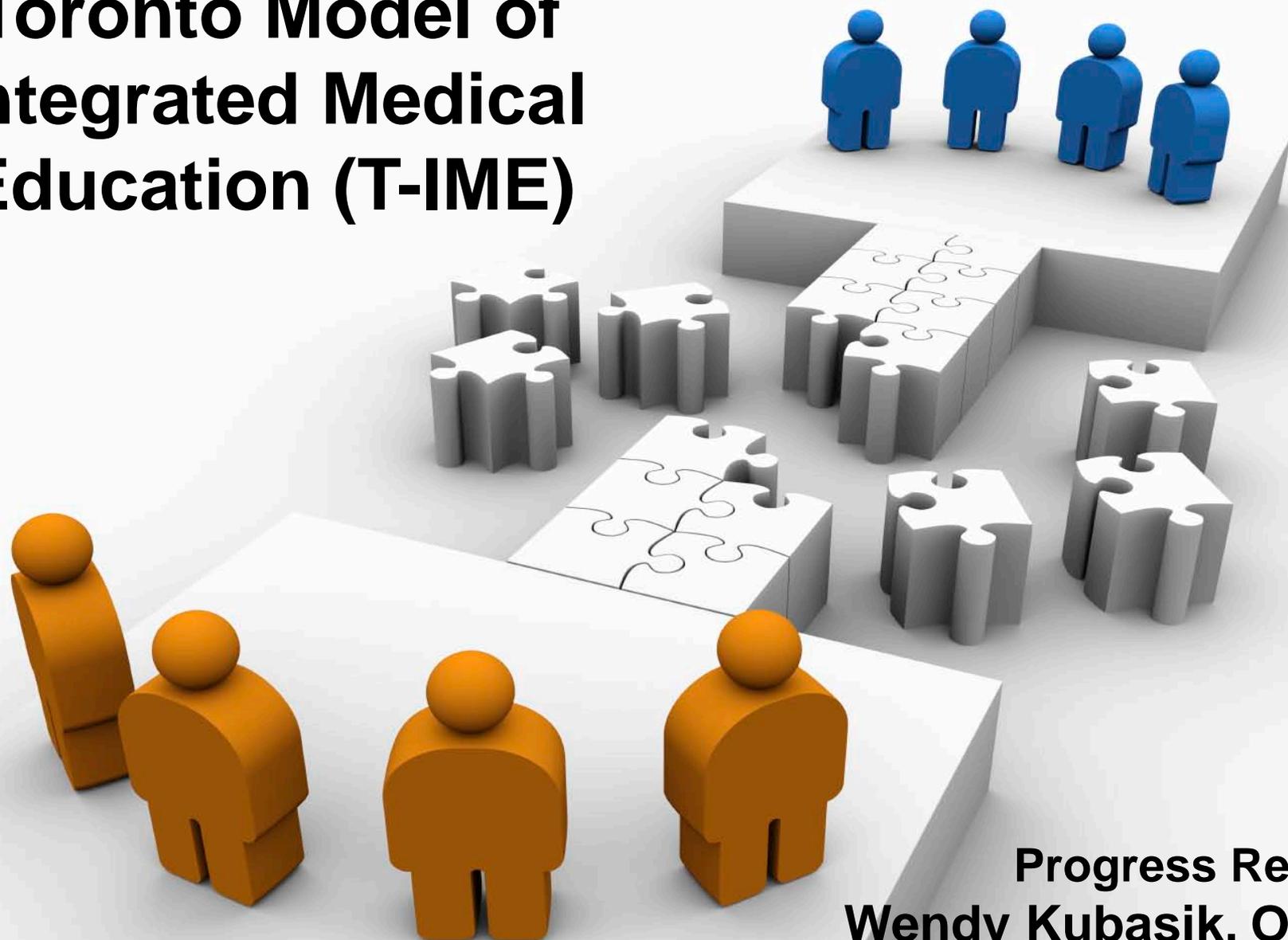


# Toronto Model of Integrated Medical Education (T-IME)



**Progress Report**  
**Wendy Kubasik, OIME**  
November 17, 2011

# Integrated Medical Education



- IME: A collaborative endeavour engaging all UT affiliated teaching sites
- Includes a broad range of experiences in settings that are reflective of the potential practice locations of our learners
- Expansion of teaching and learning into the community hospitals:
  - Set new professional standards for accreditation
  - Increase teaching capacity
  - Deliver patient-centered, inter-professional, evidence-based health care, in urban, suburban and community settings.
- IME challenges the traditional boundaries of ME by enhancing learners access to clinical teaching for all programs, along the full continuum of medical education, and across all clinical departments and specialties

# IME – Overarching Principles



- Teaching and learning by medical students and trainees will include a broad spectrum of experiences
- Equally recognize the strengths of the teaching and learning culture within each site
- Adopt a learner-centred approach that truly values the education of all learners across the continuum of medical education



# T-IME Mandate



- Establish & create milestones for implementation of IME across full and “big 5” community hospital affiliates (Trillium, CVH, TEGH, NYGH, SJHC)
  - Graduated phase-in of other community affiliates (20)
  - Begin with MD Learners
  - T-IME Project and Steering Committee led by Sarita Verma, Deputy Dean
  - 9 working groups
  - Project management and support through the OIME
- Develop a seamless system for payment of preceptors in the community hospitals
- Develop and operationalize Key Performance Indicators

# OIME



## Office of Integrated Medical Education

- Commenced operations in late April 2011
- T-IME Project Management: 9 working groups
- Physical Infrastructure (Tanz Building)
- Human Resources/Organizational Chart
- Communications Programs
  - Implementation of an online communications and collaboration tool (Basecamp – full transparency amongst the working groups)
  - Interim IME website operational; full website expected to be operationalized by mid-December
  - Listserv with 250+ participants
  - Newsletter this December 2011

# OIME Activities



- Preceptor Payments:
  - Payments for January – June 2011 have been made
  - July – September 2011 in progress
  - Progress report to MOHLTC files for Jan-Mar 2011, and Q1 FY 2012
  - Payments to “office-based docs”: Process under development, new appointments are required
- T-IME Preceptor Payment System:
  - Beta tests with NYGH, HRRH and CVH to be completed this week (based on July 2011 data)
  - Full rollout: November/December 2011
  - T-IME is a fully integrated database

# OIME

Office of Integrated Medical Education

## *Accomplishments to date*



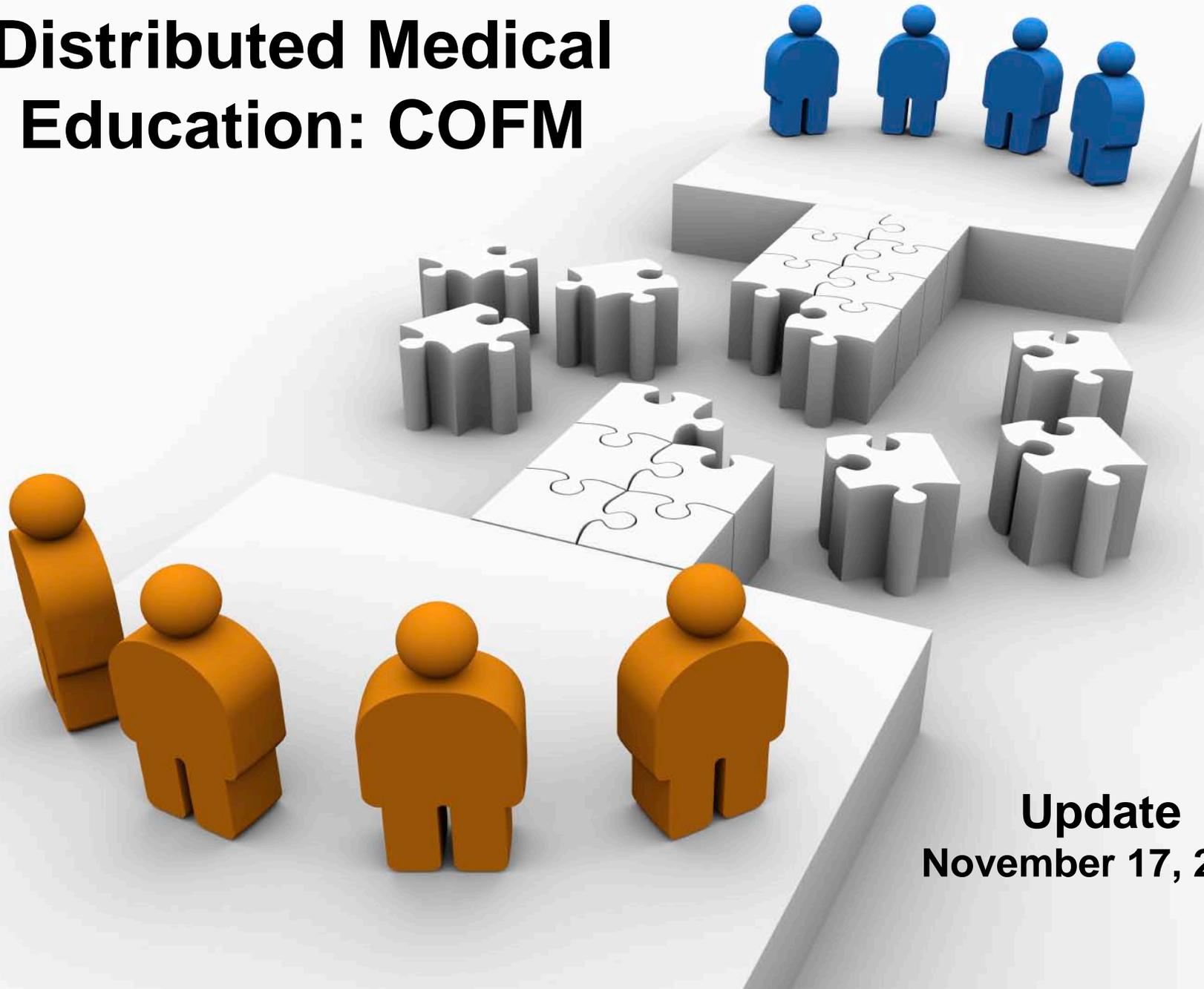
- IME Think Tank, September 13, 2011
  - 75+ participants; excellent evaluations; proceedings have been circulated
- T-IME Project Management: 8 working groups. Major milestones:
  - Finance: Report and Draft Business Case completed
  - POWER & MedSIS: Final Report prepared
  - Key Performance Indicators: Samples under development
- CCME 2012: 3 abstracts submitted: T-IME; T-IME preceptor payment system; policies & procedures working group



# Observations

- The T-IME project has:
  - Provided a focus for attention on accreditation standards
  - Created an opportunity to review and update affiliation agreements
  - Developed a mechanism for bringing strategies around IME into the strategic planning process
  - Provided a forum for networking between the Faculty of Medicine and its medical education stakeholders

# Distributed Medical Education: COFM



**Update**  
**November 17, 2011**



# DME-COFM

- The role of DME: COFM is to advise COFM on all matters relating to distributed medical education provincially that bear on the collective interests of the Ontario medical schools
  - Provide strategic advice to COFM on all matters related to DME
  - Function as a resource group for COFM and MOHLTC
  - Liaise with placement agencies (e.g., ROMP, ERMEP, etc.)
  - DME:COFM and Full DME:COFM
- Membership: All 6 medical schools in Canada



# DME-COFM:

## *Strategic Priorities for 2011-12*

- Develop an implementation plan to ensure effective compliance with the *Collaboration in Ontario Distributed Medical Education* document
- Streamline the academic appointment process to make it easier for preceptors to obtain academic appointments
- Act as a resource for the MTD working group
- Review and provide input into the preceptor payment process

# IME Think Tank: Key Priorities



September 13, 2011  
89 Chestnut  
Conference Centre

# IME Think Tank: September 13, 2011

*Faculty Club, University of Toronto*

*8:00 a.m. – 1:00 p.m.*



## **Purpose:**

- To chart a roadmap for the future of IME at the UofT

## **Objectives:**

- To examine the current state of IME/DME in the context of:
  1. The Future of Medical Education in Canada (FMEC) project; and,
  2. The Report of the Global Commission on Education of Health Professionals for the 21<sup>st</sup> century.
- To develop a shared understanding of the current and future opportunities and challenges that are faced in delivering IME;
- To build new initiatives and partnerships aimed at implementing – and enhancing – the integration project in the UT Faculty of Medicine;
- To establish potential priorities in developing IME at the University of Toronto (i.e., focus for the next 1-2 years).

# T-IME Working Groups



Progress  
Reports

# CEPD and FD



Co-chairs	Karen Leslie, Director CFD Dimitri Anastakis, Acting Vice Dean, CPD
Accomplishments	<ul style="list-style-type: none"><li>• Inventory of current state of course/program offerings in CFD and CEPD has been completed</li><li>• Interviews of Vice Chairs/Chairs in UT clinical departments underway: Goal is to elucidate existing CE &amp; FD departmental offerings, orientation and mentorship programs, leadership training (expected completion: end of November 2011)</li></ul>
Next Steps	<ul style="list-style-type: none"><li>• Complete assessment, gaps analysis of current state of CE &amp; FD offerings</li><li>• Provide recommendations on next steps, new programs, etc.</li></ul>

# Key Priorities: IME Think Tank



## *Life-Long Learning in CE & FD:*

### Key Opportunity:

- *Create new models to support faculty learning*

### Key Priorities:

1. Identify key resources (e.g. people, technology), communication programs, and engagement process. Develop and pilot innovative models (e.g. communities of practice, workplace learning, 'preceptor' model of faculty development, individual learning plans)
2. Extend these concepts and skills into the undergraduate and postgraduate curriculum (including the assessment processes)

# Appointments & Promotions



Co-chairs	John Bohnen, Vice Dean Clinical Affairs Avrum Gotlieb, Chair, Promotions Committee
Accomplishments	<ul style="list-style-type: none"><li>• Over 496 new preceptors appointed by October 2011</li><li>• Draft ToolKit for community-based physicians has been prepared</li><li>• Inventory of existing activities around promotions and teaching awards in the hospitals, and UT clinical departments has been completed (result: heterogeneous practices)</li><li>• Development of an online appointments system: Feasibility of Laserfiche being assessed; strategies to ensure compliance with privacy rules under development</li><li>• Development of methods to engage, recognize and value contributions of PT faculty underway</li></ul>

# Key Priorities: IME Think Tank



## *Recognizing and Valuing Faculty Contributions:*

### Key Opportunity:

- *Recognize and value academic activity beyond the promotions process*

### Key Priorities:

1. Short-term (one year):
  - Develop a value proposition and guiding principles around teaching → action items
2. Medium-term (2-3 years):
  - Implement and evaluate action items

# Learner Experience



Co-chairs	Susan Edwards, Director Resident Wellness Leslie Nickell, Associate Dean, Student Affairs
Accomplishments	<ul style="list-style-type: none"><li>• Policy reviews nearing completion</li><li>• Access and Travel: Identified significant opportunities to develop a common, centralized, UofT learner orientation and registration process</li><li>• Modules on infection control (hand hygiene), mask fittings, gowning, eyewear in ER, privacy &amp; confidentiality are being explored with TAHSN-E</li><li>• Use of a common pager is being explored</li></ul>
Next Steps	<ul style="list-style-type: none"><li>• Coordination with P&amp;P working group: posting policies, online, centralized repository</li></ul>

# Key Priorities: Breakout Sessions



## *Learner Experience*

### Key Opportunity:

- *Optimal ease of transition between sites*

### Key Priorities:

#### 1. Short-term (1-2 years):

- Centralized reliable scheduling system: full compliance with minimum standards in POWER and MedSIS
- Equity in terms of travel: scheduling

#### 2. Medium-term (3-4 years):

- Common centralized University of Toronto learner orientation and registration model including (i.e., infection control, mask fittings, common pager, privacy/confidentiality, etc.)

# Key Performance Indicators



Co-chairs	Sarita Verma, Deputy Dean, FOM Sal Spadafora, Vice Dean, PG Medical Education
Accomplishments	<ul style="list-style-type: none"><li>• Review of “state” of KPIs completed (fully affiliated hospitals and UofT complete)</li><li>• Key criteria and assessment methodology for KPIs confirmed (i.e., availability, cost-effectiveness, relevance, validity, etc.)</li><li>• Environmental scan for “comparable” institutions has been completed</li><li>• Data collection “theme” identified: diversity of opportunities; learner experience; teaching excellence</li><li>• Development of draft KPIs underway with PGME, UGME, Human Resources</li></ul>
Next Steps	<ul style="list-style-type: none"><li>• Prepare a draft report on KPIs</li><li>• Build a “data warehouse” of KPIs</li><li>• Confirm common KPIs with hospitals</li></ul>

# Key Priorities: IME Think Tank



## *Measuring Our Impact (KPIs)*

Priority “Theme” for data collection:

- *Learner Experience*

### Key Priorities:

1. Integrated approach to gathering KPIs
2. Overarching story: The **impact** of an integrated model of learning – learners in the full & community hospitals.
3. Qualitative stories of innovations, impact on the community, in the hospitals where our learners are, diversity of settings, etc. **AND**,
4. Quantitative measures: Where do our students practice? What was their experience like? Distribution of our graduates in Ontario, nationally. Return-on-investment.

# Connectivity



Co-chairs	Marcus Law, Toronto East General Hospital Wes Robertson, Director IT, Discovery Commons
Accomplishments	<ul style="list-style-type: none"><li>• Inventory of affiliated hospital IT and video conferencing contacts now complete. Posted on Discovery Commons website</li></ul>
Next Steps	<ul style="list-style-type: none"><li>• Identify educational technology champions across clinical departments</li><li>• Conduct an environmental scan on data connections, best practices</li><li>• Work with CFD to support distributed edu tech (ITIF grant obtained – FD and e-learning)</li><li>• Recommend a strategy for integration across the FOM and affiliated partners</li><li>• Establish a leadership group on connectivity</li></ul>

# Key Priorities: IME Think Tank



## *Building Novel Models: IT & Simulation*

### Key Opportunity:

- *Encourage new ways of teaching and learning using educational technologies*

### Key Priorities:

#### 1. Short-term (one year)

- Seed funding as incentive for innovative, educational technologies
- Support to admin/faculty/learner - develop digital proficiency

#### 2. Medium-term (2-3 years)

- Develop innovative ways to engage with faculty and learners
- Improve efficiency of existing technologies
- Improve methods to share innovation across the FOM

# Key Priorities: IME Think Tank



## *FMEC and the Global Commission*

### Key Opportunity:

- *Harness the diversity in our network to defragment the system and engage the community in creating a flexible, collaborative partnership*

### Key Priorities:

1. Embellish current systems (e.g., academies, governance structures) to focus on integration and collective learning
  2. Create a shared mechanism to allow those within the system to adopt positive change and respond to challenges
- Eliminate silos; encourage innovations amongst the academies; take advantage of HUEC and TAHSN networks

# POWER & MedSIS



Co-chairs	Patricia Houston, Vice President Education David Latter, Vice Chair, Surgery
Accomplishments	<ul style="list-style-type: none"><li>• Final report of the working group has been completed (pre-circulated with the agenda)</li><li>• Inventory of “wish list” enhancements included in the final report</li><li>• Recommendations from the report have been brought forward to the relevant Task Forces and Groups (e.g., POWER/PGME, MedSIS/UGME, etc.)</li></ul>

*This working group has now completed it's tasks*

# FINANCE



Chair	Sarita Verma, Deputy Dean
Accomplishments	<ul style="list-style-type: none"><li>• Together with the CFOs of SJHC, TEGH, and NYGH, an analysis of expenses related to medical-education was completed</li><li>• Report was presented to the Hospital CEOs Dean, Deputy Dean and Vice Deans (PG/UG)</li><li>• Business case for presentation to the CEOs has now been prepared</li></ul>
<i>This working group has now completed it's tasks</i>	



# OIME – Contact Us

6 Queen's Park Crescent  
Tanz Building, Room 305  
Toronto, Ontario  
M5S 3H2

**WENDY KUBASIK**

Manager, OIME

Tel: (416) 978-3762

[Wendy.kubasik@utoronto.ca](mailto:Wendy.kubasik@utoronto.ca)

General: (416) 978-3748

Fax: (416) 978-3731

Email: [oime@utoronto.ca](mailto:oime@utoronto.ca)

