



Postgraduate Medical Education  
UNIVERSITY OF TORONTO

# ANNUAL REPORT

JULY 1, 2012 — JUNE 30, 2013



INTEGRATION • INNOVATION • IMPACT

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## 1 MESSAGE FROM THE VICE DEAN

### 1 Vice Dean Salvatore M. Spadafora

The past year has seen the Faculty of Medicine at the University of Toronto match our aspirations with our achievement, and PGME is proud to have been a part of this endeavour. In 2012-13, we maintained our commitment to keeping U of T and its affiliated teaching sites at the forefront in Postgraduate Medical Education while enrolment rose to a record high of 3,315 registered fellows and residents.

In August 2012, I was pleased to introduce the Strategic Plan for 2012–2017. The plan was developed to support the Faculty of Medicine’s Strategic Academic Plan (2011–2016) and the recommendations of the Future of Medical Education in Canada—A Vision for Postgraduate Medical Education report of 2012. Through the plan, PGME will enable and support our partners and programs to establish, meet and exceed best practices in the education of physicians as emerging leaders.

In April 2013, we hosted the conjoint Royal College of Physicians and Surgeons of Canada (RCPSC)/College of Family Physicians of Canada (CFPC) on-site accreditation review of PGME programs. The results of the CFPC review of our Family Medicine programs was delivered by the CFPC in June with a final decision of Accredited Program with a follow-up report in two years. Congratulations to Drs. Lynn Wilson, Karl Iglar, and Leslie Nickell who led the department through a rigorous review process, ensuring high quality medical education programming and maintenance of excellent primary care for all Ontarians.

Although the RCPSC Accreditation Committee decision will not be available until October 2013, the remarks of the Conjoint Survey Chairs—Dr. Kamal Rungta (RCPSC) and Dr. Jennifer Hall (CFPC)—highlighted a number of strengths or features of PGME such as:

- high level of integration of education between the university and affiliated hospitals
- matrix leadership approach across the Faculty of Medicine
- leadership and responsiveness to program and site needs by the PGME office
- resident-centred approach of the Board of Examiners, the Office of Resident Wellness and the Board of Medical Assessors
- important and valuable outcomes for residents, faculty and patients from the Office of Integrated Medical Education (OIME)
- the Department of Family and Community Medicine’s approach to faculty development



## 1 MESSAGE FROM THE VICE DEAN

- well-developed integration of inter-professional collaboration in Family Medicine programs
- an inspiring research environment for faculty and residents
- the Family Medicine ‘Red Button’ program—to support residents needing information in a timely way.

The success of our conjoint accreditation is attributable to the outstanding efforts of our postgraduate educators, Program Directors and administrators, residents and PGME staff.

The Ministry of Health and Long-term Care put a hold on the expansion of specialty residency positions in the province this year. For the University of Toronto, only 9 of the planned 26 new positions were added before the announcement. Our Quotas Allocation Committee will be reviewing alternative plans and adjustments that can be made to ensure that program expansion plans supported by pre-invested infrastructure funding are utilized.

PGME at the University of Toronto remains dedicated to expanding the educational opportunities for its learners, with applications submitted in March for RCPSC accreditation of Interventional Cardiology and Adult Cardiac Electrophysiology as Areas of Focused Competence (diploma) programs. This new category of recognition would allow candidates successfully completing all requirements of an approved AFC program to receive an added qualification known as a Diploma of the Royal College of Physicians and Surgeons of Canada (DRCPS).

We continue to collaborate with our hospital partners and several areas in the Faculty to align our evaluation and operations systems with a view to outcomes which are both measurable and promote integration such as case logs, single training ID, Medical Trainee Days, clerk evaluation of residents, e-learning modules, transition to residency programming, and

one-mail. Our renewed website will highlight our progress in these areas as well as showcase the many talents of our learners and faculty.

The activities of our Resident Wellness Office continue to expand with increasing numbers of residents and fellows accessing services to increasing numbers of workshops presented to our postgraduate trainees to optimize their clinical performance and personal well-being. Highlights from this past year included publication of our research to understand how residents experience PGY1 transitions as well as participation in the discussion and development of strategies to tackle emerging PGME topics such as resident duty hours and disability and accommodation in medical training.

The PGME office hosted the third annual Program Director Appreciation Night in March. This annual event is an opportunity to acknowledge the leadership role played by our Postgraduate Program Directors and Family Medicine Site Directors in educating tomorrow’s health professionals and academic leaders, and recognize their contribution to the fulfillment of the Faculty’s Strategic Academic Plan.

I would like to thank all our Program Directors, trainees, faculty members, administrators, and the PGME staff for this remarkable year. My heartfelt thanks for your selfless contribution to advancing medical education as we collectively realize the Faculty’s mission to improve “... the health of individuals and populations through the discovery, application and communication of knowledge”.

Respectfully submitted,

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

Dr. Salvatore M. Spadafora MD, PFCCP, MHPE  
Vice Dean, Postgraduate Medical Education  
University of Toronto



## 2 MESSAGE FROM THE ASSOCIATE DEAN

### 2 Associate Dean Glen Bandiera

The focus this year has been on continuous quality improvement for all of our postgraduate programs, a theme that has manifested through three major areas of activity for my portfolio this year: Accreditation Preparation, the Best Practices in Application and Selection (BPAS) Working Group, and the launch of our 2012-2017 PGME Strategic Plan.

The on-site Accreditation visit by the Royal College and the College of Family Physicians of Canada has come and gone. Preparation for the event has been a focus of the entire 6 year cycle of our Internal Review Committee, of which I was the chair. Each program was diligently reviewed by two faculty members (at least one of which was an active Program Director) and then considered by the IRC. IRC members dedicated 2 hours a month to the task, not including the significant amount of reading required to inform their recommendations for program improvement. All programs were held accountable to the most current accreditation standards and in some cases to items that we knew would be standards in the near future!

I wish to thank the committee members and all of our faculty and resident reviewers for their pivotal role in moving programs along on the road to excellence. The staff in the PGME Research and Education unit, led by Dr. Susan Glover Takahashi, were instrumental in organizing the major logistical effort involved in running the IRC, and for providing a thematic analysis of all strengths and weaknesses across our programs. This allowed Dr. Spadafora and I to prioritize activities to address systemic concerns and to provide all Department Chairs with 'readiness reports' about all programs in their departments. We did this through individual meetings with clinical chairs and education leads. The surveys were particularly complicated this year due to the high number of programs and sites and also because we participated in a pilot program offered by the two colleges which required extra work and caused uncertainty across our network. In the end, 23 of our programs were exempted from the on-site component of the review and received full accreditation with routine follow-up. Due to the diligent work that started with program reviews as long as 5 years ago, we collectively achieved a very positive review in the accreditation process.

In alignment with our Faculty strategic plan, the recent Future of Medical Education Projects (FMEC UG and PG), the Thompson report on IMG access and selection in Ontario, and recent Council of Ontario Faculties of Medicine (COFM) directions, the BPAS working group convened in September. It was charged with completing an environmental scan, literature review and internal consultation to establish recommendations and principles for postgraduate programs to use in their applicant selection processes. A draft final report was presented to the



## 2 MESSAGE FROM THE ASSOCIATE DEAN

Postgraduate Medical Education Committee (PGMEAC) in May 2013 and is currently under review by key stakeholder organizations prior to anticipated final approval in September. The principles focus on maintaining fairness, transparency and objectivity in selection processes and the recommendations provide concrete actions for programs to use in designing their processes. This work will be shared with COFM subcommittees to help inform provincial discussions. I thank the group of invested individuals who came together to provide their thoughts and direction.

The PGME strategic plan will focus on: strengthening each learner's experience, supporting and developing leadership in evidence-based curricular innovation, recognizing and supporting clinical teachers in the delivery of learner and health-system focused education and finally, fostering leadership in social accountability among PGME learners and faculty. The Admissions and Evaluation Portfolio touches on all of these areas and activity and is well underway towards achieving our goals. I have continued to work on previous 'Best Practices' reports (one on In-Training Evaluation Report (ITER) design, and another on Teacher Assessments) to ensure that residents get feedback promptly and accurately and in alignment with CanMEDS-based program goals and objectives and also that residents are provided with reliable, confidential and meaningful systems by which they can assess their teachers.

The IRC has had a significant impact in ensuring that programs continue to develop innovative curricula for residents, and work is underway to create a repository for exemplary work so all programs can benefit from innovation occurring in our network. We have been meeting with the Centre for Faculty Development to plan PGME specific supports for teachers in response to the shift towards competency-based medical education and new emphasis on the role of duty hours and fatigue management.

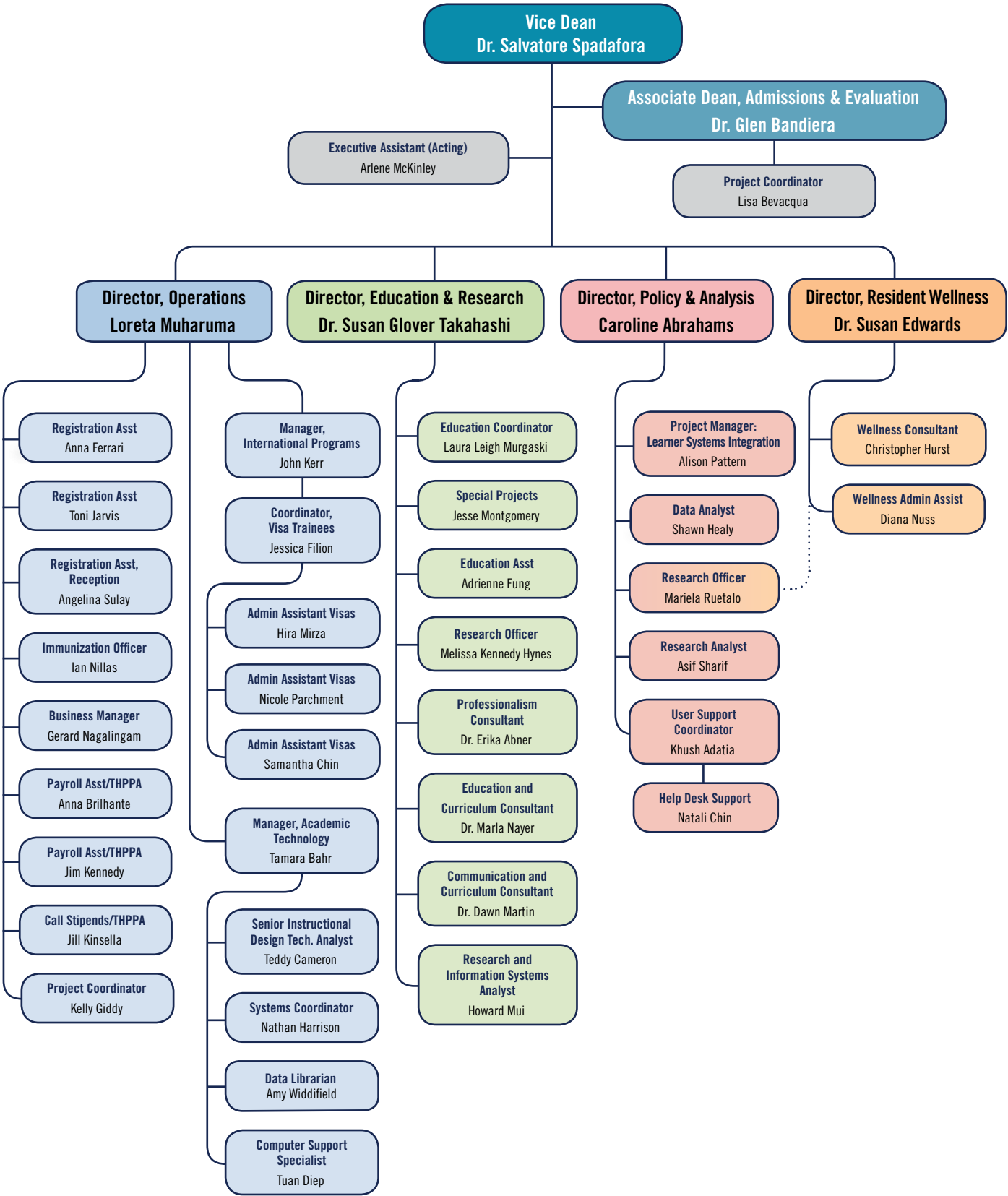
Finally, we continue to work with programs to place residents in a variety of environments, particularly ambulatory and community-based sites where many residents will eventually work.

There have been other interesting developments this year. Working with a team of researchers led by Dr. Susan Lieff, the PGME office has implemented the first ever pilot project to conduct Multi-Source Feedback exercises specific for residency program directors to help them develop in their role. In August 2012, we delivered the sixth annual Chief Resident Leadership Workshop to new chief residents. We also hosted a number of sessions in support of program directors and administrators preparing for accreditation. I presented the new Statement on the Protection of Personal Health Information to Faculty Council in February 2013 on behalf of a HUEC working group to help learners and faculty understand what is, and is not, appropriate handling of sensitive data. In order to remain aware of, and engaged in, national PGME initiatives, I have been active as a member of the National Assessment Collaboration (NAC) overseeing the admissions OSCE for IMGs, a member of the planning committee for the International Conference on Residency Education (ICRE), interim president of the Canadian Association for Medical Education Foundation, and chair of the Royal College Committee on Accreditation.

There is never a shortage of invigorating activity in PGME at the University of Toronto. Thanks to the collaborative, caring, and conscientious contributions of all of those with whom I work, I consider myself very lucky to be able to serve in this role.

Sincerely,

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



PGME Office Organizational Chart  
revised June 2013

**THE STRATEGIC PLAN** is comprised of four high level directions supported by a series of strategic actions outlining tangible initiatives to be undertaken to realize the overall plan.

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

**PGME STRATEGIC DIRECTIONS:**

- 1 Strengthen each learner's experience across the medical education continuum
- 2 Support and develop local, national and international leadership in evidence-based curricular innovation
- 3 Recognize and support clinical teachers in the delivery of learner- and health-system focused education
- 4 Foster leadership in social accountability among PGME learners and faculty



# 4 STRATEGIC PLAN

## 1 LEARNER EXPERIENCE

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

**We will:**

- › Implement a centralized and seamless learner orientation and registration system
- › Increase opportunities for learners to explore tailored training in health systems leadership and medical scholarship and research
- › Advance and apply knowledge that optimizes performance, learning, safety and well-being
- › Monitor the learning experience with a view to continuous quality improvement
- › Communicate and disseminate PGME educational innovation and other work to all local, national and international audiences

**Evaluation of learner experience:**

- PGME Surveys of Resident and Fellow Satisfaction and Engagement
- Rotation Evaluation Scores and Teacher Effectiveness Scores
- Increased distribution of learners across all teaching sites
- CaRMS application and match data to assess demand and quality



## 2 LEADERSHIP IN CURRICULAR INNOVATION

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

**We will:**

- › Support programs to continually adapt and adjust to evidence-based education practices
- › Establish a systematic approach for PGME delivery of educational information
- › Identify gaps in best practices and develop strategies to address them
- › Share and disseminate results of the PGME experience with local, national and international stakeholders and audiences

**Monitoring leadership in curricular innovation:**

- Usage of PGME Repository of e-Learning Resources
- Publications, citations and presentations on curricular innovation by U of T Faculty
- Coordinated decision-making across Faculty departments and divisions



## 3 CLINICAL TEACHERS

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

**We will:**

- › Develop an engagement strategy to better understand the needs of clinical teachers
- › Adapt standards for departments to provide feedback to clinical teachers
- › Support and develop residents as current and future clinical teachers
- › Engage and assist leaders and stakeholders in supporting clinical teachers
- › Optimize information technology for field-based education

**Measurement of clinical teacher support:**

- Number of new and ongoing Faculty appointments by Department/Hospital
- Number of new teaching awards by Department
- Resident Assessment of Teacher Effectiveness
- Availability and usage of faculty development resources and workshops



# 4 STRATEGIC PLAN

## 4 SOCIAL ACCOUNTABILITY

Foster leadership in social accountability among PGME learners and faculty.

**We will:**

- › Lead in developing a national framework to meet the social accountability definition developed in the Future of Medical Education in Canada (FMEC)
- › Develop template reporting and key performance indicators for social accountability in PGME
- › Engage Program Directors in HHR (Health Human Resources) planning priorities as part of the annual quotas allocation process and take a national leadership position on a Canadian HHR strategy
- › Support local and national initiatives to educate residents on their career options, with an emphasis on population health needs, including medical research and global health
- › Establish an award for recognition of faculty members and residents who demonstrate leadership in the development and implementation of socially accountable programming

**Tracking social accountability:**

- Create and implement evidence-informed quota allocation plans
- Monitor distribution of U of T graduates in practice
- Inventory existing and emerging global health initiatives



In 2012-13, a total of 3,315 trainees were registered in 79 programs across 17 departments or units (Figure 5.1). These trainees, which include 1,995 residents and 1,333 fellows, were based at one of our fully affiliated hospitals or many clinical training sites in physicians’ offices, clinics, and community health centres. The departments with the largest number of trainees continue to be Medicine, Surgery, Family Medicine, and Paediatrics. In the last five years, the total enrolment growth of all trainees was 17% with an increase of 19% in residents and 13% in clinical and research fellows.

Figure 5.1 Growth in PG Trainees (Residents, Clinical and Research Fellows) by Department/Division/Unit 2008-09 and 2012-13\*

Department/ Division/Unit	2012-2013 (Distinct Trainees)			2008-2009 (Distinct Trainees)			% Increase in Total
	FELLOW	PGY	TOTAL	FELLOW	PGY	TOTAL	
Anesthesia	120	99	218	113	96	209	4%
Critical Care: Adult	33	18	51	36	17	53	-4%
Critical Care: Paediatric	19	5	24	21	4	25	-4%
Diagnostic Radiology	103	75	177	81	68	149	19%
Family Medicine	26	408	434	18	303	321	35%
Laboratory Medicine	31	58	89	34	56	90	-1%
Medical Genetics	9	12	21	6	9	15	40%
Medicine	319	514	829	256	429	675	23%
Obstetrics & Gynaecology	47	71	118	32	57	89	33%
Ophthalmology	35	30	65	38	25	63	3%
Otolaryngology	25	26	51	24	27	51	0%
Paediatrics	235	164	396	218	131	349	13%
Palliative Medicine	0	5	5	2	2	4	25%
Psychiatry	53	188	240	38	150	187	28%
Public Health & Preventive Medicine	0	25	25	0	34	34	-26%
Radiation Oncology	30	30	59	34	25	59	0%
Surgery	249	269	516	228	244	472	9%
Total	1333	1995	3315	1175	1670	2833	17%

\* Total may not add due to changes in training level during the academic session.

The Quotas Allocation Subcommittee of the PGMEAC meets annually and adheres to a principle-based allocation system that takes into account provincial supply/demand forecasts, program quality, population health needs, community engagement and other factors.

The PGME office undertakes an extensive survey of all residency programs each year to assess the above considerations and review program specific requests for changes to allocations.

The QA Subcommittee had been working on the premise of a 5 year RCPSC expansion plan, increasing PGY1 positions by a total of 26 from 2011 to 2015, part of a provincial plan

to increase 75 PGY positions over 5 years. In December of 2012 we were advised that the MOHLTC was putting a hold on the expansion of specialty residency positions in the province this year. As a result, the 2013 intake quota for PGY1s remained at the same level (346 PGY1s) as 2012. The Quotas Allocation Committee will be reviewing alternative plans and adjustments that can be made to ensure that program expansion plans supported by pre-invested infrastructure funding are utilized.

A Working Group of the Postgraduate Management Committee (PGM) of the Council of Ontario Faculties of Medicine (COFM) is continuing to deliberate on the best sources of information to guide provincial allocation planning over the short to medium term.

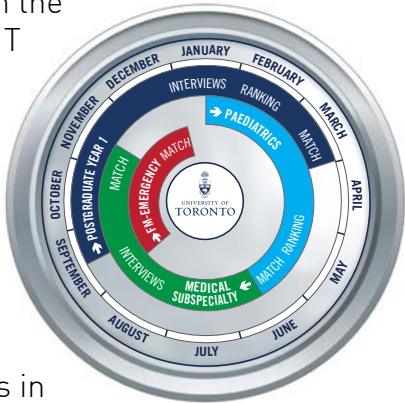




5 RESIDENTS: CaRMS PERFORMANCE

PGME at U of T participated in each of the four CaRMS matches in 2012/13: the PGY1 match in March, the Medical Subspecialty (R4) match in November, the CCFP-EM (PGY3) match in December and the Pediatric Subspecialty match in June.

For the third time in the last five years, U of T filled all of its PGY1 positions in the first iteration of the PGY1 match. It was the only school in Canada to do so, despite having the largest number of positions in the match. A total of 416 positions were filled including 346 positions for Canadian Medical Graduates, and 70 positions for International Medical Graduates (excludes 2 Family Medicine positions sponsored by the Department of National Defence) (Figure 5.2).



- The 346 U of T PGME positions for Canadian Medical Graduates were filled by:
- 123 U of T graduates
  - 140 from other Ontario medical schools
  - 71 from other Canadian medical schools
  - 12 from the U.S.

This year we had 1716 applicants for 348 CMG positions and 2224 applicants for 70 IMG positions.

U of T's total of 161 FM PGY positions represented 33% of all Ontario FM positions in the match, and the quota of 255 specialty positions represented 27% of all Ontario specialty positions.

Figure 5.2 U of T 2013 CaRMS PGY1 Match Results

Discipline	Cdn. Med Graduates	IMGs	Total
Anesthesia	13	3	16
Anesthesia - CIP	2	0	2
Cardiac Surgery	1	0	1
Dermatology	6	2	8
Diagnostic Radiology	9	2	11
Emergency Medicine	7	2	9
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	51	12	63
Laboratory Medicine	4	3	7
Medical Genetics	1	1	2
Neurology	5	2	7
Neurology - Pediatric	1	1	2
Neurosurgery	4	0	4
Obstetrics & Gynaecology	11	1	12
Ophthalmology	4	1	5
Orthopedic Surgery	10	2	12
Otolaryngology	5	0	5
Pediatrics	17	3	20
Physical Med & Rehab	3	1	4
Plastic Surgery	4	1	5
Psychiatry	27	4	31
Public Health and Preventive Medicine	3	0	3
Radiation Oncology	4	0	5
Urology	4	1	5
Vascular Surgery	2	1	3
Subtotal	346	70	416

FULL AFFILIATES

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

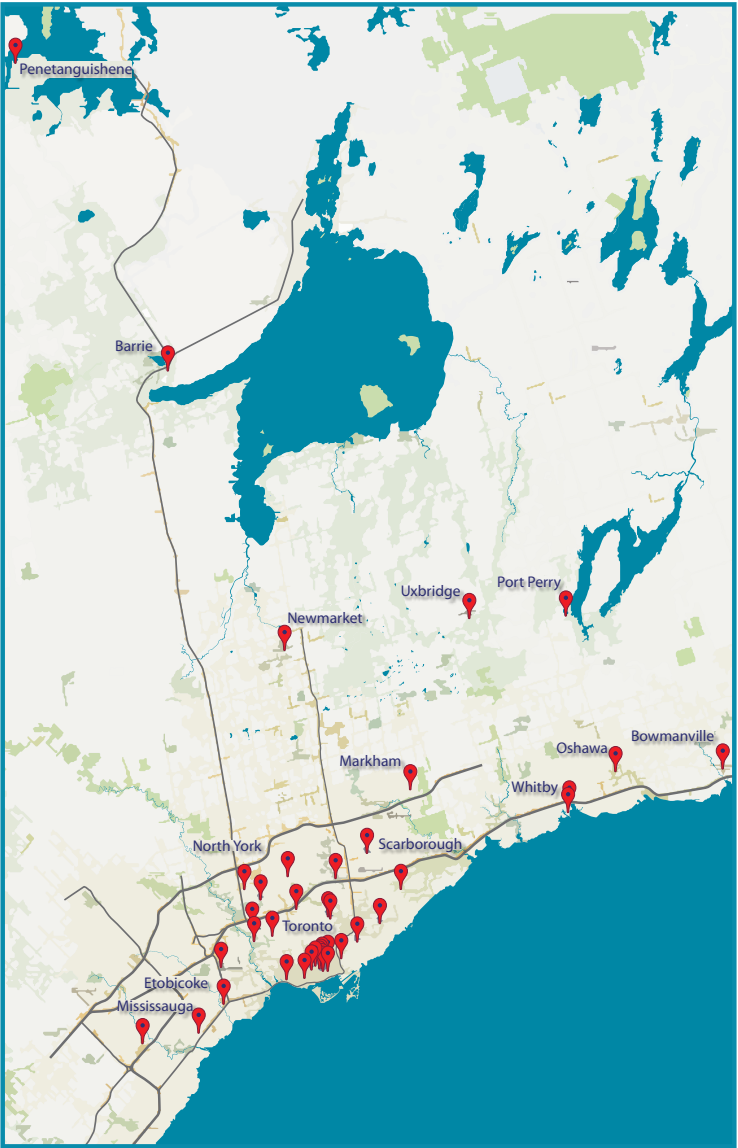
COMMUNITY AFFILIATES

- Humber River Hospital
- Lakeridge Health
- Markham Stouffville Hospital
- Royal Victoria Regional Health Centre
- Southlake Regional Health Centre
- St. Joseph's Health Centre
- The Scarborough Hospital
- Toronto East General Hospital
- Trillium Health Partners

COMMUNITY AFFILIATES – SPECIAL CARE

- Bridgepoint Active Healthcare
- George Hull Centre for Children and Families
- The Hincks-Dellcrest Centre
- Providence Healthcare
- Surrey Place Centre
- West Park Healthcare Centre
- Ontario Shores Centre for Mental Health Sciences
- Waypoint Centre for Mental Health Care

5 AFFILIATED TEACHING SITES





5 CONTRIBUTION TO PHYSICIAN SUPPLY

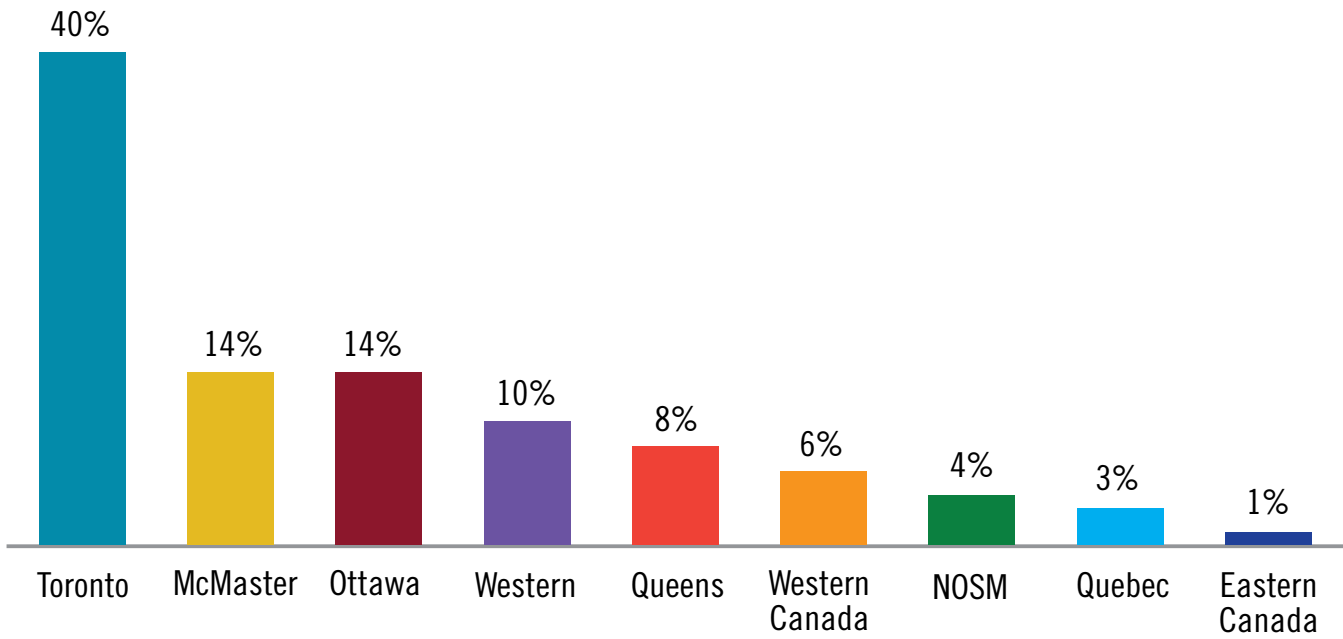
PGME at U of T provides the majority of both CFPC and RCPSC certified physicians entering the Ontario practice pool each year.

According to 2012 data from the Canadian Postgraduate Education Registry (CAPER), 40% of new Ontario practicing physicians, who trained in Canada, did their PGME at the University of Toronto (Figure 5.3). This proportion rises to 45% when we consider only Ontario trained physicians who established practice in Ontario in 2012.

Of the entire estimated 2012 new practice cohort of Family Physicians in Ontario training programs, almost 30% exited from U of T (Figure 5.4). Similarly, of the estimated new practice cohort of RCPSC specialists, almost 60% exited from U of T training programs (Figure 5.5).



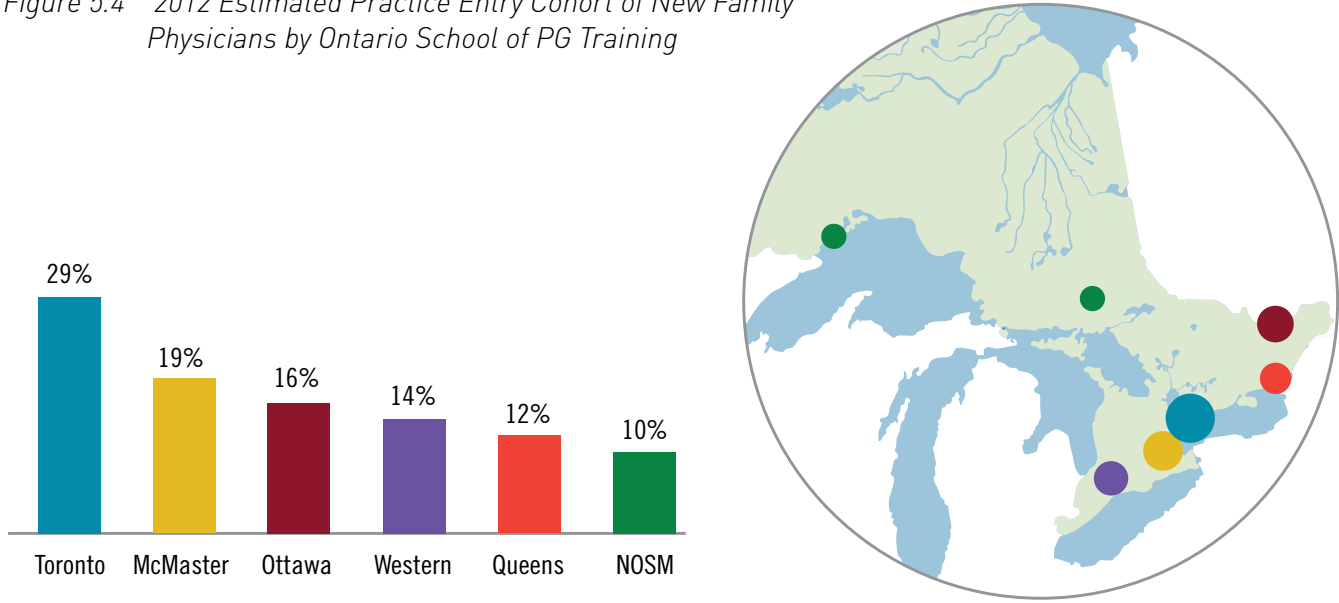
Figure 5.3 Physicians who Exited PG Training in 2010 and Are Currently in Practice in Ontario by Region/School of PG Training



Source: CAPER 2012

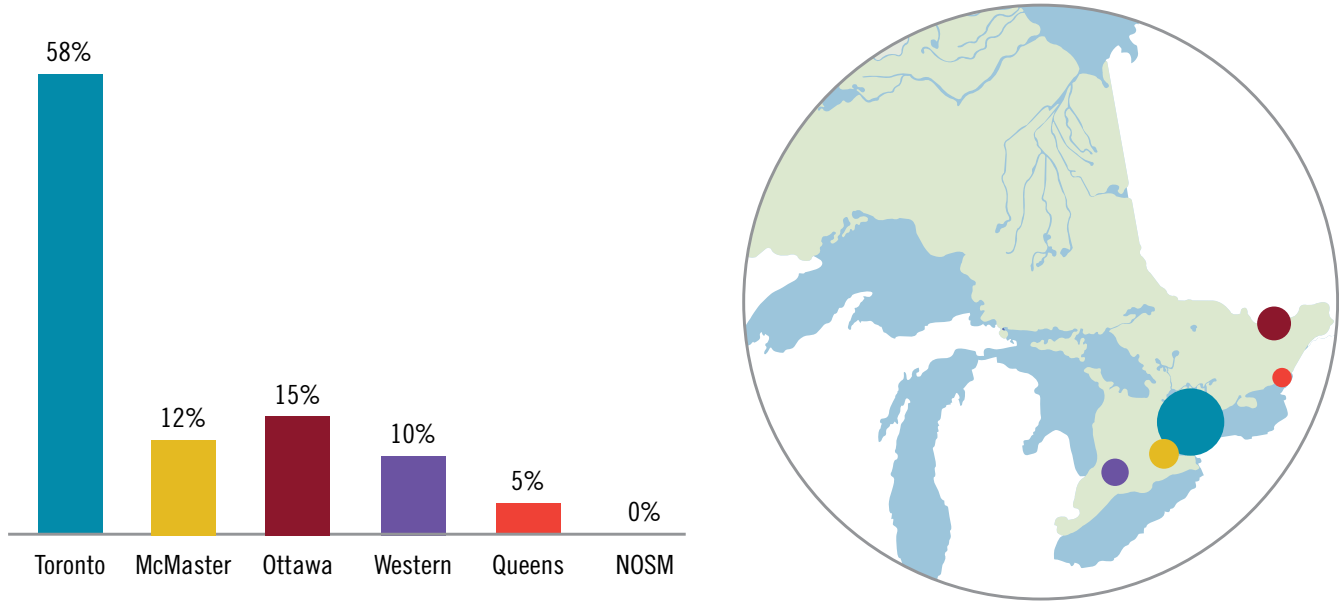
5 CONTRIBUTION TO PHYSICIAN SUPPLY

Figure 5.4 2012 Estimated Practice Entry Cohort of New Family Physicians by Ontario School of PG Training



Source: CAPER 2012

Figure 5.5 2012 Estimated Practice Entry Cohort of New RCPSC Specialists by Ontario School of PG Training



Source: CAPER 2012

5 FELLOWS

FELLOWSHIP EDUCATION ADVISORY COMMITTEE (FEAC)

The Fellowship Education Advisory Committee (FEAC) meets quarterly under the direction of the Chair, Dr. David Latter. The 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. Committee membership includes representatives of clinical fellowship programs and University affiliated hospitals/ HUEC, clinical fellows and PGME office staff.

Activities and achievements of the FEAC in 2012-13 included:

- Developing a U of T approval process for applications for Royal College Area of Focused Competence (diploma) program accreditation
- Preparing a clarifying statement on clinical fellows and additional clinical shift work
- Completing an environmental scan of U of T clinical fellowship offer letters, preparatory to development of a template document of minimum recommended content for offer letters
- Meetings with representatives of the College of Physicians and Surgeons of Ontario (on September 11, 2012 and March 8, 2013) and with members of the visiting accreditation team of the Royal College of Physicians and Surgeons of Canada (on April 9, 2013).

A number of FEAC-led initiatives are now established PGME successes, including:

- Orientation booklet for new trainees (accessible online and in printed form), updated annually by the PGME office, now in its third year of publication
- Template statement of clinical fellowship goals and objectives in the CanMEDS framework, submitted to CPSO with approval of department and Vice Dean PGME
- Certificate of completion of training for clinical fellows, with over 600 certificates issued to clinical fellows by the PGME office in 2012-13
- Online University of Toronto PGME Fellowship Forum, with approximately 500 clinical fellows registered with the Facebook-based forum in 2012-13

In October 2012, the FEAC began making the minutes of its meetings publicly accessible through the PGME office website. The FEAC’s commitment to transparency also extends to the committee’s terms of reference, meeting agendas and annual reports. Questions regarding access to these materials via the PGME office website should be directed to John Kerr (john.kerr@utoronto.ca).

5 VISA TRAINEE REPORT

REGISTRATION

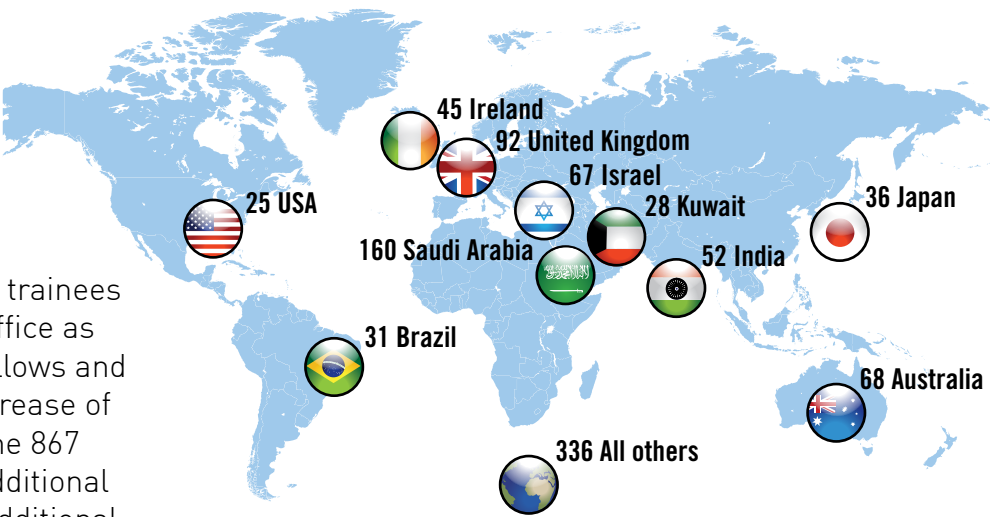
The PGME office supports the University of Toronto’s postgraduate medical programs in their commitment to training international learners (visa trainees). A total of 940 visa trainees registered with the PGME office as research fellows, clinical fellows and residents in 2012-13, an increase of 8.4% (or 73 trainees) over the 867 registered in 2011-12. An additional 62 clinical fellows plus an additional 11 research fellows accounted for this increase. The number of internationally sponsored residents in 2012-13 remained stable.

Visa trainees registered in 2012-13 represented more than 70 nationalities. 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 2012-13.

INTERNATIONALLY SPONSORED VISA TRAINEES

International sponsorship funding supported 23.6% (or 222) of the 940 visa trainees registered in 2012-13.

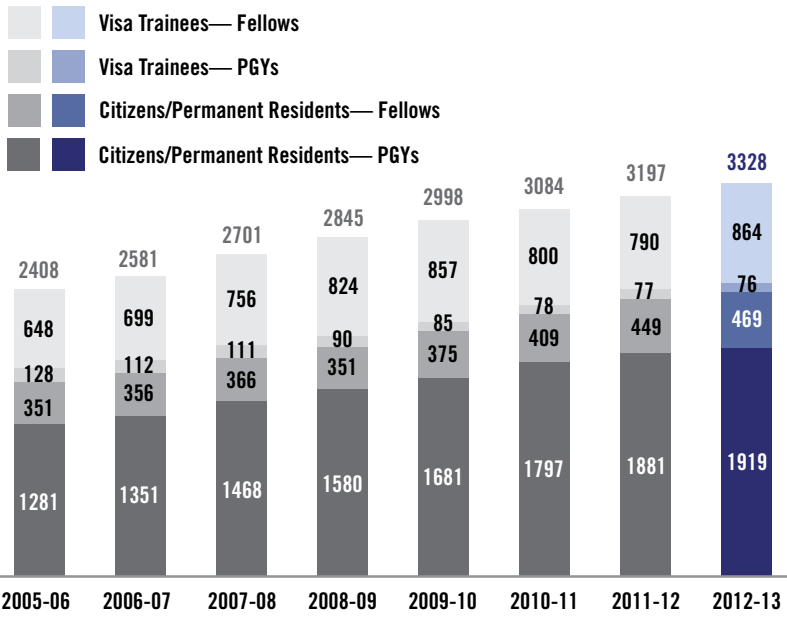
The total intake of new sponsored visa trainees for 2012-13 was 87 (17 new residents and 70 new fellows). This number represents an increase of 6.1% over 2011-12 (when 82 new sponsored trainees were registered) and is a record high amount.



VISA TRAINEES AS A PROPORTION OF TOTAL PGME ENROLMENT

According to POWER-sourced data (See Figure 5.6), visa trainees in 2012-13 represented 28.4% of the total PGME enrolment (940 of 3,315 trainees) and internationally sponsored residents made up 3.8% of the total enrolment of residents (76 of 1,995 residents).

Figure 5.6 PGME Enrolment by Legal Status 2005-06 to 2012-13





Highlights from workshops and Program Director faculty development

This year there were 11 faculty development offerings 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 (Figure 6.1). Additionally, there were multiple one-on-one sessions with program directors or faculty involved in revising ITERs, providing guidance on best practices in ITER development.



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 2012 and June 2013 focused on preparations for the 2013 accreditation onsite reviews (December) and the final steps in the accreditation process (June).

New this year was a workshop for PGY1 to 4 surgical residents who had volunteered to be instructors at the Surgical Skills Preparatory Camp in July 2013. This Resident as Instructor workshop provided them with an overview of both teaching and evaluation of the skills to be covered.

Many faculty development opportunities offered this year revolved around Accreditation, including PSQ writing workshops in July 2012, Accreditation preparation meetings in August and September, Accreditation preparation for program administrators in February, and Accreditation preparation sessions for residents in February and March.

Figure 6.1 Workshops & Program Director Faculty Development

Workshops and Program Director Faculty Development For the period July 1, 2012–June 30, 2013	
PSQ Writing Workshop for Program Directors	July 18, 2012 July 31, 2012
Chief Resident Leadership Workshop	August 14, 2012
Accreditation 2013 Preparation Meetings for Affiliated Hospital/Facility VPs (1 hour meetings with PGME Vice Dean and/or Associate Dean)	August-September 2012
Pre-Accreditation Visit, Royal College of Physicians & Surgeons of Canada and the College of Family Physicians of Canada	September 20-21, 2012
ITER Workshop for Anaesthesia	November 1, 2012
All Program Directors and FM Site Directors Meeting & Holiday Reception	December 14, 2012
PGME Registration and Accreditation 2013 Info Session for Program Administrators	February 26, 2013
PGME Vice Dean and/or Associate Dean Accreditation 2013 Prep Session for Residents	February-March 2013
Program Director’s Appreciation Night	March 6, 2013
All Program Directors and FM Site Directors Meeting	June 14, 2013
Surgical Skills Prep Camp—Resident Development as Instructors and Evaluators	June 26, 2013



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

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

Since July 1, 2008, all University of Toronto residents entering PGY1 are required to complete the web based **PGCorEd** core competency modules as part of their residency program certification.

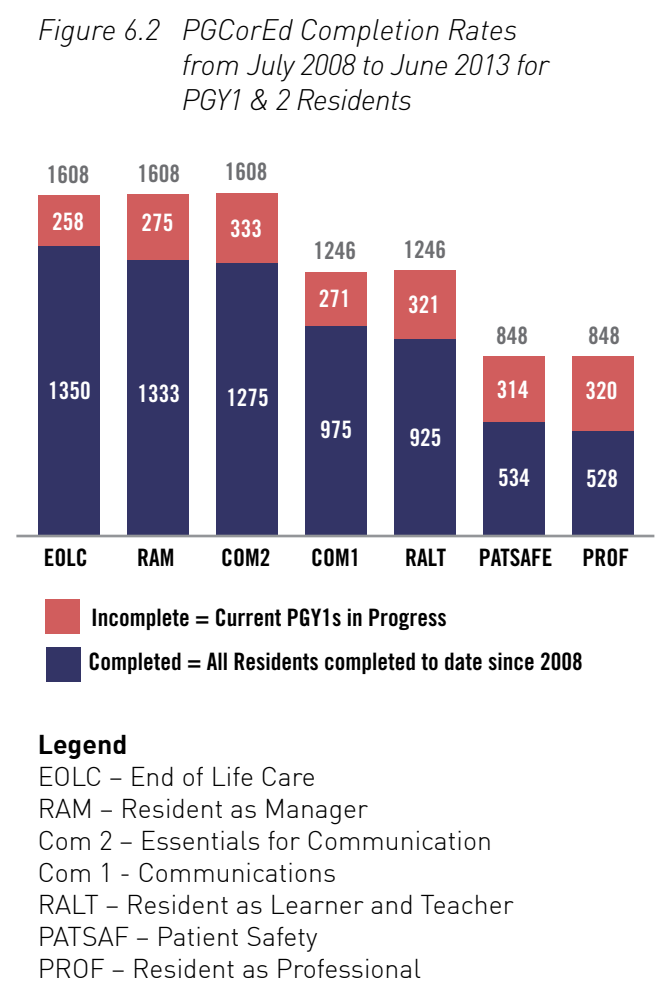
**PGCorEd** modules focus on generic foundational competencies linked to the CanMEDS roles; in particular, the non-Medical Expert roles. The content is targeted at the PGY1 and PGY2 resident and aims to help the PGY1 in transition from learner role in medical school to the practitioner role.

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.

Figure 6.2 shows the number of residents enrolled and who have completed **PGCorEd** between July 2008 to June 2013.

Modules are also made available for subspecialty programs and senior residents upon request. Currently, there are 424 residents enrolled in the elective **PGCorEd** course which include senior residents and 14 subspecialty programs.

**PGCorEd** completion reports are accessible to residents and program directors in POWER. Reporting is updated three times a year (i.e. November, April 30, and July 1).



A comprehensive program evaluation is done annually and reviewed in detail by a subcommittee of the Postgraduate Medical Education Advisory Committee (PGMEAC) and reported to PGMEAC. As needed, refinements and improvements are made by program evaluation. A more comprehensive module review is undertaken by the PGME office and authorship team three or four years after their release date. Discussions are underway for a second generation of **PGCorEd** and include design upgrades and integration of **PGCorEd** into programs. Examples of the upgrades include a mobile format design, shortening of units, integration of test items to media files, additional progress reminders and enhanced teaching/teacher resources. The list of available units that have been launched and the units in development are outlined in Figure 6.3.

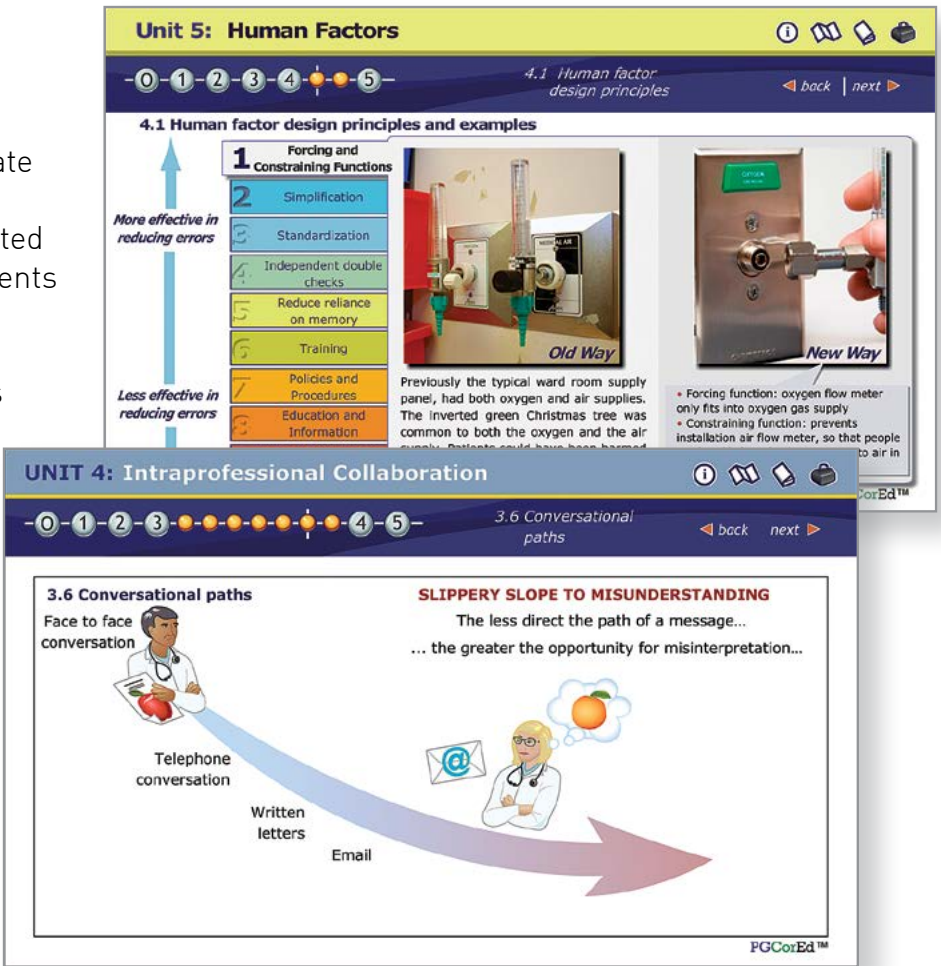


Figure 6.3 PGCorEd Development Plan

MODULE	LAUNCHED	In Development
End of Life Care	☑	
Manager	☑	
Communicator 1	☑	
Communicator 2	☑	
Resident as Learner & Teacher	☑	
Patient Safety	☑	
Professional	☑	
Collaborator		☐ Launch Fall 2013
Health Advocate		☐ Launch TBD



The PGME office, together with Dr. Norman Rosenblum, Program Director for the Clinician Investigator Program (CIP), and a team of CIP faculty and trainees, are working on the development of CIPCorEd. CIPCorEd is an on-line learning tool by which you can learn anytime, any place, about professional skills critical to the clinical investigator. CIPCorEd consists of a series of educational units designed specifically for the clinical investigator trainee. Each unit contains information critical to the development of a body of knowledge and skills required for success as a clinical investigator.

As an online resource, CIPCorEd is designed for clinical investigator trainees to access this resource whenever and wherever desired. By its completion, CIPCorEd will consist of over 8 individual units covering educational materials for ‘generic’ content regarding grant writing, collaboration in research and other foundational topics. The list of available units that have been launched and the units in development are outlined in Figure 6.4.

In 2013-14, the CIPCorEd units will be available to all residency program directors as electives for their trainees.

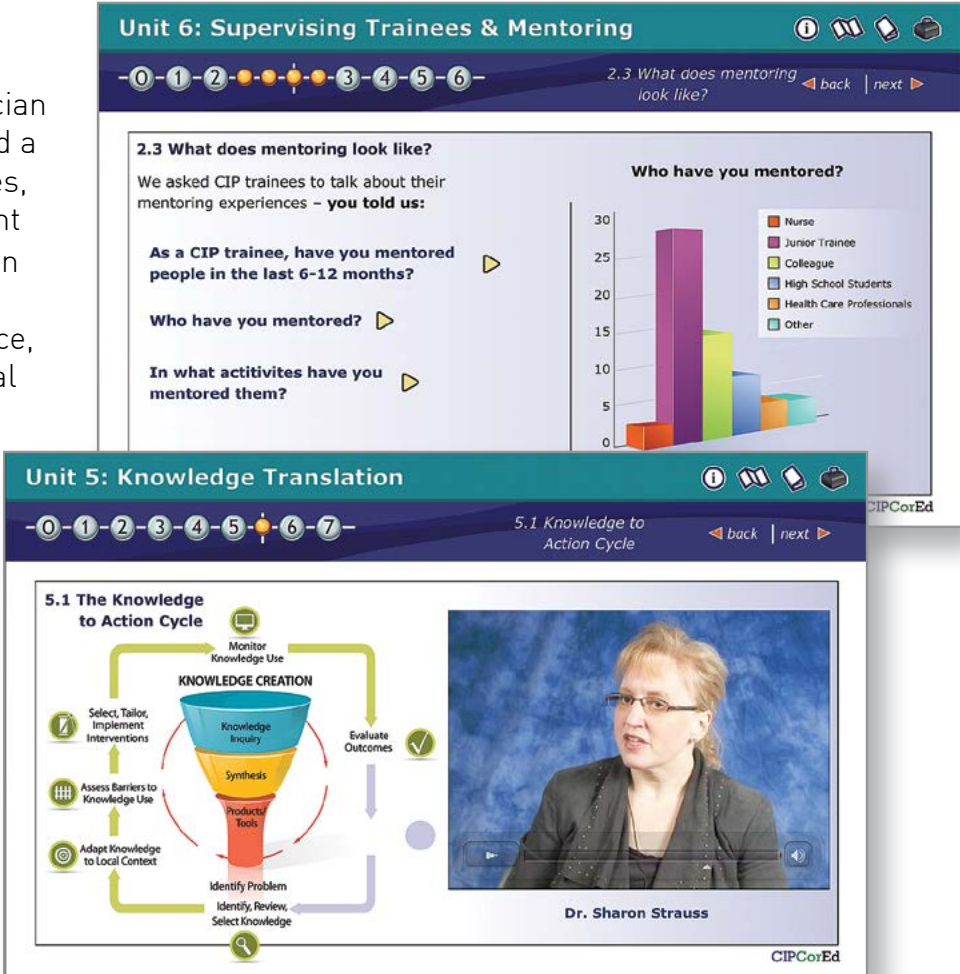


Figure 6.4 CIPCorEd Development Plan

Unit	Units 1-6 Launched	Units 7-8 In Development
Grant Writing	☑	
CV Writing	☑	
Manuscript Writing	☑	
Research Ethics	☑	
Knowledge Translation	☑	
Supervising Trainees and Mentoring	☑	
Collaboration in Research		☐
Presentations		☐

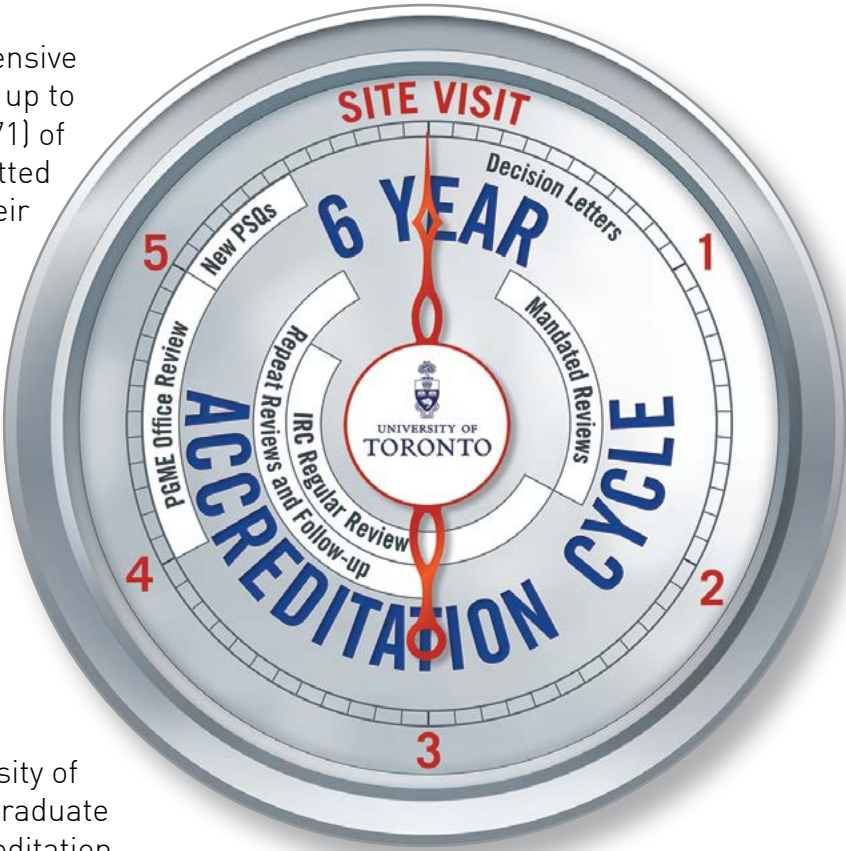
INTERNAL REVIEWS/ACCREDITATION

Following more than 2 years of quality monitoring via Internal Reviews, an intensive year of preparations took place leading up to the PGME accreditation. Seventy-one (71) of our 79 programs completed and submitted pre-survey questionnaires (PSQs) to their respective colleges. Inactive programs (3) and programs being reviewed in 2014-15 (5) did not submit PSQs. 23 programs were exempted from the on-site review based on review of their pre-survey documentation and received the accreditation status of accredited program with follow-up at the next regular survey (Figure 6.5).

Accreditation Week began on Sunday April 7, 2013, with Dean Catharine Whiteside and Vice Dean Salvatore Spadafora providing an overview of the structures and processes at the University of Toronto, Faculty of Medicine, and Postgraduate Medical Education (PGME) for the accreditation teams from the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC). There was a reception following at the Royal Ontario Museum.

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

Initial feedback from the surveyors was extremely positive for both the central review of the structure and processes of the PGME office, the PGME committee and the affiliated hospital and health facility partners (i.e. “A” accreditation standards), as well as the RCPSC residency programs and CFPC programs and sites (i.e. “B” accreditation standards). The



results of the CFPC review became available in June 2013 and the results from the RCPSC will be available in October 2013.

The chairs of the RCPSC and CFPC survey teams provided a brief verbal preliminary report indicating their recommendations. The PGME office received the program survey reports from the RCPSC in May and June. The programs have begun preparing their responses to the survey report, noting edits to factual errors contained in the reports, and this activity will continue into July.



6 INTERNAL REVIEWS/ACCREDITATION

Figure 6.5 Summary of accreditation decisions and recommendations from July 1, 2012 to June 30, 2013

Received full accreditation with follow-up as indicated	Final Decisions
RCPSC decision for follow-up at the Regular Survey in 6 years (programs exempted from on-site review)	23 programs
CFPC decision for follow-up at the Regular Survey in 6 years	1 program
CFPC decision for follow-up by report in 12 – 18 months	5 programs

* Recommendation for full accreditation with follow-up as indicated	Recommendations
Recommendation to RCPSC and CFPC for follow-up at the Regular Survey in 6 years of conjointly accredited program	1 program
Recommendation to RCPSC for follow-up at the Regular Survey in 6 years	36 programs
Recommendation to RCPSC for follow-up by Internal Review in 24 months	3 programs
Recommendation to RCPSC for follow-up by External review in 24 months	2 programs

\* Results will be available from the RCPSC in October 2013



6 BOARD OF EXAMINERS



The Board of Examiners—Postgraduate Programs (BOE-PG) is a committee of Faculty and Residents appointed by Faculty Council currently chaired by Dr. Pamela Catton. At the request of a Program Director and Vice Dean-Postgraduate Programs, the BOE-PG reviews the cases of residents in academic difficulty to decide the course(s) of action, which may include remediation, remediation with probation, probation, or suspension and dismissal. The function of the BOE-PG, as Zbieranowski et. al. (2013)<sup>1</sup> puts it in “Remediation of Residents in Difficulty: A Retrospective 10-Year Review of the Experience of a Postgraduate Board of Examiners”, is comparable to the role of “referee”.

The assessment of a resident’s performance may include the evaluation of the resident’s academic, behavioural, ethical and professional performance in their residency program, or the evaluation/recommendation from an independent process.

As indicated in Figure 6.6, the number of new cases and the volume of reports reviewed have decreased in 2012-13 compared to 2011-12. The overall number of cases managed in 2012-13 was 24, there were 47 reports reviewed, and 12 cases closed. The rate of successful completion of remediation remains high. The majority (10/12 or 83%) of residents successfully completed their remediation, and (2/12 or 17%) resigned following prolonged remedial periods.

The PGME Education and Research Unit, under the direction of Dr. Susan Glover Takahashi, with the addition of three education consultants Dr. Erika Abner, Dr. Dawn Martin and Dr. Marla Nayer, offers support and educational expertise to Program Directors in the planning of a remedial program. Dr. Glen Bandiera, Associate

Dean PGME (Admissions and Evaluation) also provides his support and expertise to Program Directors. The Education and Research Unit provides teaching and assessment resources to assist Program Directors, as well as direction to communication and professionalism skills coaching resources.

BOE-PG RESIDENT MEMBERS:

Phil Doiron (PGY5), Kevin Koo (PGY4), Laila Nurmohamed (Clinical Fellow), Kathryn Isaac (PGY3), Gloria Yuen (PGY5), Dupe Oyewumi (PGY3), Evelyn Rozenblyum (PGY5).

BOE-PG FACULTY MEMBERS:

Pamela Catton (Chair), Stephanie Brister (Vice Chair), David Fisher, Kyle Kirkham, Lesley Wiesenfeld, Jonathan Pirie, Elizabeth Harvey, William Halliday, Salvatore Spadafora (Ex-officio), Glen Bandiera (Ex-officio), Susan Glover Takahashi (Ex-officio)

The BOE-PG would like to thank Kirk Lyon, who is ending his term as a faculty member, for his dedication and significant contributions to the Board. The BOE-PG welcomes new faculty members: Anne Matlow, Dori Seccareccia.

<sup>1</sup> Zbieranowski I., Glover Takahashi S., Verma S., Spadafora S. (2013). Remediation of Residents in Difficulty a Retrospective 10-Year Review of the Experience of a Postgraduate Board of Examiners. Academic Medicine, 88(1):111-6.



6 BOARD OF EXAMINERS

Figure 6.6 Summary of BOE Activity as of June 30, 2013

BOE ACTIVITY	2008-09	2009-10	2010-11	2011-12	2012-13
Meetings	9	8	11	11	11
Reports reviewed (Remediation Requests, Updates, Extension)	28	29	53	64	47
CASE VOLUMES	2008-09	2009-10	2010-11	2011-12	2012-13
Total Cases	28	23	32	33	24
New Cases (Over course of academic year)	13	14	19	18	16
Ongoing Cases (Still open at end of academic session)	11	14	12	10	13
OUTCOMES	2008-09	2009-10	2010-11 (to June 24)	2011-12 (to June 30)	2012-13 (to June 30)
Total Closed Cases	18	9	18	24	12
Successful Completion	11	8	15	22	10
Resignation	5	1	2	2	2
Transfers	2	0	0	0	0
Dismissal	0	0	0	0	0
Appeals	0	0	0	0	0
Other Outcome	0	0	1	0	0

7 RESIDENT WELLNESS

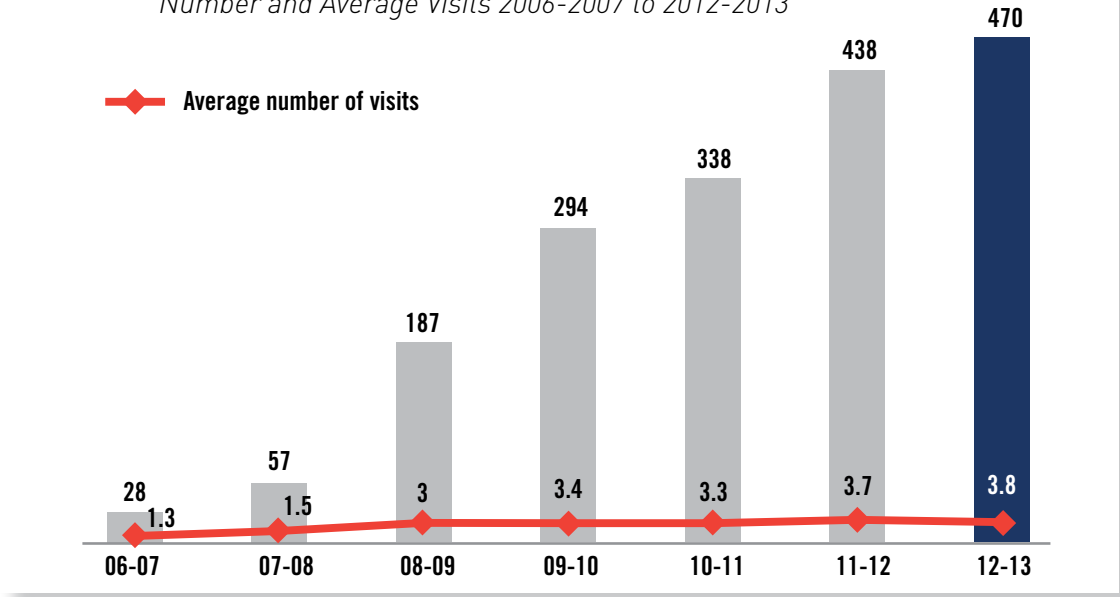
The Office of Resident Wellness (ORW) strives to enhance the personal well-being and professional achievements of the University of Toronto's Postgraduate Medical Education (PGME) trainees through the provision of support services, the development and delivery of educational programs, and scholarly work to advance the field of physician health in medical training.



TRAINEE SUPPORT

Since the creation of the ORW, the number of trainees accessing its services has continued to increase on an annual basis. This year, 147 trainees requested a total of 470 individual meetings to address concerns related to professional and personal issues. (Figures 7.1 and 7.2) As with previous years, residents in PGY1 continue to represent the largest proportion of new visits (26%). This year, the proportion of PGY2s was a close second (24%).

Figure 7.1 Office of Resident Wellness  
Number and Average Visits 2006-2007 to 2012-2013



7 RESIDENT WELLNESS

The most common presenting issues for trainees seeking support were: general stress and anxiety; academic difficulty; occupational stress, burnout and problems in the work environment; career uncertainty; and marital/partner relationship issues (Figure 7.3). Presenting issues for residents seeking support tended to vary by PGY. For example, career uncertainty and anxiety were the most common concerns for first year residents, and occupational stress or burnout and anxiety for residents in year 2.

EDUCATIONAL ACTIVITIES

The ORW expanded its 2012-2013 wellness curriculum to include seven workshops that were offered individually or as a series. The workshops are designed to encourage individual and group reflection, and to increase knowledge and opportunities for skill-based learning in the areas of well-being, performance and patient safety.

- 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

Figure 7.2 Number of Trainees Seen 2006-2007 to 2012-2013

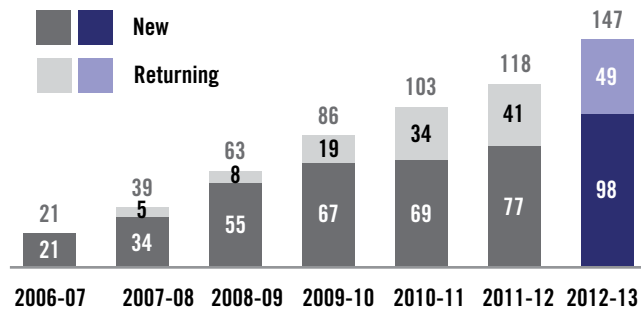
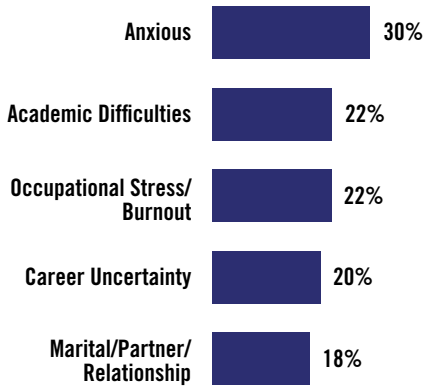


Figure 7.3 Most Common Presenting Issues



In 2012-2013, the ORW presented 40 workshops to 24 postgraduate programs. This is almost double the number of workshops from the 2011-12 academic year, when we presented 22 workshops to 21 postgraduate programs.

The workshops were very well received by residents with a large majority (88%) indicating that they were satisfied or very satisfied with the sessions and 90% considered the content relevant to their training. Participants identified 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 was seen as a unique and highly regarded opportunity.

For the second year, the ORW supported the Undergraduate Medical Education’s ‘Transition to Residency Program’ by presenting a half day workshop on “Managing Transitions” during December 2012.

The ORW also 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.

RESEARCH

In the past year the ORW, in collaboration with a medical student from McMaster University, completed a research project exploring the resident transition experience during the PGY 1 year. Research findings have been presented at several conferences, incorporated into the ORW wellness curriculum and were published in the BMC Medical Education Journal in July 2013.

Along with examining the transitional experiences of trainees throughout the medical career, the ORW has been conducting research that focuses on the impact of interactional patterns on resident stress and performance during remediation. We will continue this research project throughout 2013-14.

7 RESIDENT WELLNESS

POLICIES AND GUIDELINES

The Director of the ORW chaired working groups that assisted in updating the following PGME policies, guidelines, and procedures, which have been approved by both PGMEAC and HUEC:

- 1. Guidelines for Addressing Intimidation, Harassment and Other Kinds of Unprofessional or Disruptive Behaviour in Postgraduate Medical Education;
- 2. Postgraduate Trainee Health and Safety Guidelines; and
- 3. PGME Statement of General Principles for Accommodation.





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 postgraduate trainees with medical conditions that could potentially impact their training. Referrals to the BMA-PG are made at the request of the Vice Dean, PGME, or Program Director. Recommendations of the Board to the Vice Dean include suggestions regarding the resident’s continuation in the training program, including requests for further investigations or treatments, or training program modifications or accommodations. The ORW Director supports the Board in gathering required medical information and supporting the implementation of the recommendations on the advice of the Vice Dean. The activity of the Board is summarized in *Figure 7.4*.

Figure 7.4 Board of Medical Assessors Activity

BMA Activity	2011-12	2012-13
Meetings	5	3*
New cases	3	0
Active (ongoing)	4	4†
Closed	4	2

\* Two in-person meetings, one online meeting

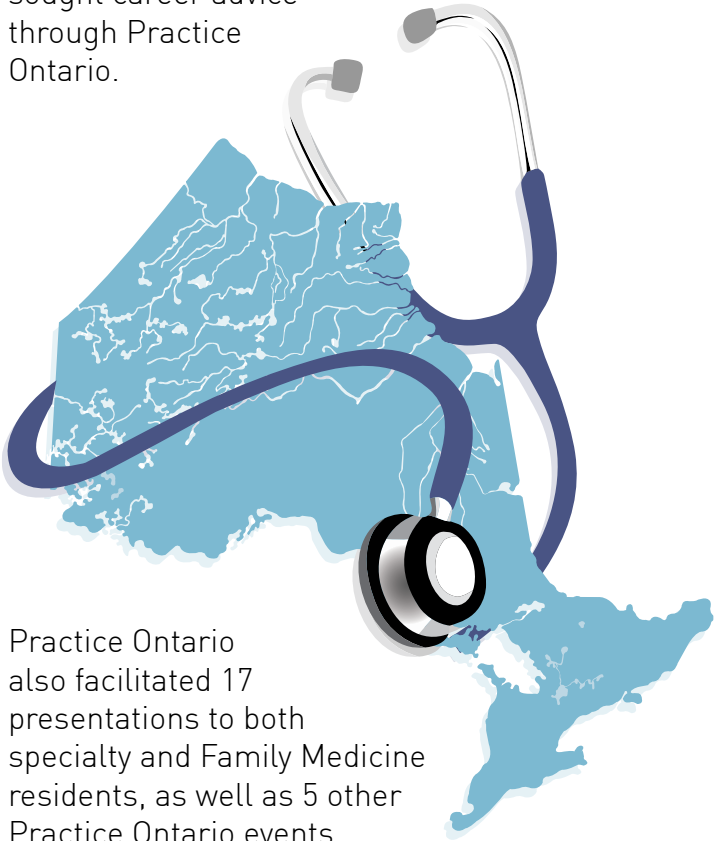
† Two of the four are on leave of absence and are not actively training

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), continues to collaborate with others to support the streamlining of the orientation and registration process for trainees across training sites.

PRACTICE ONTARIO PARTNERSHIP

The Practice Ontario partnership was initiated in 2009 between HealthForceOntario and the PGME office to match University of Toronto residents with available jobs in Ontario. In 2012-2013, 314 University of Toronto residents have been either interviewed by Regional Advisors, received specific information or sought career advice through Practice Ontario.



Practice Ontario also facilitated 17 presentations to both specialty and Family Medicine residents, as well as 5 other Practice Ontario events.

POWER

During the 2012-13 academic year, the PGME office and the POWER Steering Committee implemented several system enhancements, continued work on various ongoing projects and initiated innovations that will improve both the learner experience and the data quality in the POWER system. Key highlights included the completion of the Resident as Teacher evaluation function (clerks evaluating residents), the introduction of standardized hospital health and safety e-learning modules, redevelopment of the Procedure Logging (case logs) system, continued development of the Medical Trainee Day data capture enhancements, the implementation of an Electronic Letter of Appointment function and the ongoing production of the Program reports and the Hospital Education Evaluation Reports (formally the VP Education Reports).

The following are some key activities and achievements from the last year:

STAFFING

In 2012, the PGME office assumed responsibility for the POWER Help Desk from our developers Knowledge4You. In September 2012, Natali Chin was hired as the new POWER Help Desk Medical Education Coordinator and in May 2013, the PGME office formally took over all POWER Level 1 support and training. In this role, Natali is responsible for supporting all POWER users. She is also involved in training and assisting Program Administrators to set up rotation schedules and reporting functions.

RESIDENT AS TEACHER EVALUATION BY CLERKSHIP STUDENTS

In February 2012, clerkship students began evaluating residents and clinical fellows in the Undergraduate Medical Education Evaluation system MedSIS. In January 2013, residents and clinical fellows who received a minimum of 3 evaluations began receiving aggregate teacher effectiveness scores.

HOSPITAL HEALTH, SAFETY AND POLICY E-LEARNING MODULES

As part of the PGME Office’s efforts to reduce duplication of credentialing processes faced by trainees when registering in various training sites, standardized on-line orientation and safety training modules were developed by the Toronto Academic Health Sciences Network. In 2012, the PGME Office hosted the first of these training modules—Privacy of Health Care Records—making it a mandatory registration requirement in POWER for all trainees. Handwashing Hygiene and Needlestick Injury Procedure (Sharps) were added to the e-learning inventory, to be followed by Workplace Violence.

8 ASSESSMENT & EVALUATION

PROCEDURE (CASE) LOGGING SYSTEM

During the last academic year, the PGME office engaged Residents and Program Directors in the process to redevelop the POWER Case Logging system. Over the last year, PGME hosted four focus group meetings that formed the basis for the new module. A pilot will be launched in early Fall 2013 and the new module is expected to be available to all programs by early 2014.

POWER ROTATION AND SCHEDULING ENHANCEMENTS

For the purposes of capturing accurate Medical Trainee Days data (MTD) POWER is being enhanced to better reflect the increase in longitudinal and multi- site rotations and to allow for scheduling and evaluation of these types of rotations. The new data screens will be available Fall 2013.

ELECTRONIC LETTER OF APPOINTMENT

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

BEST PRACTICES IN LEARNER EVALUATION

On April 27th, 2012 PGMEAC approved a set of minimum standards for Resident In-Training Evaluation Reports (ITERs). Over the last year, the PGME office implemented a new policy requiring all new ITERs be reviewed by the Education and Research Unit, to ensure they meet the minimum standards, before being uploaded to POWER.

BEST PRACTICES IN TEACHER EVALUATION

In 2010, the PGME office developed a document on the Best Practices in Teacher Assessment. That document put forward several recommendations which include the development of the Resident Assessment of Teacher Effectiveness form (RATE Form). During 2012-13, the PGME office has worked with programs to standardize their Teacher Evaluation forms to comply with the BPTA recommendation. This will lead to the future amalgamation of Teacher evaluations across departments.



8 RESIDENT EXIT SURVEY

RESIDENT EXIT SURVEY

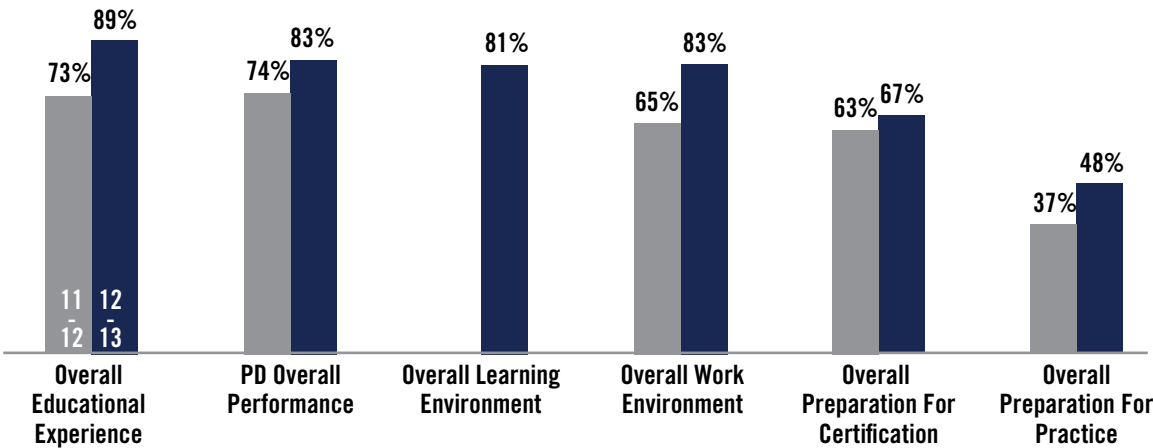
In March 2013, we launched the Resident Exit Survey for the eighth consecutive year. This year, we heard from 304 exiting residents, representing a 59% response rate. Since 2005-06, 1,660 exiting residents have responded to our survey, sharing with us their University of Toronto residency experiences (Figure 8.1). The survey focuses on the quality of PGME education, resident well-being, readiness for practice and future plans.

Although we have observed consistently high satisfaction with residents’ overall educational experience, this year we saw the highest satisfaction levels with 89% of respondents rating their overall educational experience ‘very good’ or ‘excellent’ (4 or 5 out of 5). Ratings for work environment have increased to an 83% rating of ‘very good’ or ‘excellent’ from 65% in 2007-08. As noted in Figure 8.2, Program Directors’ overall performance and the overall learning environment also receive high ratings from a majority of residents. A smaller proportion of residents rate the overall preparation for certification and practice ‘very good’ or ‘excellent’, but satisfaction in these categories has increased since 2007-08.

Figure 8.1 Resident Exit Survey Response

	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
Number of Respondents	93	110	205	224	227	215	282	304
Total Population	332	341	339	380	366	408	482	519
Response Rate	28%	32%	60%	59%	62%	53%	59%	59%
Margin of Error with 95% Confidence Interval	9%	8%	4%	4%	4%	5%	4%	4%

Figure 8.2 Those That Rated their Residency Experience Positively (4 or 5 out of 5), 2011-12 & 2012-13, by Overall Question





8 RESIDENT EXIT SURVEY

CAREER CHOICE

This year, we focused on residents’ choice of specialty, the factors that contributed to their choice and how they felt about their choice at the end of their training.

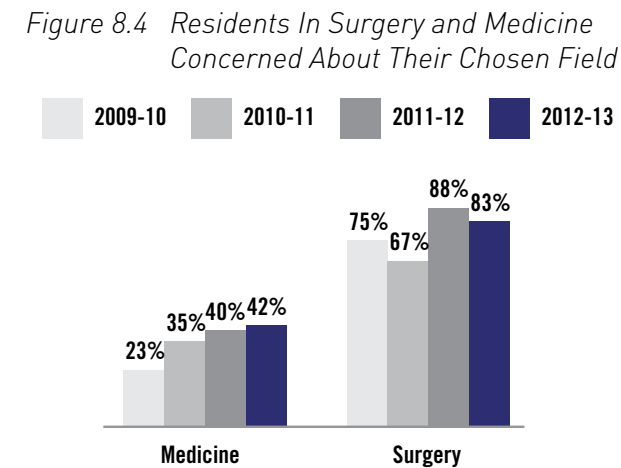
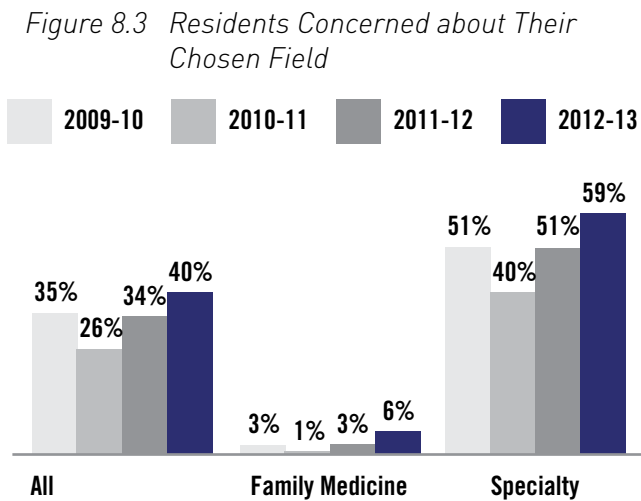
For Family Medicine residents, lifestyle, flexible practice, exposure to a variety of cases and patient types, and patient relationships were the most common factors that contributed to choice of specialty. Family Medicine was perceived as providing a balance between personal life and career, with work hours conducive to raising a family. Family Medicine was also seen as a flexible option in terms of choosing a location practice and offering a breadth of career options which residents could tailor to their individual interests. Another factor in choosing Family Medicine was the exposure to a variety of cases and patient types. Finally, the opportunity for patient relationships was also a top factor for choosing Family Medicine. “It allows me to build a good rapport with my patients through which I can offer them effective and comprehensive acute and chronic care.”

The main factors for specialty residents were academic or clinical interest and lifestyle. Some residents described their specific academic interest such as the blend of physiology and pharmacology in a particular specialty, the medical challenge in their field, or having an interest in interacting with patients versus performing procedures. Lifestyle factors were also important for specialty residents. The working hours and workload, having a manageable call schedule or no call at all were all cited as reasons for choosing their specialty. Other less frequently cited factors were the opportunity to use a variety of skills, exposure to a variety of cases and types of patients, employment and research opportunities.

Both Family Medicine and specialty residents were overwhelmingly satisfied with their career choice at the end of residency. The

most common reason among those few who expressed regret about their chosen field was lack of career opportunities.

Overall, concern about securing a position in their chosen specialty is at its highest level since we first asked this question in 2009-10 (Figure 8.3). Specialty residents continue to represent almost all of those who are concerned. Residents from the Department of Surgery represent the largest proportion of those who are concerned (83%) although this level has dropped slightly since last year (Figure 8.4). Meanwhile, the proportion of those who are concerned in Medicine has been slowly increasing over the years to 42%.



9 APPENDIX A: PGME COMMITTEES

PGME Committees

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

Provincial/National

- PGM: Council of Ontario Faculties of Medicine
- PGE: Council of Ontario Faculties of Medicine
- Restricted Registration Oversight Committee
- RCPSC Accreditation Committee
- CFPC Accreditation Committee
- Triple C Curriculum Committee (CFPC)

NEW & EXITING RESIDENCY PROGRAM  
DIRECTORS & COMMITTEE MEMBERS 2012-2013

Program	Incoming PD and Date	Outgoing PD
Anatomical Pathology	Shachar Sade July 1, 2013	Simon Raphael
Emergency Medicine	Joel Yaphe July 1, 2013	Karen Woolfrey
Emergency Medicine (Pediatrics)	Suzanne Beno July 1, 2013	Amina Lalani
Hematology	Martina Trinkaus July 1, 2013	Eugenia Piliotis
Hematology/Oncology (Pediatrics)	Michaela Cada September 2012	Angela Punnett
Neurology	David Tang-Wai July 1, 2013	Marika Hohol
Ophthalmology	John Lloyd July 1, 2013	Wai-Ching Lam
Palliative Medicine	Giovanna Sirianni February 2013	James Downar (Interim)
Pediatric Surgery	Agostino Pierro May 2013	Ted Gerstle
Psychiatry	Mark Fefergrad January 2013	Ari Zaretsky

PGME SCHOLARLY  
ACTIVITIES JULY 1, 2012-JUNE 30, 2013

2012-13 POSTERS

A Process for ‘Taking’ the Temperature of the PGME Community

**Authors:** S. Spadafora, S. Verma, S. Meterissian, K. Rungta, J. Jamieson, M. Kennedy Hynes, M. Sholdice, G. Bandiera  
**Conference/Grant/Publication:** ICRE, Ottawa, Canada, October 2012  
**Type:** Poster

Innovations, Integration and Implementation Issues in Competency-Based Residency Education

**Authors:** S. Glover Takahashi, A. Waddell, M. Kennedy Hynes, B. Hodges  
**Conference/Grant/Publication:** ICRE, Ottawa, Canada, October 2012  
**Type:** Poster

What Does Competent Performance Look Like? A Problem-Based Redefinition of Competence

**Author:** S. Glover Takahashi  
**Conference/Grant/Publication:** ICRE, Ottawa, Canada, October 2012  
**Type:** Poster

The Trajectory of Residents’ First-Year Well-Being and Thematic Analysis of Influential Factors

**Authors:** D. Kahan, C. Hurst, S. Edwards  
**Conference/Grant/Publication:** ICRE, Ottawa, Canada, October 2012  
**Type:** Poster

Six Years Wiser: Applying Utilization Data to Advance the Activities of an Office of Resident Wellness

**Authors:** S. Edwards, C. Hurst, S. Healy, D. Nuss, M. Ruetalo  
**Conference/Grant/Publication:** International Conference on Physician Health, Montreal, Canada, October 2012  
**Type:** Poster

An IT Solution for Measurement and Remuneration of Community Preceptor Activity

**Authors:** W. Kubasik, C. Abrahams, L. Muharuma, S. Chan, J. Rosenfield, S. Verma  
**Conference/Grant/Publication:** American Association of Medical Colleges, San Francisco, USA, November 2012  
**Type:** Poster



## 11 APPENDIX C: PGME SCHOLARLY ACTIVITIES

### **Strategies for Supporting Residents' Transition Into Family Medicine Training**

**Authors:** S. Glover Takahashi, D. Martin

**Conference/Grant/Publication:** Family Medicine Forum (FMF), Toronto, Canada, November 2012

**Type:** Poster

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

**Authors:** S. Glover Takahashi, D. Richardson, D. Martin

**Conference/Grant/Publication:** Family Medicine Forum (FMF), Toronto, Canada, November 2012

**Type:** Poster

### **Nurturing Learning: Developing an e-Learning Framework for Designing Teaching and Learning Materials for Residency Training**

**Authors:** S. Glover Takahashi, T. Bahr, T. Cameron, J. Herold

**Conference/Grant/Publication:** IME Educational Technology Summit, Toronto, Canada, November 2012

**Type:** Poster

### **Keeping it Fresh: Successful Practices in e-Learning Evaluation, Redesign and Renewal**

**Authors:** T. Bahr, S. Glover Takahashi, J. Herold, M. Kennedy Hynes, T. Cameron

**Conference/Grant/Publication:** IME Educational Technology Summit, Toronto, Canada, November 2012

**Type:** Poster

### **What's Your Stop Line? Enhancing Resident Skills in Patient Safety Using Web Based Simulation**

**Authors:** S. Glover Takahashi, A. Matlow, S. Tallet, T. Bahr, C.M. Chow

**Conference/Grant/Publication:** IME Educational Technology Summit, Toronto, Canada, November 2012

**Type:** Poster

### **Developing an e-Learning Framework for Teaching and Learning in Residency Training**

**Authors:** S. Glover Takahashi, T. Bahr, J. Herold, C.M. Chow, M. Kennedy Hynes, T. Cameron

**Conference/Grant/Publication:** CCME, Quebec City, Canada, April 2013

**Type:** Poster

### **The Competency-Based Curriculum Through the Lens of the Resident**

**Authors:** M. Kennedy Hynes, M. Nousiainen, P. Ferguson, P. Dietsche, S. Glover Takahashi

**Conference/Grant/Publication:** CCME, Quebec City, Canada, April 2013

**Type:** Poster

### **Walking the Talk: A Multisource Feedback Initiative for Residency Program Directors**

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

**Conference/Grant/Publication:** CCME, Quebec City, Canada, April 2013

**Type:** Poster

## 11 APPENDIX C: PGME SCHOLARLY ACTIVITIES

### **The Medium and the Message: Designing Multimedia Learning for Postgraduate Medical Training**

**Authors:** T. Bahr, T. Cameron, S. Glover Takahashi

**Conference/Grant/Publication:** International Association of Medical Science Educators (IAMSE), St. Andrews, Scotland, June 2013

**Type:** Poster

### **Functional Neuroanatomy: The Life Cycle of an Electronic Atlas**

**Authors:** T. Cameron, J. Jenkinson, R. Farb, P. Stewart

**Conference/Grant/Publication:** International Association of Medical Science Educators (IAMSE), St. Andrews, Scotland, June 2013

**Type:** Poster

## 2012-13 PAPER PRESENTATIONS

### **A Financial Accountability Map for Residency Training**

**Authors:** C. Abrahams, M. Whittaker, J. Walton, L. Flynn, J. Fuller, P. Bragg, M. Topps, R. Walker, S. Spadafora, S. Verma, M. Cyr

**Conference/Grant/Publication:** ICRE, Ottawa, Canada, October 2012

**Type:** Presentation

### **Bringing Context to Core: Blended Learning in Residency Education**

**Authors:** H. McDonald-Blumer, S. Glover Takahashi, T. Bahr

**Conference/Grant/Publication:** ICRE, Ottawa, Canada, October 2012

**Type:** Presentation

### **Careers in Surgery: Concerns, Expectations and Post Residency Plans of Residents**

**Authors:** C. Abrahams, M. Ruetalo, S. Healy, R. Levine

**Conference/Grant/Publication:** ICRE, Ottawa, Canada, October 2012

**Type:** Presentation

### **Looking Back to Inform the Future: Using Curriculum Inquiry to Take Online Teaching of Intrinsic CanMEDS Roles to the Next Level**

**Authors:** T. Bahr, M. Kennedy Hynes, S. Glover Takahashi

**Conference/Grant/Publication:** ICRE, Ottawa, Canada, October 2012

**Type:** Presentation

### **The CanMEDS Collaborator Toolkit—Teaching and Assessing the Collaborator Role**

**Authors:** D. Martin, D. Richardson, S. Glover Takahashi

**Conference/Grant/Publication:** ICRE, Ottawa, Canada, October 2012

**Type:** Presentation

### **The Competency-Based Curriculum Through the Lens of the Resident**

**Authors:** M. Kennedy Hynes, M. Nousiainen, P. Ferguson, S. Glover Takahashi

**Conference/Grant/Publication:** ICRE, Ottawa, Canada, October 2012

**Type:** Presentation

## 11 APPENDIX C: PGME SCHOLARLY ACTIVITIES

### **Building a Better Mousetrap – the Use of Key Features Cases to Access Clinical Decision-Making, CanMEDS roles and Competence**

**Author:** S. Glover Takahashi

**Conference/Grant/Publication:** Montreal Conference on Clinical Reasoning, Montreal, Canada, November 2012

**Type:** Presentation

### **Managing Transitions in Residency Education: Key Messages from the 2011 International Conference on Residency Education**

**Author:** S. Spadafora

**Conference/Grant/Publication:** Family Medicine Forum (FMF), Toronto, Canada, November 2012

**Type:** Presentation

### **Supporting Resident Transitions in and through Postgraduate Training**

**Authors:** D. Martin, S. Glover Takahashi

**Conference/Grant/Publication:** Family Medicine Forum (FMF), Toronto, Canada, November 2012

**Type:** Presentation

### **The Transitioning Physician: The Journey from Training to Practice**

**Author:** S. Edwards

**Conference/Grant/Publication:** Family Medicine Forum (FMF), Toronto, Canada, November 2012

**Type:** Presentation

### **Reflections**

**Author:** S. Spadafora

**Conference/Grant/Publication:** Faculty of Medicine Summit on Educational Technology, Toronto, Canada, November 2012

**Type:** Presentation

### **A Financial Accountability Map for Residency Training Based on RCPSC Accreditation Standards**

**Authors:** J.M. Walton, C. Abrahams, M.K. Whittaker, P. Bragg, L. Flynn, J. Fuller, S. Spadafora, M. Topps, R. Walker, M. Cyr

**Conference/Grant/Publication:** CCME, Quebec City, Canada April 2013

**Type:** Presentation

### **A Key Performance Indicators (KPI) Dashboard for Successful Integration across Multiple Greater Toronto Area Teaching Sites**

**Authors:** W. Kubasik, S. Verma, C. Abrahams, S. Spadafora

**Conference/Grant/Publication:** CCME, Quebec City, Canada, April 2013

**Type:** Presentation

### **A Novel Curriculum Map for the Health Advocate Role in a Pediatric Respiriology Training Program**

**Authors:** G. Bendiak, M. Solomon, S. Glover Takahashi

**Conference/Grant/Publication:** CCME, Quebec City, Canada, April 2013

**Type:** Presentation

### **Integrating Web-Based Learner Evaluation Systems to Enhance the Evaluation of Residents by Clinical Clerks**

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

**Conference/Grant/Publication:** CCME, Quebec City, Canada, April 2013

**Type:** Presentation

### **Orthopedic Residents' Understanding and Application of Intrinsic CanMEDS Roles: Assessment Using an Objective Structured Clinical Examination (OSCE).**

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

**Conference/Grant/Publication:** CCME, Quebec City, Canada, April 2013

**Type:** Presentation

### **Using MCCEE Scores to Predict Performance in First Year Residency**

**Authors:** C. Abrahams, M. Ruetalo, J. Kerr, J. Fillion, A. Sharif, S. Healy

**Conference/Grant/Publication:** CCME, Quebec City, Canada, April 2013

**Type:** Presentation

### **Canadian International Medical Graduates: The Journey Back Home**

**Authors:** U. Najeeb, A. Kuper, E. Hollenberg, B. Wong, L. Stroud, K. Sivjee, S. Edwards

**Conference/Grant/Publication:** CCME, Quebec City, Canada, April 2013

**Type:** Presentation

### **A Year in Transition: Resident Narratives of Well-being and Adaptation Throughout the First Year of Training**

**Authors:** D. Kahan, S. Edwards, C. Hurst, M. Ruetalo

**Conference/Grant/Publication:** CCME, Quebec City, Canada, April 2013

**Type:** Presentation



## 11 APPENDIX C: PGME SCHOLARLY ACTIVITIES

### 2012-13 WORKSHOPS

#### **Good to Great Residency Programs—Systematic Planning**

**Author:** G. Bandiera

**Conference/Grant/Publication:** ICRE, Ottawa, Canada, October 2012

**Type:** Workshop

#### **Measured Steps: How Will We Measure Progress Toward the Right Number, Mix and Distribution of Physicians to Meet Societal Needs, FMEC-PG Recommendation #1?**

**Authors:** S. Slade, S. Spadafora, C. Abrahams

**Conference/Grant/Publication:** ICRE, Ottawa, Canada, October 2012

**Type:** Workshop

#### **Workshop for New Surveyors: From Administration to Leadership**

**Authors:** G. Bandiera, L. Dupere

**Conference/Grant/Publication:** ICRE, Ottawa, Canada, Oct 2012

**Type:** Workshop

#### **Preventing Milestones from Turning into Mill Stones: Teaching Residents a Psychological and Skills-Based Approach to Managing Transitions**

**Authors:** C. Hurst, D. Martin, S. Edwards

**Conference/Grant/Publication:** ICRE, Ottawa, Canada, October 2012

**Type:** Workshop

#### **Slowing Down to Step Up: Teaching Self-Awareness Skills to Postgraduate Trainees to Optimize Professional Performance and Personal Well-Being**

**Authors:** S. Edwards, C. Hurst

**Conference/Grant/Publication:** ICRE, Ottawa, Canada, October 2012

**Type:** Workshop

#### **The PGME System and IMG Experience**

**Authors:** G. Bandiera, S. Cameron

**Conference/Grant/Publication:** National International Medical Graduates Symposium, Toronto, Canada, October 2012

**Type:** Workshop

#### **Workshop: Persuasive Writing for Residents**

**Authors:** E. Abner, N. Ahmed, W. Gold, F. Scott

**Conference/Grant/Publication:** CCME, Quebec City, Canada, April 2013

**Type:** Workshop

## 11 APPENDIX C: PGME SCHOLARLY ACTIVITIES

### 2012-13 PEER REVIEWED PUBLICATIONS

Dudek NL, Marks MB, Wood TJ, Dojeiji S, Bandiera G, Hatala R, Cooke L, Sadownik L.. **Quality Evaluation Reports – Can a Faculty Development Program Make a Difference?** Medical Teacher. 2012; 34(11):e725-e731

Glover Takahashi S, Rothman A, Nayer M, Urowitz M, Crescenzi AM. **Validation of a Large Scale Clinical Examination for International Medical Graduates.** Canadian Family Physician 2012; 58: e408-17

Hicks C, Kiss A, Bandiera G, Denny C. **Crisis Resources for Emergency Workers (CREW II): Results of a Pilot Study and Simulation-based Crisis Resource Management Course for Emergency Medicine Residents.** Canadian Journal of Emergency Medicine 2012; 14(6):354-362

Bandiera, G., Kennedy Hynes, M., Spadafora, S., **Duty Hour Restrictions: Organizational Dynamics, Systems Issues and the Impact on Faculty.** Academic Medicine. 2013 (accepted)

Bandiera G, Boucher A, Neville A, Kuper A, Hodges BD. Integration and timing of basic and clinical sciences. Medical Teacher May 2013, Vol. 35, No. 5: 381-387

Dudek, Marks, Wood, Dojeiji, Bandiera, Hatala, Cooke, Sadownik. **Quality In-training Evaluation Reports – Does Feedback Drive Faculty Performance?** Academic Medicine. 2013. (In Press)

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.

Iglar K, Whitehead C, Glover Takahashi S. **Competency-based Education in Family Medicine.** Medical Teacher. 2013;35(2):115-9

Penciner R, Woods R, McEwen J, Lee R, Langan T, Bandiera G (SRA). **Core Competencies for Emergency Medicine Clerkships: Results of a Canadian Consensus Initiative.** Canadian Journal of Emergency Medicine; 2013; 15(1):24-33.

Zbieranowski, I., Glover Takahashi, S., Verma, S., Spadafora, S. **Remediation of Residents in Difficulty a Retrospective 10-Year Review of the Experience of a Postgraduate Board of Examiners.** Academic Medicine. Vol. 88, Issue 1. January 2013

POSTGRADUATE MEDICAL EDUCATION AWARDS

ADJUDICATION COMMITTEES

1) PGME Research Awards

- Dr. Ann Jefferies
- Dr. Melinda Musgrave
- Dr. Scott Walsh
- Dr. Gregory Hare
- Dr. Glen Bandiera
- Dr. Peter Ferguson
- Dr. Heather Ross
- Dr. Kathleen Dattilo

2) PGME Awards (PSI, PAIRO)

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

3) PGME Awards (CSCI/CIHR)

- Dr. Ann Jefferies
- Dr. Kathleen Dattilo
- Dr. Scott Walsh
- Dr. Melinda Musgrave
- Dr. Emilie Jean-St-Michel

4) PGME Excellence Awards (Sarita Verma Award for Advocacy and Mentorship)

- Dr. Susan Glover Takehashi
- Dr. Susan Edwards
- Loreta Muharuma
- Caroline Abrahams

5) PGME Awards (Trainee Leadership)

- Dr. Susan Glover Takahashi
- Dr. Susan Edwards
- Loreta Muharuma
- Caroline Abrahams
- Dr. Jennifer Laidlaw (PARO)

6) PGME Excellence Awards (recipients from previous year)

- Dr. Peter Ferguson
- Dr. Rodrigo Cavalcanti
- Dr. Heather Ross
- Dr. Robert Mustard

PGME RESEARCH AWARDS

1) Summary of PGME Research Awards—Applicants and Funding

- Total number of applicants: 72
- Total funds available: \$213,722.96
- Total awarded: \$195,229.50
- Awards per trainee: \$230 to \$13,050
- 29 out of 72 applicants successful: 40%
- Successful MDs: 25 out of 62 (40%): \$206,724.61
- Successful non-MDs: 4 out of 10 (40%): \$2,354.89

2) PGME Research Awards—Funding Sources and Amounts

- |  |  |
|--|--|
| • Joseph M. West Family Memorial Fund<br>\$100,528.76                        | • Ellen Epstein Rykov Memorial Prize<br>\$3,325.50   |
| • Edward Christie Stevens Fellowship<br>\$52,820.08                          | • Elizabeth Arbuthnot Dyson Fellowship<br>\$2,527.80 |
| • Chisholm Memorial Fellowship<br>\$26,224.14                                | • Javenthey Soobiah Scholarship<br>\$1,380.66        |
| • William S. Fenwick Research Fellowship<br>\$13,020.57                      | • Heidi Sternbach Scholarship<br>\$974.23            |
| • Graham Campbell Fellowship<br>\$2,292.19                                   | • Nellie L. Farthing Fellowship<br>\$270.82          |
| • Miriam Neveren Memorial Award<br>\$4,892.70                                | • Timeposters Fellowship<br>\$219.38                 |
| • William Cron Harris & Jean Gordon Harris Memorial Fellowship<br>\$1,151.04 | • Starr Medals - Gold Medals Only                    |
| • Edie Steinberg Scholarship Fund<br>\$4,095.09                              |  |



Name	Department	Award
Sinziana Avramescu	Anaesthesia	Miriam Neveren Memorial Award Chisholm Memorial Fellowship Joseph M. West Family Memorial Fund
Salima Jiwani	Communication Disorders & Otolaryngology	Javenthey Soobiah Scholarship
Marco Magalhaes	Dentistry	Javenthey Soobiah Scholarship Heidi Sternbach Scholarship
Eva Knifed	Family & Community Medicine	Chisholm Memorial Fellowship Joseph M. West Family Memorial Fund William Cron Harris & Jean Gordon Harris Memorial Fellowship
Hubert Tsui	Laboratory Medicine & Pathobiology	Chisholm Memorial Fellowship William S. Fenwick Fellowship Joseph M. West Family Memorial Fund Sarr Medal
Michael Jurkiewicz	Medical Imaging	Chisholm Memorial Fellowship Joseph M. West Family Memorial Fund
Tze Luck Chia	Medical Imaging	Miriam Neveren Memorial Award Joseph M. West Family Memorial Fund
Julio Furlan	Medicine	William S. Fenwick Fellowship Chisholm Memorial Fellowship Joseph M. West Family Memorial Fund
Matthew Lincoln	Medicine	Chisholm Memorial Fellowship Joseph M. West Family Memorial Fund Sarr Medal
Gregory Day	Medicine	Miriam Neveren Memorial Award Chisholm Memorial Fellowship Joseph M. West Family Memorial Fund
Kevin Grace	Medicine	Javenthey Soobiah Scholarship
Charles Kassardjian	Medicine	Joseph M. West Family Memorial Fund William S. Fenwick Fellowship
Tabitha Kung	Medicine	Edward Christie Stevens Fellowship Joseph M. West Family Memorial Fund
Matthew Schlenker	Ophthalmology	William S. Fenwick Fellowship Chisholm Memorial Fellowship Joseph M. West Family Memorial Fund
Antoine Eskander	Otolaryngology	Joseph M. West Family Memorial Fund
Sumit Gupta	Paediatrics	Chisholm Memorial Fellowship Edward Christie Stevens Fellowship Sarr Medal
Afif EL-Khuffash	Paediatrics	William S. Fenwick Fellowship Edie Steinberg Scholarship Fund

Michelle Batthish	Paediatrics	Edward Christie Stevens Fellowship
Nadia Luca	Paediatrics	Chisholm Memorial Fellowship Edward Christie Stevens Fellowship
Julia Panczuk	Paediatrics	Elizabeth Arbuthnot Dyson Fellowship Joseph M. West Family Memorial Fund
Emilie Jean-St-Michel	Paediatrics	Miriam Neveren Memorial Award Joseph M. West Family Memorial Fund Edie Steinberg Scholarship Fund
Ming Zhang	Physiology	Javenthey Soobiah Scholarship
George Ibrahim	Surgery	Nellie L. Farthing Fellowship Chisholm Memorial Fellowship Edward Christie Stevens Fellowship
James Michael Hendry	Surgery	Joseph M. West Family Memorial Fund William S. Fenwick Fellowship
Ryan Alkins	Surgery	Edward Christie Stevens Fellowship
Marvin Hsiao	Surgery	Edward Christie Stevens Fellowship
Saima Hassan	Surgery	Joseph M. West Family Memorial Fund William S. Fenwick Fellowship

OTHER PGME AWARDS

1) PAIRO Resident Teaching Awards—Residents (awarded February 2013)

- Value of award: \$1,000
- Number of applicants: 8
- Winners:
  - › Rachel Asiniwasis, PGY4 Medicine
  - › Sapnal Rawal, PGY7 Diagnostic Radiology

2) CSCI/ CIHR Resident Research Award (awarded July 2012)

- Value of award: \$1,000
- Number of applicants: 15
- Winner:
  - › Douglas Cook, PGY6, Surgery

3) PSI Resident Research Awards (awarded October 2012)

- Value Applicants: of Award: \$2,000
- Number of applicants: 48
- Winners:
  - › Kate Hanneman, PGY4, Diagnostic Radiology
  - › Brent Williams, PGY6, Paediatrics
  - › Fahad Alam, PGY4, Anesthesia
  - › Amanda Murphy, PGY3, Diagnostic Radiology
  - › Derek MacFadden, PGY3, Medicine

4) PGME Excellence Awards (awarded May 2013)

- Development and Innovation:**
- Value of Award: \$1,000
  - Number of Applicants: 5
  - Winners:
    - › Marika Hohol, Department of Medicine
    - › Markku Nousiainen, Department of Surgery
- Teaching Performance/Mentorship/Advocacy:**
- Value of Award: \$1,000
  - Number of Applicants: 3
  - Winners:
    - › Paul Greig, Department of Surgery
    - › Caroline Chessex, Department of Medicine

5) Sarita Verma Award (awarded March 2013)

- Value of award: \$500
- Number of applicants: 9
- Winner:
  - › Simon Raphael, Department of Laboratory Medicine and Pathobiology

6) PGME Trainee Leadership Awards (awarded June 2013)

- Value of award: \$500
- Number of applicants: 4
- Winners:
  - › Jonathan Ailon PGY4, Medicine
  - › Charles Kassardjian PGY5, Medicine

- 7) Charles Mickle Fellowship (awarded April, 2013)
- 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: \$7,500
  - Winner:
    - › Dr. Ronald Levine, Department of Surgery

- 8) Clinician Graduate Degree Scholarship Program (January 2013)
- 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 16 trainees: \$267,299.86
  - Total Awarded: \$200,000

Department	Number of Trainees	Vision Science Top-Up	PGME Top-Up
Medicine	2	\$16,114.00	\$11,141.00
Surgery	8	\$53,528.00	\$37,007.00
Paediatrics	5	\$39,631.16	\$33,428.84
Medical Imaging	1	\$5,410.00	\$3,740.00
TOTAL	16	\$114,683.16	\$85,316.84

AWARDS ADMINISTERED BY THE PGME OFFICE (ADJUDICATED BY DEPARTMENTS):

- 9) Alfred Edward Covell Scholarship
- Value of award: \$20,747
  - Winner:
    - › Chryssa McAlister, Department of Ophthalmology
- 10) C. P. Shah Award
- Value of award: \$965
  - Winner:
    - › Christine Navarro, Dalla Lana School of Public Health
- 11) Dr. Peter Prendergast – Ontario Shores Prize in Quality Improvement
- Value of award: \$500
  - Winners:
    - › Petal Abdool , Department of Psychiatry
    - › Kate Strasburg, Department of Psychiatry

12) Freda Noyek Merit Award in Otolaryngology

- Value of award: \$550
- Winner:
  - › Eric Monteiro, Department of Otolaryngology

13) Frederick Papsin Postgraduate Award

- Value of award: \$500
- Winners:
  - › Shannon Moore, Department of Obstetrics & Gynaecology
  - › Lindsay Shirreff, Department of Obstetrics & Gynaecology

- 14) John Gaby Prize in Ophthalmology
- Value of award: \$626
  - Winner:
    - › Roxane Hillier, Department of Ophthalmology
- 15) Irving Heward Cameron Memorial Scholarship
- Value of award: \$100 - \$13,512
  - Winners:
    - › Toni Burbidge, Department of Surgery
    - › Tanya Hauck, Department Surgery
    - › Lesley Hawkins, Department of Surgery
    - › Amanda Lo, Department of Surgery
    - › Siba Haykal, Department of Surgery
    - › George Ibrahim, Department of Surgery
    - › Timothy Leroux, Department of Surgery
    - › Nir Lipsman, Department of Surgery
    - › Kimberly Tsoi, Department of Surgery
    - › Shobhan Vachhrajani, Department of Surgery
    - › Jefferson Wilson, Department of Surgery

16) Sim Fai Liu Memorial Award

- Value of award: \$3,895
- Winner:
  - › Grace Leung, Department of Medicine

17) David A. Scott Award

- Value of award: \$250
- Winners:
  - › Philbert Ip, Department of Biochemistry
  - › Lori Rutkevich, Department of Biochemistry



## 12 APPENDIX D: PGME AWARDS

### 18) Knox Ritchie Research Award

- Value of award: \$250
- Winners:
  - › Clare J. Reade, Department of Obstetrics & Gynaecology
  - › Julia Kfoury, Department of Obstetrics & Gynaecology
  - › Marina Vainder, Department of Obstetrics & Gynaecology
  - › Melissa Walker, Department of Obstetrics & Gynaecology
  - › Andrew Corso, Department of Obstetrics & Gynaecology
  - › Peter Szaraz, Department of Obstetrics & Gynaecology

### 19) Kris Conrad Merit Award in Facial Plastic Surgery

- Value of award: \$1,000
- Winner:
  - › James Bonaparte, Department of Otolaryngology

### 20) Stuart Alan Hoffman Memorial Prize

- Value of Award: \$750
- Winner:
  - › Purna A. Joshi, Department of Laboratory Medicine & Pathobiology

### 21) Thomas Donald Hammell Memorial Award in Anaesthesia

- Value of Award: \$1,931
- Winner:
  - › Christopher Perkes, Department of Anesthesia

### 22) Hynek Rothbart Award

- Value of Award: \$800
- Winner:
  - › Mark McVey, Department of Anaesthesia

### 23) Duncan M. Jamieson Memorial Prize

- Value of award: \$494
- Winner:
  - › Michael Wan, Department of Ophthalmology

### 24) Percy Hermant Fellowship in Ophthalmology

- Value of award: \$307
- Winner:
  - › Michael Wan, Department of Ophthalmology

### 25) James A. McNab Healthy Promotion Scholarship

- Value of award: \$1,000
- Winner:
  - › Ravinder Gabbie, Dalla Lana School of Public Health