



Family & Community Medicine  
UNIVERSITY OF TORONTO

# ADVANCING FAMILY MEDICINE

Collaboration. Leadership. Excellence.

2009-2011 Report from the Department of Family and Community Medicine



# Table of contents

- 2 MESSAGE FROM THE CHAIR
- 3 ADVANCING FAMILY MEDICINE
  - 4 Leadership in integrated medical education
  - 6 Improving primary care practice through academic collaboration
  - 8 Transforming educational scholarship in Family Medicine
  - 10 Fostering academic leadership
  - 12 Demonstrating social responsibility
  - 14 Collaborating for excellence
- 17 PROGRAMS
  - 18 Undergraduate Education
  - 20 Postgraduate Education
  - 22 Graduate Studies and Academic Fellowships
  - 24 Professional Development
  - 26 Research
  - 28 Global Health
  - 30 Quality Improvement
- 32 DIVISIONS
  - 32 Palliative Care
  - 33 Emergency Medicine
- 34 STRATEGY
- 37 FAMILY MEDICINE TEACHING UNITS
- 38 PROMOTIONS AND EXTERNAL AWARDS
- 40 LEADERSHIP

An online version of this report includes faculty publications and grants and is available at [uoft.me/dfcmreport](http://uoft.me/dfcmreport).

Cover image, left to right: FM Resident Dr. Jonathan Rosenberg, patient Mrs. Mary Egli, family physician Dr. Jennifer Kane. Thanks to Ms. Jodi Heard, Dr. Jane Philpott and the team at the Markham Stouffville Hospital Family Medicine Teaching Unit, the Health for All FHT.

Excellence in research, education and innovative clinical practice to advance high quality, patient-centred care.

**DFCM Vision**

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.

**DFCM Mission**

# Message from the Chair

I am convinced that our greatest opportunities as a large academic Family Medicine department will come through the creation of further innovative collaborations and networks.

Dr. Lynn Wilson



The Department of Family and Community Medicine at the University of Toronto is the largest Family Medicine department in North America—possibly the world—and with our size and strength come responsibility and leadership. At this time in Ontario, Family Medicine has been given an extraordinary opportunity to reshape primary care. Our Department is rising to the challenge through innovative, collaborative initiatives such as the transformation of our 14

core Family Medicine Teaching Units into Academic Family Health Teams, the creation of a Department-wide EMR Users Group and the establishment of a new Quality Improvement (QI) Program.

We also have a well-established and ongoing commitment to social responsibility that is demonstrated at each of our teaching sites and also internationally: in 2010, the Global Health Program successfully completed a \$4.9 million Canadian International Development Agency-funded project in Brazil to train primary care managers in four low income states to address issues of gender and equity in health.

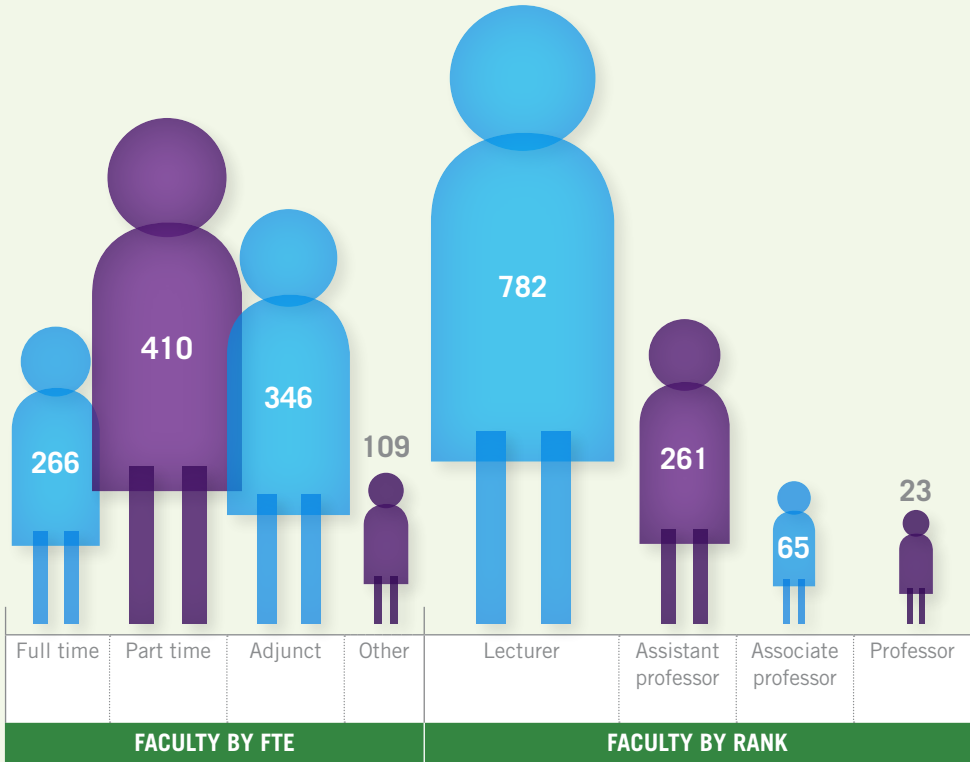
From 2009 to 2011, we expanded from 10 to 14 hospital-affiliated teaching sites and welcomed 400 new faculty members who belong to new and existing teaching sites. Now with nearly 1,200 faculty members, our Department's successful growth has not gone unnoticed—our specialist colleagues and the Faculty of Medicine view us as role models in facilitating site development and integrated medical education.

In the past two years, the Department of Family and Community Medicine has worked hard to advance the discipline of Family Medicine and high quality, patient-centred care. Our accomplishments are recorded and celebrated in this report and illustrate that our success is due to the hard work and dedication of our truly remarkable faculty and staff. I am privileged and proud to work with this Department as we collaborate and grow to ensure a healthy future for Family Medicine.

Lynn Wilson  
Chair

An online version of this report includes faculty publications and grants and is available at [uoft.me/dfcmreport](http://uoft.me/dfcmreport).

# ADVANCING FAMILY MEDICINE





# Leadership in integrated medical education

Family Medicine trainees in the Department of Family and Community Medicine (DFCM) can choose from a variety of hospitals and locations. The Department now has 14 core teaching sites that are affiliated with Academic Health Science Centres and community and regional hospitals in Toronto, Mississauga, Barrie, Newmarket and Markham, as well as a rural residency training stream.

Despite the diversity of its teaching sites, the Department's success in delivering a cohesive Family Medicine residency program has led to its recognition as a role model for integrated medical education (IME) within the Faculty of Medicine.

The Department consolidated its expertise in IME between 2009 and 2011 by successfully opening four new teaching sites. The success of this rapid expansion was largely based on the model provided by the successful opening of the Credit Valley Hospital Family Medicine Teaching Unit (FMTU) in 2006. This Mississauga community-

affiliated hospital teaching unit was the Department's first core teaching site outside Toronto and the first to use residency expansion funds from the Government of Ontario.

### Expanding successfully

Like the FMTU at Credit Valley Hospital, the four new sites are affiliated with community hospitals outside Toronto and were set up using government expansion funds. Joining the Department are FMTUs at Trillium Health Centre in Mississauga, Southlake Regional Health Centre in Newmarket, Royal Victoria Hospital in Barrie and Markham Stouffville Hospital in Markham.

To facilitate the new site expansion between 2009 and 2011, Credit Valley Hospital's Chief of Family Medicine Dr. Paul Philbrook became the Department's inaugural Integrated Medical Education Coordinator. To support the new sites, he and his expansion

committee provided tools and resources, such as the *DFCM New Site Manual*, to guide the development and operation of the new FMTUs.

Other expansion supports included an expansion conference, site and stakeholder engagement sessions and faculty development for family physicians and specialists. Ongoing help was available through monthly teleconferences and the new sites were welcomed as equal members to key Departmental committees six months before their site opened.

Thirteen of the Department's 14 core teaching units have transformed to Family Health Teams (FHTs). In the past six years, by virtue of their mandate as Family Medicine Teaching Units as well as FHTs, they share specific operational requirements that separate them from non-academic FHTs. Working with the provincial government to recognize these specific needs, the Department played an integral role in the creation of a new FHT designation: the *Academic Family Health Team*.

### Integrating successfully

Nearly 1,200 family physicians and other health care professionals are faculty members in the Department. While a significant number are full time academic family physicians located in core FMTUs, many of our highly valued faculty members teach medical students and residents in community practices.

Given the size and distributed nature of our residency program, the Department has placed a high priority on advancing the integration of education. In addition to their site-specific training, all residents have the opportunity to learn together through a weekly videoconference learning session. One advantage to this approach is that the residents can benefit from expertise outside their teaching unit. The learning sessions are recorded and available online to faculty and residents, creating a repository of valuable clinical learning and reference tools.

Another way the newer sites collaborate to optimize learning is by sharing academic half days. The Barrie and Newmarket sites have shared specialist-led half-day sessions in oncology, pediatrics and gynecology. The sessions are CME accredited and local faculty and family physicians are invited to attend.

The two Mississauga teaching sites shared academic half days in Trillium's first year as an FMTU. And, with the opening of the Mississauga Academy of Medicine at the University of Toronto Mississauga campus in the 2011-12 academic year, the two teaching sites will work together to provide Family Medicine education to medical students.

### Innovating a global health-based residency

The Department's newest teaching site opened on July 1, 2010 at the Markham Stouffville Hospital. Its global health-focused curriculum makes it a one-of-a-kind residency program in Canada with an articulated commitment to equity in health care.

The teaching unit is called Health for All and is a resource to its immensely diverse community in which 57 per cent of the population are newcomers to Canada. An ideal environment for a global health curriculum, the teaching unit allows residents to provide culturally sensitive care and understand access to health issues. Residents are required to complete a research project on a global health topic and a rotation overseas to broaden their understanding of global health issues.

Weekly rounds enrich the global health focus for residents, faculty and administrative staff. Each month the teaching unit chooses a monthly global health topic and threads the topic into the weekly sessions. Past monthly topics have included food security, HIV / AIDS and refugee health.

## Leading expansion and integration at new sites

**Dr. Paul Philbrook** has played an important role in ensuring that Ontarians have access to a family physician. In 2006, as the Chief of Family Medicine at Credit Valley Hospital (CVH) in Mississauga, Dr. Philbrook led the opening of the Department of Family and Community Medicine's first new Family Medicine Teaching Unit (FMTU) in 15 years. It was also the Department's first community-affiliated hospital teaching site outside of Toronto.

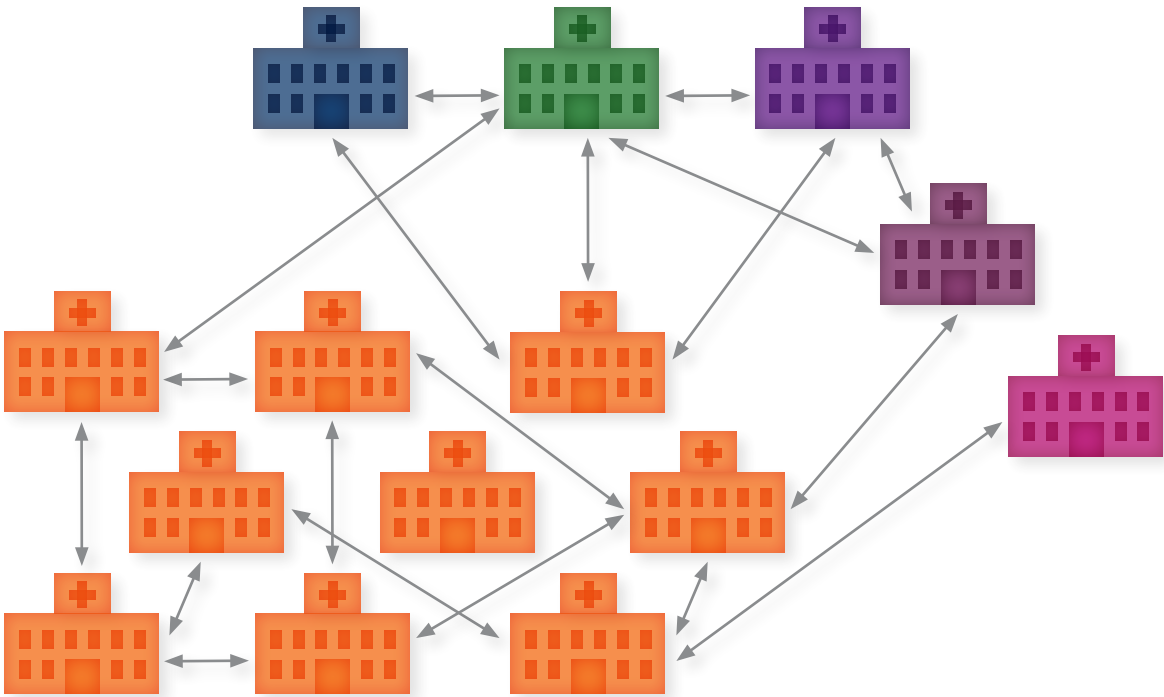
But his work didn't stop here. Once the CVH FMTU opened, he also became the Department's Integrated Medical Education Coordinator and with an expansion committee was responsible for supporting the opening of four more community-affiliated hospital teaching sites between 2009 and 2011.

Always with an eye on the big picture, Dr. Philbrook emphasizes the opportunity for positive impact that site expansion has on Family Medicine education as well as health human resources.

"The sites were opened to answer the need for greater capacity," he says. "But the opportunity for Family Medicine educators is that our teaching takes place in a community setting. It is meaningful for Family Medicine residents to train in the community—when they graduate, they are able to confidently provide quality care to the people in their communities."

He points out that with new sites come new faculty members who are being re-introduced to the academic environment. Preparing them to teach is crucial.

"Faculty development really took off when we set up the new sites. Anyone new to the academic mission really benefits from courses like the DFCM's *Basics for New Faculty*."





# Improving primary care practice through academic collaboration

The Department of Family and Community Medicine is providing new opportunities for faculty members to participate in academic collaborations as an effective means to improve primary care practice. By bringing together family physicians from different settings, practices and patient populations, the Department is finding new and creative ways to solve problems. Across the Department, there are initiatives underway to improve quality in primary care, implement electronic health records and conduct primary care research.

## Establishing a new program in Quality Improvement

The Department is successfully introducing a quality improvement (QI) culture into family physician-led primary care settings. The QI paradigm enables advancing the discipline through identifying

opportunities for improvement from current practices and working within interprofessional teams to analyze processes and to make changes through innovation.

The shift to a quality improvement culture formally started in 2009, when the Department struck a task force to determine how it should integrate quality improvement. In April 2010, the task force recommended that the Department create a new program. To date the QI Program has developed and implemented a curriculum for residents and faculty to learn QI skills and team leadership.

Next steps will be to establish standardized performance measures for clinical sites within the Department and to develop and implement a system of rewards and recognition for those who accomplish within the realm of QI. Through collaboration with Health Quality Ontario, the QI Program will assist with the adoption of QI by primary care clinicians across Ontario, as well as into the long-term care sector.

## Taming health technology through collaboration

**Dr. Sharon Domb** has never met a technology she couldn't tame. She proved this in 2009 by successfully leading the Electronic Medical Record (EMR) implementation for the Sunnybrook Health Sciences Centre's Family Medicine Teaching Unit.

It took three years to implement the teaching unit's EMR but she is still excited by its potential.

"An EMR is much more than a repository of data," she says. "It is a tool. It is an organized way to put information into a system and extract it."

All units in the Department are in the process of implementing EMRs, so to assist them the Department created a collaboration of academic family physician EMR users. Dr. Domb co-leads the group, along with Dr. Karen Tu.

"Everyone has an EMR, or will, and we've brought people together and they are talking," says Dr. Domb. "That's a huge accomplishment. They share experiences, learn, problem solve and collaborate together instead of reproducing work alone at each of their sites. The collaboration allows us to create efficiencies among sites."

Some of the EMR Users' Group work is very detailed, such as working to standardize codes for conditions and treatment so that data can be retrieved from different sites' databases. Some work is patient-care oriented, for example, the group is creating a repository of patient educational materials so that sites do not have to source these documents themselves. And finally, as a group they can speak with a stronger voice to the EMR vendors.

## Implementing electronic medical records

The use of an Electronic Medical Record (EMR) has significant potential to enable quality improvement, primary care research and Family Medicine education.

However, implementing an EMR system is complex and time-consuming. To assist in transitioning to an EMR and to take advantage of its potential, the Department established an EMR Users' Group in 2010 with representatives from the Department's core teaching sites and community practices.

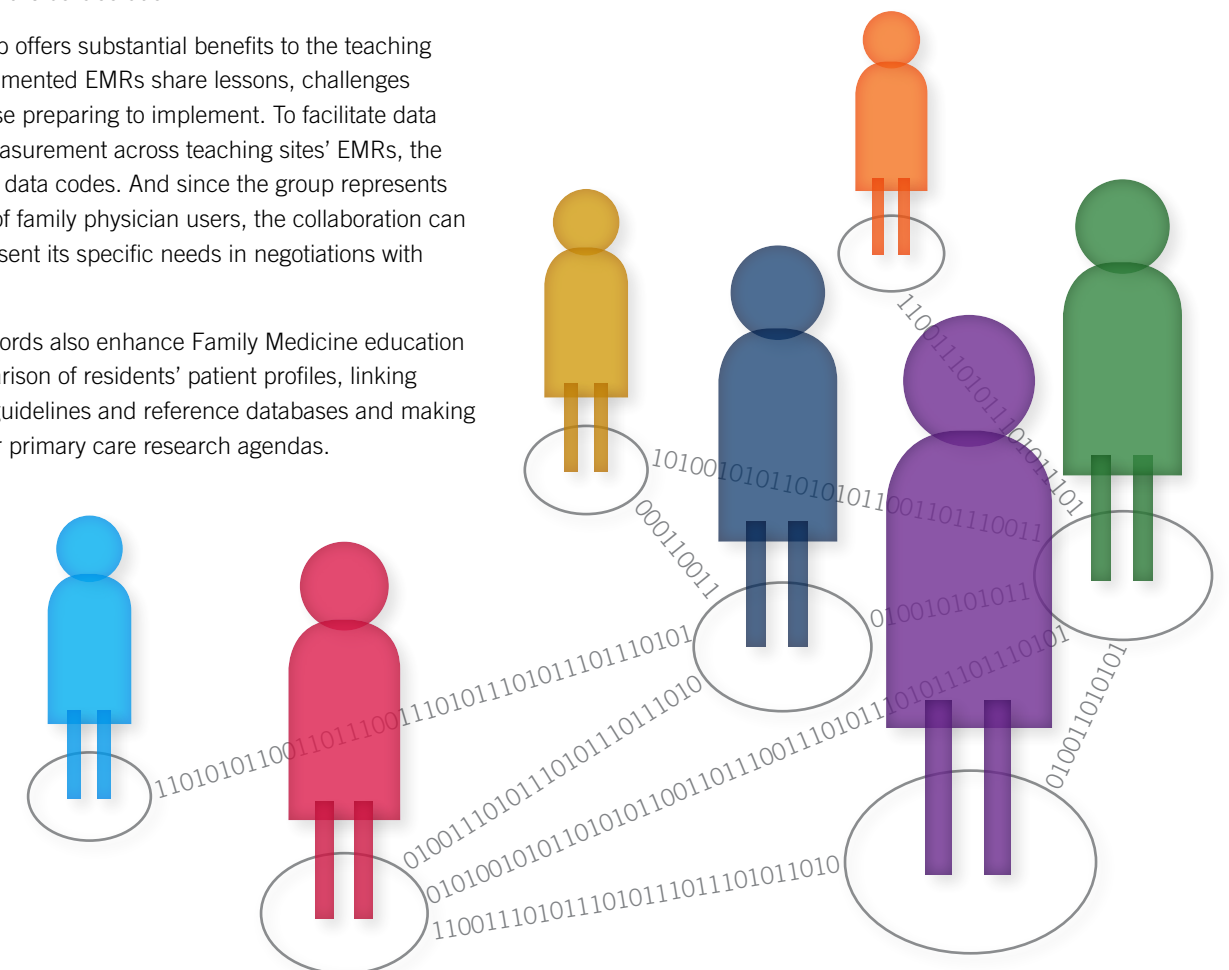
The potential for the EMR Users' Group to have a national impact is evidenced by the request of Canada Health Infoway, the pan-Canadian government organization for EMR adoption, to become a permanent member of the collaboration.

The EMR Users' Group offers substantial benefits to the teaching units. Units with implemented EMRs share lessons, challenges and enablers with those preparing to implement. To facilitate data mining and permit measurement across teaching sites' EMRs, the group is standardizing data codes. And since the group represents such a large number of family physician users, the collaboration can leverage its size to present its specific needs in negotiations with EMR vendors.

Electronic medical records also enhance Family Medicine education by permitting a comparison of residents' patient profiles, linking diagnostic profiles to guidelines and reference databases and making EMR data available for primary care research agendas.

## Conducting primary care research in primary care settings

Insufficient research has been conducted in the Canadian primary health care setting. As a result, family physicians are often forced to extrapolate findings from research conducted in secondary and tertiary settings. To encourage research in a primary care setting, the Department's Research Program has taken a leadership role in establishing a plan for creating a practice-based research network (PBRN). PBRNs are groups of primary care clinicians and practices working together to answer community-based health care questions and translate research findings into practice.



# Transforming educational scholarship in Family Medicine

## Recognizing educational scholarship

The Department of Family and Community Medicine (DFCM) is committed to educational scholarship by teaching, creating and disseminating knowledge in primary care.

Educational scholarship encompasses a variety of academic activities and is the work that drives the discipline of Family Medicine forward. Boyer's classic definition from his 1990 report *Scholarship Reconsidered* outlines four categories of educational scholarship: discovery or research, integration, application and teaching.

The Department's faculty members are productive in all four categories despite the barriers to academic work for family physicians with multiple roles and responsibilities. In 2010, the Department began a concentrated effort to support the educational scholarship of its faculty.

## Sustaining and encouraging academic careers

Academic work is satisfying. The Department's faculty members find that engaging in educational scholarship activities brings not just promise and reward to their careers, but also a sense of accomplishment and gratification when they recognize themselves as scholarly and see the impact of their activities. The Department also sees educational scholarship as a way to help family physicians transform their careers.

In 2010, Dr. Cynthia Whitehead was appointed as the Department's first Vice-Chair, Education, with a mandate to revitalize educational scholarship in the Department. Together with a task force and an advisory committee, Dr. Whitehead will be seeking better ways to identify and support the scholarly activities already taking place and find new ways to promote and sustain further educational scholarship activity.

Our plan to enhance educational scholarship at the DFCM is an investment in the future of Family Medicine and in the careers of our valued faculty members.

Dr. Lynn Wilson

## Achieving our academic goals

- Some of the Department's significant academic accomplishments in the last two years include the following:
- Implementing four new core Family Medicine Teaching Units
  - Creating a new Departmental program in quality improvement
  - Developing a residency competency-based curriculum
  - Starting a teaching and community-site Electronic Medical Record collaboration
  - Transforming the Master of Health Science in Family and Community Medicine to a Master of Public Health in Family Medicine
  - Restructuring the Research Scholar program

## Supporting educational scholarship

The Department is constantly seeking ways to stimulate its academic work and share it widely. For example, the *Dr. Harrison Waddington Fellowship* offers financial support for a faculty member enrolled in a Graduate Studies program who wishes to go beyond the scope of the degree. Drs. Danielle Martin and Marcus Law were each awarded a Waddington fellowship for the 2011-2012 academic year.

The Department also supports scholarship for junior faculty through its *Louise Nasmith Award*. The award's funding provides protected time to research, prepare and disseminate a lecture or workshop locally, nationally and internationally, as well as to prepare for a scholarly publication.

## Advancing educational scholarship in the DFCM

Who better than a scholar to lead the Department of Family and Community Medicine toward its educational scholarship goals?

**Dr. Cynthia Whitehead** became the Department's inaugural Vice-Chair, Education in September 2010 and finished her PhD in May 2011. She completed her PhD in medical education in less than three years while working full time, a mark of her academic talent and passion. Her path to scholarship started five years ago.

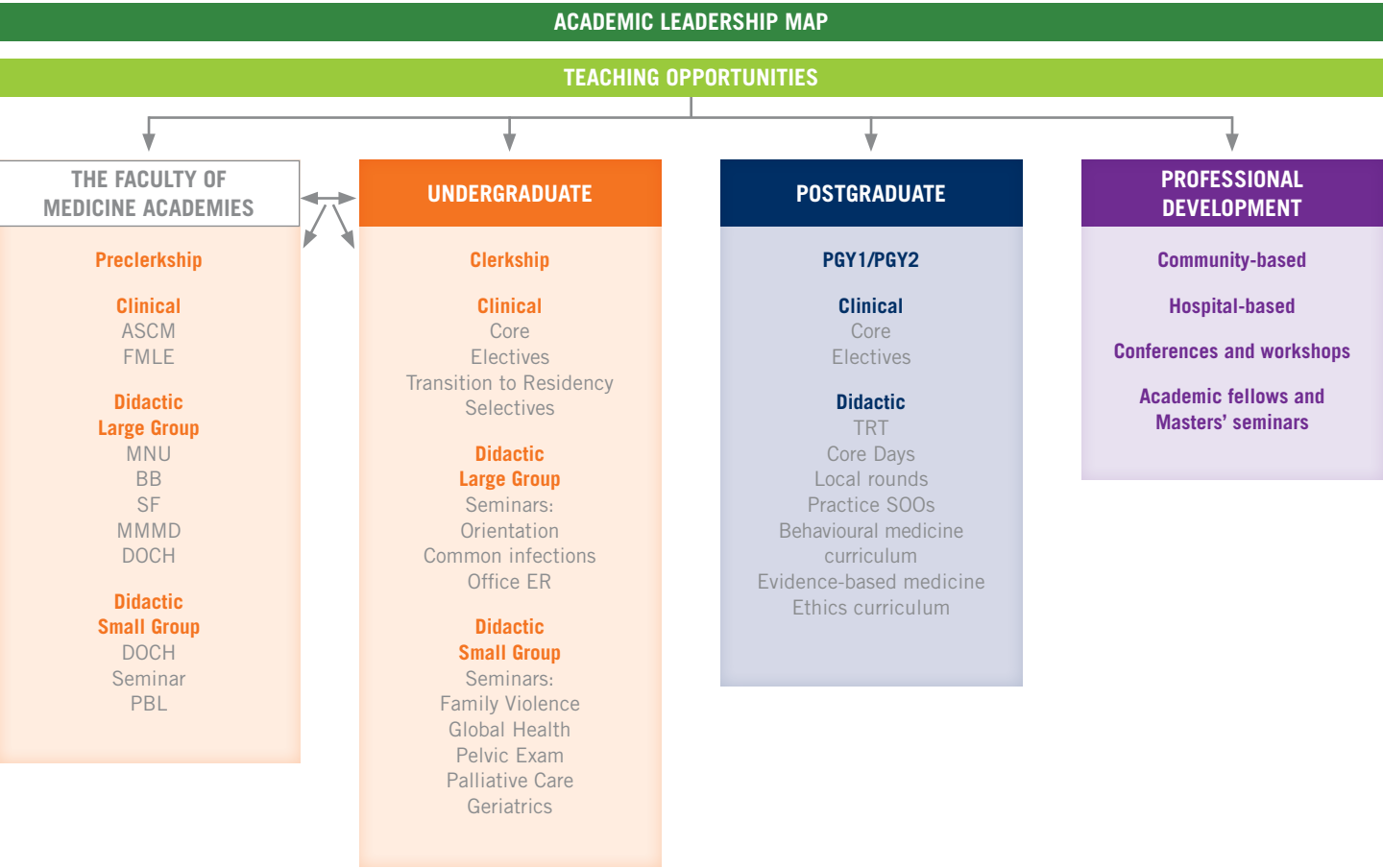
"I wanted to add something new to my career," she says. "I entered one of the Department's Master's programs, in the Health Practitioner Teacher Education stream, and then started my PhD. My return to using social science methodological thinking was so exciting."

Dr. Whitehead defines scholarship as thinking and reflecting in a rigorous way and includes the dissemination of one's findings to colleagues in order to advance the field. She says that Family Medicine could do a much better job at this.

"We take for granted the excellent work we do and don't always take that step to share it with the world," she says. "Other departments are now looking at areas where we have a vast amount of expertise, such as integrated medical education, patient-centred care and ambulatory teaching. It is the right time for us to share our knowledge."

Many other faculty members from the Department agree. There has been an overwhelming response from them to participate on a task force to move scholarship forward.

"Faculty members endorse the idea of strengthening our structures and support for their educational scholarship activities," Dr. Whitehead says.



# Fostering academic leadership

Leaders from the Department of Family and Community Medicine inspire, nurture and mentor their colleagues and trainees. In their leadership roles within the Department, they develop and manage initiatives to advance Family Medicine in education, research and clinical practice.

Primary care renewal in Ontario has resulted in more leadership positions available to family physicians, including the department's faculty members. These include leads in electronic medical records, Family Health Teams and quality improvement. Leadership is vitally important to the Department's continuing success and work to attract faculty members to leadership positions has been largely successful. However, the Department's leaders observe that junior faculty members sometimes shy away from these roles despite their obvious talents.

**Supporting leadership**

To attract new leaders and create a renewable, sustainable framework for leadership within the Department, an Academic Leadership Task Force was struck in 2009. The task force sought the perspectives of early, mid- and late-career faculty members about academic leadership and the role the Department could play to support leadership at all career stages.

The task force identified issues preventing faculty members from taking on leadership positions such as the challenge of balancing their many professional and personal obligations and the need for mentoring and administrative support.

A lack of understanding about leadership and leadership opportunities also exists. To address this, the task force created an inventory of leadership courses, developed a database of leadership

articles and identified leadership roles and opportunities in the Department for academic positions in teaching, research and administration.

In addition, the task force is enhancing development for current leaders. An annual leadership support workshop is now provided to the Department's Chiefs of Family Medicine. Plans are underway for leadership development programs that will be integrated with existing faculty development, such as in the *Basics for New Teachers* course or through current graduate studies programs.

2011 DR. PHILIP HEBERT,  
SUNNYBROOK HEALTH SCIENCES CENTRE

"His book, *Doing Right: A Practical Guide to Ethics for Healthcare Professionals and Trainees*, now in its second edition, is widely used as a text both in Canada and abroad. It has made sophisticated ethical principles accessible to a generation of medical students."

**Recognizing leadership**

The Department recognizes its leaders with annual *Awards of Excellence* in teaching, research, leadership and social responsibility. Two special Departmental awards recognize leaders at each end of the career spectrum, the *Academic Family Physician of the Year Award* and the *Louise Nasmith Award*.

**Developing leaders**

The *Louise Nasmith Award* supports leadership development for a junior faculty member with protected time to research, prepare and broadly disseminate a lecture or workshop.

In 2009, this award supported Dr. Gary Bloch in the creation of a workshop and clinical tool to educate physicians and other health care professionals about the link between poverty and health. Dr. Judith Peranson, from St. Michael's Hospital, used her 2010 award to create faculty development workshops about interprofessional education and practice, while 2011 recipient Dr. Eileen Nicolle from Markham Stouffville Hospital will use her award to showcase experts in health equity and diversity through a series of video talks.

**Celebrating leaders in academic Family Medicine**

The *Academic Family Physician of the Year Award* recognizes one individual in the Department of Family and Community Medicine who has demonstrated a sustained contribution to clinical practice, teaching and scholarship.

The accomplishments of award recipients Dr. Nicholas Pimlott (2010) and Dr. Philip Hebert (2011) are honoured in their nominators' words.

2010 DR. NICHOLAS PIMLOTT,  
WOMEN'S COLLEGE HOSPITAL

"...I have often referred to him as 'the current Ian McWhinney,' and no one has ever disputed this. His professionalism and role modeling of the principles of Family Medicine... are highly regarded by all."

## Modelling leadership in Family Medicine

**Dr. Bachir Tazkarji** is just the right leadership role model in Family Medicine—enthusiastic, accomplished and committed to excellence.

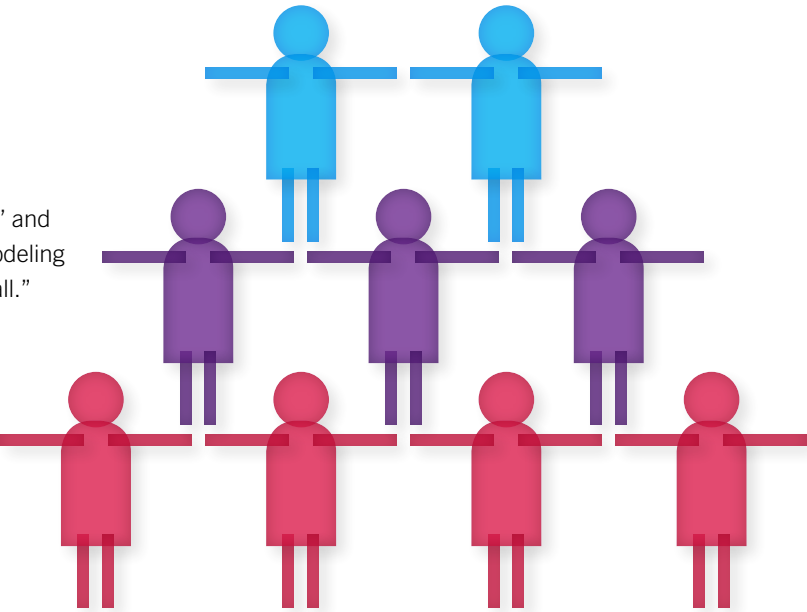
At the Trillium-Summerville Family Medicine Teaching Unit in Mississauga, which opened in 2009, Dr. Tazkarji leads the residency program and is responsible for administering the Family Medicine curriculum to 10 residents, a number that will grow to 18 in July 2012.

He shares his enthusiasm for Family Medicine when he teaches, emphasizing the family physician's unique relationship with patients and special role in the health care system. "No matter where our patients' health takes them," he says, "They come back to us to coordinate their care and they rely on us for our opinions."

Dr. Tazkarji chose Family Medicine, chose to take a geriatric fellowship and chose to become a teacher because these opportunities all foster lifelong learning which he says leads to excellence as a physician. "I tell my residents that if you can be a good primary care physician for the elderly, who are often complex patients, then you will be a good physician at all the other life stages."

As well as being a highly skilled family physician, Dr. Tazkarji is an academic leader. In addition to his role as a site residency program director, he and two colleagues have developed and teach a *DFCM Five-Weekend Care of the Elderly Certificate Course* aimed at family physicians, residents and other health care professionals from across Canada.

"It gives me a lot of satisfaction that I am not only treating a population of need (the elderly), but also contributing to the teaching of health care professionals," he says.





# Demonstrating social responsibility

Academically, clinically and through their advocacy efforts and health equity research, faculty members at the Department of Family and Community Medicine (DFCM) demonstrate a deeply ingrained commitment to social responsibility.

### Social responsibility at the heart of Family Medicine

Social responsibility is woven into the very fabric of the Department's Global Health Program. Its goal is to train family physicians to better care for vulnerable populations locally and abroad.

The Indigenous Health Enhanced Skills postgraduate year three (PGY3) program led by Dr. Difat Jakubovicz welcomed its first participant in 2010-11. This program addresses issues that impact the health of indigenous populations and teaches effective clinical and advocacy skills for Aboriginal people in urban, rural and remote areas of Canada.

The Global Health and Vulnerable Populations PGY3, now in its third year, prepares leaders in local and international global health through a combination of local and overseas training. Residents spend six months training at St Gabriel's Hospital in Namitete, Malawi and the other six months on course work in global health in Canada and the United States. Dr. Katherine Rouleau, the DFCM's new Global Health Program Director, developed this popular program.

In addition to training its own residents, the Global Health Program has also built significant capacity in primary care around the world. A recently completed \$4.9 million Canadian International Development Agency (CIDA)-funded project trained 180 health managers who subsequently led 40 local interventions that affected 650 Brazilian health teams in northeastern Brazil. Since 1999, 130 Chilean health professionals have attended the Program's *Primary Health Care in Family Health* course in Toronto. It is part of a program that includes theory and practice in family health, applied research and weekly

visits to community health organizations in Toronto, Ottawa and Quebec where the participants observe administrative and financial operations as well as innovations in community health. In addition, the Global Health Program is currently collaborating with the Addis Ababa University in Ethiopia to introduce postgraduate Family Medicine training to that country.

### Leading humanitarian efforts

Leadership in social responsibility is also evident in the careers of Department faculty members who have gained international recognition for their efforts.

Dr. James Orbinski, from St. Michael's Hospital, was the Médecins Sans Frontières (MSF) International President from 1998 to 2001. In 1999, on the organization's behalf, he accepted the Nobel Peace Prize. He tells his story in an autobiography and documentary called *An Imperfect Offering*, which in part describes his work as the Chief of Mission to Rwanda during the civil war and genocide that took place between April and July 1994.

Dr. Samantha Nutt is a family physician affiliated with Women's College Hospital and is the Founder and Director of War Child Canada, an international, non-profit association working in support of children affected by war. The organization has benefited more than 500,000 war-affected children and their families.

The provincial and national governments have recognized Drs. Orbinski and Nutt for their work in health human rights and humanitarian efforts. Both received the *Order of Ontario* and the *Order of Canada* between 2009 and 2011.

The Department also recognizes the important contributions of faculty members with an award inaugurated in 2010, the *Award of Excellence in Social Responsibility*.

### Reaching out to underserved populations

Faculty members are making important contributions to improve access to primary care for underserved groups such as the homeless, mental health patients and homebound patients.

In 2010, community family physician Dr. Toni Wertman led the establishment of a primary care clinic for homeless individuals in the North York area. In collaboration with the Department of Psychiatry at the University of Toronto, she also established a primary care clinic for individuals with mental health problems. The North York General Hospital recognized her contributions with the 2011 *Peter R. Newman Humanitarian Award* for exemplary commitment to the welfare of individuals or the community at home or abroad.

At the Toronto Western Hospital (TWH) teaching unit, family physician Dr. Sabrina Akhtar and nurse practitioner Stephanie van Rooy co-lead the *Care for the Home Bound Patient Program*. They work with social workers and pharmacists to provide care to thirty patients and have plans for expansion. The program is integrated with the TWH's electronic health record, further facilitating effective co-ordination of care for the patient with Community Care Access Centres and other community care agencies.

A number of physicians from St. Michael's Hospital provide medical care in various shelters for men, women and youth. Drs. Nasreen Ramji and Sheila Lakhoo recently initiated a comprehensive assessment clinic for homeless individuals with complex health needs.

The Department also brought its leadership and expertise in social responsibility to a new Faculty of Medicine initiative. In 2010-11, Dr. Lynn Wilson, the DFCM Chair, served as the Co-Chair of the Faculty of Medicine's Strategic Plan Social Responsibility Working Group.



## Addressing poverty as a health issue

When it comes to your health, poverty is as risky as smoking, according to **Dr. Gary Bloch**. As a family physician at St. Michael's Hospital, he helps family physicians understand the link between poverty and health and what they can do about it.

In 2009, he received the *Louise Nasmith Award*, which supported him in the creation of a workshop and a clinical tool to educate physicians and other health care professionals about the link between poverty and health. He has conducted over 40 lectures and workshops on this issue at teaching sites across the GTA.

"Every family physician has patients who live in poverty, whether they know it or not," he says. "And if we don't address poverty now, we will pay for it later."

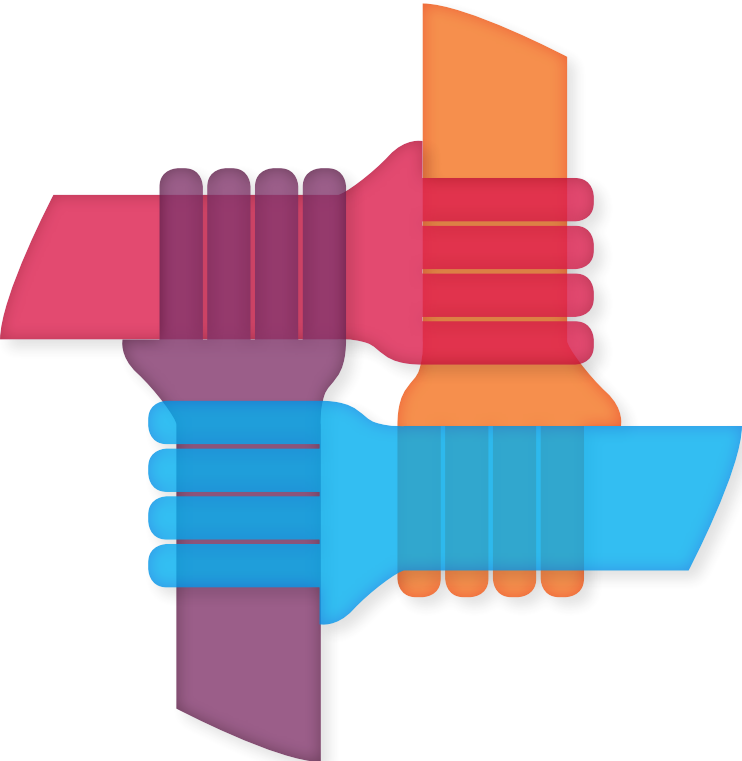
Dr. Bloch sees medicine as a springboard for his advocacy work.

"I came into medicine to put health on the poverty agenda and poverty on the health agenda," he says. "I see it as a way of marrying important social change with helping people individually."

For Dr. Bloch, Family Medicine is ideally placed to address the issues of health and poverty.

"I think my work also points to where Family Medicine is going," he says. "There is a general shift towards a bigger picture of health."

He believes that physicians are a powerful advocacy group. He also knows that they can help patients in need by screening for poverty and by being aware and sharing knowledge of income supports with their patients. At the same time, family physicians can advocate for enhanced supports for those living in poverty.



# Collaborating for excellence

Family physicians are no strangers to collaboration. Collaboration of family physicians with patients and their families, other health care professionals, other specialists and trainees and students is a critical aspect of Family Medicine. Academic activities in the Department of Family and Community Medicine (DFCM) are no different. Dedicated to collaboration, the Department and its faculty members are working successfully outside the Department to advance Family Medicine.

## Building BRIDGES to integrate care

An exciting inter-departmental collaboration is taking shape with the Department of Medicine in the form of the *Building Bridges to Integrate Care (BRIDGES) Project*. In late June 2011, the Departments of Family and Community Medicine and Medicine received \$5.4 million for a three-year program to fund and evaluate integrated models of care for complex patients. *BRIDGES* funds will

be used to support nine projects targeted at improving the quality of care and decreasing preventable hospitalizations, readmissions and emergency department visits.

## A research network in primary care settings

In 2010, the Research Program assumed a leadership role to establish a DFCM practice-based research network (PBRN). The network will bring together the Department's clinicians and practices to engage in research and help them to translate their research findings into practice.

The PBRN will make it easier for family physicians to partner with researchers, develop research questions relevant to primary care, recruit patients for studies, and apply their findings to everyday practice, ultimately improving the quality of patient care.

## Provincial faculty development

At the provincial level, several of the Department's Professional Development Program representatives took part in an initiative of the six Ontario departments of Family Medicine to bring faculty development to new community preceptors. The collaboration hosted a workshop in February 2011 and created an outstanding website, which houses faculty development materials. The website is called *R-Scope*, for *Resources and Support for Community Preceptor Excellence*.

## Engaging nationally

A great many faculty members from the DFCM hold national leadership roles with Canada's Family Medicine accrediting body, the College of Family Physicians of Canada (CFPC). The Department is

represented at the national executive level and on nearly every CFPC committee and section.

The following faculty members currently serve in senior leadership roles with the CFPC:

## CFPC BOARD AND STAFF MEMBERS

- Dr. Sandy Buchman, Chair of the Board of Directors and President Elect (2012)
- Dr. David Tannenbaum, Board of Directors
- Dr. Anne Duvall, Board of Directors
- Dr. Bernard Marlow, Director of Continuing Medical Education/CPD
- Dr. Ivy Oandasan, Consulting Director for Academic Family Medicine
- Dr. Francine Lemire, Associate Executive Director, Professional Affairs

## Collaboration in palliative care research

**Dr. Amna Husain** is a member of the Department of Family and Community Medicine and a clinician scientist with the Temmy Latner Centre for Palliative Care. As a researcher, she believes in an open research culture where people generously share their knowledge and resources in order to further their work as a whole.

"In the end, I think collaboration produces better research because it is not grown in a silo, but informed by what other people are doing," she says.

Dr. Husain describes her research as having three main areas of focus: advancing methods in home palliative care research; exploring factors that influence patient level indicators of quality such as symptom distress and quality of life; and examining patterns of palliative care service delivery and processes that make the delivery of care coordinated and continuous. Her research is original and is having an impact on direct clinical care as well as advancing research methodology for this relatively young field of study.



## Collaboration in community health education

**Dr. Stuart Murdoch's** residents probably didn't expect to test water at a summer camp or observe a restaurant inspection. But they do just that, as a result of a powerful collaboration with their public health unit. When Dr. Murdoch, the Chief of Family Medicine and site director at Royal Victoria Hospital teaching site in Barrie, suggested a Family Medicine rotation in community health, public health was immediately on board.

Now there is a mandatory, month-long community health rotation in the second year of residency training at the Barrie teaching site. Residents say that they are glad to have the rotation because it provides an appreciation for the breadth and depth of work done by the community and public health bodies.

Dr. Murdoch believes this will help residents take advantage of resources in their community.

"Many family physicians have had no public health training," he says. "They are not aware of the roles, resources and possibilities of integrating care with public health. Now our residents are trained to make best use of public health unit resources."



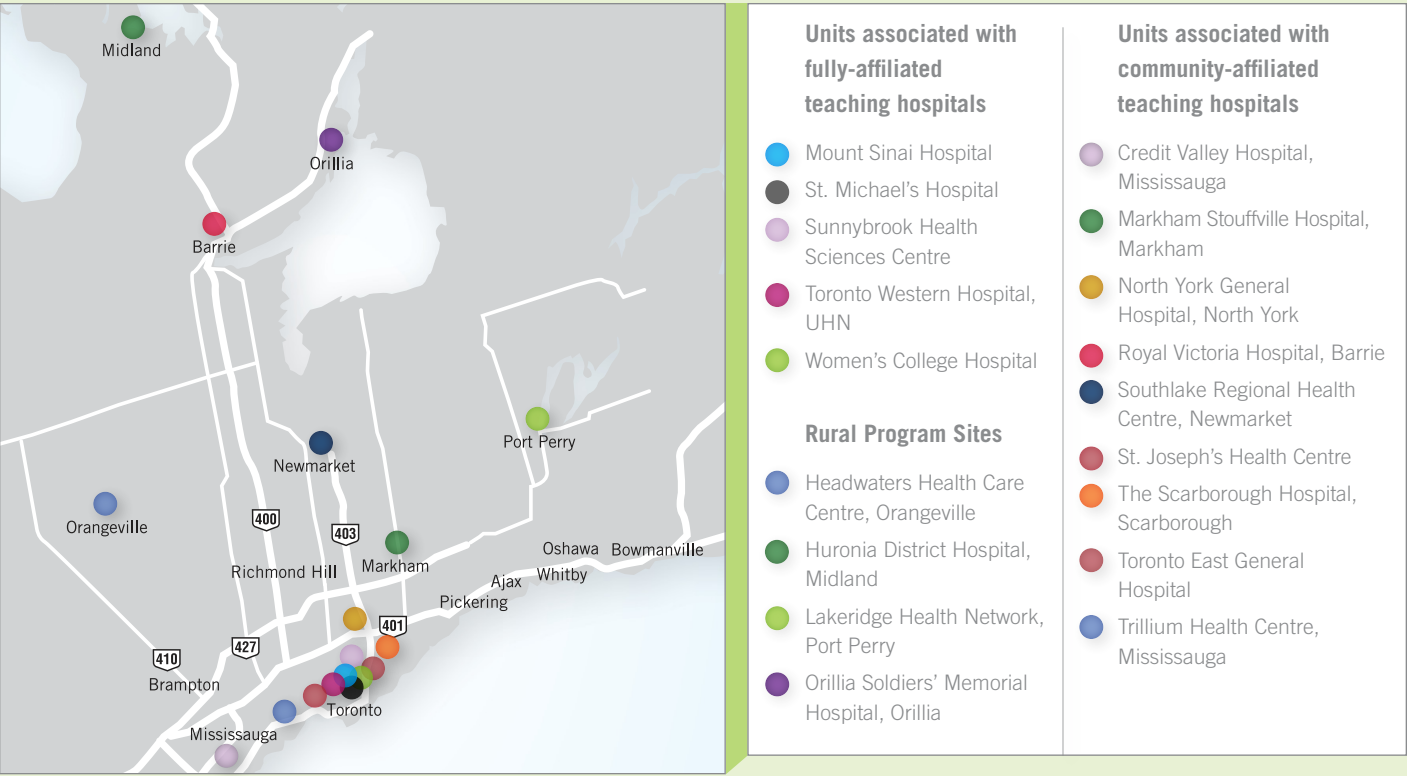
COMMITTEE AND SECTION CHAIRPERSONS

- Dr. June C. Carroll, Chair of the Honours and Awards Committee
- Dr. Michael Evans, Chair of the Patient Education Committee
- Dr. John Foote, Chair of the National Emergency Medicine Program Directors Committee
- Dr. Alan Kaplan, Chair of the Respiratory Medicine Program Committee
- Dr. Ralph Masi, Vice-Chairperson of the Research and Education Foundation Board
- Dr. Nicholas Pimlott, Scientific Editor, *Canadian Family Physician*
- Dr. David Tannenbaum, Chair of the Working Group on Postgraduate Curriculum
- Dr. Roy Wyman, Chair of the National Enhanced Skills Program Directors Committee
- Dr. Sandy Buchman, Chair of the Task Force on the CFPC's Relationship with Industry

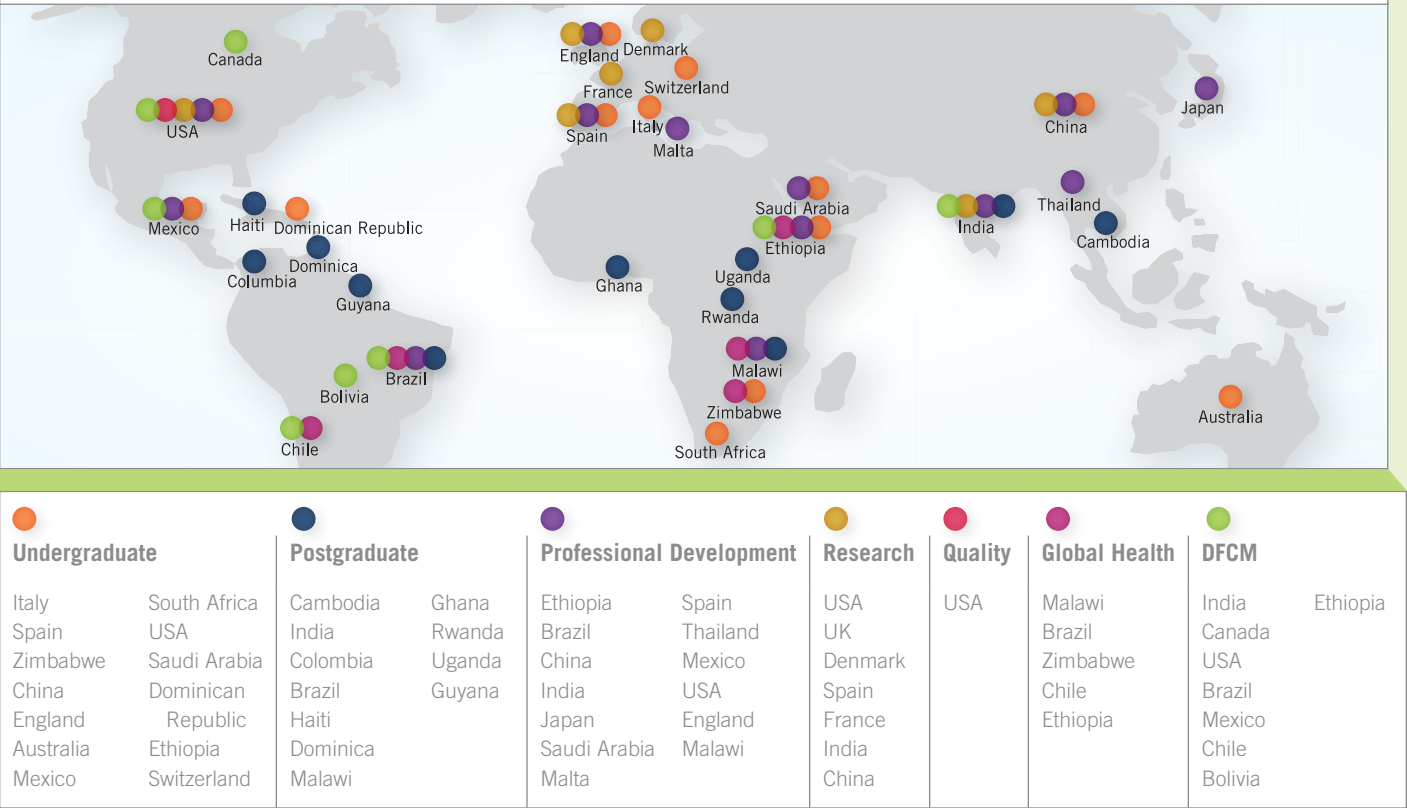
Building Family Medicine internationally

In spring 2011, faculty members worked with a team from Addis Ababa University to conduct a groundbreaking needs assessment study to inform the development of a Family Medicine residency curriculum in Ethiopia. The study involved the observation of 40 general practitioners (GPs) over a two-day period in 10 different sites in Ethiopia. A new software tool was developed in collaboration with Centre de recherche informatique de Montréal (CRIM) and was used to collect data on eight Galaxy tablets donated by Samsung Canada. No similar study to document the roles and responsibilities of GPs has ever been done in the region and the results will be of great interest to medical educators around the world.

PROGRAMS



Faculty member and program impact





# Undergraduate Education Program

More time for Family Medicine means that medical students can better explore its diversity and promise.

Dr. Kymm Feldman

**Curriculum changes offer greater exposure to Family Medicine**

Medical students now experience more Family Medicine in their four years of study. And the more they experience, the more they learn about the diversity of clinical contexts in Family Medicine, the comprehensive care that family physicians provide and the pivotal role that they play in the Canadian health care system.

The change is the result of a steady effort in the past few years by the Department of Family and Community Medicine's Undergraduate Education Program and the Faculty of Medicine. It also reflects the future direction of medical education. In its January 2010 report, *The Future of Medical Education in Canada: A Collective Vision for MD Education*, the Association of Faculties of Medicine in Canada advocated greater integration of Family Medicine into the medical school curriculum:

"Recognizing that generalism is foundational for all physicians, MD education must focus on broadly based generalist content, including comprehensive family medicine. Moreover, family physicians and other generalists must be integral participants in all stages of MD education."

**All medical students experience Family Medicine earlier**

Medical students now have their first extended Family Medicine experience in their second year. In September 2010, the Family Medicine Longitudinal Experience (FMLE) became a mandatory block in the undergraduate curriculum. It places students with community family physicians for a six-session, one-on-one experience, providing clinical exposure before their clinical clerkship years.

**Clerks now spend six weeks with family physicians**

Medical students in their last two years of study (clerks) now spend two weeks longer in their Family Medicine clerkship rotation, for a total of six weeks. Clerks participate in clinical encounters by taking histories, performing physical examinations and formulating differential diagnoses and management plans. Their learning takes place in offices, patients' homes, long-term care facilities, emergency departments, inpatient wards and labor and delivery suites.

The Department's curriculum for the longer clerkship includes sessions previously offered, as well as several new areas of focus. The family violence workshop continues to fill a gap in the medical curriculum with extremely positive feedback from students. New offerings include: a seminar on palliative care from Dr. Jean Hudson and her collaborators; a seminar on global health from Drs. Lisa Ilk, Andrew Pinto and their collaborators; and a session on geriatrics from Dr. Sid Feldman.

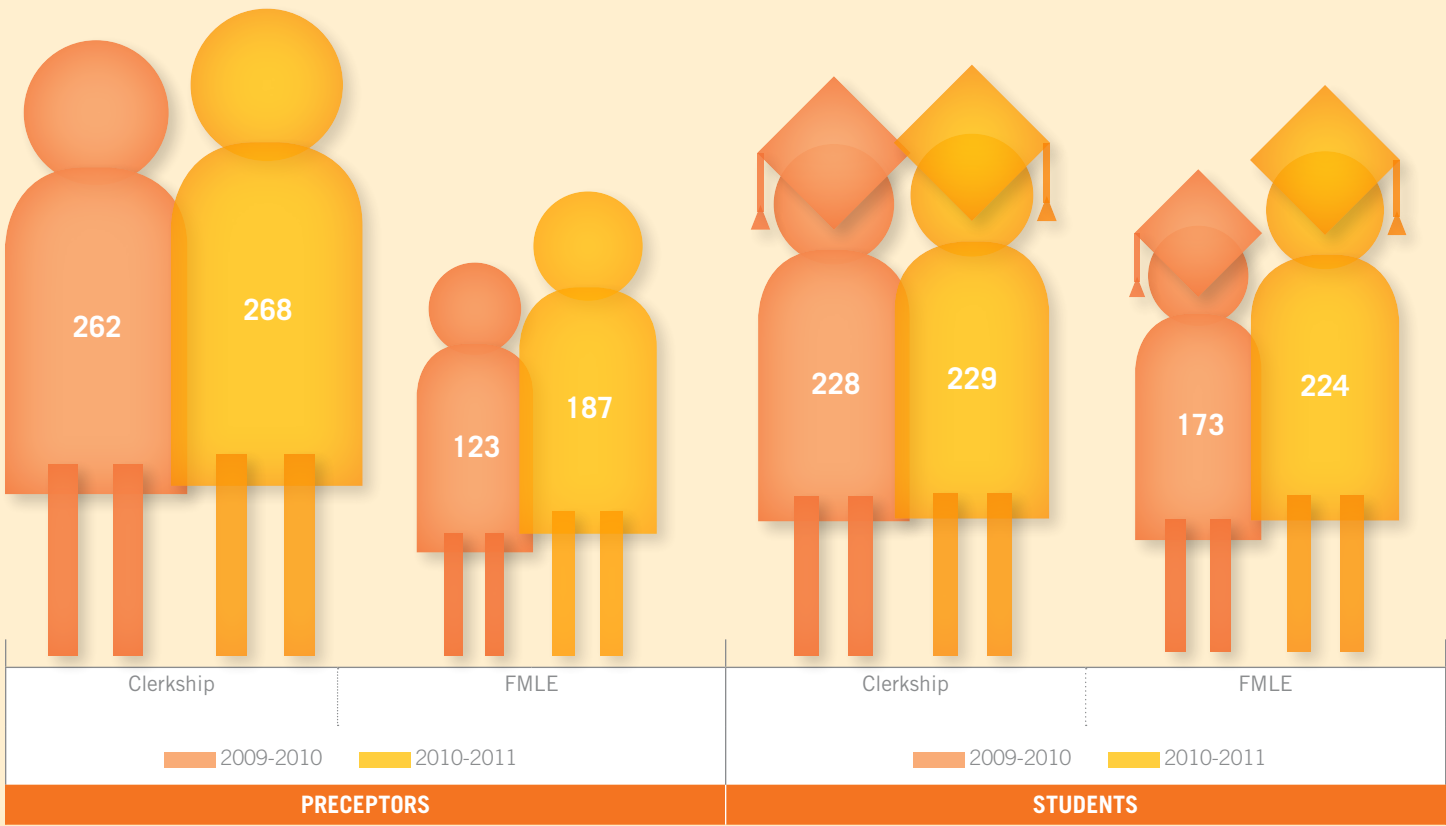
**Evaluating clerks in clinic**

The Department also introduced a new evaluation tool for the clerkship evaluation process to replace the withdrawn Family Medicine Objective Structured Clinical Exam (OSCE). Preceptors

use the new tool, called the Family Medicine Clinical Evaluation Exercise (FM-CEX), to observe, evaluate and give feedback to students. This tool is adapted from the Internal Medicine literature and has been piloted in Family Medicine under the leadership of Dr. Melissa Nutik.

**Leadership changes**

In July 2010, new Undergraduate Education Program leaders took their places for five-year terms. Dr. Jennifer McCabe's five-year term as the Director, Undergraduate Medical Education ended after a successful tenure developing and implementing curriculum changes. Dr. Kymm Feldman, the Program's former FMLE Course Director and Pre-Clerkship Director, replaces her. Other new leaders within the Program are: Dr. Azi Moaveni, Clerkship Director; Dr. Rebecca Malik, Deputy Pre-clerkship Director; and Dr. Susan Goldstein, FMLE Course Director.



## Welcoming medical students to Family Medicine

**Dr. Jean Hudson** calls teaching Family Medicine to medical students her rejuvenation therapy.

"I love working with young, smart people," she says. "When they are in clinic with me I can see the excitement in their eyes, the look that says 'I am really becoming a doctor.'"

Dr. Hudson, the first undergraduate Family Medicine education site director at Credit Valley Hospital, has also been a preceptor since it opened in 2006. She teaches first-year medical students their Art and Science of Clinical Medicine (ASCM) course and third-year Family Medicine clerks.

She says that the Department of Family and Community Medicine has done a good job introducing medical students to Family Medicine. The curriculum provides students with clinical exposure and experience, as well as a lot of one-on-one time with their preceptors. The proximity to a family physician gives them a role-modelling experience and the students often tell Dr. Hudson that they feel they have seen "real-life" medicine during their time with her.

Dr. Hudson is as enthusiastic about teaching as her students are about learning.

"Who wouldn't want to be part of the education of a future physician?" she asks. "They are your future colleagues. And after being taught for so many years, it seems a natural progression to me to be teaching."



# Postgraduate Education Program

The Department of Family and Community Medicine's residency program is nationally recognized for innovation in teaching and learning.

Dr. Karl Iglar

**Educational strides through expansion, integration and scholarship**

The Postgraduate Education Program of the Department of Family and Community Medicine (DFCM) raises the bar for excellence for Family Medicine residency programs. In the past two years, the program has developed ground-breaking curriculum, implemented innovative knowledge assessment tools and added four new Family Medicine Teaching Units, for a total of 14.

**Excellence in educational scholarship**

In 2009 and 2010, the Postgraduate Education Program rolled out two notable innovations: the competency-based curriculum and progress testing.

**Competency-based curriculum**

In response to the change in national accreditation standards in Family Medicine, the DFCM has developed a novel competency-based, Family Medicine-centred curriculum. The curriculum is mapped to the College of Family Physicians of Canada's CanMEDS-FM framework, which describes, in detail, what is expected of family physicians both clinically and professionally.

The curriculum serves as the anchor for all learning experiences in the program by categorizing competencies common to various patient populations and settings. This approach recognizes that while specific content knowledge or procedural skills may differ when working with different populations and in different settings, the clinical method for the generalist physician remains.

Residents can access the competency-based curriculum online and view it by choosing the integrated overview or by a specific domain of practice. This categorization provides a useful overview of the comprehensive, multi-faceted nature of Family Medicine.

**Progress testing**

The Department is the first Family Medicine program in Canada to implement progress testing to evaluate residents' learning throughout their two-year program. Launched in November 2009, the program is led by Dr. Fok-Han Leung, DFCM Progress Testing Lead. Each year, all DFCM Family Medicine residents take two multiple-choice multiple-answer written tests that require them to apply medical knowledge to clinical case scenarios. Dr. Leung's team writes the questions using key features problems as the basis for the tests.

**Bringing together fourteen sites**

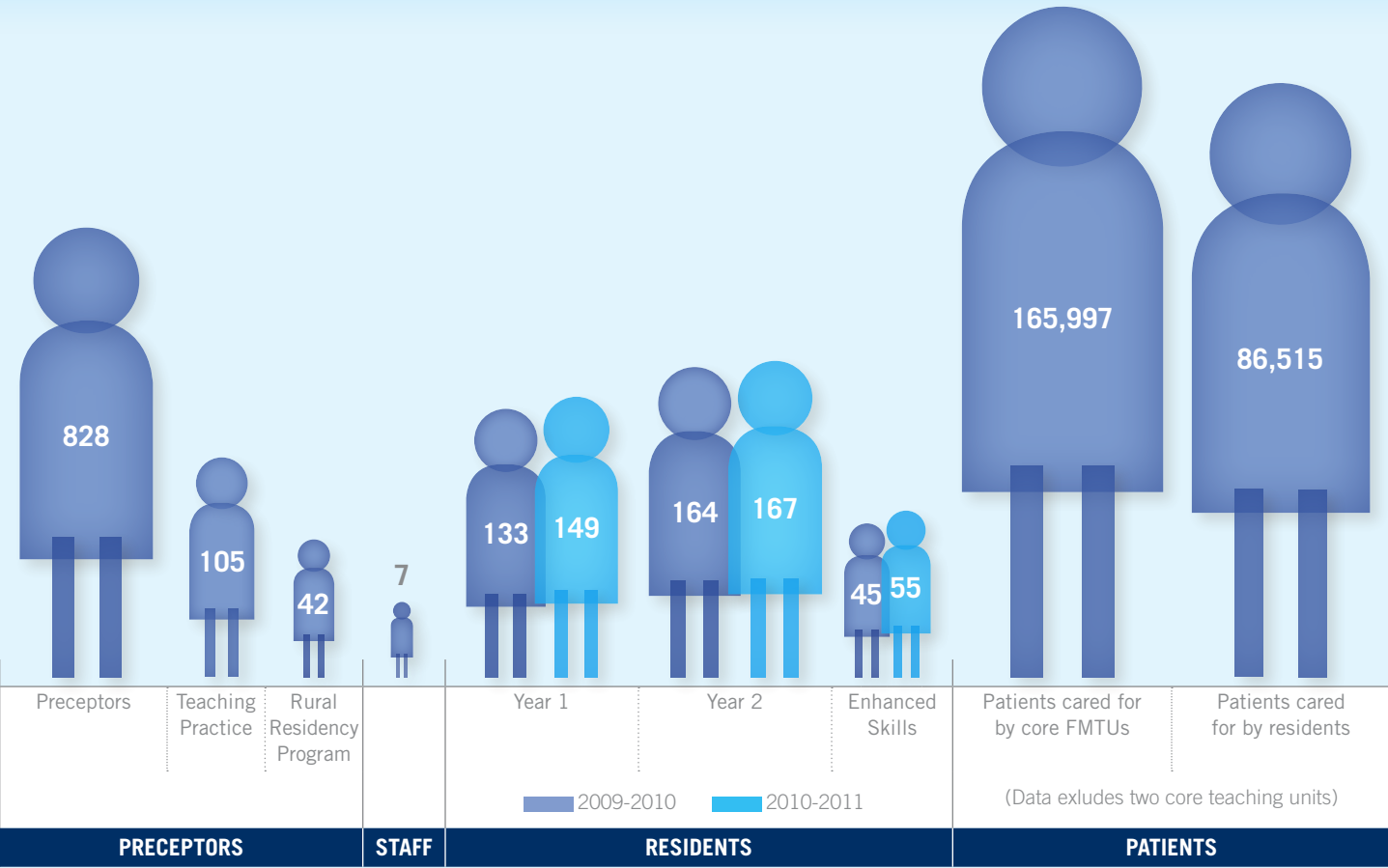
Between July 2009 and July 2011, the Department opened four new Family Medicine Teaching Units to train Family Medicine residents. The new units are associated with the Trillium Health Centre in Mississauga, Southlake Regional Health Centre in Newmarket, Royal Victoria Hospital in Barrie and the Markham Stouffville Hospital in Markham. Each teaching site will grow to educate 18 residents at a time, nine in each year of the program.

With new teaching sites come new teachers who want to be sure that they are teaching the right material the right way. The competency-based curriculum and progress testing are innovations that improve learning but also facilitate teaching, providing explicit expectations and feedback to teachers as well as learners.

Video conferencing helps to integrate the Department's 14 teaching units. Residents at all sites have the potential to connect once a week during their academic half-day. Previously, residents came together to learn only six days each year.

**Quality improvement curriculum in place for residents**

Quality improvement (QI) is a priority within the Department. In November 2011, for the first time, Family Medicine residents will be formally taught a QI and leadership curriculum developed by the Quality Improvement Program. This four-day intensive program is intended to help residents develop the necessary skills to lead teams while effectively finding new and easier ways of enhancing patient care. The introduction of quality improvement will ultimately increase both patient and provider satisfaction and achieve better clinical outcomes.



## Linking educational administration with scholarship

As the Director of the Postgraduate Education Program, **Dr. Karl Iglar** leads the recruitment, selection and assessment of over 300 Family Medicine residents. However, his impact on Family Medicine postgraduate training goes far beyond leading the largest Family Medicine residency program in North America. His innovative contributions to Family Medicine education are improving the quality of teaching and learning in the Department of Family and Community Medicine and across Canada.

He has taken the scholarship in his role in innovative directions. Dr. Iglar conceived and has successfully piloted progress testing—a way for residents to assess their knowledge against a reference base known as the competency-based curriculum. The testing is intended to complement preceptor assessments and engage residents in their own learning. Residents take a written test and receive feedback twice a year, although the tests do not count toward any score or grade.

Another of Dr. Iglar's innovations, the electronic practice profile tool, allows residents to have a record of all their clinical experiences, so that they can find gaps and plan their learning accordingly. Use of the tool became mandatory for first-year residents on July 1, 2011.

"Being a Program Director is the best job for anyone interested in education," he says, "because you can develop your residency training ideas—and over time, you can see the fruits of your labours."





# Graduate Studies and Academic Fellowships

Our health practitioner teacher education programs lead the way, internationally, for faculty development programs in clinical education.

Dr. Helen Batty

## International leaders in health professions education and academic fellowships

The Department of Family and Community Medicine is internationally known for its pioneering approach to educating health professionals for academic leadership. Around the world, family physicians and other health care professionals associate health professions education with Professor Dr. Helen Batty and her colleagues who have delivered the Department's courses locally and globally.

The Department's graduate studies programs offer learners a variety of options focused on enhancing clinical and scholarly skills to position them for academic leadership across medical specialties and health professions: master's degrees; an enhanced clinical Academic Fellowship; and certificate programs in teaching and learning in the health professions.

## Preparing clinical and academic leaders

The Department's master's degrees are offered through the graduate degree program in the Dalla Lana School of Public Health at the University of Toronto. They are designed to support practicing health professionals who wish to become teachers, educators and leaders in their professional fields.

The Master of Science in Community Health (MScCH), which can be taken in one year on a full time basis or in five years part time, offers two streams. The Family and Community Medicine (FCM) stream strengthens the clinical practice of Family Medicine and community primary care by developing leadership, teaching, critical analysis and research skills amongst current and future faculty.

The Health Practitioner Teaching Education (HPTE) stream concentrates on the study of teaching and learning and is considered a teaching certification for health professionals. It attracts learners from all health care professions; in fact, only half of the learners are family physicians.

## Innovation through adaptation

The Department has recently renewed its comprehensive master's degree program to offer the first Canadian Master of Public Health (MPH) designed specifically for family physicians and other primary care practitioners. This degree aims to bridge public health and primary care medicine by providing learners with knowledge and skills that they can apply not only to individual patients but also to their practice as a population. Like the MScCH, this degree can be taken in one-year full time or five years part time.

The new MPH in Family and Community Medicine (formerly the MScCH in FCM) accepted its first cohort of learners in 2010. This degree has already attracted interest from physicians and other health care professionals from around the world.

## Program enrolment continues to increase

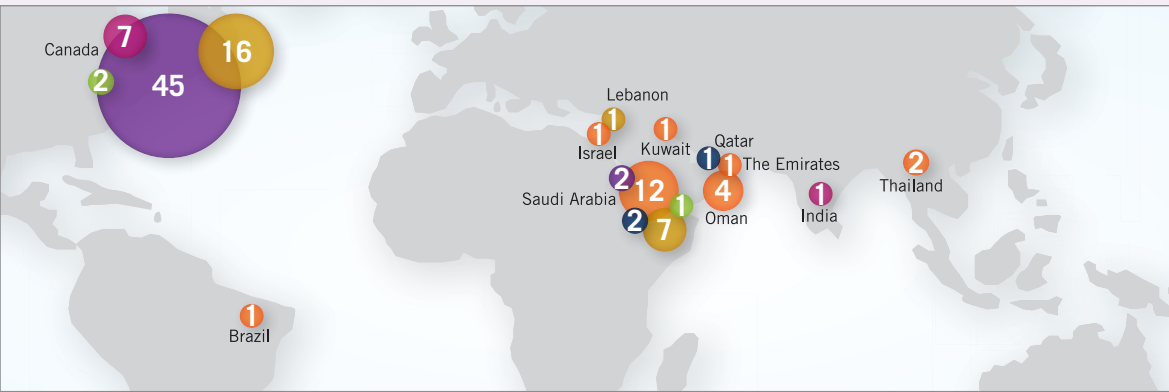
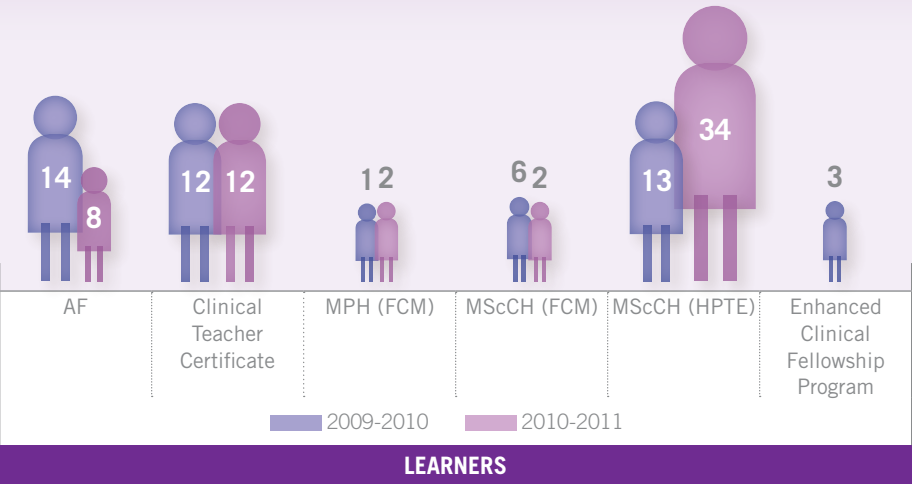
Each year, an increasing number of physicians and other health professionals come to Toronto to take part in one of the Department's longer-duration programs, such as an academic fellowship or a graduate degree program.

The graduate studies and academic fellowship programs continue to be popular due to: their international reputation for training leaders in academic medicine; the rich and stimulating learning environment; and the faculty, who are experts in clinical education and academic leadership.

The vision for the new Master of Public Health in Family and Community Medicine is to provide a unique graduate degree that allows primary care practitioners to acquire relevant public health skills that can be used to have a direct impact on their patient populations and communities as a whole.

Dr. Curtis Handford

INCOMING STUDENTS IN GRADUATE STUDIES, ACADEMIC FELLOWSHIP AND CLINICAL TEACHER CERTIFICATE



## WHERE THEY COME FROM

AF	Brazil	1
	Israel	1
	Saudi Arabia	12
	Kuwait	1
	Oman	4
	Thailand	2
	The Emirates	1
CTC	Canada	16
	Saudi Arabia	7
	Lebanon	1
ECFP	Saudi Arabia	2
	Qatar	1
MPH	Canada	2
	Saudi Arabia	1
MScCH (FCM)	Canada	7
	India	1
MScCH (HPTE)	Canada	45
	Saudi Arabia	2

## Attracted by clinical leadership training

Dr. Odhayani is a family physician in the Kingdom of Saudi Arabia (KSA) and is spending a year in Toronto to attend the Academic Fellowship program at the Department of Family and Community Medicine. He enrolled in the Department's program to advance his career as an academic family physician.

Although he is already an accredited Family Medicine teacher at home, he says the program here will help him take his teaching to the next level.

"We learn adult education theory, teaching and learning strategies and can share our teaching experiences with the Department's faculty members—who are very experienced teachers themselves as well as academic experts in teaching and learning," he says.

Dr. Odhayani is also here to learn the basics of research and set for himself a goal to have one article published during his fellowship. In fact, he had two articles accepted for publication in *Canadian Family Physician*. One is about the importance of teaching communication skills to Family Medicine learners and the other looks at what a Family Physician should know about child abuse.

He intends to continue publishing.

"I plan to write more about Family Medicine practice and about teaching in Family Medicine, specifically about methods and strategies for Family Medicine learners."





# Professional Development Program

Our faculty members develop and deliver award-winning professional and career development initiatives.

Dr. Jamie Meuser

### Offering a variety of flexible learning opportunities

Award-winning programs and far-reaching collaborations in faculty development are the hallmark of the Department of Family and Community Medicine's (DFCM) Professional Development (PD) Program. This is as it should be—the program exists to support the excellent teaching and academic work of DFCM faculty members.

The Professional Development Program offers continuing education in the form of faculty development, graduate studies, academic fellowships and certificate courses. Offerings include: *Basics for New Faculty*, an annual three-day introduction to teaching; *Beyond Basics*, a shorter course covering different themes (Practical Skills for Faculty in 2010, Faculty Career Development in 2011); and the DFCM's annual faculty development days in April (Academic Family Medicine: The Tools of the Trade in 2010, Educational Transformations in 2011).

On a larger scale, the Program also oversees the annual *Primary Care Today* conference that is attended by over 2,000 family physicians and other health care practitioners each year. It offers continuing medical education in the form of Mainpro-M1 and Mainpro-C accredited learning in topics relevant to primary care.

Faculty members can also make use of academic career planning resources through the Professional Development representatives at each teaching site as well as choose to participate in the Program's formal Mentorship Program. Financial supports round out the PD Program's offerings, such as the four scholarships that are available for the Department's Clinical Teacher's Certificate Program—a flexible opportunity for faculty members to expand their understanding of clinical education and improve their teaching.

### Supporting faculty members through the promotion process

The Department has significantly improved its support for faculty

advancement. In 2009-10, 20 participants attended the DFCM's first annual workshop series focused on senior promotion to the rank of Associate Professor or Full Professor. The workshops cover topics such as CV preparation, documenting excellence in scholarship and teaching and selecting dossier reviewers.

To further support faculty, the Program published a step-by-step “cookbook” for completing promotion packages and enhanced the resources available on the DFCM website. Program staff also continues to nurture relationships between DFCM administrative staff and the teaching units to ensure efficient, successful applications for both promotions and appointments.

The Program will build on its success by expanding its focus to address the promotion of faculty from Lecturer to Assistant Professor.

### Collaborations across the country and around the world

Members of the Department's Professional Development Committee and other DFCM faculty work with their provincial and international colleagues to devise and provide faculty development opportunities.

In 2010-11, several DFCM faculty members joined a collaborative team of family physician clinician educators from the six Faculties of Medicine in Ontario for a Ministry of Health and Long-Term Care-funded initiative to provide support for community-based Family Medicine faculty. The team produced an outstanding website of

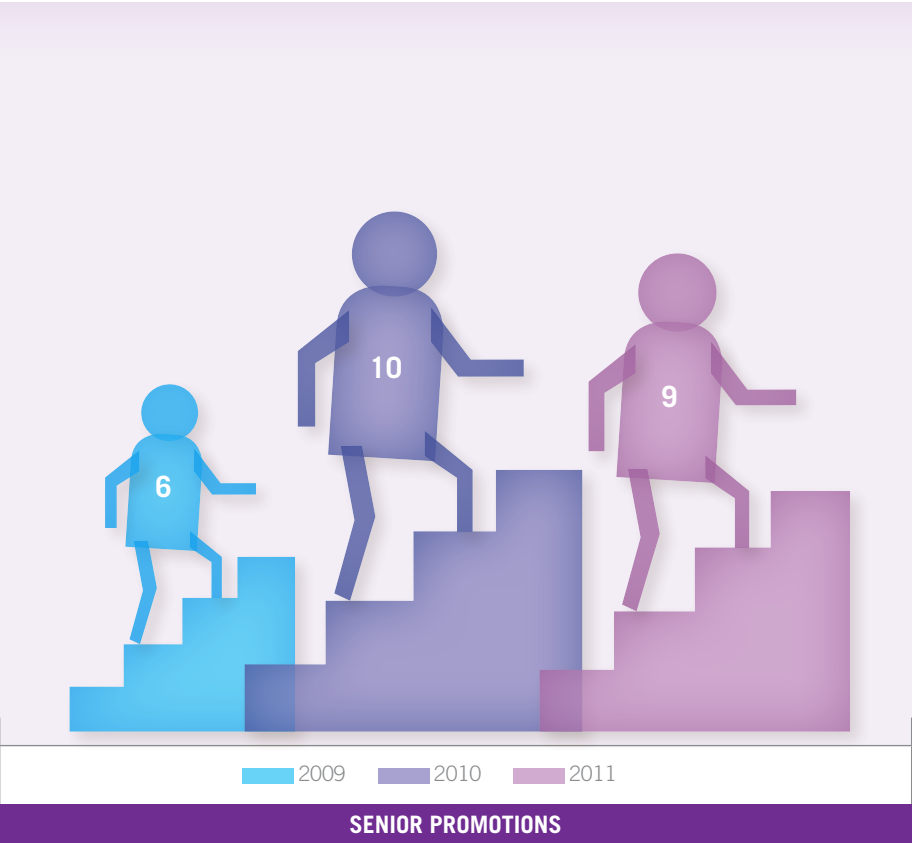
teaching resources called *R-Scope (Resources and Support for Community Preceptor Excellence)* and held a province-wide faculty development event in Toronto in February 2010.

Funding from the initiative has also been made available to the DFCM's Teaching Practices Program and Rural Residency Program and will be used to provide faculty development across the province in the 2011-12 academic year.

Also in 2011, the DFCM participated in the first *International Faculty Development Conference in the Health Professions* hosted by the University of Toronto's Faculty of Medicine, St. Michael's Hospital and McGill University's Faculty of Medicine. Drs. Jamie Meuser, Gwen Sampson, Katherine Rouleau, Jane Philpott and their African colleagues presented a workshop on the DFCM's international collaboration in faculty development with Addis Ababa University in Ethiopia that began in 2008.

### Award-winning programs for faculty development

In 2010, the Faculty of Medicine recognized DFCM faculty members' achievements in faculty development with two awards. The Basics Program Planning Committee won the 2010 *Helen P. Batty Faculty Development Award for Innovation in Program Development and Design* and Dr. Jamie Meuser won the 2010 *Helen P. Batty Award for Sustained Contribution to the Field of Faculty Development*.



PROMOTIONS TO PROFESSOR	
2009	
Dr. Phillip Hebert	Dr. Ross Upshur
2010	
Dr. Rick Glazier	Dr. James Orbinski
PROMOTIONS TO ASSOCIATE PROFESSOR	
2009	
Dr. Debbie Elman	Dr. Barbara Stubbs
Dr. Rick Penciner	Dr. William Watson
2010	
Dr. Bjug Borgundvaag	Dr. Valerie Krym
Dr. Tony D'Urzo	Dr. Jamie Meuser
Dr. Steven Friedman	Dr. Leslie Nickell
Dr. Liisa Jaakkimainen	Dr. Pat Rockman
2011	
Dr. Julia Alleyne	Dr. Brenda McDowell
Dr. Monica Branigan	Dr. Rahim Moineddin
Dr. Jocelyn Charles	Dr. Jeff Myers
Dr. Amna Husain	Dr. Cynthia Whitehead
Dr. Karl Iglar	

## Connecting to faculty

When **Dr. Gwen Sampson**, a family physician in the Teaching Practices Program, became involved with the Department of Family and Community Medicine she discovered a passion for professional development.

“I enjoy helping people figure out what they really want to do and reach their potential,” she says. “It’s as rewarding to do that as to realize my own potential as a scholar.”

She has been practicing Family Medicine for twenty years and has always known that one day she would teach. In 2007, she and her colleagues at the Stouffville Medical Centre joined the DFCM as a Teaching Practices (TP) Program site. That year she also enrolled in the Master of Science in Community Health in the Health Professions Teaching and Education stream.

Her new academic interest led to her role as a Professional Development site representative for the Teaching Practices Program.

Now Dr. Sampson helps her Teaching Practices colleagues identify their professional development needs and provides the appropriate support—from suggesting approaches and resources to a colleague with a resident in difficulty, to guiding someone through the faculty appointment or promotion process.

Since 2009, along with Teaching Practices Program director Dr. Erika Catford and DFCM staff member Elicia Ayoub, Dr. Sampson has worked hard to reconnect with TP preceptors, improve communication and offer them faculty development. In addition to making a positive impact on their preceptors, the TP team's work also earned them a 2011 Professional Development Program award for *New Leadership in Professional Development*.



# Research Program

In order to revitalize the DFCM's research mission, support for researchers must be available at each level of training and practice.

Dr. Eva Grunfeld

### Enhancing support for Family Medicine researchers

It is still uncommon for a family physician to have a major research career. Family Medicine research is a relatively young field and, as such, the family physician researcher faces challenges that colleagues in other research fields may not. Family Medicine researchers may have less in the way of administrative support for grants and projects, more difficulty obtaining protected time for research and find fewer career mentoring opportunities. And as a relatively young research field, Family Medicine research may also not be given the same level of academic acknowledgement as in other health research fields.

The Research Program in the Department of Family and Community Medicine (DFCM) is working hard to address these issues. It is enhancing its infrastructure to provide additional support to researchers and taking steps to cultivate a new generation of Family Medicine researchers.

### New leadership strengthens the Research Program

New leadership is laying the foundation for a stronger Research Program, reflecting the Department's high priority for the revitalization of the research enterprise in its strategic plan.

In November 2008, Dr. Eva Grunfeld joined the Department as the Research Program Director, bringing an impressive track record as a research scientist and extensive experience as an administrator and leader in senior roles provincially, nationally and internationally.

The Research Program also recruited Dr. Paul Krueger as the Associate Director. His strong research and teaching backgrounds have benefited the Department in his pivotal role supporting researchers and encouraging collaboration.

### Cultivating a new generation of Family Medicine researchers

Under Dr. Grunfeld's leadership, the Research Program is making

significant changes to better support Family Medicine researchers. These changes include a new and important focus on researchers early in their careers. The *Investigator Awards Program* (previously the *Research Scholar Program*) now offers *New Investigator Awards* to DFCM faculty who have completed their highest academic degree within the last five years. Funding for up to three years is available to help researchers to build their track records and to be better able to compete for external career awards and research grants. In 2011, *New Investigator Awards* were granted to Drs. Megan Landes, Tara Kiran and Sumeet Sodhi.

The Research Program also supports DFCM faculty enrolled in graduate-level training in research with the new DFCM *Research Fellowship Awards*. In 2010, research fellowships were awarded to Drs. Noah Ivers and Alisa Naiman, who are both family physicians enrolled in doctoral research programs.

Many medical students are not aware that important medical research is conducted in primary care settings. The Research Program works with the Department's Undergraduate Education Program and the Faculty of Medicine to introduce medical students to Family Medicine research. Identifying and supporting students with the interest and aptitude for Family Medicine research is an initial step to cultivating a new generation of Family Medicine researchers. Researchers in the DFCM can also help by funding a medical student's participation in the Faculty of Medicine's research

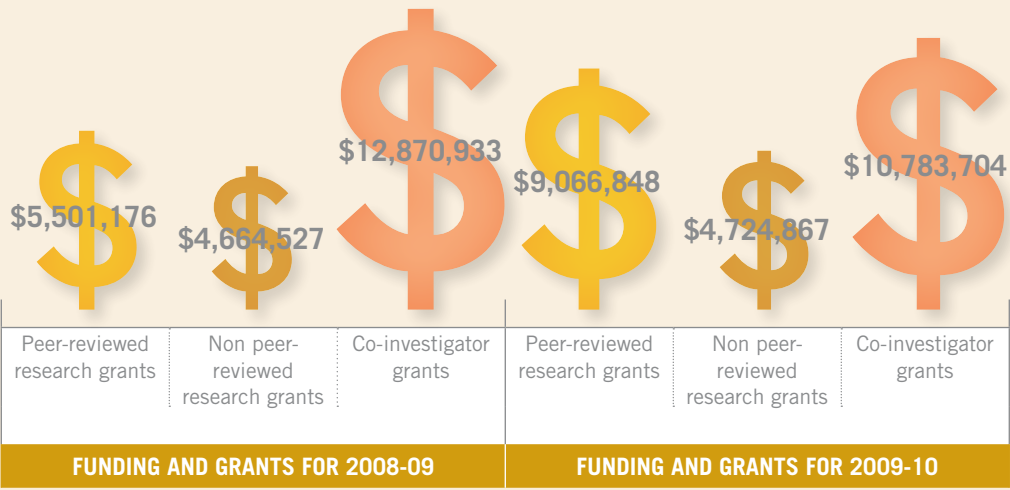
experience for medical students, called the *Comprehensive Research Experience for Medical Students (CREMS)*.

### Research rounds revived

In 2010, research rounds were revived, bringing together the Department's researchers from their different teaching, research and clinical sites. The rounds are now accredited and consist of a formal presentation by an invited speaker, a research in progress section and time for networking with colleagues. It is a popular event that enables the Department's researchers to gather feedback, find help or mentorship and share knowledge resources. Rounds starting in the 2011 academic year will be made available to faculty members through video conference.

### Formalizing research mentorship

Throughout their careers, researchers must navigate a complicated network of organizations to find support that will enable them to conduct their research. In 2010, the Research Program put a large set of resources online that provide guidance in areas such as preparing a funding application, study design and writing research proposals. A formal mentorship program was also established and mentorship is being recognized through a new annual mentorship award. The inaugural award was presented to Dr. Rick Glazier in 2010.



## Combining Family Medicine practice and research

"Smoking ban sparks drop in hospitalization, study finds," said the headline of an April 13, 2010 Toronto Star article. That's the day **Dr. Alisa Naiman** woke up to see her research findings on the front page of the *Globe and Mail*, as well in the pages of Toronto's other daily newspapers.

"It was shocking and wonderful," she says. After all those years of hard work and the inevitable roadblocks, the media coverage helped to validate my hard work and confirm, yet again, that I want to continue with research."

Dr. Naiman is in her fifth year of practice as a family physician. She is also a PhD student and in late 2010 was awarded a Research Fellowship by the DFCM's Research Program. She stresses the importance of a PhD.

"I didn't think so before, but to elevate your research you really must have a firm methodology and theoretical background. Acquiring a PhD is the way to do it."

The integration of research and clinical skills are essential for her work as a researcher. She says that to do Family Medicine research you have to know what's going on in the clinic.

"Not only do you know, as a physician, what the important clinical and system questions are," she says, "you can undertake that research and improve your patient care as a result."





# Global Health Program

The relationships and accomplishments from the past 10 years will help to pave the way for even more success in the next 10 years.

Dr. Yves Talbot

### Successful completion of the Strengthening Primary Health Care Management (AGAP) Project

The year 2010 marked the end of a tremendously successful Global Health Program project partnership that had a significant positive impact on the health of thousands of Brazilians. When this project began, it represented the largest Canadian International Development Agency (CIDA) funded project—\$4.9 million—ever awarded to the University of Toronto.

The two-year-long *Strengthening Primary Health Care Management Project* (Aperfeiçoamento da Gestão em Atenção Primária, or AGAP) was a partnership among the Canadian International Development Agency, the Department of Family and Community Medicine (DFCM), the Brazilian Council of State Health Secretariats (CONASS) and Brazil's Ministry of Health.

The AGAP Project conducted interventions by training health care team managers in four low-income states in northeastern Brazil who

then coordinated primary care delivery. The objective was to improve health outcomes in a number of areas, including maternal and infant mortality, tuberculosis and mental health.

More than 180 health managers and coordinators from both state and municipal levels developed at least 40 local interventions that affected 650 family health units throughout the region.

Three reports are being published as a result of the project. The University of Brasilia's is an in-depth evaluation of the AGAP Project, the CONASS report is about the logistical elements of the project and the Pan American Health Organization (PAHO) report highlights 12 of AGAP's 41 intervention projects.

### Postgraduate opportunities to participate in global health

In 2009, the Department launched the PGY3 Enhanced Skills Program in Global Health and the Care of Vulnerable Populations. The goal of the program is to enhance the ability of Canadian family

physicians to address global health issues and to care for vulnerable populations locally and abroad. Trainees spend the first six months of the program in Canada followed by six months working with partner hospitals in Malawi or Zimbabwe or working with vulnerable populations in Toronto.

In 2010, global health offerings were further enhanced with the launch of a Postgraduate Program in Global and Intercultural Health through the DFCM's new Markham-Stouffville Teaching Unit. The program offers a longitudinal focus on global and intercultural health throughout the two-year postgraduate Family Medicine residency curriculum.

The Global Health Program also offers postgraduate international electives. During 2009-10, 14 Family Medicine residents undertook international electives in eight low and middle-income countries (LMICs): Cambodia, India, Colombia, Brazil, Haiti, Dominica, Malawi and Ghana. In 2010-11, 10 residents participated in international electives in seven LMICs: Dominica, Guyana, Zimbabwe, Malawi, Uganda, Ghana and Rwanda.

### Faculty members collaborate internationally

DFCM faculty members have joined a University of Toronto partnership with Addis Ababa University (AAU) in Ethiopia to share the DFCM's faculty development expertise. An initiative is underway to support the establishment of Family Medicine training at AAU. A Family Medicine coordinating committee has been formed at AAU

and the residency program is slated to begin in January 2012. The curricular development will be guided in part by a time-motion study of Ethiopian general practitioners conducted by the DFCM Global Health Program in 2011.

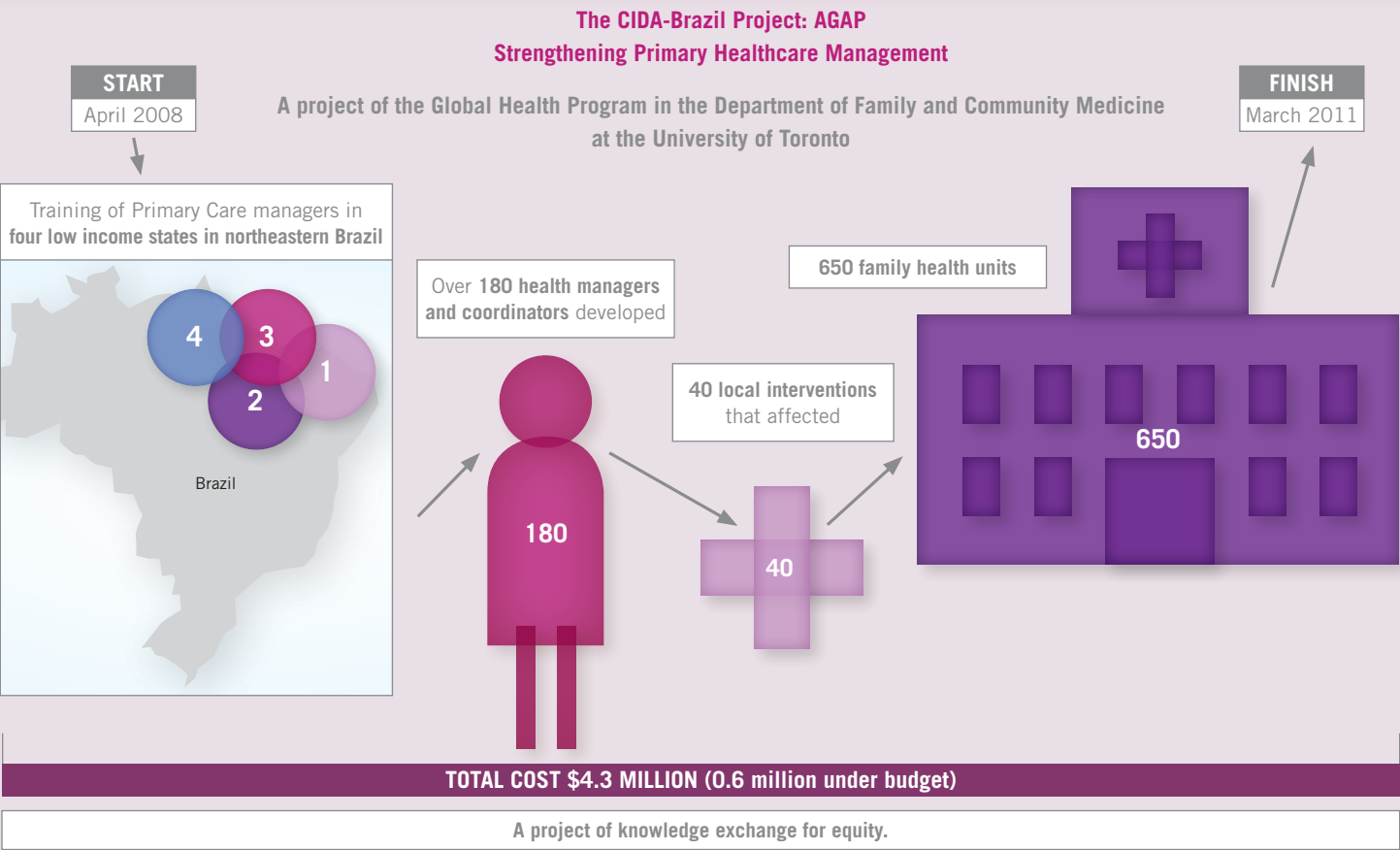
### Continuing to build capacity through a long-standing relationship with Chile's Ministry of Health

The DFCM is a key participant in the *Chile-Canada Scholarship Program*, sponsored by the Chilean Ministry of Health. Since 1999, the Department has trained over 130 Chilean health professionals through its *Primary Health Care in Family Health* course. In 2009 and 2010, 28 primary care professionals successfully completed the customized six- to eight-week course in Toronto, which included lectures by DFCM faculty, group projects and presentations and site visits to a variety of local community health centers.

### Setting the course for the future

In January 2010, the Program held a strategic planning retreat to develop and clarify its central values and priorities. The resulting goals and strategic directions are available in the *Global Health Program Strategic Plan*, available on the DFCM's website.

In 2010-11, the DFCM Global Health Program celebrated 10 years of success under the leadership of Dr. Yves Talbot. As of July 1, 2011 the Program welcomes a new director, Dr. Katherine Rouleau.



## Training Global Health fellows in Malawi

New faculty member **Dr. Athanase Kiromera** is the Director of St Gabriel's Hospital in Namitete, Malawi, where Department of Family and Community Medicine global health fellows spend a six-month rotation.

St Gabriel's serves 250,000 people and provides inpatient, ambulatory and hospice care as well as an outreach clinic and a home-based care program. The Department's global health fellows see patients in the hospital but also in their communities through the home-based care program. By visiting patients at home, the fellows gain a better understanding of health challenges in the community.

"When the fellows leave Malawi they are well prepared to meet the medical challenges in global health," says Dr. Kiromera. "In their rotation with us they see some of the biggest medical problems of our time: HIV, tuberculosis, malaria and water-borne diseases. They appreciate the critical role of the family and the community in the individual's health-seeking behaviour, and in the individual's consent and adherence to diagnostic or therapeutic decisions."

In addition to enhancing their medical skills, fellows also see firsthand the socio-economic challenges linked to poverty and insufficient human resources, drugs and supplies. They learn how local communities approach the problems and how they might do the same.

Dr. Kiromera feels it is important that fellows are exposed to both the medical and socio-economic aspects of global health.

"In the era of globalization," he says, "I don't think medicine can stay isolated from global activities in social economics."





# Quality Improvement Program

## Transformational change

A transformational change is sweeping the Department of Family and Community Medicine (DFCM) in the form of the Quality Improvement (QI) Program. Launched in April 2010 under the leadership of Dr. Philip Ellison, Mary-Kay Whittaker and Margaret Bucknam, it is the first new program in the Department in 10 years and a key initiative identified in the DFCM's 2009-13 strategic plan.

Through the QI Program, the DFCM intends to make a significant, sustainable and strategic impact on health care system performance at the primary care level. The Department believes that family physicians are ideally positioned to lead the transition to a quality improvement culture in primary care due to their broad scope of practice and relationships within the health care system, their level of education, and their skills—many of which are transferable to leading change.

For a family physician, the essence of our medical life is the quality of care we provide to our patients.

Dr. Philip Ellison

## Developing a postgraduate QI curriculum

The new Quality Improvement Program will address the need for comprehensive, formal training in quality improvement for family physicians. A new curriculum will provide residents, faculty, other physicians and primary health care practitioners with knowledge and skills in quality improvement and change management and the leadership competencies required to engage and drive QI activities.

In the fall of 2011, for the first time, first-year Family Medicine residents will participate in a mandatory four-day block of training in quality improvement and the leadership of teams, developed and piloted by the QI Program. They will then return to their clinical sites to complete a QI project.

## The quality framework

Adapted from the Institute of Medicine

**Safety:** First, do no harm. No one should be harmed by health care.

**Timeliness (Accessibility):** The right care, at the right time, in the right setting, by the right health care provider.

**Equitability:** Providing services to all in need without discrimination.

**Effectiveness:** Providing service that works based on the best evidence available.

**Efficiency:** Avoiding the provision of services that waste and/or that are unlikely to benefit.

**Patient-centred:** Ensuring that patient values, needs and preferences guide clinical decisions.

## Why QI?

Quality improvement advances health care through learning from practice—identifying opportunities for improvement, working with interprofessional teams to measure current processes, setting targets for change and improving through rapid cycle, small incremental innovations. QI needs empowered teams, strategic leadership and a non-judgemental culture. It emphasizes the use of data to make improvements and encourages the creation of best practices from those improvements.

## Embedding quality into Family Medicine practice

Patients at the South East Toronto Family Health Team notice the difference that a focus on quality makes.

“Patients feel important and that they are being well looked after,” says **Leena Basandra**, a registered nurse on the team.

The Family Medicine Teaching Unit has been working with Ontario's Quality Improvement and Innovation Partnership, now part of Health Quality Ontario, for several years and brings this valuable experience to the DFCM's Quality Improvement (QI) Program.

The Team's family physicians, interprofessional health practitioners and staff have tested dozens of quality improvement scenarios to improve access to care and the treatment of conditions such as asthma/chronic obstructive pulmonary disease (COPD) and hypertension and diabetes.

While the outcomes are worth it, creating a culture of quality improvement is not always easy.

“It is a journey for the providers and for patients,” says family physician **Dr. Tia Pham**, “QI is an iterative process to define and to arrive at something that works for the team and the patient's health.”

And sometimes a QI change doesn't result in the expected improvement. But it does represent progress.

“The system is not adversely affected by findings that don't lead to improvements,” says team pharmacist **Jennifer Lake**. “We learn as much from something that doesn't work. We keep trying because success means that patients get better care.”

Last year, **Dr. Sam Tirkos** was a Family Medicine resident with the team. He has since joined the FHT as a practicing family physician.

“QI is simply embedded in my practice and integrated into my daily routines,” he says. “It's what I know. I'm excited for the residents in 2011-12 who will be the Department's first set of residents to be trained through the new QI Program.”



# Divisions

The Division of Palliative Care

A NEW DIVISION

Family physicians provide care throughout a patient’s lifetime and often play an important role in their palliative or end-of-life care, too. In 2007, the Division of Palliative Care (DPC) of the Department of Family and Community Medicine (DFCM) was formed to create and support a community of practitioners, educators, researchers and leaders who aim to improve palliative and end-of-life care for patients and their families. DPC membership is made up of physicians, nurses, social workers, pharmacists and several other professions from community, academic and tertiary hospitals. There are 60 DFCM faculty members and an equal number of associate members.

BUILDING A COMMUNITY

The DPC is building an academic community to improve and share palliative care education and research. By strengthening relationships, communication and collaboration among clinicians in all of their various practice settings, the DPC will support the integration of quality palliative and end-of-life care for patients and families at the individual and institutional level.

PALLIATIVE CARE IN EDUCATION

Palliative care curricula are delivered at both the undergraduate and postgraduate medicine levels. During pre-clerkship, medical students participate in *Approaching End of Life* week, which explores core concepts such as pain and symptom management, breaking bad news, ethics and decision-making at end-of-life and communication skills.

The third and fourth year curriculum has evolved to include additional emphasis on the patient experience of care, as well as management of pain and other symptoms. Part of the clerkship curriculum includes a highly rated film and discussion seminar developed by DFCM faculty members from Credit Valley Hospital. As well, the newly developed Transition to Residency course for medical students will offer clinical opportunities in palliative care.

Some of the DPC’s members have been instrumental in the development, implementation and evaluation of an innovative interprofessional palliative care educational experience that is one of only five core learning activities at the University of

Toronto’s Centre for Interprofessional Education. The palliative care experience is the only core learning activity that precedes the Centre’s inception, which demonstrates palliative care’s strong commitment to interprofessional education.

DPC members also provide postgraduate training in both the conjoint palliative medicine residency program and the clinical palliative care Enhanced Skills PGY3 program.

PALLIATIVE CARE RESEARCH

In 2010, the DPC research leads surveyed the Division’s members to explore their perceived knowledge translation (KT) needs and determine the best way to meet those needs. From the survey results, the DPC developed an innovative approach to make its research activities relevant to the entire division by directly linking them to the DPC’s continuing professional development (CPD) initiatives. The outcome is a close collaboration between the DPC research and CPD committees.

Linking research to CPD through a process of KT is a highly creative approach, one that the DPC has documented for scholarly dissemination and will use as it develops an overall KT strategy for the Division. For the DPC membership, the first set of activities resulting from this tremendous collaborative effort is a set of journal article discussions and KT meetings.

THE FUTURE

As the DPC continues to roll out its strategic plan, the 2011-12 academic year will see the start of its CPD-oriented Grand Rounds in September 2011 on topics for advanced practitioners.

Division of Emergency Medicine

EMERGENCY MEDICINE IN FAMILY MEDICINE

Canadians in rural, suburban and often, urban communities, are treated in emergency departments by family physicians. To ensure family physicians have the necessary skills for this setting, comprehensive Family Medicine education includes training in Emergency Medicine (EM).

In the Department of Family and Community Medicine, the well-established Division of Emergency Medicine provides training at the undergraduate and postgraduate levels.

At the undergraduate level, learners have four weeks of training in their third year in the immensely popular Emergency Medicine block. DFCM faculty have provided important leadership for the EM clerkship: Dr. Tim Rutledge (North York General Hospital), Dr. Shirley Lee (Mount Sinai Hospital), Dr. Rick Penciner (North York General Hospital) and Dr. Yasmine Mawji (Mount Sinai Hospital) have all served as the course director. At the postgraduate level, Family Medicine residents who have completed their two years of Family Medicine training can apply for the Enhanced Skills PGY3 Emergency Medicine program. This is an immensely popular and competitive program, with an application to acceptance ratio of approximately 11 to one. Graduates of the EM program have gone on to assume important leadership roles at both tertiary and community hospitals.

Academic collaboration is well established in Emergency Medicine. The Division works closely with the Department of Medicine’s Division of Emergency Medicine to deliver education sessions to residents, to work together on continuing medical education (CME) initiatives and more recently, to partner on global health initiatives.

INNOVATIVE CONTINUING MEDICAL EDUCATION AND FACULTY DEVELOPMENT

The Division does not limit Emergency Medicine training to medical students and residents. Practicing family physicians will soon be able to participate in an innovative, three-month Short-term Emergency Medicine Experience (SEME). The program is designed to increase family physicians’ skills and confidence in acute care medicine, allowing them to practice Emergency Medicine in their communities.

Faculty development for the Division’s 150 faculty members is also a priority. To better serve this large and growing membership, the Division appointed two Emergency Medicine physicians as Professional Development representatives in 2010: Dr. Shirley Lee from Mount Sinai Hospital and Dr. Rick Penciner from North York General Hospital.

The Division, in collaboration with the Division of EM in the Department of Medicine, also hosts an Annual Visiting Professor who delivers a Grand Rounds and provides workshops for the residents. Additional continuing medical education for faculty is provided through local, national and international conferences.

INTERNATIONAL COLLABORATION: GLOBAL HEALTH IN EMERGENCY MEDICINE

In the past two years, the Division launched an exciting, innovative program with Addis Ababa University (AAU). Faculty from DFCM and the Department of Medicine are working with colleagues at AAU the sub-specialty of Emergency Medicine. Two faculty members and one resident visit Ethiopia three times a year for a month at a time. In order to share this experience more widely and engage faculty and residents in the program, the visits are chronicled in a field blog and website. The *Global Health in Emergency Medicine* website presents the initiative, the participants and their research, the AAU collaboration and other projects and educational resources.



# Strategy

In 2008, the Department of Family and Community Medicine prepared a strategic framework to take advantage of, and deliver successfully upon, the opportunities presented by primary care renewal, residency expansion funding from the Ontario Ministry of Health and Long Term Care, undergraduate curricular changes and national changes in Family Medicine from its accrediting body, the College of Family Physicians of Canada.

The framework has six strategies, each with an associated set of goals. Leads are assigned to each strategy and are responsible, each year, for determining and leading the actions that will advance the Department toward its goals. Progress on these activities is tracked quarterly.

## Year two accomplishments

In the second year of our strategic plan, 2010-11, these items were successfully implemented:

1. REVITALIZE OUR RESEARCH MISSION, ENTERPRISE AND IMPACT
  - Review and renew Research Scholar Program
  - Establish a robust Research Mentoring Program
  - Develop a Knowledge Translation (KT) strategy for the Research Program
  - Advance research opportunities for students, e.g., CREMS, Clinician Scholar Program
  - Develop an internal grant review process
  - Develop a web-based compendium of research tools
  - Explore development of a DFCM-led Practice Based Research Network (PBRN)
  - Generate vibrant ongoing research rounds process
  - Enhance knowledge exchange on global health research / scholarship
2. EXPAND AND ENRICH OUR EDUCATIONAL PROGRAMS
  - Extend Undergraduate and Postgraduate Education Programs to additional training sites
  - Provide FMLE to entire undergraduate class in September 2010
  - Develop primary care, global health and geriatrics curricula in UME
  - Promote an expanded role in collaborative teaching in pre-clerkship
  - Continue refinement and evaluation of a residency competency-based curriculum

- Advance IPE in Family Medicine education
  - Establish an Education Task Force to review Faculty of Medicine Global Health education offerings
3. DEVELOP, DISSEMINATE AND EVALUATE INNOVATIONS AND ADVANCEMENTS IN PRIMARY CARE PRACTICE
    - Establish DFCM Quality Improvement (QI) Program
    - Implement Quality Task Force recommendations
    - Develop postgraduate curriculum
    - Create professional development opportunities in QI
  4. ATTRACT, RETAIN AND NURTURE FACULTY FOR LEADERSHIP AND SUSTAINED EXCELLENCE
    - Implement Academic Leadership Task Force recommendations
    - Support chiefs and faculty through the junior promotion process
    - Review Clinical Teacher's Certificate, Academic Fellowships and Master's Programs including plans for the development of MPH
    - Develop a PD Program to support the competency-based curriculum
    - Clarify and streamline appointment process for all non-family physician Clinician Teachers
    - Develop a plan for moving KT forward in the DFCM
    - Develop a New Faculty Orientation Manual
    - Strengthen orientation, pre-departure preparation and on-site support for residents and faculty undertaking global health work in partner countries
    - Determine PD needs for other health care professionals in our academic FHTs
  5. STRENGTHEN COMMUNICATIONS AND CONNECTIVITY WITHIN THE DFCM AND COLLABORATIONS WITH STRATEGIC PARTNERS
    - Continue to advance use of educational technology to support our learners and teachers (webcasting, online meetings, video and teleconferencing, portal)
    - Deliver the redesigned website
    - Deliver the redesigned intranet/portal
    - Build the DFCM profile and community by applying the new visual identity and communications strategy

- Finalize EMR Task Force Report and implement ongoing working groups
  - Confirm priority partnerships and shared objectives among current global health partners
  - Explore status as a WHO Collaborating Centre in Global Health Primary Care
  - Advance communications to clarify the relationship between the Centre for Effective Practice and the DFCM
  - Strengthen linkages with Dalla Lana School of Public Health to explore shared curriculum and faculty/learner support in global health
6. REINFORCE OUR INFRASTRUCTURE AND FUNDING BASE
    - Recruit Senior Development Officer
    - Continue to support DFCM faculty in attracting advancement opportunities
    - Finalize plans for new DFCM central space
    - Continue to enhance partnerships with affiliated hospitals, research institutions and external organizations, including global health partners
    - Implement Census software to ensure accurate faculty and alumni data
    - Develop an alumni relations program

## Year three implementation priorities

The following are the DFCM's year three (2011-12) implementation priorities:

1. REVITALIZE OUR RESEARCH MISSION, ENTERPRISE AND IMPACT
 

Dr. Eva Grunfeld, Dr. Paul Krueger

  - Develop directions for the next phase of the DFCM PBRN
  - Recruit additional DFCM investigators
  - Establish a Clinician Scholar Program Committee
  - Establish a process for the ongoing collection of information to assess research productivity
  - Revise the DFCM Research website
  - Develop a Knowledge Translation (KT) strategy for the research program

- Develop a plan for promoting and facilitating research across DFCM's Programs
2. EXPAND AND ENRICH OUR EDUCATIONAL PROGRAMS
 

Dr. Cynthia Whitehead, Dr. Karl Iglar, Dr. Kymm Feldman

    - Partner with pediatrics, obstetrics and mental health to develop a collaborative undergraduate child health curriculum
    - Develop 100 Transition to Residency selectives for 4th year medical students
    - Establish a Community of Practice pilot for undergraduate teachers
    - Establish a FMLE Mentorship Program
    - Complete phase two expansion
    - Complete development and promotion of knowledge, support program including one-pager, videoconferencing and portal use
    - Track practices profiles across entire programs in a uniform manner to ensure meeting CFPC standards with respect to competency-based Triple C Curriculum
    - Develop and implement the Field Note as a means of evaluating competencies
    - Initiate and support development of content of new courses for MPH (FCM) and MScCH (HPTE)
    - Develop a structure to support Educational Scholarship across the DFCM
    - Conduct an IPE faculty development needs assessment and deliver workshops across DFCM teaching sites
  3. DEVELOP, DISSEMINATE AND EVALUATE INNOVATIONS AND ADVANCEMENTS IN PRIMARY CARE PRACTICE
 

Dr. Philip Ellison, Mary-Kay Whittaker

    - Implement the QI residency curriculum
    - Collaborate with the Professional Development Committee to develop a QI faculty development plan
    - Establish DFCM-wide indicators for the Quality Framework
    - Develop a program evaluation framework for the Quality Improvement Program
    - Develop a framework for acknowledgment and rewards for QI activity
    - Establish a KT framework within the Quality Improvement Program



# Family Medicine Teaching Units

## 4. ATTRACT, RETAIN AND NURTURE FACULTY FOR LEADERSHIP AND SUSTAINED EXCELLENCE

Dr. Jamie Meuser, Dr. David White

- Continue implementing Academic Leadership Task Force recommendations
- Conduct review and implement recommendations for Clinical Teacher's Certificate, Academic Fellowship and Master's Programs
- Collaborate with Postgraduate Committee to develop Faculty Development curriculum around competency-based teaching and learning
- Implement orientation, pre-departure preparation and on-site support for residents and faculty undertaking global health work in partner countries
- Develop a three-year plan for faculty development related to global health
- Double the number of faculty promoted to Assistant Professor from Lecturer who have been in the rank for greater than or equal to five years

## 5. STRENGTHEN COMMUNICATIONS AND CONNECTIVITY WITHIN THE DFCM AND COLLABORATIONS WITH STRATEGIC PARTNERS

Dr. Lynn Wilson, Dr. Yves Talbot, Dr. Katherine Rouleau, Danielle Simpson, Dr. Marcus Law, Dr. Karen Tu, Dr. Sharon Domb

- Promote and support the creation of e-modules for DFCM programs
- Develop Professional Development portal content including archived meeting materials and faculty development resources in evaluation, feedback and teaching styles
- Implement videoconferencing and archiving capabilities to increase connectivity of learners, faculty and administration
- Ensure quality and consistency of non-educational communications including promotion and marketing conducted by each program
- Trial new methods to deliver information to DFCM audiences
- Develop communications material for advancement and alumni programs
- Begin media relations effort

- Confirm priority partnerships and shared objectives among current global health partners
- Increase awareness and knowledge of learners, faculty and staff of each teaching unit about our global health initiative
- Implement EMR software modifications in Practice Solutions to better reflect academic practices
- Create a central repository of electronic patient/provider guidelines and clinical information aids to be incorporated into EMRs

## 6. REINFORCE OUR INFRASTRUCTURE AND FUNDING BASE

Dr. Lynn Wilson, Caroline Turenko

- Continue to support DFCM faculty in attracting advancement opportunities
- Continue to enhance partnerships with affiliated hospitals, research institutions and external organizations, including global health partners
- Implement Census software to ensure accurate faculty and alumni data
- Collaborate with NYGH in recruiting a faculty member for the Gordon Cheesbrough Chair in Family Medicine
- Explore revenue generating opportunities through DFCM KT initiatives
- Secure additional funding to support ongoing strategic plan innovations
- Develop plan to implement Web CV
- Collaborate to attract funding to support and evaluate development of health services innovations

## Sites serving as resources to their communities

Family Medicine Teaching Units (FMTUs) of the Department of Family and Community Medicine are strengthening the ability of family physicians and their learners to meet the needs of their patients and communities.

A mother-baby follow-up clinic at the North York General Hospital's FMTU was established to supplement available post-partum services. The clinic is of particular help in the crucial period for mothers and babies who experience breast-feeding problems, jaundice and other concerns.

The interprofessional team at Toronto East General Hospital's FMTU started a Memory Clinic geared to the diagnosis and management of mild cognitive impairment and the majority of dementias.

At Sunnybrook Health Sciences Centre, the FMTU established the IMPACT Clinic, a successful collaboration of interprofessional health care providers, educators and researchers who have demonstrated that interprofessional primary care models hold great promise for the growing challenge of complex chronic disease.

## Graduates from new sites are settling in their communities

At the two-year-old Trillium Health Centre's FMTU, there is growing interest from family physician residents in practicing locally. In 2011, former Trillium Family Medicine resident Dr. Casey Corkum joined the Trillium-Summerville FMTU. Southlake Regional Healthcare Centre, also a two-year-old FMTU, has graduated a Family Medicine resident, Dr. Alona Kuzmina, who is staying to practice in that community.

With five years as an FMTU under its belt, the Credit Valley Hospital FMTU can claim four of their residents who, upon completion of their training, stayed in their community to practice Family Medicine. One is now the Postgraduate Education Program Director for the FMTU, Dr. James Pencharz.

## Access to care

The Department's FMTUs are helping marginalized and vulnerable individuals and communities access the care they need by addressing barriers such as mobility, language, culture and addiction.

At the Toronto Western Hospital's FMTU, Dr. Sabrina Akhtar and nurse practitioner Stephanie van Rooy established the Care for the Home Bound Patient Program to facilitate co-ordination of care with community agencies. The program has enrolled thirty patients and has plans to expand.

At a time when many practices cannot accept new patients, the FMTU at Mount Sinai Hospital continues to accept a modest number. Priority is placed on unattached emergency department patients and unattached prenatal patients.

For many reasons, some individuals and communities remain outside the health care system. Marginalized older women without valid OHIP, for example, can now gain access to lab tests through a St. Joseph's Health Centre partnership with a community agency called Sistering. At Women's College Hospital, the FMTU is setting up a Refugee Health Clinic.

Teaching medical students about the homeless is the focus of a Family Medicine clerkship program new to St. Michael's Hospital in 2010. It places students in urban shelter settings with the aim of developing positive attitudes towards homelessness and a better understanding of the challenges of providing the homeless with health care.

## Academic excellence

The Markham FMTU, opened in July 2011, has developed a special focus on global and intercultural health. This focus is well suited to the town of Markham because it is currently among the most diverse communities in Canada. In addition, there is extraordinary interest among Ontario medical trainees in participating in educational programs that incorporate concepts of health equity and diversity.

The Scarborough Hospital FMTU has created a special faculty position to provide support for an important aspect of Family Medicine education. They have in place a new faculty position to help residents develop individual learning plans that will aid them in reaching their career goals. For example, if trainees plan to apply for an Enhanced Skills program, faculty advisors can recommend electives or other learning opportunities intended to move them closer to their academic goals.

The introduction of an FMTU at the Royal Victoria Hospital in Barrie has had a positive impact on the professional development of family physicians in Barrie, Newmarket and Markham. The faculty members at RVH organized two half-day Family Medicine conferences for residents, faculty and local family physicians. The sessions' topics, oncology and gastroenterology, were chosen based on a needs assessment of local faculty and were led by local specialists.

# Promotions and External Awards

## To Professor

2010 **Dr. Rick Glazier**, St. Michael's Hospital  
2010 **Dr. James Orbinski**, St. Michael's Hospital

## To Associate Professor

2010 **Dr. Bjug Borgundvaag**, Mount Sinai Hospital – Emergency Medicine  
2010 **Dr. Tony D'Urzo**, Toronto Western Hospital  
2010 **Dr. Steven Friedman**, Toronto Western Hospital – Emergency Medicine  
2010 **Dr. Liisa Jaakkimainen**, Sunnybrook Health Sciences Centre  
2010 **Dr. Valerie Krym**, Sunnybrook Health Sciences Centre – Emergency Medicine  
2010 **Dr. Jamie Meuser**, Mount Sinai Hospital – Palliative Care  
2010 **Dr. Leslie Nickell**, Sunnybrook Health Sciences Centre  
2010 **Dr. Pat Rockman**, Toronto Western Hospital  
2011 **Dr. Julia Alleyne**, Women's College Hospital  
2011 **Dr. Monica Branigan**, St. Joseph's Health Centre – Palliative Care  
2011 **Dr. Jocelyn Charles**, Sunnybrook Health Sciences Centre  
2011 **Dr. Amna Husain**, Mount Sinai Hospital – Palliative Care  
2011 **Dr. Karl Iglar**, St. Michael's Hospital  
2011 **Dr. Brenda McDowell**, St. Michael's Hospital  
2011 **Dr. Rahim Moineddin**, DFCM Central Office – Research Program  
2011 **Dr. Jeff Myers**, Sunnybrook Health Sciences Centre – Palliative Care  
2011 **Dr. Cynthia Whitehead**, Women's College Hospital

## Awards

Excellence recognized by external awards

### AMERICAN MEDICAL WRITERS ASSOCIATION

2011 Eric Martin Award, **Dr. Bart Harvey**, Assistant Professor, North York General Hospital

### ASSOCIATION OF FACULTIES OF MEDICINE OF CANADA

2010 John Ruedy Award for Innovation in Medical Education for the Communications and Cultural Competence Program, **Ms. Cathy Smith**, Lecturer, DFCM Office of the Chair

### CANADIAN ASSOCIATION FOR MEDICAL EDUCATION

2010 Ian Hart Award, **Dr. Helen Batty**, Professor, Women's College Hospital

### COLLEGE OF FAMILY PHYSICIANS OF CANADA

2010 AMS – Mimi Divinsky Awards for History and Narrative in Family Medicine: Best English Story, **Dr. Pauline Pariser**, Assistant Professor, Women's College Hospital  
2011 AMS – Mimi Divinsky Awards for History and Narrative in Family Medicine: Best English Story **Dr. Charlie Guiang**, Assistant Professor, St. Michael's Hospital  
2010 The Canadian Family Physician Best Original Research Article Award, **Dr. Karen Tu**, Associate Professor, Toronto Western Hospital  
2011 Honorary Membership, **Dr. Deana Midmer** (posthumous), Associate Professor, St. Joseph's Health Centre

### FEDERATION OF MEDICAL WOMEN OF CANADA

2010 May Cohen Award Winner, **Dr. Marla Shapiro**, Associate Professor, North York General Hospital  
2011 Enid Johnson MacLeod Award, **Dr. Perle Feldman**, Associate Professor, North York General Hospital

### GLOBE AND MAIL

2011 Canada's Top 25 Transformational Canadians, **Dr. Samantha Nutt**, Assistant Professor, Women's College Hospital  
2011 Canada's Top 25 Transformational Canadians, **Dr. James Orbinski**, Professor, St. Michael's Hospital

### GOVERNOR GENERAL OF CANADA

2010 Order of Canada, **Dr. Walter Rosser**, Professor Emeritus, DFCM Office of the Chair  
2010 Order of Canada, **Dr. James Orbinski**, Professor, St. Michael's Hospital  
2011 Order of Canada, **Dr. Samantha Nutt**, Assistant Professor, Women's College Hospital

### LIEUTENANT GOVERNOR OF ONTARIO

2010 Order of Ontario, **Dr. Philip Berger**, Associate Professor, St. Michael's Hospital  
2010 Order of Ontario, **Dr. Samantha Nutt**, Assistant Professor, Women's College Hospital  
2010 Order of Ontario, **Dr. James Orbinski**, Professor, St. Michael's Hospital

### NATIONAL ASSOCIATION OF EMS PHYSICIANS

2011 Keith Neely Award, **Dr. Brian Schwartz**, Associate Professor, Sunnybrook Health Sciences Centre

### NORTH YORK GENERAL HOSPITAL

2010 NYGH Teacher of the Year Award Nominated by First Year Residents, **Dr. Bruce Topp**, Lecturer, North York General Hospital  
2010 Teacher of the Year Award Nominated by Second Year Residents, **Dr. Risa Freeman**, Associate Professor, North York General Hospital

### ONTARIO COLLEGE OF FAMILY PHYSICIANS

2010 Award of Excellence, **Dr. Muhammad Sohail Gandhi**, Lecturer, Teaching Practices Program  
2010 Award of Excellence, **Dr. Robert Lam**, Toronto Western Hospital  
2010 Award of Excellence, **Dr. William R. Shannon**, Lecturer, Teaching Practices Program  
2010 Award of Excellence, **Dr. Stuart Murdoch**, Lecturer, Royal Victoria Hospital  
2011 Award of Excellence, **Dr. Gary Bloch**, Assistant Professor, St. Michael's Hospital  
2010 The Family Physician of the Year in Region Four, **Dr. Paul Philbrook**, Lecturer, Credit Valley Hospital  
2011 Family Practice of the Year Taddle Creek Family Health Team, Lead Physician **Dr. Pauline Pariser**, Women's College Hospital  
2011 Jan Kasperski Leadership Award, **Dr. Val Rachlis**, Associate Professor, North York General Hospital  
2011 Reg L. Perkin Family Physician of the Year Award, **Dr. Philip Hebert**, Professor Emeritus, Sunnybrook Health Sciences Centre

### PROFESSIONAL ASSOCIATION OF INTERNS AND RESIDENTS OF ONTARIO (PAIRO)

2011 Excellence in Clinical Teaching, **Dr. Nancy Kazarian**, Assistant Professor, Teaching Practices Program

### RURAL ONTARIO MEDICAL PROGRAM

2011 Larkin Health Professional Education Award, **Dr. Bob Henderson**, Assistant Professor, Teaching Practices

### SOUTHLAKE REGIONAL HEALTH CENTRE

2011 Learning Environment of the Year, Family Medicine Teaching Unit at Southlake, Chief **Dr. Robert Doherty**  
2011 Learner of the Year, **Dr. Kate Morgan**, Resident, Southlake Regional Health Centre

### ST. JOSEPH'S HEALTH CENTRE

2011 Best Clinical Award Family Medicine, **Dr. Monica Branigan**, Associate Professor, St. Joseph's Health Centre

### ST. MICHAEL'S HOSPITAL

2010 Award for Outstanding Contribution to Medical Education, Assistant Professor, **Dr. Abbas Ghavam-Rassoul**, St. Michael's Hospital

### UNIVERSITY OF TORONTO

2010 Arbor Award, **Dr. Jeff Bloom**, Assistant Professor, Toronto Western Hospital

### UNIVERSITY OF TORONTO, FACULTY OF MEDICINE

2010 Award for Excellence in Postgraduate Medical Education, **Dr. Karl Iglar**, Associate Professor, St. Michael's Hospital  
2010 David Keeling Award, **Ms. Caroline Turenko**, DFCM Central Office  
2010 Peters-Boyd Academy Teaching Award, **Dr. Michael Varenbut**, Assistant Professor, Sunnybrook Health Sciences Centre  
2010 Helen P. Batty Award for Sustained Contribution to the Field of Faculty Development, **Dr. Jamie Meuser**, Associate Professor, Mount Sinai Hospital  
2010 The Helen P. Batty Faculty Development Award for Innovation in Program Development and Design, The Basics Program Planning Committee: **Dr. Pauline Abrahams**, Mount Sinai Hospital; **Dr. Viola Antao**, Women's College Hospital; **Dr. Monica Branigan**, St. Joseph's Health Centre; **Dr. Merrilee Brown**, Teaching Practices Program; **Dr. Risa Bordman**, North York General Hospital; **Dr. Yee-Ling Chang**, St. Michael's Hospital; **Dr. Carl Clark**, Royal Victoria Hospital; **Dr. Alison Culbert**, Sunnybrook Health Sciences Centre; **Ms. Sole Fernandez**, DFCM Central Office; **Dr. Roaslie Hooks**, Toronto East General Hospital; **Dr. Difat Jakubovicz**, St. Joseph's Health Centre; **Dr. Steve Kahane**, North York General Hospital; **Dr. Shirley Lee**, Mount Sinai Hospital; **Dr. Gurpreet Mand**, Southlake Regional Health Centre; **Dr. Brenda McDowell**, St. Michael's Hospital; **Dr. Jamie Meuser**, Mount Sinai Hospital; **Dr. Sharon Mintz**, St. Michael's Hospital; **Dr. David Palmer**, Credit Valley Hospital; **Dr. Michael Roberts**, Mount Sinai Hospital; **Dr. Morris Rotbard**, Toronto East General Hospital; **Dr. Tim Rutledge**, North York General Hospital; **Dr. Gwen Sampson**, Markham Stouffville Hospital; **Dr. Mruna Shah**, The Scarborough Hospital; **Dr. Leah Steinberg**, Mount Sinai Hospital; **Dr. Barbara Stubbs**, Toronto Western Hospital; **Ms. Laura Surdianu**, DFCM Central Office; **Dr. Kingsley Watts**, St. Joseph's Health Centre; **Dr. Sheila Yuen**, Markham Stouffville Hospital  
2010 Sarita Verma Award for Advocacy and Mentorship in Postgraduate Medicine, **Dr. Philip Ellison**, Toronto Western Hospital  
2010 W.T. Aikins Award, **Dr. Shirley Lee**, Associate Professor, Mount Sinai Hospital  
2011 Art and Science of Clinical Medicine (ASCM) Year I or Year II Teacher Award, **Dr. Jeff Weissberger**, Lecturer, Sunnybrook Health Sciences Centre  
2011 Centre for Interprofessional Education Merit for Outstanding Leadership in Advancing Interprofessional Education, **Dr. Joshua Tepper**, Assistant Professor, Sunnybrook Health Sciences Centre



# Leadership

As of June 30, 2011

**Office of the Chair**

Chair  
Vice-Chair, Education  
Education Research Scientist  
Information Technology Administrator  
Educational Multimedia Analyst  
Reception Assistant  
Executive Assistant  
Appointments and HRIS Assistant  
Receptionist  
Faculty Appointments Coordinator  
Business Officer  
Communications Coordinator  
Consultant, Strategic Plan Implementation  
Senior Administrative Officer  
Reception Assistant

**Dr. Lynn Wilson**  
**Dr. Cynthia Whitehead**  
**Dr. Fiona Webster**  
**Iva Berlekovic**  
**Brian Da Silva**  
**Samantha Fortunato**  
**Angela Gaspar**  
**Christianne Green**  
**Iryna Kravchenko**  
**Marie Leverman**  
**Zita Prashad**  
**Danielle Simpson**  
**Leslie Sorensen**  
**Caroline Turenko**  
**Katie Wilson**

**Undergraduate Education Program**

Director, Undergraduate Education Program  
Family Medicine Longitudinal Experience  
Course Director  
Clerkship Director  
Deputy Pre-Clerkship Director and  
Electives Coordinator  
FMLE Recruitment Coordinator  
Program Assistant  
Program Assistant  
Special Projects Assistant  
Undergraduate FMLE and  
Communications Assistant

**Dr. Kymm Feldman**  
**Dr. Susan Goldstein**  
**Dr. Azadeh Moaveni**  
**Dr. Rebecca Malik**  
**Dr. Rahim Hirji**  
**Saimah Baig**  
**Melanie Hammond**  
**Sharon Lee**  
**Susan Rice**

**Postgraduate Medical Education**

Director, Postgraduate Education  
Ethics and Professionalism Coordinator  
Director, Teaching Practices and  
Rural Residency  
Recruitment Coordinator, Lead Educational  
Technology and Innovation  
Progress Testing Coordinator  
Rural Northern Initiative Coordinator  
Integrated Medical Education Coordinator  
Remediation Coordinator  
PGY3 and Enhanced Skills Coordinator  
TP/RRP Program Assistant  
Postgraduate Program Manager

**Dr. Karl Iglar**  
**Dr. Monica Branigan**  
**Dr. Erica Catford**  
**Dr. Marcus Law**  
**Dr. Fok Han Leung**  
**Dr. Danielle Martin**  
**Dr. Paul Philbrook**  
**Dr. Patrick Skaland**  
**Dr. Roy Wyman**  
**Elicia Ayoub**  
**Margaret Bucknam**

IMG / Residents in Difficulty  
Program Assistant  
Education Consultant  
Admissions and Awards Officer  
IMG / Residents in Difficulty,  
Power Program Assistant  
Counselling Skills Coordinator  
Expansion Consultant  
IMG Coordinator

**Postgraduate Enhanced Skills (PGY3) Directors**

Addictions – CAMH  
Addictions – St. Joseph's  
Anaesthesia  
Breast Diseases  
Care of the Elderly  
Conjoint Program in Palliative Medicine  
Clinician Scholar Program  
Emergency Medicine  
Environmental Health  
FM Hospitalist Medicine  
Global and Resource Poor Health  
Indigenous Health  
Low Risk Obstetrics  
Medical Oncology  
Palliative Medicine  
Sports Medicine  
Women's Health

**Division of Palliative Care**

Director  
Associate Director

**Division of Emergency Medicine**

Director

**Graduate Studies and Academic Fellowship Program**

Director, MScCH (HPTE) & Enhanced  
Clinical Fellowship for Future Faculty  
Director, MPH (FCM), MScCH (FCM) &  
Academic Fellowships  
Program Coordinator  
Program Assistant  
Teaching and Learning Program Assistant

**Global Health Program**

Global Health Program Director  
Residency/Post Residency International

**Natalie Gomes**  
**Dawn Martin**  
**Lela Sarjoo**

**Maggie Tang**  
**Lindsay Watson**  
**Mary-Kay Whittaker**  
**Dr. Alan Monawari**

**Dr. Lisa Lefebvre**  
**Dr. Kay Shen**  
**Dr. Henderson Lee**  
**Dr. Ruth Heisey**  
**Dr. Sidney Feldman**  
**Dr. Giovanna Sirianni**  
**Dr. Paul Krueger**  
**Dr. John Foote**  
**Dr. Lynn Marshall**  
**Dr. Philip Ellison**  
**Dr. Katherine Rouleau**  
**Dr. Difat Jakubovicz**  
**Dr. Eleanor Colledge**  
**Dr. Carol Townsley**  
**Dr. Christa Jeney**  
**Dr. Julia Alleyne**  
**Dr. Kymm Feldman**

**Dr. Lawrence Librach**  
**Dr. Jeff Myers**

**Dr. Eric Letovksy**

**Dr. Helen Batty**

**Dr. Curtis Handford**  
**Sole Fernandez**  
**Diana Kam**  
**Brandy Manone**

**Dr. Yves Talbot**

Program Coordinator  
Program Coordinator

**Professional Development Program**

Director, Professional Development  
Director, Continuing Education Events  
Director, Faculty Development Events  
Program Coordinator  
Program Assistant

**Research Program**

Director, Research  
Associate Director, Research  
Senior Biostatistician  
Interim Research Program Coordinator  
Research Program Coordinator  
BETTER Practice Facilitator Assistant  
PRIMA Project  
BETTER Prevention Facilitator  
Biostatistician  
CBCF Post-Doctoral Fellow,  
OICR KT-Net Research Fellow  
BETTER Project Study Coordinator  
BETTER Data Management Assistant  
Research Associate  
Research Program Administration  
Graduate Student

**Quality Improvement Program**

Director, Quality Improvement Program  
Executive Director  
Administrative Lead

**Library**

Librarian  
Library Assistant  
Library Assistant

**Family Medicine Teaching Unit Chiefs**

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

**Site Program Directors – Undergraduate Education Program**

UHN: Toronto Western Hospital

**Dr. Katherine Rouleau**  
**Greg Nasmith**

**Dr. James Meuser**  
**Dr. John Axler**  
**Dr. Barbara Stubbs**  
**Sole Fernandez**  
**Laura Surdianu**

**Dr. Eva Grunfeld**  
**Dr. Paul Krueger**  
**Dr. Rahim Moineddin**  
**Julia Baxter**  
**Lindy Chan**  
**TK Dallman**  
**Theresa Kim**  
**Margaret Leyland**  
**Chris Meaney**

**Dr. Mary Ann O'Brien**  
**Lisa Patterson**  
**Dan Sanderson**  
**Rhona Shaw**  
**Rachel Thomason**  
**Teja Voruganti**

**Dr. Philip Ellison**  
**Mary-Kay Whittaker**  
**Margaret Bucknam**

**Rita Shaughnessy**  
**Vivian Yee**  
**Iveta Lewis**

**Dr. Philip Berger**  
**Dr. Jeff Bloom**  
**Dr. Robert Doherty**  
**Dr. Jocelyn Charles**  
**Dr. Larry Erlick**  
**Dr. Geordie Fallis**  
**Dr. Michael Kates**  
**Dr. Stuart Murdoch**  
**Dr. Paul Philbrook**  
**Dr. Jane Philpott**  
**Dr. Jim Ruderman**  
**Dr. Patrick Safieh**  
**Dr. David Tannenbaum**  
**Dr. David White**

**Dr. Sabrina Akhtar &**

Trillium Health Centre  
Credit Valley Hospital  
Toronto East General Hospital  
St. Joseph's Health Centre

Women's College Hospital  
Mount Sinai Hospital  
North York General Hospital

Rural Ontario Medical Program  
St. Michael's Hospital  
The Scarborough Hospital  
Sunnybrook Health Sciences Centre

**Site Program Directors – Postgraduate Education Program**

The Scarborough Hospital

Mount Sinai Hospital  
Southlake Regional Health Centre  
St. Joseph's Health Centre

North York General Hospital  
UHN: Toronto Western Hospital

St. Michael's Hospital  
Women's College Hospital  
Toronto East General Hospital  
Royal Victoria Hospital  
Credit Valley Hospital  
Markham Stouffville Hospital  
Sunnybrook Health Sciences Centre  
Trillium Health Centre

**Professional Development Site Representatives**

Credit Valley Hospital  
Division of Emergency Medicine

Mount Sinai Hospital  
North York General Hospital  
Division of Palliative Care  
St. Joseph's Health Centre  
St. Michael's Hospital  
Sunnybrook Health Sciences Centre  
Teaching Practices  
The Scarborough Hospital  
Toronto East General Hospital  
UHN: Toronto Western Hospital  
Women's College Hospital  
Mississauga Academy of Medicine  
Markham Stouffville Hospital  
Royal Victoria Hospital  
Southlake Regional Health Centre  
Trillium Health Centre

**Dr. Sarah Fleming**  
**Dr. Ruby Alvi**  
**Dr. Jean Hudson**  
**Dr. Lisa Ilk**  
**Dr. Nadine Laraya &**  
**Dr. Priya Sood**  
**Dr. Dara Maker**  
**Dr. Melissa Nutik**  
**Dr. Jordana Sacks &**  
**Dr. Sharonie Valin**  
**Dr. Leslie-Anne Hutchings**  
**Dr. Karen Weyman**  
**Dr. David Wheler**  
**Dr. Sherylan Young**

**Dr. Scott Allan &**

**Dr. Lindsay Bisset**  
**Dr. Erin Bearss**  
**Dr. Paul Cantarutti**  
**Dr. Natascha Crispino &**  
**Dr. Erin Kraftcheck**  
**Dr. Perle Feldman**  
**Dr. Philip Ellison &**  
**Dr. Diana Toubassi**  
**Dr. Abbas Ghavam-Rassoul**  
**Dr. Batya Grundland**  
**Dr. Marcus Law**  
**Dr. Stuart Murdoch**  
**Dr. James Pencharez**  
**Dr. Sumairah Syed**  
**Dr. Anne Wideman**  
**Dr. Bachir Tazkarji**

**Dr. David Palmer**  
**Dr. Shirley Lee &**  
**Dr. Rick Penciner**  
**Dr. Michael Roberts**  
**Dr. Steve Kahane**  
**Dr. Jeff Myers**  
**Dr. Difat Jakubovicz**  
**Dr. Yee-Ling Chang**  
**Dr. Alison Culbert**  
**Dr. Gwen Sampson**  
**Dr. Mruna Shah**  
**Dr. Rosalie Hooks**  
**Dr. Barbara Stubbs**  
**Dr. Viola Antao**  
**Dr. Jana L. Bajcar**  
**Dr. Sheila Yuen**  
**Dr. Carl Clark**  
**Dr. Gurpreet Mand**  
**Natalie Kennie**



**Department of Family and Community Medicine  
Faculty of Medicine, University of Toronto**

500 University Ave., 5th Floor  
Toronto, Ontario M5G 1V7

**[dfcm.utoronto.ca](http://dfcm.utoronto.ca)**