Family & Community Medicine
UNIVERSITY OF TORONTO

2009 RESEARCH RETREAT SUMMARY OF PROCEEDINGS

DEPARTMENT OF FAMILY
AND COMMUNITY MEDICINE

SEPTEMBER 2009

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EXECUTIVE SUMMARY

The Department of Family and Community Medicine (DFCM) held a research retreat to advance a key component of the DFCM strategic plan for 2009 to 2013: *Revitalize our research mission, enterprise and impact.* The retreat was chaired by Dr. Eva Grunfeld, Director of the Research Program, appointed as implementation lead to move forward on this vital strategic direction. The research retreat provided a forum for a rich exchange of ideas and recommendations as faculty researchers came together to gain agreement on specific actions to move forward.

Presentations were made by key academic and research leaders around building a research program, setting the context for planning, and research as a key strategic direction. The evolution of the DFCM's research themes of "quality and effectiveness" was presented and roundtable groups discussed these as the research themes for the DFCM. Groups also articulated their vision of a successful research program as well as indicators to measure success. A presentation on mentoring offered insights into effective mentor/mentoree relationships as well as strategies to develop an effective mentorship program. The day concluded with roundtable discussions on key priorities for advancing the DFCM's research goals.

The report to follow provides key presentation and discussion points from a mix of plenary and small group discussions. Appendices include biographies of all presenters ***(Appendix 1)*** and presentation slides ***(Appendices 2 through 5)***.

Key messages from the day's proceedings include:

- Research is the DFCM's number one strategic direction and is closely aligned with all other key strategies in the strategic plan.
- The research infrastructure has been enhanced and Dr. Grunfeld is moving forward with the DFCM's research goals quickly.
- While a considerable amount of groundwork for the Research Program has been developed to date, including a vision and high level goals, an action plan is needed to move forward as well as metrics to measure its success.
- When building an academically-based research unit, the independence of academics presents both challenges and advantages. These ingredients to enhance success need to be embraced.
- The Faculty of Medicine is available to support the DFCM's success; information can be found on the Faculty's website.
- The DFCM's research themes of "enhancing quality and effectiveness" are overarching themes that encompass the previous themes of "effectiveness, equity and education" (the three "E's").
- While the majority of participants supported the overarching themes of "quality and effectiveness", it was felt that equity and education are also important.

- Research that makes a difference in primary care and is sustainable and identifiable is needed; success can be measured though the DFCM's accountably framework with the inclusion of a number of additional measures.
- Mentoring benefits everyone; the Department of Medicine has developed a successful mentoring program with information accessible through the Department's website.
- For a mentoring program to be effective, a formal program including a job description, clear expectations, evaluation, financial remuneration, recognition, and awards need to be established.
- A number of key priorities are necessary for advancing the DFCM's research goals; a rich series of recommendations and ideas were formulated in roundtable discussions and are articulated in this report.
- Regular meetings blending research and business as well as opportunities for collaboration though portals and web space are important to enhance communication among researchers.
- An infrastructure providing methodological support, a database across all sites with Electronic Medical Records (EMRs) and administrative support is needed to support researchers.
- Promotion of research interest groups in targeted areas should be encouraged with teams of physicians and scientists.
- A culture shift to promote family medicine research and encourage residents through the support of existing mentors is needed.
- Integration of a knowledge translation (KT) strategy in every research project it is important to share and evaluate KT expertise.
- Most of the ideas generated are on the DFCM's "radar" and very "doable" and will be brought forward to the participants of the research retreat for implementation plans.

To support the key priorities articulated by participants at the retreat and to move forward in advancing the DFCM's research goals and become a leader in family medicine research, the following recommendations are proposed:

1. Review and renew the DFCM's research scholars program, which is the cornerstone of the department's research program.
2. Strengthen key resources (e.g. methodological expertise, administrative support and mentorship program) to improve the DFCM's research productivity.
3. Establish and monitor key metrics in order to measure the DFCM's research productivity.

In the words of Dr. Grunfeld, "We are in the "dawning of the age of family medicine" and have a tremendous opportunity. There is huge interest at the level of government and policy makers in family medicine. We have an incredibly strong cadre of talented researchers both senior and junior in the DFCM and a strong commitment from the Chair. We will be following up with you to put the necessary steps in place and to become the best."

OPENING REMARKS

WELCOME AND INTRODUCTIONS
DR. EVA GRUNFELD

Dr. Eva Grunfeld welcomed everyone and explained that this retreat was one of her first opportunities to meet with the broader research community and a chance for individuals to connect with one another. She presented the retreat agenda and objectives for the meeting.

Key Presentation Points ***(Appendix 2)***

- ***Objectives of the Retreat***:
    1. Advance the research goals outlined in the 2009 DFCM strategic plan.
    2. Identify key success factors for the DFCM Research Program.
    3. Agree on an action plan to grow the DFCM Research Program.
    4. Provide an opportunity for information sharing, networking and mentoring.
- A considerable amount of groundwork for the DFCM's Research Program has been developed to date including a vision and high level goals.
- Agreement is needed on an action plan to move forward and metrics to measure success.

OPENING PRESENTATION

BUILDING A MAJOR RESEARCH PROGRAM
DR. ANDREAS LAUPACIS

Dr. Andreas Laupacis provided an overview of his extensive experience and shared ***what works, what doesn't work and secrets for success*** by focusing on:

1. Major challenges for building an academically-based research group.
2. Major advantages in building an academically-based research group.
3. Ingredients for success.

Key Presentation Points

1) Major challenges for building an academically-based research group

- The independence of academics both in terms of what they want to do and their unwillingness to meet deadlines is a challenge; in order to build a group and have a focus, leaders need to engage people to work with them, however, researchers value their independence and don't like to have a director telling them what to do; academics have an unwillingness to meet deadlines making people who are non-academics reluctant to deal with academically-based teams.
- Researchers wear multiple hats; their salaries come from a variety of funding sources, many different stakeholders lay claim to the focus of their work. It is important to get the funders to agree on what the main focus of the scientist is; otherwise it is hard for a leader to enforce accountability.
- Leaders have a poor track record of measuring and enforcing accountability; researchers say their residents/students are above average and do not have a good track record of measuring and enforcing accountability within students and themselves; something needs to be done if people aren't doing what they should be.
- Many academics have no training in leadership, administration or fundraising and rise to positions of leadership based on scientific credibility; scientists may be really uncomfortable with people who are successful in raising funds, however, are happy to use the monies that are acquired.

2) Major advantages in building an academically-based research group

- People working in research and academia are focused, committed and extremely bright.
- Research is an area that is important to people's lives.

3) *Ingredients for success*

- Support from the top.
- Recruit good people and support them; preferable to use limited resources to generously support a small number of really good researchers vs. partially supporting a larger number.
- Focus research leadership on building external relationships and mentoring while remaining scientifically credible; there is a real need to raise the profile of primary care as an incredibly important area for research.
- If possible, develop a spectrum of senior, middle and junior researchers for the research group to enable successful mentorship and emphasize the importance of mentorship to anyone who is recruited.

- Develop a focus but do not limit recruitment to those areas; remain flexible in the leadership sphere to focus on main priorities while drafting the best people; it is also important to recruit people who are fun to work with.
- Find ways that enable your organization to open the lines of communication between the researchers and the leadership team, i.e. Dr. Grunfeld can make communication easier for you.

Key Discussion Points

- It is critical to develop foci and themes to present views as marketing is difficult with a diverse group, diffused interests and without a unified identity; it is important to become recognized as the "go-to place" for the Ministries, media and funders.
- It is important to define what you're marketing and who your target is; critical to be able to articulate what you're doing very clearly and in a quick and compelling way – the "elevator pitch" - if you cannot explain what you are doing from the 1st floor to the 22nd floor you are not focused.
- People who are interested in funding research are much more interested in finding solutions than the introduction of problems; important to have a few "stars" as shining examples; "stars" can be projects or people, however, people connect best with people.
- Determine what people are defining as research from across the country and provide advice on defining that notion.
- Research is viewed by politicians as "people who spend a lot of time answering irrelevant questions"; important to use the terms "evaluation' and "performance measurements" when dealing with the Ministry of Health and Long-term Care (MoHLTC), however, the Ministry of Innovation understands the importance of research; change the language for the specific audience (i.e. when dealing with the MoHLTC and the LHINs, use language that demonstrates how research can deliver care in a more effective manner); quality of primary care is critical.

SETTING THE CONTEXT FOR PLANNING

RESEARCH STRATEGIC DIRECTIONS, FACULTY OF MEDICINE
DR. PETER LEWIS

Dr. Peter Lewis provided an overview of the Faculty of Medicine's research strategic planning.

Key Presentation Points (***Appendix 3)***

- ***10 Research Strategic Directions***:
    1. ***Advocacy*** – Promote and explain research endeavours to the public.
    2. ***Benchmarking*** – Establish an information gathering strategy to benchmark research accomplishments of Faculty and students across all Departments.
    3. ***Centres/Institutes*** – Guide the support of innovative Centres and link existing Centres to promote synergy especially between the campus and hospitals.
    4. ***Clinical Research*** – Build partnerships with fully affiliated hospitals.
    5. ***Commercialization*** – Support the transfer of research and innovations to application for the public good.
    6. ***Communication*** – Promote intra-Faculty research collaborations/partnerships including cross-Departmental and institutional research grant applications.
    7. ***International Research Relations*** – Through the newly established Director of International Research Relations, work with peers on collaborative research projects.
    8. ***Major Funding Initiatives*** – Secure major funding made available through new Canadian Foundation for Innovation (CFI) and National Centre of Excellence programs.
    9. ***New Partnerships*** – Seek to form partnerships aligned with research priorities, e.g. Ontario Institute for Cancer Research and Ontario Public Health Agency.
    10. ***Research Training*** – Extend priority of training high quality personnel to postdoctoral fellows and international students.

Key Discussion Points:

- The DFCM's priorities are aligned with the priorities of the Faculty of Medicine.
- A ***key message*** – the Faculty of Medicine is available to help and wants the DFCM to succeed; a wealth of information and resources are available on the Faculty's website www.medresearch.utoronto.ca and its use is encouraged!

THE DFCM RESEARCH PROGRAM
DR. EVA GRUNFELD

Dr. Eva Grunfeld presented key elements necessary for a successful research program and compared dollars in the DFCM and the Department of Medicine (DOM) Programs.

Key Presentation Points *(Appendix 2)*

- One model of a research program published by Bland[1] shows all of the domains that need to be addressed for successful research; all are important and include:
  - ***Individual Features*** – A number are critical at the Faculty level e.g. adult development, socialization, motivation, content knowledge, etc.
  - ***Institutional Features*** – Institutional features must be present and researchers need to be "well-prepared in a supportive environment".
  - ***Leadership*** – Need highly regarded and able academic leaders who attend to individual and institutional characteristics that facilitate productivity.
- The DOM and the DFCM are similar in size yet the total research dollars is less in the DFCM.
- As the DFCM has a great deal of funding from the MoHLTC, it is important to consider new sources of funding.

Key Discussion Points

- Dr. Grunfeld indicated that the task for the day is to "think like researchers" and focus on operationalizing the objectives in the strategic plan in order to move forward.
- One participant mentioned that in the DFCM, the Faculty is small in comparison to the DOM and most are community physicians; there is a range of community and academic physicians and optimization of engagement within each envelope needs to be considered.
- Dr. Upshur offered to convene a research skills workshop and Dr. Lewis offered to advertise the session and help host the meeting if it is open to the whole Faculty.
- A question was raised: "Is the DFCM a family medicine leading research unit? How does it compare to other family medicine departments in Canada?"
- Dr. Grunfeld indicated that ***"the University of Toronto DFCM is the Department that is expected to be a leader"***.

[1] Bland CJ, Seaquist E, Pacala JT, Center B, Finstad D. One School's Strategy to Assess and Improve the Vitality of Its Faculty. *Academic Medicine* 2002;77(5):368-76.

OUR RESEARCH THEMES

QUALITY AND EFFECTIVENESS OR THE "THREE E'S" (EFFECTIVENESS, EQUITY AND EDUCATION): A BRIEF HISTORY OF THE DEPARTMENT'S RESEARCH PRIORITIES
DR. RICK GLAZIER

Dr. Rick Glazier provided a brief overview of the history of the DFCM's funded research program which was established with 6 or 7 people around 1995.

Key Presentation Points

- The initial researchers had disparate interests and although they collaborated well, no over-aching theme(s) emerged.
- The "three E's" - the themes of effectiveness, educational research and equity - emerged around 2001; education was a major area in which the DFCM needed to grow.
- Equity was seen in a different way (i.e. income quintiles, homelessness, etc.) by various groups; there was no unifying theme in this area.
- The most recent strategic planning process was done in light of primary care reform in Ontario including inter-professional care models and the introduction of EMRs.
- Given this new era, and a growing awareness that Canada is falling behind international developments in quality improvement, the over-arching theme of "quality and effectiveness" found resonance.
- This new theme was meant to encompass and not replace or diminish the importance of educational research and equity.

Key Discussion Points

- While the theme of *"quality and effectiveness"* has been used to market the DFCM's strategic plan, the three "E's" are intended to be imbedded.
- Views on "quality and effectiveness" as the priority research theme for the DFCM needs to be articulated in roundtable discussions with a view to gaining consensus.
- It is critical to be able to succinctly articulate the "elevator ride" to "sell" the DFCM.

ROUNDTABLE DISCUSSIONS

QUALITY AND EFFECTIVENESS AS PRIORITY RESEARCH THEMES

1. ***Do you agree with quality and effectiveness as the priority research themes for the DFCM, which will be seen as the "public face" of the DFCM's research? Is this sufficiently inclusive of our research – or do we need to include equity and education in our public statements about the focus of our research?***

Key Discussion Points

- Overall the *majority of the groups agreed on the title "quality and effectiveness*" with the following comments:
  - *Equity is really important* and needs to be captured and reinforced.
  - Difficult to distinguish quality and effectiveness; terms need to be defined.
  - Add the verb "enhancing" to the theme with a description of primary care or family medicine as effectiveness can cover anything.
  - Could have a second level of detail i.e. "quality first, effectiveness follows".
  - Equity, educational research and diversity are important sub themes.
  - Need to include access to education and interprofessional (IP) care.
  - Need to incorporate innovation, excellence, collaboration, population, risk and primary care.
- Additional suggestions include:
  - All research to some degree captures these themes; an inclusive theme to describe specifically what the DFCM does is needed.
  - A title is needed to promote and also recognize diversity (i.e. Western University has done this).
  - A "Centre for Effective Care, Equity and Education (CECEE) in Family Medicine".

2. ***How do you see branding or promoting the research priority(ies) of the Department?***

Key Discussion Points

- Most participants felt that a concept that is versatile is important, i.e. *"quality and effectiveness*"; while it is very broad, research priorities would fit under one umbrella.
- The majority felt that *"equity"* is really important for the Department

- Additional suggestions include:
    - A second level outlining and clearly defining research priorities is important; develop a "*second level of detail"* under the banner of "q*uality and effectiveness*".
    - Research themes could be organized as research *sub themes*.
    - The theme should be presentable to both internal and external audiences and the current theme may make sense internally but not externally; it might be important to convene some focus groups to see how this translates to other groups and get external feedback.
    - Need to distinguish between marketing/advertising and organizational principles; establishing themes are first and marketing is secondary; the focus of the research comprises the research themes and a message with which to approach the MoHLTC is marketing.
    - Should the theme capture *"where we are or where we want to go to?"* - Dr. Grunfeld indicated that "it is unrealistic to try and capture a concept that is versatile enough to define where we are and that 'enhancing quality and effectiveness' does, in a very broad way, fit with what everyone in the room does; it doesn't define all further activity but it's broad enough to capture what people are doing. The utility of a theme is more external than internal".

GROWING OUR RESEARCH PROGRAM: DEFINING SUCCESS

1. What is your vision of a successful DFCM research program?

Key Discussion Points

- Research that makes a difference in the real world; research that makes a difference to people and their communities.
- 1st by "changing the world, changing practice – effect change in policy, patient care, physician behaviours (practice), improve the health of the population and be socially responsible; 2nd through creating a Primary Care laboratory of cohorts of patients through EMR and ICES data.
- Research that makes a positive difference externally and is sustainable, easily accessible, identifiable, supportive, nurturing and has elements of growth.
- A broad platform for working with communities, patients and students; awareness of what others are doing.
- To be leaders and resources in defining effective practice in Family Medicine research that supports measures in the accountability framework.
- Connecting the "out" group with the "in" group, i.e. help with methodology and time.
- Resilience: "A measure of success of a program is that it survives failure"; a good research program knows how to navigate failures and is sustainable.

- Establish a strong and robust research network that is highly leveraged; use EMRs and collaborative networks.
- Contribute new models or methods, i.e. patient-centred method.
- A Department inclusive of community-based researchers.
- Contribute to a profile of Family Medicine that community and donors find as exciting as MRI and lung transplants.

2. *What indicators would we use to measure our success?*

Key Discussion Points:

- There was general support for the measures in the DFCM accountability framework in the strategic plan:
    - Research Director in place
    - Central supports established for research
    - Number of applicants for Research Fellowship
    - Number of research studies and grants
    - Amount of funding and number of funders
    - Number of faculty participating in research
    - Number of publications (include peer reviewed journals, books, chapters and try to capture the translational literature and presentations (especially provincial, national, international)
    - Number of publications in high impact journals; number of citations of research
    - Number of Residency Research Fellows
    - Number of faculty with awards e.g., Career Scientist, Canada Research Chair
    - Number of Graduate Students
    - Number of Post Doctoral Fellows

  with the inclusion of additional indicators/measures for:

    - infrastructure support
    - mentoring students
    - tracking what is being published in the grey literature
    - retention, recruitment and satisfaction of staff
    - centralized marketing to bring the Department together
    - process research
    - "media hits"
    - creative forms of funding.

- Include the "testimonial" – not highly scientific but important to collect and show that you made a difference.
- Align with university in metrics but need impact indicators – if not represented in outcome measures, will not get engagement; need solution-focused research.

NURTURING OUR MENTORING PROGRAM

THE EFFECTIVE MENTOR/MENTOREE RELATIONSHIP
DR. LAURIE MORRISON

Dr. Laurie Morrison presented the effective mentor/mentoree; studies showing mentor and mentoree satisfaction and productivity, and the Department of Medicine (DOM) mentoring program..

Key Presentation Points (***Appendix 4***)**:**

- The effective mentor/mentoree relationship includes seven roles of a mentor and qualities to look for when picking a mentor.
- "A mentor is an active partner in an ongoing relationship who helps an individual (mentee) maximize potential and reach personal and professional goals"[2]
- Studies showing mentor and mentoree satisfaction and productivity show statistical significance of more influential mentors providing higher satisfaction levels with mentorees, however, this is not enough for a good quality mentorship relationship.
- The DOM began a Formal Mentoring Program in 2003 and currently a job description and a mentor are required to obtain a Faculty appointment.
- The DOM provides a number of activities including: academic tracking of mentoring activities tied to bonuses, mentoring awards, celebrations on Orientation Day and Annual Day; mentor training and Faculty networking.
- The DOM has partnered with St. Michael's Hospital to form the Centre of Faculty Development to hold mentorship workshops.
- A ***key message*** - Don't reinvent the wheel; there is nothing proprietary and the Centre of Faculty Development website www.cfd.med.utoronto.ca as well as the DOM's website www.deptmedicine.utoronto.ca are available and encouraged for use by the DFCM.
- ***Mentoring benefits all and the DOM will work with anyone who wants it!***

[2] *Ramanan et al. Am J Med. 2002*

Key Discussion Points

- Questions were raised regarding group mentoring and guidelines for success; the American Board is pushing "team mentoring" which is very resource intensive.
- A question was raised regarding the relationship between the mentor and mentoree; there is no data to support the question in the "happiness index survey" of mentors and mentorees; the DOM would ask if there is an issue with the mentor/mentoree relationship.
- Credentials, salary support and a highly effective mentor are of importance to the mentoring program.

MENTORING ROUNDTABLE DISCUSSIONS

Junior or starting researchers facilitated roundtable discussions with a mix of senior and mid-career researchers to engage in problem-solving around targeted questions; a summary of the recommendations are outlined as follows:

1. ***How do you create an environment where mentoring is valued?***
    - Encourage early development of mentorship relationships and assist with matching, as finding a mentor can be difficult for some people.
    - Provide recognition for mentors, both internally and externally through financial compensation, awards, testimonials (i.e. narrative success stories).
    - Demonstrate value and support to mentors through respect and promotions.
    - Define expectations for mentoring including ways of mentoring, i.e. individual and/or group; types, i.e. clinical, research and educational; and who is required to mentor, i.e. is it an expectation for everyone?
    - Complete an annual review of needs/values to mentor.

2. ***How do you promote mentoring (e.g., tangible ways in which the department can promote the importance of mentoring)?***
    - Create a formalized concept of mentorship with Alternate Funding Plan (AFP) funds applied to it.
    - Recognize that one mentor will not fit the mentorship needs of most in Family Practice, i.e. need relationships and resource people in multiple areas throughout the career.
    - Provide rewards, acknowledgment, promotion or payment/honorarium.
    - Provide training/support and clear expectations around time commitment for mentoring.

3. *How do you optimize the quality of the mentoring experience?*

- Provide a formalized system to identify mentors/mentorees, i.e. seek clarification of what a mentoree is looking for in a mentor – team membership.
- Provide a match of common projects/interests between mentor/mentoree – this is *key*.
- Match mentors/mentorees in close geographic proximity.
- Provide financial reimbursement/recognition for mentors.
- Provide workshops/training for mentors.
- Provide a common forum for sharing ongoing projects / mentorees seeking mentors within the Department.
- Increase the number of mentors within research field; involve non-physicians mentors.
- Differentiate between advisor and mentor, i.e. logistical (advisor) vs. intellectual professional (mentor).
- Conduct surveys for feedback for mentors re: satisfaction of relationship.
- Consider that what to *avoid* is an important part of a mentorship.

4. *How do you evaluate the mentoring experience (individually and for the department as a whole)?*

- Track interaction and activities/productivity between mentors and mentorees.
- Randomly interview mentor-mentoree pairs.
- Conduct qualitative interviews and conduct individual satisfaction surveys to see how often mentors are being used.
- Advance and increase group cohesiveness.
- Address the cost of mentors and need for compensation models, i.e. lack of their own time for research and the possibility of mentor burden.
- Review the DFCM's grants and publications.

5. *What is the most innovative strategy that was identified in this discussion?*

- Retain the DFCM's culture and modify Dr. Morrison's approach to fit the DFCM.
- Formally establish a requirement for mentorship.
- Institutionalize mentorship, i.e. provide a job description and clear expectations, evaluation, financial remuneration, recognition, rewards and awards.
- Acknowledge mentors and provide formal benefits (e.g. promotion, link to AFP).

- Pre-mentoring: identify mentoree objectives, a shared set of objectives and set out expectations; Post-mentoring: evaluate and submit a mentorship report at year-end regarding the process; Mid-point: provide an agreed set of goals, individualized mentoring plan.
- Provide a mentoring link on the DFCM website (like the DOM) with expectations and guidelines.
- Promote Faculty (i.e. Lecturer, Associate and Professor) with idea that professors have time and experience to be ideal mentors.
- Develop mentors for both clinical and research areas.
- Allow mentors to choose the most appropriate/skilled mentorees.
- Provide new researchers (new into career or new to U of T) with voluntary mentorship.
- Encourage junior Faculty to find a mentor.
- Facilitate group mentoring and problem solving in groups.
- Create a culture where it is permissible to discuss errors and mentor around errors.
- Acknowledge that a mentor also needs a mentor and create opportunities to enable this.
- For the DFCM, conduct a baseline of numbers with a mentor in the Research Program and evaluate the number of joint projects and/or papers they have together.
- Determine optimal balance for mentorship, i.e. the optimal number of mentorees and assess capacity.

PRIMARY CONNECTIONS: THE DFCM'S 2009 STRATEGIC PLAN

RESEARCH AS A KEY STRATEGIC DIRECTION
DR. LYNN WILSON

Dr. Lynn Wilson presented the DFCM's 2009 strategic plan with a focus on research strategy.

Key Presentation Points (*Appendix 5*)

- Research is the DFCM's *#1 Strategy* for a reason.
- It is critical to have a core group of individuals evaluating every aspect of quality in primary care or policy will be made in a vacuum.
- With a powerful network of 14 Family Medicine Teaching Units (FMTUs), there are opportunities for collaboration in primary care, practice, research and education.
- All other key strategies for the DFCM link to research, they are:
    - ***Strategy #4:*** *Attract, retain and nurture Faculty for sustained excellence* –
      a key priority is strengthening mentoring

- **_Strategy #5:_** *Strengthen communications and foster connectivity across the DFCM* – about to launch a communications strategy and link to the research community
- **_Strategy #6:_** *Reinforce our infrastructure and funding base* – funding is critical to quality of work and facilitating its external promotion

- The DFCM did not have a vision and now has a new vision placing research right up front:
  - **_Vision_** - Excellence in research, education and innovative clinical practice to advance high quality patient-centred care
  - **_Mission_** - We teach, create and disseminate knowledge in primary care, advancing the discipline of family medicine and improving health for diverse and underserved communities locally and globally
- It is important not to lose sight of equity; equity and social justice must span everything.
- An external review conducted in 2008 raised some significant concerns including:
  - Lack of a DFCM "brand"
  - Lack of consistent mentorship
  - Lack of cohesion amongst researchers
  - Insufficient central infrastructure and support
  - All of the above created lost opportunities for the DFCM on a number of occasions.
- Dr. Grunfeld is moving forward with the DFCM's Research Program goals quickly.
- The DFCM's research infrastructure has been enhanced and recruitment of an associate researcher is well underway (there are a number of excellent applications).
- Next steps include moving forward with the strategic plan implementation steering committee, striking the EMR task force, providing communications and infrastructure support and recruitment of an advancement officer for the DFCM.

ADVANCING OUR RESEARCH GOALS

CONCURRENT BREAK-OUT GROUPS

Participants were assigned to pre-selected breakout group topics to develop short-term goals and implementation priorities for goals outlined for research in the DFCM strategic plan, and to identify implementation priorities for the next 12 to 18 months.

1. *Enhancing communications between researchers (communication mechanisms, meetings, rounds, etc.)*

Key Issues:

- Communicating is difficult and there is no one modality that is successful; multiple methods are necessary using a combination of "push" and "pull".

Key Priorities:

1. Use "push" methods - send things directly both electronically and through paper.
2. Use "pull" methods – utilize the portal and web space to share information quickly.
3. Regular meetings are important and could be held every 3 months from 4:30 to 6:30 p.m. possibly with food (but research executive meet monthly); set dates 2 years in advance; meetings could cover a range of activities blending business, research in progress, methodology, ideas and identification of potential collaborators; face-to-face rounds are still very important, especially for new researchers.

2. *Central resources – how can the department best support its researchers?*

Key Issues:

- Clinical research is provided in the community and there is a difference in central support vs. support for the clinician in the community.
- Researchers are responsible for producing publications, presentations, grants, and best practices across the DFCM

Key Priorities:

1. Provide more geographically disperse research support and maximize support in place, e.g. librarian services.
2. Create a database across all sites to use for research with EMRs and an onsite coordinator.

3. *Large scale protocol – how do we come together to apply for a team grant?*

Key Issues:

- The most recent example was the primary health care transition fund process where many researchers had an opportunity to participate.
- An infrastructure and building of teams to respond to these grant opportunities is critical.
- Small seed grants from the DFCM could provide infrastructure and develop a process for working together.

Key Priorities:

1. Strike a sub-group within the research executive and other policy-makers to explore strategic opportunities.
2. Promote research interest groups in targeted areas and champions will emerge; develop a team of Masters and PhD students and attract non-physician researchers to the team; provide seed money for a needed infrastructure including experienced project officers - this is a key role for the DFCM associate director of research.

4. Building human resource capacity

Key Issues:

- Research has not been seen as part of family medicine and residents entering family medicine have research at the bottom of their list of priorities.
- Researchers are spending a great deal of time doing administrative/non-scientific work (e.g. applying for grants, gathering documents, formatting and editing grant applications).
- Researchers are funded for only 1 to 2 days a week – more funding is necessary.

Key Priorities:

1. Change culture to include family medicine research and promote need for research; encourage residents who are interested in research and mentor early on with an existing researcher.
2. Provide research infrastructure administrative support to enable researchers to do their research; start with basic clerical support and build higher level supports.

5. Advancing Knowledge Translation

Key Issues:

- The DFCM is not fully exploring knowledge translation and there is a lot of potential and opportunities for sharing expertise.
- The DFCM could facilitate connecting with policy makers at the beginning of the grant process.

Key Priorities:

1. Provide a knowledge translation(KT) strategy and integrate KT in every research project including development of in-house knowledge translation expertise – "Knowledge Sharing Enterprise", possibly a central coordinator/hub functioning as a "matchmaking service", provide an evaluation of KT expertise and grow this group for consulting.
2. Develop a formal agreement between Li Ka Shing and the DFCM and establish linkages with consumers and decision makers such as the MoHLTC.

   Complete a knowledge translation trial for research funding.

CONCLUDING REMARKS

WRAP-UP AND NEXT STEPS
DR. EVA GRUNFELD

Dr. Grunfeld thanked everyone who helped make today's retreat run smoothly and she thanked all participants for their time and contributions. In summary, she highlighted some concluding remarks which are presented as follows:

- Today's discussions have provided a rich series of recommendations and ideas.
- Ideas will inform future steps that this group will move forward on; we will be coming back to you about implementing a lot of these ideas.
- Most of the ideas generated from today's discussions are on the DFCM's radar and very doable.
- We are in the *"Dawning of the age of family medicine"* and have a tremendous opportunity.
- There is huge interest at the level of government and policy makers in family medicine; we have an incredibly strong cadre of talented researchers both senior and junior in the DFCM and a strong commitment from the Chair.
- ***Now it's up to us to put the necessary steps in place and to become the best!***

EVALUATION OF THE EVENT

Participants were provided with the opportunity to evaluate the retreat. Overall the evaluation of the retreat was good to excellent. Ninety-three percent (93%) of all respondents felt that the retreat met their expectations and its stated objectives. Sixty-two percent (62 %) felt that they needed more time to discuss major issues of importance to them with respect to research in the Department. Respondents found the roundtable discussions very useful and needed more time for full exploration of topics. Eighty-six percent (86%) felt that the agenda package and background material provided in advance was very useful in preparation and eighty-six percent (86%) felt that the organization and format of the meeting worked very well.

A number of suggestions were presented for consideration as the Department moves forward with the research program. Respondents felt that it is important to take all of the excellent ideas generated from the day's discussion and implement them. Consideration needs to be given to creating a culture, increasing infrastructure support for research and reaching out to community-based peripheral researchers as well as family physicians, young faculty and residents. A mentorship program should be established and implemented to provide necessary support and encouragement of well thought-out research. Consideration should be given to the establishment of a practice-based research network and to enhancing connections with community organizations and policy makers to increase the probability of research being translated into action.

APPENDICES

APPENDIX 1: BIOGRAPHIES OF SPEAKERS

Helena Axler , Principal Consultant, *Helena Axler & Associates Inc.*

Helena Axler is the managing principal of *Helena Axler & Associates Inc.,* a health care consulting practice focused on strategy development and facilitating innovation and change.

She is a graduate of the Master of Health Sciences Program in Health Administration at the University of Toronto and is adjunct faculty in the U of T Department of Health Policy, Management and Evaluation. Before establishing her consulting practice, Helena was the Chief, Strategy and Network Development for The Hospital for Sick Children.

Academic and research strategic planning projects include: the University of Toronto Faculty of Medicine, several CIHR Institutes and the first research strategic plan for the Mazankowski Alberta Heart Institute in Edmonton. Most recently, *Helena Axler & Associates* worked with the Department of Family & Community Medicine to develop its 2009 strategic plan, *Primary Connections: Linking Academic Excellence to High Quality Patient- Centred Care.*

Richard H. Glazier MD MPH FCFP

Dr. Rick Glazier is a Senior Scientist and Leader of the Primary Care and Population Health Program at the Institute for Clinical Evaluative Sciences in Toronto, a clinician at St. Michael's Hospital and a Scientist in its Centre for Research on Inner City Health.

Dr. Glazier is an Associate Professor and Research Scholar in the Department of Family and Community Medicine at the University of Toronto, and is cross-appointed in its Dalla Lana School of Public Health (formerly the Department of Public Health Sciences).

Dr. Glazier received his medical degree from the University of Western Ontario, and completed his training in public health and preventive medicine at Johns Hopkins University and the World Health Organization.

His research interests include the delivery of primary care health services, the health of disadvantaged populations, and population-based and geographic methods for improving equity in health.

Eva Grunfeld, MD, Phil, FCFP

Dr. Eva Grunfeld completed her undergraduate medical training at McMaster University, residency training at the University of Ottawa and doctoral training in clinical epidemiology at Oxford University.

In November 2008, Dr. Grunfeld joined the Ontario Institute of Cancer Research, Health Services Research Program as a physician scientist and Director of the Knowledge Translation Network. At the same time, she is the Giblon Professor and Director of Family Medicine Research at the Department of Family and Community Medicine, University of Toronto. From 2004 to 2008 she founded and directed the Cancer Outcomes Research Program at Cancer Care Nova Scotia and Dalhousie University.

Dr. Grunfeld is a leader in cancer health services and outcomes research. Her research focuses on evaluation and knowledge translation of cancer health services, covering the entire spectrum of cancer control activities. She is internationally recognized for making important contributions to the literature on cancer follow-up and cancer survivorship. She has conducted two multi-centre RCT's on cancer follow-up care establishing the safety and acceptability of primary care based follow-up of breast cancer patients which has influenced clinical practice guidelines in Canada, the US and UK. She is currently PI on a multicentre RCT evaluating survivorship care plans. The study is enrolling patients at nine cancer centres across Canada.

Andreas Laupacis, MD, MSc, FRCPC

Dr. Andreas Laupacis is a General Internist. In October 2006, he became Executive Director of the Li Ka Shing Knowledge Institute at St. Michael's Hospital. Prior to this, he was the President and Chief Executive Officer of the Institute for Clinical Evaluative Sciences (ICES). He is a Professor in the Departments of Medicine and Health Policy Management and Evaluation at the University of Toronto.

Dr. Laupacis received his medical degree from Queen's University and his Masters degree in Design, Measurement and Evaluation from McMaster University. From 1991-2000 he was the first Director of the Clinical Epidemiology Unit at the Ottawa Hospital.

His research interests are broad, covering a variety of topics in clinical epidemiology, health services research and health technology assessment. Recently he has become interested in diagnostic imaging, particularly the challenges of determining appropriateness (which is important for managing wait times for CT and MRI). He has published over 250 peer-reviewed articles. He has also served as a member of numerous academic and governmental advisory committees and currently is a member of the Alberta Health Services Board.

Peter N. Lewis, Ph.D.

Peter Lewis is Vice Dean, Research and International Relations and Professor of Biochemistry in the Faculty of Medicine, University of Toronto. He is responsible for the oversight of the Terrence Donnelly Centre for Cellular and Biomolecular Research, the Structural Genomics Consortium, McLaughlin Centre for Molecular Medicine, the Lewar Heart and Stroke Centre and the Banting and Best Diabetes Centre.

He serves on the boards of Bloorview Kids Rehab and the St. Mikes Hospital Research Institute. Peter is co-chair of the Gairdner Foundation Medical Review Panel and a member of the Medical Advisory Board. He served as Chair of the Biochemistry Department from 1991-2001.

Peter received his undergraduate training in Chemistry at the University of Calgary and did his doctorate at Cornell in Physical Chemistry on the theory of protein folding. Postdoctoral studies were done at Portsmouth University on histones using NMR. He joined the Biochemistry Department at the University of Toronto in 1974. Sabbatical leaves were done at UC Davis (1986), the NCBI (1997) and the ISB in Seattle (2002). His research interests include the structure and function of chromosomes with specific reference to gene regulation. Most recently he is engaged with the application of mass-spectrometry to biological problems.
http://www.medresearch.utoronto.ca/about_vdr.html
http://biochemistry.utoronto.ca/lewis/bch.html

Laurie J. Morrison MD, MSc

Dr. Laurie Morrison is a Professor, Clinician Scientist and Director of Rescu at the Li Ka Shing Knowledge Institute at St Michael's Hospital, University of Toronto. Rescu is a research program dedicated to clinical trials in resuscitation in the prehospital setting. She conducts systematic reviews and meta-analyses in topics pertaining to Acute Coronary Syndrome and Resuscitation and has established a collaborative network to conduct randomized controlled trials and outcome validation studies in prehospital resuscitation research.

Dr. Morrison is a National Institute of Health and Canadian Institute of Health Research funded investigator within the Resuscitation Outcomes Consortium. She is the current Past Chair of the Advanced Cardiac Life Support committee of the American Heart Association and the Co Chair of the International Liaison Committee of Resuscitation Advance Life Support Taskforce. She is the chair of Faculty Development for the Department of Medicine at the University of Toronto.

Leslie Sorensen

Leslie Sorensen is managing the implementation of the Department of Family and Community Medicine's Strategic Planning initiatives. Leslie is a consultant who was previously the Project Director, Family Health Teams (FHTs) at Med-Emerg Inc. where she led fifteen FHT Boards in the creation of their business and operational plans, including interprofessional practice models. In addition, she led the Team Development Process for the six hospitals chosen for Ontario's Emergency Department Pilot Project. She was formerly the Toronto Regional Manager for the OMA where she facilitated the active engagement of physician leaders in the health care transformation process in Ontario.

With a Bachelor of Science (Occupational Therapy) from Queen's University, a Master of Health Science (Health Administration) from the University of Toronto and a Certified Health Executive from the Canadian College of Health Service Executives, Leslie has over twenty years of experience in operations and consulting in the public and private sectors. She is a proven leader in the Ontario community care sector with extensive expertise in a broad range of community and institutional health services areas.

Lynn Wilson MD

Dr. Lynn Wilson received her undergraduate medical training and Family Medicine certification at the University of Toronto. She has been a comprehensive family physician for 23 years, with her special interests including Palliative Care, Addiction Medicine and Obstetrics.

Dr. Wilson has co-led a number of provincial and national projects regarding substance abuse education for physicians. She was a co-facilitator of the CPSO Prescribing Skills Course for the past 10 years. She was a member of the Physicians Services Committee, on behalf of the MoHLTC from 2002 to 2007. She practices Family Medicine at the St. Joseph's Urban Health Team in Toronto. She is the Chair of the Department of Family and Community Medicine at the University of Toronto.

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DFCM Research Retreat

Welcome and Overview

1.

Retreat Objectives

- Advance the research goals outlined in the 2009 DFCM strategic plan
- Identify key success factors for the DFCM research program
- Agree on an ***action plan*** to grow the DFCM research program
- Provide an opportunity for information sharing, networking and mentoring

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2.

Agenda

- Andreas Laupacis – been there done that (got the T-shirt)
- Peter Lewis – higher, faster, stronger
- Rick Glazier – make up your mind
- Laurie Morrison – to mentor or not to mentor
- Lynn Wilson – research at the core
- All – research themes; defining and measuring success; mentoring; communication; resources; protocols; KT

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3.

DFCM Research Program

Individual Features	+	Institutional Features	+	Leadership Features	=	Productive Organization
Adult Development Socialization Motivation Content Knowledge and research/ teaching skills Vital network – professional communication Simultaneous projects Sufficient work time Orientation Autonomy and commitment Morale Work habits Mentors	Well-prepared individuals in a supportive environment	Career development Clear coordinating goals Emphasizes priority goals Culture Positive group climate Assertive participative governance Decentralized organization Communication Resources – including local peer support and technical support Group size/age/diversity Salaries and other rewards Recruitment and selection Brokered opportunity structure	A conducive environment is a result of effective leadership	Highly regarded, able academic Research/teaching oriented Attends to individual and institution characteristics that facilitate productivity - Keeps goals visible - Initiates structure - Uses assertive participative style - Proactively brokers opportunities		Articles Grants Books Patents Enduring curricular change Educational innovations Quality teaching Artistic accomplishments Awards Prestige Highly motivated/ satisfied faculty

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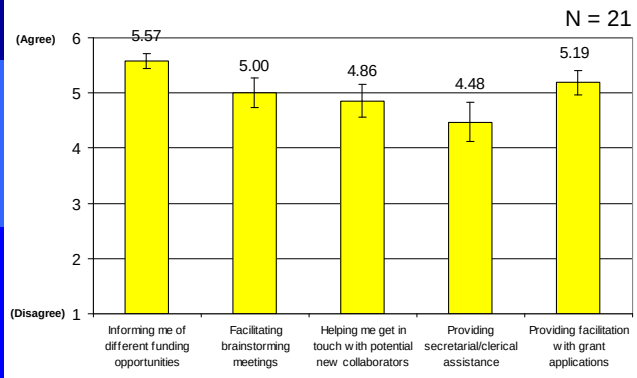
4.

The DFCM can support me by (mean)



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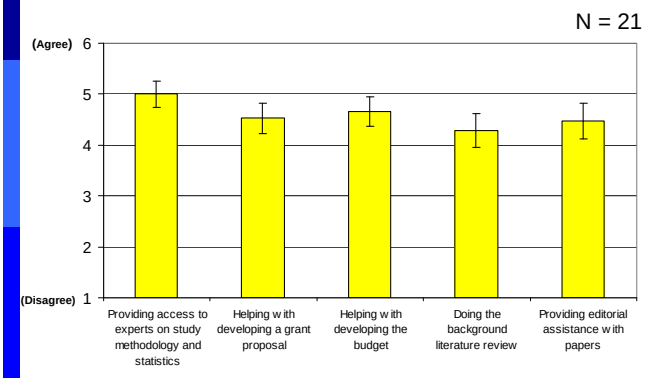
The DFCM can support me by (mean)



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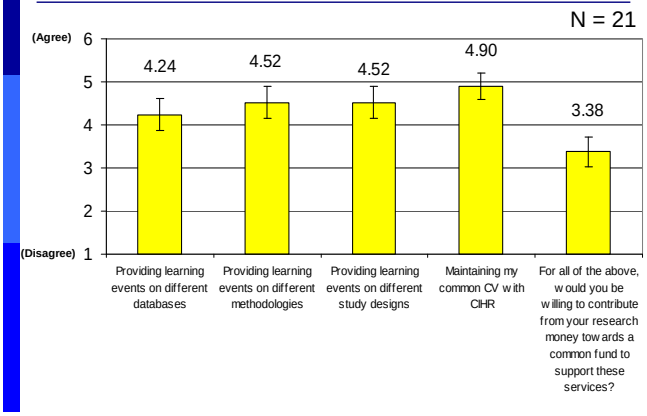
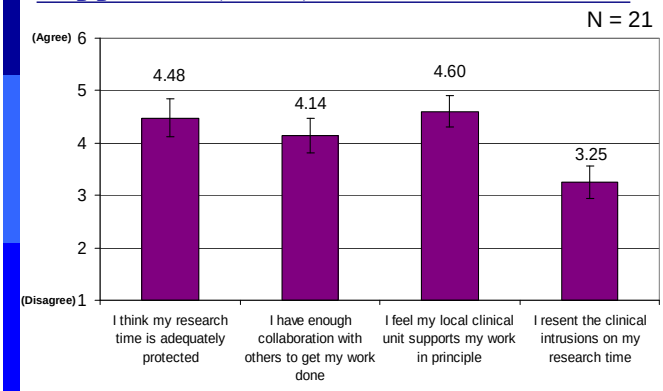
The DFCM can support me by (mean)



7.

When it comes to local research support… (mean)



8.

Research Activities, Faculty of Medicine (2007-2008)

	DFCM	DoM
Total $	**7.0m**	**115.2m**
Total #	**52**	**1521**
CIHR	**0.7m**	**30.9m**
MOH	**3.6m**	**1.2m**
Academic Staff	**805**	**927**
Career Awards	**2**	**79**

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9.

APPENDIX 3: FACULTY OF MEDICINE, UNIVERSITY OF TORONTO: RESEARCH STRATEGIC PLANNING, DR. PETER LEWIS

Faculty of Medicine

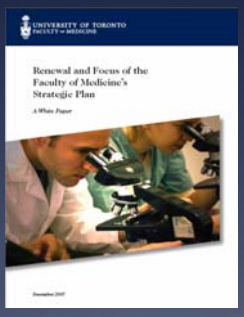
University of Toronto

Research Strategic Planning

April 20/09 — P N Lewis

1.

Research Strategic Planning



2.

Research Strategic Directions

Advocacy

It is essential that our scientists and leaders make every effort to promote and explain their research endeavours to the general public and to those who might champion provincial and federal support for research. This would include politicians, business leaders, and non-university educators. We need to justify the generous federal and provincial investments in research and innovation.

3.

Research Strategic Directions

Benchmarking

The Faculty will work closely with the University and our research partners to establish an information gathering strategy to effectively benchmark the research accomplishments of our faculty and students across all Departments and to communicate this information promptly. We envision further investment in creating a web-based CV system for all of our faculty both on- and off-campus to collect information about grant funding, awards, publications, collaborations and research student supervision.

4.

Research Strategic Directions

Centres/Institutes

One of the best mechanisms for developing and promoting new lines of research is the Extra-Departmental Unit construct at the University, which permits the rapid development of nascent areas of research. Existing Centres that are a high priority in the Faculty plan and are successful will be promoted. The Faculty research priorities will be used to guide the support of new innovative Centres. As well, a priority will be to link existing Centres to promote synergy, especially between the campus and hospital-based research enterprises.

5.

Research Strategic Directions

Clinical Research

A Faculty priority is Clinical Research. In partnership with our fully affiliated hospitals, as well as provincial and national organizations, the planning and implementation of a converged and comprehensive infrastructure for human subject research for Toronto is envisioned.

6.

Research Strategic Directions

Commercialization

A high priority in the Faculty will be support for the transfer of our research discoveries and innovations to application for the public good. Working with The Innovation Group, we will support the new initiative centred in MaRS for the commercialization of intellectual property in partnership with the affiliated hospitals. We will develop programs to train faculty and students in how to appropriately commercialize research.

7.

Research Strategic Directions

Communication

Our strengths of size and complexity lead to difficulty in effectively communicating our research successes within and outside the Faculty. Therefore, a Faculty priority will be to promote intra-Faculty research collaborations and partnerships including cross-Department and institutional research grant applications.

8.

Research Strategic Directions

International Research Relations

The Faculty has established an office for international research relations and recruited a Director. The Director of International Research Relations will work with University Department Chairs, Vice Presidents of Research at our affiliated hospitals and Directors of Extra-Departmental Units conducting research to arrange partnerships through memoranda of understanding with peer institutions for trainee/faculty exchanges and collaborative research projects.

9.

Research Strategic Directions

Major Funding Initiatives

In the coming years there will be major amounts of research funding available through new CFI and National Centre of Excellence programs. High priority projects will receive Faculty administrative support, including grant writing assistance. Joint applications with hospital and campus sites will be encouraged.

10.

Research Strategic Directions

New Partnerships

Partnerships aligned with our research priorities will be sought with existing and newly formed organizations. Examples are the Ontario Institute for Cancer Research and the Ontario Public Health Agency, both of which will be located in MaRS Phase II. The rapid changes in primary health care delivery in Ontario offer the opportunity for research in new health care delivery models.

11.

Research Strategic Directions

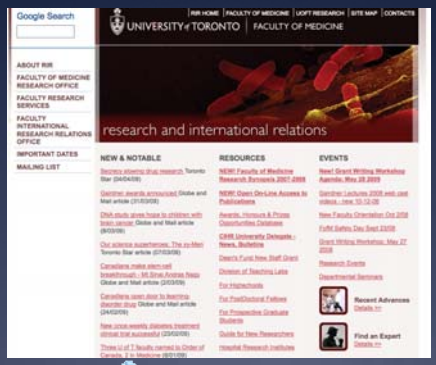
Research Training

The training of high quality personnel has always been a Faculty priority in education and research. This will be extended to postdoctoral fellows and international students, with the view of increasing their numbers. The Faculty will continue to promote and expand the MD/PhD Program and the Clinical Investigator Program to train the next generation of clinician-scientists.

12.

Research and International Relations

www.medresearch.utoronto.ca



13.

We're there to help and inform

- Grant Writing Workshop next May 28/09
- New faculty orientation next Oct 5/09
- Research Awards Event Fall 2009
- Weekly – What's New in Research Funding
- Bi-Weekly – Medicine Research On-Line
- Annual Research Synopsis

14.

APPENDIX 4: MENTORING: THE BACK BONE OF FACULTY DEVELOPMENT, DR. LAURIE MORRISON

Mentoring: The Back Bone of Faculty Development

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1.

Definition

A mentor is an active partner in an ongoing relationship who helps an individual (mentee) maximize potential and reach personal and professional goals.

Ramanan et al, Am J Med, 2002

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2.

Seven Roles of Mentor

- Teacher
- Sponsor
- Advisor
- Agent
- Role Model
- Coach
- Confidante

Tobin, Am J Respir Crit Care Med, 2004

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3.

Picking a Mentor

- Good
  - ½ generation older
  - Enthusiasm
  - Time
  - Good judgment and
- Bad
  - Selfish with time and credit
  - Overprotective/Controlling

Tobin, Am J Respir Crit Care Med, 2004

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4.

Mentoree Satisfaction

- 79% of those with an identified mentor are satisfied (only 19% without)
- Instructors > Assistant Professors
- Multivariate factors assoc. with satisfaction
  - Frequent contact
  - No abuse of power
  - Thoughtful advice
  - Help with networking

Ramanan et al, Am J Med, 2002

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5.

Mentor Perspective

- 47% receive some funding for mentorship
- Funded mentors (8 mentees), unfunded (5 mentees)
- # mentees correlate with academic rank
- 85% involved in co-mentoring; 67% long-distance mentoring

Luckhaupt et al, J Gen Intern Med, 2005

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6.

Mentorship & Productivity

- 146 graduates of primary care research fellowships in the US (1988-1997)

Variable	≥1 Paper/Y, N = 45	<1 Paper/Y, N = 98	P Value	Variable	≥1 Grants as Principal Investigator, N = 64	No Grants as Principal Investigator, N = 81	P Value
Mentor	95.5	91.8	ns		96.8	90.0	ns
Influential Mentor	90.2	66.3	.004		85.5	63.6	.004

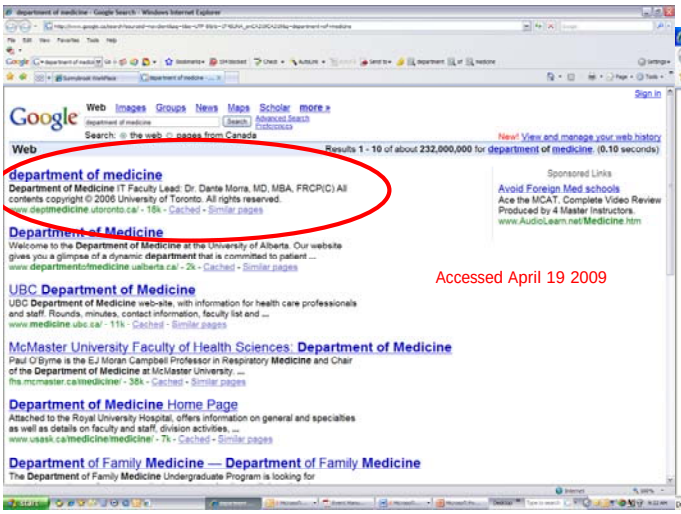
Steiner et al, J Gen Intern Med, 2002

7.

DOM Process

- Formal Mentoring Program started in 2003
  - Linked to appointment
  - Annual planning document
- Promote the value of informal mentoring

8.



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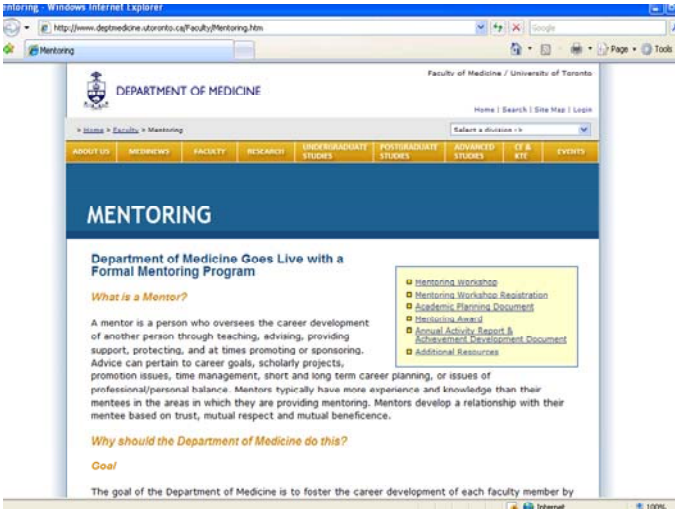
10.



11.

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University of Toronto

ST. MICHAEL'S HOSPITAL

Centre for Faculty Development
Advancing the limits of learning

www.cfd.med.utoronto.ca

12.

DOM Mentoring Interventions

- Formal Mentoring Program 2003
- Academic tracking of mentoring activities
  - Annual review and annual planning - AFP payments
- Mentoring awards (DOM and Institutional)
- Orientation Day (September)
- Annual Day (May)
- Mentor Training 3/yr – moving to mentor mentee training 2010
- Faculty Networking (October)

13.

How to get the most out of your mentor?

- Email
- Follow up with a call
- Offer them coffee for time
- Keep in touch
- Every relationship requires effort on both parts
- Review the planning document yearly

14.

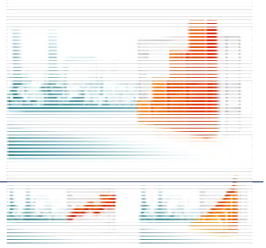
What to do with your mentor?

- Discuss opportunities
  - Career advances, job offers, invitations to sit on chairs, taking on responsibility
- Feedback on documents
  - Contracts, letters, grants, CV, annual report
- Ask opinion on strategy and process
  - Infrastructure, salary, workload, hiring, firing, billing
- Lifestyle

15.

Mentoring Outcomes

- Track and report outcomes
  - Qualitative (every two years)
    - Faculty Satisfaction – web based & job description sensitive
    - Random Faculty Interviews – Qual Researcher – Sharon Strauss
  - Quantitative
    - Baseline
      - Promotion
      - 3 year review
      - Termination
    - Pre and Post comparison



16.

DOM Faculty

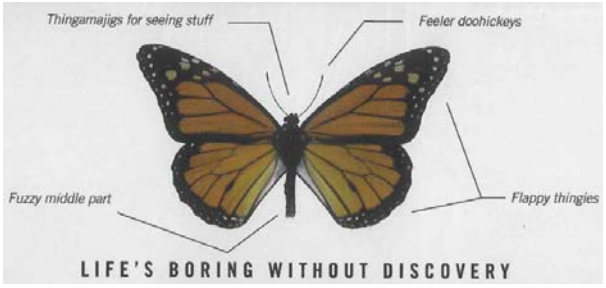
Total N = 526 Full time faculty currently

Census Track since 1969

- Pre 2003 N=402
  - 10% mentored
- Post 2003 N = 124
  - 89% mentored
  - Clinician Teachers less likely to be mentored

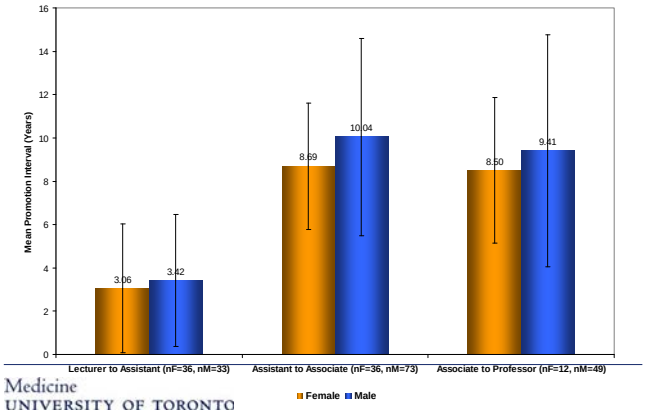
17.

Baseline Data



18.

Department of Medicine (Academics):
Mean Promotion Intervals by Gender for Period of 1969-2007 n=239



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19.

Mean Transition Intervals (Years) by Gender & Initial Year Cohorts n=239

Transition	Gender	1969-1987	1988-1991	1992-1994	1995-1997	1998-1999	2000-2002	2003-2006
Instructor to Lecturer	F		11.0	13.0	4.9	4.0	2.4	1.5
	M		10.0	12.0	7.5	4.5	3.2	1.7
Instructor to Assistant*	F				3.0	3.5	3.3	2.0
	M				5.0	4.8	3.2	1.0
Lecturer to Assistant	F		17.0	2.8	3.4	3.3	2.4	1.1
	M	2.5	13.0	3.5	3.1	2.7	2.3	1.0
Assistant to Associate	F	15.5	9.7	8.9	8.0	5.5	4.0	
	M	17.1	9.9	8.3	7.3	6.8	5.0	
Associate to Professor	F		11.6	7.5	7.7			
	M	21.8	9.1	7.4	7.0	7.0		

* Direct promotion of 30 cases from Instructor to Assistant Professor (no intermediate ranks on record).

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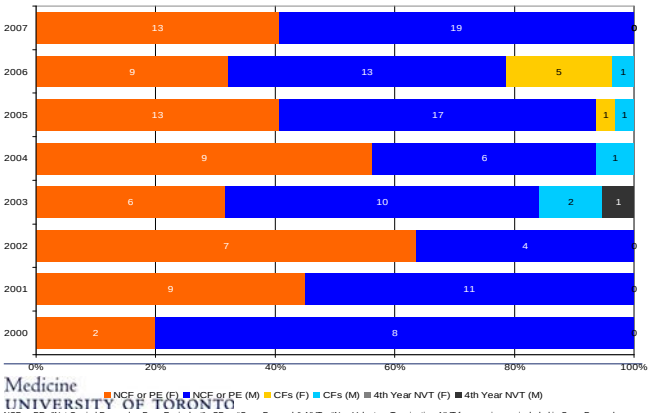
20.

Three Year Review Outcomes by Year & Gender



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NCF or PE –"Not Carried Forward or Pass Equivalent". CFs – "Carry Forwards". NVT – "Non-Voluntary Termination. NVT frequencies are included in Carry Forwards.

21.

Terminations by Year of Termination and Year of Appointment (Cohort)

Termination Year

Initial Year	1998	1999	2000	2001	2002	2003	2004	2005	2006	Total
1959-1970 (30)	40.0	16.7		6.7	16.7	13.3	6.7			100.0
	12	5		2	5	4	2			30
1971-1975 (27)	18.5	18.5	3.7	22.2	22.2	7.4	7.4			100.0
	5	5	1	6	6	2	2			27
1976-1989 (30)	6.7	23.3	13.3	20.0	16.7		13.3	3.3	3.3	100.0
	2	7	4	6	5		4	1	1	30
1990-1995 (28)	17.9	32.1	10.7	21.4	14.3			3.6		100.0
	5	9	3	6	4			1		28
1996-2000 (30)	13.3	23.3	26.7	13.3	16.7	3.3	3.3			100.0
	4	7	8	4	5	1	1			30

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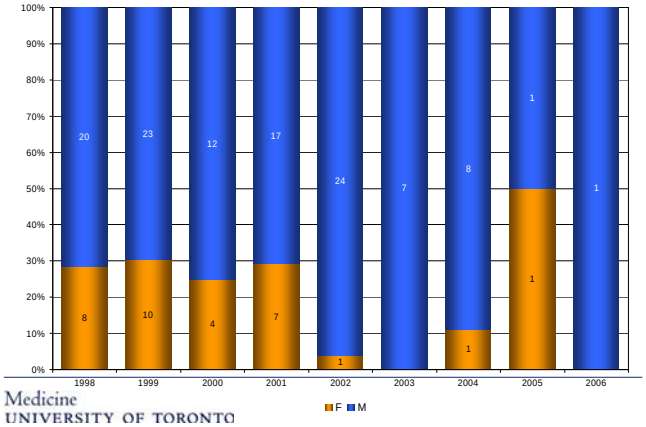
* Proportions of within cohort total frequency.

22.

Terminations by Year & Gender



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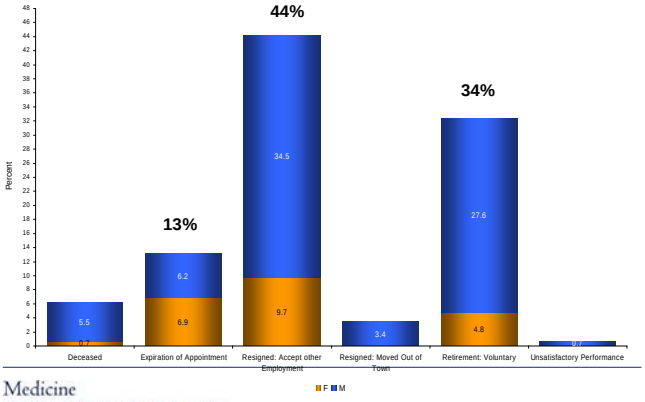
23.

Why Terminated by Category and Gender (n=145)



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* Sum = 100%, n = 145.

24.

Comparison Data

- Pre and post mentoring promotion
  - Mean pre 2003 3.18 SD 0.431
  - Mean post 2003 2.25 SD 0.347
  - P<0.01
    - gender effect
    - description effect
    - Subspecialty
    - institutional

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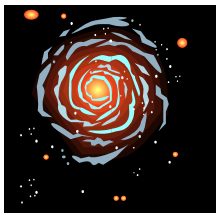
25.

Unexplored Potential Outcomes



- eCV
  - Publications
  - Grants
  - Awards
  - Leadership positions
  - International and national presentations

Medicine
UNIVERSITY OF TORONTO

26.

APPENDIX 5: PRIMARY CONNECTIONS: LINKING ACADEMIC EXCELLENCE TO HIGH QUALITY PATIENT CARE: THE DFCM STRATEGIC PLAN 2009-2013, DR. LYNN WILSON

Primary Connections: Linking Academic Excellence to High Quality Patient-Centred Care

DFCM Strategic Plan
2009 to 2013
FOCUS ON RESEARCH
April 20, 2009

1.

Strategic Planning Steering Committee

- Lynn Wilson
- **Rick Glazier**
- **Ross Upshur**
- Karl Iglar
- Paul Philbrook
- David Tannenbaum
- Cynthia Whitehead
- **David White**
- Katherine Rouleau
- Jamie Meuser
- Heather Zimcik
- Marie Leverman
- Kathleen Ayre
- Caroline Turenko
- Helena Axler
- Susan Tremblay
- Cindy Mallory
- Angela Gaspar

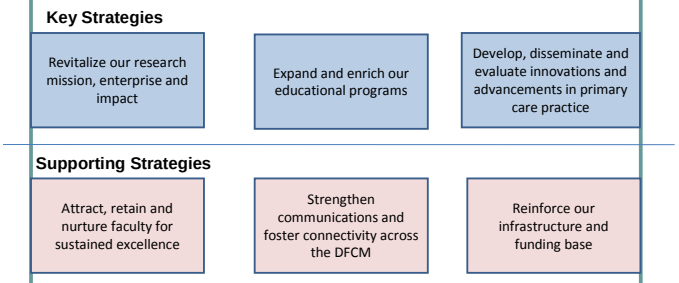
2.

Key Opportunities Ahead of Us

- Powerful network of 14 FMTUs, with opportunities for collaboration in primary care practice, research and education
- Leadership in DME, innovation in educational technologies; outreach and engagement with our community-based teachers
- Leadership in provincial primary care renewal and reform

3.

Moving Forward – Key Strategies



4.

DFCM Vision and Mission

- Vision
  - Excellence in research, education and innovative clinical practice to advance high quality patient-centred care
- Mission
  - We teach, create and disseminate knowledge in primary care, advancing the discipline of Family Medicine and improving health for diverse and underserved communities locally and globally

5.

Research Issues and Opportunities

- External Review (2008):
  - Recognition of accomplishments
    - Development of Research Scholar Program
    - Accomplishments of individual researchers
  - Significant concerns raised
    - Lack of a DFCM research "brand"
    - Lack of consistent mentorship
    - Lack of cohesion amongst researchers
    - Insufficient central infrastructure and support

6.

Research Goals

- Year 1:
  - Recruit Research Director and enhance central infrastructure
  - Confirm Quality and Effective Practice as priority research theme
- Years 2 to 4:
  - Build human resource capacity and promote research training and mentoring
  - Confirm and advance distinctive research priorities, building on existing and emerging strengths and collaborative relationships
  - Reinforce research as a valued activity in the DFCM

7.

Next Steps

- Implementation Steering Committee
- Refinement of accountability framework

8.

APPENDIX 6: DFCM RESEARCH RETREAT PARTICIPANT LIST

Helena Axler
Jana Bajcar
Bob Bernstein
Alison Bested
Onil Bhattacharyya
Risa Bordman
Bjug Borgundvaag
Debra Butt
June Carroll
Lindy Chan
Lisa Del Giudice
Robert Doherty
Sheila Dunn
Perle Feldman
Murray Finkelstein
Risa Freeman
Barney Giblon
Richard Glazier
Michelle Greiver
Eva Grunfeld
Bart Harvey
Ruth Heisey
Cheryl Hunchak
Amna Husain
Liisa Jaakkimainen
Denise Job
Mel Kahan
Kathleen Kerr
Tara Kiran
Jeff Kwong
Andreas Laupacis
Bernard Le Foll
Peter Lewis
Aisha Lofters
Paolo Mazzotta
Warren McIsaac
Jamie Meuser
Rahim Moineddin
Laurie Morrison
Alisa Naiman
Leslie Nickel
Ivy Oandasan
Alice Ordean
Irene Polidoulis
Peter Selby
Rita Shaughnessy
Leslie Sorensen
Barbara Stubbs
Tomislav Svoboda
Diana Tabak
Yves Talbot
Deanna Telner
Mary Tierney
Carol Townsley
Shawn Tracy
Karen Tu
Ross Upshur
David White
Lynn Wilson