

Growth. Innovation. Excellence.

2007-2009 Report from the Department of Family and Community Medicine



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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

The Department of Family and Community Medicine is recognized internationally for its clinical, educational and research excellence.

Dr. Lynn Wilson, Chair

Message from the Chair



There is overwhelming evidence across the world that strengthening a country's primary care system results in reduced morbidity and mortality rates. This will come as no surprise to Canadians, where we have benefited from "cradle to grave" care provided by family physicians for decades.

However, primary care is undergoing massive change

and the Department of Family and Community Medicine (DFCM) is at the forefront of this renewal – shaping the future of Family Medicine in Canada and beyond.

The DCFM is the largest academic Family Medicine program in the country, with 800 faculty members located across multiple hospital sites and community practices. Still, the Department continues to grow – expanding to address Canada's chronic shortage of Family Physicians.

The DFCM is also advancing the delivery of primary care – leading the way in the development and evaluation of innovative and interprofessional models of care. At the same time, DFCM researchers are constantly generating new knowledge to improve quality of care and finding better ways to help physicians translate that knowledge into effective clinical practice.

Underlying all of these achievements is a deep commitment to social justice and equity – a value reflected in the Department's involvements at the local, national and international level.

The Department of Family and Community Medicine is recognized internationally for its clinical, educational and research excellence and we're proud of that fact. As we move forward, this commitment to excellence will continue to guide our future.

Lynn Wilson

Chair

An online version of this report is available at: dfcm.utoronto.ca/report 07 09.pdf.

EDUCATION



Building the profile of Family Medicine

If we want more students to choose a career in Family Medicine, then exposing them to engaged, enthusiastic family physicians early in their undergraduate training is critical.

Dr. Jennifer McCabe, Program Director Undergraduate Education

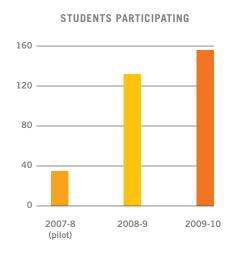
With Canada facing a country-wide shortage of family physicians, the Department of Family and Community Medicine is exploring new and innovative ways to attract medical students to a career in Family Medicine.

The Department initiatives focus on exposing medical students to Family Medicine early and often – providing them with an accessible introduction to the breadth of family practice and the opportunities and rewards it offers.

Early indications are that this approach is paying off. The number of University of Toronto medical students choosing residency in Family Medicine has been steadily on the rise.

At the same time, the Department's presence in the undergraduate curriculum has increased considerably over the past several years. Faculty members regularly deliver

Growth of Family Medicine Longitudinal Experience (FMLE) program



lectures and lead small groups in a variety of courses. And DFCM's popular Observership Week encourages first-year students to experience Family Medicine firsthand in family practice clinics and procedural skills workshops.

Success of FMLE program continues to grow

The creation of the <u>Family Medicine Longitudinal Experience</u> (<u>FMLE</u>) program is another significant step forward. Launched in 2008, it provides second-year medical students with the opportunity to shadow a family physician for six half-days over a three-month period. The highly successful program has expanded rapidly to meet student demand. This year more than 156 students will participate.

The program allows students to integrate classroom knowledge and the skills they are learning into a clinical setting. More importantly, it allows students to experience the richness of family practice. Data from the program show students' knowledge of Family Medicine as a potential career choice improves as a result.

The Department continues to enhance the FMLE program. The most recent innovation was the introduction of a "near peer" component, which allows students to shadow Family Medicine residents.

DFCM leads development of student interest groups

In its efforts to create a positive, supportive environment for students interested in Family Medicine, the DFCM also led the movement to establish Family Medicine student interest groups.

The DFCM's student-run Interest Group in Family Medicine (IgFM) was established with the Department's support in 2003 and proved so successful that it quickly led to the establishment of a national program supported by the College of Family Physicians of Canada (CFPC).

The Group is an active and strong advocate for Family Medicine among undergraduates, promoting Family Medicine as a career choice through a speaker series, mentorship program and clinical skills workshops.

Family Medicine clerkship to expand

Family Medicine will soon have an even greater presence in undergraduate education. Based on the recommendations of an

external review of the University of Toronto clerkship program, planning is currently underway to expand the undergraduate Family Medicine core rotation from four to six weeks.

The change complements the strength of the current four-week core rotation and the steady growth in popularity of Family Medicine electives. Family Medicine is the second most popular elective in the undergraduate program.

Family Medicine rotations and electives are consistently rated highly due to the teaching strengths of DFCM faculty and the individualized attention students receive; students routinely work one-on-one with their faculty preceptors.



Postgraduate program continues to expand and innovate

The horizontal curriculum is a DFCM innovation that provides more patient contact and allows residents to really hone their skills in Family Medicine. It has advanced Family Medicine training significantly.

Dr. Karl Iglar, Program Director Postgraduate Education

The Department of Family and Community Medicine is Canada's largest Family Medicine training program. Over the past decade, the DCFM has trained 35 per cent of all family physicians graduating in Ontario.

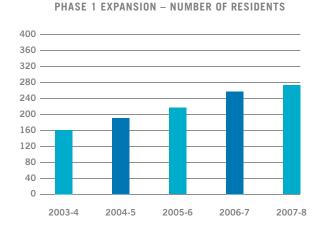
Still, the Department continues to be at the forefront of efforts to address the ongoing shortage of family physicians. With the support of the Ontario Ministry of Health and Long-Term Care, the DFCM is now midway through a major expansion that will more than double its residency positions in less than a decade.

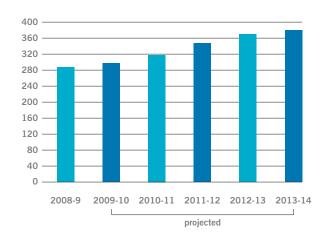
New Teaching Units reflect unprecedented growth

It has been an unprecedented period of growth for the Department, made possible by the commitment and hard work of faculty and staff. The number of residency positions expanded from 164 in 2003-4 to 297 in 2009-10, and will reach a projected 380 positions by 2013-14.

In the first wave of growth, Credit Valley Hospital in Mississauga opened its Teaching Unit in 2006 – the Department's first new

Growth in DFCM Family Medicine Residency Positions





PHASE 2 EXPANSION - NUMBER OF RESIDENTS

POSTGRADUATE PROGRAM

Family Medicine Teaching Unit in 20 years. Three more new units accepted their first cohort of residents in July 2009: Royal Victoria Hospital in Barrie; Southlake Regional Health Centre in Newmarket; and Trillium Health Centre in Mississauga.

The Department now has 13 core teaching sites as well as numerous Teaching Practices and a successful Rural Program that incorporates training in small and rural communities. One more unit is scheduled to open at Markham Stouffville Hospital in Markham in 2010.

The expansion takes the DFCM's practice of locating Teaching Units within academic health science centres and large community hospitals and expands it into rapidly growing communities north and west of Toronto. As a result, DFCM

residents now have a full choice of learning experiences and locations – from inner city to large community hospital to rural settings.

The Department is becoming expert at this strategy of moving training into the community – known as distributed or integrated medical education. It is a strategy that is critical to increasing the supply of family physicians that train and will ultimately practice outside large urban centres. To ensure the high quality of the residency program was maintained throughout the expansion, the Department put in place a number of supports including an Expansion Consultant, a Coordinator of Distributed Medical Education to provide day-to-day support, and faculty development sessions for new faculty members to assist them in taking on their teaching and supervisory roles.





With just three months of her Family Medicine residency under her belt, **Dr. Kate Morgan** has delivered 58 babies and has 100 patients in her own growing practice.

She's a resident in one of DFCM's newest family practice Teaching Units located in Southlake Regional Health Centre. It's a 375-bed hospital in Newmarket, a growing community north of Toronto.

A graduate of medicine at Queen's University, Morgan chose DFCM's residency program because she was interested in the Newmarket site.

"I wanted to do my residency in a community-based program where I would spend the entire two years in the same community," she says. "I thought if you want to work in a small community, you should probably do your residency in a small community."

For Morgan, a key benefit of being outside Toronto is that there are fewer residents. That means she is working oneon-one with the attending physician in all her rotations – whether in Obstetrics, Internal Medicine or General Surgery

"You're getting the benefit of all their experience and you're getting more hands-on experience," she says. "The attending physicians challenge you to use all of your knowledge to manage patients and really take responsibility for them."

Morgan also chose the Newmarket site because she wanted the opportunity to build long-term relationships with patients. Already, many patients she has cared for during her specialty rotations have become part of her Family Medicine practice.

"I love it here," she says. "It's a place where I can see myself staying."

POSTGRADUATE PROGRAM

New PGY3 Enhanced Skills positions focus on marginalized populations

The DFCM has an extensive number and variety of third-year fellowships, providing opportunities for enhanced training in a wide variety of areas. However, the Department recently expanded its training options even further with the launch of two more PGY3 Enhanced Skills programs. Both programs demonstrate the DFCM's commitment to ensuring marginalized and vulnerable individuals and communities have equitable access to care:

- The <u>Indigenous Health Fellowship</u> prepares physicians to provide care and be advocates for indigenous populations. The Fellowship includes training in cross-cultural issues impacting care and the integration of the aboriginal model of health and healing practices.
- The Global Health/Resource-Poor Fellowship is the only program in Canada to include six months of training in Africa. Health human resources in Africa are profoundly depleted and are very expensive, so host countries benefit from the skills of a graduated family physician. In turn, the Fellowship prepares individuals for practice in resource poor settings, whether globally or at home.

Horizontal curriculum enhancing resident experience

The DFCM is the birthplace of the "longitudinal" or "horizontal" curriculum in which residents spend three half-days a week in a Family Medicine clinic rather than the one half-day of the traditional training model.

Continuity of care is an important principle in Family Medicine and the horizontal model allows residents to build sustained physician-patient relationships and to follow their patients to a greater degree. It also provides residents with a stronger foundation in Family Medicine and a more realistic experience of Family Medicine practice. In the DFCM, almost half of the Department's Teaching Units have adopted this model, including all of the new Units. The model has also had an impact beyond the Department; it has been adopted by many Teaching Units across the country.

Leading the way in implementing competency-based curriculum

The DFCM is mid-way through an intensive effort to develop a new curriculum that improves the quality of training by ensuring that all residents are trained and evaluated against a defined standard. The shift to "competency-based curriculum" is taking place nationally, but the Department is taking the lead in developing and rolling it out across all Teaching Units.

The Department has developed a multi-level approach to defining competency. It has defined criteria for knowledge and skills that are essential (everyone must have); enriched (most will have, depending on the special interests of a particular teaching site); and enhanced (above and beyond requirements, usually the result of a PGY3 fellowship).

As part of the process, the DFCM will be one of the first programs to introduce a series of written tests over the two-year residency in order to evaluate a trainee's knowledge and ability to apply that knowledge in a clinical setting.

Strengthened remediation process supports residents

The process of shifting from the knowledge and skill level of a medical student to that of a practicing physician can be challenging. A good evaluation process will identify those who are struggling; however, it is important to provide a strong process to help those individuals to improve and reach set standards.

With this in mind, the DFCM hired a Remediation Coordinator in 2007. The coordinator uses appropriate tools such as comprehensive assessments of learning difficulties, reading programs and tutors to ensure a student-centred approach to remediation that is thorough and consistent across all Units.

The DFCM is now midway through a major expansion that will more than double its residency positions in less than a decade.

Enhancing Family Medicine leadership worldwide

We've developed a new generation of leaders in Family Medicine in Canada and around the world.

Dr. Helen Batty, Program Director MScCH (HPTE stream) and Enhanced Clinical Fellowship Programs

For more than 20 years, the Department of Family and Community Medicine has provided faculty development for academic family physicians across the country.

The Department's expertise in this area has grown steadily, earning the DFCM an international reputation for training leaders in academic medicine. Faculty members are recognized experts in clinical education and the skills of academic leadership. As a result, the DFCM's Master's and Academic Fellowship Programs attract Canadian, international and interprofessional learners, creating a rich and stimulating learning environment.

Professional Master's Degree launched

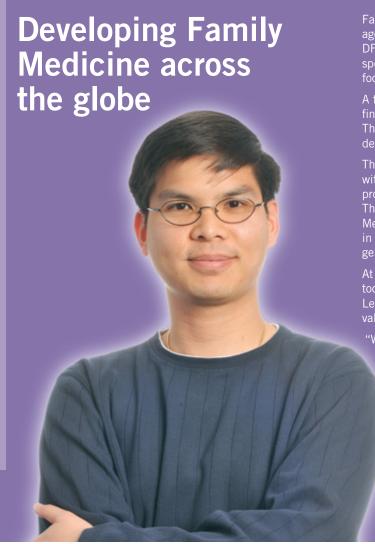
The DFCM is one of the only Family Medicine departments in the country to deliver its own graduate programs – offering a Master of Health Sciences degree since 1994.

In 2007, the Department launched a new one-year full-time professional graduate degree. The DFCM's Master of Science in Community Health (MScCH) has two fields: Family and Community Medicine (FCM) and Health Professions Teacher Education (HPTE). The program focuses on teaching, research and leadership – a unique, comprehensive approach designed to prepare family physicians and health professionals for academic and scholarly leadership.

The Department has a strong commitment to providing education to other disciplines and health professions and has extensive expertise in this area. The HPTE stream reflects that – it is fully interprofessional and attracts occupational therapists, physiotherapists and a variety of Royal College specialties. And although the new program is just two years old, it is already experiencing significant growth. Last year, 14 individuals enrolled in the Health Professions field and six in the Family Medicine field.

International Learners in Master's and Academic Fellowship Programs: 1999-2009





Family Medicine was largely unknown in Thailand 10 years ago. But after completing an Academic Fellowship at the DFCM, Dr. Saipin Hathirat went home to begin developing the specialty. Today, **Dr. Kittiphon Nagaviroj** is following in the footsteps of his mentor.

A family physician and clinical teacher, Nagaviroj is nearly finished his one-year fellowship at the DFCM. He returns to Thailand and Mahadol University with the responsibility for developing the university's Family Medicine curriculum.

Thailand recently introduced a universal health care program with an emphasis on primary care. But Family Medicine programs are in their infancy and some have not survived. Those remaining are wrestling with how to define Family Medicine, establish standards of practice and train physicians in the specialty. Nagaviroj describes it as the "second generation" of Family Medicine.

At the DFCM he is being exposed to a variety of concepts and tools that he says will be important as he begins his work. Learning the concepts of adult learning has been particularly valuable.

"We've never used adult educational theory in our curriculum," he says. "I think self-directed learning will be very useful in our program."

Nagaviroj believes one of the strengths of the Academic Fellowship Program is that it attracts individuals from all over the world – all from different health care systems and all with different experiences.

"It's a program that is driven by the learners," he says. "Everyone can contribute and the discussion is very powerful. Everybody brings experience and shares with each other."

Developing academic leaders in a global context

To address the unique needs of international learners, the Department also offers the Academic Fellowship Program – a two-year program designed to prepare international family physicians for academic and scholarly leadership in their home country.

Many enrolled in the program come from countries where the Family Medicine specialty is not well established; Canada's strong tradition of Family Medicine provides them with a valuable learning context. The Department offers a similar fellowship to Royal College specialty fellows from around the world in conjunction with the Faculty of Medicine.

In many of these countries, Family Medicine is in its infancy. Training family physicians to be able to clearly articulate what Family Medicine is, how it is taught and how research in the discipline is conducted - that's infinitely important.

Dr. Curtis Handford, Program Director MScCH (FCM Stream) and Academic Fellowship Programs

PROFESSIONAL DEVELOPMENT

Primary care is becoming increasingly interprofessional. We have to look at everything we do through that lens.

Dr. Jamie Meuser, Program Director Professional Development

Supporting faculty excellence

The Department of Family and Community Medicine's excellence is reflected in the quality of its faculty. To support this excellence, the Department's Professional Development Program is focused on providing the knowledge and skills to help all faculty members become outstanding teachers and clinicians.

The Program is shaped and supported by a strong committee made up of professional development representatives from each of the Teaching Units, Teaching Practices, and the Divisions of Emergency Medicine and Palliative Care. Their participation ensures that the Department's professional development programs are responsive to the needs of the faculty.

DFCM faculty members are at various stages in their careers. Recognizing this, the three-day *Basics Program* was created several years ago to help new faculty shift into their role as Clinician Teacher. The program has now expanded significantly to support the launch of DFCM's new teaching sites. A one-day *Beyond Basics Program* was also recently launched to support the continued development of mid- and later-career faculty.

Mentorship Program launched

To further support faculty, a Mentorship Program was established two years ago to connect faculty with mentors within the department who can function as sounding boards, advisors and

New Divisions support faculty in Emergency Medicine and Palliative Care

Across Ontario, the majority of emergency care is provided by family physicians. Recognizing the critical role of this group of practitioners, the Department created a <u>Division of Emergency Medicine</u> in 2007 for the approximately 150 faculty members working in the area. Two faculty members have now been appointed to the DFCM Professional Development Committee, with the goal of providing support for the academic and career development of Division members and to support the development of new educational tools and approaches to enhance teaching skills in Emergency Medicine.

The Department's new <u>Palliative Care Division</u> recognizes the important role that primary care providers play in palliative and end-of-life care and brings together 35 DFCM faculty members who have a special interest or focused practice in this area. The Division recently completed its own strategic planning process and has been active in planning a new interprofessional education program in palliative and end-of-life care to be offered to all UofT health professions programs.

PROFESSIONAL DEVELOPMENT

networking facilitators. These one-on-one relationships provide support in clinical and teaching roles, work-life balance issues and academic career development.

Both mentors and mentees benefit from the Program, and it also enhances connections across the Department. With 800 faculty members distributed across multiple hospital sites and community practices, connecting individuals to each other and to the Department is an important factor in creating a supportive environment that is conducive to quality care, teaching and research.

Advancing primary care practice

The DFCM hosts one of the largest continuing education opportunities for primary care providers in the country. *Primary Care Today* is a three-day interprofessional event that draws close to 2,000 physicians, nurse practitioners and other health

care professionals from across Ontario and Canada. The dynamic program features leading clinicians presenting on a wide spectrum of topics in both large and small group learning experiences.

Growing interprofessional focus

Primary care is increasingly interprofessional and a high proportion of the Department's full-time faculty members are members of Family Health Teams. Looking to the future, the DFCM is considering how to broaden its focus to support this shift. For example, professional development offerings are being reviewed to determine whether the content and learning models are appropriate to non-physicians who are playing a growing role in educating family physicians in clinical settings.



INTERNATIONAL PROGRAM

Building capacity at home and abroad

Medical students and residents who have experiences in resource-poor areas abroad are more likely to choose Family Medicine as a specialty, more likely to practice in remote communities, and are more likely to practice with marginalized communities once they come back to the country.

Dr. Katherine Rouleau, Coordinator Postgraduate Training in Global Health

The Department of Family and Community Medicine has a significant history in global health and its International Program continues to evolve within the changing global context. In low to middle income areas of the world, countries are exploring primary care, including Family Medicine, as an efficient and cost-effective model for delivering care. Meanwhile in Canada, there is a growing demand for training in global health and resource-poor settings.

The DFCM is responding to both needs. The International Program's efforts to build primary care capacity in Latin America continue to expand and new opportunities for collaboration are being explored in Africa. The Department also recently launched a new Global Health/Resource-Poor Fellowship Program in partnership with hospitals in Malawi and Zimbabwe.

CIDA grant largest ever for Faculty of Medicine

The DFCM has been training primary health teams in Brazil since 1995. Using a train-the-trainer model, the Department has trained more than 3,500 multidisciplinary health workers and contributed to an enormous turnaround in the Brazilian health care system and family health strategy. Over 29,000 interdisciplinary teams now provide quality health care throughout Brazil as part of the country's primary care reform.

In 2008, the DFCM's expertise was recognized with a \$2.3 million grant from the Canadian International Development Agency (CIDA) to support a project to train health care team managers in the disadvantaged northeast region of Brazil. The managers are coordinating primary care delivery to improve health outcomes in a number of areas, including maternal and infant mortality, tuberculosis and mental health.

The Department is the Canadian partner in the \$5 million project being conducted in partnership with CONASS (The Council of State Health Secretariats) in Brazil. It is the largest CIDA grant ever received within the Faculty of Medicine.

Partnering with indigenous people in Chile and Bolivia

The Department also has a long-term relationship with Chile, annually hosting primary care professionals for a six-week study tour. Over the past decade, more than 120 Chilean health professionals have visited the Department to learn more about primary care in the Canadian context.

The DFCM continues to expand this relationship as it works with indigenous people on the Chilean-Bolivian border to develop a program in primary care and indigenous health. The program, which is early in development, is supported by grants from the Pan American Health Organization (PAHO) and the Canadian Institutes of Health Research (CIHR).

INTERNATIONAL PROGRAM

We want our students to become global citizens.

Dr. Yves Talbot, Program Director International Program

Exploring Family Medicine in Ethiopia

The Faculty of Medicine has established a collaboration with the University of Addis Ababa known as TAAAC – the Toronto Addis Ababa Academic Collaboration. As a result of this collaboration and the increasing interest in Family Medicine across Africa, the DFCM was invited to Ethiopia in 2009 to present on the role of

Family Medicine in Canada and to hear from Ethiopian physicians on what role Family Medicine might play in their context. Both the physicians and the Ethiopian Medical Association have expressed interest in building an ongoing relationship with the DFCM to develop capacity in primary care. The Department is committed to further exploration of this relationship.



RESEARCH



Renewing the research enterprise

One of our major strengths is that we have a very large, well-funded Research Scholar Program which provides protected research time for Family Medicine researchers. It's one of the largest such programs in North America.

Dr. Eva Grunfeld, Program Director Research

For individuals seeking medical care, the first port of call is usually the office of their family physician. Yet very little of the care they receive there is based on research conducted in that setting. The Department of Family and Community Medicine is committed to changing that and has identified a renewed focus on research as a key strategy in its new strategic plan.

A significant first step was the recruitment of the Department's new Director of Research. The DFCM has also identified a priority research theme to guide its future activity. The theme chosen, *Quality and Effective Practice*, reflects the Department's focus on generating new knowledge to improve primary care education and practice and its emphasis on integrating this knowledge into education and clinical practice. DFCM researchers have

already made significant contributions in many areas, including models for primary care renewal, inner city health, cancer in the primary care setting, cancer and genetics, and electronic medical records.

Strong Research Scholars Program supports researchers

The DFCM has one of the largest Family Medicine Research Scholars Program in North America and it continues to grow. Two new positions were recently created for a total of 26 funded scholars. The program allows protected research time for Family Medicine researchers, a critical enabler for academic research activity.

More than \$7 million in research funding flows through the Department each year. The Department's publication record is also strong; in the past two years, DFCM researchers have published close to 150 articles of original research, as well as books, book chapters and reviews. (A detailed listing of peer reviewed articles, books and book chapters, reviews and commentary is included in the online version of this report at dfcm.utoronto.ca/report_07_09.pdf.)

Senior researchers play a significant mentorship role within the Department, mentoring junior scholars, residents and graduate students. The Department has also recently launched a <u>PGY3 fellowship in research</u> to train residents interested in a research career.

Growth of DFCM Research Funding

RESEARCH FUNDING IN MILLIONS 10 8 4 2 2003-04 2004-5 2005-6 2006-7 2007-8

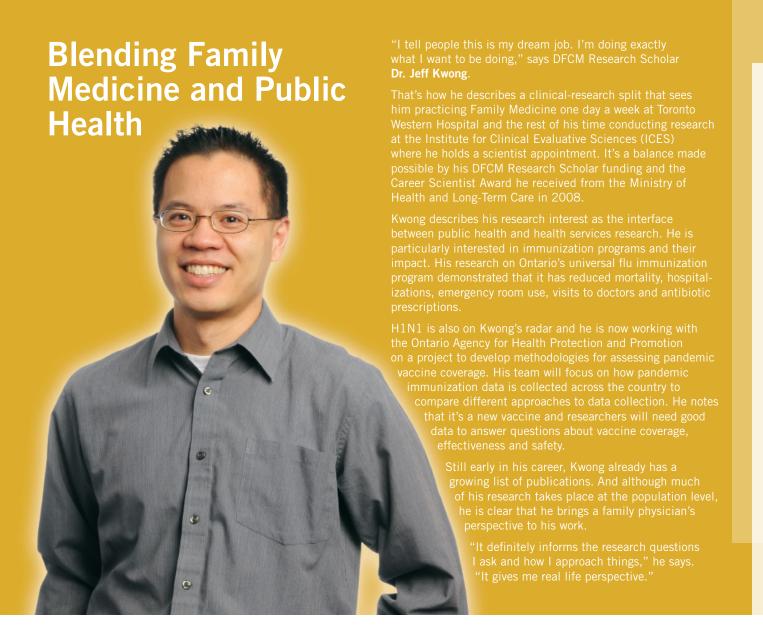
Enhancing the research environment

DFCM researchers work in a rich collaborative environment. Strong partnerships exist with other University of Toronto departments and teaching hospitals. Many faculty members are appointed as scientists at the Institute for Clinical Evaluative Sciences (ICES) and a new partnership has recently been established with the Ontario Institute of Cancer Research (OICR) with the appointment of the DFCM's Research Director, who is an OICR Clinician Scientist.

The Department is committed to further enhancing its research environment by building the necessary infrastructure to support research activity. An Associate Director of Research with expertise in methodology was recently hired, and resources are being realigned to strengthen administrative support for researchers in areas such as financial management of grants and the preparation of CVs, budgets and ethics approval submissions.

Generating new knowledge

DFCM researchers are continuously creating and sharing new knowledge and insights in order to improve primary care education and practice.



RESEARCH

Here are just some of the questions DFCM researchers are currently exploring:

- What are the impacts of inner city living, ethnicity, sexual orientation, income, education and homelessness on access to, and quality of, health care?
- What impacts does the electronic medical record (EMR) have on the quality of care provided by family physicians?
- Are novel therapeutic approaches to treating drug addiction effective?

- What role do family physicians play in providing long-term care to cancer survivors?
- Have antibiotic resistance levels in Canada increased to the point that common antibiotics are no longer effective in treating bladder infections in adult women? Are there differences in resistance levels across the country?
- What is the impact of Ontario's universal immunization program on influenza vaccine uptake and patient outcomes?
- What factors are important in determining costs, satisfaction and quality of home-based palliative care?



New genetic discoveries and screening tests make headlines almost daily. But what are the implications for primary care?

"We're on the cusp of a new way of practicing medicine," says DFCM Research Scholar **Dr. June Carroll**, "and it's so important to package this new knowledge in a way that makes sense to primary care providers."

Research into effective knowledge translation is a rapidly growing field. But Carroll, who holds the Sydney G. Frankford Chair in Family Medicine at Mount Sinai Hospital, is one of the few testing these tools and strategies in the area of genetics and primary care.

"Primary care providers need some critical way of looking at the benefits, risks and limitations of these new genetic tests,' she says. "How are we going to combine these new tests with what we already know through family history?"

One of her recent studies, funded by the Canadian Institutes of Health Research (CIHR), evaluated a complex educational intervention designed to help family physicians determine a patient's risk of hereditary breast or colorectal cancer and assess whether a genetic test would be of value.

In another study, she developed and tested knowledge translation tools in the area of prenatal genetic screening. The resulting guides for health professionals and women and their partners are being distributed across Ontario by the Ministry of Health and Long-Term Care. In fact, they've been so well received they are now being modified for use in Newfoundland.

For Carroll, that kind of impact is the ultimate test for her research

"I find it very rewarding when you run into colleagues and they say: 'Those materials that you developed made such a difference in my practice — I refer to them everyday'."

LEADERSHIP



Teaching Units leading advances in Family Medicine education

Strong leadership in our Family Medicine Teaching Units has allowed us to continue to deliver superb education to our trainees, while moving ahead with tremendous growth and change.

Dr. Lynn Wilson, Chair

The Department of Family and Community Medicine is recognized internationally for its clinical, educational and research excellence. This excellence is evident in the leadership demonstrated by the Department's 13 Teaching Units.

The Units, which are located in inner city, urban and suburban contexts, provide a rich and diverse learning experience for students and residents. They are also at the forefront of primary care renewal in Canada, delivering care in interprofessional teams and creating innovative partnerships to meet the health needs of individuals and communities.

Expansion supports goal of more family physicians

The DFCM continues to advance the goal of the College of Family Physicians of Canada that 95 per cent of Canadians should have a personal family physician by 2012. This has meant a significant expansion of the Department's residency program. Three new community-affiliated Teaching Units were opened in growing communities outside Toronto in the past year – Royal Victoria Hospital in Barrie, Southlake Regional Health Centre in Newmarket and Trillium Health Centre in Mississauga.

In addition, many existing Units are also growing to accommodate additional residents and their shift to interprofessional Family Health Teams. The Teaching Units at Sunnybrook Health Sciences Centre, Credit Valley Hospital and North York General Hospital have recently expanded and Toronto East General Hospital, Women's College Hospital and St. Michael's Hospital will do so in the near future.

Despite this unprecedented growth, Teaching Units continue to maintain the Department's high standards for resident training, support and supervision. This is reflected in the number and quality of residents applying to the residency program. Over the past six years, the DFCM has consistently filled all its residency positions in the first iteration of the Canadian Resident Matching Service (CaRMs) match.

New Family Health Teams advance primary care renewal

The establishment of Family Health Teams lies at the heart of primary care renewal in Ontario, and over the past several years 11 of the 13 Teaching Units have transitioned to this model. This transformation to an interprofessional team model will allow Units to provide higher quality care to a greater number of individuals.

Teaching Units have also been investing significant resources in the shift to an Electronic Medical Record (EMR). The Sunnybrook Health Sciences Centre Teaching Unit recently achieved full EMR implementation, working closely with its vendor to adapt the software to support academic needs. Sunnybrook is now providing leadership to support other Units in this transition.

Innovations in interprofessional care

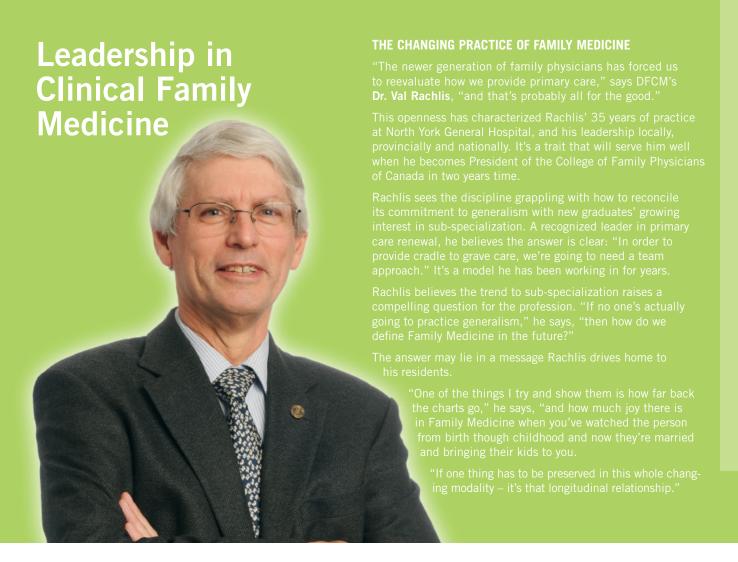
The DFCM's Teaching Units have embraced interprofessional care and are leveraging its potential to create innovative programs to improve care for their communities. These programs also provide rich learning environments for medical students, Family Medicine residents and trainees from other health professions. Recent interprofessional initiatives include:

Maternal-Child Care: The Family Medicine Unit at North
 York General Hospital teamed up with the hospital's Maternal
 Newborn Program, Saint Elizabeth Health Care and Toronto
 Public Health to establish the Mother and Baby Follow Up
 Clinic. The clinic's interprofessional team addresses issues
 such as breast-feeding, jaundice, poor infant growth and other
 problems that affect the transition from hospital to home.

Thanks to a new home visit program for newborns at Toronto Western Hospital, a Family Medicine resident and a nurse from the hospital's Obstetrical Care Program visit mother and baby in the first few weeks after discharge. The visit provides an opportunity for education and support for breastfeeding and newborn care and allows issues such as post-partum depression to be identified and treated.

And in Mount Sinai Hospital's Family Medicine Unit, a nurse leads an interprofessional team providing care and management for pregnant patients and ensures regular and proactive communication with patients to assist with issues as they arise.

- Seniors' Care: At Sunnybrook Health Science Centre's Family Practice Unit, elderly patients with complex chronic diseases are benefiting from a comprehensive, interprofessional family practice model that involves health professionals from seven disciplines and from both hospital and community settings.
- Patient Management: Patient care and learning is enhanced in the Toronto Western Family Health Team through interprofessional chart reviews in which learners and staff discuss the various challenges a patient may be experiencing and problem solve together. A monthly interprofessional case conference promotes further learning and facilitates management plans for complex patients. St. Joseph's Health Centre adapted this same model, and is now enhancing the quality of interprofessional care in its Unit through a bi-monthly case conference.



LEADERSHIP

• Education: At St. Michael's Hospital, the Unit's focus on interprofessional education (IPE) is supported through an annual faculty development event and opportunities for observerships and placements under a new cross-professional supervision policy. The Unit's leadership in IPE has been recognized with numerous awards.

Excellence in diabetes care

Interprofessional approaches to care also play a key role in the commitment by DFCM Teaching Units to advance Ontario's Diabetes Strategy. They are supported in this work by guidelines and clinical tools developed by the DFCM's Academic Family Health Team Planning Forum. This focus on diabetes includes:

Leadership in Social Responsibility



are also dealing with addictions.

A FAMILY MEDICINE APPROACH TO PREGNANCY

As a faculty member at St. Joseph Health Centre's Family Practice Unit where the Centre is based, Ordean provides the women with prenatal and addiction care, delivers their babies and often becomes their family doctor over the long term. It's the only clinic in Ontario that brings prenatal care and treatment for addiction under one umbrella – a primary care-based model that Ordean says makes sense.

"We can't just focus on the woman's pregnancy," says Ordean. "We also have a window of opportunity to intervene. Because they're pregnant, that gives them the motivation to finally get help with their addiction issues."

And it works. At least 50 per cent of the women reduce or stop their substance use and close to 80 per cent of babies can be sent home in the care of their mother.

Ordean sees the approach as a perfect fit with Family Medicine. "One of the principles of Family Medicine is being a resource to a community," she says. "I can be a resource to these women, provide them with a trusting physician-patient relationship and advocate for them."

She's also a resource to the wider medical community. She has helped to develop guidelines for the management of perinatal substance abuse, created a reference guide for health care providers, and regularly trains residents and other physicians so that women can receive this kind of integrated care in their own communities.

For Ordean, the work brings its own rewards.

"When I follow these women long term and I see how well their situations turn around – see this healthy mom and this healthy baby – that's what gives me satisfaction."



DFCM Teaching Units and faculty have a long history of providing care to marginalized and vulnerable individuals and families and of advocating on their behalf.

- Health promotion and education: At Credit Valley Hospital,
 the Family Health Team has developed an interprofessional
 diabetes care map and will soon provide education for all
 pre-diabetic patients referred to the hospital. At St. Joseph's
 Health Centre, the Unit's Diabetes Health Promotion Clinic
 provides an interprofessional model of care for patients with,
 or at risk of developing, diabetes. And education and improved
 management are also the focus at Mount Sinai and Women's
 College Hospitals where new interprofessional education teams
 are now working with diabetic patients.
- Research: At St. Michael's Hospital, family practice researchers developed the *Toronto Diabetes Atlas* in partnership with the Institute for Clinical Evaluative Sciences (ICES). This innovative research brought together geographic and epidemiological data in order to understand patterns of diabetes in the city in relation to socioeconomic status, the walkability of neighbourhoods and access to health resources. The mapping work has received international attention and was used by the provincial government to roll out its provincial diabetes strategy.

A strong commitment to social responsibility

The practice of Family Medicine is deeply rooted in a commitment to social justice and equity. As a result, DFCM Teaching Units and faculty have a long history of providing care to marginalized and vulnerable individuals and families and of advocating on their behalf. The many examples include:

- Homeless and street youth: The Teaching Unit at North York General partners with the Department of Psychiatry to provide health services for a nearby homeless drop-in program and for street youth at Eva's Satellite Shelter. Family physicians at Women's College Hospital provide primary care for a downtown women's shelter and for street youth at the Evergreen Drop-in Centre. And 14 DFCM faculty members provide care to homeless men at shelters across the city through the Inner City Health Associates.
- Mental Health: Mental health issues are a focus at Mount Sinai Hospital, where the Family Health Team is developing an interprofessional program to care for patients with high

mental health needs. At Women's College Hospital, the Family Medicine Unit provides primary care for a residential home for women with developmental disabilities and mental health issues.

- Addictions: Care of individuals with substance use disorders is an important priority for the Department's inner city Units. Family physicians at St. Michael's Hospital participate in an innovative alcohol and harm reduction program at Seaton House, a men's shelter, and faculty at St. Joseph's Health Centre deliver North America's first Addiction Shared Care Program in which community physicians receive consultations to support the transition of patients back to their care.
- **Obstetrical Care:** Family physicians at Women's College Hospital and St. Joseph's Health Centre provide obstetrical care and deliveries to uninsured and marginalized populations.
- Elderly: Care of the elderly is an important aspect of care provided by all Family Medicine Teaching Units. The Family Practice Unit at Sunnybrook Health Science Centre is advancing knowledge in this field through its expertise in models of care delivery and health systems for elderly patients with chronic disease. In addition, many DFCM Teaching Units provide home visits for housebound frail seniors.
- Community Outreach: A large number of DFCM's International Medical Graduates (IMGs) receive their residency training at The Scarborough Hospital. The Teaching Unit bridges cultural diversity and differences in medical training among IMGs, helping them adapt to the Canadian medical culture and, in turn, providing culturally-competent care to Scarborough's diverse populations. At Toronto East General, the Family Practice Unit reaches out to its diverse community through its Teaching Practice at a nearby Community Health Centre and in the provision of primary obstetrical care to the multi-cultural community at Crescent Town.
- **HIV/AIDS:** Expertise in HIV/AIDS among St. Michael's Hospital faculty has resulted in many innovations, including a recent partnership with a community agency to provide care to HIV-infected homeless individuals who have no prior connection with a health care provider.

LEADERSHIP

- Global Health: The Department's International Programs draw on faculty members from across the Teaching Units and a number also have strong connections with Dignitas International. Faculty from St. Michael's Hospital have provided extraordinary leadership in founding and supporting Dignitas and a faculty member at Toronto Western is currently conducting community-based AIDS research alongside Dignitas' program in Malawi.
- Public Health: Credit Valley Hospital is leading the way in
 effective pandemic planning through a collaboration with the
 Public Health Department to develop new Flu Treatment
 Centres. And at Royal Victoria Hospital, a partnership with
 Public Health has resulted in a second-year core rotation in
 Public Health for all Family Medicine residents at that site.
- Palliative Care: Family physicians play an important role in palliative and end-of-life care. All of the DFCM's Teaching Units provide special expertise in this area and provide care in a variety of settings – individuals' homes, at the hospital bedside and in hospices.

Addressing the needs of underserved areas

The Department of Family and Community Medicine recently expanded its Rural Residency Program in its continued efforts to address the need for family physicians in rural and northern communities.

Toronto East General Hospital and now, North York General Hospital, provide the first year of training to residents enrolled in the program, with their second year spent in one of four small communities – Orangeville, Midland, Port Perry and Orillia.

Leadership in Health Policy The ing defines as the system of the part of the

ADVOCATING FOR CHANGE IN A PUBLICLY-FUNDED SYSTEM

"Family doctors understand the health care system – where it is responding well and where it needs to be better for our patients," says **Dr. Danielle Martin**. "I think we're really well situated to advocate for changes that will improve the health of communities and individuals."

The role of advocate comes naturally to Martin. The founding Chair of Canadian Doctors for Medicare, she is a vocal defender of publicly-funded health care, which she describes as "an issue of justice and equity."

She's also well aware of the challenges facing the public system, particularly when it comes to access to care. Since completing her residency in 2005, Martin has coordinated the DFCM's Rural Northern Initiative which introduces residents to remote and underserved areas of the province. Her own practice is divided between downtown Toronto and a small northern Ontario community.

Martin believes strongly that family physicians need to participate in health care discussions to ensure that policy makers understand the impact their decisions have on "real people who are ill or facing the threat of illness." It's a perspective she brings to her role as board member of the Health Council of Canada, the national organization monitoring progress in health care reform in Canada.

"Being an advocate for publicly-funded health care is not about defending the status quo," she says. "It's about advocating for solutions that would benefit all our patients and not just those who can afford to pay." The Department's Rural Northern Initiative, launched in 2006, is also showing promising results. The initiative provides residents with a unique two-week clinical experience, supervised by DFCM faculty, in a remote northern Ontario community. Many residents who participate continue to provide service to these communities after completing their residency.

Exposing all residents to the potential for practice in underserved areas is also achieved through a mandatory two-month placement in a community-based Teaching Practice in small or rural communities.

Improving health through research

Most Teaching Units have DCFM Research Scholars among their faculty, and many other faculty members are also actively engaged in research. Their research questions reflect their broad array of interests as educators and clinicians, as well as the generalist nature of Family Medicine. The resulting research advances the practice of Family Medicine and improves the care provided to patients. The following are a few of the research projects currently underway (see also *Research*, page 16):

 A study at the Mount Sinai Hospital Teaching Unit to implement and evaluate a model of care to improve the control of risk factors for cardiovascular disease.

Family Medicine Teaching Units



Units associated with Fully-Affiliated Teaching Hospitals

- Mount Sinai Hospital
- O St. Michael's Hospital
- Sunnybrook HealthSciences Centre
- Toronto Western Hospital, UHN
- O Women's College Hospital

Rural Program Sites

- Headwaters Health Care Centre, Orangeville
- O Huronia District Hospital Midland
- Lakeridge Health Network Port Perry
- Orillia Soldiers' Memorial Hospital, Orillia

Units associated with Community-Affiliated Teaching Hospitals

- O Credit Valley Hospital Mississauga
- O Markham-Stouffville Hospital (Opening 2010) Markham
- O North York General Hospital North York
- O Royal Victoria Hospital
 Barrie
- O Southlake Regional Health Centre, Newmarket
- O St. Joseph's Health Centre
- O The Scarborough Hospital Scarborough
- Toronto East General Hospital
- Trillium Health Centre Mississauga

LEADERSHIP

- Assessment of prevalence, detection, treatment and mortality rates of patients with hypertension, conducted at Toronto Western Hospital.
- Research on effective interprofessional collaboration to provide primary care at Women's College Hospital and St. Joseph's Health Centre.
- Participation by North York General Family Practice researchers in the Canadian Primary Care Sentinel Surveillance Network (CPCSSN), Canada's first multi-disease electronic record surveillance system.

TOP RESEARCHER FINDS REWARDS IN MENTORING OTHERS Leadership in Pandemic planning raises challenging questions. Who is the Research Are health care workers still obligated to provide care if it puts them at personal risk? The DFCM's Dr. Ross Upshur is the primary investigator on a three-year \$1.5 million research project that is exploring these complex issues. A CIHR Canada Research Chair in Primary Care Research, Upshur is known internationally as the lead author of an ethical framework for pandemic planning that grew out of Canada's experience with SARS. It's a framework that has been adopted by the World Health Organization and countries across the world. Bioethics, says his approach to research is rooted in Family "I'm a clinician first and foremost," he says. "That colours deeply the way you look at things, particularly in health research. If you're detached from the realities of people with illnesses or health struggles, then it all becomes very abstract." Upshur's research keeps him centre stage nationally and internationally. Despite these demands, he remains a committed teacher and mentor to Family Medicine residents and graduate students from a variety of disciplines. But his understanding of mentoring is even broader. "Creating, mentoring and nurturing interprofessional and interdisciplinary teams to work collaboratively on complex health issues is as important as mentoring individual students," he says. And all of it stimulates his own research. "By assisting somebody to come to the kind of question that they want to answer, you find whole new fields of inquiry yourself," Upshur says. "It keeps you refreshed and renewed in your own inquisitiveness."

Our faculty members are internationally recognized leaders.

Dr. Lynn Wilson, Chair

Excellence recognized by external awards

The Department of Family and Community Medicine has outstanding faculty members who are recognized at the provincial, national and international level for their contribution to teaching, research and clinical care. This excellence was acknowledged with the following external awards received by faculty during the 2007-8 and 2008-9 academic years:

Association of Faculties of Medicine of Canada

May Cohen Gender Equity Award Dr. Sarita Verma

Canadian Information Productivity Award

Dr. Tomislav Svoboda

Canadian Medical Association

William Marsden Award in Medical Ethics Dr. Philip Hebert

Citizenship and Immigration Canada

Newcomer Champion Award

Dr. Paul Caulford

College of Family Physicians of Canada

Lifetime Achievement Award in Family Medicine Research

Dr. Earl Dunn Dr. Walter Rosser

Mimi Divinsky Award for History and

Narrative in Family Medicine

Dr. Merrilee Brown

Jean-Pierre Despins Award

Dr. Philip Berger

Donald I. Rice Award

Dr. David Tannenbaum

Award of Excellence

Dr. David White

Dr. Brian Schwartz

Ontario College of Family Physicians

Ontario Family Physician of the Year

Dr. Frank Martino

Dr. William Watson (Toronto Region)

Ontario Public Service Employees Union

Stanley Knowles Humanitarian Award

Dr. Philip Berger

Professional Association of Interns and Residents of Ontario (PAIRO)

PAIRO Excellence in Clinical Teaching Award

Dr. Diana Toubassi

Toronto Board of Health

Public Health Champion Award

Dr. Paul Caulford

University of Toronto, Faculty of Medicine

Colin R. Woolf Awards for Excellence in Continuing Education

Dr. Anita Singh

Dr. Dori Seccareccia

Dr. Kerri Knickle

Fred Fallis Award in Online Learning

Dr. Anita Singh

University of Toronto

President's Teaching Award

Dr. Helen Batty

Stepping Up Award

Ms. Lindsey Fechtig

Ms. Marie Leverman

Ms. Sharon Lee

LEADERSHIP

Celebrating academic accomplishment

The extraordinary academic accomplishment of the following individuals was acknowledged through their promotions:

Senior Promotions (as of July 2008 and July 2009)

Promoted to Full Professor

Dr. Philip Hebert

Dr. Ross Upshur

Dr. Sarita Verma

Promoted to Associate Professor

Dr. Debbie Elman

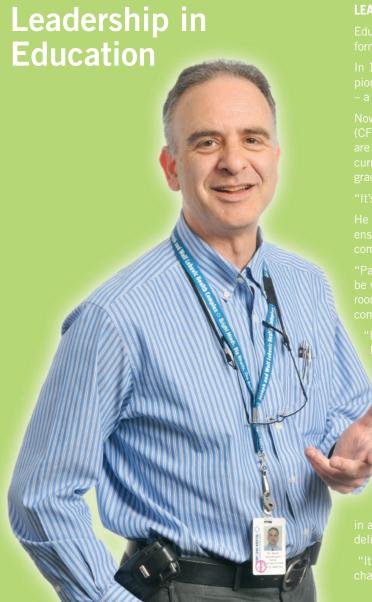
Dr. Shirley Lee

Dr. Rick Penciner

Dr. Barbara Stubbs

Dr. Karen Tu

Dr. William Watson



LEADING THE SHIFT TO COMPETENCY-BASED CURRICULUM

Educational innovation comes naturally to **Dr. David Tannenbaum**, former Director of Postgraduate Education for the DECM.

In 1994, he and his colleagues at Mount Sinai Hospital pioneered the "horizontal" model of Family Medicine residency – a model that is being widely adopted across the country.

Now he chairs the College of Family Physicians of Canada (CFPC) Working Group on Curriculum Review and his sights are set on establishing a nation-wide competency-based curriculum. The goal is to ensure all Family Medicine residents graduate with a consistent and comprehensive set of skills.

"It's an issue of accountability," Tannenbaum says.

He believes adopting a competency-based model will also ensure graduating physicians can meet the needs of the communities they serve.

"Particularly in small communities, a family physician needs to be very comfortable in the broad spectrum of care – emergency room, maternity care, palliative and long term care – as well as comprehensive Family Medicine," says Tannenbaum.

"If your program hasn't prepared you for those areas, it's less likely that you'll choose to include them in your practice and you may feel unprepared to meet the needs of the community."

In 2008, Tannenbaum was awarded the CFPC Donald Rice Award in recognition of his contributions to teaching, vision and leadership in Family Medicine. This award provides support over a two-year period for him to provide his perspectives to groups of family physicians across Canada.

"I have an interest in seeing Family Medicine education move forward, adjust to changing expectations and evolve in a direction that will be healthy for the discipline and for the delivery of care," he says.

"It's exciting to be at the leading edge of educational change."

STRATEGIC PLANNING

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

DFCM Vision

Setting a clear course for the future

At a time of great change in Family Medicine, the Department of Family and Community Medicine is committed to providing leadership in Family Medicine both nationally and globally.

To achieve this goal, a clear and coordinated plan is required and in 2008 the Department initiated a strategic planning process. Approximately 200 faculty members and other external stakeholders contributed through interviews, surveys and participation in an executive retreat. The result was a comprehensive strategic plan entitled *Primary Connections: Linking Academic Excellence to High Quality Patient-Centred Care*.

New Strategic Plan focused on excellence and innovation

The planning process provided an opportunity to re-examine and renew the Department's vision, mission, principles and core values.

The Department's refreshed vision – *Excellence in research*, education and innovative clinical practice to advance high quality, patient-centred care – drives all activities. The plan also identifies six strategies, related goals and the actions necessary to advance them.

Strategies – DFCM Strategic Plan

Key Strategies

Revitalize our research mission, enterprise and impact

Expand and enrich our educations programs

Develop, disseminate and evaluate innovations and advancements in primary care practice

Enabling Strategies

Attract, retain and nurture faculty for leadership and sustained excellence

Strengthen communications and connectivity within the DFCM and collaborations with strategic partners

Reinforce our infrastructure and funding base

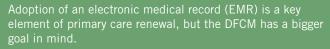
STRATEGIC PLANNING

Moving the strategic plan forward

A Steering Committee is overseeing implementation of the plan. Project leads are assigned to each of strategies and work has begun. One of the first steps was the development of an accountability framework to create and report on measures and indicators to track implementation progress. This framework is posted on the Department's website to ensure maximum accountability to all stakeholders.

The Department of Family and Community Medicine is committed to providing leadership in Family Medicine both nationally and globally.

Exploring EMR potential



"There is great potential for using the data for research, quality measurement and education," says **Dr. Karen Tu**, Chair of the Department's Electronic Medical Record Task Force.

She notes that at the moment, primary care providers are largely focused on the complex task of implementing an EMR. However, the Task Force is looking into the future and how the DFCM could facilitate collaboration across units to exploit the EMR's full potential.

Tu believes the EMR offers significant potential to engage in quality measurement across the whole Department. "For example, if you're looking at mammogram rates, rates of colon cancer or cervical cancer screening – using the EMR will be a very efficient way to access the data we need to assess the efficiency and effectiveness of our preventative screening programs," she says.

On the education front, residents might be able to use the EMR to track patient profiles in order to meet their residency requirements for the College of Family Physicians of Canada. And when it comes to research, an EMR allows researchers to pull detailed data for an entire patient population.

A DCFM Research Scholar and Scientist with the Institute for Clinical Evaluative Sciences (ICES), Tu is already using EMR data in her own research – linking it to administrative health care data in order to measure quality of care in diabetes and cardiovascular disease.

"EMR data are unique and much richer than our traditional data sources," Tu says. "I think the EMR has the possibility for really advancing primary care research."



Highlights of year one implementation activities

Strategy 1: Research

(Lead: Dr. Eva Grunfeld)

- New Research Director recruited and Associate Director of Research hired
- *Quality and Effective Practice* confirmed as priority research theme for department.

Strategy 2: Education

(Leads: Drs. Karl Iglar and Jennifer McCabe)

- Undergraduate Family Medicine Longitudinal Experience (FMLE) program expanded.
- Three new Family Medicine Teaching Units launched.

Strategy 3: Primary Care Practice

(Lead: Dr. Phil Ellison)

 Quality Task Force established to determine the DFCM's quality agenda and the program and resources required to implement it.

Strategy 4: Leadership

(Leads: Drs. Jamie Meuser and David White)

 Leadership Task Force established to develop a plan for building leadership capacity within the DFCM.

Strategy 5: Communication and Connectivity

(Leads: Drs. Karen Tu, Marcus Law and Lynn Wilson)

- Information and Communication Technology Advisory Committee established to develop plan for educational ICT and innovation in the DFCM.
- Electronic Medical Record Task Force established to facilitate collaboration in using the EMR to support quality, research and education initiatives.

Strategy 6: Infrastructure and Funding

(Leads: Dr. Lynn Wilson and Ms. Caroline Turenko)

 Business plans developed to support expanding research and education programs.

Implementation of the strategic plan is ongoing. An updated progress report is available on the Department's website at dfcm.utoronto.ca/about/plan.html.

DFCM LEADERSHIP

Office of the Chair

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Chair Executive Assistant Faculty Appointments Coordinator Senior Administrative Officer Financial Officer Web & Communications Services Coordinator Information Technology Administrator Information Systems consultant Undergraduate Education Program Director, Undergraduate	Dr. Lynn Wilson Angela Gaspar Marie Leverman Caroline Turenko Judy Finn Danielle Simpson Iva Berlekovic Eric Meddings	Academic Addictions AIDs/HIV Anaesthesia Breast Diseases Care of the Elderly Emergency Medicine Environmental Health FM Hospitalist Medicine Global Health/Resource Poor Indigenous Health International	Dr. Curtis Handford Dr. Peter Selby Dr. Brian Cornelson Dr. Henderson Le Dr. Ruth Heisey Dr. Sidney Feldman Dr. John Foote Dr. Lynn Marshall Dr. Phil Ellison Dr. Katherine Rouleau Dr. Difat Jakubovicz Dr. Yves Talbot
Education Program Pre-clerkship Initiatives Director FMLE Recruitment Coordinator Electives Program Coordinator Clerkship & Communications Assistant Special Projects Assistant Research & Data Management Assistant FMLE Program Assistant	Dr. Jennifer McCabe Dr. Kymm Feldman Dr. Rahim Hirji Dr. Rebecca Malik Saimah Baig Sharon Lee Lindsey Fechtig Shayma Nammari	Low Risk Obstetrics Medical Oncology Palliative Care Palliative Medicine Psychotherapies Research Fellowship Sports Medicine Tobacco Use in Special Populations Women's Health Division of Palliative Care	Dr. Eleanor Colledge Dr. Carol Townsley Dr. Giovanna Sirianni Dr. Christa Jeney Dr. Allan Peterkin Dr. Eva Grunfeld Dr. Julia Alleyne Dr. Peter Selby Dr. Kymm Feldman
Postgraduate Medical Education		Head	Dr. Lawrence Librach
Director, Postgraduate Education IMG Coordinator PGY3 / Fellowship Coordinator Ethics & Professionalism Coordinator Recruitment Coordinator Director, Teaching Practice	Dr. Karl Iglar Dr. Alan Monawari Dr. Roy Wyman Dr. Monica Branigan Dr. Marcus Law Dr. Erica Catford Dr. Paul Philbrook Dr. Patrick Skalenda Dr. Danielle Martin Dawn Martin Lindsay Watson Margaret Bucknam Lela Sarjoo Maggie Tang Nilton Gaspar Carol Park Mary-Kay Whittaker	Associate Head Division of Emergency Medicine Director Emergency Medicine Residency Program Director	Dr. Jeff Myers Dr. Eric Letovksy Dr. John Foote
& Rural Residency Distributed Medical		Graduate Studies and Academic Fellowship Program	
Education Coordinator Remediation Coordinator Northern Rural Initiatives Coordinator Education Consultant Counselling Skills Coordinator Postgraduate Program Manager Awards and Admissions Officer Program Assistant (IMG) Program Assistant (PGY-3) Program Assistant (Teaching Practices) Postgraduate Expansion Consultant Program Assistant (Teaching Practices and Rural Residency)		Director, Graduate Studies Associate Program Director Program Coordinator Program Assistant International Program	Dr. Helen Batty Dr. Curtis Handford Sole Fernandez Diana Kam
		International Program Director Residency/Post Residency International Program Coordinator International Program Manager Program Assistant CIDA Project Manager CIDA Project Reporting Officer CIDA Communications & Relations consultant	Dr. Yves Talbot Dr. Katherine Rouleau Monica Riutort Carmen Victor Fernanda Almeida Aguiar Nelson Cabral Adriana Gaertner

Postgraduate Fellowship Directors

Professional Development Program

Director, Professional Development Director, Faculty Development Events Director, Continuing Education Events Dr. John Axler Program Coordinator Program Assistant

Dr. James Meuser Dr. Barbara Stubbs Sole Fernandez Laura Surdianu

Research Program

Director, Research Associate Director, Research Research Program Coordinator **Biostatistician**

Research Program Administrator

Dr. Paul Krueger Lindy Chan

Dr. Eva Grunfeld

Dr. Rahim Moineddin Denise Job

Library

Library & Information Service Library Assistant Library Assistant

Rita Shaughnessy Vivian Yee Iveta Louis

Dr. Paul Philbrook

Dr. David White

Dr. David Tannenbaum

Family Medicine Teaching Unit Chiefs

Credit Valley Hospital Mount Sinai Hospital North York General Hospital Royal Victoria Hospital Southlake Health Care Centre St Joseph's Health Centre

Dr. Stu Murdoch Dr. Robert Doherty Dr. Daphne Williams (Acting) St Michael's Hospital Dr. Philip Berger

Sunnybrook Health Sciences Centre The Scarborough Hospital

Toronto East General Hospital

UHN: Toronto Western Hospital

Trillium Health Care Centre

Women's College Hospital

Women's College Hospital

(Acting) Dr. Larry Erlick Dr. Geordie Fallis Dr. Michael Kates Dr. Jeff Bloom Dr. Jim Ruderman

Dr Dara Maker

Dr. Jocelyn Charles

Site Program Directors - Undergraduate Program

Mount Sinai Hospital Dr. Melissa Nutik Dr. Sharonie Valin/ North York General Hospital Dr. Jordana Sacks St Joseph's Health Centre Dr. Karine Meador St Michael's Hospital Dr. Karen Weyman Sunnybrook Health Sciences Centre Dr. Debra Elman The Scarborough Hospital Dr. David Wheler Toronto East General Hospital Dr Lisa IIk Dr. Azedah Moaveni UHN: Toronto Western Hospital

Site Program Directors - Postgraduate Program

Credit Valley Hospital Dr. David Clarkson Mount Sinai Hospital Dr Frin Rearss North York General Hospital Dr. Perle Feldman Royal Victoria Hospital Dr. Stu Murdoch Southlake Health Care Centre Dr. Paul Cantarutti St Joseph's Health Centre Drs. Natascha Crispino & Erin Kraftcheck

St Michael's Hospital Sunnybrook Health Sciences Centre

The Scarborough Hospital Toronto East General Hospital Trillium Health Care Centre

UHN: Toronto Western Hospital Women's College Hospital

Dr. Bachir Tazkarji Dr. Phil Ellison Dr. Batya Grundland

Site Professional Development Representatives

Credit Valley Hospital **Emergency Medicine Emergency Medicine** Mount Sinai Hospital North York General Hospital Palliative Care St Joseph's Health Centre St Michael's Hospital Sunnybrook Health Sciences Centre Teaching Practice The Scarborough Hospital Toronto East General Hospital UHN: Toronto Western Hospital

Women's College Hospital

Dr. David Palmer Dr. Shirley Lee Dr. Tim Rutledge Dr. Michael Roberts Dr. Steve Kahane Dr. Leah Steinberg Dr. Monica Branigan Dr. Yee-Ling Chang Dr. Viola Antao Dr. Gwen Sampson Dr. Mruna Shah Dr. Rosalie Hooks Dr. Barbara Stubbs Dr. Alison Culbert

Dr Abbas Ghavam-Rassoul

Drs. Scott Allan & Lindsay Bisset

Dr. Anne Wideman

Dr. Marcus Law

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