Presented to and approved by the DoM Executive Committee on February 2nd, 2012.

Department of Medicine Education Task Force

Final Report

Personnel and organization

Task Force Chair: Dr. Graydon Meneilly, Head, Department of Medicine
Task Force Co-Chair: Dr. Janet Kushner Kow, Program Director, Vancouver Fraser Medical Program
Secretary: Donna Combs

Members
Undergraduate Education Program
Kathy Standeven, Program Manager
Dr. David Shu, Vancouver Fraser Medical Program (Royal Columbian Hospital)
Dr. Jim Spence, Distributed Site Leader (Island Medical Program)
Dr. Paul Winwood, Distributed Site Leader (Northern Medical Program)

Postgraduate Education Program
Dr. Rose Hatala, Associate Program Director
Dr. Mark Roberts, Program Director
Dr. Roger Wong, Associate Program Director
Hazel Wilcox, Program Manager
Dr. Liam Brunham, VGH Chief Medical Resident (January – June 2011)
Dr. Rohit Pai, VGH Chief Medical Resident (July – December 2011)

Experimental Medicine Program: Dr. Vince Duronio, Program Director

Members at large
Dr. Neda Amiri, PGY1, former chair of Students Interested in Internal Medicine (SIIM)
Dr. Kevin Eva, Associate Professor and Director of Educational Research and Scholarship, CHES
Dr. Allan Jones, Regional Associate Dean, UBCO
Dr. Parvathy Nair, Clinical Assistant Professor, Postgraduate Program Director, Division of Cardiology
Dr. Adam Peets, Assistant Professor, Division of Critical Care Medicine
Ms. Linda Rasmussen, Director of Administration
Dr. Kam Shojania, Clinical Associate Professor, Postgraduate Program Director and Head, Division of Rheumatology
Dr. Angela Towle, Associate Professor
Dr. David Wood, Clinical Assistant Professor, Undergraduate Program Director, Division of Cardiology

Subcommittees:

1. Peer-review of teaching; promotion & development of educational leaders; educational fellowship; development of educational researchers
   Chair: Dr. Kevin Eva
   Members: Drs. Roger Wong, Janet Kow, Rohit Pai, Parvathy Nair, Kam Shojania, Cary Cuncic, Neda Amiri and Ms. Kathy Standeven
2. Student assessment
   Chair: Dr. Rose Hatala
   Members: Drs. Kevin Eva, Stephane Voyer, Adam Peets, Barry Kassen, Ms. Kathy Standeven
3. Simulation technology
   Chair: Dr. Adam Peets
   Members: Drs. Rose Hatala, Rohit Pai, Dave Snadden
4. Clinical skills and portable diagnostic tools
   Chair: Dr. Janet Kow
   Members: Drs. Grady Meneilly, Mark Roberts, Cicely Bryce, Paul Winwood
5. Medical school expansion and community engagement
   Chair: Dr. Jim Spence
   Members: Drs. Grady Meneilly, Mark Roberts, Gary Victor, Paul Winwood, Danny Myers, Ms. Hazel Wilcox

Mandate: to look at current programs and future directions for educational research and education in the department in a strategic way.

Meetings
Entire Task Force: November 30, 2010; June 21, 2011; November 15, 2011; November 29, 2011

Additional meetings: Drs. Meneilly and Kow met with Drs. Eva and Wong on June 15, 2011 to review the results of the education survey, summarize findings, and prepare the agenda for the upcoming Task Force meeting. The subcommittees met on at least 2 occasions between the 2nd and 3rd meetings of the entire Task Force and provided their reports with summary recommendations to the Task Force for review and approval.

Process: at the initial meeting of the Task Force, the mandate was agreed upon, current departmental education programs were reviewed and discussed, and several issues for Task Force consideration were identified. It was agreed that the issues would be summarized in the form of a survey to be circulated to all faculty members and other relevant stakeholders to obtain insight on the issues. Survey respondents were asked to provide ratings as to the importance of each issue in enriching the learner's experience, how well the department is currently doing in regard to each issue, and their narrative impressions as to what needs to be done to improve the current situation. DoM faculty members were also asked to comment on any issues they face with regard to teaching activities and other issues regarding the educational mandate of the DoM. The survey was distributed to all DoM faculty members, other FoM faculty members involved in education administration, internal medicine residents, subspecialty residents, and medical students. 110 responses were received. Responses from department members were categorized by year of appointment, rank, division and type of appointment (academic or clinical).

At the second meeting of the Task Force, the summarized results of the survey (Appendix 1) were reviewed in detail. The Task Force members decided which areas should be addressed by working groups and created the working groups.

Survey findings

1. The use of **simulation technology** (both Undergraduate and Postgraduate programs) was considered very important by survey respondents and the department was rated as needing improvement in this area.

2. The use of **portable diagnostic tools** (such as hand-held ultrasound) in the curriculum (both Undergraduate and Postgraduate) was considered moderately important, and the department was rated as not doing very well currently. It was decided that this would be combined with clinical skills and addressed by one subcommittee. **Clinical exposure** in internal medicine in the first and second years of the undergraduate curriculum was considered very important by survey respondents.

3. **Community engagement** (such as offering electives for undergraduate students to do internal medicine rotations in the community) was considered very important. The department is doing relatively well with this, however it was agreed that it should be incorporated with **medical school expansion** to be addressed by a subcommittee.

4. **Development of an appropriate, rigorous form of peer review of faculty educational activities (such as bedside teaching); developing a structure to support promotion and career development for educational leaders; encouraging trainees to go into the educational fellowship program; and development of educational researchers among the faculty**: these issues were all considered extremely important and it was decided that they would be addressed jointly by the Educational Scholarship subcommittee.

5. **Interprofessional education** (training medical professionals together in teams with non-physicians) was expected to be addressed by the FoM curriculum renewal task force and, as such, was not made a priority by the DoM Education Task Force.

6. **Urban integrated clerkship** for undergraduate students (such as simultaneous longitudinal clerkship experiences) was not considered important by survey respondents. This will also be addressed by the FoM curriculum renewal task force and not the DoM ETF.

7. **Social responsibility and accountability**. This was considered important by survey respondents but is also being addressed by the FoM curriculum renewal task force.

8. **Student assessment** was considered very important and although this will be also be addressed by the Faculty of Medicine, so many aspects are unique to the department it was agreed that the DoM ETF will also address this area.

9. Faculty members were asked to describe any issues they face with regard to teaching activities, such as excessive teaching expectations and adequate support for educational

endeavours. No issues were raised that weren't covered already in other sections of the survey.

10. Faculty members were also asked to identify any other issues regarding the educational mandate of the department that they feel may need to be addressed. Again, no issues were raised that weren't already covered in other sections.

Recommendations for action

For each of the following recommendations it is recognized that details need to be worked out over time and it is assumed that each will be implemented with awareness of local curricular renewal efforts, national leadership within the domain, and an international scan of the state of the art/science present in the scholarly literature.

1. **Simulation technology**
    a. Create a Department of Medicine Simulation Committee with specific responsibilities as outlined in the subgroup's report.
    b. Ensure departmental representation regarding simulation at the university and provincial level.
    c. Under the direction of the Department of Medicine Simulation Committee and based on a detailed needs assessment of key stakeholders, create goals and objectives for an interdisciplinary spiral curriculum spanning UME, PGME and CME that is in keeping with the University-wide vision for simulation, and define the specific outcome measures and scholarly activity that will be associated with the process.

2. **Scholarship**
    a. Pilot a peer review process (e.g., "mini-TEX" (Teaching Evaluation Exercise)) to capture aggregated performance information about teaching at the bedside. Initially this would be targeted to junior faculty (both GFT and non-GFT). This process could be started with Rheumatology or the CTU, as both of these groups have expressed interest. There aren't currently many good methods available for peer review of bedside teaching; this recommendation is very innovative and provides a tremendous opportunity for the department.
    b. Create an awards structure to entice faculty to engage in professional development initiatives aimed at improving teaching in the faculty and scholarly activity in education including joining the academy. This could be tied into the department's merit and academic guidelines processes (for example, peer review of bedside teaching could be used as a proxy for scheduled undergraduate teaching requirements). Other rewards should also be considered.
    c. Mount a marketing campaign with clear message from the chair and division heads regarding what has been done to encourage educational scholarship, what is being planned, and who can be called upon as resources to help mentor those interested in educational scholarship.

d. Create an academy of teaching scholars to which individuals have to demonstrate educational scholarship (including submitting to peer review, engaging in faculty development, and modeling best educational practices) to gain entry.

3. Student assessment

a. Focus efforts on improving the formative assessment process, including the development of a cadre of dedicated, trained clinical educator faculty whose role is to provide direct observation and feedback to learners, and the creation of a qualitative system of documenting, reflecting and reviewing the formative encounters. A pilot project could be developed using a subset of core residents.
b. Gather validity evidence for all summative assessments used by the Department, to ensure that the meaning assigned to the learners' scores is that which was intended. The FoM Evaluation Studies Unit is a possible resource that could be used for this.

4. Clinical skills and portable diagnostic tools

a. Advocate for an increase in Year 1 and 2 clinical skills teaching.
    i. Although it is outside the purview of the DoM to focus on clinical skills in conjunction with PBL blocks, the Department needs to be aware of what's happening at the FoM level in regards to this, and should have representation on committees addressing this issue.
    ii. The DoM should advocate for more time for integrated physical examination training in second year and should take ownership of this part of the curriculum.

b. Integrate subspecialty residents (Fellows) into the teaching of clinical skills in the curriculum. The details of this recommendation still need to be worked out, including rewards/incentives for the fellows to participate.

c. Explore an elective in Portable Ultrasound Diagnosis. The Task Force suggests focusing this training on the postgraduate program at the present with the aim to expand to the undergraduate program in the future.

5. Community engagement and medical school expansion

a. Determine what needs to be addressed proactively at each of the distributed sites to meet Royal College accreditation standards with regards to the seven CanMEDS roles.
b. Maintain regular and effective communication between medical leaders in Vancouver and the three distributed sites (Victoria, Prince George and Kelowna) with the goal of supporting high quality medical education in the province. The 3 site leaders plus a representative from Vancouver should meet regularly at each site to share ideas and best practices.
c. To aid recruitment, increase access to rural experiences for postgraduate and undergraduate trainees and develop a method of identifying trainees early who

are interested in working in rural areas so that they can be linked up with these experiences.

6. **Appoint an Associate Head, Education**
   Appoint an Associate Head, Education to implement the ETF's recommendations and to oversee and facilitate education and training relative to the mission, vision, and goals of the Department of Medicine.

Next steps: These recommendations will be brought forward to the departmental executive on February 2nd, 2012. At that time they will be prioritized. Timelines will then be developed and lead individuals will be identified for each of the priority areas.