Annual Report 2017–2018

Department of Family & Community Medicine



Family & Community Medicine UNIVERSITY OF TORONTO

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Vision, Mission, and Values

The Department of Family and Community Medicine is an academic department composed of health care professionals dedicated to leadership in teaching, research, service and the advancement of the discipline of family medicine, locally, nationally and internationally.

VISION	Excellence in research, education and innovative clinical practice to advance high quality patient-centred care.
MISSION	We teach, create and disseminate knowledge in primary care, advancing the discipline of family medicine and improving health for diverse and underserved communities locally and globally.
CORE VALUES	We are guided by the four principles of family medicine produced by the College of Family Physicians:
	► The family physician is a skilled clinician.
	► Family medicine is a community-based discipline.
	• The family physician is a resource to a defined practice population.
	 The patient-physician relationship is central to the role of the family physician.
	The Department of Family and Community Medicine abides by the following core values:
	 Integrity in all our endeavours
	 Commitment to innovation and academic and clinical excellence
	 Lifelong learning and critical inquiry
	 Promotion of social justice, equity and diversity
	 Advocacy for access and quality patient care and practice
	 Multidisciplinary, interprofessional collaboration and effective partnerships
	 Professionalism
	 Accountability and transparency within our academic communities and with the public

Message from our Chair



It's been an exceptional year for the Department of Family and Community Medicine at the University of Toronto, and I am pleased to highlight some of the great work our faculty are doing in this report.

The reach and impact of our department is growing. We are creating new partnerships and building on existing partnerships both here and around the world. This includes our current work with the World Health Organization (WHO) and the recent accreditation assessment of our family medicine residency program by the World Organization of Family Doctors (WONCA). We are the first residency program in North America to seek this global accreditation.

Our department now includes more faculty than ever before, many adding to their careers as family physicians to become health care leaders in their communities and at provincial, national and international levels. Our department includes two federal cabinet ministers, two recent Rhodes Scholars, six holders of endowed research chairs, multiple internationally-renowned research leaders, world-class educators, government advisors, community leaders, media commentators, and many others.

But we can always do more: I encourage all of our faculty members, and especially our newest members, to take advantage of the many opportunities to get involved in the activities of our department, and to consider taking on leadership roles whether at the university or with local hospitals and health care organizations and membership organizations. Our communities and patients will benefit from the increased participation of family physicians in the transformation of our health care system.

We're also developing future leaders: our education programs, under the leadership of Dr. Risa Freeman, Vice-Chair, Education and Scholarship, are continuing to attract extraordinary students seeking to benefit from our world-class programs delivered by our superb faculty.

DFCM has one of the largest family medicine residency programs in North America and the world, led by our Residency Program Director, Dr. Stuart Murdoch and his team, and the chiefs of each of our hospital and communitybased academic sites. Over the past year, our residents have experienced approximately 170,000 patient encounters at family practice settings across Ontario. The breadth and depth of DFCM's residency program is remarkable – our residents experience all that family medicine has to offer. At the undergraduate level, thanks to the work of Dr. Azadeh Moaveni and her team on the university's newly revamped medical curriculum and the impressive number of faculty involved in undergraduate teaching, medical students at the University of Toronto are learning more about family medicine, and our role in ensuring the health and well-being of our individual patients and communities, than ever before.

Our Graduate Studies team, led by Program Director Dr. Abbas Ghavam-Rassoul, and Associate Program Director Dr. Julia Alleyne, continues to seek new ways to attract more highquality applicants from across Canada and around the world to join our graduate programs.

All of our education programs are supported by our Office of Education Scholarship (OES), which aims to coordinate, support, and advance education activities across our department. The work of the OES is growing with two faculty members, Dr. Carrie Bernard and Dr. Mahan Kulasegaram, receiving funding to develop a new ethics curriculum that aims to better prepare doctors to apply ethical principles when seeing patients in clinical settings.

The amount of research funding awarded to our faculty members in our Research and Advocacy Program has more than doubled over the past four years, and our faculty members are also attracting more large grants than ever before. These accomplishments reflect the dedication and skills of our researchers, the growing influence of our large Practice-Based Research Network, UTOPIAN, and the leadership of our Vice-Chair of Research and Advocacy, Dr. Eva Grunfeld and her team.

Our Global Health and Social Accountability Program, led by Vice-Chair Dr. Katherine Rouleau and her team, is strengthening partnerships and creating new ones in our work to support improvements in the health of vulnerable people in Canada and around the world. Dr. Rouleau is also exploring ways DFCM can contribute to supporting improvements in health care and health outcomes for Indigenous people across Canada.

Internationally, we have hosted groups of visitors from China, South America, the Middle East, Africa and from other parts of the world, keen to learn about Canadian family medicine and our training of family physicians. These and our many other partnerships, including our world-leading partnership with the University of Addis Ababa in Ethiopia, are crucial to sharing the values, knowledge and skills of family medicine across the globe. Dr. Philip Ellison, our Vice-Chair for Quality and Innovation, retired in June 2018. I thank Phil for his extraordinary leadership and commitment to DFCM over many years. His spearheading of the first-ever Toronto International Conference on Quality in Family Medicine in April of this year caps off a highly productive year for our Quality and Innovation program.

There are many other facets to the work of DFCM. Our training program for Physicians Assistants (PA), led by Dr. Maureen Gottesman, continues to offer exciting educational opportunities to our PA students across Ontario. We have active divisions supporting our faculty with special interests in Emergency Medicine and Palliative Care, led by Dr. Eric Letovsky and Dr. Jeff Myers respectively. And we have many individual faculty members who represent DFCM in supporting improvements in clinical care, education and training, continuing professional development, in research, and other areas- covering the breadth of family medicine.

I also recognize the leaders of our two new portfolios, Dr. David Tannenbaum, our Deputy Chair with responsibility for Partnerships, for his work in maintaining, building on and creating new partnerships for DFCM, and Dr. David White, our new Vice-Chair for Family Doctor Leadership, for his dedication in supporting senior faculty promotions, driving innovations in leadership training and supporting diversity and equity across our department, and for his work with Dr. Viola Antao, Director of Faculty Development, to support our many faculty members in their professional development activities.

Thank you to all of our faculty, our chiefs, our residents, our students, our staff and our many partners who have worked so well together over the past year to make these achievements – and many, many more – possible. You all contribute to making this an extraordinary academic department.

I look forward to our work together to further increase our impact over the year ahead.

Michael Kidd AM FAHMS

Professor & Chair Department of Family & Community Medicine University of Toronto

The Department of Family and Community Medicine —By the Numbers

1,678

114

NEW FACULTY MEMBERS JOINED SINCE JULY 1ST, 2017 NUMBER OF DFCM FACULTY PROVIDING SUPERVISION TO 1ST, 2ND AND 3RD-YEAR MEDICAL STUDENTS

3 MASTERS DEGREES OFFERED

395

RESIDENTS

34 MASTERS STUDENTS

4





4

RURAL RESIDENCY TEACHING COMMUNITIES:

Midland Orillia Port Perry Orangeville

14

AFFILIATED HOSPITAL TEACHING SITES:

Markham Stouffville Hospital Sinai Health System - Mount Sinai Hospital North York General Hospital Royal Victoria Regional Health Centre Southlake Regional Health Centre St. Joseph's Health Centre St. Michael's Hospital Sunnybrook Health Sciences Centre The Scarborough Hospital Toronto East Health Network - Michael Garron Hospital Trillium Health Partners: Credit Valley Hospital Trillium Health Partners: Mississauga Hospital UHN: Toronto Western Hospital Women's College Hospital

Messages from our Leadership Team



Dr. David Tannenbaum Deputy Chair, Partnerships

This new portfolio facilitates linkages between the Department of Family and Community Medicine and partner organizations, including the

Family Physicians-in-Chief at our 14 core teaching sites and organizations such as the Ontario College of Family Physicians, the Family Medicine Chairs Committee of the Council of Ontario Faculties of Medicine (FM-COFM), a committee of Ontario university chairs of family medicine, and other relevant organizations. Our divisions of Emergency Medicine and Palliative Medicine and the Physician Assistant Program report through the Deputy Chair, Partnerships as well.

Within the portfolio a new training opportunity has emerged: the Integrated Three Year Family Medicine Residency Program (I₃P) that accepted its first two residents in July 2018. This pilot program is designed to permit residents to complete training with a CCFP as a comprehensive family physician, and a graduate degree, an MSc in System Leadership and Innovation. This program is run in partnership with the Institute of Health Policy, Management and Evaluation. The purpose of I₃P is to produce family physicians who will provide comprehensive care and take on leadership roles in the health system.



Dr. Philip Ellison

Vice-Chair, Quality and Innovation

For the Quality and Innovation (Q&I) Program, hosting the inaugural Toronto International Conference on Quality in Family Medicine in April 2018 capped

off a productive year. The conference brought together thought leaders from Canada and around the world to collaborate in establishing an international movement in primary care quality improvement and innovation. A report summarizing the event has been disseminated to all participants.

Our focus on improvement and innovation was also evident in the past year with the completion of the Patient Safety Improvement Learning Collaborative; the initiation of a qualitative evaluation of the Patient Safety Improvement Learning Collaborative focused on the experience of participants and perceptions of cultural aspects of safety in primary care; the initiation of Stories in Quality (SiQ) Rounds by Dr. Jeremy Rezmovitz; the awarding of two Better Improvement Grants (BiG) to support focused faculty-led, QI projects to Dr. Linda Weber, St. Joseph's Health Centre and Dr. Debbie Elman, Sunnybrook Health Sciences Centre; the partnership with UTOPIAN to design and develop a learning collaborative QI approach to address polypharmacy in elderly patients (SPIDER - A Research and QI Collaboration Supporting Practices in Improving Care for Complex Elderly Patients); the design and development of a Faculty Experience QI evaluation to describe the faculty experience journey in QI; and the attention to developing a continued professional development (CPD) initiative integrated with quality improvement within the program.



Dr. Risa Freeman

Vice-Chair, Education and Scholarship

Teaching is the core business of the Department of Family and Community Medicine (DFCM): 95% of our faculty members engage in teaching. I want

to thank all of our faculty and staff for the work they do in preparing our learners to become amazing family physicians and health professionals for patients here and around the world. I am pleased to highlight some of this year's achievements.

The Undergraduate Education Program, under the leadership of Dr. Azadeh Moaveni, played an important role in the development and delivery of the new MD curriculum by bringing focus to the role of generalism in medical education. The team developed a number of curriculum evaluation tools and research projects that are already having a significant impact across the system. This work is also contributing to the development of a very productive education scholarship lab. Our clerkship program leaders have also been deeply engaged in redesigning our evaluation framework in the context of curricular renewal and excellent program delivery. Our Postgraduate Education Program, led by Dr. Stuart Murdoch, undertook several new initiatives this year. We successfully launched our new virtual open house orientation for residents in our Greater Toronto Area stream. We were called upon to develop an emergency response to the Ministry of Health request to increase capacity for unmatched medical students and successfully placed 13 of these students in our program. Significant energy went into preparing for an accreditation visit by The World Organization of Family Doctors (WONCA), the results of which we eagerly await.

The Academic Fellowship and Graduate Studies program, under the leadership of Drs. Abbas Ghavam-Rassoul and Julia Alleyne, continues to provide rigorous opportunities for training in academic family medicine and health professions education through a variety of programs for local and international interprofessional faculty. The Master of Science in Community Health – Family and Community Medicine stream successfully expanded its offerings to include a pilot group of five internationally trained medical doctors. This program also launched a highly evaluated Patient-Related Health Care and Public Policy course. Creative energy is being devoted to the development of distance learning programs and expanding the number of online courses.

The Office of Education Scholarship continues to offer new models of support and innovative programs designed to build our community, capacity and a culture of education scholarship within DFCM. The second Art of the Possible (AOP) education grant program resulted in nine faculty member teams receiving funding and expert support for their projects. Our unique consultation process provides input from both an MD education scholar and Ph.D. education scientist perspective and supports project development and dissemination. Three successful Celebration of Education Scholarship events brought international experts to DFCM to share their wisdom and words of advice for our faculty members. The innovative Big Ideas initiative was launched and will be focusing on three pillars of investigation: Specialist Generalist, Big Data and Person-Centred Care. This year also saw the expansion of the longitudinal ESSENCE faculty development course into a department-wide initiative, and the establishment of the Education Research Investigator Awards. The impact of the

OES is evident in the increasing number of presentations by DFCM faculty at national and international conferences.



Dr. Eva Grunfeld *Giblon Professor and Vice-Chair, Research and Advocacy*

It has been another successful and productive year for the Research and Advocacy Program. The cornerstones

of the program are the Department of Family and Community Medicine (DFCM) Investigator Awards which provide faculty members with protected time for research in partnership with their clinical site; and UTOPIAN, the University of Toronto Practice-Based Research Network. The DFCM Investigator Award program supports 30 faculty members as Clinician Scientists, Clinician Investigators, New Investigators, and Graduate Students. UTOPIAN is a network of over 1400 family physicians that brings together DFCM researchers, primary care clinicians and practices from all its academic sites to answer important health care questions and translate findings into practice.

The most important measure of the value of our department's research is its impact on health and health care, as seen in this report. Other measures frequently used as indicators of research productivity are the number of grants and publications. In 2016, DFCM researchers were awarded over \$40M in research grants and had over 450 peer-review publications. Some notable examples of successes in the past year include: Dr. Anne Burchel (St. Michael's) being awarded a Canadian Institute of Health Research Program Grant; Dr. Jeff Kwong's (UHN-Toronto Western Hospital) publication in the New England Journal of Medicine; Dr. Michelle Greiver (North York General Hospital) as co-Principal Investigator of a Canadian Institutes of Health Research (CIHR) team grant; and Dr. Noah Ivers (Women's College Hospital) as Principal Investigator of a CIHR team grant. These are just a few of the many accomplishments and successes.



Dr. Katherine Rouleau Vice-Chair, Global Health and Social Accountability

The creation of the position of Vice-Chair Global Health and Social Accountability speaks to the link between our local and

international efforts to advance equity through quality family medicine and evokes our responsibility to demonstrate our impact. Thus, to share our expertise with the world, we have submitted a proposal to become a World Health Organization of Collaborating Centre in Family Medicine and Primary Care.

This year we hosted the 6th edition of our Toronto International Program and welcomed inspiring family medicine leaders from Ethiopia, Kuwait, Syria, Japan and the Republic of Georgia. After a two-year absence, we welcomed back Chilean primary care colleagues from a host of disciplines for our fiveweek "Chilean Interprofessional Program in Primary Care and Family Health". This year, the themes of leadership, change management and team-based care were highlighted. We also hosted our four-day Global Health Primer where participants learned about and reflected on the basics of global health. The program included two days focused on international global health and two days on addressing adverse determinants of health in the local, Canadian context as well as the mutual relationship of these two aspects of global health.

Moving forward, we aim to create an academic family medicine hub for educational innovation and idea-sharing to improve the care of those most disadvantaged in our communities. We also aim to become the first choice for training in family medicine for Indigenous trainees in Canada. We are eager to engage in the transformation required for true reconciliation.

Ultimately, our goal remains to improve health and health equity through family medicine. We look forward to building on the past year's achievements to continue our progress towards this pressing goal.



Dr. David White

Vice-Chair, Family Doctor Leadership

A new portfolio, Family Doctor Leadership, was established as part of organizing the department for continued success and increasing impact. As

inaugural Vice-Chair, my mandate incorporates responsibility for some traditional academic responsibilities – appointments, promotions and faculty development – and enhances our commitment to leadership development, scholarship, and faculty well-being. Improving equity and diversity in recruitment and retention of leaders is a core component. The initial eight months in this role include the following initiatives and success:

- Working closely with Dr. Viola Antao, Director of our robust Faculty Development program, to build on its strong track record in faculty appointments, junior promotion and core offerings that support our teachers and researchers in this large, distributed and diverse department.
- Developing a novel Master Class in Family Doctor Leadership, due to launch in fall 2018. This program will bring together world-class DFCM leaders with rising stars in our faculty in an intimate setting, to build skills, create relationships and impact our discipline.
- The successful promotion of all six candidates who went forward to Associate and Full Professor.
- Participation in programs to promote leadership in DFCM and in faculty-wide programs, including the Women in Academic Medicine Conference and a coaching event for black physicians.
- Collaborating with the Vice-Chairs of Education and Scholarship and Research and Advocacy to create improved tools to assess academic productivity and mentorship.



Dr. Jeff Myers *Head, Division of Palliative Care*

A focus for the Division of Palliative Care (DPC) over the past year has been to support our teachers and learners in the implementation of competency-based

education. Through the combined efforts of our Education, Faculty Development and Quality Leadership portfolios, the inaugural DPC Learner and Faculty Development Retreat was held with over 65 teachers and learners in attendance. Additionally, to model the importance of self-care and honour the clinical and academic challenges that are unique to the discipline, the inaugural DPC Winter Wellness Retreat was held in February.

Efforts to build quality capacity among DPC faculty were ongoing this past year, as was the focus on integrating palliative care content into the undergraduate Foundations Curriculum. Dr. Keith Johnstone and Dr. Alissa Tedesco were awarded the 2018 Larry Librach Award for Excellence in Palliative Care Scholarship. Both learners completed outstanding projects that directly impacted the experience of patients and families.

Finally, and of great importance, Dr. Monica Branigan has retired from DPC. Throughout her career in roles such as DFCM Faculty Lead for Ethics and Professionalism and DPC Continuing Professional Development Lead, Dr. Branigan has been tireless in her advocacy efforts to address the needs of patients and families by developing palliative care competencies among all training and practicing clinicians. On the national stage, we owe Dr. Branigan a debt of gratitude for her wisdom and guidance around the new and complex end of life landscape that now involves assisted death. We wish her well – the contributions and presence of Dr. Branigan will be deeply missed.



Dr. Eric Letovsky

Head, Division of Emergency Medicine

For MD students, emergency medicine continues to be a four-week rotation in clerkship (third year). Dr. Laura Hans continues to be Director and has

provided outstanding leadership for this rotation. The thirdyear Enhanced Skills emergency medicine program continues to be enormously popular and the jewel of the division. Last year it attracted over 120 applicants (compared to 65 in 2006) for seven positions, with approximately 30 applicants from the University of Toronto. Graduates of our residency program have gone on to important leadership positions in emergency medicine across the country. During the past few years, simulation sessions have been introduced, and two years ago a two-week ultrasound block where residents get their IP status began. Divisional faculty have featured prominently at various conferences, including the Annual Emergency Medicine Update we hosted in Whistler in February 2018, and have gained national reputations for excellence in education because of these CME activities.

Our Supplemental Emergency Medicine Experience (SEME) program, under the leadership of Dr. Yasmine Mawji and Dr. Noah Farber, runs two cycles per year and continues to attract many family physicians who want to increase their skills and confidence to allow them to practice emergency medicine as part of their family practice careers in small and rural hospitals.



Dr. Maureen Gottesman Medical Director, Physician Assistant Program

As I leave my role as the founding Medical Director of the Bachelor of Science Physician Assistant program,

I often have to remind myself of how far we have come over the past nine years. We have produced a robust curriculum, grown the program substantially, and established relationships with over 330 clinical sites for student placements. Our faculty and administration are continually open to trying new things, including recently becoming an early adopter to test the University's new learning management system. Our online teaching experience has allowed for faculty involvement at the central University level in academic technologies and online teaching tools. Our leadership within the physician assistant (PA) profession nationally has enabled us to impact the University's interprofessional education curriculum and to aid in the establishment of the national PA education association. We continue to collaborate and advocate with the Canadian Association of Physician Assistants, from advising on the national competency standards to the future procurement of a new professional accreditation body for physician assistants.

Our reputation for excellence and collaboration is evident, as we have acted as consultants to the University of Calgary, academics in Japan, and the Department of National Defence (Canada), among others, on their own PA education initiatives.

While there is always room for growth, the BScPA Professional degree has made great strides. I want to thank faculty, students, academic leaders and administrative personnel and administration for their hard work and contributions.



Caroline Turenko

Business Administration Director

It's been a busy year for faculty and staff at the Department of Family and Community Medicine. With the development of a new structure for the

department, including new Vice-Chairs, we have ensured that current staffing is aligned to support all new or augmented faculty positions.

New software and technical applications have been introduced by the central University of Toronto that have required staff and faculty to receive training and support. These applications, such as QUERCUS and Office 365, are now being fully utilized by faculty, staff and students with ongoing support by trained staff.

We're continuing to explore new revenue streams and opportunities for the department locally, nationally and internationally, through partnerships and other endeavours while continuing to fulfill our social accountability to underserviced local populations.

Messages from the Chiefs of our Academic Teaching Sites



Dr. John Maxted (Interim), Markham Stouffville Hospital

This year our Markham Family Medicine Teaching Unit has been impacted by our growth in patient, resident and faculty numbers, as well as leadership

changes and increasing accountabilities. We are responding by strengthening processes, organization and collaboration. We're proud of the depth and spread of our work, reflected in key strategic areas like research and global health. 60% of our core faculty are principle or co-investigators in at least one research project supported by a dedicated research assistant. Our global health program is extending its reach to link Markham Family Medicine Teaching Unit residents and the community, e.g. York Region mobile youth bus, food network and school teachers.



Dr. Kevin Workentin

Michael Garron Hospital – Toronto East Health Network

This year the Family Medicine Department at Michael Garron Hospital– Toronto East Health

Network was pleased to introduce the new Health Access Thorncliffe Park (HATP) clinic, which provides primary health care and a range of health services free of charge to all residents of the M4H postal code. The clinic will be offering learner placements in the coming months. The department also welcomed a Coordinator of Advocacy and Social Accountability – a new position devoted to developing, implementing, promoting, and evaluating educational activities related to the practice of advocacy and social accountability for medical staff and learners. Other recent developments include the expansion of the resident wellness program to our family medicine faculty. This year the faculty enjoyed a wellness-themed faculty development event and retreat, both of which will now be held annually.



Dr. David Tannenbaum

Mount Sinai Hospital - Sinai Health System

The Mount Sinai Academic Family Health Team has implemented a group Prenatal Care Program involving family physicians, registered midwives, family

medicine residents and other allied health professionals. Our Home-based Interdisciplinary Primary Care for Seniors is now fully implemented and provides essential services to elderly patients unable to attend clinics, and our "Healthy Living with Pain Program" focuses on patients living with chronic pain and using opioids. Another achievement over the past year is the Patient Advisory Committee (PAC), which has made recommendations to improve the flow and comfort in our family health team waiting room. We continue involving community family physicians in educational activities, including our excellent young physicians at our Vaughan satellite. We have also expanded to include a new Division of Hospital Medicine, led by Dr. Christine Soong, which crosses our Bridgepoint and Sinai sites, promising greater integration and improved care for patients with complex medical problems. Our Inter-departmental Division of Palliative Care, led by Dr. Russell Goldman, has incorporated the palliative care inpatient unit at the Bridgepoint site, under the direction of Dr. Jeff Myers.



Dr. David Eisen

North York General Hospital

This year the Family Medicine Teaching Unit at North York General Hospital (NYGH) partnered with Princess Margaret Hospital to successfully create

an After Care program that connects survivors of childhood cancer with our academic family doctors once they reach the age of 18. We also have recruited Dr. Braden O'Neill, a graduate of our residency program, to be our Research Lead. Dr. O'Neill, a New Investigator with the Department of Family and Community Medicine (DFCM), is actively teaching residents, working with researchers and encouraging our faculty to engage in research. Our residents, Drs. Stephenie Klein and Dana Mayer, lead a project in Balint groups for resident wellness that have made positive changes to our residency program. This project won the U of T DFCM Resident Project Award. We also introduced a program that links graduating residents with current physicians in our community, beginning with a dinner to introduce the two groups. The aim is to assist our residents in moving into the practices of retiring community family doctors.



Dr. Stuart Murdoch

Royal Victoria Regional Health Centre

Over the past year, the Royal Victoria Hospital Family Medicine Teaching Unit in Barrie announced our new co-postgraduate site directors, Drs.

Christine Stewart and Brent Elsey. They are replacing me, as I am now the Postgraduate Education Director for the Department of Family and Community Medicine. We are currently partners in the "Healthy Barrie" initiative, which includes other partners such as the Dalla Lana School of Public Health, the Department of Family and Community Medicine, the City of Barrie, and the Simcoe Muskoka District Health Unit. The project enhances integration and collaboration between services and professionals to improve population health and health system sustainability in Barrie. We are also pleased to welcome our first Indigenous resident to our teaching unit this year. Our teaching unit was honoured to be one of the teaching hospitals visited by representatives of the World Organization of Family Doctors during their accreditation of the Department of Family and Community Medicine process.



Dr. Paul Cantarutti

Southlake Regional Health Centre

Our Family Medicine Training Unit (FMTU) recently developed a threeyear strategic plan containing four Strategic Pillars: Academic Leaders in

Medical Education, Excellence in Patient Care, Innovation of Health Systems and Wellness. Through the gracious funding of our hospital, we are also now able to provide one week of protected academic time to support up to five of our faculty members per year to have time to conduct research and academic scholarship. Our FMTU is also in expansion mode with plans to add a new family medicine obstetrics group of four physicians focused on practicing and teaching maternity care. Our new home-visit program includes five of our faculty members coordinating home visits for our most vulnerable patients and includes our residents, enabling them to learn about this essential skill. Finally, we have added a new and more modern AV monitoring system that will facilitate more direct observations of our learners.



Dr. Patrick Safieh *St. Joseph's Health Centre*

St. Joseph's Hospital has developed a new palliative care unit within the hospital where a former family medicine resident is working with

the Department of Medicine to create a new model of delivery of palliative care. In primary care obstetrics, a group of community and academic physicians are currently providing care in a comprehensive teaching environment. Our Rapid Access System has been strengthened to provide the emergency department with greater access for substance abuse intervention. As part of our primary care Local Health Integration Network (LHIN) strategy, regular continuing medical education and committee work has been created to improve primary care delivery in the West Toronto area. Our home visit program was also formalized and enhanced with the involvement of residents. The St. Joseph's Health Centre has also integrated with St. Michael's Hospital and are looking at ways of improving efficiencies.



Dr. Karen Weyman *St. Michael's Hospital*

St. Michael's Department of Family and Community Medicine has a strong focus on social determinants of health and equity in all we do. Our Income

Security program and Health Justice initiative – which won a provincial Bright Lights award this year – are two examples of programs that are having a positive impact on patients and learners. Our HIV, Trans care and substance use in pregnancy programs continue to expand. In 2017, our Basics Program for new interprofessional faculty was recognized with a U of T Faculty Development Award. We have sustained improvements in cancer screening rates and patient-reported access to afterhours care and have noted new improvements in high-risk prescribing of opioids and benzodiazepines. Our innovative work incorporating methods of citizen engagement to improve care has been recognized internationally. We established a new Patient and Family Advisory Council that involves patients in improving our clinical, education and research activities.



Dr. Karen Fleming (Interim) Sunnybrook Health Sciences Centre

Sunnybrook Health Sciences Centre has had a busy and productive year. Department of Family and Community Medicine faculty, staff, residents and

research assistants from across five divisions shared their research and learning about education scholarship projects at the annual Sunnybrook Education Conference, which featured world-class speakers, presentations and interactive workshops on a wide range of education topics. Our Peer Support Writing Group is an interactive session in which faculty and allied health professionals are invited to share their current ideas, drafts, or other materials of their scholarly work to receive constructive feedback in order to refine the material for publication and/or presentations. Nine sessions were conducted from October 2017 until June 2018. Our faculty from across divisions have also been involved in receiving at least 14 research grants and four publications over the past year, along with being recognized with many awards.

We were also excited to partner with Baycrest Health Sciences, in addition to other community partners, for funding for the development of a mobile inter-professional team to improve access for underserved populations in our SubRegion and look forward to moving this initiative forward this fall.



Dr. Larry Erlick The Scarborough Hospital

At the Scarborough Hospital, we have created the new position of Director of Social Determinants of Health, who will involve residents and our community

in this initiative. The unofficial new name of our Hospital and surrounding sites, soon to be announced as we await approval from the new provincial government, will be the Scarborough Health Network (SHN), involving three campuses, Birchmount, General and Centenary. We will soon be expanding our academic involvement in teaching as confirmed in our Mission, Vision and Values, as the Ministry of Health and Long-Term Care plans to establish a satellite medical school at the University of Toronto Scarborough Campus.



Dr. Jeff Bloom

Toronto Western Hospital

The Toronto Western Family Health Team is dedicated to improving the safety and quality of care for our patients. In the last year, a Safety

Committee was developed to support the analysis of all safety incidents affecting our patients and providers. The Safety Committee complements our biannual "Doing It Better" rounds – a large group forum for significant event analysis. Our family in-patient service rotation, part of the Hospital Medicine Enhanced Skills Program, is a desired learning rotation for our home-based trainees and elective residents, and is one of very few successful hospital medicine training programs in the country. Graduates are in high demand and have moved on to become academic and research leaders in hospital medicine. Additionally, Toronto Western Hospital opened the Garrison Creek location this year in downtown Toronto, where faculty are involved with educational activities from pre-clerkship to resident teaching.



Dr. Mira Backo-Shannon

Trillium Health Partners – Credit Valley Hospital and Mississauga Hospital

At the Summerville and Credit Valley family medicine teaching units in Mississauga, we are expanding our

obstetrical program and building partnerships with our obstetrician colleagues. We are streamlining our scheduling processes for our residents and are exploring family medicine rotations in the acute and post-acute hospital setting. Our Professional Development lead and education office held events closer to home to build our community of teachers. This year, we received our highest number of rewards and recognitions. A newly recruited Research Lead is building connections with the Institute of Better Health to advance opportunities for family medicine research. Through the collaboration and support of our Medical Education Team and Vice-Dean, we are using project management to define our process maps, outline our governance and get us ready for accreditation. The Mississauga Halton Local Integration Health Networks supports our residents in leadership internships, research projects and inviting representation on the Primary Care Network.



Dr. Ruth Heisey

Women's College Hospital

At Women's College Hospital (WCH), the Peter Gilgan Centre for Women's Cancers was established to ensure that women across Canada have access

to the highest standard of care in the prevention, diagnosis, treatment and survivorship of cancer. Over the past year, our obstetrics program successfully merged with Sinai Health System's obstetrics program to do our patient's deliveries at Mount Sinai Hospital. Additionally, in partnership with Dr. Eva Grunfeld and the BETTER (Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care) team, a BETTER Training Institute for Eastern Canada training site is now located at WCH. The site aims to help men and women across Canada receive cancer screening and personalized prevention prescriptions to support healthy behaviors that reduce the likelihood of cancer and other chronic diseases - this program also includes an Indigenous Lead to ensure outreach to Indigenous populations. Some exceptional faculty members we also celebrated this year includes: hiring Dr. Michael Kidd as an Innovation Fellow; the promotion of Dr. Nick Pimlott to Professor at the Department of Family and Community Medicine (DFCM), and Dr. Danielle Martin being awarded DFCM's Academic Family Physician of the Year, amongst many others.



"In primary care, we are very focused on chronic disease management and the prevention side of things tends to be fragmented, episodic and opportunistic. What the BETTER program does is ensure that prevention and screening are comprehensive and receive the proper attention, skills and resources that patients need."

New BETTER Prevention Practitioner Training Institute Launched in Toronto

A BETTER Prevention Practitioner Training Institute based at the Women's College Hospital will help improve prevention and screening of cancer and chronic diseases which currently affects more than one in five Canadians.

A \$2.98 million collaboration over three years between the Canadian Partnership Against Cancer (the Partnership) and the BETTER (Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care) Program established the BETTER Training Institute this month to support the spread of the approach across Canada.

"BETTER is a unique program that has developed an approach that has been tested and proven through rigourous trial methodology to integrate prevention and screening for major chronic diseases through Prevention Practitioners," says Dr. Eva Grunfeld, Giblon Professor, Vice-Chair Research at the University of Toronto's Department of Family and Community Medicine (DFCM). Dr. Grunfeld is also the Chief Scientific Advisor for the BETTER Training Institute and original developer of the BETTER Program.

Prevention practitioners who are typically interprofessional clinicians such as nurses or dieticians are trained to become chronic disease prevention and screening specialists and to develop prevention prescriptions for patients based on their medical history, family history, and lifestyle risk factors.

"With the aid of toolkits and study aids for prevention practitioners, it also integrates all the high-level evidence on the manoeuvres recommended in primary care to improve outcomes for chronic diseases. For the patient, they receive one-on-one visits from a prevention practitioner."

The Institute's role is to train prevention practitioners. The eastern branch of the Institute will be based at Women's College Hospital in Toronto.

"We are looking forward to helping Canadians improve their lives and reduce their risk of cancer and heart disease," said Dr. Ruth Heisey, Chief of Family Medicine at Women's College Hospital and Medical Director of the Peter Gilgan Centre for Women's Cancer. The western branch of the Institute will be based at the University of Alberta. The Institute will also provide consulting services to individual primary care practices and physician groups/ primary care organizations interested in adopting the BETTER approach.

This program will scale up and spread the approach in seven provinces, with a focus on primary care clinical settings serving rural, remote and Indigenous populations. As it expands, Dr. Grunfeld says that it intends to launch the program nationally through a costrecovery model.

Various faculty members of DFCM have been part of the program's history including Dr. Grunfeld who tested BETTER's original concept through rigorous randomized trial methodology.

"In primary care, we are very focused on chronic disease management and the prevention side of things tends to be fragmented, episodic and opportunistic. What the BETTER program does is ensure that prevention and screening are comprehensive and receive the proper attention, skills and resources that patients need."

In its first iteration in Toronto and Edmonton, the BETTER trial, co-led by Dr. Donna Manca and funded by the Partnership and the Heart and Stroke Foundation, showed that the prevention practitioner intervention resulted in a significant improvement in the number of prevention actions each patient completed.

A second study titled BETTER 2 applied the components of the original program in settings like Newfoundland and Labrador and the Northwest Territories and conducted implementation studies with Partnership funding.

Currently, there are two separate ongoing BETTER trials: DFCM investigators are collaborating with principal investigators Dr. Lawrence Paszat (BETTER Health: Durham), and Dr. Manca (BETTER WISE) to test the BETTER approach in various populations in BETTER Health: Durham and BETTER WISE.

Within the last two years, principal investigator Dr. Lawrence Paszat and DFCM co-principal investigators Drs. Aisha Lofters, Andrew Pinto and Mary Ann O'Brien have sought to determine if the BETTER approach could be adapted to a public health setting like Durham Region, Ontario with a different population and public health nurses as prevention practitioners.

In the BETTER WISE Trial which takes place in primary care settings in Alberta, Ontario and Newfoundland, Drs. Manca, Grunfeld, Lofters and O'Brien and a team of investigators track whether the approach can be useful for cancer survivors. DFCM statisticians Dr. Rahim Moineddin and Chris Meaney have provided statistical support to the BETTER program since its inception.

RESEARCH AND Advocacy

Total amounts of grant funding dollars received by researchers affiliated with the Department of Family and Community Medicine

²⁰¹³ 6,680,646

²⁰¹⁴ 8,993,776

²⁰¹⁵ 10,834,095

²⁰¹⁶ 13,119,777

13,794,039

Researchers Confirm Link Between Flu and Heart Attack

"People at risk of heart disease should take precautions to prevent respiratory infections, and especially influenza, through measures including vaccinations and handwashing." Chances of a heart attack are increased six-fold during the first seven days after detection of laboratory-confirmed influenza infection according to a new study by researchers at the Institute for Clinical Evaluative Sciences (ICES) and Public Health Ontario (PHO).

"Our findings are important because an association between influenza and acute myocardial infarction reinforces the importance of vaccination," says Dr. Jeff Kwong, an Assistant Professor at the Department of Family and Community Medicine, a scientist at ICES and PHO, and lead author of the study.

In the study published in the New England Journal of Medicine, the researchers found a significant association between acute respiratory infections, particularly influenza, and acute myocardial infarction.

The risk may be higher for older adults, patients with influenza B infections, and patients experiencing their first heart attack. The researchers also found elevated risk – albeit not as high as for influenza – with infection from other respiratory viruses.

"Our findings, combined with previous evidence that influenza vaccination reduces cardiovascular events and mortality, support international guidelines that advocate for influenza immunization in those at high risk of heart attacks," says Kwong.

The researchers looked at nearly 20,000 Ontario adult cases of laboratory-confirmed influenza infection from 2009 to 2014 and identified 332 patients who were hospitalized for a heart attack within one year of a laboratory-confirmed influenza diagnosis.

"People at risk of heart disease should take precautions to prevent respiratory infections, and especially influenza, through measures including vaccinations and handwashing," says Kwong.

The researchers add that patients should not delay medical evaluation for heart symptoms particularly within the first week of an acute respiratory infection.

The article "Acute myocardial infarction after laboratoryconfirmed influenza infection" is published in the January 25, 2018 issue of the New England Journal of Medicine.

This article was originally published by the Institute for Clinical Evaluative Sciences and Public Health Ontario.

Study Finds that People with Low Incomes and Precarious Housing Less Likely to get Screened for Cancer

Adults living with low incomes are less likely to be screened for colorectal, cervical and breast cancer, says researchers from the Department of Family and Community Medicine (DFCM) in a study. It used social determinants of health to examine cancer screening disparities among patients of the St. Michael's Hospital Academic Family Health Team.

Lead investigators Drs. Aisha Lofters and Tara Kiran, Assistant Professors at DFCM and family physicians at St. Michael's Hospital, also found that housing status – whether the patient owns, rents or lives in a special housing arrangement– is linked with a patient's likelihood to get screened for cancer.

"Our goal was to figure out if there are particular groups of patients where we could do a better job ensuring they are receiving regular screenings for cancer," says Dr. Lofters, a researcher and physician at St. Michael's Hospital.

"The point of screening is to catch cancer at an early stage or, even better, catch an abnormality before it turns into cancer so doctors can focus on treatment and prevention before it spreads."

To conduct the study, researchers used a survey given to patients who are eligible for cancer screening that asks for socio-economic data like race, income, country of birth and other social determinants of health. Researchers then used patient's electronic medical records to compare the sociodemographic information of patients who were overdue for cancer screening versus those who were up-to-date.

"The most striking differences in screening rates are between low and high-income patients and those who own their home or have other living arrangements," says Dr. Lofters.

Patients in the low-income bracket – as defined by Statistics Canada – were at the highest risk of falling behind with cancer screening for all three types of cancers versus those with higher incomes, says Dr. Lofters. Patients who owned their homes had the best screening rates, followed by patients who rent. Those who lived in more precarious housing situations, such as subsidized housing, shelters, hostels, or undetermined, were far less likely to receive cancer screening than those with more permanent housing situations.

"We aren't sure why housing status plays such a large role in cancer screening rates," says Dr. Lofters. "We think that it might be a reflection of wealth – similar to income – or it could be how stable your life is. If you're going from home-to-home, getting a cancer screening may not be a high priority for you at that time. You also don't have a long-term address to receive reminders and notifications that you may be due for a screening test."

Dr. Lofters points out that the patients included in this study are part of St. Michael's Hospital Academic Family Health Team and have family doctors, so it's likely that the rates for screening are much lower for those without a family doctor.

One option to improve screening rates is home screening tests, such as cervical self-sampling tests, that patients mail to labs independently. While Dr. Lofters admits that it will not address all the barriers to pap tests and the research is far from complete on these options, she hopes it's an alternative that one day may be made available.

"As a province, we're not meeting the targets that Cancer Care Ontario set out for screening," says Dr. Lofters. "So there's definitely room for improvement and we're always looking for innovations."

CIHR Funds Two DFCM Projects to Support Canadian Primary Care



Drs. Michelle Greiver and Andrew Pinto and their research teams were awarded two out of the four Canadian Institutes of Health Research (CIHR) Primary and Integrated Health Care Network programmatic funded grants this year.

The recipients from the Department of Family and Community Medicine (DFCM) are receiving a total of \$2M from CIHR as well as additional funding of \$3M to carry on two projects that will advance primary care nationally.

"The process was incredibly competitive and two out of the four grants funded are led by DFCM investigators! I am extremely excited and look forward to the start of both projects," said Dr. Greiver.

SPIDER study: Structured Process Informed by Data, Evidence and Research

Half of health care costs are incurred by five percent of the population. These patients are often older, live with multiple chronic conditions and take many medications. As many as 25 percent of elderly people have received prescriptions for ten or more different medications in a single year.

DFCM's Quality and Innovation Program and University of Toronto Practice-Based Research Network (UTOPIAN) are combining forces to work with patients and their health care providers to reduce prescriptions that are less likely to benefit this population.

Conversations between clinicians and patients about thoughtful medication choices can improve care for elderly people living with multiple medications. SPIDER, the Structured Process Informed by Data, Evidence and Research will test collaborative ways to have these conversations more often in family practices. A search in UTOPIAN's Data Safe Haven identified many elderly patients as suitable candidates for the SPIDER study.

"Some of our older patients have several chronic conditions and take ten or more medications. Using UTOPIAN's Data Safe Haven, we can provide information relevant to these patients back to their family physician to support care." SPIDER makes use of existing evidence-based resources from established programs and organizations. For instance, Choosing Wisely Canada and the Canadian Deprescribing Network have already identified medications that may be less likely to benefit these patients and have developed tools to support decreases in prescriptions. The Quality and Innovation Program has extensive experience and tools to support physicians as they seek to improve their practice. A SPIDER Learning Collaborative involves patients, family physicians and other health care providers, health planners and Quality Improvement coaches that can learn and work together to find practical ways to improve care in daily family practice.

Fifty investigators from five provinces are participating in SPIDER, including seven DFCM faculty members, researchers and administrators. Trish O'Brien of DFCM's Quality and Innovation Program will oversee the quality improvement aspects of the project while Dr. Greiver and other investigators will oversee the data management and research.

"Patients have been highly involved in our grant application and told us that they want to see this project through. They feel that better quality of care and outcomes and better patient experiences are important for elderly people living with complex health problems. Caring for our most vulnerable patients is central to the work we do as family physicians."

Seven practice-based research networks, led by UTOPIAN, in five provinces across Canada are taking part in SPIDER. The feasibility of this approach, combining QI, research and EMR data, will first be tested and improved in Toronto, Edmonton and Montreal and included as part of a pragmatic randomized controlled trial in five practice-based research networks.

SPARK: Screening for Poverty and Related social determinants and intervening to improve Knowledge of and links to resources (SPARK) Study

Dr. Andrew Pinto is the principal investigator for a project that will centre around a cluster randomized controlled trial that evaluates interventions to help address poverty when identified through sociodemographic data. "The social determinants of health are the conditions in which we are born, grow, live and work that affect our health. We know a great deal about these social determinants. But we have lacked evidenced-based interventions to intervene," said Dr. Pinto. "This study will help us create and evaluate a standard for collecting data on social determinants, use this data to find health inequities, and then test novel solutions."

Dr. Andrew Pinto is receiving funding to develop and validate a standard tool that will collect individuals' social determinants of health data to identify health inequity, building on previous work. The study hopes to understand how to address social determinants of health within health settings with specific attention for interventions that target income security.

It will recruit and follow an estimated 1,540 participants involving colleagues from Saskatchewan, Manitoba, Ontario, Nova Scotia and Newfoundland. While the primary outcome of this intervention is change in income attributable to the poverty intervention, it will capture data on additional impacts, including linkage to community resources, psychological stress and quality of life.

In a previously CIHR-funded grant through SPOR, Dr. Pinto and the team sought to determine if an online financial navigator could be integrated into clinical settings for patients and if the intervention had an impact on access to financial benefits.

All projects were developed using the "upstream" approach by The Upstream Lab, a project led by Dr. Pinto that seeks to address the socio-economic cause of poor health outcomes. This Lab is centred on evaluating interventions that address social determinants of health.

"We are really excited, and we are looking forward to working with colleagues across Canada and particularly patients who have been part of our projects for the last several years."

UNIVERSITY OF TORONTO PRACTICE-BASED RESEARCH Network (Utopian) Data safe haven

Total number of contributing family physicians
 Total number of de-identified patient records

2014

147 285,593

2015

248 364,587

2016 347 474,595

²⁰¹⁷ 359 548,533

Over the past four years, DFCM has more than doubled the number of family physicians who are contributing data into UTOPIAN's Data Safe Haven, a secure database comprised of de-identified patient records extracted from primary care electronic medical records (EMRs). During this time, the number of patient records has also increased by 92%. These de-identified records are used by researchers to answer questions about primary health care through secondary data analysis and clinical research.

Our Undergraduate MD Program



DFCM FACULTY HAVE PROVIDED SUPERVISON TO 1ST, 2ND AND 3RD YEAR MEDICAL STUDENTS

MEDICAL STUDENTS COMPLETING FAMILY MEDICINE ELECTIVES UNDER THE SUPERVISION OF OUR FACULTY

MEDICAL STUDENTS COMPLETED FAMILY MEDICINE TRANSITION TO **RESIDENCY SELECTIVES**

STUDENTS ENROLLED IN THE FAMILY MEDICINE LONGITUDINAL EXPERIENCE



ENROLLED IN CLERKSHIP

Faculty Members Ensure Medical Students have better Appreciation of Family Medicine

Medical students will now graduate with a better understanding and appreciation of the contributions family physicians make for their patients, communities and the health care system every day, thanks in part to the work of faculty from the Department of Family and Community Medicine's (DFCM) Undergraduate Program on a new curriculum for MD students.

Developed by the University of Toronto's U of T MD Program and launched in 2016, the Foundations Curriculum is delivered to first and second-year medical students and is considered the most significant change made to the way U of T delivers medical education in over two decades.

While developing the new curriculum, representatives of the MD Program requested that faculty from DFCM's Undergraduate program review the content from a family medicine perspective to ensure it accurately portrays the role and work of family physicians.

"We wanted to ensure that everyone who comes out of medical school, including those who become specialists, is grounded and has a good sense of what family medicine is," says Dr. Ruby Alvi, DFCM's Pre-Clerkship Director. "At an even more basic level, we also wanted to make sure the curriculum reflected generalist principles as well."

Generalism, according to the Royal College of Physicians and Surgeons of Canada, is a philosophy of care wherein medical practitioners are committed to a wide breadth of practice and collaboration with the larger health care team in order to respond to patient and community needs. Family doctors, many contend, are the ultimate generalists: most treat a variety of illnesses and see patients from all age groups and demographics, as well as have roles in areas such as health promotion and disease prevention.

Generalists are vital to the health care system: with an aging population and an increasing number of patients dealing with multiple medical issues, it is necessary to have physicians who are focused on treating the patient as a whole. Generalists, particularly family doctors, assist in preventing, diagnosing and treating a wide breath of medical, physical and emotional ailments while collaborating with a larger health care team – ensuring that patients receive comprehensive care.

"There is a lot of confusion around generalism both inside and outside of medical schools but it's the groundwork for all physicians, and medical school is where MD students learn generalism principles," says Dr. Alvi.

DFCM faculty, building off existing work in generalism, developed a tool that systematically assesses for the presence or absence of generalism principles in the curriculum. For instance, the curriculum largely uses case-based learning that is intended to mimic reallife clinical encounters; however, DFCM faculty sometimes found that the cases didn't reflect their own experiences as family physicians.

"As an example, sometimes the referral time for a specialist was not accurate based on our own experience or the location where care was received was not typical, whereby a problem dealt with commonly in primary care was referred to a specialist," says Alvi. "We were concerned because students might not be receiving a true sense of what really happens on the ground." When DFCM faculty completed their review, they provided feedback to the Faculty of Medicine MD Program. The feedback was well received and much of it has been incorporated into the current curriculum and other areas are being considered for potential future curriculum changes. Other departments and offices within U of T's Faculty of Medicine inspired by DFCM have also followed suit and have begun their own reviews, including the theme leads of LGBTQ health education and black health.

"The response to our work from those involved in the creation of the curriculum has been positive and encouraging," says Dr. Melissa Nutik, DFCM's Undergraduate Education Scholarship lead. "We believe we have made an impact on the curriculum that includes more exposure to generalist principles and positive messages about family medicine."

The initiative's success expands beyond U of T's borders. DFCM faculty members have presented their scholarly work at the national Family Medicine Forum 2016 and 2017 and the international Society of Teachers of Family Medicine (STFM) conferences in 2017 and 2018. Other medical schools that are looking to review their curriculums with a family medicine and generalist lens are interested in their work.

"It's a really exciting time to be in family medicine and see all these new medical students graduating with a deeper appreciation of family physicians and a good sense of what we do," says Dr. Alvi. "Our work has been valued by everyone involved, and it's really just the first step."

U of T Medical Students Strive to be Patient Advocates

Written by **Jim Oldfield** and originally published for **UofTNews**



Megan Woolner was a third-year medical student at the University of Toronto when she met Anahita (not her real name), a recent immigrant from Iran who had come to the family medicine clinic at North York General Hospital (NYGH).

The patient had signs of major depression, and when she returned to the clinic three weeks later, this time without her husband, Woolner began to think her symptoms were linked to social isolation and loneliness. Anahita spent most days at home alone with her two toddlers while her husband worked or cared for his ailing mother.

Woolner and the care team at NYGH started Anahita on anti-depressant medication, referred her to a Farsispeaking therapist and gave her a culturally sensitive list of local health resources. But Anahita was most excited about starting a Farsi-speaking mother's group, an idea floated by Woolner's supervisor and promoted in the neighbourhood. The day of the meeting they had received no RSVPs, and Woolner was glum as she waited in the clinic with Anahita.

Suddenly the elevator doors opened.

"In came this mother with a stroller and a smile from ear to ear. I was so relieved," says Woolner, now in her last year of medical school. Two more mothers showed up. "When I saw my patient a few weeks later, the difference was night and day. She was well put together, confident and starting to make her own social connections. It was a really big change."

Woolner's work was part of an 'advocacy project,' which some students at U of T's Faculty of Medicine do during clerkship (in the last two 'clerkship' years, students start to see patients in clinics). Medical students in the advocacy project devise interventions to address patients' social needs. They recently presented advocacy project experiences at a workshop.

Advocacy projects have been part of the family medicine clerkship program since 2014. Last year, 55 students did one, about 20 per cent of the medical school's third-year cohort. For students in traditional 'block' clerkships, who rotate through different medical specialties every six weeks, advocacy projects are optional. They're mandatory for students who have chosen longitudinal integrated clerkships (in which students learn multiple specialities at once and follow patients over several months).

In one advocacy project, a student negotiated reduced rates with physiotherapy offices near the home of a low-income patient with an ankle injury, after she learned the patient had no coverage. Another student made a list of resources for an autism patient's family members, who were struggling to find and understand local services. "We've seen some amazing projects that really make a difference in people's lives," says Assistant Professor Azadeh Moaveni, director of undergraduate medical education in the Department of Family and Community Medicine. "And they help students think about the social context – where patients come from, where and how they live and get around, the systems that surround them and influence health."

Some students also advocate for broader changes at the community or provincial level to deal with social determinants of health. One wrote a letter to an MPP in his home province of Nova Scotia about the importance of giving the HPV vaccine to boys. He later met with the politician, and a few months later, Nova Scotia became the first Maritime province to extend free coverage for the vaccine to boys.

All students who do an advocacy project give an oral presentation and write a reflection on their experience. Some develop a more reflective approach to their interaction with other patients.

Cheryl Young was a block clerk at the St. Michael's Academic Family Health Team at St. James Town Health Centre. There she met a working mother and student with a problem she hadn't previously considered a barrier to health care: access to child care. The woman had depression and was struggling to make her medical and therapy appointments, so Young drew up a list of government services and city-funded child care options – some of which the patient couldn't access because she hadn't filed taxes recently.

"It opened my eyes to several issues," says Young. "Now when I'm doing a patient history, I'm more likely to ask about access to health care, child care, time lost from work and if they've filed taxes in the last year. Many marginalized patients miss out on benefits and services that can improve their health."

An Inside Look at the Redesigned Global Health Week

For the first time, second-year medical students enrolled in the University of Toronto MD Program experienced a full week of curriculum on global health. Delivered in May 2018, the week provided medical students with a deep understanding of the scale of inequity across the world and offered engaging ways for students to think about their social and global accountability.

The new global health week, contained within the Foundations Curriculum's "Complexity and Chronicity" course, taught principles for engaging ethically in global health work. Students were asked to confront the disparities present in the living conditions and health outcomes across the globe. They were then asked to wrestle with what it means to them and to engage with the possibility that they can play a part in change for the better.

Curriculum designers Drs. John Ihnat and Jessica Osumek, both of whom are former fellows in Global Health and Vulnerable Populations at the Department of Family and Community Medicine (DFCM), created a week-long syllabus that used a variety of teaching methods to address the complexities of engaging in global health work. They created the curriculum alongside the support of the course director for Complexity and Chronicity, Dr. James Owen, who is also a family physician at St. Michael's Hospital and an associate professor at DFCM.

"We wanted to give the students a broad sense of what global health means," says Dr. Jessica Osumek. "We also want to increase the interest of medical students in engaging in global health activities and help them understand what it means to be a global citizen and treat patients in different settings."

To do this, the designers used innovative teaching methods in addition to the traditional classroom-based lecture setting. For instance, prior to the course, students were asked to watch excerpts from the documentary "Triage: Dr. James Orbinski's Humanitarian Dilemma," about the work of global health activist and scholar, Dr. James Orbinski, in which he speaks of being a witness to the Rwandan genocide and the complications that come with international humanitarian work.

"The testimony and images in the documentary give a very powerful sense of how, depending on where you're born in the world, you could have strikingly different life experiences and quality of life," says Dr. John Ihnat. "We then tried to provoke thought about that deep disparity locally, in Canada, and across the globe."

The designers also highlighted the role of health advocacy in the curriculum by interviewing Drs. Philip Berger and Meb Rashid, two DFCM faculty members who have been at the forefront of advocacy work around refugee and newcomer health. They described their experiences in health advocacy and what it means for medical students in relation to local injustice and global health.

"A recent article by Malika Sharma and others pointed out that medical students are often taught the social determinants of health as a list of facts to be memorized rather than conditions of life that should be challenged and changed," says Dr. Ihnat. "Our philosophy when designing global health week was to provoke the conscience and to create conditions for eliciting empathy and compassion, rather than memory work. We wanted students genuinely to confront and wrestle with the facts of global inequity and what that means for their careers going forward."

They also invited Mie Tha Lah, a former refugee, to share his experiences of spending 13 years in a refugee camp in Thailand and how he eventually came to Canada. Through his lecture, the students got an example of the variety of backgrounds and stories that patients have when coming to a clinic and how this can affect their diagnosis and treatment.

"We received very positive feedback from the students about his lecture. It provided an opportunity for them to engage with him and imagine how a person's life scenario can present challenges to health, well-being, and safety, but also demonstrated the resilience people have," says Dr. Osumek.

"This curriculum highlights a number of threads of excellence that are particularly rich in our Department and Faculty," says Dr. Katherine Rouleau, DFCM Vice-Chair, Global Health and Social Accountability. "Including commitment to social accountability, the unique contribution of family medicine to health equity and most importantly, the thoughtful and inspiring contribution of our young global health leaders to shaping the professional development of our students."

Dr. Ihnat says the curriculum designers were particularly inspired by a quote from William Butler Yeats.

"Education is not the filling of a pail, but the lighting of a fire'," quotes Dr. Ihnat. "That's what we wanted to do: light a fire within medical students about equity issues across the globe so that they would be moved to respond as people of conscience."

Our Postgraduate Residency Program

RESIDENTS ENROLLED IN OUR TWO-YEAR RESIDENCY PROGRAM 62 ENHANCED SKILLS RESIDENTS

170,000

PATIENT ENCOUNTERS BY RESIDENTS IN A FAMILY PRACTICE SETTING OVER THE PAST YEAR (APPROXIMATE)



ENHANCED SKILLS PROGRAMS OFFERED

35%

OF FAMILY PHYSICIANS WHO TRAINED IN ONTARIO DID SO AT U OF T (SOURCE: 2015 ONTARIO PHYSICIAN HUMAN RESOURCES DATA CENTRE)

55%

OF FAMILY PHYSICIANS IN THE GTA ARE U OF T GRADUATES (SOURCE: 2015 ONTARIO PHYSICIAN HUMAN RESOURCES DATA CENTRE) 5,134

ROTATION BLOCKS COMPLETED BY RESIDENTS EACH ACADEMIC YEAR

GREATER TORONTO AREA STREAM: 351 residents completed 4,563 rotations

BARRIE/NEWMARKET STREAM: 36 residents completed 468 rotations

RURAL STREAM: 8 residents complete 104 rotations

DFCM Residency Program aims to become a Globally Accredited Training Institution

As part of the Department of Family and Community Medicine's (DFCM) commitment to expanding its global impact and strengthening partnerships worldwide, DFCM's postgraduate program has undergone an assessment by the World Organization of Family Doctors (WONCA) with the hope of becoming the first postgraduate family medicine residency program in North America and the second in the world to receive global accreditation through WONCA.

The World Organization of Family Doctors (WONCA) is an international not-for-profit professional organization that advocates on behalf of family doctors (family physicians and general practitioners) from around the world, and represents family medicine at the World Health Organization.

Under the direction of current Chair of DFCM and past WONCA President, Dr. Michael Kidd, WONCA developed "Standards for Postgraduate Medical Education" against which residency programs in family medicine can be assessed and accredited, a process considered essential to the further development of quality family medicine across the world.

To that end, three international leaders in family medicine education, from Asia, Europe and the USA, visited Toronto from June 3–6, 2018 to conduct the formal accreditation review of DFCM's residency program. The team had a full itinerary as the members wanted to ensure they experienced as much as they could about the depth and breadth of our very large family medicine residency program.

"The survey team was really excited to visit us," says Dr. Stuart Murdoch, DFCM Postgraduate Director and Academic Chief of Family Medicine at Royal Victoria Hospital in Barrie. "They wanted to understand how we train nearly 400 residents and generate high-quality family doctors in a two-year residency program."

The team's visit included meeting with faculty and residents at three of DFCM's academic teaching sites: St. Michael's Hospital and North York General Hospital in Toronto, and the Royal Victoria Regional Health Centre in Barrie. The team also met with the leaders of the Faculty of Medicine's Postgraduate Medical Education office, all of DFCM's Vice-Chairs and the members of our postgraduate leadership team to learn about all aspects of our residency program, including education and scholarship, quality and innovation, research and advocacy, family doctor leadership, and global health and social accountability.

"We don't have the full results at this time, but I think I can say it went really well and we received a positive response, as well as helpful constructive feedback," says Dr. Murdoch. "We also heard from residents and faculty who met with the WONCA team that they enjoyed the process and learned a lot as well: it was interesting for them to learn about how DFCM's residency program compares to residency training programs around the world."

The results of the accreditation process will be shared publicly once available. This global designation will provide international recognition of DFCM's education and training programs for future family physicians, and create opportunities for further exciting international partnerships.

Supporting Family Medicine Residents through Progress Testing

A family doctor practicing in a rural area receives a patient with significant medical complications.

Does the family physician send the patient to a distant hospital? Does the physician call and wake the lab technician? Should the patient be sent home? This is just one of the scenarios outlined in the Family Medicine Mandatory Assessment of Progress (FM-MAP) tests for residents.

"While progress testing has been used in other areas and in undergraduate medical training, this test is the first of its kind for family medicine in Canada, and to date, it remains the only one," says Dr. Fok-Han Leung, Associate Professor at the Department of Family and Community Medicine.

Also referred to as 'progress testing,' FM-MAP is an assessment test given to residents to follow their development at different stages of training using practice-level questions. It tests them as if they were practicing physicians, requiring a much higher level of knowledge integration.

For instance 'If you were a family physician working in a rural area and a patient came in with a critical issue, do you put them in a helicopter, send them to a distant hospital or do you send them home?' To answer the question, residents are required to think about what resources are available and how much they can take on safely with the actual diagnosis to answer the question.

The FM-MAP helps residents gauge their progress through comparison with their peers. With testing twice a year—four times over the course of training trainees can monitor growth and gain information to help with 'in-course' corrections. Through the progress testing results, residents can assess their strengths, weaknesses and where they can benefit from additional study or experiences to improve. Dr. Leung, who spearheaded the program in 2009 with Dr. Karl Iglar, the previous Program Director of the Postgraduate program, says that the idea of progress testing initially faced some resistance.

"Residents were worried about the intended purpose of the test and if it would be truly formative. But now, residents see the value of monitoring progress. They are asking for more! The department has invested a lot of resources and physician hours into the FM-MAP and residents appreciate the value that it brings to their education."

There is a limit to the number of cases that can be developed during a given period. Although progress testing has gone electronic, it is still labour intensive. Cases require physician development and writing time. Dr. Leung and multiple physicians spend over 100 hours each test to create cases.

Test results are very helpful for residents.

"We are aware that in medical training, one of the most challenging areas is knowing what you don't know," says Dr. Leung. "The FM-MAP gives trainees and teachers a hint of insight in this area and allows them to better focus during their residency."

By investing in progress testing, the postgraduate program keeps residents at the forefront of traineecentred education.

Some of our 2018 New and Graduating Residents



Markham Stouffville Hospital



North York General Hospital



Royal Victoria Regional Health Centre



The Scarborough Hospital



St. Michael's Hospital



Sunnybrook Health Sciences Centre



Trillium Health Partners



Women's College Hospital



Southlake Regional Health Centre



Family Medicine Residents Association of Toronto is Creating Connections and Providing a Voice for Residents

2017-2018

FRAT Presidents:

Dr. Yashna Vaidya and Dr. Saahil Vij

2018-2019

FRAT Presidents:

Dr. Samantha Avadiev and Dr. Venus Valbuena

The Family Medicine Residents Association of Toronto's (FRAT) latest project makes it easier for the Department of Family and Community Medicine (DFCM) residents to find and choose residency electives.

FRAT advocates for the needs of family medicine residents at DFCM and is comprised of two presidents, a first-year resident, and chief residents and committee members from all of DFCM's teaching hospitals. Based on feedback from residents who were concerned that they were missing opportunities to enrol in electives offered at hospitals outside of where they were completing their residency, the organization has developed an online database that allows DFCM residents to see what electives are available at each of DFCM's 14 teaching hospitals.

"Up until now, most teaching hospitals had their own database, but there was no sharing of that information, officially, between each hospital," says Dr. Saahil Vij, one of FRAT's co-presidents. "The goal of the elective database is to make opportunities open to all residents regardless of which teaching hospital they're completing their residency at."

In addition to the database, FRAT also hosts social and wellness events every two months to help decrease burnout and provide an opportunity for residents from various teaching hospitals to meet and network. The activities vary from pub nights to picnics and yoga sessions – all of which are open to DFCM family medicine residents and all Toronto medical residents. FRAT has also organized sessions to talk about topics such as financial security to help residents with their financial management concerns once they graduate and begin practicing as physicians.

"There's no one perfect social event that will satisfy everyone. You're attracting a different crowd with each one you throw," says Saahil, "So we offer a variety of activities to try to capture the people who enjoy pub nights or people who enjoy picnics or different sporting events."

Over the past year, FRAT representatives were also able to advocate for changes to the College of Family Physicians of Canada Certificate Examination in Family Medicine and the Licentiate of the Medical Council of Canada Exam, both of which residents must pass to receive their general license to practice medicine in Canada. By raising concerns, FRAT was able to implement changes in the registration process, wait time and exam preparation times.

"It's nice to see that when residents voice their concerns, we were able to actually do something and make some positive changes."

Dr. Maryam Al-Rashid Reflects on her Experience as a Family Medicine Fellow



Below Dr. Maryam Al-Rashid writes of her experience completing both the Medical Education Fellowship and Academic Fellowship Programs at the Department of Family and Community Medicine.

I am Maryam Al-Rashid and I am a family physician from Qatar. I received my Bachelor of Medicine and Surgery (MBSS) in 2005 from the University of Jordan in Amman, Jordan, and completed a four-year residency program in Family Medicine in Qatar in 2014.

Since joining the medical school and all through my medical career, I have been purely a clinical physician dealing with patients and had no administrative role. Being always keen to develop my career, I decided to combine my clinical and academic tracks and enrolled in the Medical Education Fellowship and Academic Fellowship Programs at the Department of Family and Community Medicine (DFCM) at the University of Toronto. My trajectory with the two fellowships began in September 2016, and I graduated on June 30, 2018.

During these two years, I completed a total of 20 courses. The courses met my needs and aligned with my goals, as they leveraged my knowledge and skills and gave me the required foundations to start my academic career on a solid base. I created posters, delivered workshops and presentations, produced a quality improvement project, learned about survey design and writing grant proposals, among many other useful projects.

Because of my fellowship in Canada, I am well prepared to become an educator, a scholar, a leader, and an administrator and not merely a clinical teacher. I highly recommend family physicians from any part of the world take the initiative to develop their career and the Department of Family and Community Medicine at University of Toronto is the right place to do so. Students will find themselves in a rich academic environment with advanced evidence-based education, as well as highly knowledgeable and supportive instructors who provide knowledge and skills with care, compassion and respect. In addition, the administrative staff at the DFCM are welcoming and helpful.

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New Masters Admission Requirements Piloted for International Medical Students



Nour Amiri has always wanted to work in pediatrics in Canada but without a Canadian medical license, her opportunities to work in a clinical setting are limited.

Amiri, a Canadian citizen who did eight years of medical training in the Middle East, enrolled in the Department of Family and Community Medicine's (DFCM) new pilot program after completing Ryerson's International Training Bridging Program.

The pilot project is part of an existing Master's degree offered by the Dalla Lana School of Public Health and administered by DFCM. Within the Master of Science in Community Health – Family Community Medicine's (MSCH-FCM) pilot group, ten spots allow international medical graduates the ability to apply without a Canadian medical license. The aim is to allow students like Nour to gain proficiency in Canadian health care principles while gaining academic skills in research, teaching and leadership. This opens the door for graduates to reposition their careers into roles such as clinical research associates, clinic coordinators, patient care educators and health care teachers.

"My initial understanding was that the spots for this program were kind of reserved for licensed Canadian physicians," says Nour. "Once I understood it was for international graduates who don't have a license to do clinical work I got interested in this program. I have always wanted to work in pediatrics. This was my shot."

International medical graduates follow the same curriculum as students with a clinical license in Canada: They have one and half elective credits, six mandatory credits and a 160 hours practicum. Of the mandatory requirements, they must complete two public health courses, a seminar course on social, political and scientific issues in family medicine, a research course and a system leadership course. The practicum allows the student to apply their learnings to real work projects. "One student is working with Public Health Ontario. Another is doing a research study which has materialized into job," says Dr. Julia Alleyne, DFCM's Associate Program Director of Graduate Studies and Academic Fellowships and the pilot's lead administrator.

"The third is doing systematic literature reviews for a publication and another is developing an app to address mental health conditions. It's great because these opportunities force them to reach out and network in our health care system."

Administrators monitored how students fared in the classroom, with assignments, their grades and how well they integrated with Canadian culture.

"The initial findings are very good. Students do as well, and some better, than our students with a clinical license," says Dr. Alleyne. "They appear to be grasping all the health care assignments and they can converse on health care issues."

Amiri's hard work paid off as well. Along with gaining new skills in teaching and academic medicine, she has been offered a permanent job at Sick Kids as a research associate. The ability to prove her skills by completing a Canadian master's degree has helped her secure this role, a seamless transition from her volunteer work to paid work where she says she can puts her skills into practice.

"I'm really grateful for this opportunity and taking it on. I only have good things to say about it," says Amiri. "And I get an opportunity to work in an area that I'm passionate about which is pediatrics."

Physicians Services Incorporated Foundation Awards Grant to Researchers for Novel Ethics Curriculum

Drs. Carrie Bernard and Mahan Kulasegaram received \$79,500 from the Physicians Services Incorporated (PSI) Foundation for their upcoming project: The development of a novel ethics curriculum pilot at the University of Toronto Department of Family and Community Medicine (DFCM).

"The PSI Foundation typically funds a wide range of projects but to get a grant of this nature is quite rare. It is one of the few grants to be given for research in education," says Dr. Bernard. "This grant will help us connect practice, research and theory together. We hope to develop an ethics curriculum based on sound scholarship."

PSI Foundation's mission is to improve the "health of Ontario" by funding programs that educate practicing physicians and advance health research. The project, titled From Classroom to Clinic: Assessing a Novel Integrated Curriculum to Teach Ethical Decision Making for Future Physicians, is a mixed-methods study which will evaluate the efficacy and utility of a new ethics curriculum for postgraduate family medicine trainees at DFCM.

The new ethics curriculum has several objectives. It will compare the new pilot curriculum with the traditional methods of teaching ethics. Based on the emerging field of learning sciences, it will aim to integrate classroom teaching with clinical experience. This new curriculum will instill knowledge to better prepare doctors to apply ethical principles when seeing patients in clinical settings. To do so, teaching faculty will work closely with the study team, bioethicists as well as master teachers to apply insights from research in psychology and education to the teaching of ethics.

The study will then examine the curriculum's impact across multiple settings and teaching sites at DFCM. Researchers anticipate that this new approach will highlight the best principles for teaching ethics and the impact of this approach on how residents make decisions.

"Initially, a group of educators and ethicists got together to review how educators across the world were teaching medical learners about ethics," says Bernard. "We were joined by Dr. Kulasegaram who had a great deal to offer about new ways of teaching ethics."

The project began many years ago as DFCM, under the former Chair Dr. Lynn Wilson, sought to collaborate with the Central Community Care Access Centre (CCAC), the Joint Centre for Bioethics, and the Local Health Integration Network (LHIN). The discussion was centered squarely on developing a curriculum that would increase the capacity of ethical deliberation in primary care.

"At the heart of our curriculum is the idea that ethics is not about facts and terminology but changing the way you think about decision making," says Dr. Kulasegaram. "Ethics is often taught in an abstract way, separated from the clinical realities trainees face. Our goal was twofold: Teaching basic ethics well and exposing to the trainees how ethical judgement connects to their daily practice in clinical settings."

Both researchers acknowledge that while the curriculum was developed by a team comprised of various DFCM researchers and educators who worked together cohesively, Dr. Risa Freeman, Vice-Chair of Education at DFCM, was largely responsible for giving the curriculum its rigour.

"Dr. Freeman was the one who advised us about finding the right people for the research team. She also provided guidance on how to create a curriculum that was evidence-based. It took three years to get to this point because we adhered to a rigorous scholarly method on which to build our curriculum. Dr. Freeman wanted us to look at best practice and evidence in building the curriculum which would then be piloted and evaluated at DFCM sites. She helped us to see that medical education can and should be evidence-based and evidence-informed."

To deliver the curriculum, the team has adopted a "train the trainer" model. A cadre of dedicated DFCM teaching faculty have volunteered to teach the material and they are supported by bioethics experts and the research team.

The first session designed to support local faculty teachers was delivered in September 2017 and the curriculum will continue to be rolled out for the next two years at five different sites.

GRANT TEAM:

Co-PIs: Carrie Bernard and Mahan Kulasegaram
 Co-investigators: Risa Freeman, Eva Knifed, Betty Onyura
 Collaborators: Nadia Incardona, Connie Williams, Erika Abner, Frank Wagner



Advancing Family Medicine Globally Through Quality and Innovation

The Department of Family and Community Medicine's (DFCM) Quality and Innovation team hosted its first international conference on improving quality in primary care in April of 2017, bringing together world-leading experts in Toronto. Organizers say it is now time to start talking about quality improvement and moving it forward globally.

"Primary health care quality improvement is still a nascent field. In Canada, specifically, we are still very naïve about how we go about improving primary health care in our immediate practice environments," says Dr. Philip Ellison, Vice-Chair in Quality and Innovation and Fidani Chair, Improvement and Innovation.

"There are no systemic financial incentives to improve quality in health care. In most businesses, when you improve quality, you will grow your business and reduce cost whereas in health care, because a lot of the funding is based on volume or block funding agreements, there are not these same sorts of marketbased incentives."

Quality improvement in health care raised its profile in 1999-2000 through two American reports from the Institute of Medicine (IOM) which raised the alarm on the crippling state of safety and quality in hospitals. The publications titled "To Err Is Human: Building a Safer Health System" and "Crossing the Quality Chasm: A New Health System for the 21st Century" shed light on harsh realities of the American health care system. Patients were dying because of health care. Some were dying because of illnesses contracted in hospital, medication complications or surgical errors, for example. The often quoted analogy of the mortality rate due to adverse events in American hospitals was like 'a full 747 airplane crashing and killing everyone on board every 36 hours, for a year'.

In Canada, work led by Ross Baker, Peter Norton and others documented a high rate of adverse events in Canadian hospitals as well in the report "The Canadian Adverse Events Study: the incidence of adverse events among hospital patients in Canada".

In the second of the two IOM's publications "Crossing the Quality Chasm", a framework for quality improvement was recommended with six major parameters: Patientcenteredness, equity, efficiency, effectiveness, timeliness of care (accessibility) and safety.

The health care community in Ontario has been responding. When establishing family medicine health teams, they also built in a focus on quality improvement through the establishment of the Quality Improvement and Innovation Partnership (QIIP) to facilitate the development and implementation of strategies to improve primary health care.

The Manager of the Quality and Innovation Improvement Program at DFCM Trish O'Brien was Director at QIIP at the time of this initiative. QIIP was one of several organizations with a focus on health care quality that was subsequently consolidated into the present Health Quality Ontario.

Quality improvement in primary health care is a growing process in many health care systems throughout the world, and Dr. Ellison thinks the process could be accelerated by bringing the community together. He believes that through this conference, the time is right to look at the quality improvement from all types of international health care systems and find learning opportunities.

The conference brought together a group of global thought leaders in primary health care quality to share their experiences from their practice environment and commit to advancing family medicine and primary health care through future annual meetings. Next year's conference will be open to all.

"We are building a movement. In future meetings, we would like to see a shared commitment to advancing this movement through the development of multiple conference themes reflecting the multiple avenues being taken to advance our disciplines through health care improvement. The timing is right to move this forward."







Evaluating Antipsychotic Medicine Prescribing in Nursing Homes

In 2014, a report by the Toronto Star pushed government administrators to revisit prescribing antipsychotic medication in nursing homes, a type of medication that holds sedative-like properties and is used as a type of chemical restraint on residents with behavioural disturbances.

In response, the Ontario Ministry of Health and Long-Term Care, in partnership with the Ontario Medical Association (OMA), Health Quality Ontario and the Centre for Effective Practice, created an intervention program to prevent future inappropriate prescribing of antipsychotic medications in nursing homes. The intervention used interactive and tailored teaching approaches that encouraged physicians, nurses, and nursing home staff to find alternatives to prescribing antipsychotics. The hope was that the project would also become an example of how health quality improvement programs could be assessed and analyzed in future.

"We decided together that there was a need for a quality improvement intervention directed both at the system and the clinician levels," said Dr. Noah Ivers, an Assistant Professor at the Department of Family and Community Medicine and Innovation Fellow at the Women's College Hospital Institute for Health System Solutions and Virtual Care.

Dr. Ivers, who was invited to be the research lead due to his interest in implementation science and health quality initiatives, worked alongside policymakers to evaluate the project using a variety of methods.

Through semi-structured interviews with staff in 40 randomly-selected nursing homes, the team investigated the results of the intervention and explored how different factors within the nursing homes, such as teamwork and communication, played a role in safe prescribing. The team also used administrative data to examine the overall impact of the intervention on antipsychotic prescribing.

In the team's report on the intervention, participants expressed how different factors affected and influenced prescribing patterns inside the nursing homes. For instance, they spoke about the benefit of having engaged leaders in the homes who were committed to improving quality and how this drove changes in prescribing practice by facilitating engagement and uptake of the intervention.

One nursing home administrator who was interviewed said that the intervention created a surge in motivation to invest in change: "I started looking at the research and then the evidence-based practice guidelines and I said, well, we have a serious (antipsychotic prescribing) problem... (and so) we started an initiative immediately without anybody saying that we had to."

While results from the report showed no significant differences observed in antipsychotic medicine prescribing at the interim checkpoint, the qualitative analysis brought forth great promise. Participants expressed that they were pleased with the positive effects of implementing the intervention, which included better documentation processes, the introduction of a common language around prescribing, the increased use of non-pharmacological approaches, and more collaborative practices within the home.

"Before the program, physicians were not that cautious about writing their reasons for prescribing the medications directly on their orders," says Ivers. "Now, they have started communicating with colleagues about why medications are called for so they know exactly why it's being used."

Dr. Ivers highlights how small changes like these can improve care – even if it's not readily captured in the crude quantitative analyses and administrative databases. More importantly, the results offer insights into future health system improvement initiatives and demonstrate how embedded research can support evidence-based health policy decisions.

"We need to partner with health system decision makers and health service organizations to evaluate large-scale implementations in the real world," says Ivers. "And we need to see not just whether it works, but rather why and how so that we can work with those partners in the future to optimize these quality improvement initiatives. That's how we build a learning health system."

As the team finalizes the upcoming analysis and presents the findings of the full study to the Ministry and the OMA, Dr. Ivers hopes that this project will set an example for why studying the effects of health care quality improvement initiatives is needed to both inform future research in the field and ultimately improve the lives of patients.

Working with the World Health Organization to promote Family Medicine and Primary Care around the World

For over two decades, the Department of Family and Community Medicine (DFCM) has collaborated with international partners to strengthen family medicine and primary care around the world. In sharing our expertise in education, research and advocacy we have contributed to and learned from countless collaborations.

Keen to build on our rich international experience, Dr. Katherine Rouleau, DFCM Vice-Chair of Global Health and Social Accountability, has been working with the World Health Organization to contribute to the primary health care renewal heralded by the 40th anniversary of the Declaration of Alma Ata. This declaration was made by the World Health Organization (WHO) in 1978 and identified primary health care as the key to the attainment of the goal of Health for All. DFCM looks forward to celebrating the anniversary in the fall of 2018.

Addressing Gaps in Care for Indigenous Communities

Addressing the health needs of Indigenous communities both at home – one out of five Indigenous peoples in the province live in Toronto – and across Ontario continues to be a priority for the Department of Family and Community Medicine (DFCM).

Overall, the department has settled on two overarching initial goals: creating a culturally safe environment within DFCM and supporting the development of Indigenous leadership within our department. Formal acknowledgement of the traditional owners of the land and waters where we hold our departmental meetings has also been instituted.

Our faculty members are working to define our role as an academic department in improving Indigenous health across Canada and so far, we have made initial steps with support from faculty members including Dr. Janet Smylie. Dr. Smylie, a family physician and researcher at St. Michael's, has focused her career on addressing inequities in the health of Indigenous peoples in Canada by bridging gaps in health knowledge and practice. This work includes developing a highly productive Indigenous health research unit - the Well Living House - which is uniquely co-governed by a counsel of Indigenous grandparents and St Michael's Hospital.

Dr. Katherine Rouleau, DFCM's Vice-Chair for Global Health and Social Accountability, has also been meeting with members of Indigenous communities to identify mechanisms by which we can provide opportunities for faculty and learners to enhance their knowledge and understanding.

Some faculty members have completed the Indigenous Cultural Safety (ICS) program offered by Southwest Ontario Aboriginal Health Access Centre (SOAHAC) over the past year. It is a foundational course that provides health professionals with the opportunity to examine ways in which our own culture, education and history have shaped our health practice, especially regarding stereotypes that affect Indigenous experiences in the health system. The training also reiterates the present-day realities of colonization that shape Indigenous health and wellness.

This year, Dr. Angela Mashford-Pringle, from the Waakebiness-Bryce Institute for Indigenous Health, led a session on the History of Indigenous Peoples in Canada at the Global Health, Equity and Primary Care course. The session included the Kairos Indigenous Blanket Exercise. Dr. Michael Anderson, a surgeon from the Mohawk nation and current Ph.D. candidate, also delivered a session focused on Death, Dying and Palliative Care among Indigenous Peoples.

A workshop focused on Indigenous health was also held at the 2018 DFCM Conference Day which included discussion of the historical and political underpinnings of the current health outcomes in many Indigenous communities. Attendees have reported that the session confirmed their desire to enhance their knowledge and understanding of Indigenous health.

While there is still much more we can and will do, DFCM's faculty, residents, students, staff and partners are doing important and impactful work toward improving the health outcomes for this nation's Indigenous communities, in both urban and rural and remote locations.

Dr. Kenneth Yakubu from Nigeria shares his experiences in the Toronto International Program to Strengthen Family Medicine and Primary Care



This year's Toronto International Program ran from April 23rd – May 4th 2018. The program addressed the foundations of effective and quality family medicine and primary care through interactive, learner-centred didactic sessions, group discussions, site visits, and clinical observerships. Participants included seven family doctors (two Ethiopian, three Japanese family physicians, one Kuwaiti and one Syrian) and one primary care clinical manager from Georgia. Below participant, Dr. Kenneth Yakuba from Nigeria, reflects on his experiences in the program. My attraction to family medicine started during my time as a medical intern in Nigeria. I came to appreciate the family doctor as a "Super-doc". One able to solve multiple health problems, and one with vast knowledge. I would often daydream about how valuable I could be to my future patients; so I enrolled in the residency training as soon as I got the chance to do so.

I had high expectations and a lot of pleasant learning experiences during my time as a trainee. I also had my challenges and foremost was reconciling the principles of family medicine with the reality of the practice I had come to know. I was told that my training made me different from the general practitioner who had no postgraduate family medicine residency training; it made me more patient-centred and evidence-based in my approach to undifferentiated care. I thought so too and can identify with these; but, I was not entirely convinced and I kept asking myself if I was really different. As a trainee, I also struggled with long patient queues and with a focus on quantity of health services, rather than adding value to the patient-encounter.

I wanted more, more than just ensuring I had seen all the patients on the waiting line, more than the "practice silos" of vertical care. I wanted mentorship. I wanted someone to show me that family medicine values were real, not a figment of my imagination. I sought my definitions of a career in primary care/family medicine and even though I eventually finished the residency training and got a job as a family medicine specialist/lecturer, I knew I was still searching for an alternate experience.

In 2015, I heard about the Toronto International Program to Strengthen Family Medicine (TIPs-FM) through AfriWon Renaissance (the WONCA Africa Young Doctor Movement). While AfriWon offered me a platform for interaction with a valuable virtual community of young family doctors in Africa, "While I knew the health/education system in my country had more than its fair share of challenges, the TIPs faculty gave me so much hope. They were honest about their humble beginnings and though they had achieved a lot of success, they did not hide their concerns for the poor health indices among the First-Nations people in Canada and the high cost of pharmaceuticals throughout Canada. This honesty inspired me to go on creating my own experience back at home. That is what TIPs-FM offered, enabling me as an agent of change."

I thought TIPs-FM was just what I needed to expand my experience of what family practice ought to be and see how it was practiced in Canada and elsewhere.

When I eventually got to Toronto in 2016, my first impression was that the entire world lived in this city. I was much more surprised at the hospitality I received. As an African, I did not think I would experience so much warmth and respect in a western country.

As the programme started, I got to see a different value system, a different approach to public health. I thought it was peoplecentered and for the first time in my career, I could see a functional public health care system with family medicine at its core. I enjoyed the collegiality shared as I saw family health teams working together to serve their communities. This is one experience that I enjoyed most, seeing people who enjoyed working with each other, who knew about task sharing/shifting and were competency-driven.

I saw first-hand, a commitment to equity and social accountability. I thought the didactic sessions offered me the scholarly environment and focused on mentorship that I yearned for; but much more, I loved that participants were respected and encouraged to have a self-directed approach to learning.

While I knew the health/education system in my country had more than its fair share of challenges, the TIPs faculty gave me so much hope. They were honest about their humble beginnings and though they had achieved a lot of success, they did not hide their concerns for the poor health indices among the First-Nations people in Canada and the high cost of pharmaceuticals throughout Canada. This honesty inspired me to go on creating my own experience back at home. That is what TIPs-FM offered, enabling me as an agent of change. I got to attend TIPs-FM for the second time in 2017; this time as faculty. My observations from 2016 did not change. Rather, I became even more consumed with the desire for change. In my work setting, I have seen more of the top-bottom approach to change management but being a part of the TIPs-FM community has convinced me of the value of the "middle-out" and the "bottom-up" approach to change leadership.

Now back home, I have fallen more in love with the idea of primary care and generalism. I am convinced that family medicine has its own value system, theoretical domain and approach to practice. I love the team approach to care and actively seek interaction with other health professionals (medical and non-medical).

I am committed to mentorship and hope to promote value in the learning experience of my trainees. I am learning to be respectful and treat everyone with the same kindness I experienced during my two TIPs-FM events, looking for more collaboration among people with similar interests in my country. I am grateful for the opportunity to experience something different and hope this translates to real change in the way family medicine is practised in my country.

Written by Dr. Kenneth Yakubu

Q&AS with Rising Stars in our Faculty

The Department of Family and Community Medicine's (DFCM) faculty, residents and staff includes an incredible number of leaders who are making positive changes not only within our department and at the University of Toronto, but also in health care organizations, non-profits, research centres, government, industry and other institutions across the world. They are advocates and change-makers who work every day to transform the health care system and find new ways to deliver care for patients in the communities we serve.

DFCM encourages all of our faculty members, residents and staff to take on leadership roles when opportunities arise. There are many opportunities within our department to gain the skills necessary to grow in their careers and attain leadership skills, including those offered through our Faculty Development program, which prepares and supports faculty in achieving their full potential as educators, researchers and leaders. The program offers courses such as Basics for New Faculty, Leadership Basics and wellness and resilience workshops. Below three faculty members who are making waves in our Department answer questions about their work and provide advice to others who want to augment their career path.



Dr. Jeff Kwong

Dr. Jeff Kwong is a Senior Scientist at the Institute for Clinical Evaluative Sciences (ICES), a Scientist at Public Health Ontario, a family physician at the Toronto Western Family Health Team, and an Associate Professor in the Department of Family and Community Medicine and the Dalla Lana School of Public Health at the University of Toronto. Key research interests include infectious diseases epidemiology and health services research using linkable data, influenza vaccine and vaccination program evaluation, and assessing the health and economic burden of infectious diseases.

What do you see as the big problems in terms of controlling influenza?

Influenza has been very challenging to control. Even though influenza vaccines have existed for decades, we face outbreaks every year. One major reason for this is that many people don't get vaccinated, and that is because they think that either influenza is no big deal, influenza vaccines don't work, or influenza vaccines are not safe.

What do you think would help address this?

One thing that we can do as researchers is generate better evidence to support decision-making about influenza vaccines. Many studies have demonstrated that influenza causes a substantial burden of disease, both in terms of frequent mild illnesses and also less frequent but more severe complications, such as hospitalizations and deaths. We also have pretty good evidence that influenza vaccines are effective for preventing infections caused by influenza viruses.

What we don't have a whole lot of evidence for is how well influenza vaccines work for preventing serious complications of influenza, especially in high-risk groups such as older adults, young children, people with chronic medical conditions, and pregnant women. One of my main research interests has been to fill this knowledge gap, and we have been working on a series of studies to show that influenza vaccines prevent complications of influenza in various high-risk populations. We have completed studies looking at the effectiveness of influenza vaccines in preventing laboratoryconfirmed influenza hospitalizations in young children and pregnant women, and we are currently working on studies looking at other high-risk groups.

What advice do you have for young physicians interested in taking on more leadership positions and/or getting involved in research?

My advice to young physicians interested in getting involved in research is to pursue your passion and to "just do it". In my opinion, the only way that one can learn about research is by doing it. But it's critically important to find a topic that is of great interest, because a lot of research demands a large amount of perseverance. Getting the appropriate training and adequate mentorship are also key elements to success as a researcher – just like it takes a village to raise a child, I think it takes a solid research environment (like the University of Toronto) to develop a good researcher. So if you have an unrelenting desire to answer questions and seek new knowledge (i.e., you think you want to pursue a career as a researcher), then don't be afraid to get the necessary training and to seek out strong mentors.



Dr. Aisha Lofters

Dr. Aisha Lofters is an Assistant Professor and Clinician Scientist in the Department of Family and Community Medicine. She is also a family physician with the St. Michael's Hospital Academic Family Health Team, and scientist with the Li Ka Shing Knowledge Institute of St. Michael's Hospital, and an Adjunct Scientist at the Institute for Clinical Evaluative Sciences. She currently holds a Canadian Institutes of Health Research (CIHR) New Investigator Award. Her research interests include cancer screening, immigrant health and health equity, using a broad range of methods.

What do you see as the big problems facing family medicine?

I think that a big problem facing family medicine is that individual physicians are often trying their best to provide evidence-based and high-quality care, but in doing so, we're often trying to work around system issues that need to be addressed but aren't.

What do you think would help address this?

That's part of why I find research so appealing, because you're able to explore those system-level and population-level issues. Some of my current research is looking at the BETTER approach (originally envisioned by Drs. Eva Grunfeld, Giblon Professor and Vice-Chair, Research and Advocacy at the Department of Family and Community Medicine and Donna Manca, Director of Research in the Department of Family Medicine at the University of Alberta) which has a non-MD health professional working with patients on prevention. Some of my research at St. Michael's with Dr. Tara Kiran is looking at outreach to patients overdue for cancer screening via

telephone calls, letters and we're also piloting group education sessions.

What advice do you have for young physicians interested in taking on more leadership positions or getting involved in research?

Find a great mentor! I've been mentored by Drs. Rick Glazier and Eva Grunfeld, and they've both played pivotal roles in helping me get my career to the point that it is at now. Research and leadership always involve collaborating and working with others. Find people that you can learn from and who you enjoy working with.



Dr. David Kaplan

Dr. David Kaplan is the Provincial Primary Care Quality Lead at Health Quality Ontario, an Associate Professor at the Department of Family and Community Medicine and a family physician at North York General Hospital. Prior to his medical training at the University of Toronto, he completed his graduate training at the Institute of Health Policy, Management and Evaluation and the Joint Centre for Bioethics in the Faculty of Medicine at the University of Toronto. He has held regional primary care leadership roles in the Central Local Health Integration Network (LIHN), both as Primary Care Physician LHIN Lead and Primary Care Lead for Diabetes and Chronic Disease Management and Prevention.

What do you see as the big problems facing family medicine?

As I see it, the biggest problem facing family medicine, and the system in general, is one of complexity. In the past, we have treated patients and organized medicine by disease or by system. As family physicians, we know that Mrs. Jones is not a "diabetic patient in room 2 with unstable angina" but rather she is a retired civil engineer who has been coping with diabetes over the last 5 years and now having increasing anxiety over the declining health of her husband. We need leaders who can help reorganize the system and care in a practical, patient centred way that deals with complexity head-on. Not an easy task!

What do you think would help address this?

Physicians need data to help guide their care and facilitate practice improvement. Historically, we have received patient-level and practice-level reports from a variety of sources. Over the last year, leaders from across the system in Ontario have worked hard to begin streamlining these reports. More focused measurement and support could help improve the work life of family physicians, nurse practitioners and other primary care clinicians, while catalyzing improvement in primary care. Getting actionable data will help us look after our panel of patients more effectively.

What advice do you have for young physicians interested in taking on more leadership positions?

To quote Daniel Burnham, the architect of my favourite building in New York City, the Flat Iron Building: "Make no little plans; they have no magic to stir men's blood and probably themselves will not be realized. Make big plans; aim high in hope and work..."

Emerging leaders need to enter their positions without trepidation. We need new passionate leaders who will contribute to a bold vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

Spotlight on a Trainee: DFCM Resident is Moving Up the Ranks as New Chief Resident at Trillium Health Partners



Family medicine has been the perfect fit for Damji because of his passion for advocacy and working with vulnerable populations. While handling a patient through his rotation as a medical student, and witnessing the lack of systematic support to vulnerable communities, he was confident that family medicine was the right path for him.

As of July 2018, Ali Damji, a resident at the Department of Family and Community Medicine is the new Chief Resident at Trillium Health Partners.

Although a big role, Damji is not new to responsibilities and leadership positions.

"Being involved with the medical politics was a large part of my medical school experience and it is very much something I want to continue at the DFCM," he said.

In the past, Damji was part of the Head of Ontario Medical Students' Association, involved with the Ontario Medicine Association, the Canadian Medical Association and the Canadian Federation of Medical Students. Damji is also a representative of the Family Resident Association of Toronto (FRAT), an organizational council that serves as a link between administrative staff, program directors and residents.

Family medicine has been the perfect fit for Damji because of his passion for advocacy and working with vulnerable populations. While handling a patient through his rotation as a medical student, and witnessing the lack of systematic support to vulnerable communities, he was confident that family medicine was the right path for him.

"This had a large impact on me as a medical student interested in health care systems and advocacy, and seeing this play out in front of me, I saw it as an opportunity to make a huge difference in the medical community."

And, since then, he is making his mark. During his time at FRAT, he contributed to several initiatives that would help residents further their careers, one of which will see the light in the coming year.

"One of the strategies FRAT put forward is having core days early in July dedicated to introducing the residents to the DFCM but also to players involved in our education who we don't usually have the chance to meet."

As the new Chief Resident, Damji wants to ensure that residents are well aware of developments at the College of Family Physicians of Canada (CFPC) as well as the Professional Association of Residents of Ontario (PARO). As someone who had gained insights into these organizations, he hopes to serve residents in a meaningful way.

"I will represent the residents and relay any of their concerns to the program leadership. I will also represent them to the family health team that we are based at by attending curriculum meetings, meetings related to the operations and making sure that the residents' perspectives are present."

In the future, Damji sees himself practising comprehensive family medicine in different settings while getting exposure to different kinds of environments. He also sees himself becoming a vocal health advocate like his mentors Drs. Darren Larson, Joshua Tapper, and Danielle Martin. As a student completing the Master of Sciences in System Leadership and Innovation at the Institute of Health Policy Management and Evaluation, they motivate him by demonstrating how much good one can do as a family physician.

"To be an effective clinician and to act on issues surrounding vulnerable populations, one is required to be aware of the broader system and the inequities that exist in the medical community."

Multimodal Learning in Emergency Medicine through Podcasts

What are the key time-sensitive treatments for lifethreatening hyperkalemia? Leading experts have the answer on EM Cases, an educational podcast which covers "all that is" emergency medicine.

The founder and host of EM Cases, Dr. Anton Helman is an Emergency Physician at the North York General Hospital and Assistant Professor at the University of Toronto's Department of Family and Community Medicine. He and his highly-driven team have been producing content and releasing episodes on a bi-weekly basis for the last eight years.

"There was only one medicine podcast at the time called EMRAP that I was aware of in 2009. I listened to EMRAP religiously and I loved the idea that I could learn while commuting or going for a run. That's when I started EM Cases," says Dr. Helman about the early origins of the podcast.

More than 100 guest experts have joined Dr. Helman in casebased discussions on best practices in emergency medicine. The platform has an incredible following with more than 6 million downloads since its launch in 2010. In the past year alone, it acquired 289,000 users and 779,000 page views. It is one of the most popular medical podcasts in its realm and the most listened to emergency podcast in Canada.

"Emergency medicine is very well suited for podcasts because the topic selection and breadth you can cover is endless. It can be about any patient with any medical problem. I think podcasts are well suited for medical specialities that are rapidly expanding."

One of the most popular topics covered by EM Cases includes "Emergency Management of Hyperkalemia" which has been downloaded about 57,000 times. Another topic that is greatly discussed is "the ED use of IV iron as an alternative to blood transfusions for anemic patients" as it introduced a cutting-edge strategy previously unknown to the realm of emergency medicine.

In earlier days, podcasts would be recorded and published on the EM Cases website with a written summary. The offerings have evolved and diversified since then. Now, emergency medicine experts and the public-at-large have access to the podcast for free.

"EM Cases is a lot more than just podcasts now. We've got videos, quizzes, show notes, blogs and the annual EM Cases Course where participants get a chance to discuss cases and issues with the guest experts from the podcasts, in person. We sold out our 3rd annual EM Cases Course this past February."

Although the initial response from students and staff were mixed, the idea that podcasts have educational value is generally accepted today. Dr. Helman stresses though, that to excel in emergency medicine, students need to actively read the standard textbooks, attend lectures and comply with any other traditional methods of education.

"I see podcasts, blogs and videos as an adjunct to traditional methods of learning," he says. "The idea that spaced repetition multimodal learning of all these modalities, whether they are traditional or innovative, is what helps people retain knowledge."

According to Dr. Helman, podcasts can be useful for any specialty of medicine that is rapidly expanding. The road to success will not be easy.

"Part of being able to get any type of educational endeavour across to an audience is through consistently producing and persevering," says Dr. Helman. "Also being engaged in the amazingly energetic FOAM community, having a presence on social media, collaborating with other organizations like TREKK – "Translating Emergency Knowledge for Kids", and promoting at conferences. I've been very lucky to have financial and consulting support from The Schwartz-Reismann Emergency Medicine Institute (SREMI) a non-profit institute whose mission is to improve emergency medicine education and research in Canada. All of these contributing factors have led to our success."

An Online Community Space for Palliative Care Experts Forges New Connections

What are the latest trends in palliative care? How can palliative care experts apply quality improvement within their practice? How succinctly can palliative care specialists explain their stance on advance care planning?

These are some of the many questions swirling through the Division of Palliative Care online community space for faculty members at the Department of Family and Community Medicine (DFCM).

The community space began after a needs assessment found that division faculty expressed a strong desire for a sense of community among its members. There was also an expressed interest for a forum to exchange ideas and content relevant to palliative care specialists.

"There is an academic palliative care team at each of the 14 DFCM teaching hospitals," says Dr. Jeff Myers, Head of the Division of Palliative Care (DPC) at DFCM. "They vary substantially in size and composition, but we wanted to create opportunities to build connections between all of them. One of the ways to do that is virtually."

Using a virtual platform developed by the Canadian Partnership Against Cancer, the online space includes a repository for documents where members can read and download materials others have shared, including teaching modules, and a practice-oriented discussion forum where faculty members ask for advice and share perspectives.

"We use our online space for discussions, to seek input and to share content and ideas," says Dr. Myers. "For example, if a discussion occurring during a Grand Rounds presentation is quite lively, we continue it on the community space and pick up some threads there."

Traffic to the virtual space continues to rise as the team ensures that the content remains relevant to members' practice. A recent focus to get members acquainted with quality improvement has proven highly successful. Following a training program hosted by Trish O'Brien and Dr. Philip Ellison of the Quality and Innovation team at DFCM, the DPC sought to maintain the learning momentum by using the community space to share scholarly articles on quality improvement.

In fact, along with several offline initiatives, Susan Blacker, the DPC's quality co-lead, has used this virtual hub for sharing articles and resources that might be well suited to supporting teams' quality improvement work.

"I try to pick articles reflecting timely topics and quality-related themes that would lend themselves to reading and discussion at team-based journal clubs," says Susan Blacker. "We have received great feedback. Faculty members are also routinely alerted to upcoming quality improvement training sessions as well as conferences that might be interesting opportunities for presenting their work beyond our immediate division."

The online space has been particularly useful for conversations centred around topics such as advance care planning and consent, as well as the sensitive topic of medical assistance in dying (MAID) – a particularly charged subject for palliative care clinicians. Respectful discussion on the community space, however, allowed a consensus to be reached on a DPC position statement on MAID. On all sensitive and emerging topics, members can share resources as they evolve, discuss how it applies academically to their teaching practices, and share webinars and seminar dates. Although the conversation has only just begun, a healthy list of resources on these topics – particularly advance care planning – already exists.

Dr. Myers says that he's most excited about a new section in the community space that will address faculty and learner development and implementing competency-based education, an area where faculty communicated a need for greater guidance.

"Over the next couple of months, we are rolling out a suite of materials on assessing learners, including giving and receiving feedback, to develop a community of practice among teachers and learners," says. Dr. Myers.

Myers hopes that the community space will be an added tool to their learning.

"We use a new term we've coined 'faculty and learner development' to replace 'faculty development' because we recognize the critical importance of faculty and learners working together on implementation," says Dr. Myers. "In the same way that patients and families are now often integrated into committees and projects, our learners are integrated into all aspects of planning for competency-based education."

As it continues to grow, Dr. Myers hopes that the palliative care community space will further strengthen the sense of community among faculty members and facilitate individuals feeling more confident in their role as academic palliative care clinicians.

Accreditation of Physician Assistant Program a Highlight of a Productive Year

The Department of Family and Community Medicine (DFCM) oversees the largest Physician Assistant education program in Canada. Led by Dr. Maureen Gottesman and her team, the Bachelor of Science Physician Assistant (BScPA) is a full-time professional, second-entry undergraduate degree program that is delivered in collaboration with Northern Ontario School of Medicine (NOSM) and the Michener Institute of Education at the University Health Network. The three institutions have formed the Consortium of PA Education (Consortium) to collaboratively contribute in the administration and delivery of the U of T degree.

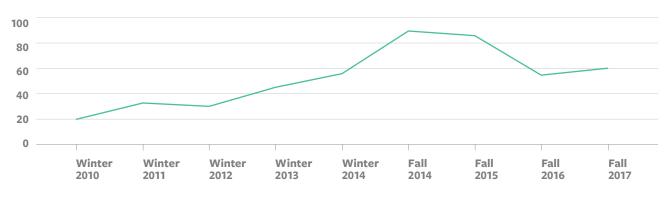
Over the past year, the program has received positive appraisals. The BScPA Program was accorded a Canadian Medical Association sixyear accreditation status in December 2017. The maintenance of this six-year status is recognized by the Physician Certification Council of Canada (PACCC). In 2018, the program also underwent its external review meetings for the University of Toronto Quality Assurance Process (UTQAP). Program staff, faculty, senior leaders, students and alumni participated in interviews with the reviewers, as did some employers of alumni. A preliminary, positive report has been received from the reviewers.

The BScPA Program hosted its inaugural Program Award Ceremony at convocation in November 2017. A total of five awards were presented: the Rising Star Award; PA Role Model Award; Excellence in Teaching Award; Academic Achievement Award; and Student of the Year Award. The wellreceived ceremony was held immediately prior to convocation. Nominations have already been cast for next year.

ENTRY	JAN 2010	JAN 2011	JAN 2012	JAN 2013	JAN 2014	SEPT 2014	SEPT 2015	SEPT 2016	SEPT 2017
APPLICANTS	160	152	236	215	259	244	413	388	515
ADMITTED	24	14	21	30	30	34	29	30	30
GRADUATES	17	11	16	27	26	29	26	30*	

*this is pending completion

PHYSICIAN ASSISTANT PROGRAM ENROLMENT



Our Supporters

Thank you to our generous supporters who have made a donation to provide funding for excellence in research and education in the Department of Family and Community Medicine this year (May 1, 2017–April 30, 2018).

Deborah Adie Boyd Afsaneh Afkari Caroline Baines Cornelia Baines Richard H. Binder Blackwood Miller Ltd Anthony J. Caradonna Frederick D. Cass Bruria Cooperman Malcolm Coven Anthony D'Angelo Sandra Diamant-Ross Jennifer Drouillard Duce Richard Ehrlich Tamar Ehrlich Teresa Farmer Murray Finkelstein Roni Flanderes J. J. Goldenberg Eran B. Hayeems Paula E. Kezwer Michele Korman Celia Louthood

Nicole D. Martin Geoffrey Milder Chris Mullin Neil A. Ornstein Reginald L. Perkin Sandy Posluns Sharon C. Reine Richard N. Rodney Walter W. Rosser Katherine Rouleau Lovelle San Gabriel Brian I. Schwartz King-fun Siu Don J. Stewart David F. Teitel Jerome M. Teitel Diana Thomson Morris Waintraub David White Yvette Yip The Youssef-Warren Foundation

Chairs and Professorships

Chairs and Professorships established through the University are among the highest honours that can be bestowed upon a faculty member. Through the visionary investment of our generous supporters the following faculty have continued to advance their important work in 2017–18:

Fidani Chair in Quality Improvement and Innovation, held by Dr. Phil Ellison

Dr. Barnett & Beverley Giblon Professorship in Family Medicine Research, held by Dr. Eva Grunfeld

W. Gifford-Jones Professorship in Pain Control and Palliative Care, held by Dr. Jeff Myers

Hospital-based University Chairs:

Mount Sinai Hospital – Sydney G Frankfort Chair in Family Medicine, held by Dr. June Carroll

North York General Hospital: Gordon F. Cheesbrough Research Chair in Family and Community Medicine, held by Dr. Michelle Griever

Women's College Hospital: Frigon-Blau Chair in Family Medicine Research, held by Dr. Onil Bhattacharyya

Faculty and Trainee Awards

Philanthropic awards provide trainees and faculty with knowledge, experience and skills needed to become leaders and innovators in an increasingly complex global health care landscape. This year, the following individuals were successful award recipients:

Cass Family Grants for Catalyzing Access and Change-awarded to Dr. Lindsay Baker and Dr. Alan Li

Larry Librach Award for Excellence in Palliative Care Scholarship-awarded to Dr. Christine Lau and Dr. Ginah Kim

Sam Leitenberg Award for the Humanitarian Practice of Family and Community Medicine-awarded to Dr. Christopher William Blake

Awards and Recognition

DFCM AWARDS OF EXCELLENCE

Academic Family Physician of the Year

Dr. Danielle Martin Women's College Hospital

Excellence in Education Scholarship

New Investigator Fully Affiliated

Kulamakan (Mahan) Kulasegaram University Health Network Toronto General Hospital

Excellence in Education Scholarship

Senior Investigator Fully Affiliated

Dr. Nicole Woods University Health Network Toronto General Hospital

Excellence in Course/ Program Development Fully Affiliated

Dr. Giovanna Sirianni Sunnybrook Health Sciences Centre Palliative Care

Excellence in Course/ Program Development Community Affiliated

Dr. Justin Morgenstern Markham Stouffville Hospital Emergency Medicine

Excellence in Creative Professional Activity Fully Affiliated

Dr. Karen Fleming Sunnybrook Health Sciences Centre

Excellence in Development and Use of Innovative Instructional Methods Community Affiliated

Dr. Anton Helman North York General Hospital Emergency Medicine

Excellence in Leadership

Fully Affiliated Site

Dr. Eva Grunfeld Department of Family and Community Medicine

Excellence in Leadership

Community Affiliated

Dr. Harold Yuen Southlake Regional Health Centre

Excellence in Social Responsibility

Community Affiliated

Dr. Cindy So Southlake Regional Health Centre Excellence in Social Responsibility Fully Affiliated Site

Dr. Rajni Nijhawan Toronto Rehabilitation Institute University Health Network

Excellence in Teaching (Early Career) Community Affiliated

Dr. Navsheer Toor Southlake Regional Health Centre

Excellence in Teaching (Early Career)

Fully Affiliated

Dr. Nikita Patel Women's College Hospital

Larry Librach Award for Excellence in Palliative Care Scholarship

Dr. Alissa Tadesco Toronto East Health Network Michael Garron Hospital

Dr. Keith Johnstone St. Joseph's Health Centre

Outstanding Contribution to Family Medicine Research Fully Affiliated

Fully Amiliated

Dr. Paul Krueger Department of Family and Community Medicine

Quality Improvement Award of Excellence Community Affiliated

Dr. Kimberly Wintemute North York General Hospital

Quality Improvement Award of Excellence Fully Affiliated

Dr. Noah Ivers and Dr. Payal Agarwal Women's College Hospital

Team: Ms. Liora Altman, Dr. Jane Thornton, Ms. Nicole Bourgeois, Ms. Ilana Birnbaum, Ms. Beth Bosiak, Ms. Holly Finn, Mr. Mike Heinrich, Ms. Natasha Kithulegoda, Ms. Robin Mawson, Ms. Emily Angl, Ms. Roni Propp, Ms. Lindsay Reddeman, Ms. Liane Steiner, Ms. Sherry Teeter

Research Excellence

New Investigator

Dr. Catherine Varner Sinai Health System Emergency Medicine

Research Excellence Senior Investigator

Dr. Liisa Jaakkimainen Sunnybrook Health Sciences Centre

Staff Excellence Fully Affiliated

Ms. Sarah Letovsky Department of Family and Community Medicine

Staff Excellence in Collaboration Community Affiliated

Mr. Jonathan Fowler St. Joseph's Health Centre

Staff Excellence in Collaboration Fully Affiliated

Ms. Lisa Miller St. Michael's Hospital

Sustained Excellence in Teaching

Dr. Susan Shepherd St. Michael's Hospital

Sustained Excellence in Teaching Fully Affiliated

Dr. Deborah Levitan Women's College Hospital

Dr. Susan Shepherd St. Michael's Hospital

Sustained Excellence in Teaching

Community Affiliated

Dr. Gurpreet Mand Southlake Regional Health Centre

The Louise Nasmith Award

Dr. Danyaal Raza St. Michael's Hospital

DFCM PROGRAM AWARDS Research and Advocacy Awards

Award for Research Mentorship

Dr. Eva Grunfeld Department of Family and Community Medicine

Dr. Karen Tu Toronto Western Hospital

Program Award

Research

(First Place Publication)

Dr. Warren McIsaac Mount Sinai Hospital

Program Award Research

(Second Place Publication)

Dr. Tony Antoniou St. Michael's Hospital

Program Award

Research (Third Place Publication) Co-Authored

Dr. Michelle Naimer Mount Sinai Hospital

Dr. Jeff Kwong Toronto Western Hospital

NEWLY FUNDED DFCM Investigator Awards

DFCM Clinician Investigator Award

Dr. Tony Antoniou St. Michael's Hospital

DFCM Graduate Research Studies Award

Dr. Abhimanyu Sud Trillium Health Partners

DFCM New Investigator Award

Dr. Sheryl Spithoff Women's College Hospital

QUALITY AND INNOVATION AWARDS

PGY1 Impact Award

Benzodiazepine Deprescribing In Seniors 65 years of age and Older Within an Academic Family Health Team

Dr. Stephanie Klein And Dr. Dana Mayer

North York General Hospital Family Health Team

PGY1 Impact Award

Cervical Cancer Screening in Transgender Men and Gender Non Binary Persons: Perspectives on Barriers to Screening and Strategies for Improvement

Leads: Dr. Lauren Welsh And Dr. Kaartikaiy Agarwal

St. Michael's Hospital

Team: Dr. Kaartikaiy Agarwal, Ms. Sue Hranilovic, Ms. Samantha Davies, Dr. Lauren Welsh, Dr. Marybeth Derocher

PGY1 Impact Award

Email Reminders At The FHT: Initial Pilot Implementation

Leads: Dr. Mila Aleksic, Dr. Mark Broussenko And Dr. Adam Cadotte Toronto Western Family Health Team

Team: Dr. Mila Aleksic, Dr. Mark Broussenko, Dr. Jeff Bloom, Dr. Adam Cadotte

PGY1 Impact Award

Improving diabetes type II control at the Sunnybrook Academic Family Health Team in patients age 30-64 with recently documented HbA1C

Dr. Olga Ace and Dr. Noma Salman

Sunnybrook Academic Family Health Team

PGY1 Impact Award

Reducing Benzodiazepine Prescriptions in the Elderly

Leads: Dr. Alessandro Francella and Dr. Safi Sayeed

St. Michael's Hospital Academic Family Health Team

Team: Ms. Samantha Davies, Dr. Noor Ramji, Mr. James Fontaine, Dr. Carly Ruderman, Dr. Alessandro Francella, Dr. Safi Sayeed, Ms. Tamara Kerr, Ms. Celia Schwartz, Dr. Holly Knowles, Dr. Nadiya Sunderji

PGY1 Impact Award

Reducing Clinically Unnecessary Free Thyroid Indices in a Family Health Team

Leads: Dr. Ji Hyeon Choi And Dr. Megan Tan

Health For All Family Health Team

Team: Dr. Ji Hyeon Choi, Mr. Zhanying Shi, Dr. Megan Tan, Mr. Muhammad Shuvra, Dr. Karuna Gupta, Dr. Pamela Tsao, Dr. John Maxted

PGY1 Impact Award

How do we Keep Patients Safe? Incident Analysis and Reporting in an Academic Family Medicine Teaching Unit -Tips for Residents and Faculty

Leads: Dr. Roarke Copeland and Dr. Stephanie Godard

South East Toronto Family Health Team

Team: Dr. Roarke Copeland, Dr. Sam Tirkos, Dr. Stephanie Godard

PGY1 Impact Award

The Bed of Procrustes?: Better Understanding Opioid Prescribing Among Staff Family Physicians

Leads: Dr. Andrew S. Boozary

St. Michael's Hospital Academic Family Health Team

Team: Dr. Andrew S. Boozary, Dr. Rajesh Gidhari, Ms. Samantha Davies, Dr. Margarita Lam-Antoniades, Dr. Jonathan Hunchuck, Dr. Tara Kiran

FACULTY DEVELOPMENT AWARDS

Community-based Contributor to Faculty Development

Dr. Monica Nijhawan Southlake Regional Health Centre

Dr. Michael Kates Trillium Health Partners

Excellence in Continuing Education

Dr. Thea Weisdorf St. Michael's Hospital

Excellence in Faculty Development

Women's College Hospital

Team: Dr. Helen Batty, Dr. Nicholas Pimlott, Dr. Melissa De Souza, Ms. Janet Probst, Dr. Sheila Dunn, Dr. Sheryl Spithoff, Dr. Lisa Fernandes, Dr. Viola Antao, Ms. Susan Hum

Excellence in Scholarship in Faculty Development

Dr. Stephen Holzapfel Women's College Hospital

Jamie Meuser Award for Excellence in Leadership and Innovation in Faculty Development

Dr. Jana Lazor

Learner: Contributor to Faculty Development

Team: Dr. Roarke Copeland Toronto East Health Network, Dr. Stephanie Godard Toronto East Health Network

Mentorship

Dr. Alison Culbert Sunnybrook Health Sciences Centre

New Leadership in Faculty Development

Dr. Sarah Torabi Sunnybrook Health Sciences Centre Palliative Care

Dr. Judith Peranson St. Michael's Hospital

POSTGRADUATE AWARDS

Advocacy for Patients

Dr. Michael Borchuk Royal Victoria Regional Health Centre

Dr. Bradley Kaplansky Sinai Health Systems

Dr. Karim A. Shahid Southlake Regional Health Centre

Dr. Laura Stratton Women's College Hospital

Clinical Excellence

Dr. Kimberly Reiter North York General Hospital

Dr. Tessa Wallace St. Joseph's Health Centre

Dr. Lauren Emily Welsh St. Michael's Hospital

Dr. Brianna Alkenbrack Trillium Health Partners

Dr. Omar Kasmieh The University Health Network Toronto Western Hospital

Dr. Elizabeth Niedra Enhanced Skills Program

Dr. Carlos Enrique Jaramillo Correa Enhanced Skills Program

Dr. Samuel Leitenberg Memorial Scholarship for the Humanitarian Practice of Family and Community Medicine Award

Dr. Linda Lee Trillium Health Partners

Excellence in Teaching

Dr. Robert C. D. Cho Trillium Health Partners

Dr. Casey Corkum Trillium Health Partners

Dr. Venu Tadiboyina The Scarborough Hospital

Leadership

Dr. Stephanie Godard Toronto East Health Network

Dr. Evan Chong Sunnybrook Health Sciences Centre

Dr. Jason Chi-Shing Lam Trillium Health Partners

New Teacher Award

Dr. Jennifer Hopfner St. Joseph's Health Centre

Dr. Adam Pyle St. Michael's Hospital

Dr. Rob Ciccarelli Toronto East Health Network

Program Leadership

Dr. Melissa Witty Royal Victoria Regional Health Centre

Dr. Kristina Elisabeth Powles Sinai Health System

Dr. Henderson Lee Enhanced Skills Program

Resident Advocacy

Dr. Maya Rose Maliakkal Markham Stouffville Hospital

Dr. Diana Toubassi The University Health Network Toronto Western Hospital

Ms. Sheri Johnston Women's College Hospital

Role Modeling Clinical Excellence

Dr. Alan A. Monavvari North York General Hospital

Dr. Karen Fleming Sunnybrook Health Sciences Centre

Dr. Lana Kiehn Southlake Regional Health Centre

Dr. Suzanne Turner Enhanced Skills Program

Teaching Excellence

Dr. Salman Alhawshan Markham Stouffville Hospital

Dr. Dale Wesley Connor The Scarborough Hospital

GRADUATE STUDIES

Continuing Education and Graduate Studies Instructor Award

Ms. Dawn Martin St. Joseph's Health Centre

Dr. Peter Selby Centre For Addiction And Mental Health

INTERNATIONAL FELLOWSHIP GRADUATING CLASS OF 2018

Academic Fellowship

Dr. Maryam Al-Rashid

Medical Education Fellowship

Dr. Majed Al Harthi Dr. Maryam Al-Rashid Dr. Hayat Al Zahrani

UNDERGRADUATE AWARDS

Excellence in Advocacy

Dr. Kathryn Dorman St. Michael's Hospital

Dr. Danyaal Raza St. Michael's Hospital

Excellence in Mentorship

Dr. Joyce Nyhof-Young Women's College Hospital

Dr. Helen Senderovich Baycrest Health Sciences

Excellence in Program Development and Coordination

Dr. Sherylan Young Sunnybrook Health Sciences Centre

Dr. Sofia Khan St. Joseph's Health Centre

Innovation in Family Medicine Education

Team: Dr. James Owen -St. Michael's Hospital, Dr. Karen Weyman - St. Michael's Hospital, Dr. Azadeh Moaveni -The University Health Network - Toronto Western Hospital, Dr. Sharonie Valin - North York General Hospital, Dr. Stacey Bernstein, Dr. Dara Maker -Women's College Hospital, Dr. Joyce Nyhof-Young - Women's College Hospital, Dr. Philip Berger - St. Michael's Hospital

Role Modelling Clinical Excellence

Dr. Neal Belluzzo Sinai Health System

Dr. Sarah Fleming The University Health Network Toronto Western Hospital

Teaching Excellence

Dr. Diane Bedrossian Women's College Hospital

Dr. Jeff Weissberger Markham Stouffville Hospital

Teaching Excellence Family Medicine Clerkship

Dr. Stephen Cord Sinai Health System

Dr. Judith Peranson St. Michael's Hospital

Teaching Excellence

Family Medicine Longitudinal Experience

Dr. Jeffrey Habert Office Based Physician

Dr. Paul Philbrook Trillium Health Partners

Dr. Nada Rizk Office Based Physician

Teaching Excellence Health Professional Educator

Ms. Alison Bankier

Markham Stouffville Hospital

Teaching Excellence

New Teacher

Dr. Jane Chow Sinai Health System Mount Sinai

Dr. Matthew Orava Royal Victoria Regional

Dr. Roman Zassoko Trillium Health Partners

Teaching Excellence

Transition to Residency

Dr. George Porfiris Michael Garron Hospital Emergency Medicine

Dr. George K. Balkos Memorial Award

Qunyh Huynh

Dr. E. Anne Beattie

Samantha Dunnigan

Dr. Sol Cappe Scholarship

Sumedha Arya

Dr. Barry Ehrlich Memorial Scholarship

Jing Yu

Sophie Harnick Memorial

Christopher Smith

Betty Stewart Sisam

Liza Abraham

Dr. N.N. Levinne Award

Zhiyum (Jane) Liao

Gaynor Dawn Thomson Morrow Memorial

Zeenia Aga

Pat and Doug Robertson **Toronto-Eglinton Rotary** Award for Family Medicine

Terence Lynd

Health Centre

UNIVERSITY OF TORONTO AWARDS

Wilfred H. McKinnon Palmer Academic Award

Dr. Jennifer Wyman Women's College Hospital

2017 Minister's Medal Honour Roll

Dr. Shannon Bauman Royal Victoria Regional Health Centre

UNIVERSITY OF TORONTO FACULTY OF MEDICINE AWARDS

Dr. Harrison Waddington Fellowship in Family and Community Medicine

Dr. Giovanna Sirianni Sunnybrook Health Sciences Centre Palliative Care

The Helen P. Batty Award for Excellence and Achievement in Faculty Development

Dr. Rick Penciner North York General Hospital Emergency Medicine

EXTERNAL AWARDS

2017 ASPIRE-to-Excellence in Faculty Development Award

Faculty Development Network, which includes DFCM's Faculty Development Program and The University of Toronto Centre for Faculty Development

2017 Associated Medical Services Phoenix Fellowship

Dr. Arun Radhakrishnan Women's College Hospital

2017 Bright Light Award

Category: Strengthening Partnerships – The Association of Family Health Teams of Ontario

St. Michael's Hospital Academic Family Health Team

2017 Bright Light Award

Category: Clinical Innovations for Specific Populations Partnerships – The Association of Family Health Teams of Ontario

North York Family Health Team

2017 British Medical Association Book Awards

Dr. Michael Kidd Department of Family and Community Medicine

2017 Canadian Medical Association's Young Leaders Award-Early Career

Dr. Farhan M. Asrar Trillium Health Partners

2017 Ve'ahavta Humanitarian Award

Dr. Naheed Dosani William Osler Health Centre And The PEACH Team

2018 Canadian Association for Medical Education Certificate of Merit Award

Dr. Nicole Woods University Health Network Toronto General Hospital

Dr. Rick Penciner North York General Hospital Emergency Medicine

2018 Canadian Medical Hall of Fame Inductee

Dr. Philip Berger St. Michael's Hospital

American Society of Addiction Medicine's Educator of the Year Award

Dr. Peter Selby Centre for Addiction and Mental Health

Award for Outstanding Contribution to Medical Education St. Michael's Hospital

Dr. James Owen St. Michael's Hospital

Canada's Top 40 under 40

Dr. Nav Persaud St. Michael's Hospital

Canadian Association of Emergency Physicians President's Award

Dr. Eric Letovsky Trillium Health Partners Emergency Medicine

College of Family Physicians of Canada Awards Family Medicine Resident Leadership Award

Dr. Michel Alessandro Saccone Southlake Regional Health Centre

College of Family Physicians of Canada Awards Outstanding Family Medicine Research Article Award

Dr. Andrew Pinto St. Michael's Hospital

College of Family Physicians of Canada Awards of Excellence

Dr. Marianne Belau Royal Victoria Hospital

Dr. Brian Morris Royal Victoria Hospital

Competency Based Medical Education Residency Education Implementation Award

Dr. Sarah Kawaguchi Sinai Health System Palliative Care

David Hill Memorial Award

Dr. Arnell Baguio Southlake Regional Health Centre

Ms. Brenda Murphy Southlake Regional Health Centre

DFCM Clinician Investigator Award

Dr. Tony Antoniou St. Michael's Hospital

DFCM Graduate Research Studies Award

Dr. Abhimanyu Sud Trillium Health Partners

DFCM New Investigator Award

Dr. Sheryl Spithoff Women's College Hospital Excellence in Clinical Teaching Award Undergraduate Preceptor St. Joseph's Health

Centre Toronto

Dr. Richard Kim St. Joseph's Health Centre Emergency Medicine

Excellence in Education Award Southlake Regional Health Centre

Dr. Paul Cantarutti Southlake Regional Health Centre

Fred Fallis Award in Online Learning for the Safer Opioids Prescribing Program

Dr. Abhimanyu Sud Trillium Health Partners

Governor General Meritorious Service Cross

Dr. Naheed Dosani William Osler Health System Palliative Care

Honorary Membership at the Honour Society of Nursing

Dr. Katherine Rouleau St. Michael's Hospital

Honorary Membership

World Psychiatric Association

Dr. Michael Kidd Department of Family and Community Medicine

Innovation Excellence

The Sterilecare-Kitelock Solution Southlake Regional Health Centre International Association of Medical Science Educator's 2018 Distinguished Career Award for Excellence in Teaching and Educational Scholarship

Dr. Nicole Woods The University Health Network Toronto General Hospital

Journalism Award for Excellence in Women's Health Reporting

Dr. Marla Shapiro North York General Hospital

Leadership/Followership Excellence

Southlake Regional Health Centre

Dr. Morrtle Liquornick Southlake Regional Health Centre

New Appointment: Canadian Medical Association President

Dr. Sandy Buchman Sinai Health System Palliative Care

New Appointment: Dean's Advisor

Dr. Jeff Bloom The University Health Network Toronto Western Hospital

New Appointment: Division of Palliative Care Quality Co-Lead

Ms. Susan Blacker St. Michael's Hospital Palliative Care

New Appointment: The President and CEO of Providence Healthcare

Dr. Tim Rutledge St. Michael's Hospital and St. Joseph's Health Centre

Ontario Medical Association Glenn Sawyer Service Award

Dr. Pauline Pariser The University Health Network Toronto General

Patricia Norman Patient Experience Southlake Regional Health Centre

Ms. Michelle Fedele Southlake Regional

Health Centre

Ms. Brenda Wilks Southlake Regional Health Centre

Physician Early Career Development Award

Dr. Naheed Dosani William Osler Health System Palliative Care

Quality Improvement

S.S.N.Y.R. H.L. (South Simcoe Norther Region Health Link) And Team D.O.P.E (Team Dove Owl Peacock Eagle) - Southlake Regional Health Centre

Research Excellence

Southlake Regional Health Centre

Ms. Joanne Campbell Southlake Regional Health Centre

Teaching Excellence in Specialty Medicine

Royal Victoria Regional Health Centre

Dr. Kelly Emerson Royal Victoria Regional Health Centre

Dr. Carly Thompson Royal Victoria Regional Health Centre

The Southlake Way

Ms. Jennifer McQuaig Southlake Regional Health Centre

Mr. Joe Healy Southlake Regional Health Centre

Mr. Peter Campbell Southlake Regional Health Centre

Staff Excellence in Collaboration

St. Michael's Hospital

Ms. Lisa Miller St. Michael's Hospital

St. Michael's Collaborator Award for Outstanding Contribution to Medical Education

Ms. Lorna McDougall St. Michael's Hospital

The Influentials 2017

Dr. Danielle Martin Women's College Hospital

Junior and Senior Promotions

2018 Full Professor Promotion

Dr. Nicholas Pimlott Women's College Hospital

2018 Associate Professor Promotions

Dr. Ann Burchell St. Michael's Hospital

Dr. Difat Jakubovicz St. Joseph's Health Centre

Dr. Megan Landes The University Health Network Toronto General Emergency Medicine

Dr. Vsevolod Perelman Sinai Health System Emergency Medicine

Dr. Kirsten Wentlandt The University Health Network Toronto General Palliative Care

Junior Promotions

Dr. Sabrina Akhtar The University Health Network Toronto Western Hospital

Dr. Melanie Baimel Sunnybrook Health Sciences Centre Emergency Medicine

Dr. Laurence Biro Trillium Health Partners

Dr. Eleanor Colledge Michael Garron Hospital

Dr. Paul Das St. Michael's Hospital

Dr. David Dushenski Sunnybrook Health Sciences Centre Emergency Medicine Dr. Marnie Howe Sinai Health System Palliative Care

Dr. Nadia Incardona Michael Garron Hospital Emergency Medicine

Dr. Rahul Jain Sunnybrook Health Sciences Centre

Dr. Benjamin Kaasa The University Health Network Toronto Western Hospital

Dr. Richard Kim St. Joseph's Health Centre Emergency Medicine

Dr. Michael Kirzner Baycrest Health Sciences

Dr. Carol Kitai Women's College Hospital

Dr. Paul Koblic Sinai Health System Emergency Medicine

Dr. Kim Lazare North York General Hospital

Dr. Deborah Leung Sunnybrook Health Sciences Centre Emergency Medicine

Dr. Grant Lum Sinai Health System

Dr. Ramona Mahtani Sinai Health System Palliative Care

Dr. Gurpreet Toor Mand Southlake Regional Health Centre

Dr. Jesse Mclaren Trillium Health Partners Emergency Medicine Dr. Edward Osborne Teaching Practices

Dr. Purti Papneja Sunnybrook Health Science Centre

Dr. Zahir Poonja Royal Victoria Hospital

Dr. Donna Spaner Toronto Grace Hospital Palliative Care

Dr. Ann Stewart St. Michael's Hospital

Dr. Tania Tajirian Centre for Addiction and Mental Health

Dr. Elizabeth Tham Family Medicine Longitudinal Experience

Dr. Maria Upenieks Trillium Health Partners

Dr. Oliver Van Praet The University Health Network Toronto General Hospital Emergency Medicine

Dr. Priya Vasa St. Michael's Hospital

Dr. Dara Abells Family Medicine Longitudinal Experience

Dr. Sanjay Agarwal Trillium Health Partners

Dr. Nadia Alam Trillium Health Partners

New Faculty

Dr. Nadine Al-Aswad Markham Stouffville Hospital Emergency Medicine

Dr. Craig Albrecht Undergrad Electives

Dr. Hisham Ali Trillium Health Partners

Dr. Andrew Arcand Markham Stouffville Hospital Emergency Medicine

Dr. Jessica Armeland The University Health Network Toronto Rehabilitation Institute

Rabbi Rena Arshinoff Baycrest Health Sciences Palliative Care

Dr. Amit Arya William Osler Health Centre Palliative Care

Dr. Aida Avanessy Monachakanian Undergrad Electives

Ms. Dahlia Balaban North York General Hospital

Dr. Anais Belanger The Scarborough Hospital Emergency Medicine

Dr. Brian Berger York Central Hospital Mackenzie Health Palliative Care

Dr. Yemisi Bolaji Family Medicine Longitudinal Experience

Dr. Jordana Boro

Sunnybrook Health Sciences Centre

Dr. Anne Browne St. Michael's Hospital

Dr. Lianne Butterfill North York General Hospital

Dr. Reena Chada Undergrad Electives

Dr. Rachna Chari St. Joseph's Health Centre

Dr. Kimberley Charlton Undergrad Electives

Dr. June Cheng St. Joseph's Health Centre

Dr. Elizabeth Chertkow Family Medicine

Longitudinal Experience Dr. Carlo Cifelli Trillium Health Partners

Dr. Nicholas Clarridge Sinai Health System Emergency Medicine

Dr. Neil Dattani Humber River Hospital Emergency Medicine

Dr. Steven Depiero Undergrad Electives

Dr. Sandeep Dhillon Centre for Addiction and Mental Health

Dr. Jonathan Ding North York General Hospital

Dr. Samuel Direnfield The Scarborough Hospital Dr. Karen Dobkin Sinai Health System

Dr. Rodolfo Dominguez The Scarborough Hospital

Ms. Rosa Dragonetti Centre for Addiction and Mental Health

Dr. Naomi Driman North York General Hospital

Dr. Michael Falcioni St. Joseph's Health Centre Emergency Medicine

Dr. Joanne Fernandes Trillium Health Partners

Dr. Joan Flood The Scarborough Hospital

Dr. Sarah Follett St. Joseph's Health Centre

Dr. Kelly Forse Markham Stouffville Hospital

Dr. Laura Freeman Family Medicine Longitudinal Experience

Dr. D'arcy Gagnon St. Joseph's Health Centre Emergency Medicine

Dr. Michael Gagnon Rural Residency

Dr. Megan Gao Teaching Practices

Dr. Mehrdad Gharagozloo Trillium Health Partners

Dr. Angela Giacomantonio The Scarborough Hospital Dr. Alanna Golden The University Health Network Princess Margaret Hospital Enhanced Skills

Dr. Neha Goyal Centre for Addiction and Mental Health

Dr. Adam Gurau Markham Stouffville Hospital

Ms. Cleo Haber Sinai Health System

Dr. Aliya Hasham Family Medicine Longitudinal Experience

Dr. Hayley Hoffman Family Medicine Longitudinal Experience

Dr. Warda Iqbal Family Medicine Longitudinal Experience

Dr. Sarina Isenberg Sinai Health System Palliative Care

Dr. Caroline Jeon Family Medicine Longitudinal Experience

Dr. Ali Kajdehi Undergrad Electives

Dr. Dalal Kazandji Markham Stouffville Hospital

Dr. Emily Kendell Centre for Addiction and Mental Health

Dr. Hashmat Khan Family Medicine Longitudinal Experience Dr. Ginah Kim Baycrest Health Sciences

Dr. Michelle Kraus Trillium Health Partners Emergency Medicine

Dr. Shawn Lacombe Sinai Health System Emergency Medicine

Dr. Kevin Lai Undergrad Electives

Dr. Christine Lau The University Health Network Toronto General Hospital Palliative Care

Ms. Katherine Lawton St. Joseph's Health Centre

Dr. Warren Lewin North York General Hospital Palliative Care

Dr. Pamela Liao Trillium Health Partners

Dr. Solina Lim Baycrest Health Sciences

Dr. Sabrina Lim Reinders The University Health Network Toronto Rehabilitation Institute

Dr. Erick Ling The University Health Network Toronto Rehabilitation Institute

Dr. Vivian Lo Transition Residency

Dr. Andrea Lo Humber River Hospital Emergency Medicine

Dr. Melissa Loh North York General Hospital Dr. Melissa Lui Rural Northern Initiatives

Dr. Sarah Mahmoud The University Health Network Toronto Western Hospital

Dr. Leila Makhani Global Health

Dr. Kristin Malcolm Rural Northern Initiatives

Dr. Rick Mann Trillium Health Partners Emergency Medicine

Dr. Isabel Martin Centre for Addiction and Mental Health

Dr. Janet McMordie Undergrad Electives

Dr. Mehvish Mehrani St. Michael's Hospital

Dr. Gerson Mobo Undergrad Electives

Dr. Subhra Mohapatra The Scarborough Hospital

Dr. Nabil Moharib Family Medicine Longitudinal Experience

Dr. Monique Moller Centre for Addiction and Mental Health

Dr. Daniel Nagel Markham Stouffville Hospital

Dr. Navjot Nannar Family Medicine

Longitudinal Experience

Dr. Amy Nolen Sunnybrook Health Sciences Centre Palliative Care

Dr. Rory O'Sullivan The University Health Network Toronto Western Hospital

Dr. Azra Premji Trillium Health Partners

Dr. Nasreen Ramji St. Michael's Hospital

Dr. Mayoorendra Ravichandiran The Scarborough Hospital Emergency Medicine

Dr. Adam Rosanally Trillium Health Partners Emergency Medicine

Dr. Amanda Rosenblum William Osler Health Centre Palliative Care

Dr. Habon Samater Sinai Health System Palliative Care

Dr. Nikhil Shah St. Joseph's Health Centre

Dr. Amit Shah North York General Hospital

Dr. Priya Shah North York General Hospital

Dr. Riam Shammaa Sinai Health System

Dr. Courtney Spelliscy Humber River Hospital Emergency Medicine Dr. Naveed Syed Trillium Health Partners

Dr. Harleen Toor Sinai Health System Palliative Care

Dr. Nishani Umasuthan Family Medicine Longitudinal Experience

Dr. Michelle Van Walraven Royal Victoria Hospital

Dr. Joshua Wales Sinai Health System Palliative Care

Dr. Nicholas Zhen Wang *St. Joseph's Health Centre*

Dr. Nena-Rae Watson St. Michael's Hospital

Dr. Pete Wegier Sinai Health System Palliative Care

Dr. Nikolai Whyte *Teaching Practices*

Dr. Dennis Wong Markham Stouffville Hospital

Dr. Ashley Zaretsky North York General Hospital

Dr. Deborah Zeni Undergrad Electives

Dr. Wendy Youwen Zhang Undergrad Electives

Dr. Shayda Ziai William Osler Health Centre Palliative Care

Publications

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