ANNUAL REPORT:
INTEGRATED MEDICAL EDUCATION
at the
UNIVERSITY OF TORONTO

July 1, 2011 to June 30, 2012
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Deputy Dean’s Message

U of T’s programs and initiatives reflect a health human resources partnership between the university and government, a partnership that aims to align academic responsibility with social responsibility. Integral to that academic mission is the role of our 9 fully affiliated hospitals and 18 community affiliates as well as independent community practitioners, public health sites, community centers and offices where our learners attend for hands-on clinical education. The intent of the Toronto Integrated Medical Education (T-IME) Project has been to establish a sustainable framework for integrated medical education that puts the University’s programs at the forefront of producing health care professionals who meet the needs of society. Some of the key activities of T-IME are to:

- Expand MD teaching and learning to meet new standards for accreditation, teaching capacity and delivery of patient centered, inter-professional, evidence based health care, in urban, suburban and community settings.
- Enhance learners’ access to clinical teaching for all programs along the continuum of medical education.
- Align the clinical departments’ education programs with the Mission and Vision of the Faculty of Medicine, while enabling our clinical adjunct and part-time faculty to benefit from the resources, academic excellence and innovation of the University.
- Develop an accountability framework for the payment of clinical teachers to support integrated MD education.
- Monitor resource utilization for accountability and quality improvement.

The work of the Office of Integrated Medical Education (OIME) has been to complement the efforts of the Hospital University Education Committee (HUEC) and the education portfolios in undergraduate medical education, postgraduate medical education and our clinical departments.

The Faculty’s size and structural complexity provides both opportunities and challenges in the delivery of accredited programs as well with the communication and coordination of education goals, objectives, policies and the evaluation of our students. A key platform that the Toronto Integrated Medical Education Project provides, through the OIME, is the ability to harness the many strengths, experiences and networks of the Faculty to achieve quality education, optimize the talent of our faculty members, and to facilitate a seamless, smooth, educational experience for our students across the network of teaching sites. Indeed, coordination and organization across this vast network is a major challenge and in a short two-year time frame, T-IME has risen to meet this with tremendous success, by responding strategically to the new system for payment of clinical preceptors; addressing gaps in policies and procedures; managing rapid growth in undergraduate and postgraduate positions; linking appointments of new faculty to faculty development and teacher support including a Tool Kit for academic promotions.

Our performance indicators within this annual report speak loudly to this success. As the only coordinator and support across our teaching sites, T-IME is truly an integrator. During this period, we have seen an overall increase of 120% in faculty appointments in our community-affiliated hospitals with significantly higher growth in some U of T clinical departments and community hospitals; the full alignment of 156 education-related policies and procedures; and the enhancement of faculty development with numerous outreach programs. The

“Our performance indicators speak loudly to our success. As the only coordinator and support across our teaching sites, T-IME is truly an integrator.”
Office of Integrated Medical Education has processed clinical preceptor payments for 106,996 learner days (totaling almost $3.7 million dollars in 2011-2012) in the community hospitals. While the first OIME summit was focused on charting a roadmap for the future of IME in the context of the Future of Medical Education (FMEC) project, the 2012 summit of OIME (our second) will be dedicated to an emerging need, namely the evolution of education technology and the remarkable innovations in pedagogy using new platforms, applications, and teaching skills.

U of T continues to meet societal needs in medical education by:

- Supplying 36% of Ontario trained family physicians and 56% of Ontario trained specialists.
- Graduating family physicians and specialists that work in all LHINs across the province.
  - 30% of graduating MD students from U of T chose family medicine in the residency match.
  - Since 1993, the U of T has graduated 1,300 Family Practitioners who have gone into practice in Ontario.
- Providing the majority of high priority specialists in Ontario: 84% of Community Medicine specialists, 58% of Psychiatrists, 53% of Geriatricians, 52% of Orthopedic Surgeons, and 58% of Radiation Oncologists.

Thanks to all of you, our partners and the incredible work of offices of medical education across our affiliated hospitals, for making this project a major asset to the Faculty of Medicine and our collective academic enterprise. A very special thanks to Dr. Salvatore Spadafora for having oversight on the project while I was on administrative leave.

Sincerely,

Sarita Verma LLB, MD, CCFP
Professor of Family Medicine
Deputy Dean, Faculty of Medicine
Associate Vice Provost, Health Professions Education
The Faculty of Medicine, UofT:

VISION

International leadership in improving health through innovation in research and Education

MISSION

We fulfill our social responsibility by developing leaders, contributing to our communities, and improving the health of individuals and populations through the discovery, application and communication of knowledge

VALUES

We cherish the following values, as articulated by the Faculty of Medicine:

- Integrity in all of our endeavors
- Commitment to innovation and excellence
- Life-long learning and critical inquiry
- Promotion of social justice, equity, diversity, and professionalism
- Effective partnership with all our stakeholders
- Multi-professional and interdisciplinary collaboration
- Supportive and respectful relationships
- Accountability and transparency
- Responsiveness to local, national, and international health needs

INTEGRATION • INNOVATION • IMPACT
2 Introduction

The past ten years have seen unprecedented growth in medical education across Canada in response to societal concerns about access to medical care. This rapid expansion in capacity throughout Canada strained the clinical teaching capacity of the academic health science centres (AHSCs) where this teaching had historically been concentrated. Distributed medical education (DME) strategies were adopted to find new teaching capacity in non-academic hospitals. The proliferation of teaching sites created new challenges for medical schools in attracting, retaining, training, monitoring and valuing community preceptors.

In 2009, an external review of the University of Toronto’s DME programs was conducted by Dr. Carol Hebert, Dean of the Schulich School of Medicine and Dentistry at the University of Western Ontario, and Dr. Joanna Bates, Director of the Centre for Health Education Scholarship, University of British Columbia. The report suggested that the “university is well positioned as an integrating force and through this integration can be transformative in health care delivery in the province and in Canada” (pp. 4). Recognizing the U of T’s numerous strengths, the report provided key recommendations and encouraged the adoption of the following principles:

- Equity and transparency across institutions, programs and departments.
- True partnership.
- Innovation and leadership in the creation of new delivery models.
- Collaborative models that engage all parties in strategy, planning and implementation.
- Placement of students to best meet their pedagogical needs across the continuum of education (notwithstanding the context of HHR, capacity, etc.).

In less than two years’ time, significant progress has been made in implementing the review’s recommendations. The University of Toronto’s response to these recommendations has been realized through the Toronto Model of Integrated Medical Education project (T-IME). Table 1 on the next page briefly summarizes the recommendations, key points, and our achievements to date.

- Bridgepoint Health
- George Hull
- Hincks Dellcrest Centre
- Humber River Regional
- Lakeridge Health Network
- Markham-Stouffville
- North York General
- Ontario Shores
- Providence Healthcare
- Royal Victoria, Barrie
- Scarborough Hospital
- St. Joseph’s Health Centre
- Surrey Place Centre
- Toronto East General
- Credit Valley and Trillium Health Centre
- Waypoint Centre
- West Park Healthcare
- 5 public health units
- 130+ office-based sites
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Key Points</th>
<th>Achievements to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Language</strong></td>
<td>Develop language around “integrated medical education” rather than “distributed medical education”. The best learning occurs in both community affiliated hospitals and in the AHSC context.</td>
<td>Development of Integrated Medical Education at the University of Toronto. The T-IME project (see 2.1 below). OIME communications programs (see 4.6 below). Oral presentations at the CCME (see 4.8 below). Advocacy through national and provincial DME groups, COU.</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td>Create a Faculty vision for integrated education across the Faculty and partner institutions.</td>
<td>The T-IME project (see 2.1 below). Advocacy through national and provincial DME groups, COU, MOHLTC.</td>
</tr>
<tr>
<td><strong>Coordination</strong></td>
<td>Develop a coordination model that reflects the education continuum.</td>
<td>The T-IME Steering Committee (see 2.2 below). Establishment of the Office of Integrated Medical Education (see 2.3 below). 8 T-IME working groups. Participation in provincial and national DME groups (see 3.1 and 3.2 below).</td>
</tr>
<tr>
<td><strong>Funding</strong></td>
<td>Seek adequate financial supports.</td>
<td>Support for community preceptor payments obtained from the MOHLTC in 2011 (see 4.1 and 4.2 below).</td>
</tr>
<tr>
<td><strong>Infrastructure</strong></td>
<td>Establish a Faculty infrastructure and a senior leadership team.</td>
<td>The T-IME Steering Committee (see below and Appendix C for a list of members and positions/titles). Governance for T-IME and OIME (see 2.4 below).</td>
</tr>
<tr>
<td><strong>Information Technology</strong></td>
<td>Improve the quality of IT across the Faculty to support the vision of IME.</td>
<td>The T-IME Connectivity working group (see 5.2 below). Creation of the new Academic Lead, Educational Technology position in the OIME.</td>
</tr>
<tr>
<td><strong>Research</strong></td>
<td>Recognize the research opportunities brought to the table by community affiliates through their population base.</td>
<td>Development of a Tool Kit and targeted CE &amp; FD opportunities for community faculty (see 5.1 and 5.3 below).</td>
</tr>
</tbody>
</table>

The following report provides a more detailed summary of the T-IME model and Steering Committee, the newly established Office of Integrated Medical Education (OIME), the T-IME working groups, and new IME-related developments in 2011-2012.
2.1 Toronto’s Response: The Toronto Model of Integrated Medical Education (T-IME)

The U of T’s community hospitals deliver exemplary patient care and are viewed as excellent places to learn; diverse learning contexts and addressing community needs are key recommendations of the “Future of Medical Education in Canada” report from 2010. In response to the challenges noted above (which are certainly not unique to the University of Toronto), the Toronto Model of Integrated Medical Education (T-IME) project was initiated. Integrated Medical Education (IME) – as a distinct model of educational delivery and transformation – requires full integration of the various stakeholders into the overall mission of the Faculty of Medicine. Mechanisms to ensure inclusive, collaborative and efficient partnerships with all stakeholders (UGME, PGME, CE, FD, U of T clinical departments, fully affiliated hospitals, community-based hospitals, and community-based office sites) are a key component of IME. IME strives to equally recognize and capitalize upon the strengths of the teaching and learning culture within each site, and to adopt a learner-centred approach that truly values the educational of all learners, across the continuum of medical education. As such, T-IME requires new pedagogical methods, a revised curriculum, enhanced educational technologies, and innovative business models to succeed and flourish.

The importance of integration with our partners – to promote new collaborative thinking and to address our strategic directions – is also a key component of the Faculty’s strategic academic plan for 2011-2016.

Thus, IME represents a project of transformational change. Our project is to change the way that our learners, full and community-affiliated hospitals, faculty members and staff think about – and engage with – the delivery of medical education at the University of Toronto. Indeed, successful outcomes of integrated education shall be defined by excellent performance of learners and the teachers in the short term, and improved quality of care in community sites in the longer term. Another important outcome will be the advancement of academic leadership in the community sites recognized by the clinical departments as integral to their University missions and visions.

IME is a collaborative, transformative endeavor engaging all of the U of T affiliated teaching sites. IME represents a pedagogical approach which challenges the traditional boundaries of medical education by enhancing learner’s access to a broad range of
settings (AHSCs, community affiliated hospitals, public health units, community care centres, office-based sites) that are reflective of the potential practice locations of our learners. IME is about integration, innovation and impact.

It is our goal to fully and collaboratively engage with every clinical department, Undergraduate Medical Education (UGME), Postgraduate Medical Education (PGME), Continuing Education and Professional Development (CEPD) and the Centre for Faculty Development (CFD) in this transformative project. Having accepted the principles for IME at the Clinical Chairs Committee and having led two workshops on the planning, the Deputy Dean, Vice Dean Clinical Affairs and Education Deans were mandated to lead this integration.

IME Goals

2.2 The T-IME Steering Committee

To oversee the development of T-IME, a Steering Committee was struck. Acting on behalf of the Dean, and chaired by the Deputy Dean, the T-IME Steering Committee oversees the project work and facilitates coordinated decision making across the Faculty of Medicine and affiliates, seeking input as needed from decanal leads, vice deans, academy directors and senior managers. Elements of T-IME’s work have been allocated to eight working groups:

1. Appointments and promotions;
2. Policies and procedures;
3. Establish a sustainable framework for IME
4. Expand MD teaching & set new standards for IME
5. Enhance learners’ access to clinical teaching for all programs across ME
6. Align the Clinical Departments education programs with the M&V of the Faculty
7. Develop accountability frameworks for IME
8. Develop a sustainable financial plan for IME
3. CEPD and faculty development;
4. POWER and MedSIS;
5. Key performance indicators;
6. Learner experience;
7. Finances (for medical education programs in the hospitals); and,
8. Connectivity.

T-IME was focused initially on the full affiliates and the five primary community affiliates (Credit Valley Hospital, Trillium Health Centre, Toronto East General Hospital, North York General Hospital and St. Joseph's Health Centre), with a graduated phase-in of the remaining community affiliates having taken place in early 2012. We currently work with 19 community-affiliated hospitals, 5 public health agencies, and over 130 office-based teaching sites. T-IME began with medical education, with the intention that it may eventually encompass all University of Toronto health education programs.

2.3 The Office of Integrated Medical Education (OIME)

Through the Office of Integrated Medical Education (OIME), created in late April of 2011, the Faculty has established an operational platform and a framework upon which to build our educational programs across our sites. With oversight provided by the Deputy Dean, Faculty of Medicine and the T-IME Steering Committee, the OIME has successfully integrated clinical education across the continuum of medical education, and has provided the Faculty with a platform to harness our collective strengths, enhance our already strong and effective partnerships, build communications strategies with both our community-based hospitals and office-based sites, and recognize and reward the value contributed by community-based faculty who teach our learners (i.e., preceptor payments, new teaching awards).

2.4 Governance

The T-IME Steering Group reports directly to the Dean of Medicine through her delegate, the Deputy Dean. The Group has no authority to make operational decisions, but brings recommendations for high level decisions to the Dean, Deputy Dean and the Vice Deans as well as existing Committees such as Hospital University Education Committee (HUEC) and the Toronto Academic Health Sciences Network (TAHSN) for their decisions. The Manager of the Office of Integrated Medical Education (Wendy Kubasik) and Academic Lead for Educational Technology (Marcus Law) report directly to the Deputy Dean (Sarita Verma), as the delegate of the Dean. T-IME project governance is depicted graphically in Figure 1 on the next page:
3 Provincial and National DME Groups

3.1 Distributed Medical Education- COFM

The Council of Ontario Faculties of Medicine (COFM) provides an effective means of coordination of effort and a regular medium of communication between the faculties of medicine in Ontario. COFM provides advice to the Council of Ontario Universities (COU), government, and professional organizations on matters related to medical education and research. The role of DME-COFM is to advise COFM on matters relating to distributed medical education provincially that bear on the collective interests of the six Ontario medical schools. DME-COFM also functions as a resource group to both the COU and to the MOHLTC, and provides a vehicle through which the Universities can dialogue with the placement agencies (ROMP, ERMEP, SWOMEN) on issues related to learner rotations, preceptor appointments, funding of preceptors, travel and accommodations for learners, and similar issues. Strategic priorities for 2011-2012 include the development of an implementation plan to ensure effective collaboration amongst the medical schools in Ontario; streamlining the process for preceptors to obtain academic appointments; and a review of the preceptor payment process.

3.2 AFMC Resource Group on Distributed Medical Education

Revitalized in 2011-2012, the purpose of the AFMC Resource Group on DME is to facilitate national collaboration between all Faculties of Medicine and to serve in an advisory role to the AFMC Board of Directors on matters related to DME in Canada. U of T membership has been present on this group since the outset.
4 T-IME Key Accomplishments: 2011-2012

4.1 Funding for Community Preceptor Payments

In January of 2011, the U of T entered into a transfer payment agreement with the MOHLTC on funding for community-based teaching activities. The U of T was the last Ontario-based University to receive funding from the MOHLTC for these activities, and we have not yet received funding for travel or accommodations for U of T learners at distant sites. We subsequently entered into agreements with our affiliated community-based hospitals and public health agencies. The MOHLTC has established a few principles which govern the use of these funds:

- Funding follows the learner, not the preceptor.
- A maximum of $1,000 per learner, per 4-week (28 days) block is available. There are 13 “blocks” per year. Funding is pro-rated to a daily rate based on the rotation start/end dates.
- In order to be eligible to receive payment, preceptors must have a current University of Toronto academic appointment. The funding is designated towards MD faculty only at this time. Preceptors cannot be funded from any other source (e.g., AFP, DME, or ROMP funding, etc.).
- Learners must be UT MD learners engaging in learning in community settings only (not AHSCs);
- Core rotations, electives and selectives are eligible for residents and clerks (year 3/4 undergraduate MD students). These rotations must be required to complete a residency program or to graduate from our undergraduate MD program. Fellows are not eligible at this time.

Since the inception of funds to support community preceptors, almost 107,000 learner days have been funded between April 1, 2011 and March 31, 2012. Figure 2 depicts the number of learner days – broken down by undergraduate (clerks) vs. postgraduate (resident) learners and by fiscal year quarter – in 2011-2012:

Figure 2: Learner Days in the Community Sites by Quarter, 2011-2012:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Clerk Days</th>
<th>Resident Days</th>
<th>Total Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Apr-June 2011)</td>
<td>4,523</td>
<td>20,703</td>
<td>25,226</td>
</tr>
<tr>
<td>(July-Sept 2011)</td>
<td>2,498</td>
<td>21,602</td>
<td>24,100</td>
</tr>
<tr>
<td>(Oct-Dec 2011)</td>
<td>4,404</td>
<td>19,735</td>
<td>24,139</td>
</tr>
<tr>
<td>(Jan-Mar 2012)</td>
<td>8,738</td>
<td>24,793</td>
<td>33,531</td>
</tr>
<tr>
<td>TOTAL (FY 2011-2012)</td>
<td>20,163</td>
<td>86,833</td>
<td>106,996</td>
</tr>
</tbody>
</table>
Figure 3 depicts the distribution of learners across our major community-based sites in fiscal year 2011-2012:

**Figure 3: Total Learner Days by Community Site FY 2011-2012**

In fiscal year 2011-2012, total expenditures for community preceptor payment were $3.623 million. Figure 4 shows a steady increase in the funding provided over each fiscal quarter in FY 2011-2012:

**Figure 4: Preceptor Payments by Quarter FY 2011-2012**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1 (Apr-June 2011)</td>
<td>$854,836</td>
</tr>
<tr>
<td>Quarter 2 (July-Sept 2011)</td>
<td>$790,954</td>
</tr>
<tr>
<td>Quarter 3 (Oct-Dec 2011)</td>
<td>$858,824</td>
</tr>
<tr>
<td>Quarter 4 (Jan-Mar 2012)</td>
<td>$1,118,73</td>
</tr>
<tr>
<td>TOTAL (FY 2011-2012)</td>
<td>$3,623,35</td>
</tr>
</tbody>
</table>
4.2 Remunerating, Recognizing and Appointing our Community-Based Faculty

The implementation of the T-IME preceptor payment system has been a major project in the past year. The T-IME preceptor teaching activity and payment system was designed to track and measure teaching activity in community hospital/office sites by rotation, learner (undergraduate and postgraduate), preceptor and preceptor department. T-IME is the first of its kind in Ontario, and has already received significant attention from other Universities, with another Ontario-based medical school recently having purchased this software. The tracking system integrates data from other learner and faculty databases to produce comprehensive reports for compliance monitoring for the accountability framework and for the development of key performance indicators. This initiative has resulted in a fully functioning web-based tracking system which extracts detailed community rotation data directly from the UGME and PGME registration and scheduling systems and produces accurate reports of rotation activity, supervisors and related payments.

T-IME also provides granular access and control to teaching and payment-related data; allows for the triangulation of teaching activity with evaluations and payments; facilitates the development of performance metrics for accountability purposes; and, enforces payment eligibility, thereby conforming to the Ministry’s audit and reporting requirements.

The development and implementation of the T-IME system has also provided the Faculty with an opportunity to improve data integrity around academic appointments and entry of learner rotations. Together with PGME and UGME, the OIME has worked with several clinical departments and community sites to help facilitate enhanced data integrity and reporting procedures. Although the “bridge” between HRIS and T-IME has not yet been finalized, the target date for completion is the fall of 2012.

4.3 Academic Appointments

The Faculty of Medicine has seen an overall 120% growth in our community-based academic appointments between 2010 and 2012, with the total number of academic appointments in the community hospitals alone growing from 774 in June of 2010, to 1,703 in June of 2012. Especially significant growth was seen in the following U of T clinical academic departments between 2010 and 2012:

- Anesthesia: 89% growth (from 55 community-based appointments to 104);
- Medical Imaging: 933% growth (from 3 community-based appointments to 31);
- Medicine: 106% growth (from 156 community-based appointments to 321);
- Obstetrics and Gynecology: 126% growth (from 43 community-based appointments to 97);
- Surgery: 104% growth (from 78 community-based appointments to 159).

Departments such as Family Medicine, Laboratory Medicine and Pathobiology, Otolaryngology, Ophthalmology, Pediatrics and Radiation Oncology have all significantly increased their number of faculty
appointees in the community-based sites as well, expanding their teaching and education programs into a variety of urban and suburban settings (hospitals, public health units, community access centres, offices).

The U of T’s five major community hospitals have also shown a marked increase in the number of primary faculty appointments. Figure 5 shows the increase in the total number of appointments at these sites, between June 2010 and June 2012. **The overall growth in faculty appointments for these sites alone was 200%.**

**Figure 5: Growth in Academic Appointments 2010-2012: CVH, NYGH, SJHC, TEGH and Trillium**

![Graph showing growth in academic appointments 2010-2012 for CVH, NYGH, SJHC, TEGH and Trillium.]

Faculty appointments at all of our community based hospitals have grown exponentially between June of 2010 and June of 2012. Figure 6 demonstrates this growth amongst our larger community hospitals:

**Figure 6: Growth in Community Faculty Appointments 2010-2012: HRRH, Lakeridge, Markham Stouffville, Scarborough Hospital and Southlake**

![Graph showing growth in community faculty appointments 2010-2012 for HRRH, Lakeridge, Markham Stouffville, Scarborough Hospital and Southlake.]

<table>
<thead>
<tr>
<th>Hospital</th>
<th>2010 Faculty Appts</th>
<th>2012 Faculty Appts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit Valley</td>
<td>52</td>
<td>178</td>
</tr>
<tr>
<td>North York</td>
<td>44</td>
<td>247</td>
</tr>
<tr>
<td>St. Joseph’s</td>
<td>99</td>
<td>189</td>
</tr>
<tr>
<td>Toronto East</td>
<td>101</td>
<td>206</td>
</tr>
<tr>
<td>Trillium</td>
<td>40</td>
<td>190</td>
</tr>
<tr>
<td>Humber River</td>
<td>16</td>
<td>31</td>
</tr>
<tr>
<td>Lakeridge</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>Markham Stouffville</td>
<td>9</td>
<td>44</td>
</tr>
<tr>
<td>Royal Victoria</td>
<td>26</td>
<td>87</td>
</tr>
<tr>
<td>Scarborough</td>
<td>59</td>
<td>133</td>
</tr>
<tr>
<td>Southlake</td>
<td>29</td>
<td>66</td>
</tr>
</tbody>
</table>
Figure 7 (below) demonstrates the distribution of U of T community-based academic appointments amongst our affiliated sites:

The Faculty of Medicine has also worked closely with the hospitals, U of T clinical departments, and the T-IME working groups to streamline the academic appointment process and clarify details around academic appointment categories and rank.

4.4 Orientation Program for New Faculty Members

The OIME, CFD, CEPD, Clinical Affairs, and T-IME CE & FD working group will launch a new orientation program for community-based faculty members during the fall of 2012. The sessions will cover a range of topics for new faculty members, with full accreditation provided.

4.5 Awards for Community-Affiliated Faculty Members

Three new awards for excellence in community teaching have recently been established through the OIME and T-IME Appointments and Promotions working group. The awards are specifically focused on our community-based faculty members, as follows:

- Excellence in Community-Based Teaching (Community Hospital)
- Excellence in Community-Based Teaching (Clinic/Office/Practice)
- Sustained Excellence in Community-Based Teaching

These Faculty-wide awards will be presented at the Faculty’s annual Education Achievement Day event. The inaugural competition will take place during the fall of 2012, and will be administered by the OIME.

4.6 OIME Communications Programs

The OIME website was successfully launched in March, 2012 (see www.oime.utoronto.ca). This website serves as a centralized tool for our community-based faculty members to learn more about preceptor payments, academic appointments, benefits for part-time faculty, and academic promotions. The website also seeks to promote the activities of other departments in the Faculty of Medicine (e.g., CEPD, CFD, PGME, UGME and Clinical Affairs). The inaugural OIME Newsletter was also circulated in March, and a list serve with over 1,700 members was created.
4.7 Measuring our Performance

The production of a KPI (key performance indicators) position paper – with initial KPIs for the OIME and medical education more generally – is underway. See the report from the KPI working group (section 5.5) for further details.

4.8 OIME Scholarship

The OIME presented two orals at the Canadian Conference on Medical Education, Banff, Alberta in April 2012.

5 T-IME Working Group Reports

5.1 Appointments and Promotions Working Group

Led by Drs. John Bohnen (Vice Dean, Clinical Affairs, Faculty of Medicine) and Avrum Gotlieb (Acting Vice Dean, Graduate Affairs, Faculty of Medicine), this working group was tasked with:

1. Expansion of systems that recognize and reward teaching by community preceptors

   See section 4.5 above (re: establishment of three new community-based teaching awards).

2. Create opportunities for faculty in the community hospitals to engage in scholarly activity

   The working group launched a new Tool Kit on “Academic Advancement of Community Based Physicians” in May of 2012. The Tool Kit it designed to highlight methods for community-based physicians to translate their work into academic work (i.e., creative professional activity), provides a brief primer on how scholarly work is assessed (re: academic promotions), and provides examples of how to build an academic dossier. This document is available on the OIME website and has been sent to the Directors of Medical Education in the community hospitals. The Manager of the OIME has also provided CV and Teaching Dossier templates to community based faculty, on request.

3. Advise on and monitor the development of manual tracking and payment system for preceptors

   The T-IME Appointments and Promotions working group advised on the manual tracking of academic appointments for community-based preceptors eligible for the payments. This manual system will be replaced during the fall of 2012 with an automatic download from HRIS to MedLink to T-IME.

4. Establish an online appointment processing system

   Together with Human Resources (Faculty of Medicine) and the Discovery Commons, an online appointment processing system is currently under development. When complete, this system will provide potential preceptors with a portal through which to apply for academic appointments in a streamlined fashion.
5. Provide a template for departmental preceptor payment agreements
All clinical departments in the community based hospitals have been encouraged to agree upon how preceptor payment funds will be internally disbursed. Most departments have elected to pool the funds within the hospital departments to support initiatives designed to build an academic culture. Other departments have chosen to pay those individuals directly involved in teaching. On request, a template was provided by the Vice Dean of Clinical Affairs, to help facilitate the development of these internal agreements.

5.2 Connectivity Working Group
Chaired by Dr. Marcus Law (Academic Lead, Education Technology) and Wes Robertson (Director of Information Technology, Discovery Commons, Faculty of Medicine), the T-IME Connectivity working group was asked to produce the following deliverables:

1. Work with Faculty to support distributed educational technology
The Discovery Commons (DC) completed the extension of the Faculty’s dedicated, high-definition videoconferencing (VC) network to two Mississauga hospital locations, and the connection of a room in each location to the Faculty’s VC infrastructure. The DC continues to provide robust support and training to departments on issues related to VC, connectivity, and Ontario Telemedicine Network related issues. In addition, the Faculty has successfully completed (May 2012) a second pilot of the ONE Mail Direct email system to provide learners with clinically-secure email accounts, and initiated a project to send invitations to all residents and medical students by mid-September 2012.

2. Conduct an environmental scan of videoconferencing connections
An inventory of videoconferencing booking and IT contacts at most Faculty of Medicine affiliated hospitals was completed, and has been published on the OIME and Discovery Commons websites.

3. Establish a leadership group on connectivity
The role of Academic Lead in Educational Technology (Marcus Law) was established during the fall of 2011. Many faculty members with interests in educational technology have been identified, and some clinical departments have recently established clinician educator roles with focus on technology-enabled learning.

4. Recommend a strategy for integration across Faculty of Medicine and affiliated partners
The Connectivity working group is exploring and implementing various ways to use technology to enable learning and teaching across hospital sites, departments, and undergraduate courses. Traditionally, faculty work within their own programs, departments, or sites to create classroom style educational experience for our learners. New delivery approach of education enhanced by technology has brought many faculty together in projects that promote integration.

This group has also started working with course directors of ASCM and DOCH on eLearning modules and virtual patient cases. By the fall of 2012, there will be eLearning modules in epidemiology and biostatistics for students in DOCH. The modules will be made widely available for use any students and residents outside of U of T.
Together with the T-IME Learner Experience working group, work is underway to create learner orientation modules on topics such as hand washing, sharps safety, and workplace violence, to be hosted in POWER/MedSIS. This TAHSN-wide initiative will allow learners to complete the modules only once as an orientation requirement for all TAHSN hospitals.

Finally, the T-IME Connectivity working group has been collaborating with Centre for Faculty Development in creating eLearning faculty development programs such as the ‘ART’ (Accessible Resources for Teaching) online program. ART is a series of short modules employing the latest multimedia to cover highly relevant topics such as effective role modeling, providing effective feedback, digital professionalism, etc.

Future Plans

1. The Office of Integrated Medical Education will host its second annual summit (the first in the Faculty of Medicine focused on educational technologies), titled, ‘e³: eLearning Innovation, Integration, and Impact’. The summit, to be held in November of 2012, will showcase innovations in educational technology in our Faculty.

2. The group will continue to meet with departmental Chairs and Vice-Chairs, Education to promote the creation of departmental educational technology lead positions.

3. An Educational Technology Advisory Group – to be chaired by the Academic Lead in Educational Technology – will be formalized within the Faculty’s governance structure.

4. The group will continue to work with faculty members and various Faculty of Medicine committees (e.g. T-IME Learner Experience working group, curriculum, clerkship, pre-clerkship committee, etc.) on the creation of eLearning modules.

5.3 CEPD and FD Working Group

Chaired by Drs. Karen Leslie, Director of the Centre for Faculty Development and Dimitri Anastakis, Vice Dean of Continuing Education & Professional Development, this group includes members from across the U of T’s Office of Continuing Education and Professional Development, Centre for Faculty Development, clinical departments, and full and community-affiliates hospitals. A list of members can be found in Appendix D.

The Dean and Deputy Dean assigned this group the task of implementing the following key deliverables:

1. Create a consistent approach to providing resources and support in faculty development across all departments and affiliates;

CEPD BY THE NUMBERS:

224 conferences, seminars and workshops were accredited by the CEPD on behalf of the UofT affiliated hospitals in 2011-2012.

14,034 registrants participated in these events.

382 conferences, seminars and workshops were accredited by the CEPD and hosted by the UofT clinical departments in 2011-2012.

27,490 registrants attended these events.
2. Align existing mechanisms in departments to integrate CEPD activities with hospital resources; and,
3. Identify champions, educator leaders and make recommendations to the hospitals and Dean about best practices for recognition of education as a valued activity.

Accomplishments in 2011-2012:
In order to lay a strong foundation for future developments in the area of CE and FD for our community-based faculty members, this working group commenced its activities with an environmental scan. This scan consisted of the following components:

**Phase 1: Inventory of CE & FD Existing Offerings**
A detailed inventory of existing offerings in the CEPD, CFD and the University of Toronto clinical academic departments was created. While a diverse range of course offerings and programs currently exist, strategies to communicate the availability of those programs are needed.

**Key Recommendation:**
The Office of Integrated Medical Education’s website will link to upcoming events in both the CEPD and the Centre for Faculty Development (CFD). Innovative offerings targeted at faculty members who are new to academe and the U of T more generally, are highlighted.

**Phase 2: Interview of U of T Chairs and Vice Chairs:**
A key component of this group’s deliverables includes recommendations on a strategy to align the U of T’s existing resources, people, and processes, with those that already exist in the hospitals. Thus, the working group members conducted interviews of the Chairs and Vice Chairs (Education) of the U of T clinical academic departments to gather information on departmental organizational structures and point people with direct responsibility and oversight for CE and FD; existing CE and FD offerings provided by the department; orientation programs for new faculty; faculty development for teaching roles; mentorship programs; leadership training; scholarship-in-education training; support available for faculty to attend centralized programs; programs they offer through the hospitals; communications strategies around these issues; and, needs or gaps they may have identified.

**Key Recommendations:**
The environmental scan and interviews resulted in the development of several key recommendations, as follows:
1. CE & FD Leads: 
It would be advantageous for “point people” with direct responsibility and oversight for CE and FD to be appointed at both the hospitals and in the U of T clinical departments. Departmental structures which consolidate and support the overall education mission would also assist the various units in carrying-out the overall education mission.

2. CE & FD: Considerations around Coordination:
The Dean has indicated that a key strategic goal includes the integration of our community-based faculty into the overall mission of the Faculty of Medicine. Thus, it would be beneficial for each department to align its own CE and FD offerings, supports, processes and personnel with those provided by the Faculty of Medicine more broadly. As an example, the Faculty will provide a new orientation program for faculty members (see below), and a manual will be produced, however, each department could consider offering a departmentally-specific program as well.

3. Processes, Supports and Communications:
Various supports designed to assist faculty in fulfilling their academic roles are available through the Office of CEPD, the CFD, hospitals, and clinical departments. A coordinated communications strategy to inform our faculty of the availability of various resources should be implemented in a coordinated fashion. As noted above, the OIME has recently launched a website which seeks to centralize various resources available throughout the Faculty of Medicine, clinical departments, and hospitals, in one area. The OIME Newsletter was also launched in March of 2012, and included articles on the CEPD and CFD (a quarterly Newsletter will be produced in future).

4. Orientation Program for New Faculty
The T-IME CE and FD working group will launch a new Orientation Program for New Faculty during the fall of 2012. Initially focused on new faculty members in our community-based hospitals, this program will provide a brief overview of the Faculty of Medicine; information for new faculty members on their core areas of responsibility; resources available to assist in documenting their academic activities; and, where to find help. The orientation program will be convened at three community-based hospitals in 2012 and in partnership with the Directors or Vice Presidents of Medical Education at each hospital will be specifically tailored to meet the needs of each hospital. The ultimate goal of the new faculty orientation program is to provide our new faculty members with access to the information and resources they may need to be fully integrated into the academic mission of the University of Toronto.

5.4 Finance Working Group
Led by Dr. Sarita Verma, the T-IME Finance working group was mandated to:

1. Determine the funding available and needed to support the educational mission (UG and PG) in the three primary community affiliates (North York General Hospital, Toronto East General Hospital and St. Joseph’s Health Centre) similar to the process undertaken with the Hospitals in Mississauga (Credit Valley Hospital and Trillium Health Centre).
2. Identify hospital vs. university costs and determine who pays for what.
3. Identify the issues with the change in the Medical Trainee Day formula and the impact on the three primary community affiliates.

An analysis of hospital and University finances in relation to medical education was undertaken by Caroline Abrahams and Wendy Kubasik in partnership with the Chief Financial Officers and Directors of Medical Education at North York General Hospital, Toronto East General Hospital and St. Joseph’s Health Centre. A business case which identified the need to create equity in the Medical Trainee Day (MTD) funding formula for the University of Toronto’s large community hospital affiliated teaching sites was created, and presented by the Dean and Deputy Dean to the CEOs of these three hospitals. The business case will be used to advocate for equity and consistency in the funding formula applied amongst the community-based teaching hospitals at the University of Toronto.

5.5 Key Performance Indicators

Chaired by Drs. Sarita Verma (Deputy Dean) and Sal Spadafora (Vice Dean, Postgraduate Medical Education, Faculty of Medicine), the KPI working group was tasked with identifying KPIs which may demonstrated improved health outcomes in relation to the delivery of medical education in the community affiliates; to determine whether there is an interest in a “common base template” amongst the community affiliates and Faculty of Medicine in tracking and measuring KPIs for teaching and education; to develop KPIs for the T-IME project and OIME including teaching, education, and infrastructure-related (e.g., IT, financial health, operations, etc.); and to identify methods to generate KPIs as well as the key processes, units, and key stakeholders that are involved.

The KPI working group conducted an environmental scan on the use of KPIs in other North American medical schools, and across the higher education sector more broadly. Criteria to apply to the use of KPIs were agreed upon, including availability; comparability; cost-effectiveness (to generate the KPIs); feasibility; relevance; reliability; and, validity. A set of KPIs for medical education were drafted, and a theme for collection (the learner experience) was established. Considerable attention was paid to the difference between KPIs for marketing purposes, and true KPIs which facilitate decision-making and management strategies of both the medical school and the community hospitals’ education mission.

The OIME has also established KPIs for community-based teaching, academic appointments and faculty leadership in the community sites, financial operations and viability, and preceptor payments. These items
will be included in the OIME’s annual report. In addition, the OIME and PGME are currently producing a “position paper” on the use of KPIs in AHSCs.

5.6 Learner Experience Working Group

Chaired by Drs. Leslie Nickell (Associate Dean, Health Professions Student Affairs) and Sue Edwards (Director of Resident Wellness), the Learner Experience working groups was initially tasked with the creation of an inventory of learner-related policies and the review of these policies. The group began by grouping the policies into 6 main “themes”:

1. Intimidation and harassment;
2. Safety;
3. Emergency measures;
4. Code of conduct;
5. Access;
6. Integrated resources and support.

Thirty-five policies were reviewed, with recommendations provided to the Vice Deans of Undergraduate and Postgraduate Medical Education. Many of the reviews that took place were used to inform preparations for the very successful UGME accreditation review which took place during the spring of 2012. The group also recommended that additional reviews be conducted by the highest body responsible, and that a centralized repository of policies and procedures be developed on the Faculty’s website by the Office of Strategic Communications and External Relations (OSCER).

The Learner Experience working group then identified “learner irritants” within the hospital settings and have been working closely with the community hospitals, learners, TAHSN-e and HUEC to identify methods to streamline and harmonize registration and orientation processes across the U of T’s teaching sites. To facilitate this process, the working group’s membership was recently reconstituted, and development of E-learning modules for registration and orientation are currently underway in collaboration with TAHSN-e. In the near future, the group will also investigate further the feasibility of “common” security badges and pagers which would move with the learner across sites.

5.7 Policies and Procedures Working Group

Led by Drs. Jay Rosenfield (Vice Dean, Undergraduate Medical Education) and Sal Spadafora (Vice Dean, Postgraduate Medical Education), this T-IME working group was asked to:

1. Create an inventory of existing policies, guidelines, statements, etc.;
2. Review and amend policies; and,
3. Document and communicate policies.
The group produced a full inventory of 121 policies which were then separated into 21 categories including academics, assessment and evaluations, professionalism and wellness. Policies directly related to the learner experience were referred to the T-IME Learner Experience working group. The reviews were completed by early 2012, a set of recommendations on next steps was produced, and a temporary, centralized online repository of policies has been built. Next steps include the creation of a permanent repository of polices by OSCER (as part of the Faculty’s longer-term communications and website redevelopment strategy).

5.8 POWER and MedSIS Working Group

Co-chaired by Dr. Patricia Houston, Vice President Education, St. Michael's Hospital, and Dr. David Latter, Vice Chair Education, Department of Surgery, University of Toronto, the POWER and MedSIS Working Group was tasked with the development of a comprehensive work plan to better understand:

- The current postgraduate and undergraduate enrolment and evaluation systems, their capabilities, and limitations;
- How the information from these systems is currently used; and,
- Functionalities that are required to support integrated medical education.

Between March and June of 2011, the group met on three occasions, and received presentations on POWER, MedSIS (including proposed enhancements through systems integration), HBAM, and a centralized system for MTD reporting.

The group concluded that POWER and MedSIS are powerful databases which have greatly enhanced the ability to track and evaluate the teaching and learning activities of both undergraduate and postgraduate education. They have led to several initiatives which have greatly improved the support provided to learners, faculty members, and our hospital partners. Both systems have the capability to generate reports which provided strong data to assist in decision making, in assessing the quality of the University’s medical education programs, and in making quality-related improvements. In September of 2011, the working group submitted a report which included a list of enhancements which focused mostly around the integration of various systems -- which will ultimately provide the University with a strong competitive advantage and will provide a complete picture of a given set of activities.

This working group’s recommendations have been furthered by the Discovery Commons via the “Infostructure” project and integration of the various IT systems. The joint POWER and MedSIS Steering Committees have already implemented many of the recommendations, including those around reports, evaluations and the implementation of sub-rotations in POWER. The development of the T-IME preceptor payment system has also provided an opportunity to integrate data as T-IME extracts data from POWER and MedSIS (and eventually, HRIS). T-IME provides data on teaching activities, learner activities, rotations, community-based faculty appointments, and payments to community hospitals and public health agencies. The MTD Steering Committee and working groups have been tasked by the Dean with providing oversight on the development and implementation of a new approach to the collection, verification and reporting of MTDs for U of T learners to Ontario hospitals. Successful implementation of the MTD project will require
enhanced data integration across systems, as well as new business processes which help track learner movements across all sites (both the fully and community-based affiliated hospitals). Finally, POWER, MedSIS and T-IME have recently been purchased by other medical schools in Ontario and Alberta; a testament to University of Toronto’s ability to manage highly complex and very granular data which demonstrate the quality, effectiveness and accountability of our teaching and education programs, financial frameworks, and personnel.

5.9 Linkages amongst the T-IME working groups:

The goals of the various T-IME working groups are strongly interconnected; these connections are also shared with other governance structures in the Faculty of Medicine (e.g., TAHSN, TAHSN-e, CHSES, HUEC, Education Deans, UGME, PGME, CEPD, CFD, etc.).

6 Think Tank: Integrated Medical Education 2011

The Integrated Medical Education (IME) Think Tank was held on Tuesday, September 13, 2011 at the 89 Chestnut Residence and Conference Centre, University of Toronto. The purpose of this inaugural event was to chart a roadmap for the future of IME at the University of Toronto. Specific objectives included:

- To examine the current state of Integrated Medical Education/Distributed Medical Education in the context of the Future of Medical Education in Canada (FMEC) project;
- 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; and,
- To establish potential priorities in developing IME at the University of Toronto (i.e., focus for the next 1-2 years).

Representing a diverse group of stakeholders from the fully and community-affiliated hospitals, and the University of Toronto, seventy-five participants attended the event which included lectures, small-group breakout sessions, and a large-group report-back session.

Opening remarks were provided by Dean Catharine Whiteside, Faculty of Medicine University of Toronto. Sarita Verma, Deputy Dean of the Faculty of Medicine, reviewed the objectives and format for the day. Presentations were made as follows:

- Roger Strasser, Dean of the Northern Ontario School of Medicine: “Transforming Medical Education through Distributed Community Engaged Learning;
- Ken Harris, Director of the Office of Education, RCPSC and Ivy Oandasan, Associate Professor and Research Scholar in the Department of Family and Community Medicine, University of Toronto on “Addressing the Future of Medical Education in Canada”; and,
• **Jay Rosenfield**, Vice Dean of Undergraduate Medicine, University of Toronto, on “Educating Health Professionals for the 21st Century: Report of the Global Independent Commission”.
APPENDICES

Appendix A: Project Charter for the T-IME Project

TORONTO MODEL OF INTEGRATED MEDICAL EDUCATION (T-IME)

PROJECT CHARTER

January 18, 2011

PROJECT PURPOSE

The purpose of the Toronto Model of Integrated Medical Education (T-IME) project is two-fold:

1. Establish and implement a sustainable framework for integrated medical education (IME) that:
   • Enhances learners’ access to clinical teaching in a wide variety of settings for all programs along the continuum of medical education.
   • Aligns the Clinical Departments’ education programs with the Mission and Vision of the Faculty of Medicine, while enabling our community-based faculty to benefit from the resources, academic excellence and innovation of the University.
   • Expands medical teaching capacity and promotes the delivery of patient-centered, interprofessional, evidence-based health care in urban, suburban and community settings.

2. Develop and implement an accountability framework to support integrated medical education that flows with the learner and teacher and is across our programs rather than across sites.

The successful outcomes of integrated education shall be defined by excellent performance of learners and the teachers in the short term, and improved quality of care in community sites in the longer term. Another important outcome will be the advancement of academic leadership in the community sites recognized by the clinical departments as integral to their university missions and visions.

T-IME is focused initially on the Full Affiliates and the five primary Community Affiliates (Credit Valley Hospital, Trillium Health Centre, Toronto East General Hospital, North York General Hospital and St. Joseph’s Health Centre) with a graduated phase-in of the remaining Community Affiliates.

T-IME is beginning with medical education, with the intention that it may eventually encompass all University of Toronto health education programs.

PROJECT OBJECTIVES

T-IME will integrate the University of Toronto Faculty of Medicine’s education deliverables across all sites involved in the delivery of undergraduate medical education (UGME) and postgraduate medical education (PGME).

T-IME is established to facilitate and coordinate activity to build the needed infrastructure to:
• Strategically access the untapped clinical capacity by ensuring sufficient resources to support learners and teachers, and

• Transparently address the issues of appointments, payments and the learning environment across all Affiliates.

**SCOPE OF THE PROJECT**
T-IME is responsible for the following project activities, working in collaboration with all University of Toronto Affiliates and in close collaboration with the Decanal portfolios:

- Coordinate, enable and monitor all hospital and university UG and PG educational activities in all University of Toronto Affiliates, including pre-clerkship, clerkship and PG activities.
- Facilitate and co-ordinate (if necessary) faculty development and CPD specifically oriented to community physicians who are new to teaching.
- Monitor that the resources (e.g., human resources, finances, communications) required to achieve planned deliverables are available.
- Monitor that all major milestones are achieved within the stated timelines.

T-IME is not responsible for high level advocacy, which remains in the purview of the Dean, the Education Deans, the VPs of Education (and similar posts) and hospital CEOs.

**DELIVERABLES**
T-IME will deliver a framework for integrated medical education at the University of Toronto and an associated accountability framework. These deliverables will be support with the development of:

- A project plan including milestones for the implementation of T-IME in the Faculty of Medicine.
- Routes of central and program-to-program coordination and between the Departments, the Decanal portfolios and the Sites about allocation of clerks and residents, seamless integration on orientation, credentialing and evaluation as well as application of University policy (e.g., immunizations, police checks, intimidation and harassment).
- Checklists to operationalize the integration of medical education from faculty appointments, logistics, faculty development, evaluation of learners, faculty and site performance and accreditation of programs.
- Processes for clinical faculty appointments and consistent principles on remuneration across Community Affiliates.
- A mechanism for open communication and liaison in collaboration with HUEC and TAHSNe.

To achieve these deliverables, the T-IME Steering Group will:

- Facilitate the existing structures, both academic and administrative at a Faculty level, in close collaboration with the Education Vice Deans and their advisory committees.
Align with existing databases such as POWER and MedSIS and with TAHSNe to develop medical education performance indicators.

Maximize and facilitate work already underway and enhance communication between the various structures across TAHSN, the Faculty and the Community Affiliates.

Compile and manage all key documents relating to strategic implementation and measurement of deliverables across the education programs and hospital sites including related programs outside of medical education.

Establish an early warning mechanism to identify and address issues that affect the Faculty's ability to achieve planned deliverables and milestones.

T-IME will be under the overall direction and guidance of a Steering Group. See Attachment A for the membership and responsibilities of the Steering Group.

Elements of T-IME's work have been allocated to five working groups:

9. Appointments, payments and promotion.
10. Policies and procedures of the educational environment.
11. Integrating CEPD and faculty development.
12. POWER and MedSIS.
13. Enhancing the student experience.

The membership and responsibilities of the five working groups are provided in Attachment B.

In addition, a resource group will be assembled to deal with information technology (IT) connectivity issues.

**ROLES AND RESPONSIBILITIES**

The Dean of Medicine is ultimately accountable for UGME and PGME education deliverables.

Acting on behalf of the Dean, the T-IME Steering Group will coordinate issues and facilitate coordinated decision making across the Faculty and Affiliates, seeking input as needed from Decanal Leads, Vice-Deans, Academy Directors and Senior Managers. The T-IME Steering Group will report to the Clinical Chairs and the Dean on a regular basis.

Working Groups will contribute content expertise by providing advice and recommendations to the T-IME Steering Committee.

The T-IME project will be supported by an Office of Integrated Medical Education (OIME), which will harness the existing strength, experience and networks of departments, hospitals and UGME/PGME programs to assist the faculty and its community and full affiliate partners to deliver training programs in a more efficient and integrated way. Within the OIME, a Project Manager will be hired to work closely with administrative leads to provide strategic and analytical support to the T-IME Steering Group and its Working Groups. The mandate of the OIME is provided as Attachment C.
Appendix B: T-IME Logic Model

T-IME - Program Logic Model

NOTE: Performance indicators to be added as they are developed.
# Appendix C: T-IME Steering Committee Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Sarita Verma, (Chair)</td>
<td>Deputy Dean, Faculty of Medicine</td>
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<tr>
<td>Wendy Kubasik</td>
<td>Manager, Office of Integrated Medical Education</td>
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<tr>
<td>Avrum Gotlieb</td>
<td>Acting Vice Dean, Graduate Affairs</td>
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<tr>
<td>Jay Rosenfield</td>
<td>Vice Dean, Undergraduate Medical Education</td>
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<tr>
<td>Salvatore Spadafora</td>
<td>Vice Dean, Postgraduate Medical Education</td>
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<tr>
<td>Dimitri Anastakis</td>
<td>Vice Dean, CEPD</td>
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<tr>
<td>John Bohnen</td>
<td>Vice Dean, Clinical Affairs</td>
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<tr>
<td>Lynn Wilson</td>
<td>Chair, Department of Family and Community Medicine</td>
</tr>
<tr>
<td>Patricia Houston</td>
<td>Vice President Education, St. Michael’s</td>
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<tr>
<td>Jackie James</td>
<td>Vice President Education, Mount Sinai Hospital</td>
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<tr>
<td>Kevin Imrie</td>
<td>Vice Chair, Education, Department of Medicine</td>
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<tr>
<td>Trevor Young</td>
<td>Chair, Department of Psychiatry</td>
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<tr>
<td>Cynthia Whitehead</td>
<td>Vice Chair, Education, Department of Family and Community Medicine</td>
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<tr>
<td>Karen Leslie</td>
<td>Director, Centre for Faculty Development</td>
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<tr>
<td>Alan Bocking</td>
<td>Chair, Department of Obstetrics &amp; Gynecology</td>
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<tr>
<td>Maria Tassone</td>
<td>Director, Centre for Interprofessional Education</td>
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<tr>
<td>Judy Irvine</td>
<td>Registrar, Faculty of Medicine</td>
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<tr>
<td>Norm Hill</td>
<td>Vice President, Education, Credit Valley Hospital/Trillium Health Centre</td>
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<tr>
<td>Leslie Nickell</td>
<td>Director, Office of Student and Health Professionals Affairs</td>
</tr>
<tr>
<td>Loreta Muharuma, Director</td>
<td>Director, Postgraduate Medical Education</td>
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<tr>
<td>Wes Robertson</td>
<td>Director, Information Technology (Faculty of Medicine)</td>
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<tr>
<td>Sam Chan</td>
<td>Associate Director, Information Technology (Faculty of Medicine)</td>
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<tr>
<td>Jean Robertson</td>
<td>Director, Human Resources (Faculty of Medicine)</td>
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<tr>
<td>Kathleen Clements</td>
<td>Director of Education, Credit Valley Hospital/Trillium Health Centre</td>
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<tr>
<td>Rick Penciner</td>
<td>Director of Education, North York General Hospital</td>
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<tr>
<td>Marcus Law</td>
<td>Director of Education, Toronto East General Hospital</td>
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<tr>
<td>David Latter</td>
<td>Vice Chair, Education, Department of Surgery</td>
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<td>Rayfel Schneider</td>
<td>Vice Chair, Education, Department of Pediatrics</td>
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<tr>
<td>Brian Murray</td>
<td>IME Lead, Department of Medicine</td>
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<tr>
<td>Sue Edwards</td>
<td>Director, Resident Wellness, Postgraduate Medical Education</td>
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<tr>
<td>Caroline Abrahams</td>
<td>Director, Policy &amp; Analysis, PGME</td>
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<tr>
<td>Maureen Todd</td>
<td>Business Manager, Department of Medicine</td>
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<tr>
<td>Nancy Smart</td>
<td>Clinical Affairs Administrator</td>
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<tr>
<td>Morag Paton</td>
<td>Administrator, Education Deans</td>
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## Appendix D: T-IME working group members

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<thead>
<tr>
<th>Working Groups</th>
<th>Members</th>
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</table>
| **Appointments & Promotions** | - John Bohnen, Vice Dean, Clinical Affairs (co-chair)  
- Avrum Gotlieb, Interim Vice Dean, Graduate Affairs (co-chair)  
- Wendy Kubasik, Manager, Office of Integrated Medical Education  
- Sam Chan, Associate Director Applications, Discovery Commons  
- Caroline Abrahams, Director, Policy and Analysis, PGME, UT  
- Jean Robertson, Director of Human Resources, Faculty of Medicine  
- Karen Leslie, Director, Centre for Faculty Development  
- Rick Penciner, Director of Medical Education, North York General Hospital  
- Nancy Smart, Clinical Affairs Administrator |
| **CE & FD** | - Karen Leslie, Director, Centre for Faculty Development (co-chair)  
- Dimitri Anastakis, Vice Dean, CEPD, Faculty of Medicine (co-chair)  
- Wendy Kubasik, Manager, Office of Integrated Medical Education  
- Jana Bacjar, University of Toronto, Mississauga campus  
- Jamie Meuser, Director, Professional Development Programs, Family & Community Medicine  
- Susan Lieff, Department of Psychiatry  
- Jackie McCaffrey, Centre for Faculty Development  
- Jerry Maniate, St. Joseph’s Hospital  
- Susan Rock, Office of CEPD  
- Denyse Richardson, Division of Psychiatry, Department of Medicine  
- Peter Slinger, Department of Anesthesia |
| **Connectivity** | - Marcus Law, Academic Lead, Educational Technology, OIME (co-chair)  
- Wes Robertson, Director of Computing, Faculty of Medicine (co-chair)  
- Wendy Kubasik, Manager, Office of Integrated Medical Education  
- Bruce Ballon, SimONE |
| **Finance** | - Sarita Verma, Deputy Dean, Faculty of Medicine (chair)  
- Wendy Kubasik, Manager, Office of Integrated Medical Education  
- Caroline Abrahams, Director, Policy and Analysis, PGME, UT  
- Riet van Lieshout, Operations Manager, UGME, UT  
- Nancy Edwards, Chief Financial Officer, FOM, UT  
- Loreta Muharuma, Director, PGME, UT  
- Mary-Kay Whittaker, PGME, UT  
- Ralph Fernando, Vice President and CFO, Toronto East General Hospital  
- Dale McGregor, Executive Vice President, Corporate Services and CFO, St. Joseph’s Health Centre  
- Ian Farmer, Director, Financial Services, St. Joseph’s Health Centre  
- Dean Martin, CFO and Vice President, Finance and Information Technology, North York General Hospital |
| **Key Performance Indicators** | - Sarita Verma, Deputy Dean, Faculty of Medicine (co-chair)  
- Sal Spadafora, Vice Dean, Postgraduate Medical Education (co-chair)  
- Wendy Kubasik, Manager, Office of Integrated Medical Education  
- Kathleen Clements, Director of Medical Education, The Credit Valley Hospital and Trillium Health Centre  
- Caroline Abrahams, Director, Policy and Analysis, PGME, UT  
- Caroline Abrahams, Director, Policy and Analysis, PGME, UT  
- Molly Zirkle, Director, FitzGerald Academy, Undergraduate Medicine  
- Maggie Jugenberg, Educational Corporate Planning Specialist, University Health Network |
- Rick Penciner, Director of Medical Education, North York General Hospital
- Neil Shah, Project Manager, Education Portfolio, St. Michael’s Hospital
- Katelyn Smith, MD Learner, Undergraduate Medicine
- Susan Rock, Director, Continuing Education & Professional Development, UT
- Jack Brezinski, Resident, Postgraduate Medical Education
- Jennifer Francisco, Graduate Affairs Administrator, Faculty of Medicine

**Learner Experience**
- Susan Edwards, Director of Resident Wellness (co-chair)
- Leslie Nickell, Associate Dean, Health Professions Student Affairs (co-chair)
- Wendy Kubasik, Manager, Office of Integrated Medical Education
- Marcus Law, Director of Medical Education, Toronto East General Hospital and Academic Lead, Education Technologies
- David McKnight, Associate Dean, Equity and Professionalism
- Jackie James, Vice President of Medical Education, Mount Sinai Hospital
- Joshua Tepper, Vice President of Medical Education, Sunnybrook Health Sciences Centre
- Judy Irvine, Registrar, Faculty of Medicine
- Loreta Muharuma, Director, Postgraduate Medical Education
- Alison Pattern, Project Manager, POWER and MedSIS
- Renata Villela, Resident, Psychiatry
- Daniel Abrahmowitz, Resident, Surgery
- Howard Meng, Representative, MedSoc
- Paul Gill, Robert Conn and Matt Kirkham, PAIRO

**Policies & Procedures**
- Jay Rosenfield, Vice Dean, Undergraduate Medical Education (co-chair)
- Sal Spadafora, Vice Dean, Postgraduate Medical Education (co-chair)
- Wendy Kubasik, Manager, Office of Integrated Medical Education
- Judy Irvine, Registrar, Faculty of Medicine
- Loreta Muharuma, Director, Postgraduate Medical Education
- Morag Paton, Manager, Education Deans

**POWER & MedSIS**
- Patricia Houston, Vice President of Education, St. Michael’s Hospital (co-chair)
- David Latter, Acting Chair, Department of Surgery (co-chair)
- Wendy Kubasik, Manager, Office of Integrated Medical Education
- Kevin Imrie, Vice Chair, Education Department of Medicine
- Norman Hill, VP Medical & Academic Affairs, Trillium Health Centre
- Judy Irvine, Registrar, Faculty of Medicine
- Loreta Muharuma, Director, Postgraduate Medical Education
- Sam Chan, Associate Director Applications, Discovery Commons
- Caroline Abrahams, Director, Policy & Analysis, PGME
- Loreta Muhruma, Director, Operations, PGME
- Richard Pittini, Associate Director of the Peters-Boyd Academy, and Director of Ed, Women’s College
- Nancy Smart, Clinical Affairs Administrator
- Melissa Nevin, Staff Appointments Supervisor & Notary Public, Medical Affairs, The Hospital for Sick Children
- Tracy Henry, Education Assistant, CAMH
- Julia Bella, Coordinator, PG Education, CAMH
- Shannon Spencer, PG Coordinator, University Health Network
- Bryan Abankwah, Education Coordinator, St. Michael’s Hospital
### Appendix E: Agenda: OIME Summit 2011

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>8:00-8:15</td>
<td>Continental Breakfast and Registration</td>
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<tr>
<td>8:15-8:30</td>
<td><strong>Introductions and Objectives for the Think Tank</strong></td>
<td>Dean, Catharine Whiteside</td>
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<td>&quot;Integration, Innovation and Impact&quot;: Guiding Principles for the Development of the Faculty of Medicine’s Strategic Plan</td>
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<td>8:30-9:15</td>
<td><strong>Addressing the Future of Medical Education in Canada</strong></td>
<td>Dean, Catharine Whiteside</td>
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<td>9:15-9:45</td>
<td><strong>Education of Health Professionals for the 21st Century:</strong> Report of the Global Independent Commission</td>
<td>Vice Dean of Undergraduate Medical Education, Jay Rosenfield</td>
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<td>9:45-10:30</td>
<td><strong>The Northern Ontario School of Medicine (NOSM):</strong> Transforming Medical Education through Distributed Community Engaged Learning</td>
<td>Dean, Northern Ontario School of Medicine, Roger Strasser</td>
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<td>10:30-10:45</td>
<td><strong>REFRESHMENT BREAK</strong></td>
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<tr>
<td>10:45-11:00</td>
<td><strong>Report: T-IME (Toronto Model of Integrated Medical Education) Project</strong></td>
<td>Deputy Dean, Sarita Verma</td>
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<td>11:00-12:00</td>
<td><strong>Breakout Discussions: Key Strategies to Establish Priorities in IME</strong></td>
<td>K. Leslie/J. Meuser A. Gotlieb/L. Wilson L. Nickell/S. Edwards S. Spadafora/W. Kubasik J. Rosenfield/G. Bandiera W. Robertson/M. Law</td>
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<td><strong>Group 1: Life-Long Learning: New Opportunities for CE&amp;FD</strong></td>
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<td><strong>Group 2: Recognizing and Valuing Faculty Contributions</strong></td>
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<td><strong>Group 3: Developing and Enriching the Learner Experience</strong></td>
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<td><strong>Group 4: Measuring Our Impact</strong></td>
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<td><strong>Group 5: FMEC and the Global Commission: Toronto Responds</strong></td>
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<td><strong>Group 6: Building Novel Models: IT/Simulation</strong></td>
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<td>12:00-12:30</td>
<td><strong>Breakout Session Reports: Determining Priorities</strong></td>
<td>Working Group Leaders</td>
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<td>12:30</td>
<td><strong>Synthesis and Next Steps</strong></td>
<td>Deputy Dean, Sarita Verma</td>
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<td>12:45</td>
<td><strong>Closing Remarks</strong></td>
<td>Deputy Dean, Sarita Verma</td>
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<td>12:50 pm</td>
<td><strong>Lunch and Adjournment</strong></td>
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