



TEMERTY FACULTY OF MEDICINE  
UNIVERSITY OF TORONTO

Faculty Council of the Temerty Faculty of Medicine  
Minutes of the April 25, 2022 meeting  
4:00 p.m.  
Via Zoom Videoconference

**Members Present:** Luc De Nil (Speaker), Todd Coomber, Arthur Mortha, Pascal van Lieshout, Veronica Wadey, Brenda Mori, Kyle Kirkham, Nick Reed, Christina MacMillan, Meg Connell, Gina John, Paul Cantarutti, Mario Ostrowski, Rita Kandel, Paolo Campisi, Lynn Wilson, Modupe Tunde-Byass, Hosanna Au, Michael Farkouh, Peeter Poldre, Trevor Young, Jack Barkin, Patricia Houston, Wusun Paek, Catherine Coolens, Anne Agur, Vincent Tang, Pier Bryden, Nana Hyung-Ran Lee, Erin Styles, Andrew Wilde, George Elzawy, Denis Bourguignon, Angus McQuibban, Sean Kidd, Hossein Afsharpour, Stella Ng, Ewa Szumacher, Sarah Rauth, Bojana Djordjevic

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**1 Call to Order**

**2 Minutes of the previous meeting of Faculty Council – February 7, 2022**

The minutes of the meeting of February 7, 2022 had been previously circulated. They were approved on a motion from M. Farkouh and seconded by E. Styles. There was no business arising.

**3 Report from the Speaker**

Dr. De Nil indicated that the Procedures Manual for Policy for Clinical Faculty in the MD program was circulated for information. The Clinical Relations Committee requires that changes to the procedures manual are presented to Faculty Council for information. Dr. De Nil outlined the changes to the procedures manual.

Dr. De Nil also noted that this is the last Faculty Council in the academic year and thanked the members for their participation in this important governance process. This has been another unusual year with all Council meetings online. Dr. De Nil also thanked the Chairs and members of the Faculty Council Standing Committees for their diligence in addressing the issues brought to their attention. Finally, Dr. De Nil thanked Todd Coomber for his efforts in making sure Council meetings run smoothly.

**4 Report from the Dean's Office**

Dean Young indicated that he has been back with the Faculty for less than a month but has been impressed by all of the accomplishments that occurred during his absence. Dean Young thanked Dr. Patricia Houston for stepping in as Acting Dean and doing such an amazing job at a very difficult time. Dean Young asked Dr. Houston to provide an update.

Dr. Houston indicated that it was a pleasure and a challenge to act as Dean over the last nine months. Dr. Houston provided a summary of the briefing note which was included with the meeting materials and is also included in these minutes beginning on page 5. This briefing note provides info on the MD and PGME Accreditations which both took place in the fall of 2020. The MD Program was fully accredited through 2028. A follow up report needs to be submitted by August of 2023 which is longer than usual because of the pandemic. In PGME, 58 programs were fully accredited with no further action required, 14 programs are required to submit a written report, and seven programs were credited but require a follow up visit in November 2023. Three of these programs received an intention to withdraw (Anesthesia, Internal Medicine,

and Pediatric Cardiology) and will require a large amount of work to ensure that accreditation is not lost for those programs.

Learner mistreatment was identified as an issue and the programs are working to adopt and implement a consistent MD-PGME learner mistreatment framework across all programs and sites to decrease rates of learner mistreatment by clinical faculty. Dr. Reena Pattani, Director of Learner Experience and Dr. Pier Bryden, Senior Advisor, Clinical Affairs & Professional Values are working on harmonized MD-PGME learner mistreatment guidelines; updated Standards of Professional Behaviour for Clinical (MD) Faculty; learner-facing mistreatment webpages and online disclosure form; Professional Values module, orientation and faculty development materials; annual learner experience reports; and ongoing socialization and promotion of framework and supports.

Another commonly noted need highlighted by the accreditation need process is enhanced learner wellbeing programming and supports. Dr. Tony Pignatiello, Associate Dean, Learner Affairs; Dr. Heather Flett, Temerty Professor in Learner Wellness; and Dr. Julie Maggi, Director of Faculty Wellness will be leading these initiatives. The new, integrated Office of Learner Affairs will provide centralized support across programs. A learner wellness survey will be deployed and there will be ongoing consultation regarding the creation of a wellbeing community of practice across all programs and sites.

Other identified needs include: increase teacher assessment response rates and more effective formative feedback to and supports for clinical teachers; the alignment of program competencies, responsibilities/requirements, educational experiences, and assessments Common and the need to ensure there are processes in place to review and improve residency programs.

Dr. Lynn Wilson presented updates from the Clinical and Faculty Affairs portfolio. Dr. Wilson's office works with clinical MD faculty appointments and junior promotions, and supports the development and approval of practice plans. The office participates in all the Academic Health Science Center AFP governance organizations. Dr. Pier Bryden, Senior Advisor, Clinical Affairs & Professional Values, provides leadership in the area of professional values and Dr. Julie Maggi, Director, Faculty Wellness, in faculty wellness with Dr. Wilson providing oversight for the Rehabilitation Sciences Sector, the Physician Assistant Program, and the Medical Radiation Sciences Program with shared oversight for education EDUs.

The recently created Advisory Committee on Faculty Affairs had its first meeting on April 12, 2022 with representation from each of the TFOM's three sectors. Dr. Bryden and Dr. Maggi serve as Co-Chairs with Dr. Lisa Richardson, Associate Dean, Inclusion and Diversity, acting as Associate Chair. The Committee's mandate is to advise on portfolios, represent faculty concerns, and identify needed initiatives.

In addition, a Social Media Working Group will be established to work with central University provostial group to ensure members of Temerty Medicine have appropriate education, resources, and supports related to their use of social media. There is representation from all three sectors; faculty, learners, and staff. The timing of this group is pending the launch of relevant policies such as the CPSO Policy on Social Media Use.

Dr. Wilson's Office is working on a Temerty Medicine webpage outlining pathways for faculty to raise concerns with the goal of clarifying already available pathways and resources, and demystify processes. This website will need to provide information to different groups of faculty with different pathways available to them. The goal is to have this website completed by the end of June 2022.

From late October 2020 to November two groups totaling 30 leaders participated in a 'Leading for Wellness' Community of Practice. Another two groups of leaders will begin in September 2022.

Dr. Wilson congratulated the rehabilitation sciences sector on its launching an innovation hub to optimize recovery from Covid-19. This will include generating research on new models of rehabilitation care, including virtual solutions and increasing interdisciplinary capacity through education. The hub will promote knowledge mobilization and build on current strengths and partnerships.

## **5 Items for Approval**

### **5.1 Executive Committee**

**THAT the proposal to change the name of the Centre for Interprofessional Education to the Centre for Advancing Collaborative Healthcare & Education be approved as submitted.**

Dr. Stella Ng indicated that there has been a significant a process of exploring why the Centre might be renamed and this proposal represents engagement with all 11 health professional programs that are involved in the Council of Health sciences and specifically the IP curriculum at U of T, which includes over 4000 students and 15 hospitals. Also consulted were student leaders; over 700 facilitators who help the IP activities take place; over 4000 professional development alumni; and the patient partner community. This name change is a response to the recent external review which also resulted in a new director search and new strategic plan. All of these changes reflect the growing opportunities in IPE.

The proposed new name will represent education, practice, and research but will also include patients, informal caregivers, and communities. Many centres worldwide like the Centre for IPE are changing their names to reflect a changing landscape. The new name is a result of collective listening to the language being used to talk about IP collaboration. The word advancing represents commitment to pushing boundaries of knowledge and keeping up with new research and innovation; the word collaborative represents that action of working together; and the word healthcare was chosen to represent the vision of a healthier world.

The motion passed.

## **6 Standing Committee Annual Reports**

### **6.1 Education Committee**

Dr. Brenda Mori began by thanking the committee members who spend a great deal of time reviewing materials and engaging in the meetings. The function of the Education Committee is to safeguard the standards and quality of the programs with regard to admissions, awards financial aid, and curriculum and evaluation for the MD, PGME, MRS, BScPA, and Graduate Education programs. The Committee meets four times a year. The Committee approves, on Council's behalf, Minor Program Modifications such as new courses or changes for admission requirements. The committee also recommends to Council the approval of Major Program Modifications and new program proposals which are then sent to Faculty Council for approval. Dr. Mori noted that over the last few years several reading courses have been converted to 0.25 credit courses to better reflect the student's program on their transcript.

Dr. Mori acknowledged Mr. Todd Coomber who, as Faculty Affairs Officers, provides administrative support to the Committee.

### **6.2 PGME Board of Examiners**

Dr. Kyle Kirkham thanked the members of the PGME Board of Examiners for their service and Mr. Coomber and the PGME Office for providing support to the Board. Dr. Kirkham reminded Council that the role of the PGME Board of Examiners is to, at the request of the Associate Dean, PGME, review cases of residents in academic difficulty and determines the best course of action which may include remediation, remediation with probation, probation or suspension and dismissal. PGME provides support to programs in the development of individually tailored remedial plans which are then presented to the BOE for approval.

Dr. Kirkham noted that the Board typically reviews 2-3 cases per month but there has been a subtle decline in case numbers during the pandemic but overall the case numbers from 2017 through March 2022 have been relatively consistent. The vast majority of learners who are brought forward to the board are successful in their remediation and proceed with their program. A very small number of learners either choose to withdraw from their program or transfer to another program. This allows them to avoid the need for dismissal though some dismissals do occur.

The Board works hard to ensure that due process has been followed and the appropriate supports are in place for the learners with to goal of avoiding appeals. The appeals process has been accessed infrequently over the last several years.

Dr. Kirkham noted that the Board and the PGME Office hope to identify learners in difficulty early in their training to bring them forward for remediation but the transition to increased responsibility and expectations that typically happens around PGY3 or PGY4 results in the bulk of learners in those senior years.

The vast majority of cases occur in the Medical Expert domain though Professional, Communicator, and Collaborator domains are also presented to the Board. The breakdown of these numbers is essentially unchanged year over year. Dr. Kirkham notes that a change in this breakdown could signal an under identification of residents needing support in their learning.

### **6.3 Research Committee**

Dr. Mario Ostrowski indicated that the Research Committee did not meet during 2021-2022 as there were no items that required its review.

## **7 Faculty Council Forum**

Dr. Fiona Miller presented the Faculty Council Forum on Sustainable Healthcare.

## **8 Adjournment**

The meeting was adjourned.

**Office of the Vice Dean, Medical Education**  
**Report to Faculty Council – Accreditation Needs Across the Continuum**  
April 25, 2022

**PREAMBLE**

Work has been done to develop a common approach to and summary of accreditation needs common to the MD Program and Postgraduate Medical Education (PGME). These needs were identified as part of the most recent accreditation reviews, culminating in site visits by external review teams in November and December 2020, as well as by Voices survey data. The accreditation needs summarized below do not capture all program-level needs and actions stemming from the most recent accreditation reviews. Rather, they articulate needs and actions common to the MD Program and PGME, with the goal of ensuring that all our educational programs meet or exceed accreditation standards.

Although the 2020 accreditation reviews [affirmed the quality of medical education at Temerty Medicine](#), the process is not yet complete. The [MD Program](#) received full accreditation through 2028, but is still required to submit a follow-up report by August 1, 2023 to ensure that steps are being taken to address a small number of accreditation elements rated as "Satisfactory with Monitoring" or "Unsatisfactory". In [PGME](#), 58 postgraduate training programs were fully accredited for another eight-year term with no follow-up required, 14 postgraduate training programs were fully accredited with an Action Plan Outcomes Report due by November 2023, and seven postgraduate training programs were accredited with a follow-up site visit required by November 2023.

**COMMON ACCREDITATION NEEDS**

**Learner Mistreatment**

- **Need:** Adoption and consistent implementation of the MD-PGME learner mistreatment framework across all programs and sites
- **Actions:**
  - Dr. Reena Pattani appointed as inaugural Director of Learner Experience; dedicated faculty leads for medical students and PGME learners in an integrated Office of Learner Affairs
  - MD and PGME learner mistreatment guidelines harmonized to create a shared framework, including guiding principles (e.g. EDIIA- and trauma-informed; learner-centred; confidentiality; fairness), mistreatment categories/definitions (including discrimination), intake processes (including distinction between discussion, disclosure and reporting), and greater clarity about jurisdiction and integrated approaches
  - Learner-facing mistreatment webpages and online disclosure form that provide a learner-centric mistreatment portal
  - Two-hour MD Learner Mistreatment Workshop embedded in second year core MD Program curriculum
  - Annual learner experience reports including data regarding the frequency, types and sources of mistreatment behaviours environment as well as the spectrum of resolutions that have been used to manage incidents
  - Ongoing socialization of framework among programs, departments and hospital partners
  - Ongoing promotion of framework and supports to medical students, residents and fellows
- **Need:** Decrease rates of learner mistreatment by clinical faculty
- **Actions:**
  - Dr. Pier Bryden appointed as Senior Advisor, Clinical Affairs & Professional Values
  - Temerty Medicine's *Standards of Professional Behaviour for Clinical (MD) Faculty* updated in April 2020
  - Creation of a Professional Values module, completed by 5,256 faculty in the 2021 Clinician Management and Reappointment System (CMaRS) cycle

- Creation by the professional values portfolio of orientation and faculty development materials for departmental leaders in addressing alleged breaches of professional behaviour
- Ongoing collaboration with CFD and CPD as well as ongoing collaboration among intersecting faculty leads (professional values, learner experience, faculty wellness, EDIIA)

### **Learner Wellbeing**

- **Need:** Enhance learner wellbeing programming and supports, including greater consistency regardless of level of training or site
- **Actions:**
  - Dr. Tony Pignatiello appointed as Associate Dean, Learner Affairs
  - Integrated Office of Learner Affairs (OLA) established, responsible for providing MD and PGME learners with personal counselling and wellness supports and programming
  - Learner Life Specialists, located in OLA, responsible for providing mental health and learning environment intervention and support to learners through a needs assessment, navigation and case management approach
  - PGME Accessibility Advisor located in OLA
  - Appointment of two new leadership positions focused on health and wellbeing: Dr. Julie Maggi, Director of Faculty Wellness and Dr. Heather Flett, Temerty Professor in Learner Wellness
  - Learner wellness survey deployed by Temerty Professor in Learner Wellness
  - Ongoing consultation regarding the creation of a wellbeing community of practice across programs and sites, including to provide best practices and toolkits for the creation and delivery of program- or local-level supports

### **Assessment of Clinical Teachers**

- **Need:** Increase teacher assessment response rates and provide more effective formative feedback to and supports for clinical teachers
- **Actions:**
  - Harmonized Learner Assessment of Clinical Teaching (LACT) form launched and corresponding reporting guidelines disseminated
  - Program evaluation report on initial LACT implementation in 2020 and 2021 completed, focused on refinements to improve form performance
  - Guidelines for Teaching Performance and Support Process developed along with a Targeted Faculty Development Program, offered by the CFD
  - Ongoing collaboration with the CFD to ensure departments and teachers are aware of developmental resources and supports available to TFoM teachers
  - Survey of departments to understand processes in place for teachers
  - Ongoing socialization with departments to support local-level adoption of LACT form as a tool to enable formative feedback and provision of supports to clinical teachers

### **Competency-based Learner Assessment**

- **Need:** Alignment of program competencies, responsibilities/requirements, educational experiences, and assessments
- **Actions:**
  - PGME working with programs (particularly as they transition to CBD) on
    - Developing rotation plans that ensure competencies are mapped to educational experiences
    - Ensuring clinical responsibilities are assigned to support graded responsibility for learners
    - Developing fulsome system of assessment
    - Process to ensure that residents receive regular feedback
  - MD Program planning on implementing workplace-based assessments in clerkship

## ACCREDITATION CONTEXT

### Learner Mistreatment

#### *MD Program*

- Element 3.4 Anti-Discrimination Policy (Satisfactory with a need for monitoring) – Finding: While the school has a system for intake/disclosure of discrimination allegations as well as a process to report breaches of the anti-discrimination policy, the site visit team heard that the mechanisms and pathways for disclosing and reporting such complaints are confusing. The majority of students, faculty members and academic leaders interviewed did not report an understanding of the processes that corresponded to those in the provided documentation.
- Element 3.6 Student Mistreatment (Unsatisfactory) – Finding: Despite laudable efforts to address student mistreatment, mistreatment levels reported by students remain high (ISA: 25.0 - 44.9%). Students lack confidence in the reporting system, remain concerned about retaliation (ISA: 41.1%), and are confused or unaware about reporting processes (2019 GQ: 52.5% at MAM; 66.7% at Fitzgerald; ISA <60% years 1&2). Related mistreatment intake/disclosure and reporting procedures described in official documents did not match the processes described by students, faculty members and academic leaders with whom the team met.

#### *PGME*

- Program requirement 5.1.3: Residency education occurs in a positive learning environment that promotes resident wellness. (9 Programs, all of which have up in 2 years)
- Institutional indicator 4.1.4.4: The postgraduate office has an effective mechanism for reporting and addressing instances of mistreatment.
- Institutional indicator 6.1.1.4: Concerns with teacher behavior or performance are addressed in a fair and timely manner.

### Learner Wellbeing

#### *MD Program*

- Element 12.3 Personal Counseling/Well-being Programs (Satisfactory with a need for monitoring) – Finding: A wide range of supports are provided to students regarding personal counseling and programs to promote their well-being. Student-reported satisfaction rates, however, vary across years and academies. Data demonstrating efficacy of the system are needed.
- Element 12.4 Student Access to Health Care Services (Satisfactory with a need for monitoring) – Finding: The school investigated students' needs regarding access to health care services and implemented an increased number of personal days (3/year) that can be used for this purpose. According to ISA data, however, some students remain somewhat uncomfortable taking these personal days or asking for accommodations fearing an impact on their assessments.

#### *PGME*

- Program requirement 5.1.3: Residency education occurs in a positive learning environment that promotes resident wellness. (9 Programs, all of which have up in 2 years)
- Institutional indicator 4.1.4.1: There is a positive learning environment for all involved in residency education. (Onboarding)

### Assessment of Clinical Teachers

#### *MD Program*

- Element 8.5 Medical Student Feedback (Satisfactory with a need for monitoring) – Finding: Formal processes are in place to collect and consider medical student evaluations, however, response rates as low as 20% are noted for the new Foundations Course. Although the school implemented new approaches to increase student participation, follow-up is required as low response rates may affect the reliability of the data obtained.

### *PGME*

- Program requirement 7.1.1: Teachers are regularly assessed and supported in their development. (cited in 14 Programs)
- Institutional indicator 6.1.1.2: The process for the assessment of teachers includes resident input, balancing timely feedback with preserving resident confidentiality.
- Institutional indicator 6.1.1.4: Concerns with teacher behavior or performance are addressed in a fair and timely manner.

### **Competency-based Learner Assessment**

#### *MD Program*

- Element 9.4 Assessment System (Unsatisfactory) – Finding: According to ISA data, the rates of students having observed histories were low for Year 3 OBGYN (68.2%) at Mississauga, Year 4 Surgery at all four academies (69.9% to 77.1%) and Year 4 OBGYN at FitzGerald, Mississauga and Wightman-Berris. Also, according to ISA data, the rates of observed physical examinations in Year 4 Surgery at FitzGerald (70.6%), Years 3 & 4 Surgery at Peters-Boyd (74.1 and 78.0%), and Years 3 & 4 Surgery at Wightman-Berris (73.3 and 79.5%) are low.
- Element 9.8 Fair and Timely Summative Assessment (Unsatisfactory) – Finding: Although final grades are made available within six weeks after the end of most required learning experiences, data from clerkship rotations in Otolaryngology, Surgery, Pediatrics and Internal Medicine showed that provision of final grades to all students ranged from 8-17 weeks. The school implemented measures to increase adherence to the 6-week maximum timeframe. Data showing that final grades are available within six weeks after the end of all required learning experiences are required.

### *PGME*

- Program requirement 3.1.1: Educational competencies and/or objectives are in place to ensure residents progressively meet all required standards for the discipline and address societal needs. (Cited in 18 programs)
- Program requirement 3.2.1: The residency program's competencies and/or objectives are used to guide the educational experiences while providing residents with opportunities for increasing professional responsibility at each stage or level of training. (Cited in 12 Programs)
- Program requirement 3.2.4: Residents' clinical responsibilities are assigned in a way that supports the progressive acquisition of competencies and/or objectives, as outlined in the CanMEDS/CanMEDS-FM Roles. (Cited in 11 Programs)
- Program requirement 3.4.1: The residency program has a planned, defined and implemented system of assessment. (Cited in 22 Programs)
- Program requirement 3.4.2: There is a mechanism in place to engage residents in regular discussions for review of their performance and progression. (Cited in 12 Programs)