



Post MD Education  
UNIVERSITY OF TORONTO

# Integration **across the** Continuum

Post MD Annual Report 2017





# Welcome

Welcome to Post MD Education's 2016-17 Annual Report. The report marks the second year in our new organizational structure which combines all medical education activities after the undergraduate medical degree. As you will see in the report, this has been a year of innovation and renewal.

Medical education is not just a program for building knowledge and skills in its recipients... it is also an experience which creates attitudes and expectations.

— **Abraham Flexner**

Through our staff, faculty and decanal leads, Post MD strives to support the medical education enterprise at the University. In partnership with our affiliated hospitals, our aim is to help faculty members, administrators, and learners achieve their goals in teaching, learning, research, clinical care, and social responsibility.

Continuing Professional Development's excellent support allows our departments to offer accredited, outcome-based continuing education courses. CPD activities reach over 40,000 learners annually through its in-person and on-line events, including its award-winning Safe Opioid Prescribing multi-modal program. CPD also promotes cultural competence and health care worker networking by facilitating the bi-annual North American Refugee and Indigenous Health conferences. Associate Dean Susan Schneeweiss also launched an ambitious five-year plan to renew CPD's academic mission under four priority areas: Leadership, Innovation, Scholarship, and Community.

Under the leadership of Associate Dean Glen Bandiera, postgraduate medical education activities included the dissemination of Best Practices in Assessment and Evaluation and on-line system development, a transitions forum, Global Health programming and conference, the creation of the Postgraduate Administrators Advisory Committee, expansion of the learner experience survey (Voice of the Resident), and faculty development workshops for the implementation of competency-based medical education (CBME). On CBME, you will no doubt enjoy the videos of the two early adopters of the new training structure (Drs. Paola Campisi and Scott Berry) as they outline their "lessons learned"!

Other Post MD innovations include the creation of the Simulation Education Advisory Committee, chaired by Dr. Douglas Campbell which brings together the Faculty's simulation experts and resources. In addition, a new grant to support Medical Humanities Education and an award to recognize contributions to social justice and health equity in faculty development were established.

I hope this report reflects Post MD's ongoing commitment not only to excellent medical education, but as Flexner notes, to create in our faculty and learners "...attitudes and expectations" based on a core set of values and the desire to achieve them.

**Salvatore M. Spadafora** MD FRCPC MHPE

Vice Dean, Post MD Education

December 2017



Vice Dean Post MD Salvatore Spadafora, Associate Dean CPD Suzan Schneewiss and Associate Dean PGME Glen Bandiera at Simcoe Hall – November 2017

## Strategic Plan

# Integration Across the Continuum

Within the new Post MD Education structure there are new opportunities for integration and alignment which will enhance the ability to harness more talent and increase influence across sectors. Post MD Education is working to address this through strategic planning at Postgraduate Medical Education (PGME) and Continuing Professional Development (CPD).

As PGME starts the strategic planning process, addressing the significant changes in the external environment will be a priority. This includes but is not limited to: the conversion to CBME, new accreditation standards, new accreditation processes, CanMEDS 2015, and increased accountability requirements for funding and health care provision. In keeping with the University of Toronto Faculty of Medicine Strategic Plan, the objective for the five year PGME strategic plan will be to enable and support partners and programs that establish, meet and exceed best practices in the education of physicians as emerging leaders.

For CPD, the strategic planning process has recently been completed. Over the past year, dedicated working groups representing a number of stakeholders were engaged to develop a flexible and adaptable 5-year strategy. The groups synthesized ideas from the CPD Strategic retreat to develop goals, objectives and action plans that renewed CPD's academic focus and established the path for the next five years. In the next 6 – 12 months CPD will focus on building capacity in research and scholarship, maintaining its leadership role in continuing education with the development of internationally recognized programs and exploring technology platforms for self-directed learning. CPD will also strengthen partnerships with internal and external organizations to integrate quality improvement in its offerings.

**View Post MD Org Chart →**



Vice Dean Spadafora leads a panel discussion at the CBME Faculty Development Session with Drs. Eric Holmboe, Damon Dagnone, Susan Glover Takahashi and Shannon Venance

## Competency Based Medical Education

# A Learner Centred and Outcomes Based Framework

CBME is an outcomes-based approach to medical education, which uses competencies as the organizing framework. Thus by definition, CBME demands new attention to assessment techniques (Holmboe, 2010). Challenging older norms, which prioritize learning methods of “steeping” or repeated exposure, CBME is understood to “de-emphasize time-based training and promise greater accountability; flexibility, and learner-centredness” (Frank, 2010). This framework for learning has been adopted by PGME and CPD at Post MD Education.

The postgraduate medical education landscape is actively changing and is in the early stages of implementing CBME in Canada. As these changes are being implemented across post graduate programs, it is important to focus on the development of best practices in resident evaluation and assessment that can support its adoption. To this end, the Best Practices in Evaluation & Assessment (BPEA) Working Group was established in 2016 to help inform PGME in best practices for resident evaluations and assessments. The group conducted literature reviews

and focus groups with residents and faculty leaders and prepared several papers on various aspects of assessment including faculty and resident responsibilities, remediation, data management, and learner handover.

The top 5 priorities identified by the Working Group are:

1. Faculty development resources (e.g. central shared repository and best practices for assessment)
2. Shared repository of education and assessment tools for individual programs
3. Centrally organized and supported IT for CBME, including support for reporting and data extraction
4. Mobile, lightweight, flexible, easy-to-use IT
5. Learner responsibility for their education, including adjustments to new assessment systems

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### **Post MD Awards**

- Charles Mickle Fellowship Award
- Colin Woolf Course Coordination
- Colin Woolf for Long Term Contribution to CPD
- Colin Woolf Teaching Excellence
- CPD Research & Development Grants Program
- CSCI/CIHR Award
- Dave Davis Research Award
- Excellence in Postgraduate Medical Education Award
- Fear Fellowship
- Fred Fallis Award in Distance Education
- Inter-professional Education
- Ivan Silver Award for Innovation in CPD
- PARO Trust Fund: Resident Teaching Award
- Postgraduate Medical Trainee Leadership Awards
- Postgraduate Research Awards
- Sarita Verma Award for Advocacy & Mentorship in PGME
- Social Responsibility Award





Health professionals reviewing information

## Scholarship at PostMD

# Furthering Research and Celebrating Excellence

The research and scholarship mission of Post MD Education continues to be furthered by the papers, posters and workshops facilitated at local, national and international conferences. In 2016 and 2017, 10 papers, 24 workshops, and 4 posters were produced through the PGME office. CPD related scholarship across the Faculty of Medicine included 161 papers, 45 presentations at CCME, 7 grants. In addition to this, Post MD is responsible for the adjudication and administration of 17 teaching and research awards and grant programs. These awards and grants celebrate excellence and further research across the continuum. View the complete list of the awards and grant program criteria and recent winners.

To further support scholarship activities, a new award, a new grant, and additional staff were added to the portfolio.

The Dr. Robert H. Sheppard Award for Health Equity and Social Justice was established in 2016 to acknowledge the humanitarian work of the late Dr. Robert H.

Sheppard, former dean of postgraduate medicine 1977-1988. The award recognizes outstanding contributions of faculty members and medical trainees involved in activities, programs or research related to social justice and health equity in faculty development or postgraduate medical education.

In January 2017, Post MD Education initiated a grant to support projects in Medical Humanities Education. The grants will support projects that enhance humanism, compassionate care, clinical competencies and deliverables. These areas are closely aligned with the ongoing priorities of postgraduate medical education and the CanMEDS roles. There will be a call for proposals and awarding of the grant on a semi-annual basis.

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Conference attendee reviews competence continuum during presentation

## Transitions

# From MD to Residency to Practicing Physician

On Friday, April 7, 2017, the Faculty of Medicine hosted a “Transitions Think Tank” with approximately 40 participants. The forum brought together learners and faculty from the MD program, Postgraduate Medical Education and Continuing Professional Development sectors to have honest conversations and share ideas about transitions within medical education, with consideration of ongoing activities at the provincial and national level.

The event was designed to:

1. Discuss key issues related to transitions across the medical education spectrum.
2. Reconcile different perspectives about key transition points along the spectrum.
3. Distinguish local, provincial and national opportunities to improve transitions
4. Identify ideas and recommendations about how U of T can lead innovation in transitions.

Long-standing concerns were discussed including the CaRMS selection process, true residency program requirements, medical school academic records, alternative careers, timing of residency program choices and system inflexibility, the importance of research, and readiness for practice. Possible action items emanating from the forum were a plan to standardize UG learner reports, limitations on elective rotations, improved health workforce data, and clarity from programs on the need for research experience. For more information on the discussion points of the forum, please download the PDF.





Vanessa Ambtman, Indigenous Health Committee member and son

## Indigenous and Global Health

# Expanding Education Opportunities

Indigenous and Global Health are two important areas within PostMD Education. Through CPD, the Indigenous Health and North American Refugee Health conferences explore issues and discuss solutions to address the needs of these populations. At PGME, Global Health (GH) is a department which develops and delivers coordinated, inter-specialty education and programming with a view to improving health in Canada and abroad. GH has a number of initiatives that reflect PGME's commitment to local and global social responsibility and accountability. CPD has been working towards increasing cultural competency this through several initiatives led by Dr. Anna Banerji the Faculty Lead for Indigenous and Refugee Health with Post MD Education.

"I plan to continue future clinical and research work on the global impact of infection and severe illness. The GHEI program provided an excellent backbone to the theory of global health and to meeting exceptional U of T faculty members who have chosen global health as a career path."

— Aleksandra Lelgiewicz Critical Care

"The GHEI opens a window to global and local health challenges trainees may never have been exposed to including a small village in Africa, a large city in Asia, Northern Canada, or a local homeless community."

— Lukasz Boba GHEI Graduate, Vascular Surgery Resident

"I am honoured to have had the opportunity to graduate from PGME's Global Health Initiatives program. I feel more equipped to work in low-income settings and have a better understanding of infrastructure, social and cultural differences and the social determinants of health."

— Tumushabe Mutungi Obstetrics/Gynaecology Resident

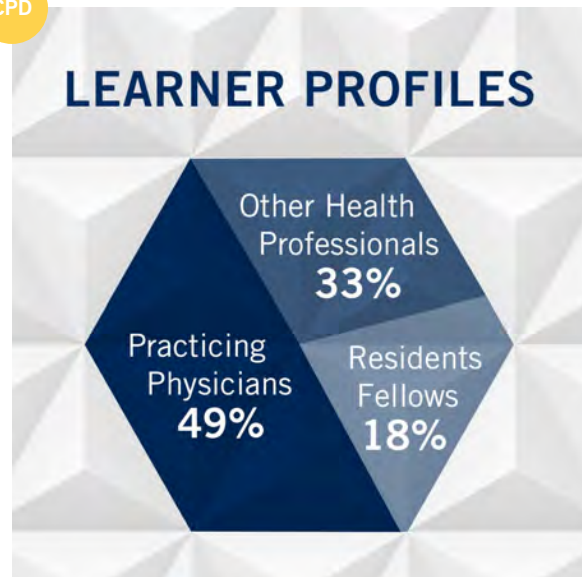
Through Global Health electives, residents and fellows can gain an understanding of varied health systems and social determinants of health. For those interested in more intensive global health education, the Global Health Education Initiative (GHEI), now in its 9th year, is a two year, 25 module certificate program. Over 100+ participants, 100+ faculty, and 200+ graduates are part of a strong GHEI alumni network.

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## Learner Statistics Across the Continuum

Programs, courses, conferences and events offered by PGME and CPD focus on all medical education after the undergraduate medical degree. Statistics from 2016 and 2017 provide insight into types and number of activities, the profiles of the learners including their specialties and the contribution of these learners to the physician supply.

CPD



CPD's community of learners 2016-2017

CPD

**33**  
**SIMULATION PROGRAMS**

Total number of programs and conferences offering simulation component in 2016-2017

CPD

**30**  
**E-LEARNING PROGRAMS**

Total number online programs and conferences offered in 2016-2017

CPD

**384**  
**PROGRAMS**  
**40574**  
**LEARNERS**

Total number of programs and conferences offering through CPD in 2016-2017

## Contribution to Physician Supply and Distribution

**600** New Physicians

**145** Family Physicians

**900** International Physicians

Contribute to population health needs through direct clinical service, research, education and administration.

## Canadian & International Resident Matching

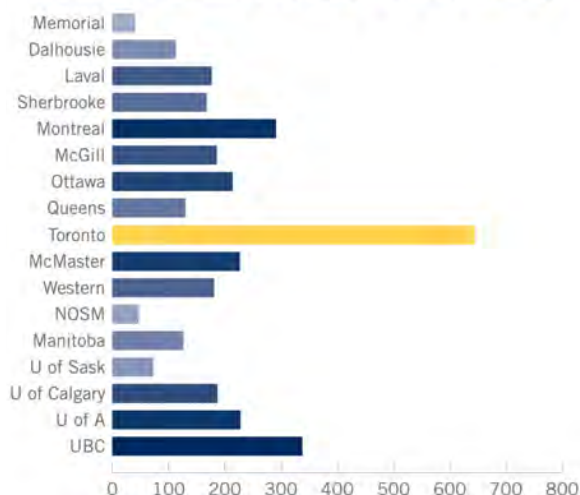


2017 PGY1 CaRMS Match Results, by Source of MD

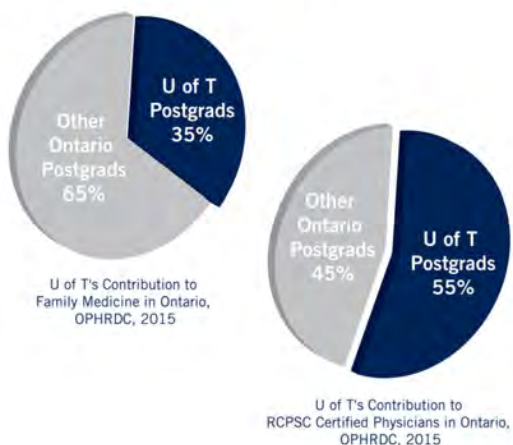
## 2016 Contribution by Specialty % of New Ontario Trained Physicians from U of T



## 2016 Canadian Practice Entry Cohort by Faculty of Medicine Providing Post MD Training



## 2016 Contribution to Physician Supply in Ontario







Award Recipients, IDEAS Collaborative - 8th National CPD Accreditation Conference

## Community CPD

### New IDEAS Program

The Improving and Driving Excellence Across Sectors (IDEAS) introductory 2-day program was initially launched in 2014 and designed to begin building provincial capacity in quality improvement. Funding for this program ended in 2016. University of Toronto CPD was able to provide training to 661 learners over 2 years.

In partnership with the other 5 Ontario Universities, University of Toronto Institute for Health Policy, Management and Evaluation (IHPE), and Health Quality Ontario (HQP), a new blended-learning IDEAS Foundation Program in quality improvement was launched in March of 2017. The new version has been very well received and consists of a 3-hour online component and 1-day live program to better suit needs of busy healthcare professionals.

CPD successfully delivered 3 programs in the spring 2017 with a total of 89 participants. Partnerships with a variety of groups including the Ontario Renal Network and the Toronto Central LHIN's Regional Quality Table and Local Collaborative have led to development of customized programs increasing the relevance of quality improvement for our learners. Plans are underway to deliver 3 more programs in the fall. CPD is collaborating with the Ontario Long Term Care Association, Centre for Addiction and Mental Health (CAMH) and the Collaborative Academic Practice (CAP) fellowship program to develop customized programs for these groups.



Resident completing a survey

## Community PGME

### Voice of the Resident

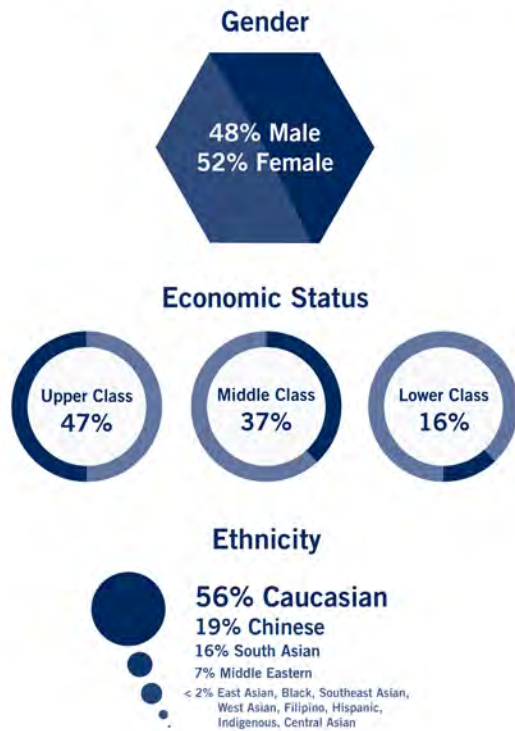
It's no secret that residency is tough. The Voice of the Resident (VoTR) survey reveals, however, that some demographic groups of residents have a tougher time than others. The second annual VoTR survey, conducted in Spring 2017, yielded a 53% response rate from the 1035 residents who participated.

Results demonstrated the resident population diversity with respect to gender, sexual orientation, religion, place of birth, childhood socio-economic status, and race/ethnicity and highlighted inclusion, discrimination and differences in the residence experience based on socio-economic background.

Ensuring that residents feel included and have equitable access to opportunities is important to PGME. One measure of inclusion and equity is the incidence of discrimination experienced by various groups of residents. Survey respondents were shown the Ontario Human Rights Code definition of discrimination and then asked whether they had personally experienced discrimination during your U of T residency program in the past academic year.

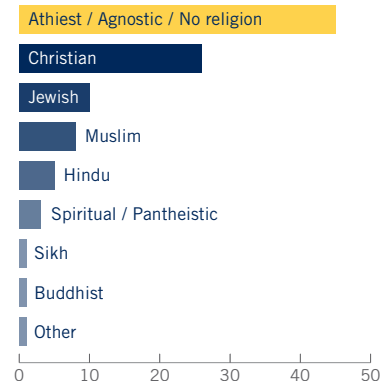
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## Diversity of Residents

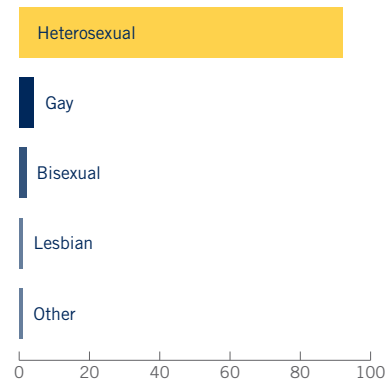


### Key survey results from the recent Voice of the Resident Survey

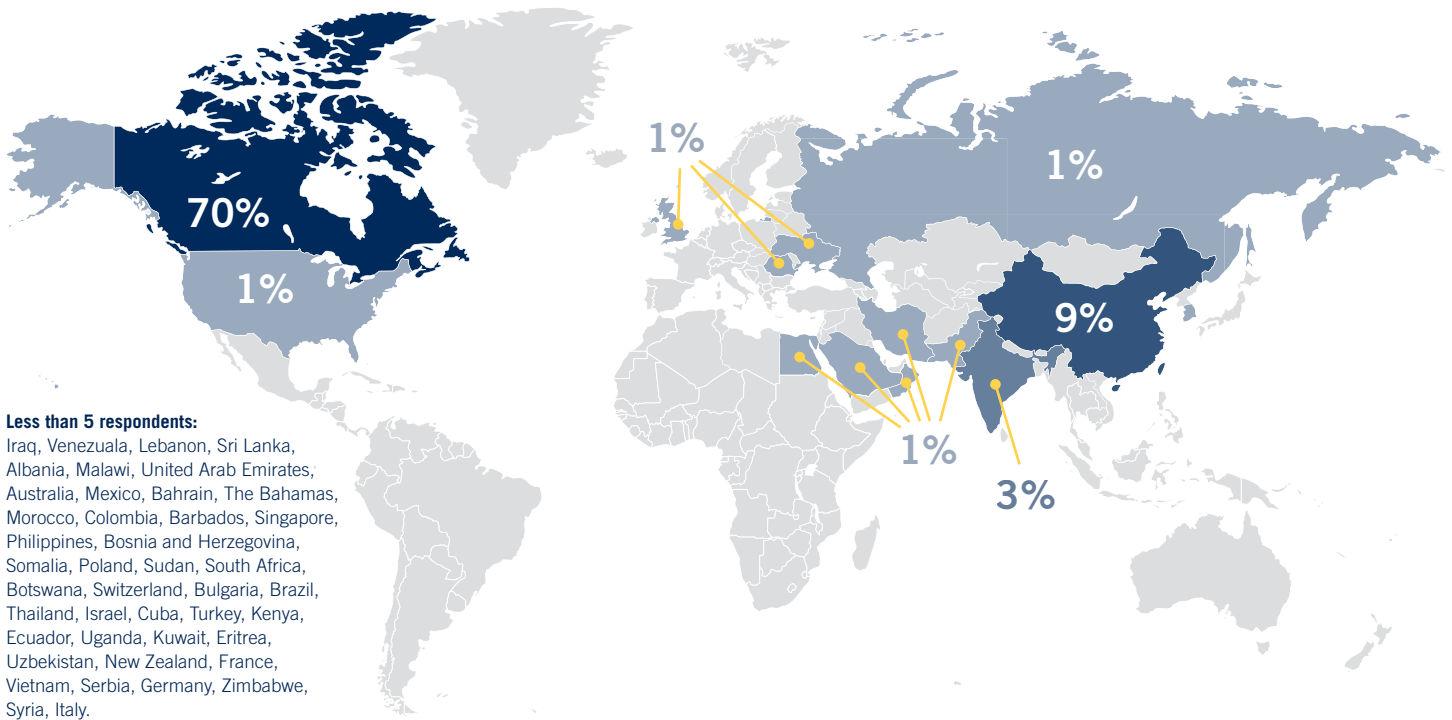
### Religion Practiced



## Sexual Orientation



## Country of Birth





## CPD Leaders and Directors Recognized for Innovative Research

The Faculty of Medicine's CPD Leaders and Directors were recognized for their contribution to the field of Continuing Professional Development. Dr. Rene Wong, and Drs. Sanjeev Sockalingham, David Wiljer and their team were honoured at the Society for Academic Continuing Medical Education (SACME) conference held in May in Scottsdale, Arizona.

Dr. Rene Wong was the recipient of the Fox Award. Established in 2001, this award is given to a presenting author of an original research project that links theory, methodical rigor and makes an important contribution to CPD literature. Using a theoretic lens that encompassed issues of power and hierarchies, Dr. Wong's research examined how CPD may be having unintentional effects including: obscuring the patient voice, creating and reinforcing hierarchies between specialists and generalists, and decreasing the perceived value of continuing education. "My interest in CPD research stemmed from my experiences as a course director" said Wong, "During one of my diabetes courses targeted to family physicians, I started to question why it was that I, as a specialist, had the expertise to be able to teach an entirely different type of physician how to best practice in their local setting. I noticed the literature tended to focus on findings ways to make CPD better at increasing provider adherence to clinical practice guidelines, but no one had examined how CPD may be having unintentional effects on how clinicians interact with each other and patients".

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[View CPD Directors & Leaders →](#)

## Innovators in Competency Based Education: Early Lessons Learned

Early innovators, Dr. Scott Berry and Dr. Paolo Campisi, have played a vital role in the local evolution of CBD. Dr. Berry is the new CBD Lead for the Department of Medicine at the University of Toronto, having served for 10 years as the Program Director for Medical Oncology. Dr. Campisi is the Program Director for Otolaryngology – Head and Neck Surgery (OHNS) at the University of Toronto.

Competency-Based Medical Education (CBME) is an educational model focused on performance outcomes. It is adaptive to residents' needs, values feedback, and provides comprehensive tracking of residents' progress. The Royal College's approach to CBME is Competence by Design (CBD).

Using an 'improvement science' approach, Drs. Berry and Campisi consulted with faculty, residents, the Royal College, and Postgraduate Medical Education, to identify opportunities for educational improvement within their programs. In 2016-2017 they field-tested CBME assessment practices and online assessment tools, fostered resident engagement, and worked to develop a positive feedback culture through faculty and resident development efforts.

Dr. Berry shared his lessons learned from implementing CBD: "Run field tests, pace yourself, and share your experiences and resources with others". Reflecting on CBD implementation in OHNS, Dr. Campisi shared: "Faculty and learner development are required, with residents being the key to success".

Over the next 5+ years, the approximately 80 residency programs at U of T will move forward and build upon the history of excellence in residency education and the early lessons from these educational innovators.

## Leadership CPD

# Advancing CPD through Partnership

Over the past year, CPD has strengthened internal connections and external partnerships to address current healthcare issues impacting society and to develop leaders within education through the Safer Opioid Prescribing program, and a special partnership with the Lifelong Learning office at the University of Alberta.

The opioid crisis in Canada is a significant threat to the health and well-being of our communities. In the spring of 2017, new national guidelines for the use of opioids for chronic non-cancer pain were released by the Michael G DeGroote National Pain Centre. Within 2 months of release of the guidelines, CPD was able to update the Safer Opioid Program ensuring our health-care providers had access to up-to-date information. Under the leadership of Dr. Abhimanyu Sud, the academic director, important cross-sectoral relationships have been forged. These include collaborations with: McMaster University to ensure rapid integration of the 2017 Canadian Guideline Safe and Effective Use of Opioids for Chronic Non-Cancer Pain into the program; the Canadian Medical Protective Association to promote and deliver the existing program on a national scale; the Fédération des Médecins Spécialistes du Québec to promote and deliver program to their membership in Quebec; the Ontario College of Family Physicians to cross-promote the program with their Medical Mentoring for Addictions and Pain program; Health Quality Ontario to integrate their forthcoming Opioids for chronic pain Quality Standard; and the Institute for Safe Medication Practices to develop the very well-received and widely disseminated “Navigating Opioids” practice tool.

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## Leadership PGME

# Competency Based Medical Education – Implementation at the University of Toronto 2016-17

The Royal College of Physicians and Surgeons of Canada (Royal College) implemented the Competence by Design initiative in 2015. This multi-year project will be rolled out for approximately 80 specialties in several cohorts over the next decade.

The new model for medical residency education focuses on outcomes and provides more flexibility as it incorporates the learner's prior skills and current needs. A coaching approach with daily/regular feedback allows the preceptors and program directors to provide enhanced tracking to better assess the learners' progress and performance. As illustrated, the new model is based on an educational continuum where the learner transitions from the MD program, progresses to the orientation and assessment stage then to the foundation of the discipline as a junior resident, acquires core discipline-specific skills as a senior resident, and then proceeds to the transition to practice phase.

Learners will be coached to achieve the independent performance of the specialty's Entrustable Professional Activities (EPAs). Milestones will track the learner as they progress from novice to mastery of each competency as established by the individual specialty committee.

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