

Terms of Reference for the Internal Medicine Scheduling Working Group

Purpose: The mandate of the Internal Medicine Scheduling Working Group is:

- to review and make changes to the current processes and procedures of scheduling internal medicine residents,
- with the goal of improving the internal medicine resident learning experience,
 - by optimizing resident, site, and rotation needs (e.g. career opportunities, improved stability of learner numbers across sites and blocks),
 - and by reducing the need for changes once schedules are prepared and sent to sites (to reduce administrative workload and improve efficiency of scheduling).
- We aim to achieve these goals starting with priority-setting and defining quality indicators to assess current practices and evaluate changes prospectively.

Accountability and Reporting:

The Internal Medicine Scheduling Working Group is accountable to the University of Toronto Department of Medicine (DOM) and will report to the DOM regularly (at least monthly). Advising and reporting to the University of Toronto Core Internal Medicine Training Program will occur via the monthly Residency Program Committee (RPC) meetings and to the Program Director.

Membership and Structure:

1. *Chair:* There will be a standing chair of the Working Group who will coordinate its activities.
2. *Members:* Core members will include the Core Internal Medicine Program scheduling team, 1-2 Hospital Education Coordinator(s), one Chief Medical Resident, and four resident members (one from each PGY-year), Deputy-PICs Education from UHN/SHS and St. Michael's, and the Site Program Director from St. Michael's. As well, at least one clerkship coordinator (faculty lead who understands clinical clerk scheduling), and Site Program Directors, as well as the Core Program Director will be fully engaged (invited to join meetings to their ability) to provide input from their perspectives. Finally, we will engage the expertise of the ORBS team and lead programmer to model changes.

Term: Members are asked to participate with full engagement through Fall 2022 (September 1, 2022 to December 31, 2022) at which point the working group will work with the DOM to determine how best to proceed.

N.B. core work must be completed by December to meet timelines for the academic year 2023-2024 scheduling.

Documentation:

- Agenda and any relevant documentation will be organized by the Chair and circulated to the Working Group members prior to meetings
- Minutes and action items will be taken by the Chair or delegate and be distributed to all members of the committee, the DOM Chair (and delegates), and the Program Director (and RPC)

Meetings and Transparency:

- Meeting frequency will be determined by the Chair, depending on timelines, likely with full group attendance at least monthly from September to December, likely more frequently in September due to key scheduling timelines.
- Meetings will be held over Zoom to facilitate full attendance.
- Minutes will be recorded and distributed after each meeting

Roles and Responsibilities:

I. Members:

1. Chair
 - a. Responsible for coordinating meetings, agenda-setting, prioritizing problems, overseeing communications to stakeholders
 - b. Facilitate meetings and ensure voices of all key stakeholders are heard (DOM/Core Program, faculty, learners, hospitals) in a respectful and positive manner
 - c. Delegate action items from minutes to appropriate members of the Working Group
2. Other members
 - a. Accurate representation of constituent perspectives, participation in meetings to relay these perspectives clearly and respectfully
 - b. Attendance at meetings and input toward recommendations
 - c. Provision of timely feedback on circulated documents and other communications between meetings

II. Communications Strategy:

Direct communication between the Working Group and primary stakeholders (DOM, Core IM Program Director and RPC) will be overseen by the Chair

III. Scope and Authority of Working Group:

The Internal Medicine Scheduling Working Group will make *recommendations* regarding changes to scheduling by December 2022 based on:

- Defining priorities for residents, sites, rotations, and the programs by:
 - Defining **quality indicators** from each of these stakeholder perspectives,
 - Evaluating how we are currently doing with respect to these **quality indicators**,
 - And **prioritizing areas for improvement** while monitoring the impact on quality indicators for each proposed change
- **Modelling change scenarios** with the DOM scheduling team based on data for the IM program for the past few years (since the Royal College exam moved to PGY3)
 - Basing assessment of these scenarios on the defined quality indicators.
- Finally, proposals related to vacations (specifically, changes to the current model of pre-approved vacations) will be considered as an additional priority.

Review:

These Terms of Reference will be reviewed by the Working Group in December 2022.