



# **All Program Director and Family Medicine Site Director Meeting June 20, 2014**

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## What is available in UTPGMExchange

The UTPGMExchange collection is growing daily.

UTPGMExchange includes a variety of educational resources and tools such as

- assessment tools
- assignments
- templates
- lesson plans
- videos
- worksheets

*...and more*

**TOPICS** in UTPGMExchange include

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

*...and more*

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## WANT TO USE UTPGMExchange ?

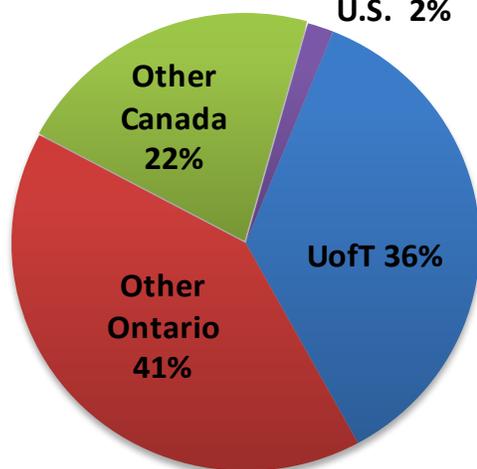
Available for Program Directors and FM Site Directors at [pgmexchange.utoronto.ca](http://pgmexchange.utoronto.ca) and you can log in to this resource using your UTORid and password.

Contact us at [pgme.exchange@utoronto.ca](mailto:pgme.exchange@utoronto.ca) or follow us at [twitter.com/PGMExchange](https://twitter.com/PGMExchange)

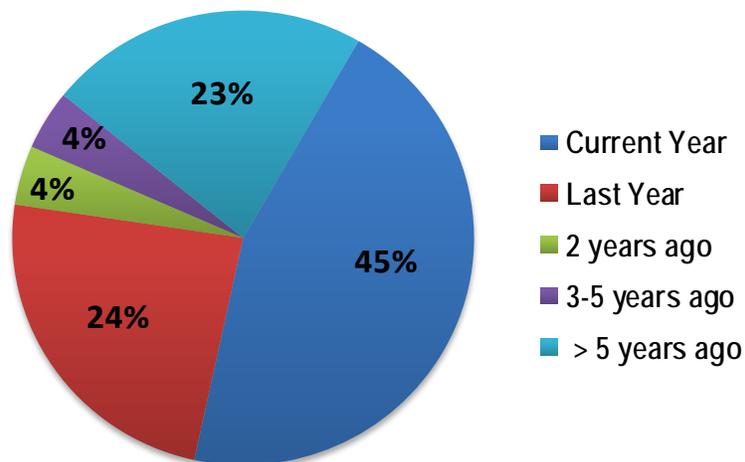
## PGME by the Numbers: June 2014

Full-Time Equivalent (FTE)	2012-13 Enrolment			2013-14 Enrolment		
	DEPT/DIVISION	FELLOWS	PGY	TOTAL	FELLOWS	PGY
Anesthesia	86.9	95.9	182.7	84.2	99.3	183.5
Critical Care	26.7	17.7	44.3	24.8	16.0	40.8
Diagnostic Radiology	87.4	72.9	160.2	88.0	68.4	156.4
Family Medicine	8.1	371.8	379.9	6.8	393.5	400.3
Laboratory Medicine	23.9	57.9	81.8	21.7	51.2	73.0
Medicine	251.7	497.7	749.5	271.1	503.2	774.3
Obstetrics & Gyn	41.6	68.9	110.5	38.4	72.9	111.3
Ophthalmology	30.2	29.1	59.3	27.4	31.3	58.7
Otolaryngology	21.0	26.0	47.0	20.4	26.0	46.4
Pediatrics & Med Genetics	205.4	169.3	374.7	193.0	173.4	366.4
Peds Critical Care	16.7	4.6	21.3	18.2	3.5	21.7
Palliative Medicine	0.0	4.2	4.2	0.8	4.2	5.0
Psychiatry	37.3	183.3	220.6	41.7	185.0	226.8
Public Health & Prev Med	0.0	22.3	22.3	0.0	20.8	20.8
Radiation Oncology	21.5	26.7	48.2	23.5	29.3	52.8
Surgery	194.1	266.2	460.4	199.6	265.0	464.6
<b>Total</b>	<b>1052.4</b>	<b>1914.3</b>	<b>2966.7</b>	<b>1059.5</b>	<b>1943.1</b>	<b>3002.5</b>

2014 CaRMS PGY1 Match: 347 Canadian Medical Graduates, by School of MD



2014 CaRMS PGY1 Match: 71 IMGs by Year of MD



# Health Workforce Planning: June 2014

## Context:

The issue of workforce planning and employment opportunities for new graduates has been a hot topic in the news and at many conferences and committees. PGME at U of T is actively involved in a number of initiatives shaping the future of HHR planning which guide decisions on the allocation of residency quotas each year and ensure our residents have opportunities to serve population health needs.

## National Planning (PRPTF):

In the summer of 2013 a National Task Force for Collaborative Physician Resource Planning was created involving provincial governments across the country, the Association of Faculties of Medicine of Canada (AFMC) and other stakeholders such as the RCPSC, CFPC and the Canadian Medical Association. The Physician Resources Planning Task Force (PRPTF) is co-Chaired by Dr. Geneviève Moineau of AFMC and Ms. Suzanne McGurn of the Ontario MOHLTC. Dr. Sal Spadafora represents the National Postgraduate Deans on the Task Force. To date, the PRPTF is developing a Pan Canadian Physician Resource Planning Tool as well as a Career Counselling Tool Kit. The PRPTF is expected to complete its work in the Spring of 2015.

## Provincial Planning:

A Working Group of PGM-COFM is collaborating with the MOHLTC to identify necessary shifts in quota allocations to better address health population needs. In particular, the group is focussing on mental health and the needs of an aging population. In addition, the MOHLTC has recently launched a full review of funding to support postgraduate medical education and has contracted with KPMG to conduct the review.

## Local Planning:

PGME has undertaken its annual survey of Quota Allocation requests from all residency programs for the 2015-16 academic year. The Quotas Allocation Subcommittee will meet in the summer to consider requests in light of provincial supply/demand forecasts, program quality, population health needs, community engagement and other factors.

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 recent months, PGME has been working with HFO to develop enhanced services for U of T residents including free and flexible job search assistance for both permanent and locum opportunities, personal career guidance, and transition strategies to aid in the smooth adjustment from learner to practicing physician.

## More Information:

Contact Caroline Abrahams, Director, Policy and Analysis,  
PGME [caroline.abrahams@utoronto.ca](mailto:caroline.abrahams@utoronto.ca)

# POWER Enhancements and Updates: June 2014

The following are highlights from activities related to POWER and the POWER Steering Committee, from December 2013-June 2014:

## Location Registry

The location registry is a centrally developed Faculty of Medicine database and system which contains all locations and standard coding for both undergraduate and postgraduate training sites. Developed by Discovery Commons, the location registry was implemented in POWER in February 2014 and will soon be implemented in the undergrad MedSIS system.

## Medical Trainee Day (MTD) Scheduling Enhancements

Over the last two years, the Faculty of Medicine has been working with hospital partners to take a lead role in the process of collecting Medical Trainee Day data. In order to capture a full training record from POWER, PGME has developed several enhancements. In June 2014, a new rotation scheduler will be implemented into POWER. Main highlights include the ability to schedule accurate multi-site and longitudinal rotations.

## Case Logging

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

## POWER Help Web Site

The POWER Help Website will be launched in June 2014. The site contains help and instructional information on POWER features for trainees, teachers, Program Directors and Program Administrators.

## Best Practices in Rotation Evaluations (BPRE)

The BPRE working group has now completed its work and has developed a prototype Rotation and Educational Site Evaluation form. A number of programs are piloting the form in 2014-15 with a view to implementing it for all programs for the 2015-16 academic year.

## TES Report Enhancements

Development of the revised Teacher Effectiveness Score report format follows the Resident Assessment of Teacher Effectiveness (RATE) form recommended by the Best Practices in Teacher Assessment Working Group in 2010. Over the last few years, the majority of PGME programs have adopted the RATE format. The new screen will be available July 1<sup>st</sup> 2014

### POWER Steering Committee Membership:

Adelle Atkinson, Chair

Sal Spadafora, PGME

Jodi Herold, PGME

Wes Robertson, Discovery Commons

George Oreopoulous, Vascular Surgery

Sarah Khan, Resident Rep

Keerat Grewal, Resident Rep

Jeannette Goguen, Medicine

Nicole Woods, Surgery

Karl Iglar, Family Medicine

Glen Bandiera, PGME

Naif Alotaibi, Resident Rep

Kaif Pardhan, Resident Rep

### PGME/ UME Faculty and Staff:

Caroline Abrahams, Khush Adatia, Susan Glover Takahashi, Loretta Muharuma, Alison Pattern, Frazer Howard (UME)

# What's New in Wellness? - June 2014

## Service and Support

### ❖ *New staff announcement:*

The Office of Resident Wellness is pleased to announce the addition of counselor/coach Christiane Martin to our support team. Christiane comes from the Office of Health Professions Student Affairs and is available to see trainees Wednesdays from 11:00-7:00 and Fridays from 9:30-5:30. She can be reached via Diana Nuss, our Office Co-ordinator at [pgwellness@utoronto.ca](mailto:pgwellness@utoronto.ca).

### ❖ *PGMEAC Wellness Subcommittee:*

We recently proposed the creation of a Wellness Subcommittee of PGMEAC to support, educate and facilitate discussion among Program Wellness Leads. Please contact Susan Edwards for details on how to create a position in your program.

### ❖ *Resident Wellness Committee:*

We are encouraged by the number of resident led wellness initiatives occurring in our training programs and are creating an open Resident Wellness Committee to share ideas and resources and facilitate collaboration on research and educational projects. Please direct interested residents our way.

### ❖ *Red button:*

Keep your eyes out for the PGME red button on our website as we align this visual identity with UME and DFCEM at UT to highlight how residents can access urgent information quickly.

## Education

### ❖ *Wellness Workshop series*

The office will continue to offer a menu of workshops for resident and fellowship training programs with the goal of enhancing self-regulation skills for optimal well-being and performance. Descriptions of the individual workshops can be found on our website at <http://www.pgme.utoronto.ca/content/2013-%E2%80%93-2014-wellness-workshop-series>. New for this year is an added focus on managing fatigue and energy.

## Research

- ❖ Interviews for our study of how residents experience the remediation process are complete. We are now coding and analyzing our data. Stay tuned to understand how educators can support the wellbeing and performance of this group of residents.

## Did you know?

- ❖ Looking for ways to enhance your residents' visual literacy, critical thinking and reflective practice? The Health, Arts and Humanities Program offers many opportunities for residents including a resident creative writing group and an elective in theatre of medicine along with their general offerings. Their calendar is available at <http://health-humanities.com/>.
- ❖ Health Force Ontario (HFO) offers career guidance, free job search and transition to practice preparation to residents through their Practice Ontario at UT. Please take advantage of their offerings to enhance your career planning curriculum.

# Internal Review Committee Update: June 2014

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

## Accreditation Cycle 2013-14

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



Activities	2013-14
Progress Reports to CFPC	2
Internal Reviews Mandated by RCPSC	2

## Leadership for IRC

We would like to thank and welcome the new chairs and vice chair of the IRC and FM-IRSC

Chair, Internal Review Committee - Dr. Linda Probyn

Vice Chair, Internal Review Committee – Dr. Tony Mazzulli

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

## Upcoming activities for 2014-15

- Progress Reports: Psychiatry (October 2015), Adult Rheumatology (October 2015), Hematological Pathology (October 2015), Internal Medicine (October 2015)
- Mandated Internal Reviews: Occupational Medicine (December 2014), Forensic Psychiatry (Spring 2015), Vascular Surgery (Spring 2015)
- External Reviews: Orthopedic Surgery (Spring 2015), Emergency Medicine (Fall 2015), Urology (Fall 2015), General Surgery (Fall 2015), Adult Respiriology (Fall 2015)
- The IRC will reconvene in September 2014
- Program Directors have been asked to nominate highly motivated, skilled Residents in their PGY2 year or higher to join the IRC for the 2014-15 academic year. If you have not already done so, please forward the names, contact information and abbreviated CV to [pgmecoordinator@utoronto.ca](mailto:pgmecoordinator@utoronto.ca) for any Residents who you think would be appropriate for this activity.
- Regularly scheduled internal reviews will begin in January 2015. Sign-up dates will be sent to programs

## WATCH FOR SIGNUP EMAIL

- All Program Directors and FM Site Directors are expected to participate in two (or more) internal reviews. All will share the role as Lead reviewer and 2<sup>nd</sup> Reviewer
- WATCH for a **Doodle** poll over the summer...sign up early to get your choice of dates!  
*Assignments are confirmed on a first come, first served basis*
- Watch for an email that we will be sending to Chief Residents...as Chief Residents serve on internal review teams. Each team has 2 faculty and 1 resident member.

## Questions?

Please contact [pgmecoordinator@utoronto.ca](mailto:pgmecoordinator@utoronto.ca) if you have any questions.

# Board of Examiners-PG Update: June 2014

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## Board of Examiners – Postgraduate Programs (BOE-PG)

The BOE-PG is a committee of faculty and residents appointed by Faculty Council and currently chaired by Dr. Stephanie Brister.

Trainees in a residency program are routinely evaluated on an ongoing basis, both formally and informally. This evaluation must be conducted in accordance with the policies of the University, the RCPSC and the CFPC. When residents have difficulty achieving the goals and objectives of the residency program they are referred to the BOE-PG. The evaluation procedures are outlined in the Guidelines for the Evaluation of Postgraduate Trainees of the Faculty of Medicine at the University of Toronto (Feb 2007) <http://www.pgme.utoronto.ca/content/board-examiners-boe-pg-0>

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## Role of BOE-PG

At the request of a Program Director and Vice Dean-Postgraduate Programs, the BOE-PG reviews the cases of residents in academic difficulty to decide the course(s) of action, which may include remediation, remediation with probation, probation or suspension and dismissal. The assessment of a resident's performance may include the evaluation of the residents' academic, behavioural, ethical and professional performance in their residency program, or the evaluation and recommendation from an independent process.

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## PGME Support

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

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## Questions?

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

## A look at 2013-14\* BOE-PG Cases

BOE case volumes & outcomes	2012-13	2013-14
1. Total cases over year	26	35
2. Total cases open and active at beginning of academic year (July 1)	10	13
3. Number of New cases over year	16	22
4. Number of Closed cases over year	12	13
5. Number of Residents resigned over year	1	0

Category	Criteria	2012-13		2013-14	
		Count (%)	(n=26)	Count (%)	(n=35)
<b>Training Level</b>	PGY1	6 (23%)		3 (9%)	
	PGY2	7 (27%)		9 (26%)	
	PGY3	3 (12%)		9 (26%)	
	PGY4+	10 (38%)		14 (40%)	
<b>Type of Trainees</b>	MOH CMG	14 (54%)		18 (51%)	
	MOH IMG	12 (46%)		15 (43%)	
	Visa/Other	0		2 (6%)	
<b>Type of Problem by case</b> (Most cases have >1 problem area)	Medical Expert	19 (73%)		25 (71%)	
	Professional	12 (46%)		19 (54%)	
	Communicator	14 (54%)		17 (49%)	
	Manager	6 (23%)		11 (31%)	
	Collaborator	1 (4%)		6 (17%)	
	Health Advocate	0		0	
	Scholar	0		1 (3%)	

\*Updated as of June 10, 2014 pending completion of academic year



# Global Health at PGME: June 2014

## Global Health Education Initiative

The Global Health Education Initiative is in its 5th year and has had almost 100 residents graduate from the 2-year program. During the 2013-14 academic session, the global health team developed Global Health Elective guidelines for medical residents that were approved by the Postgraduate Medical Education Advisory Committee.

## Global Health Electives

The Global Health Education Committee is currently working on a common application process for global health electives, as well a common ITER to enable them to compare and evaluate the GH elective experiences of our trainees. A pre-departure training (including insurance, health priorities, and ethics) and post-travel de-briefing curriculum are currently in development.

## Communication and Conferences

A communication plan, including an enhanced Global Health @PGME website, will ensure that all trainees, program directors and program assistants will be aware of global health opportunities and services. The GH Lead presented our global health electives guidelines and an empirically derived taxonomy of global health at the Conference of Universities for Global Health in Washington.

## PGME Global Health Day

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

## Contacts

Dr. Barry Pakes is Academic Lead in Global Health [barry.pakes@utoronto.ca](mailto:barry.pakes@utoronto.ca) and Judy Kopelow is Manager, Strategic Programs and Initiatives for Postgraduate Medical Education [j.kopelow@utoronto.ca](mailto:j.kopelow@utoronto.ca)

## Resource Stewardship PGME Sub-Committee: June 2014

Health care costs are rising at an unsustainable rate. Up to 30% of healthcare spending is considered wasteful with no impact on the quality of care. Physicians are responsible for approximately 80% of healthcare spending, yet there has traditionally been little discussion of value or appropriateness of care in medicine. On the heels of the American Board of Internal Medicine's successful Choosing Wisely campaign, Choosing Wisely Canada (CWC) was launched this spring to intensify the focus on resource stewardship and the appropriate use of healthcare resources in Canada.

This heightened focus on resource stewardship has important implications for postgraduate training. Already, the current CanMEDS framework's Manager role has as a Key Competency for physicians to be able to "allocate finite healthcare resources appropriately" with enabling competencies of being able to "recognize the importance of just allocation of healthcare resources, balancing effectiveness, efficiency and access with optimal patient care" and to "apply evidence and management processes for cost-appropriate care". Resource stewardship is recognized to be an important concept for residents to learn, but is currently under-represented in the curriculum of most postgraduate training programs.

The proposed CanMEDS 2015 framework has additional competencies related to resource stewardship and delivering high-value care, including (but not limited to):

- Apply available evidence or recommendations for cost-appropriate care
- Employ strategies to overcome the personal, patient and organizational factors that lead to waste of healthcare resources
- Use clinical judgment and assessment of probability to minimize wasteful practices
- Describe the ethical case for resource stewardship in health care

Physicians have a responsibility to avoid inappropriate tests that offer little value and that expose patients to unnecessary risk harm. Just as is the case for medical students, it is important that residents engage in active learning about resource stewardship.

A newly formed subcommittee within PGME brings together representatives from multiple departments to lead in the design, implementation, evaluation, and eventual dissemination of educational programs aimed at teaching residents how to deliver high value appropriate care to patients.

For further information, please contact Dr. Anne Matlow at 416-978-2618 or [anne.matlow@utoronto.ca](mailto:anne.matlow@utoronto.ca)

# Royal College Update on Subspecialty Examination Affiliate Program: June 2014

<http://www.royalcollege.ca/portal/page/portal/rc/credentials/start/routes/seap>

The Royal College of Physicians and Surgeons of Canada (RCPSC) has created a new subspecialty examination program and affiliate category to ensure national standards of specialty care across Canada. The new **Subspecialty Examination Affiliate Program (SEAP)** provides an

- approved mechanism for non-certified, internationally-trained subspecialists practising in Canada to challenge a Royal College subspecialty examination;
- approved mechanism for internationally-trained physicians who are registered with a postgraduate office in an accredited Royal College subspecialty training program, but are not eligible to meet the prerequisite for subspecialty certification (Royal College certification in a primary specialty), based on the jurisdiction of their primary specialty training (i.e. primary specialty training was completed outside Canada or the United States) to challenge a Royal College subspecialty examination; and
- invitation for successful exam candidates to join the Royal College as a Subspecialist Affiliate.

## SEAP supports national standards for all subspecialists practicing in Canada

Licensed, internationally-trained physicians are currently practicing in Canada in recognized Royal College subspecialties, but without Royal College certification. SEAP enables the Royal College to deliver on their professional responsibility to enable all specialists and subspecialists practising in Canada to be assessed against the same national standards.

SEAP will

- assist in closing the gap between no Royal College assessment for practising non-certified subspecialists and the standard traditional Royal College examination,
- provide medical regulatory authorities with consistent national standards of assessment,
- enhance public confidence that their care is being provided by someone who can document successful completion of their subspecialist competence against Canada's national standard.

*Note:* SEAP does not create a new pathway to Royal College Fellowship, nor can successful exam candidates use the Fellowship designation. Those who pass the exam will be provided Royal College attestation of their successful completion and offered the option to become a Royal College Subspecialist Affiliate.

Affiliate status provides a mechanism for maintaining engagement with the Royal College and participating in the Maintenance of Certification (MOC) Program, but does not confer Royal College membership or Fellowship status.

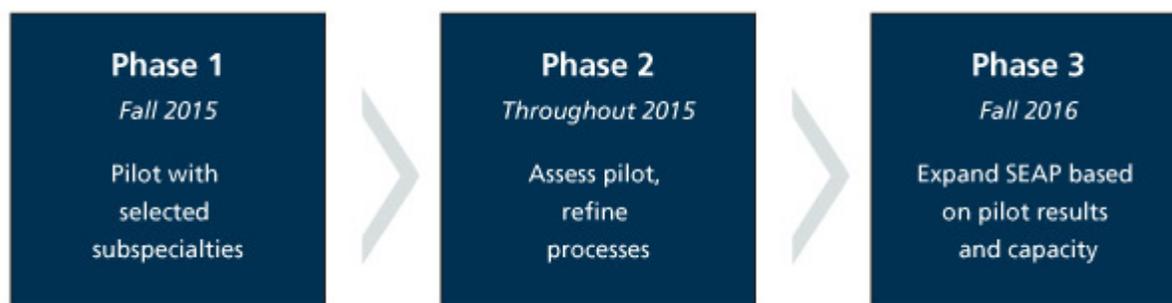
### Program eligibility for internationally-trained physicians

The new program impacts two main groups:

1. Internationally-trained physicians already licensed and practising as subspecialists in Canada who do not have access to Royal College certification via a primary specialty.
2. Internationally-trained physicians who are registered with a postgraduate office in an accredited Royal College subspecialty training program, but are not eligible to meet the prerequisite for subspecialty certification (Royal College certification in a primary specialty), based on the jurisdiction of their primary specialty training (i.e. primary specialty training was completed outside Canada or the United States.)

### Phased implementation includes a 2015 pilot

To facilitate a manageable implementation for the Royal College and our medical school partners, SEAP will be deployed in phases. The initial phase will focus on internationally-trained physicians who are registered with a postgraduate office in an accredited Royal College subspecialty training program as this group is the most straightforward to identify and can be assessed against the current Royal College examination process.



### The programs approved to participate in the SEAP 2015 pilot are:

- Neonatal-Perinatal Medicine
- Pediatric Emergency Medicine
- Maternal-Fetal Medicine
- Neuroradiology
- Nephrology

For further information, please contact [credentials@royalcollege.ca](mailto:credentials@royalcollege.ca)

**Postgraduate Medical Education  
Faculty of Medicine  
University of Toronto**

cordially invites you to a Reception  
welcoming New Residents

**DoubleTree by Hilton Toronto Downtown**

108 Chestnut Street  
(south of Dundas between University & Bay)  
Mandarin Ballroom (lower level)  
Toronto, ON M5G 1R3

*Thursday, June 26, 2014*

*4:00 – 6:00 PM*

*Please RSVP by June 2 to:*  
postgrad.med@utoronto.ca or 416-978-6709



Postgraduate Medical Education  
UNIVERSITY OF TORONTO

# Progress Report: Integrated Medical Education

May 21, 2014

## Year at a Glance...

### **Governance for Integrated Medical Education:**

Under the leadership of the Deputy Dean, Sarita Verma, the T-IME Steering Group has recently completed its original mandate. Future work of the OIME will be overseen by the Deputy Dean together with an IME Advisory Group and the Manager, Office of Integrated Medical Education (Wendy Kubasik) in close collaboration with our affiliated hospitals, PGME, UGME, Clinical Affairs and our clinical departments at the University of Toronto.

### **TACT: Teaching and Academic Capacity in Toronto:**

With project management services provided by the OIME, the Faculty of Medicine has established a Steering Committee to better understand teaching and academic capacity in our affiliated hospitals, public health units, independent offices, and clinics. Co-chaired by Drs. Glen Bandiera and Stacey Bernstein, a report will be produced in November of 2014.

### **Preceptor Payment Budget for 2013-2014:**

We were pleased to receive confirmation from the Ministry of Health and Long-Term Care that our preceptor payment budget has been increased to \$5.6 million per annum. This represents growth of 53% from our original budget allocation in 2011. Of note, the UofT does not receive funding for learner travel or accommodations from the MOHLTC.

### **The Learner Experience:**

The T-IME Learner Experience working group has facilitated several projects designed to streamline the medical learner (clerks and residents) registration and orientation process as they move through the affiliated hospitals (see the attached "Fact Sheet"). This group has collaborated with TAHSN-e, HUEC, PGME and UGME and works closely with senior leaders from our affiliated hospitals, as well as undergraduate and postgraduate learners. Work-in-progress and accomplishments include:

- Standardized mandated, e-orientation modules/training for one-time learner completion (privacy, hand hygiene and sharps safety)
- Survey on parking requirements across the full and community-affiliated hospitals;
- Survey and study on pre-printing of security-ID badges (available at each hospital prior to rotation start);
- Evaluation on the feasibility of "common" pagers for medical learners; and,
- Exploration of "One Badge", a UofT identification badge for all medical learners (to be piloted with the new longitudinal integrated clerkship program).

### **Key Performance Indicators for Integrated Medical Education:**

Our inaugural "KPIs for Integrated Medical Education" was published in October of 2013. Details can be found at online KPIs Dashboard (see [www.oime.utoronto.ca](http://www.oime.utoronto.ca)). Our short-term KPIs for IME include data on our community-based programs such as IME funded learner days, payments to community preceptors, academic appointments, teaching sites, and recognition/supports for our preceptors.

### **Recognition and Supports for our Community-Affiliated Faculty Members:**

Three new awards for excellence in community teaching were established in 2012. In the first year of implementation, we received 22 nominations, and 5 awards were presented at the Faculty's Education Achievement Day celebration in May 2013. This year, we received 44 nominations! Five awards and several special commendations were presented at the Annual Academic Achievement Day event in May of 2014.

**Summits on Integrated Medical Education:**

In September of 2011, a Summit focused on charting a roadmap for IME at the University of Toronto was convened. Our second annual Summit, focused on educational technologies, took place in November of 2012, and was attended by over 130 delegates from the UofT and our affiliated hospitals. In recognition of the number of new Clinical Teachers in the Faculty, our third summit – focused on faculty development – took place in December of 2013. Proceedings for all three summits can be found on the OIME website.

**Communications Programs for Integrated Medical Education:**

Launched in March 2012, the OIME website has become a centralized source of information for our community-based preceptors, learners, and other DME programs across Canada. To date, six editions of the OIME Newsletter have been circulated to a list serve of over 2,300 subscribers.

For further details, please contact: Wendy Kubasik, Manager, OIME ([wendy.kubasik@utoronto.ca](mailto:wendy.kubasik@utoronto.ca)), (416) 978-3762).

