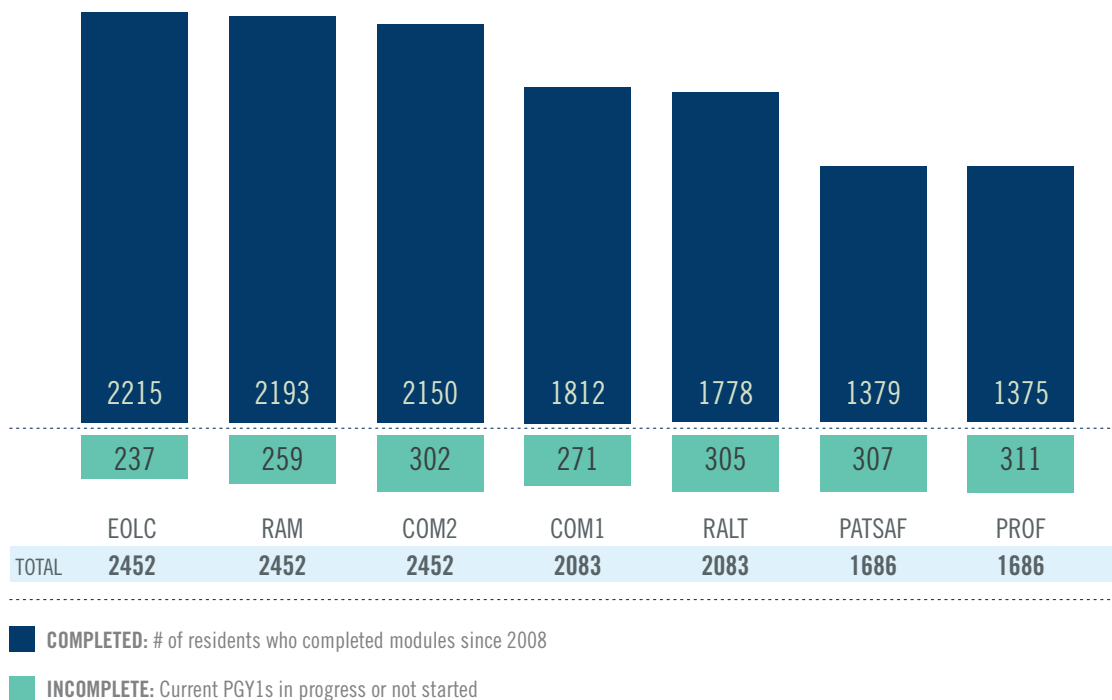
- End of Life Care
- Resident as Manager
- Essentials for Communication
- Communication Basics
- Resident as Learner and Teacher
- Patient Safety
- Resident as Professional

Residents are required to complete the modules before the end of PGY2. Failure to do so delays the resident's promotion to the next training level or completion of the Final In-Training Evaluation Report (FITER), and may also constitute professional misconduct. Modules are also made available for subspecialty programs and senior residents upon request. Currently, there are 422 residents enrolled in the elective **PGCorEd** course, which include senior residents and 16 subspecialty programs.



Workshops, Faculty Development and eLearning

Figure 4: Number of residents completing PGCorEd over five years



A comprehensive content review and renewal process is underway for **PGCorEd 2.0**. The new and improved **PGCorEd 2.0** will be mobile, available offline, provide streamlined content and a revised approach to learner assessment. **PGCorEd 2.0** will start to roll out in 2015.

Internal Review/Accreditation

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.

Considerable effort occurred this year to recruit for the IRC and FM-IRSC, including the new chairs and vice chair of the IRC and FM-IRSC:

Chair, Internal Review Committee –

Dr. Linda Probyn

Vice Chair, Internal Review Committee –

Dr. Tony Mazzulli

Chair, Family Medicine, Internal Review Subcommittee – Dr. Roy Wyman

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

Logistical planning is underway to prepare for the 100+ regularly scheduled internal reviews which begin in January 2015. There was 1 new program application and 2 Fundamental Innovations in Residency Education (FIRE) applications submitted in 2013-14.



Internal Review/Accreditation

Table 4: Internal Review and Accreditation Follow-up Activities

ACTIVITIES	2013 - 2014
New Applications	1
Progress Reports to CFPC	2
Progress Reports for RCPSC	4
Mandated Internal Reviews completed for RCPSC	2
FIRE applications to RCPSC	2



Assessment and Evaluation

Board of Examiners – Postgraduate Programs (BOE-PG)

The BOE-PG is a committee of faculty and residents appointed by Faculty Council and currently chaired by Dr. Stephanie Brister. 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/content/board-examiners-boe-pg-0>

Role of BOE-PG

At the request of a Program Director or the Vice Dean, 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 and recommendation from an independent process.

PGME Support

The PGME Education & Research Unit offers support and educational expertise to programs in planning a remedial program, as well as providing teaching and assessment resources to assist Program Directors with a remedial program.



Assessment and Evaluation

A look at 2013-14 BOE-PG Cases

Table 5: BOE Case Volumes & Outcomes

BOE case volumes & outcomes	2012 - 2013	2013 - 2014
1. Total cases over year	26	37
2. Total cases open and active at beginning of academic year (July 1)	10	13
3. Number of New cases over year	14	19
4. Number of Closed cases over year	11	13
5. Number of Residents resigned over year	2	1

Table 6: BOE Cases by Category

Category	Criteria	2012 - 2013 Count (%) (n=26)	2013 - 2014 Count (%) (n=37)
Training Level	PGY1	6 (23%)	5 (13%)
	PGY2	7 (27%)	8 (22%)
	PGY3	3 (12%)	10 (27%)
	PGY4+	10 (38%)	14 (38%)
Type of Trainees	MOH CMG	14 (54%)	19 (51%)
	MOH IMG	12 (46%)	16 (43%)
	Visa/Other	0	2 (5%)
Type of Problem (CanMEDS Role) (Most cases have >1 problem area)	Medical Expert	19 (73%)	25 (67%)
	Professional	12 (46%)	19 (51%)
	Communicator	14 (54%)	19 (51%)
	Manager	6 (23%)	9 (24%)
	Collaborator	1 (4%)	5 (13%)
	Health Advocate	0	0
	Scholar	0	1 (3%)

POWER Innovations

Resident as Teacher of Clerkship Students

In February 2012, University of Toronto clerkship students began evaluating residents and clinical fellows, using the Undergraduate Medical Education Evaluation system MedSIS. In January 2013, residents and clinical fellows who received a minimum of three evaluations began receiving aggregate teacher effectiveness scores.

Resident Assessment of Teacher Effectiveness (RATE)

Beginning in the 2014-15 session, teachers will see a new teacher effectiveness (TES) evaluation report.

New features include a frequency of scores in the TES on the five-point scale, a mean, median and mode, as well as the calculation of a score based on the overall question rather than on selected questions. Teacher evaluations can now be aggregated from the last two and three years in order to accumulate sufficient evaluations to view their effectiveness scores.

Best Practices in Rotation Evaluations

In early 2014 a Working Group on Best Practices in Rotation Evaluations (BPRE) was formed. Chaired by Dr. Linda Probyn, the working group undertook an analysis of existing rotation evaluation forms in use in POWER. Forms were often found to be too long, irrelevant and unclear. In addition, the use of the information collected from the forms was not well understood by learners. The group also completed a literature search and surveyed residents and Program Directors to obtain viewpoints and suggestions for improving the forms. A report on the BPRE working group will be prepared in 2014-15.



POWER Innovations

Location Registry

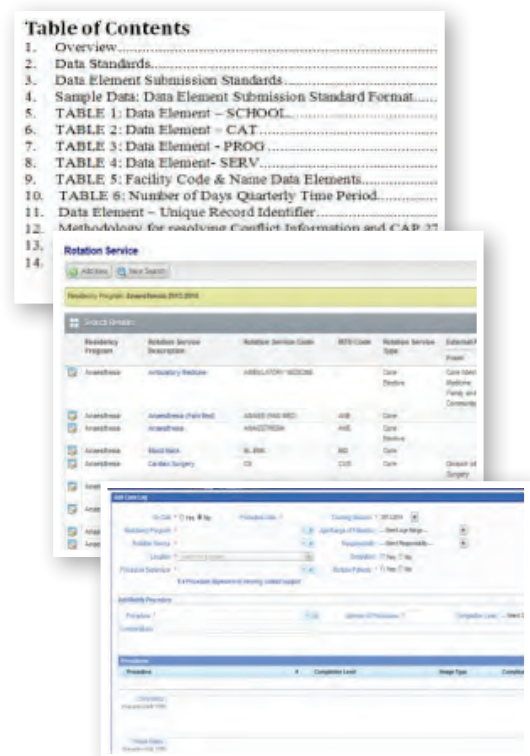
The location registry is a centrally developed Faculty of Medicine database and coding system, featuring common names, codes and standard Ministry of Health and Long-term Care (MOHLTC) facility numbers to reduce duplication and improve reporting of location data. Developed by Discovery Commons, the location registry was implemented into POWER in February 2014.

Medical Trainee Day Enhancements

Over the last two years, the Faculty of Medicine has been working with hospital partners on a new process of collecting Medical Trainee Days (MTDs) for reporting to the MOHLTC. These days were previously recorded and reported by each individual hospital. In order to capture an accurate training record from POWER, PGME has developed several enhancements which will be released into production during the summer of 2014. The main enhancements include the ability to schedule residents to multiple sites and longitudinal experiences.

Case Logging

In May of 2014, the PGME Office released an enhanced Case Logging function. The changes were based on feedback from focus group meetings and verbal feedback of trainees testing the application in a clinical setting. These changes include more customizable features and drop down lists. This version is also available in a mobile format.



Resident Wellness

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

Trainee Support

In 2013-14, 184 residents and fellows sought support services at the ORW. In total, trainees seeking help attended 646 individual sessions. 63% of those seeking help were female and 26% were in their PGY1 year. In response to the increasing number of trainees seeking our

counselling and support services, (Figure 5), a new part-time counsellor/advisor, Christiane Martin, was hired on February 12, 2014.

Mental health concerns are the most common issues that bring trainees to the ORW. As in previous years, feeling anxious remained the top primary presenting issue for first and all visits in 2013-14. Concerns regarding academic performance, occupational stress and burn out, and career guidance rounded out the top primary presenting issues. This is consistent with previous years with the exception of the increase in visits for occupational stress and burnout, which did not make the top five list previously (Figures 6 to 8).

Figure 5: Number of Trainees and visits by academic year.

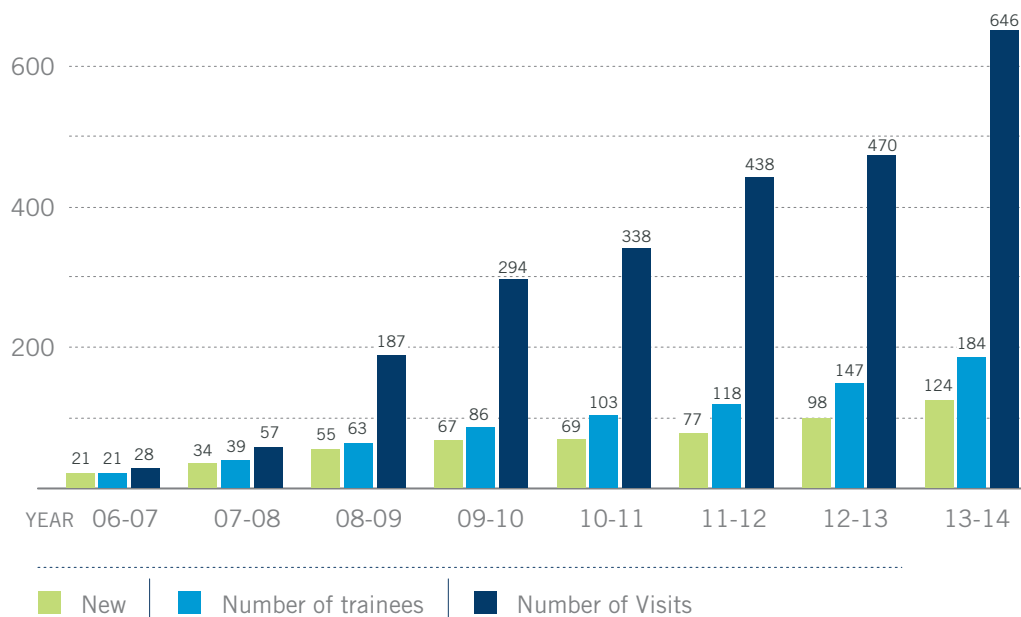


Figure 6: Number of Trainees and Visits by Training Level in 2013-2014.

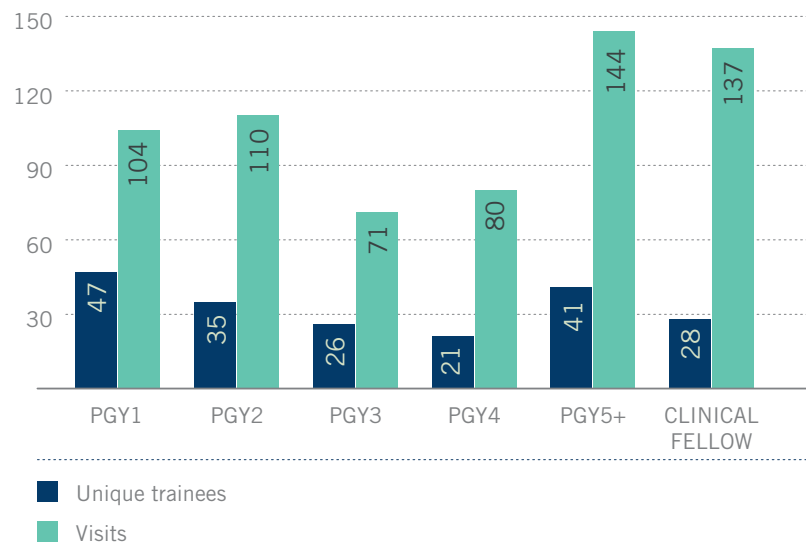


Figure 7: Most common presenting issues on first visit to ORW 2013-2014

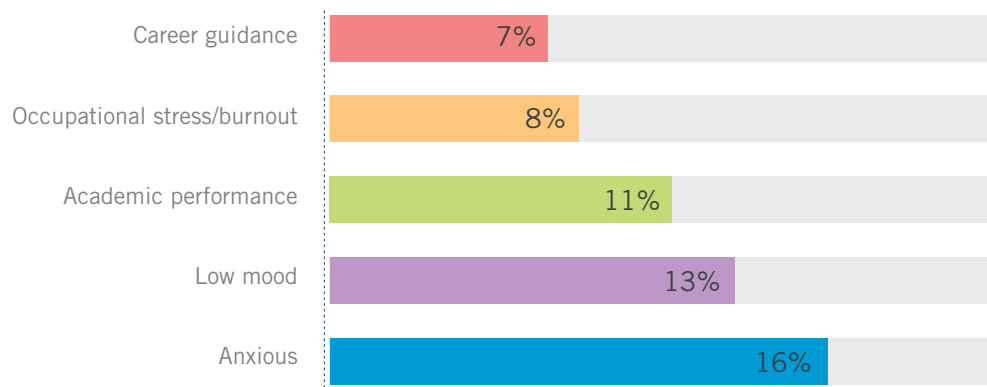
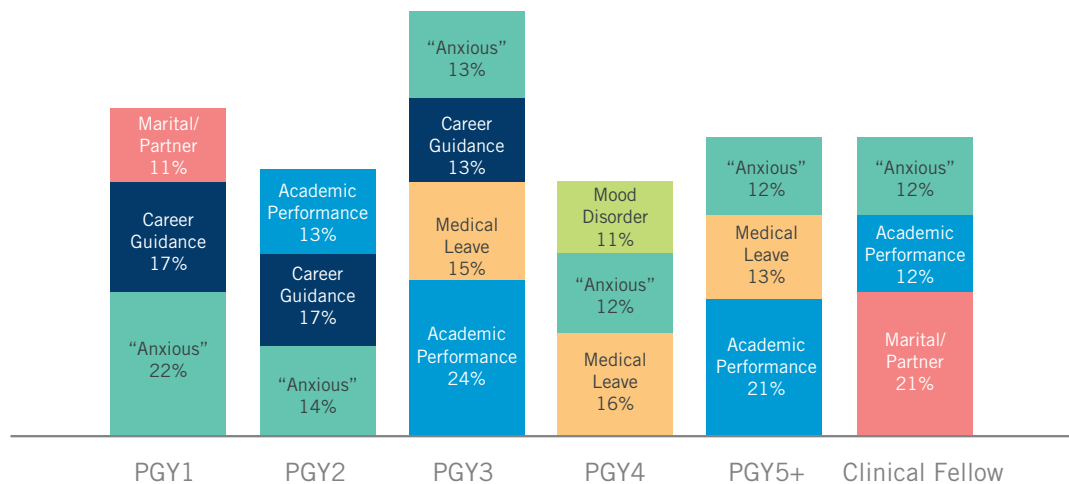


Figure 8: Most commonly presented issues on first visit by training level, 2013-2014.



Resident Wellness

Educational Activities

The ORW expanded its 2013-14 wellness curriculum to include eight wellness workshops that were offered individually or as part of a series. The workshops are designed to support the development of self-regulation skills that enhance both clinical performance and professional well-being. Workshops are between 1.5 to 2 hours in length, highly interactive, and include brief evidence-based didactic presentations, experiential exercises, reflective processes and group discussion.

During the academic year, 40 workshops were presented to 16 postgraduate programs. As part of the series, ORW partnered with General Surgery to provide 10 wellness workshops to multiple training years.

Faculty interest in ORW wellness programming continues to grow. This year wellness workshops were presented at the International Conference on Resident Education, the Ontario College of Family Physician's Annual Scientific Assembly, and at the Canadian Conference on Physician Health. The ORW also presented faculty wellness workshops through the Department of Family and Community Medicine's 'Beyond the Basics' Program, the Inter-Professional Medical Education Summit, the Center for Faculty Development, and specifically the Education Scholars and New Emerging Academic Leaders Programs. The aim of the faculty presentations are primarily to enhance participants' own self-regulatory skills, with a secondary goal of supporting and encouraging them to model and teach these to learners.



Resident Wellness

Wellness Workshop Series 2013-14

1. Enhancing Well-Being and Performance
2. Fatigue Management
3. Managing Transitions and Change throughout the Medical Career
4. Mindful Career Planning
5. Enhancing Exam Preparation and Performance
6. Time Management
7. Resident Resilience in the Context of Adverse Events: A Mindful Approach
8. Mindfulness in Medical Life

The wellness workshops were well received by residents and faculty, with a large majority (89%) indicating that they were satisfied or very satisfied with the sessions and 92% considering the content relevant to their training. Participants continue to identify group reflection, knowledge acquisition, and practical skills development as the most valued aspects of the workshops. Openly discussing common experiences of challenges and adaptations to training is seen as a unique and highly regarded opportunity.

For the third year, the ORW supported the Undergraduate Medical Education's 'Transition to Residency Program' by presenting a workshop on "Managing Transitions" during December 2013.



Resident Wellness

Partnerships- University, provincial and national

Toronto Model of Integrated Medical Education (T-IME)

The T-IME Working Group on the Learner Experience, co-chaired by the Director of Resident Wellness and the Associate Dean of the Office of Health Professions Student Affairs (UGME), and supported by the Office of Integrated Medical Education, has had **some exciting successes this past year in its mandate to streamline the orientation and registration processes for UME and PGME learners across training sites.** The Learner Experience group has welcomed the Toronto Academic Health Sciences Network (TAHSN)-led initiative to develop and launch online modules that residents are required to complete at hospital orientations. To date, five of these are now available with completion rates recorded in POWER. Learners complete the modules once and then are considered to have been oriented

to these topics as they rotate through all our affiliated hospitals. Other priorities being explored by the committee and its hospital partners include preprinting ID badges, implementation of a common pager system, and “One Badge”.

Cinema Medica: Health and Illness in Film

The ORW has continued its support of the medical humanities film series “Cinema Medica: Health and Illness in Film”, which screens films bimonthly to promote reflective discussion on themes relevant to health professionals.



Resident Wellness

Practice Ontario

Practice Ontario (PO) offers free career-planning and guidance, job search assistance and transition to practice preparation to postgraduate medical residents. A partnership between PGME, the ORW and HealthForceOntario (HFO) was initiated in 2009 to match University of Toronto residents with available jobs in Ontario.

Recently, PGME has been working with HFO to enhance service, including free and flexible job search assistance for permanent and locum opportunities, personal career guidance, and transition strategies to aid the smooth adjustment from learner to practicing physician.

In 2013-14, 184 University of Toronto residents were in contact with PO to receive specific information or to seek career advice, and 125 residents were interviewed and registered by one of their Regional Advisors. PO staff also facilitated nine presentations to various PGME programs, as well as spoke at five other invited events.

AFMC Resource Group on Physician Health and Well-Being

Dr. Susan Edwards was named Chair of the AFMC Resource Group on Physician Health and Well-being for a three-year term. Interest and activity in physician health in medical training continues to expand at institutions across the country, most notably in postgraduate medical education, as there are now 13 offices that provide support services to residents. The ORW is excited to play a leadership role in promoting national collaboration to determine best practices in support and education for our physicians in training. One of the key responsibilities of this role is representing academic institutions on the Advisory Committee of the Canadian Physician Health Institute to promote physician health nationally.

Resident Wellness

Research

A Year in Transition: A Qualitative Study Examining the Trajectory of First Year Residents' Well-Being was published in July 2013 in the BMC Medical Education Journal. Research on trainee evaluations of the wellness workshop series were presented at the Canadian Conference on Medical Education (CCME) and the International Conference on Residency Education (ICRE). The ORW has completed resident one-on-one interviews for a study exploring how residents experience the remediation process. Coding, theme development and presentation of results will be forthcoming in the 2014-15 academic year.

Board of Medical Assessors (PG)

The Board of Medical Assessors-PG, is a committee of clinical faculty, chaired by Dr. David Tannenbaum, to support the PGME office in developing best practices for supporting learner disability and accommodation in postgraduate medical training. The activity of the Board is summarized in Table 7.

Table 7: BMA Activity

BMA Activity	2012 - 2013	2013 - 2014
Meetings	3	5
New cases	0	1
Activity (ongoing)	4	2
On Hold (resident on leave)	N/A	3
Closed	2	0



Quality Improvement and Leadership

Communications, Outreach, Mobility, Social Media, Website SoMe @ PGME

In October 2013 PGME officially entered the Social Media (SoMe) forum. Our community follows us on Twitter & Facebook. Our YouTube channel broadcasts informational videos as well as our new PGME video series highlighting our faculty and programs.



<https://twitter.com/UofTPGME>



<https://www.facebook.com/pages/University-of-Toronto-Postgraduate-Medical-Education/353131638111007>



www.youtube.com/uoftpgme

Resource Stewardship/Leadership

Dr. Anne Matlow is the Faculty Lead at PGME for Strategic Initiatives. In 2013-14, her focus was on Resource Stewardship as well as Leadership initiatives.

Reflecting the adoption of the “Choosing Wisely” project of the American Board of Internal Medicine, the CanMEDS framework is being updated to identify those competencies related to resource stewardship, such as: how to allocate finite resources, using strategies to overcome the factors that negatively influence clinical decision-making in an organizational structure, using evidence-based judgments in ordering diagnostic tests and procedures, and designing and implementing processes to improve standardization and reduce errors in delivering health care. As faculty have a responsibility to engage residents in active learning about resources stewardship, PGME formed a new subcommittee of PGMEAC to help to bring together representatives across departments that can lead in the design, implementation, evaluation, and eventual dissemination of educational programs aimed at teaching residents how to deliver high value appropriate care to patients. Dr. Matlow chairs the subcommittee. She has also been involved in the Leadership program for residents, in collaboration with the Institute for Health, Policy, Management and Evaluation.

Quality Improvement and Leadership

Fellowship Education Advisory Committee (FEAC)

The Fellowship Education Advisory Committee (FEAC) was established in 2009 as a source of advice to the Vice Dean PGME on the oversight of clinical fellowship training and the management of fellowship issues. The committee meets quarterly under the direction of the Chair, Dr. David Latter. FEAC membership includes representatives of postgraduate medical departments and University affiliated hospitals/HUEC, as well as currently registered clinical fellows and PGME Office staff.

The transparency of FEAC is promoted by the posting of committee materials – Terms of Reference, membership list, meeting schedule, agendas, approved minutes and annual reports – on the FEAC website. The FEAC Chair presents the annual FEAC Report to the Clinical Chairs Committee.



Activities and achievements of the FEAC in 2013-14 included:

- Administering the *2014 Survey of Clinical Fellows at the University of Toronto*, a biennial survey that has been instrumental in shaping guidelines and new services/products for clinical fellows at U of T
- Developing *Guidelines for Educational Responsibilities in Clinical Fellowships*, a document intended to assist programs in dealing with serious cases that may arise only rarely but require sensitive and informed response
- Issuing *Clinical Fellowship Offer Letters: Exemplars*, a compilation of the results of an environmental scan of U of T clinical fellowships, which provides fellowship programs with template offer letters, against which each program can measure the completeness of its own offer letters



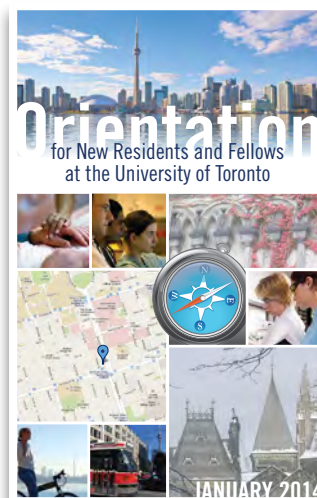
Quality Improvement and Leadership

- Initiating development of a long-term strategy to respond to the challenge of access to primary care in Toronto for new clinical fellows
- Completing an environmental scan to assess the status of WSIB coverage for clinical fellows at university-affiliated hospitals

A number of FEAC-led initiatives have become established PGME services/products for clinical fellows at UofT, including:

- An orientation handbook for new trainees (accessible online and in print), updated annually and now in its fourth year of publication

- A template statement of clinical fellowship goals and objectives in the CanMEDS framework, including a dedicated template for cross-departmental appointments, which can be submitted to CPSO with the approval of the department and the Vice Dean PGME
- Certificate of completion of training for clinical fellows, with over 600 certificates issued to clinical fellows by the PGME Office in 2013-14
- Online University of Toronto PGME Fellowship Forum, with over 800 clinical fellows registered with the Facebook-based forum in 2013-14



Quality Improvement and Leadership

Resident Exit Survey

March of 2014 saw the ninth consecutive annual launch of the Resident Exit Survey. This year we achieved the highest response rate since we've conducted the survey, with 352 responses (64%). To date, the survey has allowed 2,012 exiting residents to describe and rate their experiences of residency at the University of Toronto (Table 8). **The survey focuses on the quality of education and training, resident well-being, and readiness for practice and future plans.**

Table 8: Resident Exit Survey Response.

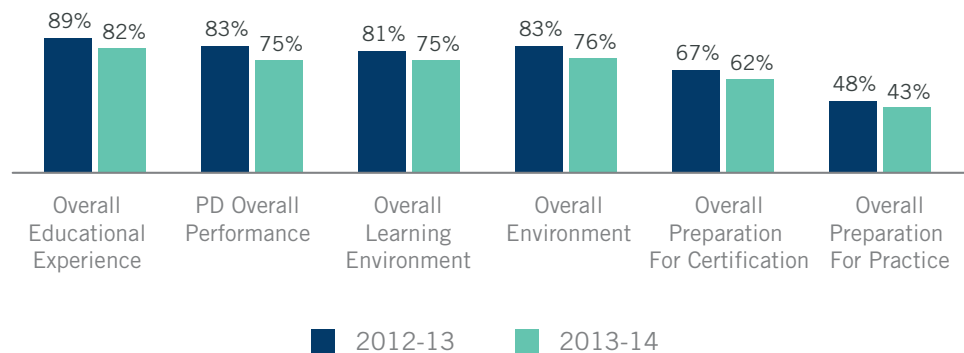
	2005 2006	2005 2006	2007 2008	2008 2009	2009 2010	2010 2011	2011 2012	2012 2013	2013 2014
Number of Respondents	93	110	205	224	227	215	282	304	352
Total Population	332	341	339	380	366	408	482	519	549
Response Rate	28%	32%	60%	59%	62%	53%	59%	59%	64%
Margin of Error with 95% Confidence Interval	9%	8%	4%	4%	4%	5%	4%	4%	3%

This year, 82% of respondents rated their overall educational experience 'very good' or 'excellent' (4 or 5 out of 5). Satisfaction ratings across the board have fallen very slightly from the previous year but maintain strong levels with 76%, 75% and 75% very good/excellent responses for Overall Environment, Learning Environment and Program Director performance respectively. The overall preparation for certification and practice categories are less often rated 'very good' or 'excellent', and the reductions in this year's proportions bring them back in line with the results from previous years.



Quality Improvement and Leadership

Figure 9: Those Who Rated their Residency Experience Positively (4 or 5 out of 5), 2012-13 & 2013-14,



Once again, we sought information on residents' future plans and their career concerns. This year we observed an increased focus on locums and independent practice as options for the future, with fellowships losing popularity.

For Family Medicine residents, the locums increased in popularity, up from 60% to 68% (Table 9), independent practice went up from 30% to 38%, and fellowship options fell from 23% to 12%. Specialty residents generally shared a similar trend, with locums moving from 17% to 28% popularity, while fellowships declined from 44% last year to 36%.

Medicine residents trended differently, with clinical associate/contract positions falling from 28% to 16%, and undecided responses roughly doubling in proportion from 7% to 15%.

For Surgery residents, plans to start independent practice doubled from 9% to 17%. Although 59% still considered fellowship a reasonable option, it was no longer considered as frequently, dropping from 74% last year.

Quality Improvement and Leadership

Table 9: Plans after Completion of Residency

	All	Family Medicine	Specialty	Medicine	Surgery
Locum	44%	68%	28%	25%	17%
Independent Practice	34%	38%	31%	33%	17%
Clinical or Research Fellowship	27%	12%	36%	39%	59%
Further Subspecialty	14%	20%	11%	10%	17%
Graduate Studies	14%	8%	18%	23%	14%
Don't know/Undecided	13%	15%	12%	15%	0%
Clinical Associate/ Contract Position	13%	8%	16%	16%	10%

Concern about securing a position in a chosen specialty generally fell from last year's peak. Surgery residents, however, did not report reduced concerns. Specialty residents continue to represent almost all of those who are concerned (Figure 10). Residents from the Department of Surgery present the highest rates of concern (87%), which returns them to 2011-12 levels. Medicine residents, however, reversed an upward trend in concern with a drop in proportion from 42% to 34% (Figure 11).

In summary, with concern over job prospects abating slightly, and the increased popularity for locums, there appears to be a decline in the number of residents choosing to continue on to fellowship.



Quality Improvement and Leadership

Figure 10: Percentage of Exiting Residents Pursuing a Fellowship

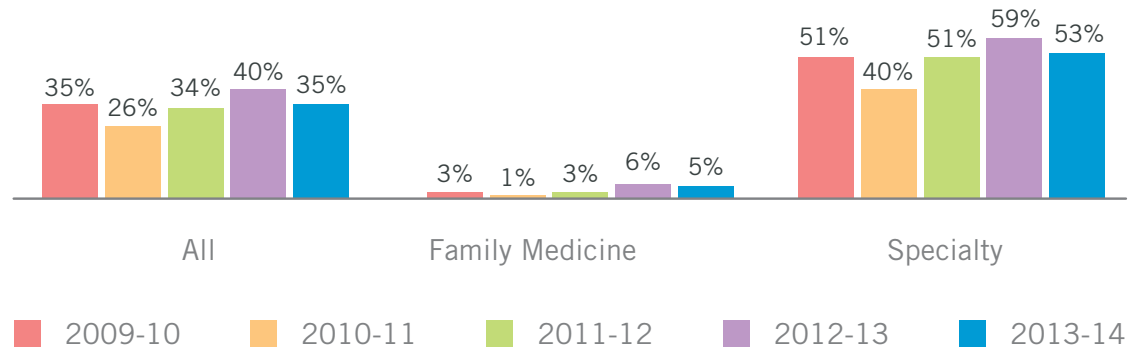
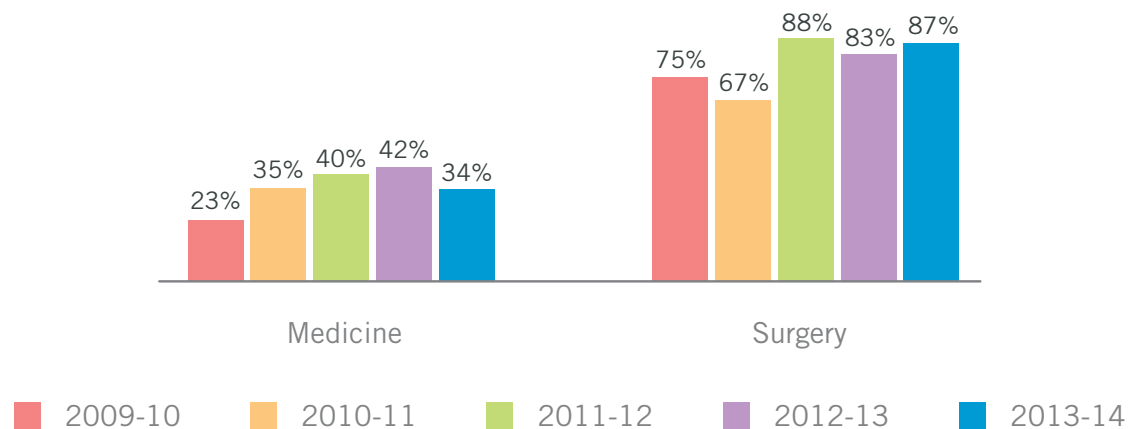


Figure 11: Percentage of Exiting Residents Pursuing Fellowship (Medicine and Surgery)



Quality Improvement and Leadership

Best Practices in PGME Program Support Task Force (the Gullane Task Force)

Postgraduate Medical Education (PGME) residency programs at the University of Toronto (U of T) underwent a joint accreditation survey by the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC) in April 2013. In the Joint Chairs' report, it was noted that resourcing of residency programs was deficient:

“Uneven support provided to many program directors and especially program administrators requires immediate attention. Exceptions noted were the departments of Pediatrics and Radiology. (A1.3.4).

At the Dean's request, a Task Force on Best Practices in PGME Program Support (the Gullane Task Force) was created to investigate issues related to the report's findings and make recommendations on the following topics:

- Defining a baseline for program resourcing for Program Director and program administration support for residency programs
- Supports and services to be provided by faculty, clinical departments or the PGME Office for program sustainability
- An accountability framework for funds disbursed from PGME to clinical departments

Dr. Patrick Gullane, Past Chair, Department of Otolaryngology – Head and Neck Surgery, was appointed by the Dean of Medicine to chair the Task Force, which had representation from department chairs, vice presidents of education, Program Directors, program administrators and managers, business officer and medical residents.

The Task Force's report was released in July 2014 and includes recommendations for improved communication, greater transparency and more accountability in the funding of supporting resources. The PGME Office will work with all Program Directors and program assistants in 2014-15 to implement the report recommendations.



Quality Improvement and Leadership

POWER Training

Effective May 1, 2013, the PGME Office assumed responsibility for Level 1 POWER help and training. Over the course of the year, many POWER training sessions have been provided by Khush Adatia, User Support Services Officer and Natali Chin, Medical Education Co-ordinator. Group and individual sessions are interactive and customized to user needs. The sessions also feature information on future roll-outs of enhanced POWER screens/functions.

POWER Training activities over the last year included:

1. Ongoing one-on-one POWER training for new and existing PDs and PAs
2. Ongoing POWER training over the phone with Hospital/Rotation Coordinators for Core Medicine
3. POWER Info Session at ICRE Conference – September 2013
4. Hospital Fellowship Coordinator MTD Info Session – April 2014

5. POWER Reports – hands-on training – 2 Sessions: September and October 2013
6. Hospital MTD Info Sessions – 4 sessions: April and May 2014
7. Preparing for the New Training Session 2014-15 – 2 Sessions: May 2014
8. Hospital (SJHC, TEGH) Preceptor Payment POWER Training – July 2013 and May 2014

POWER Help Site

Along with the POWER Evaluation Helpdesk support provided to all POWER users by the Policy and Analysis Unit of PGME, we are currently building an online POWER Help site as an alternate self-serve support tool. To make it easier to navigate, the Help site is customized for each user role and lists their respective functions for that role. Currently the Help site includes information related to the Evaluation system, with future plans to include videos to assist with both registration and evaluation functions.

Quality Improvement and Leadership

Global Health

Dr. Barry Pakes is Academic Lead in Global Health and Judy Kopelow is Manager, Strategic Programs and Initiatives for Postgraduate Medical Education. **The Global Health Education Initiative is in its fifth year and has had almost 100 residents graduate from the two-year program.**

During the 2013-14 academic session, the global health team developed Global Health (GH) Elective guidelines for medical residents that were approved by the Postgraduate Medical Education Advisory Committee. The Global Health Education Committee is currently working on a common application process for global health electives, as well as a common ITER to enable them to compare and evaluate the GH elective experiences of our trainees. A pre-departure training (including insurance, health priorities, and ethics) and post-travel de-briefing curriculum are currently in development. A communication

plan, including an enhanced Global Health@PGME website, will ensure that all trainees, Program Directors and program assistants will be aware of global health opportunities and services.

The GH Lead presented our global health electives guidelines and an empirically derived taxonomy of global health at the Conference of Universities for Global Health in Washington. The inaugural PGME Global Health Day was held on May 27th at the Li Ka Shing Knowledge Institute. Over 175 trainees and faculty registered for the leadership themed event, engaging in discussions with representatives from Doctors Without Borders, the St. Michael's Inner City Health Program, Dignitas International and the Canada Research Chair in Health and Policy. The annual graduation ceremony for residents completing the Global Health Education Initiative program, concluded the day, with certificates presented by Dr. Salvatore Spadafora, Vice Dean, Postgraduate Medical Education.



Quality Improvement and Leadership

Certificate Ceremonies – Postgraduate Medical Trainees

In June 2014, PGME partnered with Advancement and clinical departments to host certificate ceremonies with Medicine, Obstetrics & Gynaecology, Otolaryngology – Head and Neck Surgery, Pediatrics, and Radiation Oncology.

These memorable events were organized to mark the successful completion of the advanced training of our medical residents and clinical fellows as they seek out the next chapter in their careers. It was an opportunity for our learners to celebrate their accomplishments with warm congratulations from friends, family and faculty members.

The completion of training certificates are produced centrally by PGME on specialized parchment embossed with the name, crest, and seal of the University, and signed by the program director/supervisor, department chair and Vice Dean.

While each of the events had its own departmental “flavour” — with some announcing other awards and prizes — all included inspirational remarks and a tribute to the graduates. Each of the events involved several months of detailed planning and coordination. Special thanks to Advancement’s Julie Lafford, Cody Copeman, and Mike Henry and the dedicated efforts of many departmental administrative staff involved in the organization of the year-end events.



Quality Improvement and Leadership

Certificate Ceremonies – Postgraduate Medical Trainees



Quality Improvement and Leadership

Certificate Ceremonies – Postgraduate Medical Trainees





Appendix A – PGME Committees

PGME Committees

- Fellowship Education Advisory Committee
- Hospital University Education Committee (Co-Chair)
- Postgraduate Medical Education Advisory Committee
 - Internal Review Committee
 - PGME Research Awards Adjudication Committee
 - PGCorEd Committee
 - Quota Allocation Committee
 - POWER Steering Committee
 - PGME Awards Committees (3)
 - Resource Stewardship Committee

Provincial/National Committees

- PGM: Council of Ontario Faculties of Medicine
- PGE: Council of Ontario Faculties of Medicine
- Restricted Registration Oversight Committee
- RCPSC Accreditation Committee
- RCPSC Education Committee
- CFPC Accreditation Committee
- Triple C Curriculum Committee (CFPC)
- Provincial-Territorial Committee on Health Workforce — Physician Resource Planning Task Force






Appendix A – PGME Committees

Time-Limited/Specific Working Groups/Task Forces

- Task Force on Best Practices in PGME Program Support
- eLearning Task Force
- Best Practices in Rotation Evaluation
- Teaching and Academic Capacity in Toronto
- Vulnerable Sector Screen Working Group
- Toronto MTD Steering Committee
- WCH Centre for Ambulatory Care Executive Committee
- Wilson Centre Executive Committee



Appendix B – Incoming/Outgoing Residency Program Directors

Program	Incoming PD and Date	Outgoing PD
Diagnostic Radiology	 <p>Eric Bartlett – as of October 1, 2013</p>	Linda Probyn
Emergency Medicine (Paediatric)	 <p>Anna Kempinska – as of January 1, 2014</p>	Tania Principi (on leave)
Family Medicine: Enhanced Skills	 <p>Julia Alleyne – as of May 1, 2014</p>	Roy Wyman
Hematological Pathology	 <p>Rumina Musani – as of January 17, 2014</p>	Bernard Fernandes
Public Health and Preventive Medicine	 <p>Barry Pakes – as of July 1, 2014</p>	Fran Scott

Appendix C – PGME Scholarly Activities

2013-14 Posters

Integrating web-based learner evaluation systems to enhance the evaluation of residents by clinical clerk

Author: R. Pittini, G. Bandiera, S. Spadafora, A. Pattern, F. Howard, L. Muharuma, A. Sharif, C. Abrahams,

Conference/Grant/Publication: ICRE, Calgary, Canada, Oct 2013

Type: Poster

The National Neuropathy Lecture Series: A collaborative e-learning tool for a very small specialty

Author: J. Keith, T. Bahr, S. Idris, C. Dunham, S. Glover Takahashi

Conference/Grant/Publication: ICRE, Calgary, Canada, Oct 2013

Type: Poster

“The right time and place for this to happen”: Improving well-being and performance through an innovative wellness curriculum

Author: C. Hurst

Conference/Grant/Publication: ICRE, Calgary, Canada, Oct 2013

Type: Poster

A critical analysis of five open access repositories in the context of postgraduate medical education

Author: LL. Murgaski, T. Bahr, A. Widdifield, S. Glover Takahashi, S. Spadafora

Conference/Grant/Publication: Family Medicine Forum (FMF), Vancouver, Canada, Nov 2013

Type: Poster

Steps to Surviving and Thriving Accreditation

Author: LL. Murgaski, S. Glover Takahashi, G. Bandiera, S. Spadafora

Conference/Grant/Publication: Family Medicine Forum (FMF), Vancouver, Canada, Nov 2013

Type: Poster

A growing literature on key feature questions for assessment of clinical reasoning

Author: Pa. Hrynchak, M. Nayer, S. Glover Takahashi

Conference/Grant/Publication: Ottawa Conference, Ottawa, Canada, Apr 2014

Type: Poster

How are we doing? Using the National Physician Survey to Compare University of Toronto Resident Satisfaction to Other Canadian Residents

Author: C. Abrahams, M. Ruetalo

Conference/Grant/Publication: Ottawa Conference, Ottawa, Canada, Apr 2014

Type: Poster

Guidelines for global health experiences in post-graduate medical education: Development, content and implementation

Author: BN. Pakes

Conference/Grant/Publication: Consortium of Universities for Global Health Annual Conference, Washington, DC, May 2014.

Appendix C – PGME Scholarly Activities

2013-14 Paper Presentations

Teaching and Assessment Toolkit to Integrate the Collaborator Role in Residency Training

Author: D. Martin, S. Glover Takahashi, D. Richardson

Conference/Grant/Publication: AMEE, Prague, Czech Republic, Sept 2013

Type: Presentation

Walking the talk: The utility of a multi-source feedback tool in postgraduate medical education

Author: S. Lieff, A. Zaretsky, G. Bandiera, S. Spadafora, M. Hynes, S. Glover Takahashi

Conference/Grant/Publication: AMEE, Prague, Czech Republic, Sept 2013

Type: Presentation

Walking the talk: faculty & educational systems development for improving assessment practices in residency education

Author: S. Glover Takahashi, G. Bandiera, M. Nayar, K. Adatia, C. Abrahams

Conference/Grant/Publication: AMEE, Prague, Czech Republic, Sept 2013

Type: Presentation

A prospective evaluation of the utility of simulation to enhance radiology resident knowledge of acute life threatening emergencies

Author: J. Riley, M. McGowan, S. Chaudhry, E. Ng, J. Woodley-Cook, C. Lang, L. Probyn

Conference/Grant/Publication: ICRE, Calgary, Canada, Oct 2013

Type: Presentation

Assessment of the intrinsic CanMEDS Roles in orthopedic residents using an objective structured clinical examination

Author: T. Dwyer, S. Glover Takahashi, M. Hynes, J. Herold, D. Wasserstein, M. Nousiainen, P. Ferguson, V. Wadey, L. Murnaghan, T. Leroux, D. Ogilvie-Harris

Conference/Grant/Publication: ICRE, Calgary, Canada, Oct 2013

Type: Presentation

Building better written exams: the use of key features cases to assess clinical decision-making, CanMEDS Roles and Competence

Author: Clark, M. Nayer, D. Drynan, N. Cho, T. Dignum, K. Corbett, B. Hudson, M. Hynes

Conference/Grant/Publication: ICRE, Calgary, Canada, Oct 2013

Type: Presentation

Appendix C – PGME Scholarly Activities

Can MCCEE scores predict resident performance?

Author: C. Abrahams, M. Ruetalo, J. Kerr, J. Filion, A. Sharif, S. Healy

Conference/Grant/Publication: ICRE, Calgary, Canada, Oct 2013

Type: Presentation

Preventing, managing and resolving conflict: Developing personal strategies and team capabilities in identifying and negotiating tensions and managing conflicts.

Author: S. Glover Takahashi, D. Martin

Conference/Grant/Publication: ICRE, Calgary, Canada, Oct 2013

Type: Presentation

Teaching and Assessment Toolkit to Integrate the Collaborator Role in Residency Training

Author: S. Glover Takahashi, D. Richardson, D. Martin.

Conference/Grant/Publication: ICRE, Calgary, Canada, Oct 2013

Type: Presentation

Teams and Collaboration: Developing collaborator competencies from a leadership perspective.

Author: D. Richardson, S. Glover Takahashi, D. Martin

Conference/Grant/Publication: ICRE, Calgary, Canada, Oct 2013

Type: Presentation

“This is an important topic that we don’t often address”: Resident evaluations of a wellness curriculum in postgraduate medical education

Author: C. Hurst, M. Ruetalo, S. Edwards

Conference/Grant/Publication: ICRE, Calgary, Canada, Oct 2013

Type: Presentation

Walking the talk: the utility of a multi-source feedback tool in postgraduate medical education

Author: S. Lieff, A. Zaretsky, G. Bandiera, S. Spadafora, S. Glover Takahashi, M. Hynes, J. Herold, K. Imrie

Conference/Grant/Publication: ICRE, Calgary, Canada, Oct 2013

Type: Presentation

The Competency-based Curriculum through the Lens of the Resident

Author: M. Hynes, P. Ferguson, P. Dietsche, S. Glover Takahashi

Conference/Grant/Publication: Family Medicine Forum (FMF), Vancouver, Canada, Nov 2013

Type: Presentation

Transitioning to safe care: Culture meets Competence

Co-Chair: A. Matlow

Conference/Grant/Publication: Patient Safety Summit, Ottawa, Mar 2014

Type: Conference Co-Chair

Appendix C – PGME Scholarly Activities

An instrument to assess the competencies of residency program directors in a multi-source feedback system

Author: J. Herold, S. Lieff, G. Bandiera, S. Spadafora, M. Hynes, K. Imrie, S. Glover Takahashi

Conference/Grant/Publication: Ottawa Conference, Ottawa, Canada, Apr 2014

Type: Presentation

Best Practices in Application and Selection: An Institutional Approach to Resident Selection

Author: G. Bandiera, M. Hanson, M. Ruetalo, C. Abrahams

Conference/Grant/Publication: CCME, Ottawa, Canada, Apr 2014

Type: Presentation

Implementing best practices for in-training evaluation reports (ITERS)

Author: M. Nayer, S. Glover Takahashi, K. Adatia, C. Abrahams, G. Bandiera

Conference/Grant/Publication: Ottawa Conference, Ottawa, Canada, Apr 2014

Type: Presentation

Moving toward the right mix, distribution and number of physicians to meet societal needs

Author: S. Spadafora, S. Slade, G. Moineau, N. Busing

Conference/Grant/Publication: CCME, Ottawa, Canada, Apr 2014

Type: Presentation

Steps to Surviving and Thriving Accreditation

Author: S. Glover Takahashi, LL. Murgaski, L. Probyn, G. Bandiera, S. Spadafora

Conference/Grant/Publication: CCME, Ottawa, Canada, Apr 2014

Type: Presentation

Surgical Preparatory Camp: a Novel Training Program for First-year Residents

Author: P. Mironova, O. Safir, L. Satterthwaite, C. Foong, S. Glover Takahashi, S. Ranil, R. Levine

Conference/Grant/Publication: CCME, Ottawa, Canada, Apr 2014

Type: Presentation

Appendix C – PGME Scholarly Activities

“The Right Time and Place for This to Happen”: Improving Well-being and Performance through an Innovative Wellness

Author: C. Hurst, S. Edwards

Conference/Grant/Publication: CCME, Ottawa, Canada, Apr 2014

Type: Presentation

Walking the talk: The utility of a multi-source feedback process for the leadership of postgraduate medical education

Author: S. Lieff, A. Zaretsky, G. Bandiera, S. Spadafora, M. Hynes, S. Glover Takahashi

Conference/Grant/Publication: CCME, Ottawa, Canada, Apr 2014

Type: Presentation

Written assessments using key feature cases to assess clinical decision making, CanMEDS roles and competence

Author: S. Glover Takahashi, J. Herold, T. Dignum, M. Clark, C. Corbett, M. Nayer

Conference/Grant/Publication: Ottawa Conference, Ottawa, Canada, Apr 2014

Type: Presentation

2013-14 Workshops

Implementing best practices for intraining assessment – an institutional change management approach

Author: G. Bandiera, S. Glover Takahashi

Conference/Grant/Publication: AMEE, Prague, Czech Republic, Sept 2013

Type: Workshop

Travelling Companions on the Road to Excellence: Leadership, Innovation and Well Being

Author: S. Edwards, C. Hurst.

Conference/Grant/Publication: IRLS, Calgary, Canada, Sept 2013

Type: Workshop

An institutional approach to implementing best practices in teacher assessment

Author: G. Bandiera, S. Glover Takahashi

Conference/Grant/Publication: ICRE, Calgary, Canada, Oct 2013

Type: Workshop



Appendix C – PGME Scholarly Activities

Evidence-informed career planning: Data and strategies to help medical students and residents chart their career paths

Author: S. Slade, C. Abrahams, S. Spadafora

Conference/Grant/Publication: ICRE, Calgary, Canada, Oct 2013

Type: Workshop

Innovations to improving assessment practices in residency education

Author: G. Bandiera, S. Glover Takahashi, C. Abrahams, M. Nayer

Conference/Grant/Publication: ICRE, Calgary, Canada, Oct 2013

Type: Workshop

Workshop for New PDs and New Surveyors: Steps to Surviving and Thriving Accreditation

Author: S. Glover Takahashi

Conference/Grant/Publication: ICRE, Calgary, Canada, Oct 2013

Type: Workshop

Enhancing physician well-being and performance: enduring values/changing perspectives

Author: S. Edwards, C. Hurst.

Conference/Grant/Publication: CCPH, Calgary, Canada, Nov 2013

Type: Workshop

Implementing Best Practices for in training assessments – establishing and implementing institution wide improvement

Author: S. Glover Takahashi, M. Nayer

Conference/Grant/Publication: CCME, Ottawa, Canada, Apr 2014

Type: Workshop

Appendix C – PGME Scholarly Activities

2013-14 Peer Reviewed Publications

Bandiera G, LeBlanc C, Regehr G, Snell L, Frank J, Sherbino J. **Education scholarship in emergency medicine part 2: supporting and developing scholars.** CJEM. 2014;15(S1):S6-S12.

Crowcroft NS, Rosella LC, Pakes BN. **The ethics of sharing preliminary research findings during public health emergencies: a case study from the 2009 influenza pandemic.** Eurosurveillance. 2014;19(24)

Dudek N, Marks M, Wood T, Dojeiji S, Bandiera G, Hatala R, Cooke L, Sadownik L. **Quality In-Training Evaluations Reports- Does Feedback Drive Faculty Performance?** Acad Med. 2013; 88(08).

Hurst C, Kahan D, Ruetalo M, Edwards S. **A year in transition: a qualitative study examining the trajectory of first year residents' well-being.** BMC Medical Education. 2013; 13:96.

Matlow A. **Front-line ownership: imagine.** Healthcare Papers. 2013;13(1):69-74; discussion 78-82.

Morrison LJ, Lorens E, Bandiera G, Liles WC, Lee L, Hyland B, McDonaldBlumer H, *et. al.* **Impact of a formal mentoring program on academic promotion of Department of Medicine faculty: A comparative study.** Medical Teacher. 2014; 2014 - early online.

Pakes BN, Cole D. **A taxonomy of global health: a qualitative analysis at a large academic health sciences centre.** Lancet Global Health, meeting abstracts. 2014.

Ringsted C, Bance S, Murgaski LL, Herold J, Glover Takahashi S. **Postgraduate anaesthesiology education: protocol for a scoping review.** BMJ Open. 2014;4:e004667.

Sherbino J, van Melle E, Bandiera G, McEwen J, LeBlanc C, Bhanji F, Frank J, Regehr G, Snell L. **Education Scholarship in Emergency Medicine Part 1: Innovating and improving teaching and learning.** CJEM. 2014;15(S1):S1-S5.



Appendix D – Postgraduate Medical Education Awards

Adjudication Committees

1) PGME Research Awards

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

2) PGME Awards (PSI, PARO)

- Dr. Kathleen Dattilo
- Dr. Ann Jefferies
- Dr. Taylor Loughheed
- Dr. Melinda Musgrave
- Dr. Nicolae Petrescu
- Dr. Scott Walsh

3) PGME Awards (CSCI/CIHR)

- Dr. Douglas Cook
- Dr. Kathleen Dattilo
- Dr. Ann Jefferies
- Dr. Melinda Musgrave

4) PGME Awards (Sarita Verma)

- Caroline Abrahams
- Dr. Susan Edwards
- Dr. Susan Glover Takahashi
- Dr. Anne Matlow
- Loreta Muharuma
- Dr. Linda Probyn

5) PGME Awards (Leadership)

- Caroline Abrahams
- Dr. Susan Edwards
- Dr. Susan Glover Takahashi
- Dr. Jennifer Laidlaw
- Dr. Anne Matlow
- Maureen Morris
- Loreta Muharuma
- Dr. Linda Probyn

6) PGME Excellence Awards

- Dr. Caroline Chessex
- Dr. Paul Greig
- Dr. Marika Hohol
- Dr. Markku Nousiainen

Appendix D – Postgraduate Medical Education Awards

PGME Research Awards

1) Summary of PGME Research Awards - Applicants and Funding

- Total number of applicants: 52
- Total funds available: \$227,752.43
- Total awarded: \$219,940.90
- Awards per trainee: \$7,400 to \$14,915.06
- 20 out of 52 applicants successful: 38%
- Successful MDs: 20 out of 50 (40%): \$219,940.90

2) PGME Research Awards - Funding Sources and Amounts

- Joseph M. West Family Memorial Fund - \$100,528.71
- Edward Christie Stevens Fellowship - \$56,793.56
- Chisholm Memorial Fellowship - \$26,229.75
- William S. Fenwick Research Fellowship - \$18,487.91
- Miriam Neveren Memorial Award - \$4,892.70
- Edie Steinberg Scholarship Fund - \$7,606.81
- Elizabeth Arbuthnot Dyson Fellowship - \$2,535.62
- Javenthey Soobiah Scholarship - \$1,380.68
- Heidi Sternbach Scholarship - \$975.50
- Nellie L. Farthing Fellowship - \$290.20
- Timeposters Fellowship - \$219.46
- Starr Medals - Gold Medals Only



Appendix D – Postgraduate Medical Education Awards

PGME Research Award Winners (by department)

Name	Department	Award
Hubert Tsui	Laboratory Medicine	Javenthey Soobiah Scholarship Chisholm Memorial Fellowship Joseph M. West Family Memorial Fund Sarr Medal
Julio Furlan	Medicine	Miriam Neveren Memorial Award Joseph M. West Family Memorial Fund
Lihi Eder	Medicine	Edie Steinberg Scholarship Fund William S. Fenwick Fellowship Joseph M. West Family Memorial Fund
Fiona Kouyoumdjian	Public Health & Preventive Medicine	William S. Fenwick Fellowship
Sumit Gupta	Paediatrics	Elizabeth Arbuthnot Dyson Fellowship Edward Christie Stevens Fellowship Joseph M. West Family Memorial Fund Sarr Medal
Kaylyn Kit Man Wong	Medicine	Heidi Sternbach Scholarship Chisholm Memorial Fellowship Joseph M. West Family Memorial Fund Sarr Medal
Matthew Bryan Schlenker	Ophthalmology	Nellie L. Farthing Fellowship Edward Christie Stevens Fellowship
Benjamin Ethan Steinberg	Anesthesia	Javenthey Soobiah Scholarship Joseph M. West Family Memorial Fund

Appendix D – Postgraduate Medical Education Awards

PGME Research Award Winners (by department) Con't

Name	Department	Award
Kate Hanneman	Diagnostic Radiology	Joseph M. West Family Memorial Fund
Alireza Fotouhi Ghiam	Radiation Oncology	Joseph M. West Family Memorial Fund Timeposters Fellowship
Kirsteen Burton	Diagnostic Radiology	Chisholm Memorial Fellowship Joseph M. West Family Memorial Fund
Mark McVey	Anesthesia	Joseph M. West Family Memorial Fund
Raymond Kim	Medical Genetics	Joseph M. West Family Memorial Fund
Damien Noone	Paediatrics	Edward Christie Stevens Fellowship
Asim Alam	Anesthesia	Joseph M. West Family Memorial Fund
Ruth Sapir-Pichhadze	Medicine	Edward Christie Stevens Fellowship
Gianni Lorello	Anesthesia	Edward Christie Stevens Fellowship
Reo Tanoshima	Paediatrics	Joseph M. West Family Memorial Fund
Antoine Eskander	Otolaryngology	Edward Christie Stevens Fellowship
Nikolaus Wolter	Otolaryngology	Edward Christie Stevens Fellowship



Appendix D – Postgraduate Medical Education Awards

Other PGME Awards

1) PARO Resident Teaching Awards – Residents (awarded February 2014)

- Value of award: \$1,000
- Number of applicants: 8
- Winners: Debra Hamer, PGY4, Psychiatry
Michael Fralick, PGY2, Medicine

2) CSCI/CIHR Resident Research Award (awarded July 2013)

- Value of award: \$1,000
- Number of applicants: 17
- Winner: Crystal Chan, PGY5, Obstetrics & Gynaecology

3) PSI Resident Research Awards (awarded October 2013)

- Value of Award: \$ 2,000
- Number of applicants: 36
- Winners: Nir Lipsman, PGY4, Surgery
Jerome Leis, PGY5, Medicine
Kate Hanneman, PGY5, Diagnostic Radiology
Alireza Fotouhi Ghiam, PGY4, Radiation Oncology
Talal Alabduljalil, Clinical Fellow, Ophthalmology

4) PGME Excellence Awards (awarded May 2014)

Development and Innovation:

- Value of Award: \$ 1,000
- Number of Applicants: 6
- Winners: Ari Zaretsky, Psychiatry
Oleg Safir, Surgery

Teaching Performance/Mentorship/Advocacy:

- Value of Award: \$ 1,000
- Number of Applicants: 2
- Winners: Steven Shadowitz, Medicine
Ron Kodama, Surgery

5) Sarita Verma Award (awarded March 2014)

- Value of award: \$500
- Number of applicants: 9
- Winner: James Maskalyk, Medicine

Appendix D – Postgraduate Medical Education Awards

6) PGME Trainee Leadership Awards (awarded June 2014)

- Value of award: \$500
- Number of applicants: 13
- Winners: Catherine Ho, PGY4, Medicine
Kaif Pardhan, PGY4, Medicine
Nashwah Taha, PGY5, Medicine
Michelle Van Walraven, PGY2, Family Medicine
Eric Monteiro, Clinical Fellow, Otolaryngology
Alireza Fotouhi Ghiam, PGY4, Radiation Oncology

7) Charles Mickle Fellowship (awarded May 2014)

- Awarded to a member of the medical profession anywhere in the world who has contributed greatly to medicine during the past 10 years
- Value of award: \$8,500
- Winner: Dr. Rayfel Schneider, Dept. of Paediatrics

8) Clinician Graduate Degree Scholarship Program (awarded February 2014)

- This program is designed to foster clinician scientist/educator graduate training during postgraduate training by using funds generated from the Vision Science Research Program and the Postgraduate Medical Education office to “top up” stipends of postgraduate trainees in graduate programs to levels approximating those of their corresponding PGY level.
- Total Funds Available: \$200,000
- Total Top-up Funding Requested for 18 trainees: \$209,948.98
- Total Awarded: \$200,000



Appendix D – Postgraduate Medical Education Awards

Department	# of Trainees	Vision Science Top-Up	PGME Top-Up
Surgery	6	\$46,481.52	\$29,873.69
Medicine	4	\$43,596.28	\$27,961.75
Paediatrics	6	\$26,826.57	\$17,206.00
Laboratory Medicine & Pathobiology	2	\$4,906.96	\$3,147.23
TOTAL	18	\$121,811.33	\$78,188.67

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

9) Alfred Edward Covell Scholarship

- Value of award: \$ 10,521
- Winner: Matthew Schlenker, Dept. of Ophthalmology

10) C. P. Shah Award

- Value of award: \$ 481.50
- Winners: Aaron Michael Orkin, Dalla Lana School of Public Health
Pamela Leece, Dalla Lana School of Public Health

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

- Value of award: \$ 500
- Winners: Avital Klein, Dept. of Psychiatry
Vanessa Lentz, Dept. of Psychiatry

12) Freda Noyek Merit Award in Otolaryngology

- Value of award: \$550
- Winner: Janet Chung, Dept. of Otolaryngology

Appendix D – Postgraduate Medical Education Awards

13) Dr. Frederick R. Papsin Postgraduate Award

- Value of award: \$1,000
- Winner: Laura Sovran, Dept. of Obstetrics & Gynaecology

14) John Gaby Prize in Ophthalmology

- Value of award: \$210
- Winner: Johanna Gonzalez-Rodriguez, Dept. of Ophthalmology

15) Irving Heward Cameron Memorial Scholarship

- Value of award: \$100- \$12,516
- Winners: George Ibrahim, Dept. of Surgery
Kaitlin Graham, Dept. Surgery
Kim Tsoi, Dept. Surgery
Michael Neufeld, Dept. Surgery
Nir Lipsman, Dept. of Surgery
Ryan Luther, Dept. of Surgery
Sara Moore, Dept. of Surgery
Saswata Deb, Dept. of Surgery
Stefan Tomescu, Dept. of Surgery

16) Dr. David A. Scott Award

- Value of award: \$250
- Winners: Kristina Han, Dept. of Biochemistry
Stephen MacKinnon, Dept. of Biochemistry

17) Knox Ritchie Research Award

- Value of award: \$200
- Winners: Heinrich Husslein, Dept. of Obstetrics & Gynaecology
Monique Rennie, Dept. of Obstetrics & Gynaecology
Lubna Nadeem, Dept. of Obstetrics & Gynaecology
Matthew Librach, Dept. of Obstetrics & Gynaecology
Paulina Cybulska, Dept. of Obstetrics & Gynaecology
Rohan D'Souza, Dept. of Obstetrics & Gynaecology
Stephanie Baello, Dept. of Obstetrics & Gynaecology



Appendix D – Postgraduate Medical Education Awards

18) Kris Conrad Merit Award in Facial Plastic Surgery

- Value of award: \$1,000
- Winner: Noah Sands, Dept. of Otolaryngology

19) Stuart Alan Hoffman Memorial Prize

- Value of Award: \$750
- Winner: Stephen C. Mack, Dept. of Lab. Medicine & Pathobiology

20) Thomas Donald Hammell Memorial Award in Anaesthesia

- Value of Award: \$490
- Winner: Zoe Unger, Dept. of Anaesthesia

21) Hynek Rothbart Award

- Value of Award: \$200
- Winner: Neil Goldenberg, Dept. of Anaesthesia

22) Duncan M. Jamieson Memorial Prize

- Value of award: \$166
- Winner: Jennifer Calafati, Dept. of Ophthalmology

23) James A. McNab Healthy Promotion Scholarship

- Value of award: \$ 1,000
- Winner: Camille Arkell, Dalla Lana School of Public Health

