

# ACCREDITATION UPDATE CITY WIDE GRAND ROUNDS

MAY 26, 2023



Anesthesiology & Pain Medicine  
UNIVERSITY OF TORONTO

Temerty  
Medicine

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# LAND ACKNOWLEDGEMENT

“I (we) wish to acknowledge this land on which the University of Toronto operates. For thousands of years, it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. Today, this meeting place is still the home to many indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.”



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# OPENING REMARKS

Dr. Beverley Orser, Chair, Department of Anesthesiology & Pain Medicine



Transformation is an ongoing process that tends to appear ordinary, when in fact, something extraordinary is taking place. – Suzy Ross



Transformation is also a journey without a final destination.  
— Marilyn Ferguson



# INTRODUCTION

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# OBJECTIVES

UPDATE: THE LAST ACCREDITATION CYCLE

REVIEW PROGRESS: IMPROVING THE EDUCATION EXPERIENCE

IMPLEMENTATION OF A COLLABORATIVE CULTURE IN THE DEPARTMENT OF ANESTHESIOLOGY AND PAIN MEDICINE

# ACCREDITATION



EXCELLENCE IN RESIDENCY ACCREDITATION    EXCELLENCE DANS L'AGRÉMENT  
DES PROGRAMMES DE RÉSIDENCE



**ROYAL COLLEGE**  
OF PHYSICIANS AND SURGEONS OF CANADA  
**COLLÈGE ROYAL**  
DES MÉDECINS ET CHIRURGIENS DU CANADA





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NOVEMBER 2020: ACCREDITATION OUTCOME

NOTICE OF INTENT TO WITHDRAW



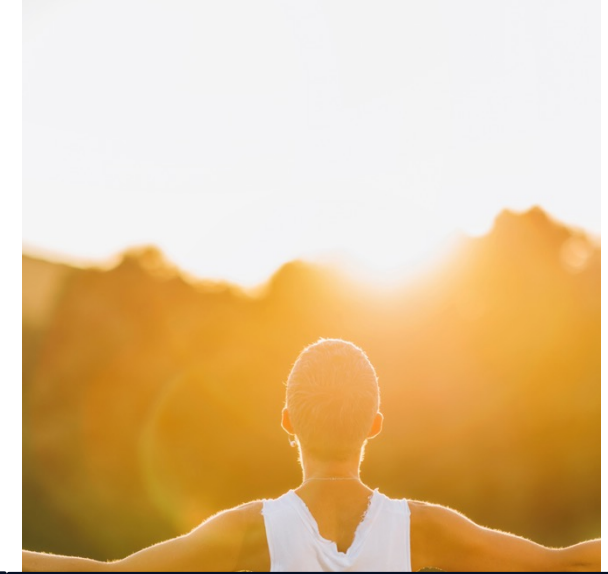
SHOCK



DENIAL



DISHEARTENED



ACCEPTANCE

# IMPACT OF THE 2020 ROYAL COLLEGE ACCREDITATION

# REALIZATION





CHANGES  
AHEAD



## AREAS FOR IMPROVEMENT (AFIs)

# THEMES OF AREAS FOR IMPROVEMENTS

SUPERVISION



TIMELY  
ASSESSMENT



LEARNING  
ENVIRONMENT  
OR INCIVILITY



TEACHER  
FEEDBACK





# SUPERVISION

# AFI: SUPERVISION

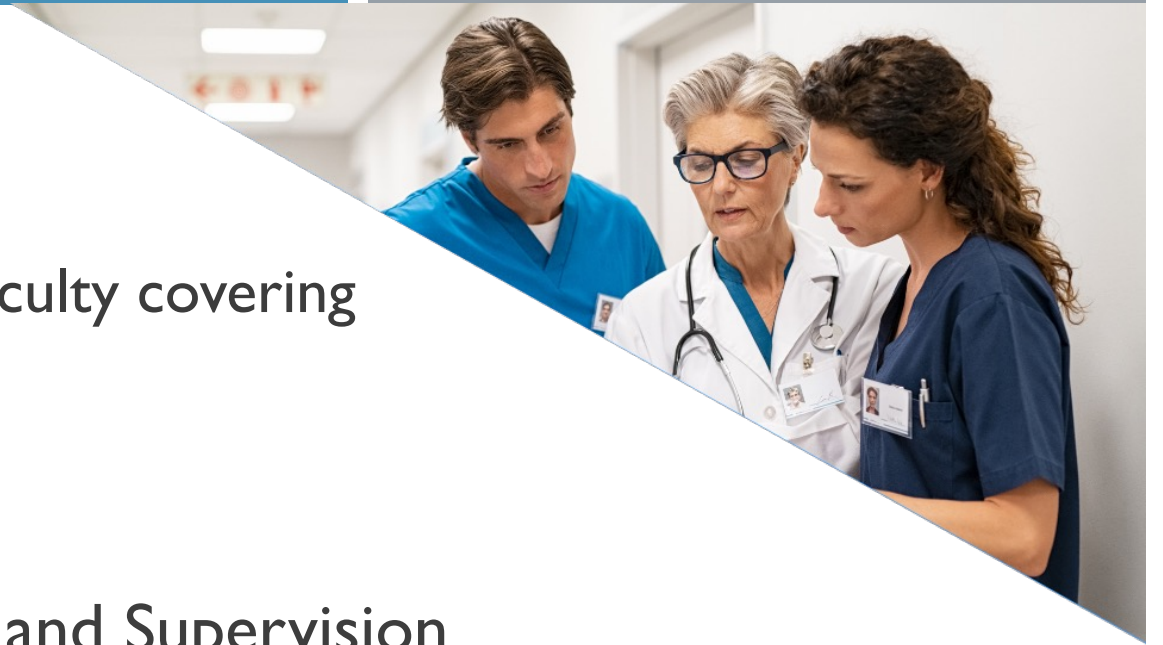
**AFI:** There was a lack of supervision due to faculty covering multiple duties

## Approach

- Guidelines for Best Practices in Teaching and Supervision
- Implemented 1:1 booking during the day in the operating room for all residents as of July 1, 2021, at all sites
- Identified best practices from each site

## Future Plans

Continue to monitor and ensure 1:1 coverage is occurring exclusively at all sites





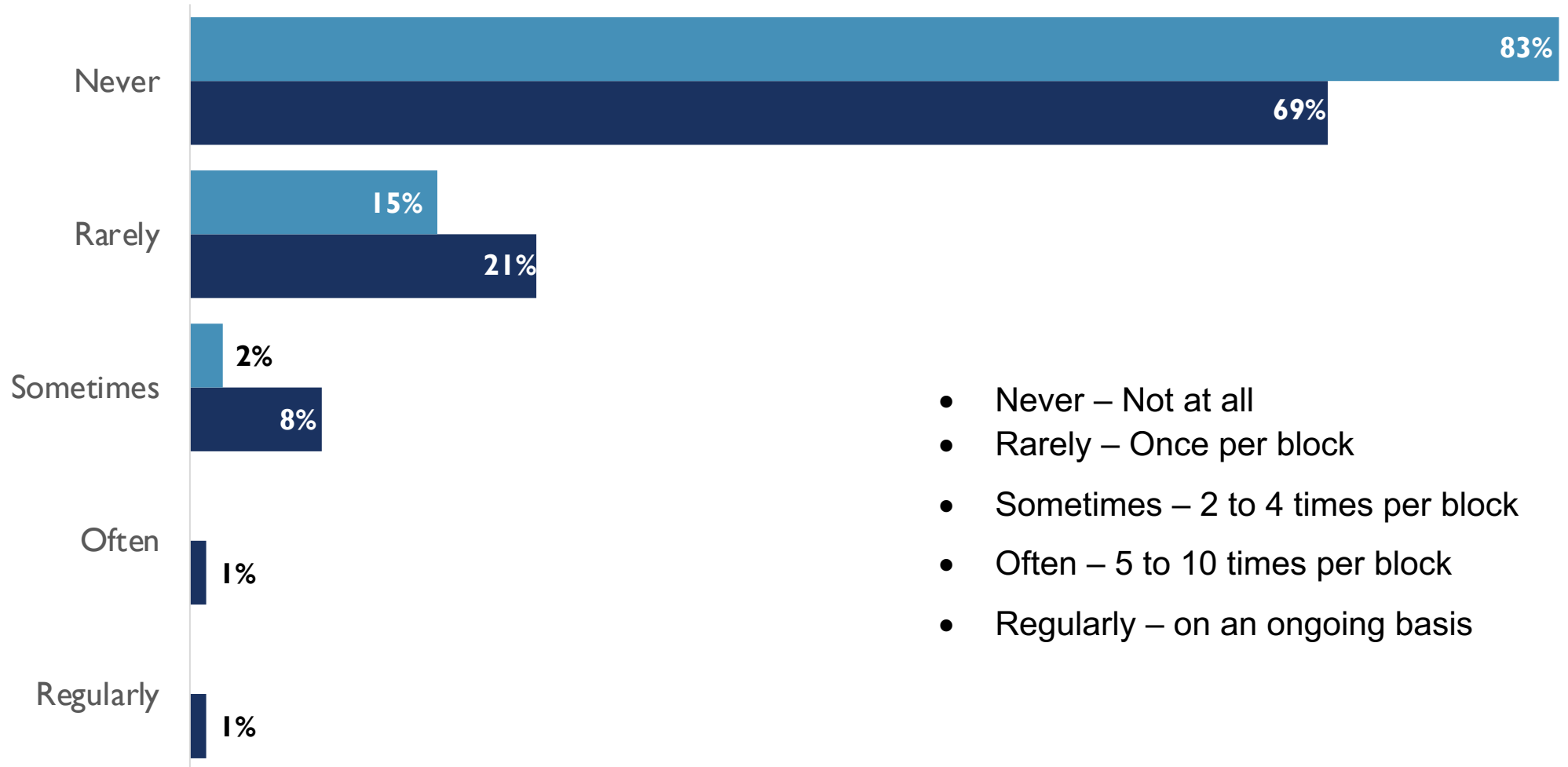
# AFI: SUPERVISION

## Metrics

- Residents complete a survey regarding their experience with 1:1 coverage at the end of each core anesthesia rotation.
- Reports will be reviewed by Residency Program Committee and shared with the Department
- Question is “During the day, did you experience double coverage (i.e. NOT 1:1 accessible coverage) in the operating room?”



## DURING THE DAY, DID YOU EXPERIENCE DOUBLE COVERAGE (I.E. NOT 1:1 ACCESSIBLE COVERAGE) IN THE OPERATING ROOM?



- Never – Not at all
- Rarely – Once per block
- Sometimes – 2 to 4 times per block
- Often – 5 to 10 times per block
- Regularly – on an ongoing basis

■ Nov 2022 - Feb 2023

■ July 2022 - Oct 2022

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## WHY CARE ABOUT SUPERVISION?

“Supervision has a positive effect on patient outcomes and a lack of supervision is harmful for patients.”<sup>1</sup>

“Studies report higher death rates when residents are under poor supervision in surgery, anesthesia, emergency medicine, obstetrics, and pediatrics.”<sup>2</sup>

1. Kilminster, S. M., & Jolly, B. C. 2000. Effective supervision in clinical practice settings: A literature review. *Medical Education*, 34(10), 827–840.
2. McKee, M., and N. Black. 1992. Does the current use of junior doctors in the United Kingdom affect the quality of medical care? *Social Science & Medicine* 34(5):549-558.





# TIMELY ASSESSMENTS

# AFI: TIMELY ASSESSMENTS

**AFI:** Assessments of residents to be completed in a timely fashion- CEA (Clinical Encounter Assessment) and EPA (Entrusted Professional Activity)

## Approach

- Guidelines for Best Practices in Teaching and Supervision
- Faculty Development Day (Nov. 2021) – break out sessions on feedback
- **Implement target minimum of 70% completion rate of assessments**
- Continuing faculty development sessions and online resources on feedback, Clinical Encounter Assessments and Entrustable Professional Activities



# AFI: TIMELY ASSESSMENTS

## Future Plans

- Continued **Faculty Development and Messaging**
- **Standardize hospital reporting systems to track evaluation completion**



# AFI:TIMELY ASSESSMENTS

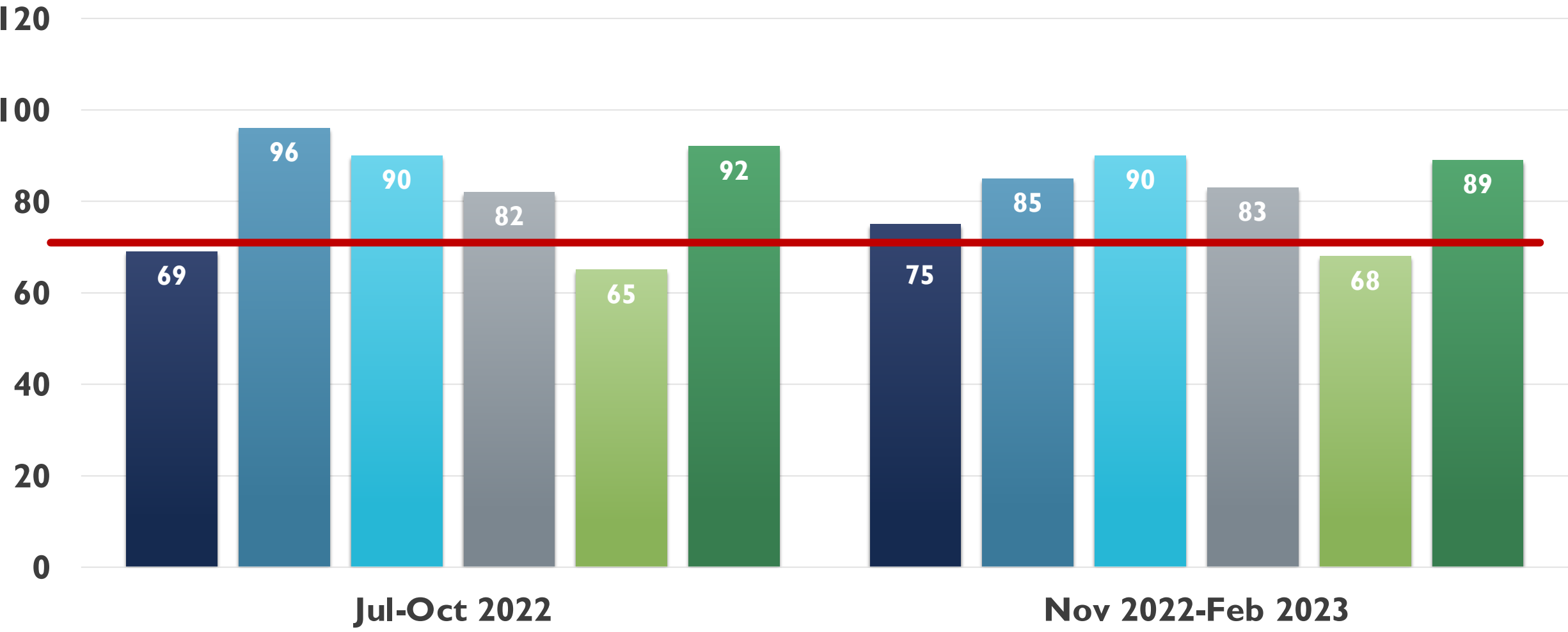
## Metrics

- RPC tracks and follows up on assessment (CEA or EPA) completion rates for individuals and averages across sites
- Each site produces a standardized report of EPA/CEA completion
- These reports are presented to Executive Council every 4 months
- The site leadership will then share this data with their departments





# AFI:TIMELY ASSESSMENTS - FEEDBACK



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# WHY CARE ABOUT TIMELY ASSESSMENTS?

“A critical element of effective residency education is timely and actionable feedback to residents”



# THE LEARNING ENVIRONMENT/INCIVILITY

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## AFI: LEARNING ENVIRONMENT/INCIVILITY

“Educationally, what matters most in residency training is not the number of duty hours but whether an adequate learning environment exists during those hours.”

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## AFI: LEARNING ENVIRONMENT/INCIVILITY

### ***The Recipient:***

An average of **61%** reduction in cognitive ability.

### ***Bystanders:***

An average of **20%** reduction in cognitive ability and **30%** less likely to help others.

### ***The Team:***

Overall reduction in cognitive capacity. On average, worse outcomes across all clinically significant measures.

**CIVILITY SAVES LIVES**

# AFI: LEARNING ENVIRONMENT/INCIVILITY

## Rude surgeons impair anaesthetist performance

% anaesthetists performing at the expected level

polite surgeon

91.2%

Vs

rude surgeon

63.6%

p=0.007

simulated operative crisis



@orangedis

The evidence shows that rudeness impairs performance, and we are not good at recognizing it at the time!

# AFI: LEARNING ENVIRONMENT/INCIVILITY



**AFI:** Residents experience Harassment and Incivility in the Learning Environment

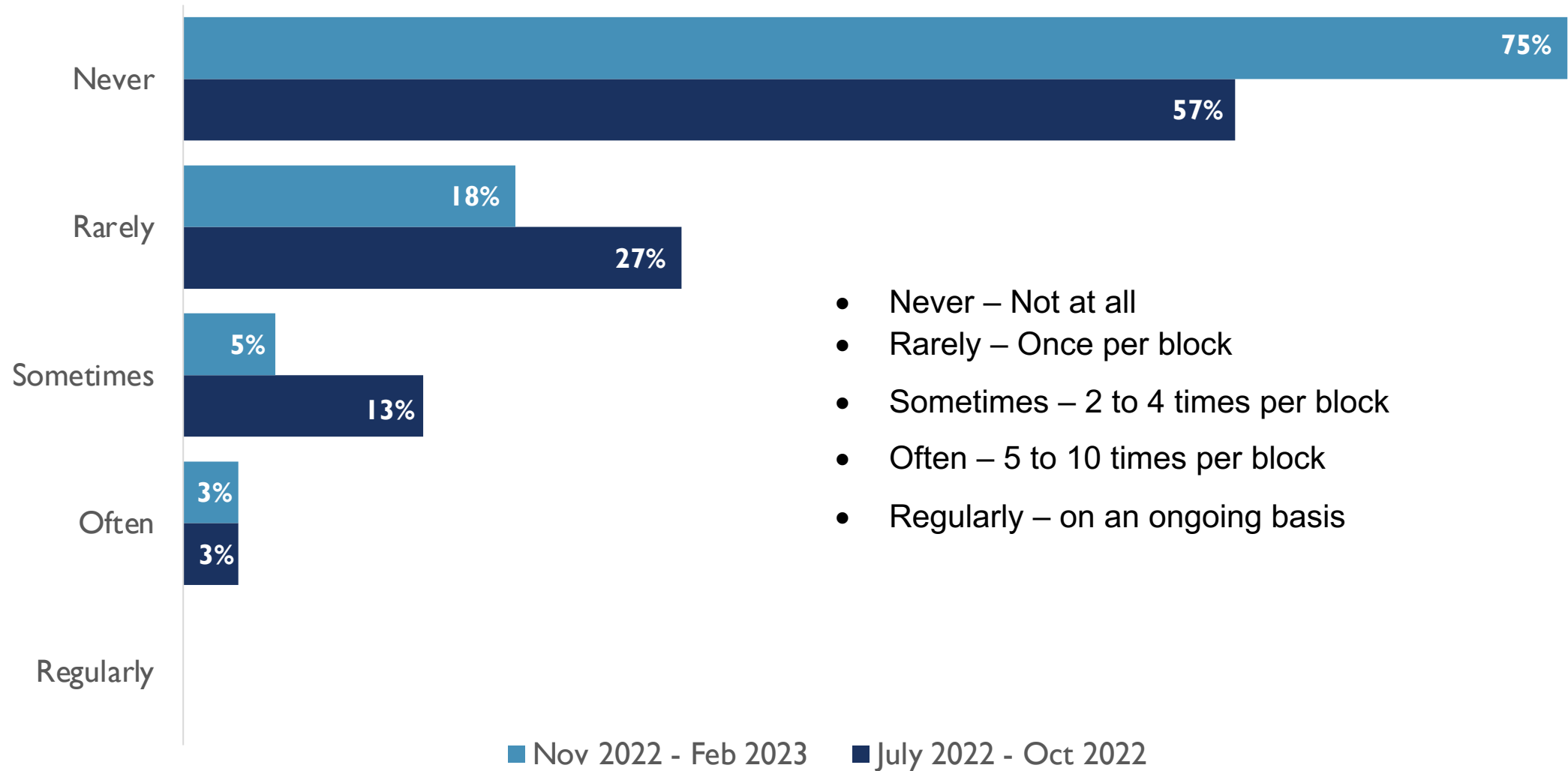
## Approach

- Departmental Policy on Civility
- Resident Retreat for trainees to provide constructive feedback to teachers
- **Education Director and Education Committee at all sites**
- Yellow button on department website for anonymous reporting to the Department as well as the Learner Experience Office

## Future Plans

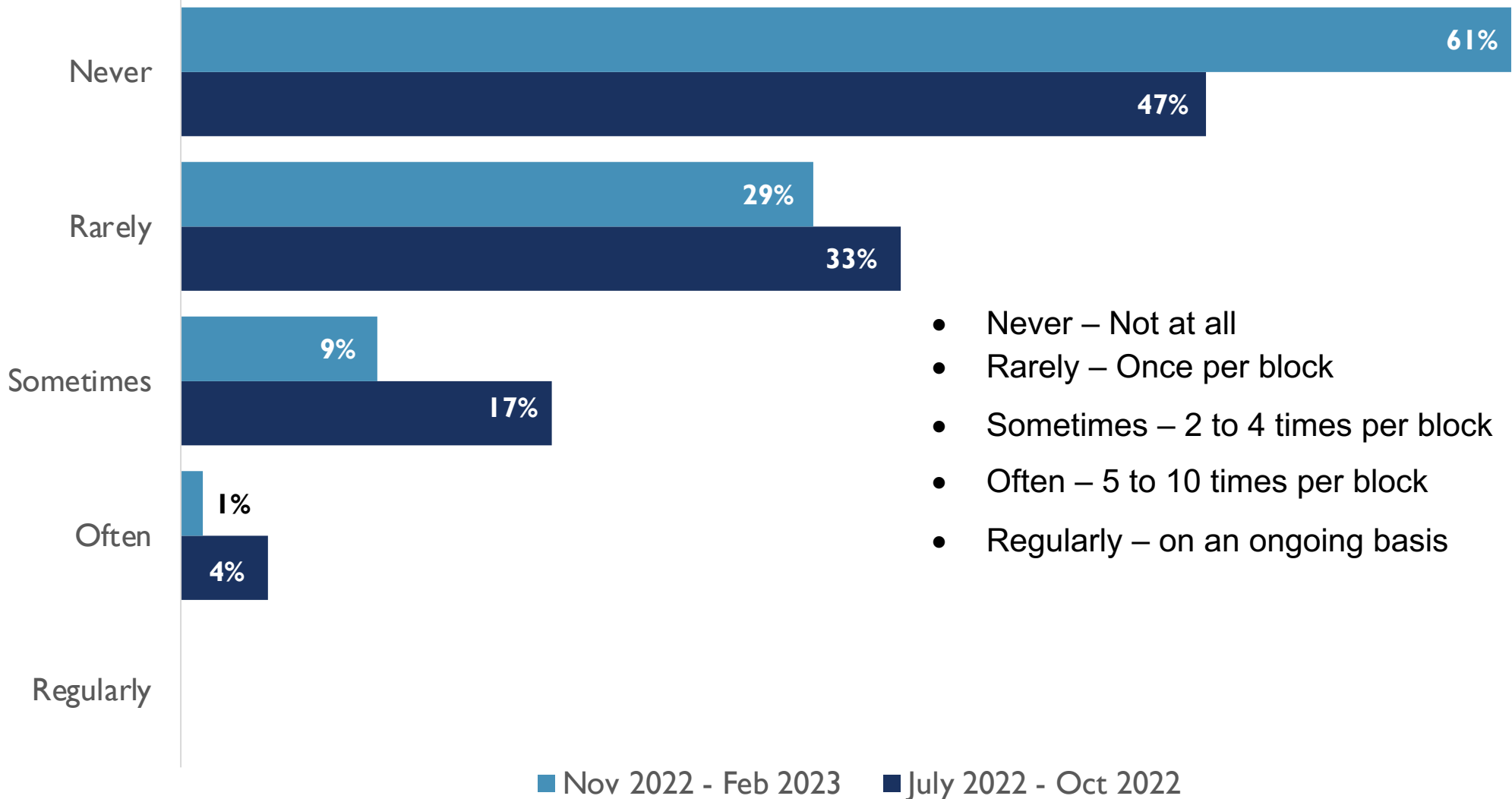
Renewal of guidelines to align with central Temerty Faculty of Medicine.

# HOW OFTEN, IF AT ALL, DID YOU EXPERIENCE INCIVILITY IN THE LEARNING ENVIRONMENT BY ANESTHESIA FACULTY?



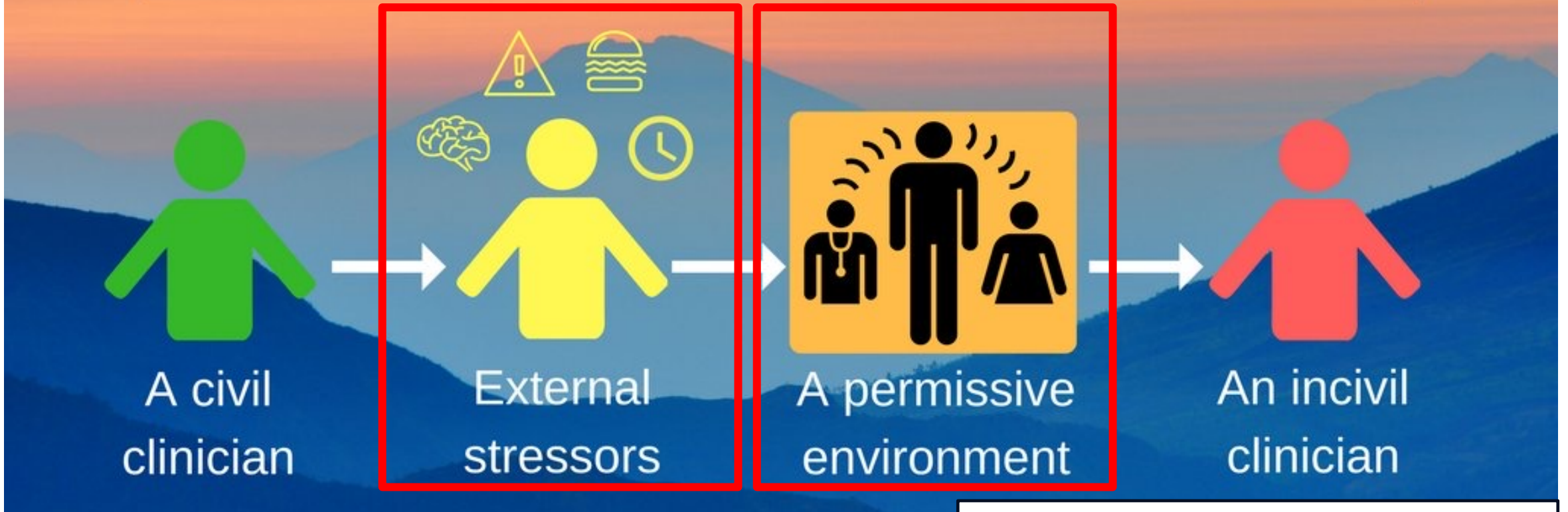


# HOW OFTEN, IF AT ALL, DID YOU EXPERIENCE INCIVILITY IN THE LEARNING ENVIRONMENT BY OTHER HEALTH PROFESSIONALS?





# EVOLUTION OF INCIVILITY



It only takes a few steps

# OUR RESPONSE TO MISTREATMENT REPORTS

## LEARNER EXPERIENCE OFFICE | KEY MILESTONES

### Submission to the Learner Experience Office

Learner connects with the Learner Experience Office to disclose, disclose or report an incident.

Learner Assistance

### Escalation out of the Learner Experience Office

Report sent to the department from the Learner Experience Office.

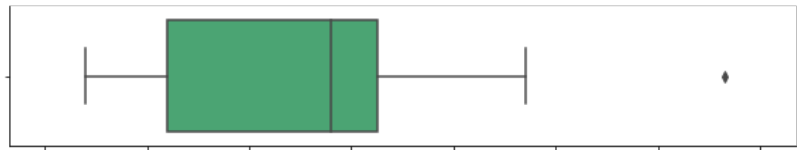
### Resolution by the department

Department addresses the concerns from a report and notifies the Learner Experience Office, which closes loop with learner, if learner is not anonymous.



# OUR RESPONSE TO MISTREATMENT REPORTS

## MEASURING DEPARTMENTAL RESPONSE | ESCALATION TO RESOLUTION

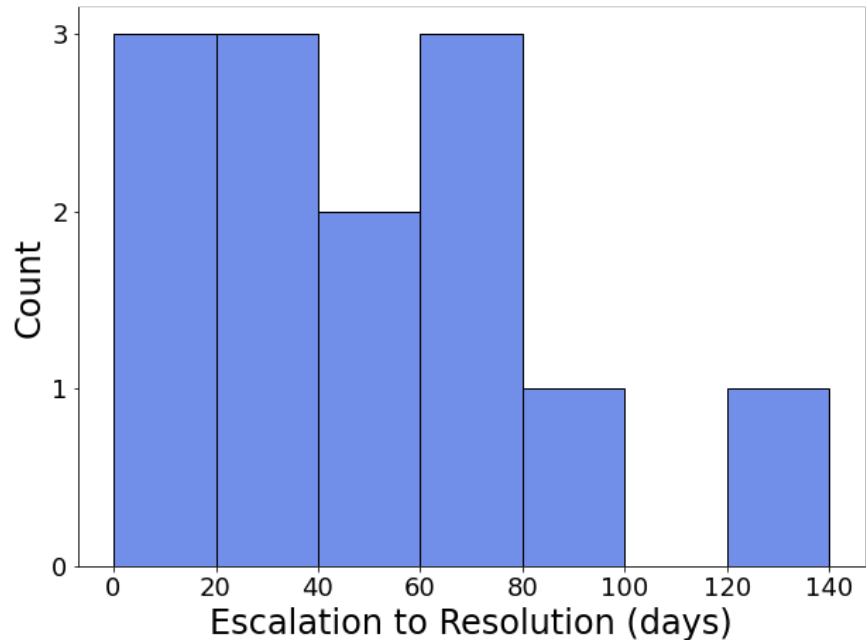


TOTAL # OF CLOSED  
REPORTS BY  
ANESTHESIA

13

MEDIAN # OF DAYS FROM  
ESCALATION TO  
RESOLUTION

56.0



THE PERIOD BETWEEN ESCALATION AND RESOLUTION INCLUDES DEPARTMENTAL REVIEW OF THE REPORT, PLANNING AND IMPLEMENTATION OF ANY NECESSARY REMEDIAL/DISCIPLINARY ACTION(S).

### Notes

- Includes mistreatment submissions from MD and PG learners (May 2020 to present)
- Only includes *closed* reports (i.e., where a resolution has been reached).
- *Anesthesia* data range: 8-133 days



# TEACHER FEEDBACK

# AFI:TEACHER FEEDBACK

**AFI:** Need for increased faculty evaluation and teaching performance accountability

## Approach

- Guidelines for Best Teaching and Supervision
- Guidelines for Teachers in Difficulty
- Developed process to review teaching evaluations and follow-up with individual teachers who scored below average
- Teacher evaluations are shared with all the site chiefs
- Appeals Committee currently in place with faculty and resident representatives



# AFI:TEACHER FEEDBACK

## Future Plans

- Annual meetings with teachers identified as “in difficulty” and educational leadership to offer support after the release of Teaching Evaluation Scores
- PGME is currently developing a faculty dashboard which will provide more timely and easily accessible feedback





## AFI:TEACHER FEEDBACK

- Ultimate goal of teacher evaluations is to provide accurate feedback to teachers
- Goal is not punitive but rather to provide cues and resources to help improve the learning environment
- Teachers like trainees need constructive feedback
- Teacher Evaluation Scores as well as other sources of feedback (academic half day evaluations, Voice of the Residents Annual Survey, Resident Experience Committee reports)
- **Quite clear in literature that providing excellent teaching and an excellent educational environment leads to better patient outcomes**



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## AFI:TEACHER FEEDBACK

“The evaluation of clinical teaching is a vitally important endeavour. It can be a source of support and motivation for a teacher, and if coupled with feedback, evaluation can improve instructional skills”.<sup>1</sup>

I. Snell, L., Tallett, S., Haist, S., Hays, R., Norcini, J., Prince, K., Rothman, A., & Rowe, R. (2000). A review of the evaluation of clinical teaching: new perspectives and challenges. *Medical Education*, 34(10), 862–870.



# ADDITIONAL AFIs, PROGRESS AND FUTURE PLANS

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## ADDITIONAL AFI<sub>s</sub> ADDRESSED

Ensuring residents are able to choose and apply for community electives across Canada to help with career choices and experience

Ensuring residents can attend AHD in a timely and regular manner

Development of the resident research portal to support resident interests and allocation of dedicated research blocks as applicable

Establishing a Director of Faculty Development and Professionalism and Director of Equity, Diversity and Inclusion

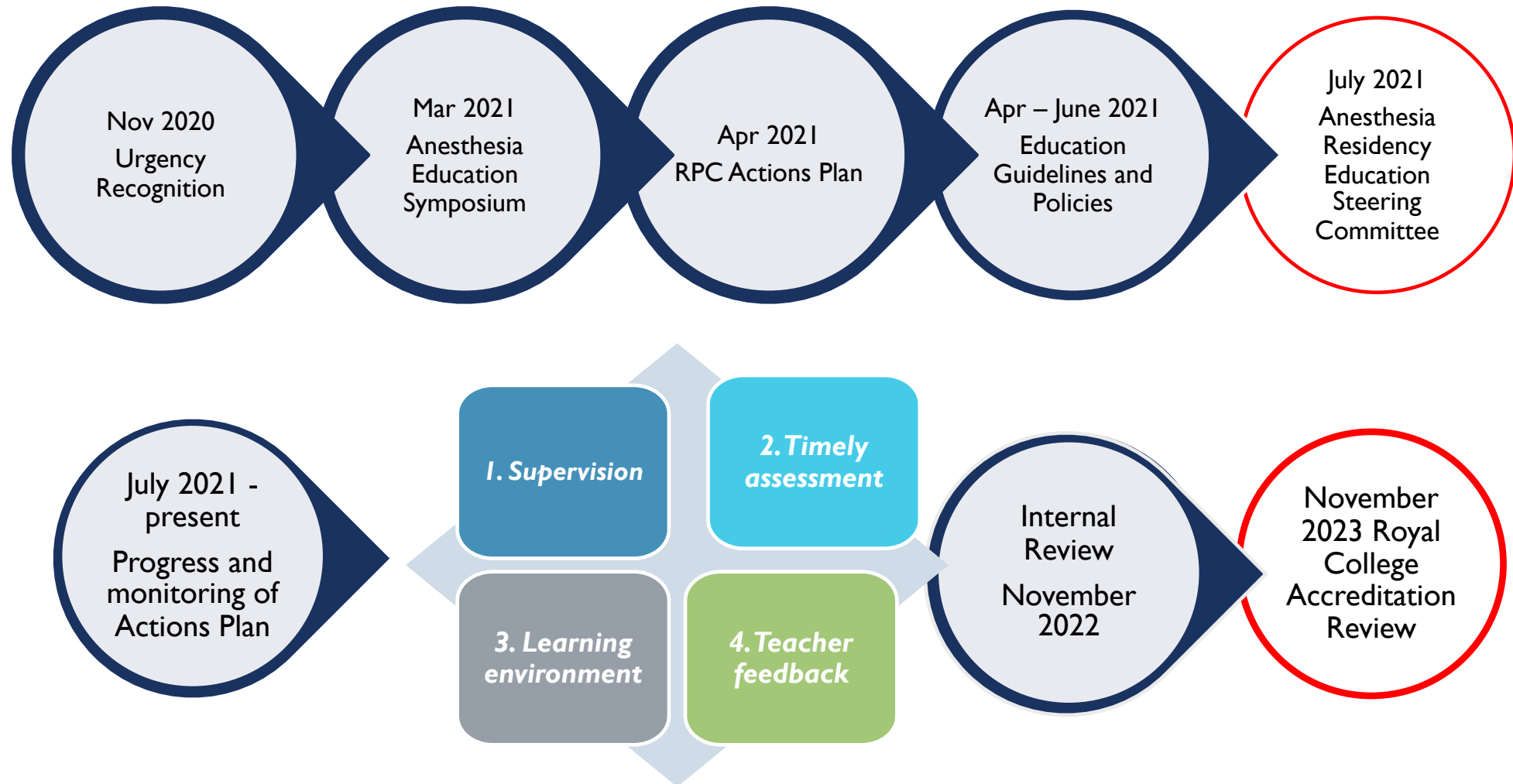
Ensuring the resident body is solely responsible for the selection of Chief Residents

## DEPARTMENT REACTION TO CHANGES

*“ I never thought that single coverage would help with teaching or supervision .. But after the change I feel like I have the time to teach appropriately and be present without constantly running back and forth between rooms just to cover breaks etc...”*



# ACTION PLANS PROGRESS-EDUCATION SUBCOMMITTEE



# PROGRESS OF ACTION PLANS

## Accreditation Response Project Outline

Project Name:	Single coverage with graded supervision
Project Manager:	Program Director, Associate Program Director, and RPC
Project Sponsor:	Dr. Ahtsham Niazi, Vice-Chair of Education
Project Objectives:	Implement 1:1 supervision for all residents at clinical sites
Applicable Indicators (AFIs):	3.2.1.3; 3.2.4.2; 3.2.4.4; 4.2.1.2; 5.1.1.1; 5.1.1.2; 5.1.2.1; 5.1.2.3; 5.1.2.4; 7.1.2.1

Action Priorities:		Lack of Consistent Direct Supervision						
#	Description of Action/Task	Responsible Faculty or Lead	Priority	Status	Target Completion Date	Outputs/Evaluations	Actual Completion Date	Comments/Notes
1	Guideline for Teaching and Supervision - created, - approved by Executive Council	PD, Chiefs	High	Completed	18-May-21	- Ratification by Executive Council captured in meeting notes	18-May-21	- Ratified by Executive Council captured in meeting notes (completed) - Has been circulated to all Faculty (completed)

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# COMMUNICATION

**The department is using a multi-pronged approach for communication efforts.**

- Updates presented at Executive Council, Education Council, Residency Program Committee, Anesthesia Residency Education Steering Committee are shared to faculty and trainees
- Increased the frequency of communication to residents and faculty
- Regular newsletter updates to residents and faculty
- Annual Grand Rounds
- Launch of online resource hub
- Additional promotion of learner supports via social media channels

# ACCREDITATION TIMELINES

UOFT PGME INTERNAL REVIEW (COMPLETED)

**Nov. 2022**

**Nov. 2023**

ROYAL COLLEGE EXTERNAL REVIEW  
FOLLOW-UP



# RESOURCES



Policies mentioned here are available on the department website:

<https://anesthesia.utoronto.ca/accreditation-resources>

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# ALL OF THIS WORK IS BEING DONE WITH THE ULTIMATE GOALS OF:



BETTER EDUCATION



BETTER PATIENT  
OUTCOMES



BETTER, MORE COLLEGIAL  
ENVIRONMENT FOR ALL



# QUESTIONS AND FEEDBACK

# CONTACT US

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**THANK YOU!**