



All Program Directors and Family Medicine Site Directors Meeting

Friday January 20, 2017

12:00 – 2:30 pm

Giovanni Room, 2nd Floor | 89 Chestnut Street

Time	Agenda	Presenters
12:00 - 12:30	Registration and Lunch	
12:30 - 12:40	Welcome and Updates	Dr. Glen Bandiera Associate Dean, PGME
12:40 – 1:10	Leadership	Dr. Anne Matlow Faculty Lead, Strategic Initiatives
1:10 – 1:40	Voice of the Resident	Dr. Glenys Babcock Manager, Data & Analytics, PGME Mariela Ruetalo Research Officer, PGME
1:40 – 2:15	Competence by Design Update	Dr. Susan Glover Takahashi Director, Education, Innovation & Research Lead, Education Innovations Group Postgraduate Medical Education
2:15 – 2:30	PGME Strategic Plan – Update, Wrap up	Dr. Glen Bandiera
<ul style="list-style-type: none"> • Coffee + desserts will be available throughout the meeting. • Please feel free to avail yourselves of refreshments during the meeting 		



ABOUT CBME & PGME CBD PROGRAMS

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CBME at University of Toronto PGME

Welcome to the PGME CBME website! Thank you for your interest in advancing Competency-Based Medical Education (CBME). We built this site to help support the implementation of CBME at the University of Toronto, including the implementation of Family Medicine's Triple C Curriculum, the Royal College's Competence by Design (CBD) and other competency-based education initiatives.

Watch [CBME Welcome Video](#).



PGME CBME Newsletters

- ISSUE 3 - DEC 2016
- ISSUE 2 - MAR 2016
- ISSUE 1 - NOV 2015



U of T CBME Faculty & Resident Resources

- CBME & CBD VIDEOS
- TERMINOLOGY
- MYTH BUSTING
- REFERENCES & RESOURCES



U of T CBME Curriculum & Implementation Resources

- OVERVIEW OF IMPLEMENTATION PROCESS
- PROGRAM INTAKE FORM
- CURRICULUM & ASSESSMENT MAP
- ASSESSMENT PLAN
- COMPETENCE COMMITTEE GUIDELINES - COMING SOON
- ROTATION PLAN



External Links

- CANMEDS INTERACTIVE
- CANMEDS TOOLS GUIDE
- ROYAL COLLEGE
- FAMILY MEDICINE TRIPLE C CURRICULUM
- UTPGMEXCHANGE
- U OF T FACULTY OF MEDICINE
- CENTRE FOR FACULTY DEVELOPMENT (CFD)

REFERENCES & RESOURCES

CBME BASICS

- [Suggested CBME Reading List](#)
- [CBD Competence Continuum](#)
- [2017-18 Block Rotation Schedule](#)
- [VIDEO: Welcome to CBME](#)
- [VIDEO: CBME & CBD 101](#)
- [VIDEO: EPA 101 – Anesthesia](#)
- [VIDEO: EPA 101 – Medical Oncology](#)
- [VIDEO: EPA 101 – Otolaryngology – Head and Neck Surgery](#)
- [VIDEO: Assessment Basics for CBME & CBD \(under construction\)](#)

CHANGE

- [Favourite Books on Change](#)
- [Six Rules for Change – Image](#)
- [7 Pitfalls to Avoid – Image](#)
- [Managing Complex Change – Image](#)

FEEDBACK

- [Favourite Books on Feedback](#)
- [Improving Feedback Handout](#)

FOR MORE INFORMATION, PLEASE CONTACT:

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Upcoming Faculty Development Sessions & Events

Date	Time	Topic
Tue, Feb. 7, 2017	9:30 am to 11:00 am	How is your RPC working for you? Ideas to improve your RPC process and effectiveness
Thur, Feb. 9, 2017*	4:30 pm to 5:30 pm	MEANTIME Part 1: Getting started on CBME for Cohort 4-7 Programs *will be offered IN-PERSON and ONLINE formats
Fri, Feb 10, 2017*	8:30 am to 10:00 am	
Wed, Mar 1, 2017	5:30 pm to 9:00 pm	Post MD Education Appreciation Reception
Tue, Mar 7, 2017	4:00 pm to 7:00 pm	Perspectives on CBME Implementation with Special Guest Dr. Eric Holmboe Full agenda is on reverse
Thur, Mar 23, 2017	4:30 pm to 6:00 pm	MEANTIME Part 2: Moving forward on CBME for Cohort 4-7 Programs
Tue, May 16, 2017	9:00 am to 11:00 am	Building a robust teacher evaluation process in your program
Fri, May 26, 2017	12:00 pm to 2:30 pm	All Program Directors and Family Medicine Site Directors Meeting
Fri, June 9, 2017	9:00 am to 11:00 am	BOE and Remediation Plans

Invitations will soon follow with all the relevant details for each of the above events.

Should you have any questions about any of these sessions or events, please contact Lisa Bevacqua, Event and Project Planner at Lisa.Bevacqua@utoronto.ca or 416-946-0335.



Faculty Development Session: Competency Based Medical Education

Location: To be confirmed

Tuesday, March 7, 2017 – 4:30 pm to 6:30 pm

Time	Agenda	Presenter(s)
4:00 pm	Arrivals Coffee and Light Snacks	
4:30 pm	Welcome	Dr. Sal Spadafora Vice Dean, Post MD Education
4:40 pm	CBME@UofT - <i>Generation 2 CBME programming</i>	Dr. Markku Nousiainen , PD Orthopedics Dr. Karl Iglar , PD, Family Medicine Dr. Scott Berry , PD, Medical Oncology
5:10 pm	Lessons Learned about Implementing CBME for ACGME: When Theory Meets the Reality of Practice	Dr. Eric Holmboe Senior Vice President, Milestone Development and Evaluation Accreditation Council for Graduate Medical Education (ACGME), Chicago Illinois
5:50 pm	Panel Discussion on Implementation Journeys	Dr. Eric Holmboe Senior Vice President, Milestone Development and Evaluation, ACGME Dr. Damon Dagnone Faculty Lead, CBME, Queens University Dr. Shannon Venance Director, CBME Implementation, University of Western Ontario Dr. Susan Glover Takahashi Director, Research, Innovation & Education, University of Toronto
6:30 pm	Reception Refreshments and Hors D'oeuvres	
7:00 pm	Adjournment	

Medical Humanities Education Match Funding Grants

December 2016

BACKGROUND

The Postgraduate Medical Education Office welcomes semi annual submission of proposals requesting match funding in support of proposed projects enhancing integration, application, and/or education within the scholarship of medical humanities and humanism in postgraduate medical education.

Funded projects are intended to align with both the best practices in medical humanities and the specific residency programs' educational priorities.

Grants are designed to encourage engagement in the medical humanities to further enhance humanism, compassionate care, and clinical competencies and deliverables are closely aligned with the ongoing priorities of Postgraduate Medical Education and CanMEDS roles.

Medical humanities have the potential to enhance several CanMEDS roles and competencies, including observation skills, empathy and perspective taking, tolerance of ambiguity, develop self-reflection, communication skills, enhance cultural competencies, and build wellness capacity (Shapiro & Rucker, 2003; McCullough, 2012, Watson, 2011; Silk & Shields, 2012; Zazulak, Booth, Price & Podedworny, 2013; Bleakley, 2015).

The Postgraduate Medical Education Office welcomes proposals reflecting a variety of curricular designs and project proposals identifying how medical humanities will be integrated into curricula and further enhance CanMEDS roles within specific or interdisciplinary residency training (see Appendix 1 for examples of specific CanMEDS competencies).

ABOUT THE PROPOSALS:

- Will be accepted semi-annually in May and November.
- Applications will use the forms provided and include:
 - A brief summary of the project (including number and length of sessions)
 - Identify objectives and intended value of the project as it relates to medical humanities.
 - Identify how the project is related to and addresses residency program(s) priorities and CanMEDS roles and/or competencies.
 - Identify how the goals of the project will be achieved through medical humanities.
 - Identify the expertise of the facilitator(s) responsible for facilitating the project.
 - Describe the methodology used to evaluate the program offered.
 - Provide a budget for the project with explanation of costs and demonstrating the match funding from the residency program involved.
 - Signature of project lead and program director.

ABOUT THE FUNDING:

- Will be provided for one year period.
- Successful applicants will be provided funding a maximum of up to \$5000 per project from the PGME office.
- Applications must include a letter of support from the co-funder (e.g. Departmental Chair, Hospital Chief).

Medical Humanities Education Match Funding Grants

Grant Application

Application Deadlines:

- March 31, 2017
- September 30, 2017

Funding

- Funding will be provided for a one-year period and awarded semi-annually in May and November.
- Successful applicants will be provided funding a maximum of up to \$5000 per project from the PGME office. Applications must include a letter of support from the co-funder (e.g. Departmental Chair, Hospital Chief)
- All successful grant recipients are required to submit a final report evaluating the project and identifying how objectives were met and their impact.

Ethics

- If your proposed project is selected for funding, ethics approval (if applicable) must be secured prior to funding being released.
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1. Name of Project Lead:

2. Program/Division within Postgrad MD of Project Lead:

3. Primary Contact Information:

4. Co-Applicant Name(s) and Program Affiliation(s) (if applicable):

5. Collaboration Information:

Name(s) & Affiliations

6. Project Title:

7. Project Summary/Abstract: (250 word limit)

Include:

- What challenges/problems does the project aim to address?
- How does the proposed project address specific residency priorities and CanMEDS roles and/or competencies?
- How do the goals of this project demonstrate an application of medical humanities?

8. Project Background: (250 word limit)

Include:

- What, if known, scholarship exists on the proposed project and/or methodology?

9. Medical Humanities Expertise: (250 word limit)

Include:

- What is the background and expertise of the facilitator(s) responsible for facilitating the project?

10. Methodology & Evaluation: (250 word limit)

Include:

- Describe the project implementation including activities and timelines.
- Describe the methodology that will be used to evaluate the success and impact of the proposed project.

11. Project Start Date (Approximate if Firm Date is Unknown):

Project End Date (Approximate if Firm Date is Unknown):

12. Anticipated Results and CANMEDS Roles/Competencies: (250 word limit)

Include:

- What will participants take away from engaging with the project?
- What CanMEDS roles and/or competencies will be addressed through this project?

13. Knowledge Transfer (If Applicable): (250 word limit)

Include:

- How will the results of this project be disseminated?

14. Requested Amount:

- Up to \$5000

15. Project Budget with Narrative Explanation:

Include

- Details about match funding for the residency program required (e.g. letter of support regarding match funding).

Appendix 1: **EXAMPLES** of CanMEDS Roles and Competencies Enhanced Through Medical Humanities Education

1. Communicator

Key/Enabling Competencies:

- 1 - Establish professional therapeutic relationships with patients and their families
- 2 - Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families
- 3 - Share health care information and plans with patients and their families
- 4 - Engage patients and their families in developing plans that reflect the patient's health care needs and goals

2. Collaborator

Key/Enabling Competencies:

- 1 - Work effectively with physicians and other colleagues in health care professions
- 2 - Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts
- 3 - Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care

3. Expert

Key/Enabling Competencies:

- 1.6 - Recognize and respond to the complexity, uncertainty and ambiguity inherent in medical practice

4. Leader

Key/Enabling Competencies:

- 3.1 - Demonstrate leadership skills to enhance healthcare
- 3.2 - Facilitate change in health care to enhance services and outcomes

5. Professional

Key/Enabling Competencies:

- 4 - Demonstrate a commitment to physician health and wellbeing to foster optimal patient care

6. Scholar

- 4 - Contribute to the creation and dissemination of knowledge and practices applicable to health

Appendix 2: An Overview of Medical Humanities Education in Postgraduate Medical Education

Hartley Jafine, MA, PhD(c), Susan Glover Takahashi, PhD

Over the past decade, arts and humanities education is increasingly being offered within undergraduate medical education as well as bachelor health sciences programs. However, within postgraduate medical education and residency training programs there seems to be fewer reported initiatives and less innovation regarding medical humanities.

Medical and health humanities education are broadly defined as the incorporation of humanities and arts based education into curricula, education, and training.

Medical humanities education offered within undergraduate medical education includes:

- narratives, (Kumagai, 2008; DasGupta & Charon, 2004),
- visual arts, (Zazulak, Booth, Price & Podedworny, 2013; Naghshineh et al., 2008)
- performing arts, (Watson, 2011; Nagji, Brett-MacLean & Breault, 2013; Kohn, 2011)
- photography,
- dance, (Foster & Defenbaugh, 2014)
- poetry, (Shapiro & Rucker, 2003; Wolters & Wijnen-Meijer, 2012)
- staged readings, (Lorenz, Steckart, & Rosenfeld, 2004)
- ethics, and humanities-based research projects (Nisker et al., 2006; Nisker, 2010).

Medical humanities and arts-based work is typically written and/or created for healthcare professionals (by artists, other healthcare professionals, and/or patients) or by healthcare professionals (for personal reflection, for other healthcare professionals, and/or for the public). Some institutions that have established medical humanities programs provide students with a “medical humanities distinction” to designate their work within the humanities, but no information about this was noted for the postgraduate level.

Generally, medical humanities programs goals and objectives include:

- enhancing the skills of close observation (body language, tone and behavior) (Zazulak, Booth, Price & Podedworny, 2013; Naghshineh et al., 2008),
- developing imagination about the patient experience to build empathy and perspective taking, promote reflection on the experience of medicine and healing (Boker, Shapiro, & Morrison, 2004),
- developing tolerance of ambiguity (Watson, 2011)
- emphasizing a “whole-person” understanding of patients and family members,
- developing personal awareness and self-reflection, develop communication skills with patients and inter-professional health care teams, enhance cultural competencies, (Charon, 2001; Bleakley, 2015)
- building wellness capacity (Shapiro & Rucker, 2003; Watson, 2011 Silk & Shields, 2012).
- Disseminating health research to the public and health professional audiences through arts-based methods to encourage engagement, reflection, and discussion in health conversations and debates (Rossiter et al., 2008; Cox, Kazubowski-Houston, Nisker, 2009; D’Alessandro & Frager, 2014).

Research reports that challenges to medical humanities educational programs within the undergraduate medical curricula (which would likely be similar to postgraduate challenges) is the

marginalization within the curriculum, funding, and unrealistic expectations of the work (Connor & Kidd, 2008).

A number of medical programs in North America identify using medical humanities within the learners from undergraduate and residency training; however (Bleakley, 2015, Kidd & Connor, 2008; Cox et al., 2010), the descriptors of the programs and course offerings typically focus on undergraduate medical education. An initial inventory has revealed 8 residency programs in the United States and 7 residency programs in Canada that report offering defined medical humanities educational programs for residents.

They are:

- Canada (7):
 - Dalhousie University,
 - McGill University,
 - McMaster University,
 - University of Alberta.
 - University of British Columbia,
 - University of Saskatchewan,
 - University of Toronto
- United States (8):
 - Drexel University College of Medicine,
 - George Washington University,
 - Harvard University.
 - New York University,
 - University of California (Irvine),
 - University of Massachusetts,
 - University of Pittsburgh,
 - Yale University

The medical humanities educational offerings in postgraduate curriculums are with residents from

- Family Medicine (6).
- Medicine (3),
- Surgery, Pediatric, Psychiatry, Obstetrics and Gynecology (2 each),
- Radiology, Emergency Medicine, Physical Medicine/Rehabilitation (1 each).

The University of Toronto, University of Alberta, Dalhousie University, New York University, and the University of Pittsburgh identify offering medical humanities in postgraduate training but they are discussed generally without attachment to a specific department and are often open to all medical learners. Within some programs residents have the opportunity to complete a research elective that examines the intersections between the humanities in relation to medicine/their residency program.

The style and length of medical humanities education varies depending on the institution and program. Yale, for example, offers an annual two-day intensive writing workshop for residents across a variety of specialties to enhance empathy and self-reflection. This two-day intensive is quite different from medical humanities at the University of California, Irvine where residents engage with the arts in each year of their postgraduate medical training (Shapiro & Rucker, 2003). UC Irvine also noted adapting the medical humanities to the specific the needs of some postgraduate programs (i.e. Family; Physical Medicine and Rehabilitation).

They reported that the focus within the family medicine residency is on clinical competencies such as difficult patients, cross-cultural medicine and death and dying while in PM&R the work focuses on caring for patients with chronic conditions and disabilities (Shapiro & Rucker, 2003).

Health humanities scholar Dr. Alan Bleakley, argues medical training tends to produce learners who have a poor distribution of, what Jaques Rancier terms, sensibility capital (Bleakley, 2015). This insensibility creates a learner who is intolerant of ambiguity, has poor communication and capacity for empathy, and is at risk of moral erosion and poor self-care. Empathy decline and compassion fatigue in undergraduate medical education is increasing at alarming rates (Spencer, 2004; Hojat et al., 2009; Neumann et al., 2011) and burnout is equally concerning in postgraduate training (Bellolio et al., 2014; IsHak et al., 2009). The medical humanities offer an approach that has demonstrated success in educational/cultural shifts within medical education by promoting a tolerance of ambiguity, increased sensibility capital and resistance to inequalities that exist within healthcare.

Studies examining the evaluation of medical humanities within postgraduate curricula identify positive outcomes and responses to engaging with the arts. Residents identified the importance of having a space for the discussion of sensitive topics, increased empathy, increased visual observation and tolerance of ambiguity, heightened cultural competency and improved resiliency (Shapiro & Rucker, 2003; Silk & Shields; 2012, Zazulak, Booth, Price & Podedworny, 2013; Iyer & Patton, 2016).

The medical humanities while currently underdeveloped in postgraduate medical education in Canada, has the potential to be extremely beneficial within the CanMEDS physician competency framework. The objectives and outcomes of current medical humanities programs address nearly all of the key/enabling competencies under the communicator and collaborator roles. Additionally, medical humanities can enhance several other CanMEDS roles and corresponding key/enabling competencies identified below:

- Expert (Key/Enabling Competencies):
 - 1.6 - Recognize and respond to the complexity, uncertainty and ambiguity inherent in medical practice
- Leader (Key/Enabling Competencies):
 - 3.1 - Demonstrate leadership skills to enhance healthcare
 - 3.2 - Facilitate change in health care to enhance services and outcomes
- Professional (Key/Enabling Competencies):
 - 4 - Demonstrate a commitment to physician health and wellbeing to foster optimal patient care
- Scholar (Key/Enabling Competencies):
 - 4 - Contribute to the creation and dissemination of knowledge and practices applicable to health

Similar to University of California, Irvine, at the University of Toronto, medical humanities programs and offerings could be created and tailored to specific postgraduate residency programs depending on the needs and scope of practice. However, medical humanities are valuable across all postgraduate disciplines especially regarding development of tolerance of ambiguity, communication, collaboration, empathy, and physician wellness.

In Summary

- Most of the theory and best practices in Medical Humanities education come from undergraduate medical education.

- The few postgraduate Medical Humanities educational offerings do not seem to be formally linked to residency educational goals. This lack of formal linkage may contribute to Medical Humanities educational being viewed as 'extra' rather than as a valued evidence based approach for the development of tolerance of ambiguity, communication, collaboration, empathy, and physician wellness.
- Medical Humanities education offers an approach to build and reinforce skills important to physicians, their patients and the teams they work with.

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