



Postgraduate Medical Education
UNIVERSITY OF TORONTO

**Annual Report
July 1, 2010
to
June 30, 2011**



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Vice Dean, Postgraduate Medical Education**

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1. Introduction

2010-11 was a year characterized with continued expansion, ongoing transformation and the beginnings of some new directions at PGME at the University of Toronto.

We saw continued expansion in the numbers of both our postgraduate trainees as well as staff in the PGME office. The U of T PGME enterprise was one of three university partners (along with McGill and UBC) in undertaking the challenge of the Future of Medical Education in Canada for postgraduate medical education and has been involved in all facets of the Faculty of Medicine's Integrated Medical Education (IME) initiative.

After many months of negotiations with government, all of the Ontario medical schools were successful in obtaining specialty expansion positions, along with new levels of funding to support 75 new entry positions in RCPSC specialties. U of T received 26 of these new positions to be implemented over five years beginning in 2011-12. Part of this new funding was to support equipment and infrastructure with an investment of almost \$1M in videoconference technology and other resources for U of T teaching sites and programs in 2010-11. This expansion is taking place alongside the final phases of the second Family Medicine Expansion which will add 49 more entry positions from 2008-09 to 2012-13.

The PGME Office has also benefited from important new additions. A Search Committee struck in January 2011 selected Dr. Glen Bandiera as our new Associate Dean, PGME, Admissions and Evaluation, effective July 1, 2011. Dr. Bandiera is an experienced clinician-educator and brings significant expertise to the oversight of CARMS, the POWER system, PGME's strategic plan, internal reviews, and accreditation.

We are also very fortunate to be able to expand our support services for POWER as well as our capacity for PGME research. Ms. Khushnoor Adatia joined PGME as a User Support Services Officer, Ms. Melissa Kennedy Hynes as a Research Coordinator and Ms. Tamara Bahr as Manag-

er, Instructional Design. Mr. Christopher Hurst has become a full-time Wellness Consultant with the Office of Resident Wellness.

PGME staff have played an integral role in the start-up of the Toronto Integrated Medical Education (T-IME) program and working groups through the T-IME project since its launch in December 2010. This new initiative comes on the heels of a very successful planning project with the Mississauga Academy of Medicine and its partner hospitals which resulted in an approved budget, a 12-year planned PGME roll-out and continued involvement in capital planning and operations to support residency education.

The Office of PGME has been instrumental in supporting new T-IME initiatives such as payments for community preceptors, integration of both PGME and UGME registration and evaluation systems (POWER and MedSIS), aligning policies and procedures, supporting learners and creating a streamlined system for faculty appointments.

Our office continues to develop online curriculum and core competency teaching through web-based e-learning PGCORed modules. The launch of CIP CORed in Fall 2011 will further the department's exceptional online resources. PGME staff maintain a high rate of involvement in medical education and wellness research projects and presentations. This fact is evidenced in Appendix B, which lists their 2010-11 participation / authorship in 18 papers, 16 posters, 9 workshops, 9 publications, as well as the FMEC-PG grant from AFMC.

We continue to forge relationships with our long-standing community hospitals and develop new relationships



with partners such as Credit Valley Hospital and Trillium Health Centre. We look to all of our community affiliates to assist with the next wave of expansion, but understand the challenges of transportation, physical infrastructure and human resources.

I would like to thank all of the staff on the PGME team for their contributions to this impressive year of innovation and growth, as well as those individuals who contributed to this report. The PGME medical enterprise at U of T maintains its status as an unparalleled learning and

teaching environment, and it is the expertise of the PGME staff, program directors, residents and academics that make this possible.

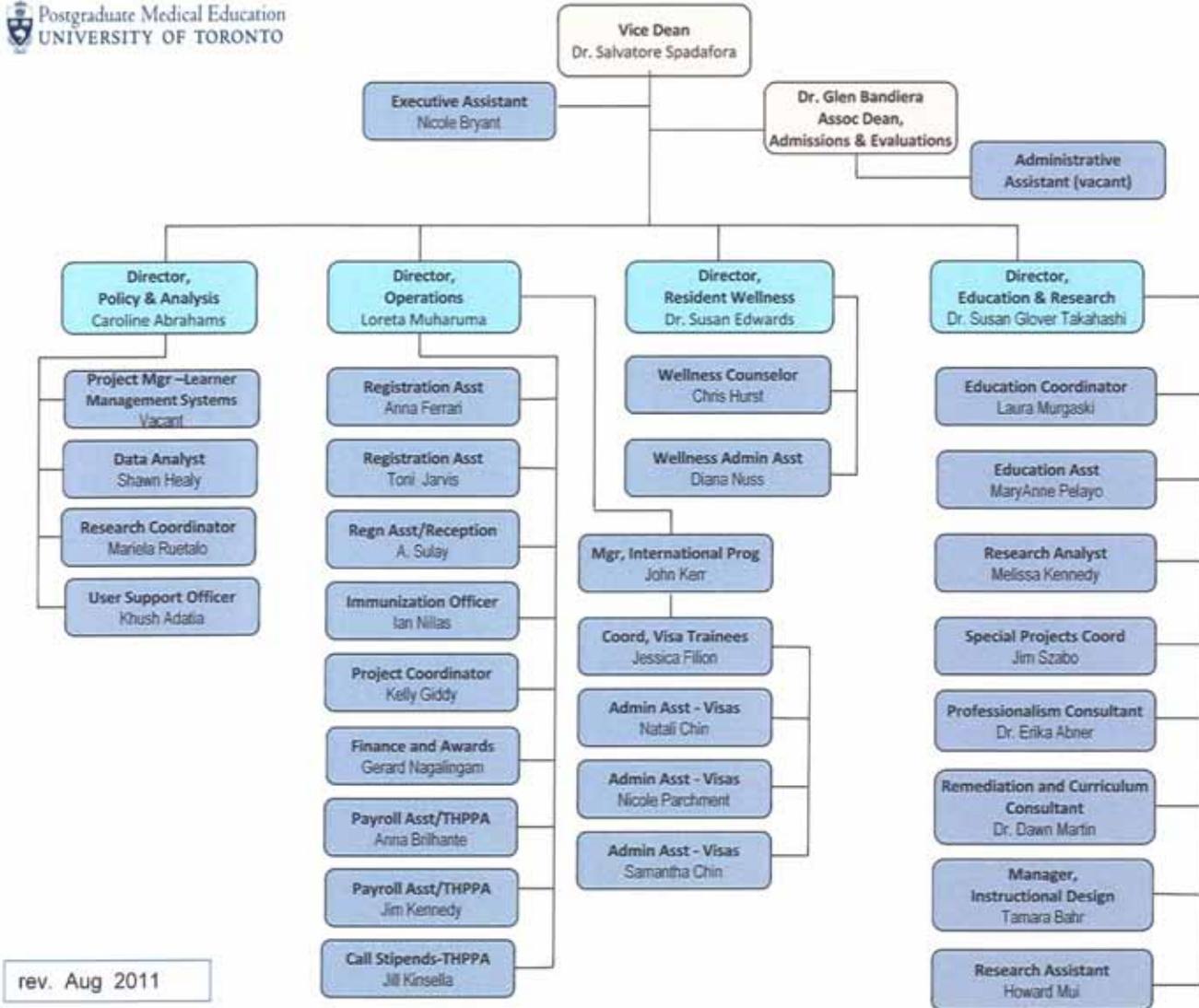
Respectfully submitted,



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

2. Overview of PGME Units

a) PGME Organizational Chart



b) Vice Dean Committees

The Vice Dean sits on a number of committees, Faculty, provincial, and national:

PGME/Faculty

- Postgraduate Medical Education Advisory Committee (PGMEAC)
- Hospital University Education Committee (HUEC)
- Internal Review Committee (IRC)
- Board of Examiners – PG
- POWER Steering Committee
- Fellowship Education Advisory Committee (FEAC)
- Dean's Executive Committee
- Education Deans Committee
- Academic Partnership Steering Committee (APSC)
- Clinical Teachers Association of Mississauga (CTAM)
- UGME Curriculum Committee
- Wilson Centre Management Committee
- SIMOne

Provincial/National

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

3. Enrolment/Expansion/Admissions

a) Growth (2006 to 2011)

As noted in **Figure 1** below, PGME had 1,876 residents and 1,124 clinical fellows registered in 74 programs across 17 Departments/Units in the 2010-11 academic session. These trainees rotated through our 30 affiliated hospitals, and innumerable clinical training sites such as doctor's offices, community health centres and clinics. The departments with the largest number of trainees (residents and fellows) are Medicine, Surgery, Pediatrics, and Family Medicine.

Using 2006-07 as our base, **Figure 2** shows an overall

growth of 18.6% in clinical fellow enrolment, and a 28% growth in resident enrolment over that 4 year period.

As **Figure 3** shows below, further growth is forecast for PGME with 10 additional Family Medicine positions in 2012-13, and specialty programs expanding by 10 to 12 positions over the next two years. As noted previously, expansion in specialty areas is part of a new agreement between Ontario medical schools and the Ministry of Health and Long-Term Care, committing to the addition of 75 specialty intake positions over five years.

Figure 1

UofT PGME Enrolment, 2010-11
 Fellows and PGYs, by department

DEPARTMENT	FELLOWS	PGYs	TOTAL
Anesthesia	101	105	206
Community Medicine	0	35	35
Critical Care	35	21	56
Diagnostic Radiology	90	74	164
Family Medicine (FM)	9	346	354
Laboratory Medicine	23	60	83
Medical Genetics	4	9	13
Medicine	268	492	754
Obstetrics & Gynecology	37	68	105
Ophthalmology	30	28	58
Otolaryngology	21	27	48
Pediatrics	210	154	364
Pediatric Critical Care	18	2	20
Palliative Medicine	1	3	4
Psychiatry	48	171	219
Radiation Oncology	33	26	59
Surgery	199	264	462
Total	1124	1876	2991

Figure 2

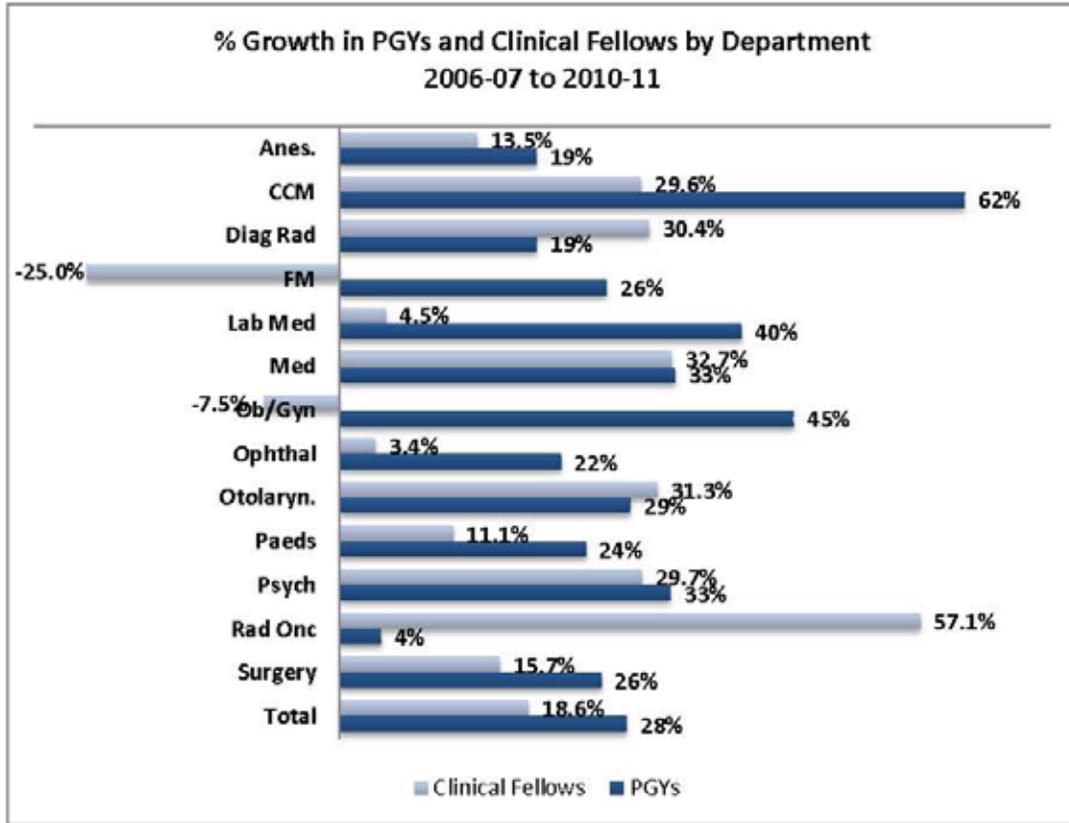
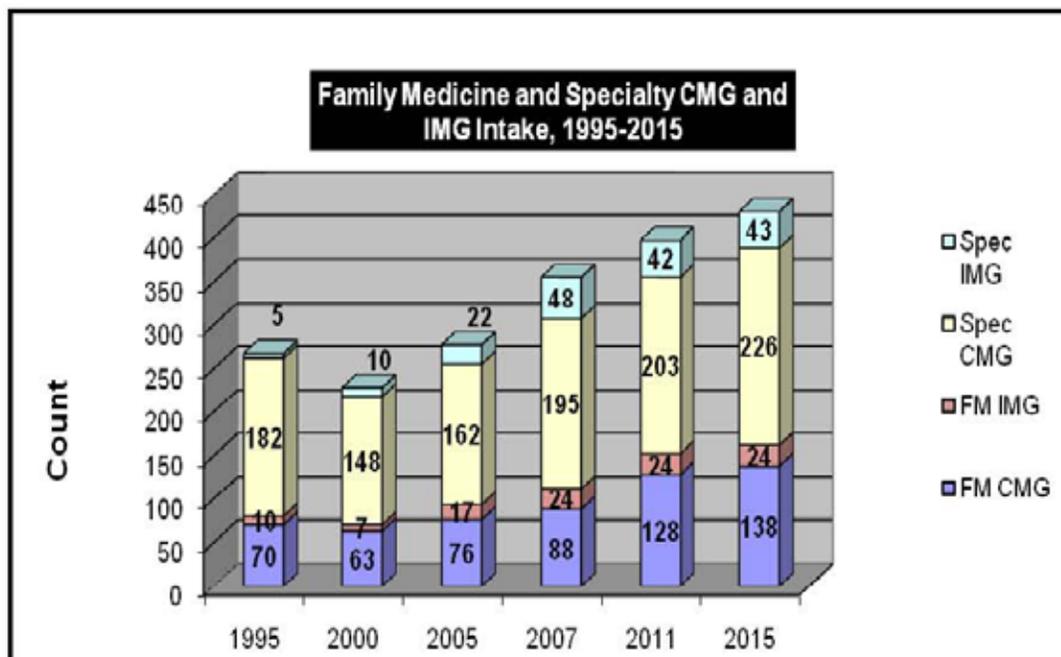


Figure 3



“The University of Toronto has the best track record in the country in the annual national PGY1 CaRMS match,”

b) Quota Allocations

The Quotas Allocation Subcommittee of the Postgraduate Medical Education Advisory Committee (PGMEAC) was established in 2006 to develop a systematic method with fair and objective criteria for planning our physician intake and subsequent output. The Committee’s Terms of Reference outline a transparent and competitive process for the allocation of residency positions taking into account: a program’s past and current quotas; teaching faculty/preceptor capacity and availability; infrastructure and administrative support; previous CaRMS application numbers and match performance; accreditation status; and, societal need on a provincial, national, and global level.

The Quotas Allocation Subcommittee meets 1 to 2 times over the Summer and Fall to consider requests for changes in PGY1 quotas. The subcommittee also considers quotas for subspecialty positions in Medicine and Pediatrics, and the enhanced skills program in family medicine.

The MOHLTC in partnership with the Ontario Medical Association hired the Conference Board of Canada to develop a needs-based simulation model to project future supply of and need for physicians in Ontario. It compares the supply of physician services to the population’s need for health services to quantify a gap in services and translate the gap into a physician requirement. As part of PGM:COFM, UofT PGME (via the Quotas Allocation Subcommittee) will work with the government to focus development on those specialties required to meet societal demand.

c) CaRMS Performance

Admission to most residency programs at U of T PGME occurs through the national Canadian Resident Matching Service (CaRMS). CaRMS currently runs matches for the following areas: PGY1 Entry programs in March; Medical Subspecialty programs in November; CCFP-EM positions in December; and, Pediatric Subspecialty positions in June.

The largest match is the PGY1 match in March. The University of Toronto has the best track record in the country with zero to very few vacant positions after the first iteration. As indicated in Figure 4, no other medical school in Canada has had this kind of success despite increasing quotas each year since 2005.

Figure 4

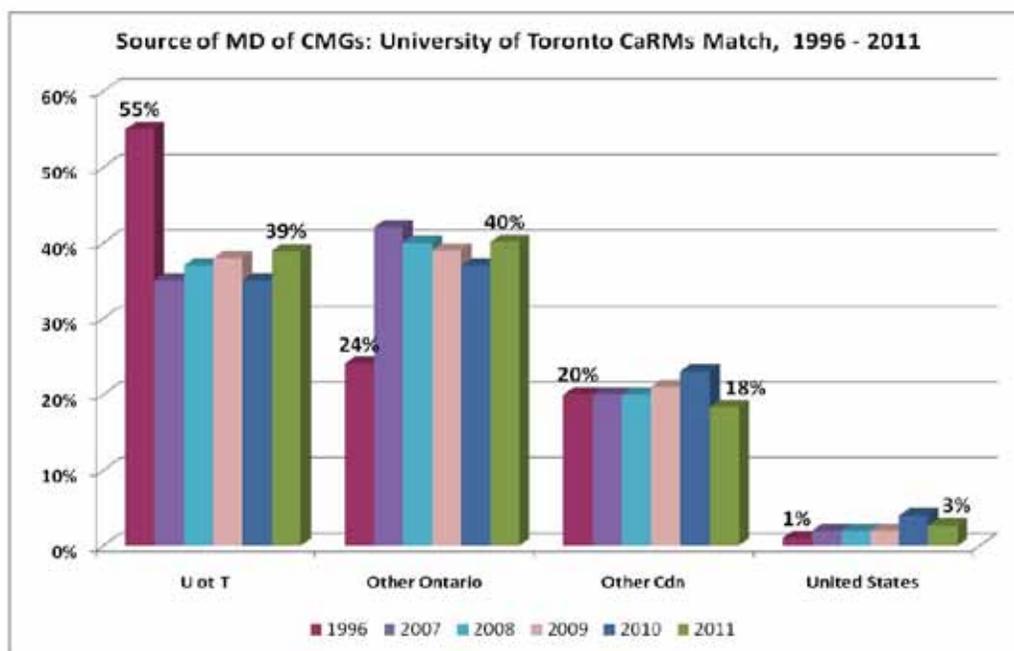
**CaRMS Match Performance 2006-2011
Vacancies after First Iteration - CMGs and IMGs**

Year	Toronto	Other Ontario Universities	Total Canadian Universities (incl. Ont)
2011	2	93	303
2010	0	93	302
2009	0	64	320
2008	1	61	250
2007	0	76	296
2006	5	70	208

Figure 5 below presents Canadian Medical Graduates by school of medical degree, and shows that the % of medical students drawn from UofT in the match has remained steady over the last few years.

In the CARMS 2011 match to U of T PGME, 39% were from UofT UGME, 40% from other Ontario medical schools, 18% from other Canadian medical schools, and 3% from the U.S.

Figure 5 Source of MD: CMGs



d) Medical Trainee Days and Hospital Affiliates

As of 2011, the Faculty of Medicine had 30 affiliated teaching sites. **Figure 6** lists our teaching facilities

within the full, community and special care community affiliate categories.

Figure 6

Full Affiliates	Community Affiliate	Community Affiliate – Special Care
<ul style="list-style-type: none"> • Baycrest • CAMH • Holland Bloorview Kids Rehab Hosp • Mt. Sinai • St. Michael's • Sick Kids • Sunnybrook • Toronto Rehab Inst • UHN • Women's College 	<ul style="list-style-type: none"> • North York General • Toronto East General • St. Joseph's Health Centre • Credit Valley, Mississauga • Humber River Regional • Trillium, Mississauga • Southlake, Newmarket • Royal Victoria, Barrie • Lakeridge, Oshawa • Scarborough Hospital • Markham-Stouffville 	<ul style="list-style-type: none"> • Bridgepoint Health • George Hull Centre • Hincks-Dellcrest • Providence Healthcare • St. John's Rehab • Surrey Place • West Park HC Centre • Ontario Shores Centre for Mental Health Sciences • Penetanguishene Mental Health Centre

Medical Trainee Days (MTDs) are becoming an increasingly important measure of teaching activity in both our full and community affiliated hospitals. The data is tracked by individual hospitals according to standards set by the MOHLTC. The information is then used by the Ministry in the overall hospital funding formula and, more recently, it has also been used to determine funding for overhead and additional expenses related to teaching in community affiliates.

“PGME at the University of Toronto is the leading contributor of new graduate physicians entering practice in Canada and Ontario each year.”

MTDs are tracked for medical students, residents and fellows according to their level of training, the medical school of registration, hospital, training program, and rotation service.

There are over 1 million teaching days at U of T’s full and community affiliates, including over 865,000 trainee days for residents and fellows. Figure 7 below shows that trainee days for UofT PG residents and fellows represent over 30% of all PG trainee days in Ontario hospitals. In 2009-10, the majority of those PG trainee days occurred at the University Health Network (289,346), St. Michael’s Hospital (171,000), Sunnybrook (166,000), Sick Kids (155,000), and Mt. Sinai (152,000). Figure 8 reveals that an increasing number of training days are also occurring in community affiliate hospitals.

Figure 7

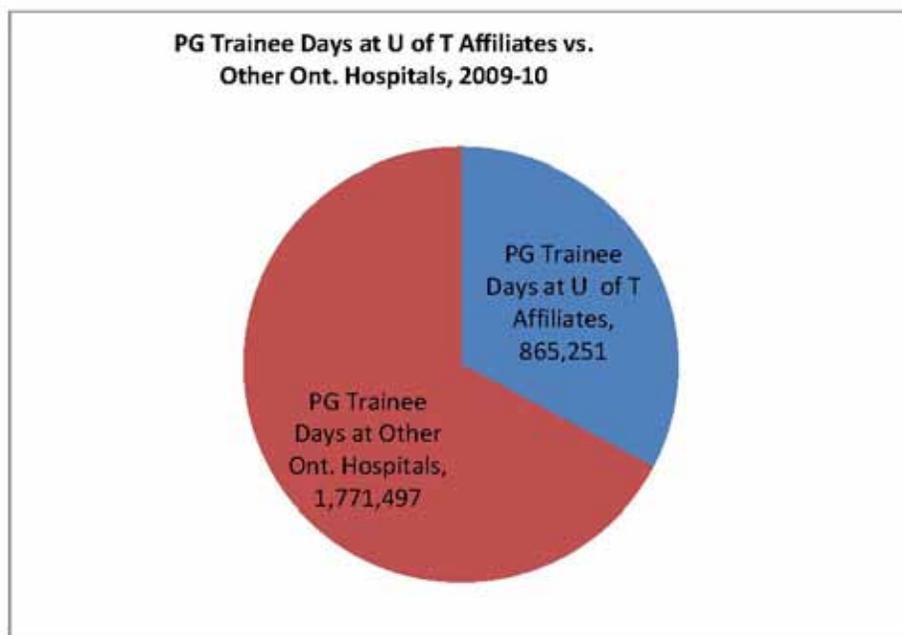
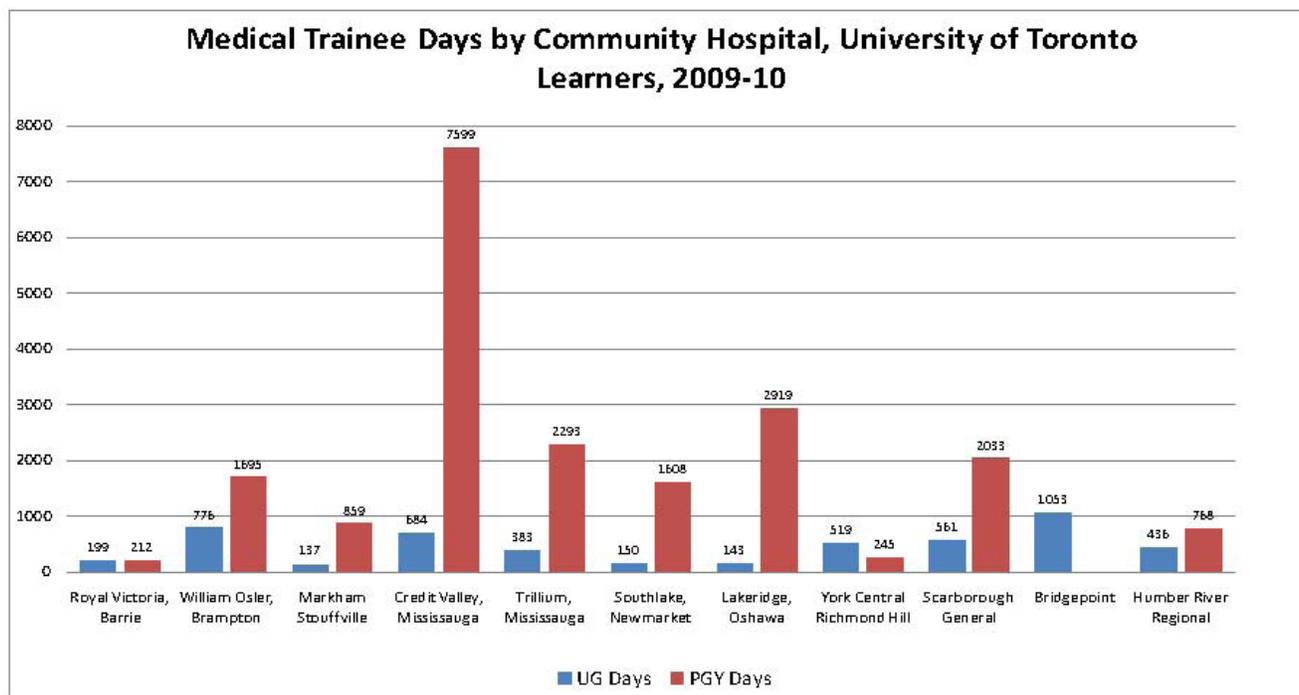


Figure 8

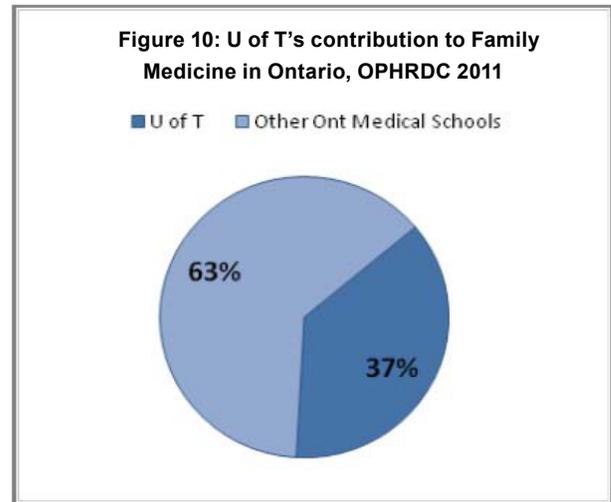
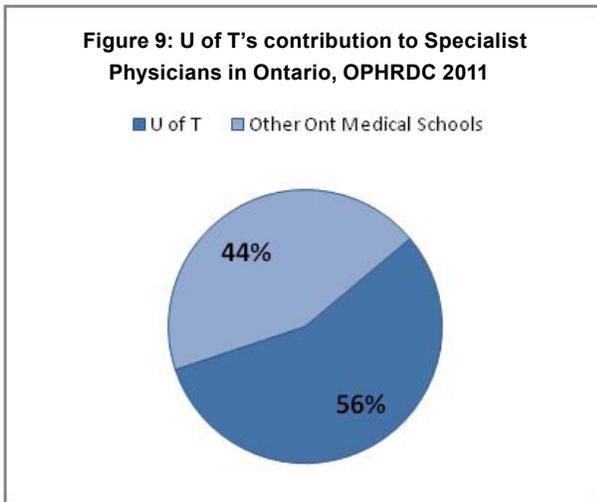


e) Contribution to Physician Supply

PGME at the University of Toronto continues to provide the majority of new graduate physicians entering the Canadian and Ontario practice pool each year. In 2010, it is estimated that the practice entry cohort exiting our programs was 427 (19%) of the total practice entry cohort from all Canadian medical schools. The next highest contributors are UBC at 11% and the University of Montreal at 9% (CAPER 2011).

As of 2010 in Ontario, graduates from the PGME programs at the University of Toronto represented 56% of active specialists and 37% of active Family Physicians (**Figures 9 and 10**).

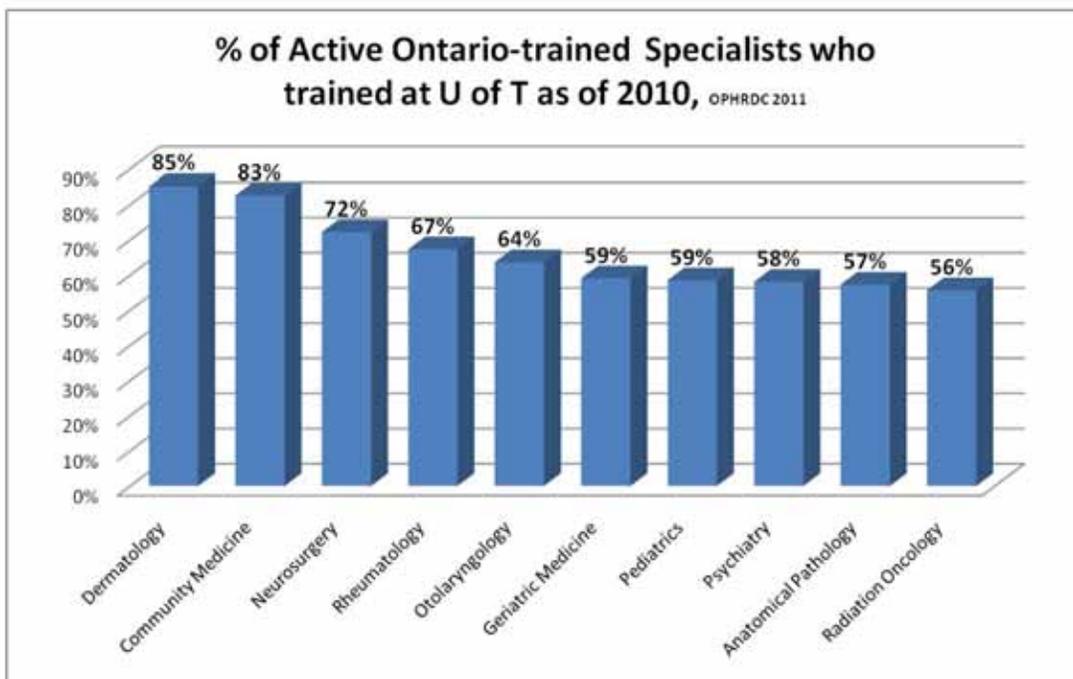
Figure 9 and 10



With 70 RCPSC accredited specialty programs, the University of Toronto has also made a significant contribution to the supply of selected specialties in the province, with many of the areas having been deemed high priority by the MOHLTC based on population needs. For example, as of 2010, approximately 85% of active Ontario-trained dermatologists, 83% of active Ontario-trained Community

Medicine specialists, and 72% of active Ontario-trained neurosurgeons were graduates of the U of T residency programs.

Figure 11 illustrates the percentage of active Ontario-trained specialists who did their training at the University of Toronto as of 2010.



f) 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 878 visa trainees registered with the PGME Office as research fellows, clinical fellows or residency trainees in 2010-11. These trainees originated from over 60 different countries. Ten countries – Saudi Arabia, U.K., India, Israel, Australia, Japan, Brazil, Ireland, U.S.A. and Kuwait – accounted for more than half of all visa trainees enrolled in 2010-11.

Sponsored Visa Trainees

Sponsorship funding supported 197 of the 878 visa trainees. The Saudi Arabian Cultural Bureau funded two-thirds of all sponsored trainees (133 of 197 trainees).

The total intake of new sponsored trainees for 2010-11 was 71 (18 new residents and 53 new fellows). This number represents a drop of 9% from 2009-10, when 78 new sponsored trainees were registered, but still ex-

ceeds the intake of any other year since 2001. The new sponsored trainees for 2010-11 each paid the tuition rate of \$65,000 per annum. Fellowship appointments, which are normally no more than two years in duration, made up almost three-quarters of the new intake (53 of 71 new trainees)

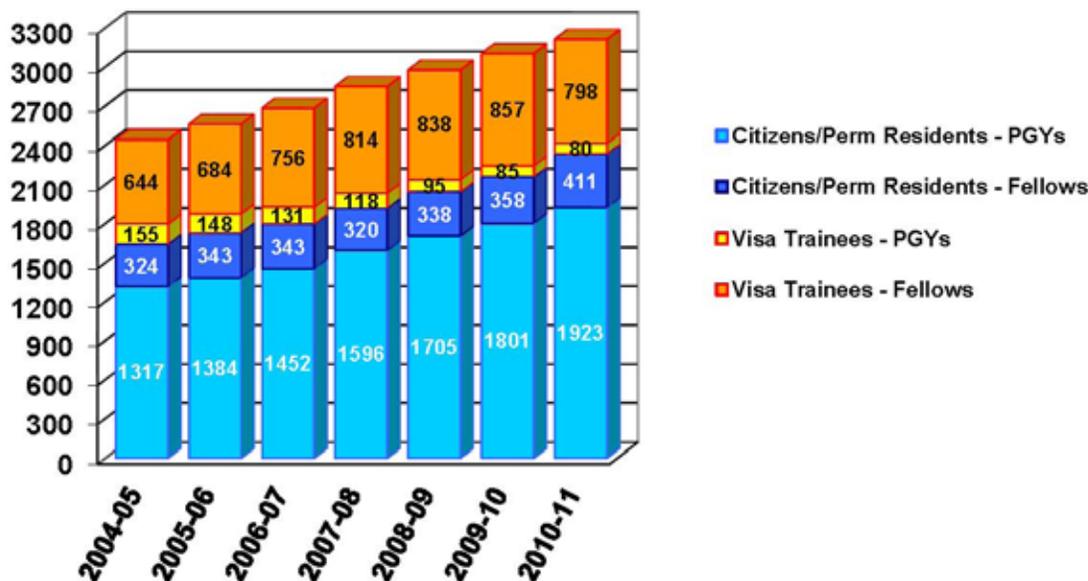
The Saudi Bureau accounted for 85.9% of the new sponsored trainee intake for 2010-11 (61 of 71 new sponsored trainees, including 11 new residents and 50 new fellows).

Application and Acceptance of Sponsored Trainees for 2011-12

To date, Saudi Bureau sponsored applicants have accounted for 75.5% of all residency applications (308 out of 408) and 84.7% of all fellowship applications (249 out of 294) for 2011-12.

The number of sponsored applicants accepted for 2011-12 currently stands at 80, a record intake of new sponsored trainees. These trainees will each pay the new tuition rate

Figure 12 records trainee registration by citizenship (2004 to 2011)
Canadian Citizens / Permanent Residents vs. Visa Trainees



of \$75,000 per annum, a 15% increase over the 2010-11 rate of \$65,000 per annum.

Visa Trainees as a Proportion of Total PGME Enrolment:

Excluding electives, visa trainees in 2010-11 represented 27.3% of the total PGME enrolment (878 of 3212 trainees). Internationally sponsored residency trainees made up 4.0% of the total enrolment of residency trainees (80 of 2003 residents).

Enrolment of Canadian citizens and permanent residents in residency training programs has increased while the enrolment of sponsored residents has declined. In addition, enrolment of sponsored trainees has shifted from residency to fellowship training.

g) Integrated Medical Education

Review of DME/IME in Toronto

In August 2009, Drs. Joanna Bates from UBC and Carol Herbert from UWO conducted an external review of distributed medical education (DME) for the Faculty of Medicine at the University of Toronto. The report was circulated to Clinical Chairs, members of HUEC, and Program Directors in October 2009. The report made a number of recommendations related to vision, structure and coordination, funding, process of affiliation and research, as well as specific recommendations related to the expansion of learners in Mississauga.

On June 9, 2010, the Dean hosted a workshop of Clinical Chairs to confirm principles and priorities for Integrated Medical Education (IME). The workshop was important as it outlined the way forward with multiple IME initiatives.

Three summits with CEOs and Vice Presidents of Medical Education/Medical Affairs from U of T's community hospital affiliates were held in late 2010 and early 2011 to formalize the "value proposition" of a dedicated IME program. These summits addressed preceptor funding programs, faculty appointment processing and faculty development.

Toronto Model of Integrated Medical Education (T-IME) Project

In December 2010, the T-IME (Toronto model of Integrated Medical Education) project was formally established. Chaired by the Deputy Dean as the Dean's representative, the T-IME Steering Committee commenced operations in January 2011. T-IME initially focused on the full affiliates and the five primary community affiliates (Credit Valley Hospital, Trillium Health Centre, Toronto East General Hospital, North York General Hospital and St. Joseph's Health Centre), with a graduated phase-in of the remaining community affiliates.

The primary goals of the T-IME project are two-fold:

- Establish and implement a sustainable framework for integrated medical education (IME);
- Develop and implement an accountability framework to support integrated medical education that flows with the learner and teacher, and is across programs rather than across sites.

Eight working groups met on a regular basis and started on a range of short and long-term deliverables in the areas of Finance; Key Performance Indicators; the Learner Experience; Policies and Procedures (educational environment); CEPD and FD; Faculty Appointments and Promotions; Power/MedSIS; and, IT Connectivity. Membership included PGME staff, Vice Deans, as well as senior-level representatives from the University, full and community affiliated hospitals.

T-IME accomplishments to date, related to PGME, include:

- Signing of a Transfer Payment Agreement (TPA) with the Ministry of Health in March 2011 to fund IME activities, in particular, preceptor funding. A total of \$1,000 per learner block was made available for eligible teaching, retroactive to January 2011. The funding was identified as "following" the learner, rather than the faculty member or clinical department.
- Formal agreements with 12 community hospital affiliates and an additional 7 community agencies. The agreements address issues related to education in the community and preceptor payment.
- Over 500 new, part-time faculty appointments since January 1, 2011 in community affiliated hospitals.

The T-IME Project has also allowed the Faculty of Medicine to:

- Provide a focus for attention to the accreditation standards (in both UGME and PGME), particularly through the Policies and Procedures and the Learner Experience Working Groups.
- Create an opportunity to review and update the affiliation agreements in order to incorporate the adoption of integrated medical education strategies at affiliate hospitals.
- Develop a mechanism for bringing strategies around integrated medical education into the Faculty of Medicine's strategic planning process.
- Provided a forum, through the Steering Committee, for networking and building working relationships between the Faculty of Medicine and its medical education stakeholders.

The Office of Integrated Medical Education (OIME) works closely with staff from PGME to implement preceptor payment systems as well as other strategic initiatives, and to provide support to working groups.

The Office of Integrated Medical Education (OIME)

The Office of Integrated Medical Education (OIME) was formally established in mid-April 2011 with the recruitment of Wendy Kubasik as Manager of OIME. This position reports formally to the Deputy Dean as the Dean's representative. The OIME office works very closely with staff from PGME to continue to implement preceptor payment systems as well as other strategic initiatives, and to provide support to working groups.

PGME has received one-time resources from the MOHLTC to fund infrastructure and equipment that will support specialty expansion, and particularly to facilitate PGME expansion in the community.

Infrastructure Investments

In addition to the T-IME initiatives, PGME has received one-time resources from the MOHLTC to fund infrastructure and equipment that will support specialty expansion, and particularly to facilitate PGME expansion in the community.

The Ministry of Health provided approximately \$940K of funding in 2010-2011. The majority of funding was directed towards video-conferencing equipment at both full and community affiliates and to selected residency program administrative offices to enable communications and education from a distance. Additional funding was also secured to support equipment at CVH and THC. This funding will help to support more residents in those sites and to create investments in the community preceptor tracking system.

Looking ahead to 2011-12, a further \$2.8M is anticipated in support of further equipment and infrastructure investments.

h) FEAC and Fellowship Survey

The Fellowship Education Advisory Committee (FEAC) meets quarterly under the Chair, Dr. David Latter. The FEAC is advisory to the Vice Dean of PGME regarding the oversight of fellowship programs and it maintains guidelines and procedures related to clinical fellows. FEAC membership includes representatives from fellowship programs and affiliated hospitals/HUEC, clinical fellows, and PGME staff.

To date, two surveys of clinical fellows at U of T have been conducted to gather information on their views about registration, the quality of their education, remuneration, intimidation and harassment, and future plans. Very high response rates were obtained on both surveys, which has led to a number of related FEAC initiatives.

Accomplishments of the FEAC include:

- Producing an orientation booklet in hard copy and on-line as a resource for new clinical fellows.
- Creating an online fellowship forum to facilitate exchange of information and networking among U of T clinical fellows across programs.

- Creating formal guidelines for the remuneration of clinical fellows.
- Developing a centrally-issued U of T certificate for clinical fellows that reflects the standards of the University's diploma parchment (hologram, numbered document and pre-sealed).
- Providing input to the RCPSC on its Enhancing Specialist Competence initiative (such as Diplomates, SIGMA, etc).
- Participating in CPSO policy consultation and presenting the findings of the FEAC's 2010 Survey of U of T Clinical Fellows to the CPSO.

4. Research and Education

a) PGCORed, CIPCORed and Portal

PGCORed™

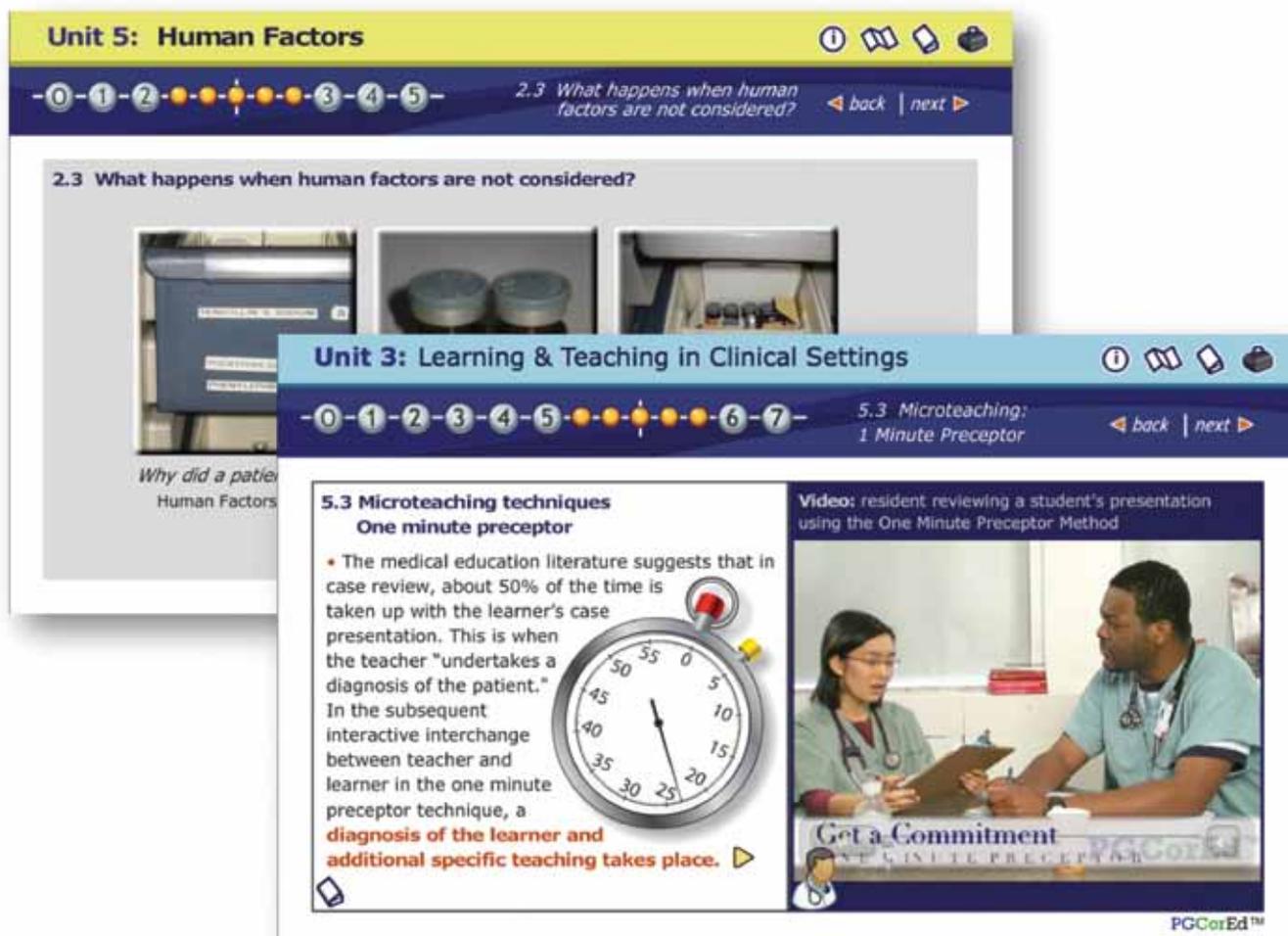
Effective July 1, 2008, all University of Toronto residents entering PGY1 are required to complete the web based PGCORed™ core competency modules as part of their residency program certification. The first set of modules, those launched in July 2011 and those anticipated for launch in 2011-2012 are depicted below in **Figure 13**.

Figure 13

PGCORed™ MODULE	LAUNCHED 2008 – 2010	LAUNCHED July 2011	LAUNCH 2011-12
Resident as Manager	✓		
End of Life Care	✓		
Communicator 1: Communication Basics	✓		
Communicator 2: Essentials for Communication	✓		
Resident as Learner and Teacher	✓		
Patient Safety		✓	
Resident as Professional		✓	
Resident as Collaborator			✓
Resident as Health Advocate			✓

The modules must be completed before the end of the PGY2 year. Failure to complete all of the required modules delays the resident's promotion to the next training level or completion of the Final In-Training Evaluation (FITER) and may also constitute professional misconduct.

PGCORed™ modules focus on generic foundational competencies linked to the CanMEDS roles; in particular, the non-Medical Expert roles. The content of the modules is targeted at PGY1 and PGY2 residents and aims to help the PGY1 in transition from their role as a learner in medical school to the practitioner role.



CIPCorEd

The PGME office, together with Dr. Norman Rosenblum, Program Director Clinician Investigator Program (CIP), and a team of CIP faculty and trainees, are working on the development of CIPCorEd.

CIPCorEd is a web-based e-learning module which will create a community of practice for the Clinician Investigator Program. The module will also provide educational materials for 'generic' content regarding grant writing, collaboration in research and other foundational topics. This module will be available when and where the Resident needs the information such that it is responsive to practical realities.

“Web based CIPCorEd is a web-based e-learning module which will create a community of practice for the Clinician Investigator Program.”

Phase I - Units to be launched in Fall 2011:

- Grant Writing
- Preparing Your CV and Teaching Dossier
- Manuscript Writing

Phase II – Units to be launched early 2012:

- Research Ethics
- Knowledge Translation

- Teaching and Mentorship in Research Teams

Phase III – Units to be launched late 2012-13:

- Collaboration in Research
- Presentations
- Leading/ Managing a Research Program
- Career Planning

University of Toronto Learning Portal

The U of T Learning Portal continues to serve as an on-line teaching and learning environment for all 74 PGME programs and as the delivery platform for PGCORed™ to PGY1 entry programs.

b) Future of Medical Education in Canada (FMEC-PG)

Background

The Association of Faculties of Medicine of Canada (AFMC), the College of Family Physicians of Canada (CFPC), le Collège des médecins du Québec (CMQ) and the Royal College of Physicians and Surgeons of Canada (RCPSC) formed a coalition (the Consortium) to undertake The Future of Medical Education in Canada (FMEC) Project. The overall goal of the project was to conduct a thorough review of medical education in Canada based on society's present and future needs in order to promote excellence in patient care through reform of the medical education system where necessary and essential.

The FMEC Postgraduate (PG) Project was built upon the evidence and momentum generated by the FMEC MD Education Project (August 2007-March 2010) as it explored the highly interrelated postgraduate medical education environment. The goals of the FMEC PG project, were to conduct a thorough review of PGME in Canada, establish whether the structure, content and processes of the current system are designed for the best possible outcomes to meet current and future societal needs, and formulate recommendations for change. A comprehensive environmental scan was conducted as part of this project to establish a firm evidence base for the FMEC PG Steering Committee's

recommendations.

The environmental scan was conducted by a coalition of the University of British Columbia (UBC), the University of Toronto (U of T) and McGill University (McGill), led by Dr. Sarita Verma, Deputy Dean of the Faculty of Medicine at the University of Toronto, as Lead Investigator. Dr. Verma worked in close collaboration with co-investigators Dr. Kamal Rungta, Associate Dean of PGME, and Dr. Joanna Bates, Director of the Centre for Health Education Scholarship at UBC; Dr. Salvatore Spadafora, Vice Dean of PGME, and Dr. Susan Glover Takahashi, Director, Education and Research of PGME, at U of T; and Dr. Sarkis Meterissian, Associate Dean of PGME at McGill University. Collectively, this team is referred to in this report as the Environmental Scan Consultant (ESC) Group.

Methodology

The ESC group was directed to gather evidence in two ways: preparing commissioned papers on an approved list of topics and conducting interviews of key informants. The resulting evidence would then be reported in a synthesized report. For both the commissioned papers (using the draft papers as of January 2011) and the key informant interviews (using a coding book of compiled quotations from the collection of interviews), the research team interpreted the results using both grounded theory methods and deliberative inquiry methods using two separate two-day structured workshops. For each research stream, a broad group of researchers, including representatives of the FMEC PG Steering Committee, developed a consensus view of the key messages from each of the commissioned papers and the themes across the papers and the key informant interviews.

“Residents are tomorrow’s physicians, and it is PGME’s responsibility to support these learners in their professional and personal needs and aspirations.”

Limitations

For the key informant interviews, the use of purposeful sampling can create a source of bias as the interviewees identified may not best represent a particular stakeholder group. Efforts to have multiple interviewees from each stakeholder group likely moderated this risk. Additionally, another limitation was presented with the iterative group writing process that was used. This iterative process was mostly asynchronous and electronic, which imposed limits on the ease of examining alternate or conflicting solutions.

Findings

The primary message from the commissioned papers and the key informant interviews was the importance of re-orienting the PGME system to produce physicians who can meet societal needs for patient-centered, collaborative and safe care in the medical disciplines and practice locations that are most needed.

Educational practices and decision making within PGME need to constantly question how their decisions will affect future patient care. The system needs metrics at the local, regional, provincial and national level to measure how well the outcomes of PGME are aligned with societal needs.

Overall, there was a high degree of congruence among the themes from the commissioned papers and the key informant interviews. The first of the three broad themes supported by both research streams was the need to foster a PGME system that is focused on meeting societal needs. Secondly, the research found that the complexity of governance within PGME and the complex and changing educational workplace appear to be functioning effectively. However, the partnerships and collaboration required to support effective and transparent operation of the PGME system, where no single organization has authority over the many stakeholders within the system, is time consuming. Finally, residents are tomorrow's physicians, and it is PGME's responsibility to support these learners in their professional and personal needs and aspirations.

c) Internal Reviews/Accreditation – IRC

The Internal Review Committee is on target to complete all internal reviews and re-reviews by January 2012. To date:

Members of the Internal Review Committee are listed below:

IRC Faculty Members

Ari Zaretsky (Interim Chair), Linda Sugar, William Chapman, Wayne Gold, Craig Fielding, Sari Kives, Ron Kodama, Tony Mazzulli, Barbara-Ann Millar, Linda Probyn, Rayfel Schneider, Cynthia Whitehead, Ian Witterick, Roy Wyman

IRC Resident Members

Lisa Barrett (PGY5), Saswata Dab (PGY2), Meredith Giuliani (PGY4), Saroo Sharma (PGY4), Christopher Sulowski (PGY 5)

Family Med-IRSC Faculty Members

Leslie Nickell (Chair), Linda Sugar (Deputy Chair and IRC Liaison), Roy Wyman, Cynthia Whitehead, Risa Freeman, Brian Cornelson, Paul Philbrook

Family Med-IRSC Resident Members

Deana Hathout (PGY 3), Gaurav Puri (PGY2)

The following table lists the tasks and status of the current Internal Review process:

Internal Review Cycle as of June 1, 2011:

	Completed
Routine mid-cycle reviews of RCPSC programs	58
Routine mid-cycle reviews of CFPC programs/ training sites	12
Update reports of RCPSC programs received	12
Follow-up reviews of RCPSC programs	10

Summary of IRC Recommendations	
<i>Of Royal College Programs reviewed</i>	
Update reports	35
Follow-up reviews requested	19
No further action required	16
<i>Of Family Medicine Program/ Training Sites Reviewed</i>	
Update reports requested	6
Follow-up review requested	2
No further action required	2

Upcoming Activities	July 2011 to Jan 2012
Routine mid-cycle internal reviews of Royal College programs	12
Update reports of Royal College programs	23
Follow-up reviews of Royal College programs	8
Routine Family Medicine program/training site reviews	6
Follow-up Family Medicine training site reviews	2
Update reports from Family Medicine training site	6

d) Board of Examiners

The Board of Examiners – Postgraduate Programs (BOE-PG) is a committee of faculty and residents appointed by Faculty Council and is currently chaired by Dr. Pamela Catton. At the request of a Program Director and the Vice Dean of Postgraduate Programs, the BOE-PG reviews the cases of residents in academic difficulty to decide the course(s) of action, which may include remediation, remediation with probation, probation, or suspension and dismissal. The assessment of a resident’s performance may include the evaluation of the resident’s academic, behavioural, ethical and professional performance in their resi-

“The number of new cases and the volume of reports for review by the Board of Examiners have increased this academic year. The rate of successful completion of remediation remains steady.”

dency program, or the evaluation/recommendation from an independent process.

The PGME Education and Research Unit, under the direction of Dr. Susan Glover Takahashi and with the addition of two educational consultants, continues to offer support and educational expertise to programs in the plan-

ning of remedial programs. The Education and Research Unit also provides teaching and assessment resources to assist Program Directors with remedial programs, as well as direction for skills coaching resources related to communication and professionalism.

Summary of BOE Activity as of June 24, 2011

BOE ACTIVITY	2008-09	2009-10	2010-11 (to June 24, 2011)
Meetings	9	8	11
Reports reviewed (Remediation Requests, Updates)	28	29	53
CASE VOLUMES	2008-09	2009-10	2010-11 (to June 24, 2011)
New Cases	13	14	19
Active Cases (new + ongoing at year end)	11	14	12
OUTCOMES	2008-09	2009-10	2010-11 (to June 24, 2011)
TOTAL Closed Cases	18	9	18
▪ Successful Completion	11	8	15
▪ Resignation	5	1	2
▪ Transfers	2	0	0
▪ Dismissal	0	0	0
▪ Appeals	0	0	0
▪ Other Outcome	0	0	1

e) Highlights from workshops and faculty and program development

The bi-annual meetings for program directors and Family Medicine site directors continue to be held by the PGME Office as opportunities to inform, update and advise our program leaders about PGME activities and pertinent issues. The **All Program Directors & FM Site Directors Meeting** held in December 2010 provided helpful “do’s” and “don’ts” in the completion of Final In-Training Evaluation Reports (FITERs) and addressed common issues relating to leaves of absence and waivers of training. Health Force Ontario delivered a presentation on Practice Ontario, which is a Resident Career Assistance Initiative. The presentation informed program and site

directors of available services offering career guidance to their residents.

The **New Program Directors Development Meeting** of October 2010 was held to assist program directors with their new roles and introduce them to the culture of Postgraduate Medical Education. Topics covered at this meeting included admissions, evaluations and the POWER system, accreditation and internal reviews, tips for CanMEDS documentation and evaluations, and the pearls and pitfalls of the program director role.

Other faculty development opportunities offered this year included a half-day **Family Medicine Internal Review Workshop** for Family Medicine site directors. The work-

shop was intended to orient site directors to the internal review process and their roles, and to share best practices in document writing and management. The Building Interactive e-Learning Modules Workshop offered faculty members resources and strategies for building interactive e-learning modules and provided a forum for sharing PGME's approach to building interactive e-learning modules. Attendees engaged in activities designed to help blueprint their own processes for building e-learning materials.

In addition to faculty development, the PGME office continues to offer 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 roles as chief resident, manager, leader and teacher. This year trainees attended presentations and workshops focused on leadership & mentorship, conflict resolution, resident wellness, and best practices, tips and strategies for providing feedback.

Workshop and Faculty Development Overview - 2010-11	
Family Medicine Internal Review Workshop	August 24, 2010
Chief Resident Leadership Workshop	August 26, 2010
New Program Directors Development Meeting	October 7, 2010
All Program Directors + FM Site Directors Meeting	December 3, 2010
Building Interactive e-Learning Modules Workshop	March 15, 2011
All Program Directors + FM Site Directors Meeting	June 10, 2011

5. Resident Wellness

a) Mandate

The Office of Resident Wellness (ORW) continues to focus on a three-pronged mandate of providing services to residents in need, enhancing curricular development in physician health and wellness, and contributing to the development of scholarly work in physician health in medical education.

“The number of new residents accessing the services of the Office of Resident Wellness continues to increase each year, with a predominance of total visits drawing from PGY1 trainees.”

b) Residents Seeking Support

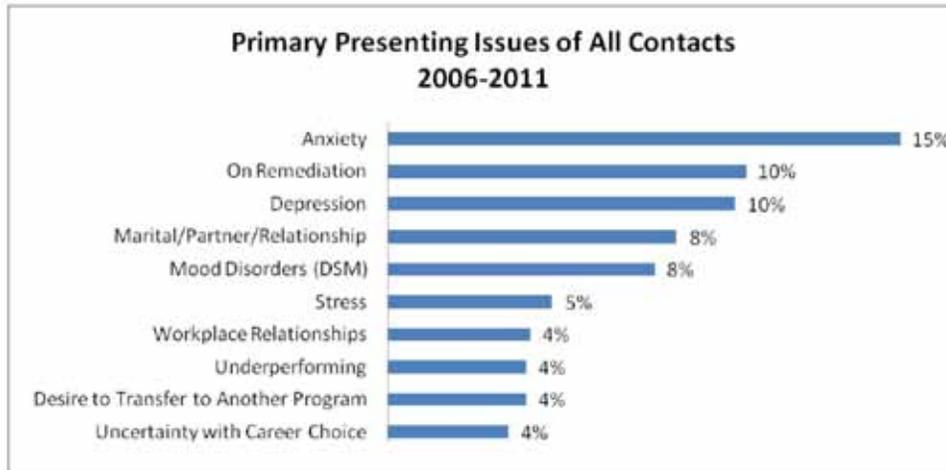
The number of new residents accessing the services of the Office of Resident Wellness continues to increase each year, with a predominance of total visits drawing from PGY1 trainees and visits declining with years of training.

The four most common reasons that residents access the services of the ORW are:

1. mental health issues, including stress;
2. academic difficulty;
3. career uncertainty; and,
4. relationship issues.

Figure 14 below shows the “primary” or most predominant issues of all learners accessing the Wellness Office services since its establishment in 2006, but does not include all topics.

Figure 14



c) Database Development

The development of a robust database for capturing the services provided has been useful in supporting the expansion of services.

The following tables display the number of trainees seen (**Figure 15**), the number of visits (**Figure 16**), the PGY year of clients (**Figure 17**), and the PGY year of clients at first contact (**Figure 18**) for the period 2006-2011:

Figure 15 and 16

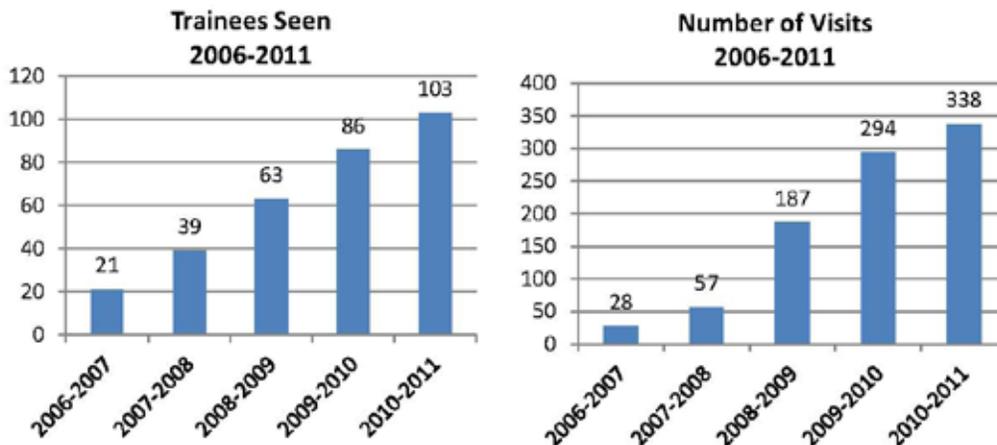
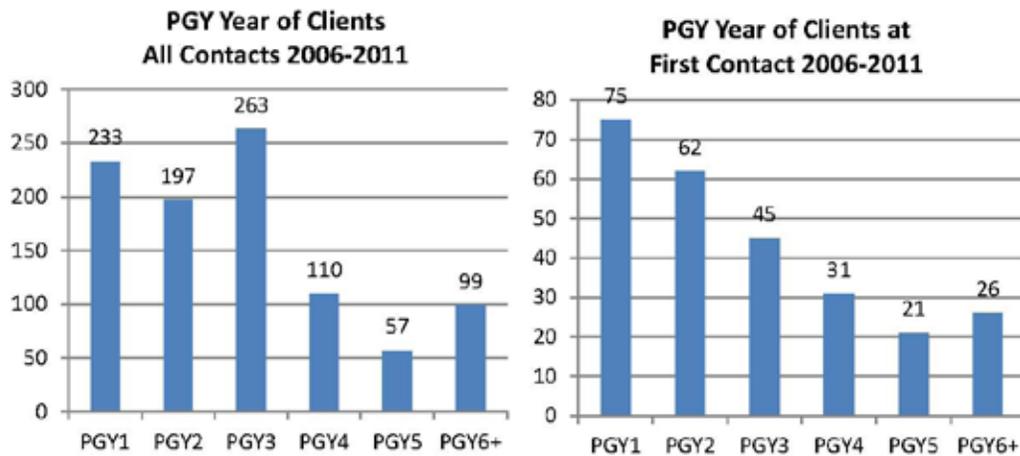


Figure 17 and 18



d) Staffing Developments

In February 2011, a full-time Wellness Consultant was hired whose duties include expanding the counseling services offered by the Office, developing and supporting postgraduate curriculum in physician health and well-being, and contributing to research and the dissemination of scholarly work in physician health education in postgraduate training.

A part-time Research Officer was hired in September 2010 (presently on maternity leave) to support the Office in its advancement of research in physician health education in postgraduate training. Considered areas of future research include the interface of mental health issues and academic difficulty, understanding challenging adaptations as learners transition through medical training, and determining effective ways of teaching positive coping skills in residency training.

e) Educational Activities

The work of the Office includes supporting program initiatives in physician health teaching, direct teaching of residents, and faculty development in the teaching of physician health.

In 2010-2011, the Office provided direct teaching through

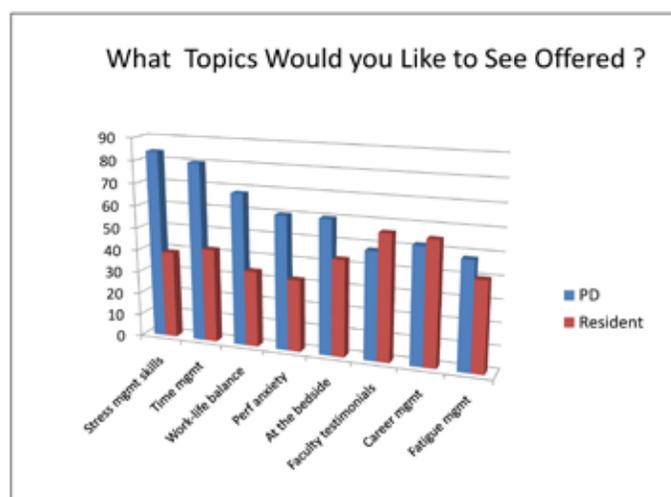
seminars and workshops on nine occasions to 5 residency programs, as well as a workshop for the Physician Assistant Program. Workshop topics included stress management, career management, work/life balance and interpersonal communication.

In keeping with the Office’s commitment to a competency-based approach to the development of coping skills for self-management, the Office organized two workshops on the theme “Building Resident Resilience: A Skills Based Approach to Coping.” A third workshop was held on Career Management led by outside presenters and supported by a \$7500 educational grant from the Ontario Medical Association. The Office also offered a three- part “Mindful Approach to Enhancing Resilience” series.

Finally, there were 3 faculty development events provided by the Office. In order to facilitate the direction of future educational initiatives, needs assessments of both residents (266 respondents) and program directors (25 respondents) were carried out. Both groups were surveyed to identify wellness programming needs, and to identify faculty leaders and champions to deliver the curriculum, particular topics of interest, and preferred formats for teaching health education content.

Survey results showed a low number of educators in departments able to deliver a physician health curriculum and a low number of curricular hours dedicated to physician well-being. Information on preferred topics and best formats for presenting wellness training has helped inform the content and delivery of our 2011-2012 wellness workshop series

Figure 19



f) Toronto Model of Integrated Medical Education (T-IME)

Dr. Susan Edwards, Director of Resident Wellness, and Dr. Leslie Nickell, Associate Dean of the Office of Health Professions Student Affairs (UGME), have been active co-leads of the T-IME Working Group on Learner Experience. The working group is tasked with implementing a sustainable framework that enhances learners’ access to clinical teaching in a wide variety of settings along the continuum of medical education.

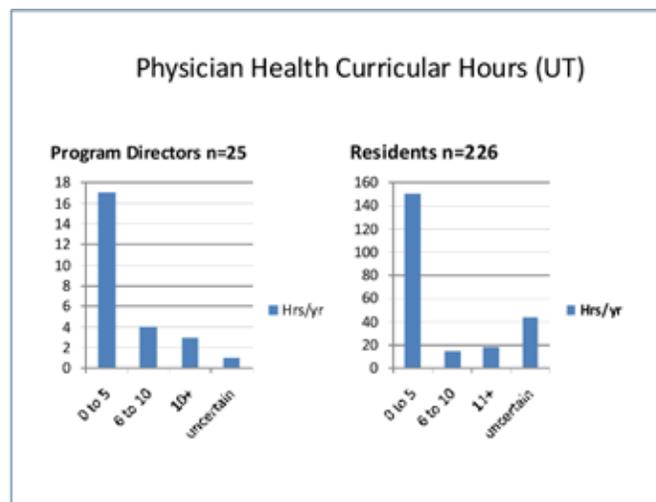
g) Contributions to national and international physician health initiatives:

The Office of Resident Wellness was particularly active this year in contributing to academic scholarship in physician health. Contributions included first authorship on two posters, one paper and two workshops at the International Conference on Residency Education of the RCPSC; and, one poster and one workshop at the AMA-CMA-

Two findings from the needs assessments are presented in the tables below.

Topics of interest are shown in **Figure 19**, and the perceived number of physician health curricular hours is reflected in **Figure 20**.

Figure 20



BMA International Conference on Physician Health. The Director was also one of the primary contributors to the RCPSC Physician Health Train-the-Trainer workshop and manual.

The Director and the Wellness Consultant contribute as members of the AFMC’s Resource Group on Physician Health and are involved in planning the academic stream of the Canadian Conference on Physician Health. The Director was also the primary author on the environmental scan paper “Resident Wellness and Work Life Balance” for the Future of Medical Education Postgraduate Medicine (FMEC PG) project.

“The Practice Ontario Pilot Partnership has connected 223 University of Toronto residents with Community Placement Coordinators.”

h) Practice Ontario Pilot Partnership

In 2009, Health Force Ontario and the PGME office initiated a unique project entitled “Practice Ontario @ UofT” to match University of Toronto residents with available jobs in Ontario. Residents are linked with Community Placement Coordinators (CPCs) who make themselves available in the Office of Resident Wellness or onsite at the resident’s training facility. To date, the program has connected two hundred and twenty-three U of T residents with CPCs, including one hundred and sixty-three since July 1, 2010.

i) Board of Medical Assessors (PGME)

In 2010, the Board of Medical Assessors – Postgraduate Medicine (BMA - PG) began to meet following the expansion of the BMA. BMA-PG is chaired by Dr. David Tannenbaum. The Director of Resident Wellness is the PGME office lead for BMA – PGME office lead providing BMA-PG support, presentation of the cases, and coordination with the Faculty Secretary regarding meetings. Four cases have been reviewed with recommendations. It is anticipated that the work of the BMA-PG will provide learning which will allow for sharing of our understanding on best practices in the accommodation of residents in postgraduate medical education.

6. Assessment and Evaluation

a) POWER

In 2010-11, there are now a number of regular evaluation reports to compare the performance of teaching sites and rotation services, as well as to inform program directors of the performance of their learners, teachers and sites.

In addition, the POWER Steering Committee has implemented a number of enhancements and projects to improve the evaluation functions and reporting for learners, teachers and administrators.

A highlight of the past 12 months has been the initiation

of several joint UGME-PGME initiatives to better integrate and co-ordinate evaluation reporting, policy and strategic directions. The following are some key activities and achievements from the last twelve months:

- 2009/10 Annual Evaluation Report

The 2009/10 Annual Evaluation report of evaluation performance by clinical service and training site has now been developed and released to Hospitals, Departments, and Programs.

- 2009/10 Program Specific Reports

The 2009/10 Residency Program Reports highlighting evaluation statistics developed by the POWER Steering Committee were sent to the postgraduate programs. The reports contain metrics relating to internal rotations only. These include:

- Evaluation completion (ITERS, RES, TES)
- ITERS Score Distribution
- Teacher and Rotation Evaluation Scores by Training Site

- Best Practices in Teacher Assessment

An implementation committee co-chaired by postgraduate and undergraduate representatives is now meeting to consider the recommendations developed by the BPTA Working Group and to identify strategies to enhance assessment of clinical teachers across both UGME and PGME.

- Lunch and Learns with Program Administrators

PGME POWER User Support Specialist hosted lunch and learn sessions from Fall 2010 to Winter 2011 to review best practices and identify common issues. Ongoing one-on-one training continues to take place organized by the PGME User Support Specialist.

- Statement on the Confidentiality and Use of Data in the Undergraduate/ Postgraduate Medicine Information Systems

A statement on the confidentiality and use of data in the UG/ PG Medicine Information Systems was developed and

approved by Education Deans for use by UGME (MedSIS) and PGME (POWER). In July, the statement will be posted for review and acknowledgement of all POWER/ MedSIS users.

- POWER/ MedSIS Development for Preceptor Tracking
Enhancements have been made to teacher profiles and the creation of a single teacher database is underway to allow for better management of teacher information. Improvements to allow for better tracking of teaching activity are currently being developed as well.
- TIME POWER-MedSIS Working Group
The POWER-MedSIS working group is co-Chaired by Dr. David Latter and Dr. Patricia Houston. The purpose of the group is to:
 - Examine the issues regarding the accuracy of the cur-

rent medical trainee days (MTDs) database for TAHSN and Mississauga hospitals, and make recommendations for an improved framework for reporting MTDs across the full and community affiliates.

- Make recommendations for a methodology (using POWER and MedSIS) for integrating reports on teaching activity, student and teacher evaluation, and student satisfaction across UGME and PGME for all sites and programs.

b) Resident Exit Survey

Each year, depicted in **Figure 21**, the PGME Office conducts a survey of all exiting Residents in the spring. Since 2004-05, we have heard from almost eight hundred and sixty exiting residents about their experience as a resident at the University of Toronto.

Figure 21

Resident Exit Survey: Response and Accuracy

	2005-06	2006-07	2007-08	2008-09	2009-10
Number of Respondents	93	110	205	224	227
Total Population	332	341	339	380	366
Response Rate	28%	32%	60%	59%	62%
Margin of Error with 95% Confidence Interval	9%	8%	4%	4%	4%

Over the last five years, we have observed high levels of resident satisfaction with the overall education experience (81% rated excellent or very good), including high quality of patient care experiences (83% rated excellent or very good) and a good mix and diversity of cases (81% rated excellent or very good). Residents also give the performance of their Program Director consistently high ratings (76% rated excellent or very good).

In the last two years of the survey, we have added questions about the quality of education as it relates to the seven CanMEDS roles and four CFPC Principles. Over 80% of residents have rated the quality of this education as very

good or excellent, with the exception of Manager and Health Advocate, and Resource to a Defined Population.

Exiting residents report that they are increasingly happy with their overall work environment although certain aspects of the environment, including the amount of non-educational service work, adequacy of call facilities, and quality of dedicated rooms/ lounges for residents continue to be areas of dissatisfaction.

Although most residents were satisfied with the quality of their education over the last five years, they continue to feel less prepared for practice. An average of 43% rated their

overall preparation for practice as excellent or very good, with particular concerns around their preparation for legal issues and assistance in finding employment. Given these concerns, it is interesting that in 2009-2010 less than 50% of residents reported awareness of Healthforce Ontario's Marketing and Recruitment Agency and their specific mandate to assist new physician graduates in Ontario.

“Over the last five years, we have observed high levels of resident satisfaction with the overall education experience, including high quality of patient care experiences and a good mix and diversity of cases. Residents also give the performance of their Program Director consistently”

On average about 20% of residents have reported being intimidated or harassed at least once during their training, yet a very small proportion used the mechanisms in place to report harassment. The most frequent forms of harassment were verbal (87%) and emotional (50%), and the most frequent recipients of harassment complaints/reports were the Program Directors. Roughly 43% of respondents who reported being intimidated or harassed neither formally or informally reported the incident. Of this number, 40% did not report for fear of reprisal.

The amount of debt residents had upon exiting varied significantly. One third of residents reported no debt related to medical education, while one third reported debt over \$100K in 2009-10. Regarding future plans, an increasing number of trainees are choosing to pursue research or fellowship training with almost 40% choosing this path in 2009-10. While fewer specialty residents are planning on working in an Academic Health Science Centre, more are intending to practice in a community hospital. There is an increase in the percentage of family medicine residents planning to practice in an Academic Health Science Centre and little change in the proportion planning to practice in a Nursing Home or Home for the Aged.

Appendix A

New and Exiting Program Directors and Committee Members
2010-11

Program	Incoming Program Director	Outgoing Program Director and date
Adult Nephrology	Rulan Parekh	Philip Marsden (September 2010)
Cardiac Surgery	Gideon Cohen	David Latter (August 2010)
Community Medicine	Fran Scott	Brian Gibson (interim) (August 2010)
General Pathology	Richard Hegele	William Chapman (June 2010)
Geriatric Medicine	Barbara Liu	Sharon Straus (interim) (August 2010)
Geriatric Medicine	Sharon Straus (interim)	Barry Goldlist (June 2010)
Neuropathology	Julia Keith	William Halliday (June 2011)
Neurosurgery	Abhaya Kulkarni	Christopher Wallace (August 2010)
Orthopaedic Surgery	Peter Ferguson	William Kraemer (January 2011)
Paediatric Critical Care	Afrothite Kotsakis	Tilman Humpl (June 2011)
Paediatric Radiology	David Manson	Stephen Miller (June 2010)
Pediatric Nephrology	Tino Piscione	Elizabeth Harvey (June 2011)
Pediatric Neurology	Mahendranath Moharir	Carter Snead (June 2011)
Pediatric Neurology	Carter Snead	Shelley Weiss (June 2010)
Pediatric Radiology	Oscar Navarro	David Manson (March 2011)
Physical Med & Rehab	Lisa Becker	John Flannery (June 2011)
Plastic Surgery Fellowships	Toni Zhong	Linda Dvali (June 2011)
Rheumatology	Arthur Bookman (interim)	Dana Jerome (March 2011)
Rheumatology	Dana Jerome	Heather McDonald Blumer (August 2010)
Thoracic Surgery	Andrew Pierre	Gail Darling (June 2011)
Transfusion Medicine	Wendy Lau	Bernard Fernandes (March 2011)
Vascular Surgery	George Oreopoulos	Thomas Lindsay (June 2011)

PGMEAC Members

New PGMEAC Member	Hospital	Outgoing PGMEAC Member
Jackie James	Mt. Sinai Hospital	Maureen Shandling
Patricia Houston	St. Michael's Hospital	Glen Bandiera
Joshua Tepper	Sunnybrook Health Sciences Ctr	Peter Poldre
David McKnight	U of T, Assoc Dean, Equity + Prof.	n/a

Appendix B

PGME Scholarly Activities July 1, 2010 – June 30, 2011

Posters:

- A team approach to the identification, diagnosis and interventions for residents in need
Author: S. Glover Takahashi, S. Edwards, D. Martin, E. Abner, M. Ruetalo, S. Spadafora
Conference/Grant/Publication: ICRE / RCPSC, September 2010, Ottawa, ON
Type: Poster
- Building Resident Resilience: Teaching Residents a Skill Based Approach to Coping with Stress
Authors: S. Edwards; C. Hurst; P. Rockman; and J. Middleton
Conference/Grant/Publication: ICRE / RCPSC, September 2010, Ottawa, ON
Type: Poster
- Developing a clinical capacity expansion tool for medical education: Where do we put everyone?
Authors: M. Whittaker; L. Muharuma; M. Sholdice; C. Abrahams; S. Verma
Conference/Grant/Publication: ICRE / RCPSC, September 2010, Ottawa, ON
Type: Poster
- Evaluation of a web-based, self-learning module on the “Resident as a Manager” for junior residents
Authors: Wong, S. Edwards; J. McIlroy; T. Bahr; C.M. Chow; S. Glover Takahashi
Conference/Grant/Publication: ICRE / RCPSC, September 2010, Ottawa, ON
Type: Poster
- Making the Leap – Postgraduate trainees identify helpful instructional strategies during the first six months of training
Authors: D. Martin; S. Glover Takahashi
Conference/Grant/Publication: ICRE / RCPSC, September 2010, Ottawa, ON
Type: Poster
- Maternity leaves and residency at the University of Toronto: How well does motherhood mix by department?
Authors: H. Shapiro; C. Abrahams; S. Edwards; L. Muharuma
Conference/Grant/Publication: ICRE / RCPSC, September 2010, Ottawa, ON
Type: Poster

7. Measuring the Culture of Medicine
Authors: M.N. Holowaty; B. Aliarzadeh; S. Edwards
Conference/Grant/Publication: ICRE / RCPSC, September 2010, Ottawa, ON
Type: Poster
8. Navigating the wellness-performance interface for collaborative remediation planning
Authors: S. Edwards; S. Glover Takahashi
Conference/Grant/Publication: ICRE / RCPSC, September 2010, Ottawa, ON
Type: Poster
9. Performance Measurement: A report card for residency programs
Authors: K. Imrie; A. Zaretsky; G. Bandiera; M. Law; C. Abrahams; S. Glover Takahashi; L. Muharuma; W. Robertson; Y. Otchere
Conference/Grant/Publication: ICRE / RCPSC, September 2010, Ottawa, ON
Type: Poster
10. Resident as learner and teacher (RALT): An e-learning module that assists with the ED-24 standard of the Liaison Committee on Medical Education's undergraduate accreditation
Authors: D. Panisko; S. Bernstein; J. Flannery; L. Probyn; A. Yap; T. Bahr; S. Glover Takahashi
Conference/Grant/Publication: ICRE / RCPSC, September 2010, Ottawa, ON
Type: Poster
11. The evolution of the Postgraduate Web Evaluation and Registration system (POWER): A 5-year retrospective of the POWER system at the University of Toronto, 2004–2009:
Authors: Y. Otchere; S. Verma; S. Spadafora; K.R. Imrie; A. Zaretsky; G. Bandiera; L. Muharuma; C. Abrahams,
Conference/Grant/Publication: ICRE / RCPSC, September 2010, Ottawa, ON
Type: Poster
12. What DOES competent performance look like? A problem-based redefinition of competence
Authors: S. Glover Takahashi
Conference/Grant/Publication: ICRE / RCPSC, September 2010, Ottawa, ON
Type: Poster
13. Building Best Practices in Managing Residents in Difficulty
Authors: P. Skalenda; S. Glover Takahashi; K. Iglar; D. Martin
Conference/Grant/Publication: FMF / CFPC, October 2010, Vancouver, BC
Type: Poster
14. Developing and implementing a competency-based clinical skills assessment for family medicine residents in need
Authors: S. Glover Takahashi; P. Skalenda; D. Martin; K. Iglar
Conference/Grant/Publication: FMF / CFPC, October 2010, Vancouver, BC
Type: Poster
15. Integrating Simulation for Teaching & Learning in Residency
Authors: T. Bahr.; S. Glover Takahashi.; D. Seccareccia; A. Matlow; L. Hawryluck.; S. Tallet.; A. Singh.
Conference/Grant/Publication: Ontario Simulation Expo / NESCTL, November 2010, Toronto, ON
Type: Poster
16. 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: Ontario Simulation Expo / NESCTL, November, 2010 Toronto, ON
Type: Poster

Paper Presentations:

1. Integrating simulation for teaching & learning in residency
Authors: T. Bahr; S. Glover Takahashi; D. Seccareccia; A. Matlow; L. Hawryluck; S. Tallet; A. Singh; J. McIlroy; D. Martin; M. Ruetalo; C-M. Chow
Conference/Grant/Publication: Royal College Simulation Summit, September 2010, Toronto, Ontario, ON
Type: Paper Presentation
2. Communication problems: Diagnosis to management
Authors: D. Martin; S. Glover Takahashi
Conference/Grant/Publication: ICRE / RCPSC, September 2010, Ottawa, ON
Type: Paper Presentation
3. Four Years Wiser: Applying Utilization Data to Advance the Activities of an Office of Resident Wellness
Authors: S. Edwards; C. Hurst; S. Healy; B. Underhill
Conference/Grant/Publication: ICRE, September, 2010, Ottawa, ON
Type: Paper Presentation
4. How to Develop a PGME Wellness Office to Meet Residents' Needs and Educational Objectives
Author: S. Edwards
Conference/Grant/Publication: ICRE, September, 2010, Ottawa, ON
Type: Paper Presentation
5. Keeping it Real: Practical Strategies in Physician Health for Resident-Leaders
Author: S. Edwards
Conference/Grant/Publication: ICRE, September, 2010, Ottawa, ON
Type: Paper Presentation
6. Residents learning CanMEDS competencies through a curriculum web initiative
Author: S. Glover Takahashi; D. Seccareccia; L. Hawryluck; A. Singh; R. Wong; S. Edwards; T. Bahr; J. McIlroy; D. Martin; M. Ruetalo; D. Panisko; D. Richardson; C.M. Chow
Conference/Grant/Publication: ICRE / RCPSC, September 2010, Ottawa, ON
Type: Paper Presentation
7. Teacher, learner, content, place: Understanding the CanMEDS curriculum through analysis of accreditation pre-survey questionnaires
Authors: E. Abner; M. Ruetalo; S. Glover Takahashi
Conference/Grant/Publication: ICRE / RCPSC, September 2010, Ottawa, ON
Type: Paper Presentation
8. Walking the talk: Developing a multi-source feedback instrument for the leadership capabilities of residency program directors
Authors: S. Lief; A. Zaretsky; G. Bandiera; K.R. Imrie; S. Glover Takahashi
Conference/Grant/Publication: ICRE / RCPSC, September 2010, Ottawa, ON
Type: Paper Presentation
9. Integrating Professionalism and Wellness Curriculum into Graduate Medical Education (CME): A Tale of Two Countries
Authors: C. Samenow; S. Edwards; D. Puddester; B. Swiggart.
Conference/Grant/Publication: ICPH, October, 2010, Chicago
Type: Presentation
10. Four Years Wiser: Applying Utilization Data to Advance the Activities of an Office of Resident Wellness
Authors: S. Edwards; C. Hurst; S. Healey; M. Ruetalo; J. Middleton
Conference/Grant/Publication: ICPH, October, 2010, Chicago
Type: Presentation
11. Environmental Scan- FMEC PG Synthesis Report – Draft Version
Authors: S. Glover Takahashi.; J. Bates
Conference/Grant/Publication: Meeting of the Steering Committee and Advisory Committee of PGME Deans, February 2011, Ottawa, ON.
Type: Report Presentation

- 12.** Methodologies in Professions Education: Text Work as Identity Work in Legal Writing

Author: E. Abner

Conference/Grant/Publication: AERA, April 2011, New Orleans, LA

Type: Paper Presentation

- 13.** Being Strategic About Integrating Physician Health Education into Postgraduate Training: Or, How to Reach the Unreachables, Politely Crash a Meeting and Otherwise Get on the Agenda

Author: S. Edwards

Conference/Grant/Publication: RCPSC Train the Trainer, Physician Health, April, 2011

- 14.** Coping with Disruptive Behavior Module

Author: S. Edwards

Conference/Grant/Publication: Royal College Train the Trainer, Physician Health, April, 2011

Type: Paper Presentation

- 15.** Communication Problems are Not Always What They Seem – Assessment, Educational Strategies and Progress Monitoring

Authors: D. Martin; S. Glover Takahashi.

Conference/Grant/Publication: CCME, May 2011, Toronto, ON

Type: Paper Presentation

- 16.** Investigating Correlations Between Teacher and Trainee Evaluation

Authors: C. Abrahams; G. Bandiera.; Y. Othhere.; S. Healy

Conference/Grant/Publication: CCME, May 2011, Toronto, ON

Type: Paper Presentation

- 17.** Environmental Scan- FMEC PG Synthesis Report – Final Version

Authors: S. Glover Takahashi.; J. Bates.

Conference/Grant/Publication: Meeting of the Steering Committee and Advisory Committee of PGME Deans, June 2011, Ottawa, ON.

Type: Report Presentation

- 18.** What do I want my Doctor to Know? Integrating Video Simulation and Multimedia for the Learning and Teaching of Medical Residents

Authors: T. Bahr.; S. Glover Takahashi.; C.M. Chow; D. Martin, D; M. Kennedy

Conference/Grant/Publication: ICEL, June 2011, Kelowna, BC

Type: Paper Presentation

Workshops:

- 1.** Competency-based curriculum in family medicine: A national consultation.

Authors: K. Iglar; C. Whitehead; S. Glover Takahashi

Conference/Grant/Publication: Family Medicine Forum. Vancouver, BC

Type: Workshop

- 2.** Physician as Collaborator: Facilitating learning to enable collaborative patient care

Authors: S. Glover Takahashi; D. Richardson; L. Cooke.

Conference/Grant/Publication: ICRE / RCPSC, September 2010, Ottawa, ON

Type: Workshop

3. The good, the bad and the ugly of accreditation: Preparing pre-survey questionnaires
Authors: E. Abner; S. Glover Takahashi; S. Spadafora
Conference/Grant/Publication: ICRE / RCP-SC, September 2010, Ottawa, ON
Type: Workshop
4. Best practices for managing residents in difficulty
Authors: P. Skalenda; S. Glover Takahashi.
Conference/Grant/Publication: 1st International Conference on Faculty Development in the Health Professions. Toronto, Ontario,
Type: Workshop
5. Opportunities and challenges for incorporating physician health into a busy post-graduate medical education curriculum
Author: S. Edwards
Conference/Grant/Publication: Royal College Train the Trainer, Physician Health, April, 2011
Type: Panel Discussion
6. Building Best Practices in Managing Residents in Difficulty
Authors: D. Martin; P. Skalenda; S. Glover Takahashi; K. Iglar.
Conference/Grant/Publication: CCME, May 2011, Toronto, ON
Type: Workshop
7. Building e-Learning Modules that Work for Medical and Postgraduate Education
Authors: T. Bahr; S. Glover Takahashi; C.M.; D. Martin.
Conference/Grant/Publication: CCME, May 2011, Toronto, ON
Type: Workshop
8. Professionalism Regained: A Practical Guide to Professionalism Remediation
Authors: E. Abner; P. Bryden; D. McKnight.
Conference/Grant/Publication: CCME, May 2011, Toronto, ON
Type: Workshop
9. Supporting International Medical Graduates throughout Residency: Moving Beyond Orientations
Authors: U.Najeeb; P.Breiner; B.Wong.; L.Stroud; K.Sivjee;S. Edwards; A. Kuper.
Conference/Grant/Publication: CCME, May 2011, Toronto, ON
Type: Workshop

Grants/Funded Initiatives:

Future of Medical Education in Canada Postgraduate (FMEC PG)

Authors: University of British Columbia (UBC), the University of Toronto (The University of Toronto) and McGill University (McGill)

Conference/Grant/Publication: Health Canada, August 2010

Type: Grant/Funded Initiative

5. Innovations in Teaching and Learning in the Clinical Setting for Postgraduate Medical Education
Author: ML. Murnaghan; M. Forte.; I. Choy; E. Abner.
Conference/Grant/Publication: Association of Faculties of Medicine of Canada (AFMC); May 2011
Type: Publication
6. Innovations, Integration and Implementation Issues in Competency-Based Training in Postgraduate Medical Education
Author: S. Glover Takahashi; A. Waddell; M. Kennedy; B. Hodges.
Conference/Grant/Publication: Association of Faculties of Medicine of Canada (AFMC); May 2011
Type: Publication
7. Integration of CanMEDS Expectations and Outcomes
Author: C. Whitehead; D. Martin; N. Fernandez; M. Younker; R. Kouz; J. Frank; A. Boucher
Conference/Grant/Publication: Association of Faculties of Medicine of Canada (AFMC); May 2011
Type: Publication
8. Resident Wellness and Work-Life Balance
Author: S. Edwards
Conference/Grant/Publication: Association of Faculties of Medicine of Canada (AFMC); May 2011
Type: Publication
9. Trends and Issues in Postgraduate Medical Education: Inputs, Outputs and Outcomes
Author: C. Abraham; J. Bacon
Conference/Grant/Publication: Association of Faculties of Medicine of Canada (AFMC); May 2011
Type: Publication

Publications:

1. Accreditation of Postgraduate Medical Education
Authors: M. Kennedy; P. Rainsberry.; M. Kennedy.; E. Abner.
Conference/Grant/Publication: Association of Faculties of Medicine of Canada (AFMC); May 2011
Type: Publication
2. Environmental Scan Synthesis Report: Future of Medical Education Postgraduate (FMEC PG)
Authors: S. Glover Takahashi.; J. Bates.; S. Verma.; S. Meterissian.; K. Rungta.; S. Spadafora.
Conference/Grant/Publication: Association of Faculties of Medicine of Canada (AFMC); May 2011
Type: Publication
3. Environmental Scan Commissioned Papers 1-24
Author: Future of Medical Education in Canada Postgraduate Project
Conference/Grant/Publication: Association of Faculties of Medicine of Canada (AFMC); May 2011
Type: Publication
4. Generalism in Postgraduate Medical Education
Author: K. Imrie; W. Weston; M. Kennedy.
Conference/Grant/Publication: Association of Faculties of Medicine of Canada (AFMC); May 2011
Type: Publication

Appendix C

Postgraduate Medical Education Awards 2010-11

Adjudication Committees

1. PGME Research Awards
 - Dr. Abhijit Guha, Chair
 - Dr. Ann Jefferies
 - Dr. Melinda Musgrave
 - Dr. Scott Walsh
 - Dr. Kathleen Dattilo
 - Dr. Susan Glover Takahashi
 - Loreta Muharuma (ex officio)
 - Gerard Nagalingam (ex officio)
2. PGME Awards (PSI, PAIRO, CSCI/CIHR)
 - Dr. Ann Jefferies
 - Dr. Kathleen Dattilo
 - Dr. Scott Walsh
 - Dr. Melinda Musgrave
 - Dr. John De Almeida
2. PGME Awards (Sarita Verma, Leadership)
 - Dr. Salvatore Spadafora
 - Dr. Susan Takahashi
 - Dr. Susan Edwards
 - Loreta Muharuma
 - Caroline Abrahams
4. PGME Excellence Awards
 - Dr. Cindy Wang
 - Dr. William Macrae
 - Dr. Karl Iglar
 - Dr. William Kraemer

PGME Research Awards

1. **Summary of 2010 PGME Research Awards - Applicants and Funding**
 - Total number of applicants: 27
 - Total funds available: \$225,521.88
 - Total awarded: \$221,262.49
 - Awards per trainee: \$5,000 to \$19,000
 - 14 out of 27 applicants successful: 52%
 - Successful MDs: 13 out of 14 (93%): \$216,510.31
 - Successful non-MDs: 1 out of 1 (100%): \$4,752.18
2. **2010 PGME Research Awards - Funding Sources and Amounts**
 - Joseph M. West Family Memorial Fund - \$96,541.34
 - Edward Christie Stevens Fellowship - \$55,697.67
 - Chisholm Memorial Fellowship - \$33,045.31
 - William S. Fenwick Research Fellowship - \$13,342.43
 - Graham Campbell Fellowship - \$4,752.18
 - Miriam Neveren Memorial Award - \$4,698.58
 - William Cron Harris & Jean Gordon Harris Memorial Fellowship - \$4,259.39
 - Edie Steinberg Scholarship Fund - \$4,167.58
 - Ellen Epstein Rykov Memorial Prize - \$3,230.52
 - Elizabeth Arbuthnot Dyson Fellowship - \$2,584.60
 - Javenthey Soobiah Scholarship - \$1,325.93
 - Heidi Sternbach Scholarship - \$1,015.40
 - Nellie L. Farthing Fellowship - \$649.58
 - Timeposters Fellowship - \$211.37
 - Starr Medals - Gold Medals Only

2010 PGME Research Award Winners (by department)

Name	Department	Award
Julio C. Furlan	Medicine	Javenthey Soobiah Scholarship Nellie L. Farthing Fellowship William S. Fenwick Fellowship Edward Christie Stevens Fellowship
Darren Yuen	Medicine	Edie Steinberg Scholarship Fund Heidi Sternbach Scholarship Javenthey Soobiah Scholarship William S. Fenwick Fellowship Edward Christie Stevens Fellowship Starr Medal
Kirsteen Burton	Diagnostic Radiology	Edie Steinberg Scholarship Fund Joseph M. West Family Memorial Fund
Catharine Walsh	Paediatrics	Chisholm Memorial Fellowship Elizabeth Arbutnot Dyson Fellowship Edward Christie Stevens Fellowship Starr Medal
Johan Van Limbergen	Paediatrics	Edward Christie Stevens Fellowship
Ivan Diamond	Surgery	Chisholm Memorial Fellowship
David Cadotte	Surgery	Miriam Neveren Memorial Award Joseph M. West Family Memorial Fund Starr Medal
Brent Williams	Paediatrics	Chisholm Memorial Fellowship Joseph M. West Family Memorial Fund
Siok Hoon Lim	Paediatrics	Joseph M. West Family Memorial Fund
Meridith Giuliani	Radiation Oncology	Ellen Epstein Rykov Memorial Prize Timeposters Fellowship Joseph M. West Family Memorial Fund
John De Almeida	Otolaryngology	Joseph M. West Family Memorial Fund
Ali Zahrai	Surgery	Chisholm Memorial Fellowship Miriam Neveren Memorial Award Edward Christie Stevens Fellowship
Daniel Mandell	Diagnostic Radiology	Joseph M. West Family Memorial Fund
Christina Louise Basford	Physiology & Medicine	Graham Campbell Fellowship Award

Other PGME Awards

1. PAIRO Resident Teaching Awards – Residents

(awarded February 2011)

- Value of award: \$1,000
- Number of applicants: 8
- Winners: Nikola Grujich, *PGY5 Psychiatry*
Michael Shamy, *PGY5 Medicine*

2. PAIRO Travel Awards for Clinical Educators - Faculty
(awarded April 2010)

- Value of award: Two province wide awards of \$4,000
- Number of applicants: 1
- UofT Nominee: Ereny Bassilious,
PGY5 Paediatrics

3. CSCI/ CIHR Resident Research Award

(awarded July 2010)

- Value of award: \$1,000
- Number of applicants: 18
- Winner: Mark Sinyor,
PGY3 Psychiatry

4. PSI Resident Research Awards

(awarded October 2010)

- Value of Award: \$ 2,000
- Number of Applicants: 31
- Winners: Kavitha Passaperuma,
PGY4 Medicine
Michael Rauh,
PGY4 Laboratory Medicine and Pathobiology
Christian Finley, *PGY7 Surgery*
(2009/2010)
Brent Williams, *PGY6 Paediatrics*
Amanda Steiman, *PGY5 Medicine*

5. PGME Excellence Awards *(awarded May 2011)*

Development and Innovation:

- Value of Award: \$ 1,000
- Number of Applicants: 6
- Winners: Eric Yu, *Dept. of Medicine*
Albert Yee, *Dept. of Surgery*

Teaching Performance/Mentorship/Advocacy:

- Value of Award: \$ 1,000
- Number of Applicants: 3
- Winners: Yuna Lee, *Dept. of Medicine*
Paul Bernstein, *Dept. of Obstetrics and Gynaecology*

6. Sarita Verma Award *(awarded March 2011)*

- Value of award: \$500
- Number of applicants: 6
- Winner: Mark Yudin, *Dept. of Obstetrics and Gynaecology*

7. PGME Trainee Leadership Awards

(awarded June 2011)

- Value of award: \$500
- Number of applicants: 13
- Winners: Adam Kaufman, *PGY2 Family Medicine*
Dalia Rotstein, *PGY4 Medicine*
Samiah Al Zaidy,
PGY5 Paediatrics
Firas Al Rawi, *PGY3 Medicine*
Blathnaid McCoy, *Clinical Fellow Paediatrics*

8. Charles Mickle Fellowship

- 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
- 2010 Winner: Dr. Glen Bandiera,
Dept. of Medicine
- 2011 Winner: Dr. Ian Witterick,
Dept. of Otolaryngology

DEPARTMENT	# OF TRAINEES	VISION SCIENCE TOP-UP	PGME TOP-UP
Paediatrics	2	\$14,569.92	\$10,659.29
Medicine	4	\$29,111.78	\$21,297.72
Surgery	9	\$69,873.17	\$51,118.12
TOTAL	15	\$113,554.87	\$83,075.13

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

9. Clinician Graduate Degree Scholarship Program

- 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 15 trainees: \$196,230
- Total Awarded: \$196,230

10. Alfred Edward Covell Scholarship

- Value of award: \$ 22, 000
- Winner: Devesh Varma, *Dept. of Ophthalmology*

11. C. P. Shah Award

- Value of award: \$ 1,711
- Winner: Michael Schwandt, *Dept. of Community Medicine*

12. Dr. Peter Prendergast – Ontario Shores Prize in Quality Improvement

- Value of award: \$ 500
- Winners: Jason Joannou, *Dept. of Psychiatry*
Sara Colman, *Dept. of Psychiatry*

13. Duncan M. Jamieson Memorial Prize

- Value of award: \$ 347
- Winner: Kwesi McGuire, *Dept. of Ophthalmology*

14. Freda Noyek Merit Award in Otolaryngology

- Value of award: \$550
- Winner: Ashlin Alexander, *Dept. of Otolaryngology*

15. Frederick Papsin Postgraduate Award

- Value of award: \$1,000
- Winner: Eliane M. Shore, *Dept. of Obs. & Gyn.*

16. Henry A. Beatty Scholarship Fund

- Value of award: \$10,000
- Winner: Nigil Haroon, *Dept. of Medicine*

17. John Edward DeToro Scholarship

- Value of award: \$500
- Winner: Jennica Platt, *Dept. of Surgery*

18. John Gaby Prize in Ophthalmology

- Value of award: \$414
- Winner: Darana Yeun, *Dept. of Ophthalmology*

19. James H. Richardson Research Fellowship in Anatomy

- Value of award: \$1,000
- Winners: Wenjun Xu, *Dept. of Anatomy*
Katherine Sauks,
Dept. of Anatomy

- 20.** James A. McNab Health Promotion Scholarship
- Value of award: \$1,000
 - Winner: Christine Carrasco, *Dalla Lana School of Public Health*

- 21.** Knox Ritchie Research Award
- Value of award: \$250
 - Winners: Tania Dumont, *Dept. of Obs. & Gyn.*
Kimberley Garbeddian,
Dept. of Obs. & Gyn.
Fergus McCarthy,
Dept. of Obs. & Gyn.
Daniela Caprara,
Dept. of Obs. & Gyn.
Crystal Chan, *Dept. of Obs. & Gyn.*
Ingrid Lai, *Dept. of Obs. & Gyn.*

- 22.** Kris Conrad Merit Award in Facial Plastic Surgery
- Value of award: \$1,000
 - Winner: Kian Karimi, *Dept. of Otolaryngology*

- 23.** Stuart Alan Hoffman Memorial Prize
- Value of Award: \$1,750
 - Winner: Paul A. Northcott, *Dept. of Lab. Medicine & Pathobiology*