



Family & Community Medicine
UNIVERSITY OF TORONTO

ANNUAL REPORT
2018–2019

**CELEBRATING
FIFTY
YEARS**
1969–2019







Family Physicians
Offices

UNIVERSITY
OF MALTA
MEDICAL
SCHOOL

WORKING FOR THE FAMILIES INSTITUTE
INNOVATIONS IN HEALTH CARE DELIVERY in the NEW DECADE
NORTH YORK HOSPITAL 19.07.06

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VISION, MISSION, AND VALUES

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

VISION

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

MISSION

We teach, create and disseminate knowledge in primary care, advancing the discipline of family medicine and improving health for diverse and underserved communities locally and globally.

CORE VALUES

We are guided by the four principles of family medicine and the following values:

- Integrity in all our endeavours
- Commitment to innovation and academic and clinical excellence
- Lifelong learning and critical inquiry
- Promotion of social justice, equity and diversity
- Advocacy for access and quality patient care and practice
- Multidisciplinary, interprofessional collaboration and effective partnerships
- Professionalism
- Accountability and transparency within our academic communities and with the public

A MESSAGE FROM OUR FIRST CHAIR



—Dr. Reg Perkin

It is hard to imagine that a mighty oak tree can come from a tiny acorn. But it is true in Mother Nature and equally true with the Department of Family and Community Medicine (DFCM) at the University of Toronto (U of T), which is indeed today a mighty oak tree in the world of university departments of family medicine. What follows is the 50-year-old story of that tiny acorn.

In the mid-1960s, Professor KJR Wightman, the Chair of the Department of Internal Medicine at U of T, decided it was time to add appropriate undergrad and postgrad training for family physicians at U of T, something that was being talked about at other universities across Canada. He provided funding from the Internal Medicine budget to get it started. Each of the seven core U of T teaching hospitals was asked to identify a family physician to head up its program. Apparently none of the group at Toronto Western Hospital wanted this role, and I was recruited by Dr. Irwin Hilliard, the Head of Internal Medicine, and accepted on the condition that I would divide my time between this new role and my group family practice in Mississauga. The leaders in each of the other hospitals were Dr. Fred Fallis at Toronto General Hospital, Dr. Doug Johnson at Sunnybrook Hospital, Dr. Marjorie Swanson at Women's College Hospital, Dr. Nate Levine at Mount Sinai Hospital, Dr. Lorne Laing at the Wellesley Hospital, and Dr. Barry Hamilton-Smith at St. Michael's Hospital.

Undergraduate teaching started in Family Practice Units at each of the hospitals, and planning was started for a postgraduate program for family practice residents that would be initiated once a free-standing department of family medicine had been achieved. To this end, a planning committee was established under the leadership of Dr. Irwin Hilliard, and completed the task and its report in 1969.

On that fateful day in September 1969, Drs. Fred Fallis, Doug Johnson and I appeared before Faculty Council to present our recommendation for the establishment of a free-standing

family medicine department. At the last minute, at the suggestion of Dr. Fred Fallis, we changed the name to the Department of Family and Community Medicine. We were hopeful, but not optimistic about the outcome. Following considerable discussion, the vote was called and it was overwhelmingly in favour of our motion. We were stunned! Following the meeting we speculated that they probably envisioned us as being a very small department, so why not. Little did they know!

I was named as the first Chair of the department. A few months later, resident Dr. Walter Rosser arrived in my office wanting more training than his rotating internship to prepare himself to be a family physician. It was a year away from the start of our residency program in July 1970, but I was so impressed with Walter that I managed to find him some funding and we used him as our “test trainee” to check out the rotations we were planning for the next year. Walter got what he was seeking and we got valuable feedback from a very bright young physician. No surprise to me that he became an outstanding teacher, researcher and leader in our discipline – and a subsequent Chair of our department.

As we were ending our first year as a department, Dean Chute informed me that he was having difficulty getting our 2nd year of funding from Queens Park. I asked his permission to make an appointment to meet with the government officials, and at that meeting was able to convince them otherwise. There are always things that a Dean cannot say, but a department head can say and get away with. Shortly after this I was off work for major back surgery and subsequently stepped down as the department head and was succeeded by Dr. Fred Fallis. I took on the direction of the residency program, and continued teaching in the DFCM until I left in 1985 to become the CEO of The College of Family Physicians of Canada.

A MESSAGE FROM OUR CURRENT CHAIR



—Dr. Michael Kidd

Anniversaries are a time of celebration, but also of reflection. They are a time to take stock on how we got here, where we are now and where we can go in the future. In just 50 years, the University of Toronto Department of Family and Community Medicine (DFCM) grew from an initial cohort of 24 residents, a handful of faculty and one administrative staff member, to over 1700 faculty members, over 40 administrative staff, 395 residents, 91 fellows and graduate students, 14 fully-affiliated academic teaching hospital sites, 4 rural teaching hospital sites, a large number of community-based clinics, and more. We are now training 40% of Ontario's future family physicians and conducting research that impacts our patients and communities here and around the world.

We all owe our gratitude to Dr. Reg Perkin, Dr. Fred Fallis and Dr. Doug Johnson, who were so effective 50 years ago in demonstrating to our university leaders the importance of family medicine to our health care system.

In April 2019, at our annual department conference, we officially launched our anniversary celebrations. Shortly after, on June 12, we hosted our first-ever central graduation ceremony for our graduating family medicine residents. This was an opportunity for our residents to come together and celebrate with their entire cohort, their family and friends, and their teachers and mentors. I hope they are inspired to stay involved with our department and our university throughout the rest of their careers.

On June 20, 2019, we held our annual Faculty Awards Celebration where we recognized the achievements of our faculty, residents, students and staff who contribute, in no

small way, to our department's strong, and growing, national and global reputation. In celebration of our 50th Anniversary, we were also honoured to have Dr. Iona Heath, CBE, present our Inaugural International Family Medicine Lecture, where she spoke eloquently and passionately about the future of family medicine and the challenges that we share in delivering the best care we can to each of our patients and to our communities.

As part of the celebrations, we also launched the first University of Toronto Family Medicine Report. This report marked the first time we have used the electronic medical record data of the patients cared for by members of our department to highlight the health of the people of Toronto and beyond, and the contributions family medicine makes to the health and wellbeing of our population. It is a remarkable achievement by our UTOPIAN team.

We were also able to grow the philanthropic support for our department over the past year by establishing five new awards in recognition of our 50th Anniversary. These awards provide new opportunities for our alumni, faculty and community supporters to invest in our students and to support the unique and collaborative research and education innovations of our faculty.

These donations magnify our impact: because what matters most is what we do next. In the coming years I want to work with you to see DFCM expand the scope and impact of our family medicine research, our quality improvement initiatives and our scholarship in medical education. I want to see us continue to innovate and grow our education programs to ensure they are the most exciting programs in the world. I want to see us support and mentor future leaders in family medicine. I want to see us strengthen family medicine both here and around the world through our World Health Organization Collaborating Centre on Family Medicine and Primary Care.

I thank all of our current and past faculty members, residents, students, staff and partners. Every one of you contributes to making this department one of the world's leading academic departments of family medicine with global recognition for our excellence in clinical care, education, research and innovation. I look forward to our work together in our next 50 years and beyond.

HISTORY BY THE NUMBERS

NUMBER OF RESIDENTS

1970

24

1982

145

2006

256

2019

394

NUMBER OF FACULTY

1989

253

1994

450

2005

759

2019

1752

NUMBER OF DEPARTMENT STAFF

1989

9

1994

6

2005

38

2019

46

FULLY AFFILIATED ACADEMIC TEACHING SITES

1970

7

Teaching divisions: Sunnybrook Hospital, Toronto Western Hospital, Wellesley Hospital, Toronto General Hospital, Women's College Hospital, St. Michael's Hospital, Mount Sinai Hospital

2019

14

Teaching sites: Sinai Health Systems - Mount Sinai Hospital, North York General Hospital, Royal Victoria Regional Health Centre, Southlake Regional Health Centre, St. Joseph's Health Centre, St. Michael's Hospital, Sunnybrook Academic Health Sciences Centre, Toronto East Health Network - Michael Garron Hospital, Scarborough Health Network, Trillium Health Partners - Credit Valley Hospital/Mississauga Hospital, University Health Network - Toronto Western Hospital, Women's College Hospital

MESSAGES FROM OUR LEADERSHIP TEAM

DR. DAVID TANNENBAUM,
DEPUTY CHAIR, PARTNERSHIPS

The 2019–2020 academic year represents another year of progress within the Partnerships portfolio. Our first two Integrated Three-Year Family Medicine Residency Program residents have finished their first year of the newly established program and are showing a lot of interest in various leadership opportunities. The next two residents have already begun their first year with great enthusiasm.

I was pleased to welcome Dr. Leslie Nickell as the new Director of the Physician Assistant Program, which has come under this portfolio, and I look forward to her new initiatives. Pri-Med Canada, under the leadership of Dr. Jeremy Rezmovitz, was another big success this year, with great reviews

on the content by participants. Dr. Rezmovitz is also developing a podcast for the Department to profile our wonderful faculty and all the great stories they have, which we look forward to releasing in the Fall of 2019.

To ensure all of our faculty feel as though they have a home within our Department, we're also currently exploring expanding to include four new divisions: Mental Health, Care of the Elderly, Hospitalist Medicine and Public Health. The next step in the development of these divisions is to have leaders in these specialties present proposals to our Executive Team with an aim to make a final decision about their future in early 2020.



DR. RISA FREEMAN,
VICE-CHAIR, EDUCATION & SCHOLARSHIP

Our committed education program leaders, faculty members and staff have provided another year of exceptional educational opportunities for all of our learners. This commitment ensures that our graduates, the family physicians of tomorrow, will provide the highest quality care for our patients and their families. Below are some highlights.

The Undergraduate Education Program, under the leadership of Dr. Azadeh Moaveni, continued to provide strong leadership and advocacy to promote generalism at the pre-clerkship level. The Toronto Generalism Assessment Tool (T-GAT), a reliable and evidence-informed tool to assist educators and curriculum designers in assessing generalism in curricular materials, was developed by DFCM faculty. The T-GAT will have increasing national and international impact as medical schools across the country begin to use it to assess

their own curricular materials. Our leaders in the development of the T-GAT study have been invited to present internationally on this work.

Our Undergraduate Program also launched a new one-week Preclerkship Addictions course. Fifteen first and second-year medical students participated in the inaugural course.

Part of our commitment to providing diverse learning opportunities, two new rural sites, New Tecumseh/Alliston and Kawartha Lakes, were added to our roster, bringing us to 20 unique teaching sites. We are delighted that our students will be spending time with preceptors working in these underserved communities. The family medicine clerkship also successfully launched a new multiple-choice on-line exam this year. The exam aligns with the Medical Council of Canada's question blueprint



which stresses high-quality questions that assess remembering, knowing and understanding. Congratulations to all of the faculty members who contributed to this important initiative.

The Postgraduate Education Program, led by Dr. Stuart Murdoch, welcomed two new faculty members to key leadership positions this year: Dr. Giovanna Sirianni, Enhanced Skills Program Director, and Dr. Batya Grundland, Associate Program Director for Curriculum and Remediation. We are grateful to Drs. Julia Alleyne and Carrie Bernard who previously held these positions and contributed significantly to the advancement of postgraduate education at the DFCM.

New to postgraduate assessment this year was the development and launch of the field note system in Elantra. This system will be aligned with the CFPC “CRAFT” document, which is a new resident self-reflective piece that has been added to all periodic reviews for our postgraduate learners. On the international front, we became the second family medicine residency program in the world, and first in North America, to be accredited by the World Organization of Family Doctors (WONCA). We are grateful to our program leaders and participating sites for their efforts. The work that went into this successful application prepared us well for the upcoming 2020 postgraduate accreditation by the Royal College and College of Family Physicians.

The culminating activity for Postgraduate Education this year was the inaugural department-wide graduation event at Hart House. PGY2s and their families were invited to a wonderful celebration of our residents’ success and achievements.

There are numerous scholarly studies in postgraduate education that have made progress over the past year. Two examples of this work include a rigorous study investigating our pilot leadership in education program and the assessment

of a new and innovative postgraduate ethics curriculum. We look forward to disseminating and integrating the results of these innovations in our curriculum.

The Academic Fellowship and Graduate Studies (AFGS) Program, led by Dr. Abbas Ghavam-Rassoul, continues to innovate and expand on its many educational opportunities for health care professionals. This year the program revamped and updated several courses, taking advantage of technology and online elements to make them more distance accessible.

The AFGS program and Dalla Lana School of Public Health have been successful in gaining approval for their design of a one-year advanced standing MPH program which recognizes the competencies gained during an MD education as credit towards completion of the MPH-Family and Community Medicine. This program prepares candidates for work as academic family physicians with advanced knowledge of public health and other skills in leadership, QI, research and teaching. The first cohort will be launched in September 2019.

The MScCH program continues to attract health professionals seeking to develop their leadership, teaching and research skills in primary care. The Health Practitioner Teacher Education stream is our largest program and we are looking forward to welcoming 25 students this fall. We have completed year two of our internationally trained medical doctor pilot, which accepts physicians without a Canadian license into the MScCH-Family and Community Medicine stream. The pilot program continues in 2019/20. We continue to enjoy hosting international learners in our AFGS programs. This year, two family physicians, Dr. Hathaitip Tumviriyakul from Thailand, and Dr. Hani Abozaid from Saudi Arabia, joined the Academic Fellowship and Clinical Teacher Certificate Programs respectively.

Over the past year, the Office of Education Scholarship (OES) has provided ongoing and integral support

for education scholarship projects for all DFCM programs through our consultation service and faculty development events and resources. Our Art of the Possible Education Grant Program launched its fourth cycle this year. Looking back over the first three cycles, we have observed an impressive history of scholarly activity and dissemination. Of the 41 applications submitted, 32 received grants, involving 63 faculty members across 11 hospital sites. The Essence of Education Scholarship course, created and led by Dr. Rick Penciner, is another innovative program designed to inform and support faculty members in education scholarship endeavours (see the article on the program in this Report).

The three “Big Ideas” research pillars were introduced in 2017 to inspire and engage faculty members to collaborate on important research themes. This ongoing work has generated multiple studies, grant proposals and international presentations.

This focus on supporting faculty in their education scholarship activities enabled a strong presence by DFCM at education conferences this year. At the Society of Teachers of Family Medicine annual international conference, our faculty were responsible for 3% of total conference presentations. At the Canadian Conference for Medical Education, 11% of total conference presentations were by DFCM faculty.

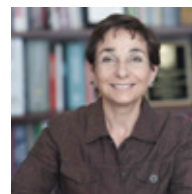
The OES is also applying a scholarly lens to its own activities. Our ongoing program evaluation study, which is now in phase three, has generated a publication in Medical Education, and several national and international presentations. This year we welcomed Dr. Lindsay Herzog as the first resident in our Enhanced Skills Program in Education Scholarship - a welcome addition to OES team discussions and activities.

DR. EVA GRUNFELD,
GIBLON PROFESSOR AND VICE-CHAIR, RESEARCH AND ADVOCACY

The Department of Family and Community Medicine Research and Advocacy Program consists of several components: the program staff who provide an array of resources and services to those interested in research; the DFCM Investigator Awards Program to protect research time for 30 faculty members as Clinician Scientists, Clinician Investigators, Non-Clinician Research Scientists, New Investigators and Graduate Students; and UTOPIAN, the University of Toronto Practice-Based Research Network, a platform on which over 1700 family physicians, researchers, primary care clinicians and practices can become involved in clinically important research that directly impacts the care of patients.

It has been another successful and productive year for the Research and Advocacy Program. This year we released “The University of Toronto

Family Medicine Report”, our first-ever public report on the current state of family medicine and family medicine research. This report illustrates the important work family doctors and the members of their teams are doing every day in Toronto and beyond. In terms of traditional research productivity measures, in 2018, DFCM researchers held over \$50M in research grants as principal or co-principal investigators and published more than 550 peer-review articles. It is also noteworthy that two of our DFCM Investigator Award recipients received Tier 2 Canada Research Chairs: Dr. Noah Ivers (Women’s College Hospital) for Implementation of Evidence-based Practice and Dr. Nav Persaud (St. Michael’s Hospital) for Health Justice. These are just a few of the many accomplishments and successes.



DR. TARA KIRAN,
VICE-CHAIR, QUALITY AND INNOVATION AND FIDANI CHAIR IN IMPROVEMENT AND INNOVATION

It has been a great privilege to take on the role of Vice-Chair Quality and Innovation, following in the footsteps of Dr. Phil Ellison. Under Dr. Ellison’s leadership, we became the first family medicine department in Canada to provide our residents with formal training in quality improvement. Over the last decade, we have trained hundreds of residents – and the faculty who teach them – in improvement methods and the nuances of applying them in primary care practice. We have shared our curriculum with our national colleges and other university departments to support their efforts to advance quality improvement in primary care.

As we know, better has no limit and there is still work we can do to further support our faculty, learners, and our colleagues outside academic settings to realize practice improvement. Through conversations with residents, faculty, and external

stakeholders, we have developed a two-year work-plan to improve quality in primary care – locally, nationally, and internationally. Our work will focus on strengthening the “building blocks” of high-performing primary care. First, engaging our leadership to support faculty to dedicate time for quality improvement and further build capacity among faculty, learners, and community clinicians to lead QI. Second, building an infrastructure to collect, report, and learn from practice data. Third, supporting our teams to function effectively to deliver front-line care. We will strive to involve patients as partners in this work, disseminate our work in scholarly and lay forums, and collaborate with government and other stakeholders to have our work influence policy and practice.



DR. KATHERINE ROULEAU,
VICE-CHAIR GLOBAL HEALTH AND SOCIAL ACCOUNTABILITY

DR. PRASEEDHA JANAKIRAM,
ACTING VICE-CHAIR GLOBAL HEALTH AND SOCIAL ACCOUNTABILITY



The Global Health and Social Accountability portfolio reflects on an active and impactful year, with an ongoing mandate to bridge and advance local to global health through family medicine with an emphasis on equity, accountability, and leadership. In the 2018-2019 year, DFCM's proposal to become a World Health Organization Collaborating Center in Family Medicine and Primary Care was approved under the directorship of Drs. Michael Kidd and Katherine Rouleau. The first of its kind to focus on family medicine, DFCM embraces this leadership opportunity to serve as a resource and technical support to the WHO and family medicine and primary care leaders globally. In this capacity, Dr. Katherine Rouleau has been invited to serve as Technical Officer for Primary Healthcare Services at the WHO in Geneva, Switzerland, from July to December 2019.

In this year, our program hosted the 7th Toronto International Program: Strengthening Family Medicine and Primary Care, with family medicine leaders from Brazil, Egypt, Ethiopia, Japan, and Nigeria present. In addition, we welcomed 12 General Practitioners from the Pudong Institute for Health Development in Shanghai, China for the 5th edition of the Toronto International Program: Fundamentals of Family Medicine & Primary Care.

The Toronto Addis Ababa Academic Partnership in Family Medicine celebrated the graduation of its 4th cohort of family doctors, shaping the emergence of the family medicine specialty in Ethiopia, and renewed its memorandum of understanding between our two universities.

We are grateful for the faculty involved in this partnership, and celebrate the introduction this year of DFCM PGY3 Enhanced Skills residents to this sought-after supervised educational experience. More locally, our Global Health Primer delivered a four-day program highlighting international global health partnerships and the health priorities of local vulnerable populations.

We also welcomed our first DFCM Indigenous Health Lead, Dr. Susanne Shoush, and look forward to working together to create transformative spaces and experiences that facilitate greater knowledge and awareness of indigenous health priorities in the spirit of reconciliation.

New in the 2018-2019 year, DFCM partnered with Women's College Hospital to support the first Refugee Health Primer day with a focus on capacity building and education for local providers new to the field of refugee health care. In concordance with our goals to enhance social accountability offerings and engagement within the department, the inaugural DFCM Social Accountability Retreat was launched and attended by faculty from multiple sites with a commitment to developing future offerings to build on social determinants of health learning.

By continuing to harness the momentum created in the past twelve months, the DFCM is poised to continue as a leader in global family medicine and local health equity advancements.

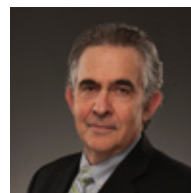
DR. DAVID WHITE,
PROFESSOR & VICE-CHAIR, FAMILY DOCTOR LEADERSHIP



Dr. Kidd created the role of Vice-Chair for Family Doctor Leadership in 2018, the first in the world. The past academic year has brought considerable success in this portfolio.

- Appointments, promotion and faculty development are crucial to DFCM. A particular pleasure is the opportunity to work closely with Viola Antao, Director of Faculty Development, as we continue to enhance the BASICS programs that support new and junior faculty in their academic roles.
- With site Chiefs and Faculty Development representatives, we are improving equity and diversity in recruitment and retention of faculty and future leaders. Women and men are near equally represented throughout the department and in most senior roles. Opportunities remain, however, for greater recruitment of under-represented groups.
- In 2019, 11 faculty members achieved senior promotion, recognizing their outstanding contributions: nine as Associate and two as Full Professors.
- The MasterClass Series in Family Doctor Leadership launched in the fall of 2018. This innovation brought together world-class DFCM leaders with rising stars in our department in an intimate setting, to build skills, create relationships and impact our discipline. Thanks to an Art of the Possible grant, a robust mixed-methods evaluation of the program is underway. The initial data show a high level of engagement and impact.
- The Faculty of Medicine launched an initiative to enhance faculty well-being. The response from DFCM volunteers to engage in this strategy was overwhelming, reflecting both commitment and capacity across the Department to wellness.
- With the Vice-Chairs of Education and Research and Innovation, we have created improved tools to assess academic productivity and mentorship.

DR. ERIC LETOVSKY,
HEAD, EMERGENCY MEDICINE



This was a pivotal year in the Division of Emergency Medicine, with the introduction of four new awards intended to recognize Emergency Medicine faculty across all our sites. The response to these awards was phenomenal, with dozens of nominations sent in, a testament to the degree faculty are recognizing each other's significant contributions to academic Emergency Medicine. The winners of the inaugural awards were as follows:

- Excellence in Research/Quality Improvement in Emergency Medicine: Dr. Sheldon Cheskes, Sunnybrook Center for Prehospital Medicine
- Excellence in Teaching and Education in Emergency Medicine: Dr. Cheryl Hunchak, Mount Sinai Hospital
- Excellence in Teaching in Emergency Medicine, (Early Career): Dr. Carly Ng, University Health Network
- Excellence in Emergency Medicine: Dr. Walter Himmel, North York General Hospital and Michael Garron Hospital.

Congratulations to all the winners and nominees and for these awards.

Our Supplemental Emergency Medicine Experience (SEME) program, under the leadership of Dr. Yasmine Mawji and Dr. Noah Farber, attracts many family physicians who want to increase their skills and confidence to allow them to practice emergency medicine as part of their family practice careers in small and rural hospitals. Interest in the SEME program continues to grow with a record number of applicants seen year after year. We received over 50 requests for the 20 fellowship positions available for the 2018 cohorts and 70 requests for the 20 fellowship positions available for the 2019 cohort. To date, 119 family physicians have completed the program. Over the last year, the SEME website has doubled its audience and now receives an average of 1000 visits each month. Viewers to the site in 2018 represented 79 different countries with the most common countries being Canada, the United States, the United Kingdom, France, India, and China. I want to thank the Ontario Ministry of Health and Long Term Care for their ongoing support of this important program.

DR. JEFF MYERS,
HEAD, DIVISION OF PALLIATIVE CARE

The past year has been one of important transitions for the Division of Palliative Care within University of Toronto's Department of Family and Community Medicine. The year ends with new leadership as Dr. Kirsten Wentlandt has been named the next Head of the Division and the W. Gifford-Jones Professor in Pain & Palliative Care. After six years in the Head role and as Associate Head for three years prior, I am pleased to pass the torch to Dr. Wentlandt, who brings to the role tremendous experience, enthusiasm and a strong academic vision.

Focus areas for the division over past year have included developing our clinical faculty in preparation for implementing a model of competency-based education. In addition, focus has been on contributions to developing skills as well as implementing programs of advance care planning and goals of care discussions. A final focus has been on supporting our physician faculty who are among the first cohort to challenge this September's Royal College palliative medicine subspecialty exam. For the first time the Royal College has recognized family physicians as being potentially eligible to achieve a subspecialty designation.

A few important facts when considering the role of family medicine in further shaping palliative care in Canada:

- 75% of all Canadian palliative medicine physicians are family medicine trained
- 75% of all Canadian palliative medicine physicians' practices are in Ontario
- 70% of all Ontario palliative medicine physicians' practices are the GTA

The Division of Palliative Care is uniquely positioned to greatly influence how our discipline is perceived, structured and utilized, for both Ontario and the country. I would argue that determining effectiveness for both models of care and organizational structures are critical academic deliverables for our Division.

I thank all who have been supporters and members of the Division and I wish Dr. Wentlandt all the best in taking over the future of the Division.



DR. LESLIE NICKELL,
MEDICAL DIRECTOR, PHYSICIAN ASSISTANT PROGRAM

I am delighted to be the new Medical Director of the Bachelor of Science Physician Assistant program, and I am looking forward to building on the excellent work of Dr. Maureen Gottesman, who was the founding leader of the program.

I strongly believe that physician assistants bring a unique role to the interprofessional team, and contribute to the quality and access of patient care and the quality of work-life for physicians. By building on and creating new partnerships, seeking new opportunities for physician assistant training

and career advancement, and working closely with all of our stakeholder groups we will enhance our program, our student experience, and the future of the profession.

The 2018-19 has been an exciting year. We continue to work on enhancing governance and operations, updating and creating new innovative courses and above all, supporting our students and faculty. Our program continues to be in demand as we exceeded our target of 450 applicants for 30 positions, this year.



CAROLINE TURENKO,
BUSINESS ADMINISTRATION DIRECTOR

Staff at the University of Toronto Department of Family and Community Medicine have been busy over the past year gearing up for the 50th Anniversary, including planning events and online recognitions. Staff continue to work with faculty to improve processes and find new ways to develop new revenue sources and opportunities for our department.

Our staff are also encouraged to undertake new learning and leadership opportunities, whether through their own initiative within the department or through programs provided by the University. On this 50th Anniversary, I'd like to thank all the current and former staff for all of their hard work—you are all the backbone of this department and an essential part of the wonderful work done here.



MESSAGES FROM THE CHIEFS OF OUR ACADEMIC TEACHING SITES

DR. JOHN MAXTED,
MARKHAM STOUFFVILLE HOSPITAL

Markham Family Medicine Teaching Unit (MFMTU) continues to grow with a welcome complement of 20 residents stretching our teaching resources! Acknowledging the importance of increasing our external reputation, we chose to demonstrate this growth by achieving greater recognition through awards. With thanks to the excellence of our candidates in 2018-19, we received one CFPC Award, ten DFCM Awards, including the Sam

Leitenberg Award for Humanitarian Practice in Family and Community Medicine, four MD Program Teaching Awards, nine Markham Family Health Teaching Unit Awards, one promotion to Assistant Professor and another to Associate Professor. Our challenge for the coming academic year? To surpass this momentum!



DR. KEVIN WORKENTIN,
MICHAEL GARRON HOSPITAL – TORONTO EAST HEALTH NETWORK

Being a leader and health team manager are core competencies needed by family doctors, both at the local and systems level. However, there are few formal opportunities for residents to learn the necessary skills. Since 2017, the Michael Garron Hospital teaching site has been offering an annual Resident Leadership Retreat, a two-day optional program in cottage country offering an introductory leadership curriculum, balanced with

ample opportunities for wellness, team building and mentorship. Highlights include practical sessions on advanced communication, a group yoga class, and a fireside chat with renowned leaders in Family Medicine.

Core Teachers: Drs. Tia Pham, Jave Alloo, John Ihnat, Stephanie Godard, Roarke Copeland



DR. DAVID TANNENBAUM,
MOUNT SINAI HOSPITAL – SINAI HEALTH SYSTEMS

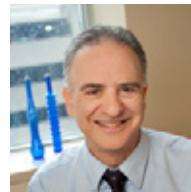
The Department of Family Medicine at Sinai Health System takes pride in its clinical and academic contributions at Mount Sinai Hospital, Bridgepoint Health, our Family Health Team locations at 60 Murray St. and Vaughan, and in the community, most notably through the work of the palliative care division and our Home-based Interdisciplinary Primary Care for Seniors (Hips) program.

Our Family Health Team's Group Prenatal Care program was awarded permanent ministry funding, which opens opportunities to provide comprehensive patient and family-centred care to vulnerable expectant individuals. Importantly, the Sinai Health System's family medicine maternity care program has evolved in an integrated way and now brings family doctors from Women's College Hospital and University Health Network together to form a robust clinical and academic program that will offer enhanced educational opportunities for residents from the three sites.

A new donor-supported experiment is being planned that will link community-based family doctors holding SHS appointments with inpatient teams through a primary care health professional liaison. The goals are to improve patient care through improved transitions and better communication, and to offer greater continuity across inpatient and outpatient care.

The Division of Hospital Medicine at the Bridgepoint site is expanding and refining its programming and looks forward to greater opportunities for scholarship and quality improvement related to hospital care.

The Mount Sinai Academic Family Health Team continues to participate in joint initiatives with the four other Family Health Teams in mid-west Toronto and expects to provide important contributions to Ontario Health Team initiatives going forward.



DR. DAVID EISEN,
NORTH YORK GENERAL HOSPITAL

This year was very productive on the academic, research and integration fronts. Dr. Joshua Tepper – a DFCM faculty member and family physician - was appointed President and CEO of North York General Hospital (NYGH). Dr. Michelle Greiver was appointed Director of UTOPIAN and Cheesbrough Chair in Primary Care Research. Dr. David Kaplan was appointed Chief of Clinical Quality at Health Quality Ontario. Dr. Lara Rosenberg was appointed as Program Director of the Enhanced Skills Low Risk Obstetrics Fellowship. Dr. Stephanie Klein was awarded Family Medicine Resident of the Year by the Ontario College of Family Physicians. Drs. Klein and Mayer won the Canadian College

of Family Physicians Resident Award for Scholarly Achievement and then visited St. Andrew's University in Scotland, where they presented their award-winning work.

We have also instituted a Winter Wellness Challenge as part of our growing resident wellness curriculum and appointed Dr. Klein as our new Lead for Wellness. Lastly, DFCM and the North York Family Health Team have been actively involved in the formation of the North York Central Ontario Health Team (OHT) proposal, demonstrating the centrality and integral importance of family medicine in the North York OHT planning and development.



DR. STUART MURDOCH,
ROYAL VICTORIA REGIONAL HEALTH CENTRE

The highlight of this Academic Year was the successful completion and graduation of our ninth resident class. We are excited that many will start their careers in our area.

Another highlight was members of our faculty members, Dr. James Shaver and Dr. Anwar Parbtani, receiving the Ontario College of Family Physicians Award of Excellence.

One of our residents, Dr. Laura Zuccaro, completed her first year of a pilot program in Leadership and Innovation, IP3 (while juggling her clinical responsibilities and Chief Resident responsibilities).

The leadership team has expanded to include Dr. Michelle van Walraven as lead for the Palliative/Oncology program, and Dr. Jessie Weaver, adding to her Maternal Health Lead, the role of Faculty Development.



DR. DAVID MAKARY,
SOUTHLAKE REGIONAL HEALTH CENTRE

The theme of our busy yet fruitful year at the Southlake Family Medicine Teaching Unit has been patient safety. To begin, our Doing It Better patient safety rounds continue to provide formative learning around patient safety scenarios, improving our culture of safety, and emphasizing the team approach to patient care. In addition, over the past year we have been actively working on improving transitions from hospital to home by partnering with Southlake's newly designed Southlake@home (S@H) program. Through the S@H program we are

breaking down barriers to care in order to work in a more integrated manner with particular attention to improving communication between patients and care providers. In addition, both patients and their care providers are provided with 24/7 access to their medical team through a centralized number.

Finally, as our healthcare system begins its transformation we are applying our experience and success by actively participating in our community's efforts to become an Ontario Health Team.



DR. NAVIKA LIMAYE,
ST. JOSEPH'S HEALTH CENTRE – UNITY HEALTH NETWORK

With the transition of Dr. Navika Limaye from the role of site director for the postgraduate program to the role of Interim Chief of the department as of December 1, 2018, Dr. Priya Sood has assumed the role of postgraduate site director as of March 1, 2019.

The Department of Family Medicine / Urban Family Health Team at St. Joseph's Health Centre is in the process of expanding its current home visit program with the addition of Dr. Elizabeth Niedra, a house call physician with special designation in Care of the Elderly, to its staff. The low-risk Obstetrics program has expanded with the addition of several new community physicians to the call roster. This group continues to provide

care in a comprehensive teaching environment and accepts referral from across the city. The Addictions Medicine in-patient and out-patient service continues to be in high demand and is now included in the Rapid Access Addiction Medicine network across the province. The in-patient Palliative Care Consult service is continuing to work with the Department of Medicine to create a new model of delivery of Palliative Care.

Finally, the department as a whole is looking at collaborating closely with colleagues within the Department of Family and Community Medicine at St. Michael's Hospital following the merger of the St. Michael's, St. Joseph's Health Centre and Providence into the Unity Health Network.



DR. KAREN WEYMAN,
ST. MICHAEL'S HOSPITAL - UNITY HEALTH NETWORK

This past year we have continued to focus on our commitment to improving health equity and patient-centred care. We now have an active Patient and Family Advisory Council and our first quarterly patient newsletter by patients, for patients to share news and programs within the family health team.

We also continue to build community partnerships to improve access to primary care for priority patient groups in most need. Collectively, we selected our first department-wide advocacy campaign—“Healing our Roots: A Health Equity Approach to Reconciliation”, with the goal of providing care that is culturally safe for indigenous people.

Our quality improvement program was enhanced with the creation of a physician and Family Health Team dashboard that provides quarterly updates

on quality metrics for providers, allowing reflection and peer coaching to identify opportunities for improvement and change.

Our postgraduate and undergraduate programs continue to be a major focus for our faculty with enrichment opportunities for learners in inner-city health and expanded opportunities to learn from our interprofessional team members such as Income Security Health Promoters, on-site health justice lawyer, addiction counsellors and HIV primary care team. We have made wellness a priority for our residents and staff and continue to explore strategies to enhance joy at work. Our research program has had a stellar year with a number of our researchers receiving Research Chairs and University awards. The focus of our research program continues to be on improving health disparities and improving quality of care.



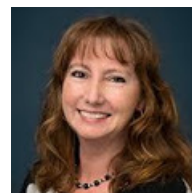
DR. KAREN FLEMING,
SUNNYBROOK HEALTH SCIENCES CENTRE

This year Sunnybrook Department of Family and Community Medicine welcomed new faculty to palliative care, addiction medicine, long-term care, hospitalist medicine and family medicine obstetrics, allowing us to deliver new educational opportunities for all our learners in addition to increasing access for patients to care.

Our team has been involved in a number of community collaborations including Pine Villa, a new partnership between community partners, Sunnybrook Health Science Centre, our physicians and the Ministry of Health and Long Term Care. Pine Villa is a novel clinical care reintegration unit offering community solutions for patients who are no longer requiring acute care but not quite ready for home or awaiting long-term care. The Sunnybrook Humber Reactivation Centre also opened its doors in 2018, which includes family physician hospitalists and nurse practitioners working together delivering care to two 30-bed units.

Faculty have presented their research and education scholarship projects locally, nationally and internationally. We have also engaged an education scientist to build capacity at our site. This pilot has resulted in increased awareness and interest with work being presented locally at Sunnybrook Education Conference. In partnership with the North SubRegion Primary Care team, we offered Grand Rounds online to deliver interactive faculty development for physicians at Sunnybrook and our local community.

Dr. Irene Ying assumed the role of Interim Medical Director/Division Lead Palliative Care, with Dr. Susan Deering assuming the role of Division Lead Long Term Care, and Dr. Cathy Kamens assuming the interim role of Division Lead Family Medicine Obstetrics. I am pleased to have these new leaders join current division leads Dr. Andrea David and Dr. Jeffrey Wullfhart as I start my new role as Chief, Department of Family and Community Medicine at Sunnybrook.



DR. LARRY ERLICK,
SCARBOROUGH HEALTH NETWORK – SCARBOROUGH HEALTH NETWORK

The newly established Scarborough Health Network (SHN) is the home of our family medicine teaching program. SHN is composed of three campuses: Birchmount, General and Centenary. The Department of Family and Community Medicine has almost 300 family physicians on medical staff. One hospital corporation (SHN) now services a population of over 600,000. The demographics of Scarborough presents many of the challenges

and satisfaction of providing care to a globally diverse population. Our Family Medicine teaching faculty is over 40 physicians and we provide block teaching at 20 different family practice community offices. We are moving forward to become a centre of Academic Excellence, and are optimistic a new medical school will be established in Scarborough over the new few years. Our vision is to be Canada's leading community teaching health network.



DR. JEFF BLOOM,
TORONTO WESTERN HOSPITAL – UNIVERSITY HEALTH NETWORK

It's been another busy year at Toronto Western Hospital, University Health Network (UHN). We continue to build our new Garrison Creek Site. The 8,500 square foot site includes a state-of-the-art facility for our family health team. There are now nine full-time family physicians at Garrison Creek with plans to bring on three more this year. Our team also continues to work with the AI and Malka Green Artists' Health Centre, a facility in the Family and Community Medicine Program at Toronto Western Hospital. The Centre is the only clinic of its kind in Canada that specializes in serving professional creative and performing artists by a multi-professional team of health providers in physical and mental health.

Many of our faculty members are also involved in SCOPE, a virtual interprofessional health team that supports community-based primary care providers through a single point of access. Family physicians and nurse practitioners registered with SCOPE

can connect to local specialists, imaging, and community services, to serve their patients with complex care needs.

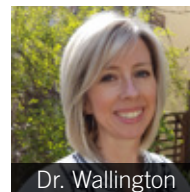
This fall we have also been fortunate to recruit two new clinician researchers to our program: Drs. Noah Crampton and Catherine Ji. Their area of academic pursuits are in medical informatics and global health, respectively. Our two most senior colleagues, Drs. Sharon Shafir and Kirk Lyon have decided to retire after decades of service to their patients and the department.

After thirteen years, I have decided to transition from my position as the Family Physician-in-Chief and by the time this report is published I anticipate my successor will be in place. It has been an honor and thrill to work with my colleagues at UHN and the University and I look forward to where the new chief will lead the department.



DR. TAMARA WALLINGTON,
CURRENT CHIEF

DR. ALISON FREEDLAND,
INTERIM CHIEF, TRILLIUM HEALTH PARTNERS – CREDIT VALLEY HOSPITAL AND MISSISSAUGA HOSPITAL



At the Trillium-Summerville and Credit Valley Family Medicine Teaching Units in Mississauga, we are pleased to welcome three new leaders this year. All three are graduates of the Credit Valley Family Medicine Teaching Unit (CV FMTU). They are: Dr. Nina Yashpal – cross-site Professional Development Lead; Dr. Azra Premji - Undergraduate Program Director (CV FMTU); and Dr. Ali Damji - Quality Improvement Representative (CV FMTU).

The Trillium-Summerville and Credit Valley Family Medicine Teaching Units continue to build partnerships with the Trillium Health Partners Women's Health Program to support continued success of the Family Medicine Obstetrical (FM-OB) program. The recent restructuring of the FM-OB program at the CV FMTU has already resulted in great success.

To support continuous quality improvement in Academic Half-Day teaching:

- Learning Essential Approaches to Palliative Care (LEAP) training was formally integrated into the curriculum at both sites; and
- Collaborative efforts in Mental Health core training have enabled amalgamation of psychiatry sessions and the integration of CBT training.

With respect to new initiatives, the CV FMTU established a formal curriculum of care for homebound seniors and patients with palliative needs. This outstanding new program allows residents to follow patients in the community while learning competencies essential to delivering home-based primary care.

DR. RUTH HEISEY,
WOMEN'S COLLEGE HOSPITAL

Dr. Cynthia Whitehead, newly appointed Full Professor, is an executive lead in cultural transformation at Women's College Hospital (WCH), helping to ensure safe access to care and health information for Indigenous women. Crossroads, Massey Centre, our addictions team and the YWCA programs reflect our renewed focus on outreach, equity and innovation to provide better care to marginalized women.

We have four family medicine research Chairs, including our own Dr. Noah Ivers, the recent recipient of a prestigious Tier-2 Canada Research Chair; and the accomplished Dr. Aisha Lofters, joining our team in October as Implementation Science Chair in the Peter Gilgan Centre for Women's Cancers.

New leadership roles include Dr. Batya Grundland as Director of Curriculum and Remediation at DFCM; Dr. Danielle Martin as Executive Vice President and Chief Medical Executive at Women's College Hospital; and Dr. Lynn Wilson's newly added role as Associate Vice Provost, Relations with Health Care Institutions, at the University of Toronto.

Last, but certainly not least, our preeminent scholar Dr. Helen Batty plans to step down from clinical work and teaching after 44 years at DFCM. We're all grateful to Helen for the skilled mentoring she has provided, an inestimable contribution that is certain to make a difference for many years to come.



PARTNERSHIPS AND COLLABORATIONS

New World Health Organization Collaborating Centre will strengthen family medicine around the world

In September 2018, the World Health Organization (WHO) designated the University of Toronto Department of Family and Community Medicine (DFCM) as the World Health Organization Collaborating Centre on Family Medicine and Primary Care.

The Centre is the first of its kind in the world to have a specific focus on family medicine, and one of few in the world with a focus on primary care and primary health care. The directors of the Centre are Dr. Michael Kidd and Dr. Katherine Rouleau.

“This recognition reflects the depth and richness of our academic department and our reputation as an international leader in family medicine and primary care education and research,” said DFCM Chair, Dr. Michael Kidd. “This department has always had a global reach; however, this designation will allow us to increase our contributions to the health and well-being of people all around the world.”

WHO Collaborating Centres are designated by the WHO Director-General to carry out activities in support of the global health programs of the WHO. The WHO Collaborating Centre on Family Medicine and Primary Care assists the WHO in researching, evaluating and strengthening family medicine and primary care at a global level and in countries around the world. The Centre’s primary WHO regional partner is the Pan-American Health Organization (PAHO), which is responsible for health across the Americas.

“Research has shown that health systems anchored in strong primary care and family medicine deliver better outcomes, are more cost-efficient and enhance equity in high, middle and low-income countries,” said Dr. Katherine Rouleau, DFCM Vice-Chair of Global Health and Social Accountability. “Through this Centre we will build on our department’s work in areas such as quality improvement, team-based care, community and patient engagement, and family medicine training, to name a few, to work together with Canadian and international partners in finding more effective and efficient ways to deliver excellent primary care for all, especially the world’s most vulnerable people.”

The designation of the new WHO Collaborating Centre on Family Medicine and Primary Care was particularly meaningful as it coincided with the 40th anniversary of the Declaration of Alma-Ata, which, in 1978, launched the movement for health for all people based on strong primary health care.

“The Declaration of Alma-Ata was a landmark document highlighting the central role of primary health care to achieve health for all, rooted in a commitment to health as a human right and in principles of social justice and solidarity, all of which are just as important today,” said Dr. Rouleau.

A declaration, that reaffirmed the global commitment of all nations to Primary Health Care and the principles of the Declaration of Alma Ata, was considered in October 2018 at the Global Conference on Primary Health Care held in Astana in Kazakhstan. The conference was hosted by the WHO, UNICEF and the Government of Kazakhstan, and brought together Ministers of Health and other leaders from countries across the world who renewed their commitment to primary health care and achieving universal health coverage. Dr. Kidd and Dr. Rouleau were among the invited guests at this conference.

“Through this new WHO Collaborating Centre, we look forward to future collaborative endeavours with our colleagues at the WHO and PAHO in strengthening primary care to benefit people all around the world,” said Dr. Kidd.

The Department of Family and Community Medicine residency program receives prestigious global accreditation

The University of Toronto Department of Family and Community Medicine (DFCM) is continuing to increase its global impact by becoming the second family medicine residency program in the world, and first in North America, to be accredited by the World Organization of Family Doctors (WONCA).

WONCA is an international not-for-profit professional organization that advocates on behalf of family doctors (family physicians and general practitioners) from around the world and represents family medicine at the World Health Organization. WONCA developed the “Standards for Postgraduate Medical Education” against which residency programs in family medicine can be assessed and accredited, a process considered essential to the further development of quality family medicine across the world.

“We’ve always known that DFCM’s postgraduate residency program was exemplary, but it’s wonderful to see it recognized at a global level,” said DFCM Chair, Dr. Michael Kidd, who is also a former president of WONCA. “This global designation provides international recognition of our education and training programs for future family physicians and creates opportunities for further exciting international partnerships.”

In June 2018, three WONCA representatives, all international leaders in family medicine education, undertook an assessment of DFCM’s two-year postgraduate residency training program. While in Toronto, they visited three of DFCM’s teaching hospital sites, North York General Hospital, St. Michael’s Hospital and Royal Victoria Regional Health Centre, where they interviewed faculty, trainees and staff. They also interviewed all of DFCM’s Vice-Chairs and our postgraduate program leaders.

The decision to endorse DFCM’s accreditation by the reviewers was unanimous, citing a “consistently strong ethos of education and research scholarship and mature, self-directed learning”. The accreditation team noted that inclusivity, collaboration and mutual respect was evident in the program.

Vice-Chair of Education and Scholarship, Dr. Risa Freeman, says the WONCA representatives were impressed by the logistics and complexity involved in training nearly 400 residents in family medicine at any one time, while still addressing the individual needs of trainees.



“Our vision and values are consistently upheld by our committed faculty and residents,” said Dr. Freeman. “Our students thrive in an environment that provides one-on-one supervision in a collaborative, respectful and flexible environment.”

The WONCA representatives pointed out that it is unusual for a family medicine program outside of Canada to be delivered in just two years, but they recognized that the university is greatly successful at doing so, reporting that trainees feel well-prepared to practice unsupervised and perform well on The College of Physicians of Canada certification exam.

“There are ample opportunities within our family medicine program to develop education and research scholarship”, said Dr. Freeman. “We are pleased that WONCA has recognized this and honoured us with an accreditation.”

Dr. Kidd agrees: “I thank all our faculty and residents involved in the accreditation process, including our postgraduate residency program leadership team, particularly our Postgraduate Program Director, Dr. Stuart Murdoch. I’d like to thank all of our faculty teaching residents across Ontario as well, all of whom contribute to graduating high-quality and competent new family doctors for patients here and around the world.”

DFCM has earned a five-year WONCA accreditation. The official certification ceremony and presentation was held in Seoul, South Korea on October 20th, 2018.

New partnership aims to connect researchers to patients with dementia

There is a national public health challenge caused by the rising tide of dementia. Currently, there are an estimated 564,000 Canadians living with dementia – this figure is expected to rise to 937,000 by 2031. As care for dementia patients is increasingly managed by the primary care community, the Toronto Dementia Research Alliance (TDRA) has partnered with the University of Toronto Practice-Based Research Network (UTOPIAN) to connect researchers to family physicians and their dementia patients in a manner that was never before possible.

“Links to family physicians are essential to help patients access clinical trials,” said Dr. Sandra Black, Executive Director of the TDRA and internationally renowned cognitive and stroke neurologist. “These trials are key to discovering new treatments and improving care.”

The first collaboration of its kind to support clinical trials in Toronto, the TDRA and UTOPIAN will embed research into care by using data from UTOPIAN's Data Safe Haven - a secure database of anonymous patient records - to find potential study participants for the SARTAN-AD Study. This study, led by Dr. Black, compares the ability of two approved medications for high blood pressure – Telmisartan and Perindopril – to slow down the progression of Alzheimer's disease over a one year period in Alzheimer's patients with high blood pressure.

High blood pressure can cause damage in small blood vessels in the brain, affecting areas of the brain responsible for thinking and memory. For decades now, researchers have known about the connection between Alzheimer's and blood vessel disease.

“This exciting partnership utilizes our network of nearly 600,000 patients in 140 primary care practices within the Greater Toronto Area to help answer important healthcare questions and translate findings into practice,” said Dr. Michelle Greiver, Director of UTOPIAN, housed in the University of Toronto Department of Family and Community Medicine. The results of the study could lead to the development of breakthrough treatments for Alzheimer's disease. “We are very thankful to the Alzheimer's Drug Discovery Foundation and the Weston Brain Institute for their support in funding this important work,” said Dr. Black.

TDRA is a University of Toronto collaboration, working with five hospitals with cognitive and behavioural neurology clinics – Baycrest Health Sciences, the Centre for Addiction and Mental Health, St. Michael's Hospital, Sunnybrook Health Sciences Centre, and the University Health Network – to tackle one of the greatest health and social challenges of our time: the dementia challenge. Through innovative and collaborative research, TDRA aims to better understand, prevent and treat dementia across the ages and stages. Engaging UTOPIAN's vast network of 1400 family physicians and their patients supports a joint objective of facilitating knowledge translation within the primary care community and patient population.



RESEARCH AND ADVOCACY

TOTAL AMOUNT OF PRINCIPAL OR
CO-PRINCIPAL INVESTIGATOR GRANTS RECEIVED BY
RESEARCHERS AFFILIATED WITH THE DEPARTMENT
OF FAMILY AND COMMUNITY MEDICINE

NUMBER OF PEER-REVIEWED PUBLICATIONS
(ANY TYPE OF AUTHOR)

2013-2014 (FISCAL YEARS)

2013

\$9,604,534

222

2014-2015 (FISCAL YEARS)

2014

\$17,353,311

331

2016

2016

\$40,848,1971

451

2017

2017

\$21,109,793

483

2018

2018

\$50,425,759

551

Groundbreaking report released on the state of family medicine in Toronto

On May 14, the University of Toronto Department of Family and Community Medicine (DFCM) released the University of Toronto Family Medicine Report, a groundbreaking report on the state of family medicine and the health of patients in the Greater Toronto Area. It is the first evidence-based, comprehensive picture of the role of family doctors in our healthcare system and provides new insights into the health and wellbeing of the citizens of Toronto and beyond.

Using information from UTOPIAN, a network of over 1700 family doctors serving over one million patients in communities and hospitals throughout the Greater Toronto Area and across Ontario, the report shows the role family medicine is playing in improving the health of our population and our communities.

At a time when our healthcare system is undergoing significant challenges and transformative change, the report is a reminder of the value and importance of family medicine as the foundation of our healthcare system.

“This report reinforces the findings of international studies which show that having family medicine as the basis of a country’s healthcare system keeps people healthier, reduces costs, and ensures more equitable access to care,” says Dr. Michael Kidd, Chair of DFCM and one of the authors of the report. “As we start to roll out Ontario Health Teams, this report provides timely evidence and insights into the central role of family doctors, and the members of our teams, in our healthcare system.”

Each chapter in the report highlights a different aspect of family medicine. Beyond the treatment of common illnesses, many family doctors in Ontario deliver babies, work in emergency departments, provide palliative and end of life care, participate in research and innovation, and much more. “The data in this report confirmed a number of trends we are seeing in healthcare,” says Dr. Karen Tu, lead author of the report and a co-director of UTOPIAN. “Mental health and chronic diseases are being treated by family doctors far more

frequently than ever before. We are also continuing to see high rates of obesity, so it’s key to find new ways to help family doctors treat and support patients with these concerns.”

The report also highlights areas of care where family doctors can play an even larger role. For instance, the report found that only 63 per cent of Indigenous people living in Toronto have a regular family doctor or nurse practitioner, compared to 90 per cent of the general population. The report also tackles issues like the lack of access to palliative care by marginalized populations in the Greater Toronto Area, the health concerns of refugees, and what family doctors are doing to address the ongoing opioid crisis.

“Not everyone knows or appreciates the breadth of services family doctors provide and the value family medicine brings to our health care system,” says Professor Kidd. “Family medicine provides the solution to overcrowded emergency departments, the challenge of hallway medicine in our hospitals, and the inequities we see in access to quality health care services. This report highlights the importance of family medicine as the foundation of a successful health care system and reinforces the need for further investment in primary care to ensure that quality health care is available to all Canadians.”

50TH FACTS

In 1982, Dr. Wilfred Palmer became the Chair of DFCM and he set departmental research as a high priority.

A first for family medicine: two DFCM faculty members named Canada Research Chairs



For the first time in the history of the program, two family physicians from the University of Toronto Department of Family and Community Medicine (DFCM) have been awarded Canada Research Chairs by the Canadian government.

In an announcement made on June 14th, 2019, Dr. Nav Persaud and Dr. Noah Ivers were both named tier 2 Canada Research Chairs. The Research Chair program supports research in engineering, natural sciences, health sciences, humanities and social sciences, with the aim of recruiting and retaining top scientific talent.

For Dr. Noah Ivers, a Research Chair in Implementation of Evidence-based Practice, the Chair will go a long way in supporting the work he has been doing for over ten years.

“My research is on finding ways to systematically make it easier to deliver the best care possible to our patients,” says Dr. Ivers, who is also a family physician and at Women’s College Hospital. “This support will help me find new ways to use data more proactively to understand where our gaps are, advance methodology and support my team in capacity-building.”

Dr. Nav Persaud, a family physician at St. Michael’s Hospital who also came off an exciting few weeks with the release of a publication and a mention of his CLEAN meds project in the national pharmacare report, has been named a Canada Research Chair in Health Justice.

“I’m trying to understand why people who experience poverty are more likely to suffer more medical problems and, ultimately, are more likely to die than people that are wealthy,” says Persaud. “One of my focuses with this Chair will be on better access to tangible goods that we know promote health, like healthy foods and effective medicines, and trying to inform public policy changes that could help increase access to these goods.”

Dr. Eva Grunfeld, DFCM’s Vice-Chair of Research, says the announcement signals a growing support of family medicine research from all levels of government.

“The naming of these two exemplary faculty members is remarkable – I congratulate both of them,” says Dr. Grunfeld. “Fifty years ago family medicine as a discipline was in its infancy – and even two decades ago we were debating

the future of family medicine research – and here we have two faculty being named Canada Research Chairs. This announcement shows how far we’ve come as a discipline and the great work Dr. Persaud and Dr. Ivers are doing.”

Dr. Ivers says the announcement is also a testament to the family medicine researchers who paved a path for him.

“Our mentors like Dr. Grunfeld, Dr. Ross Upshur, Dr. Rick Glazier and so many others, have had a major influence at the policy level and have created a space for primary care-oriented research in Canada - they really led the way.”

Dr. Persaud agreed and noted that increased interest in primary care and family medicine research is also part of a growing recognition that health care research needs to start where patients access the health care system – through their family doctors.

“The sort of research I do has grown out of clinical experiences in family medicine – by what I see day-to-day with my patients. Supporting family doctors doing research support regionally, provincially, nationally and internationally should be the natural state of things – I’m glad to see that is happening.”

The 2019 Ca-PRI Conference provided opportunities to learn about the latest in primary care cancer research

The University of Toronto Department of Family and Community Medicine (DFCM) hosted the 12th Annual Cancer and Primary Care Research International Network (Ca-PRI) Conference on May 21-23, 2019. Over the course of two days at Hart House on the University of Toronto campus, participants attended workshops, oral presentations, and poster presentations from over 140 delegates representing 15 different countries.

The event started with a splash at Ripley's Aquarium where attendees participated in a 'Shark Tank'. Delegates were asked to submit an elevator-style pitch on an innovation or highlight why their study/research is important. Attendees had the opportunity to mix and mingle among the intriguing aquatic creatures, including sharks, while voting on their favourite Shark Tank pitch. In the end, Dr. William Cherniak, presenting on Bridge to Health's cervical cancer screening and treatment to the women of rural East Africa, was voted as the crowd's favourite pitch.

This year's conference theme, "Cancer Inequities at Home and Abroad in the Age of Migration: Roles for Primary Care," was addressed by keynote speakers Dr. Danielle Martin, an Associate Professor at DFCM and Vice-President, Medical Affairs and Health System Solutions at Women's College Hospital, Ms. Alethea Kewayosh, Director of Aboriginal Cancer Control for Cancer Care Ontario, and Dr. Ophira Ginsburg, Director of the High-Risk Cancer Program at Perlmutter Cancer Center.

Another Ca-PRI highlight was the lively Oxford-style debate featuring Team UK (Dr. David Weller and Dr. Rosalind Adam) facing off against Team Canada (Dr. Jeff Sisler and Dr. Tunji Fatoye) on the topic: "be it resolved that from the perspective of family physicians/general practitioners, management of patients during cancer treatment and survivorship is just as important as management of patients with high prevalence conditions such as mental health issues and heart disease." While Team UK won the battle in favour of the motion, Team Canada fought hard and changed the minds of many conference attendees.

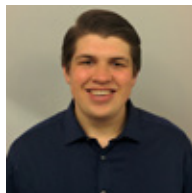
Conference-goers also participated in the Interactive Poster Session prior to the Conference Dinner. Forty posters from Canada, the United States, England, India, Sweden, the Netherlands, and Switzerland were on display ranging in topics pertaining to cancer screening, early diagnosis, survivorship, diagnostic delay, treatment, primary care, palliative care, and prognosis.

50TH FACTS

In 1995, after much consultation and under the leadership of Drs. Walter Rosser and Yves Talbot, it was decided that funding should be allocated to protect at least 40% of the researcher's time in order to make a sustained research effort. The Funded Researcher Program began with eight researchers. The funding provided by DFCM was matched by hospital or grant funds.

Medical student leadership in family medicine research

Family medicine and primary care form the foundation of our health care system in Canada, and research in family medicine is crucial to improving the health of our population. At the University of Toronto, medical students are taking a keen interest in conducting research in family medicine. A number of family medicine research projects were on display at this year's Medical Student Research Day held in February 2019. The one-day conference aimed to showcase research projects undertaken by second-year medical students at the University of Toronto. We spoke with three students to learn more about the family medicine-related projects they showcased at the conference.



DAVID WIERCIGROCH

Having an interest in health services research, David worked with Drs. Hasan Sheikh and Jennifer Hulme, both faculty members at the University of Toronto Department of Family and Community Medicine (DFCM), to conduct research at the Rapid Access to Addiction Medicine (RAAM) Clinic at Toronto Western Hospital (TWH).

The RAAM Clinic is part of a larger network of clinics in Toronto that aims to establish low-barrier access to treatment for those who suffer from a substance use disorder. Substance users report poorer access to primary care and face increased stigma in the waiting room and during interactions with primary care providers. They often do not receive the treatment they need at the time they need it most, resulting in them going to emergency departments. RAAM Clinic patients are seen on a walk-in basis, and do not require an appointment or a referral. They are connected to the clinic by their family physician, the emergency department or withdrawal management services in the community.

David's research project presented at the conference found that the model was effective in providing patients with required medicine and treatment, and led to reduced substance use for ongoing patients.

Future research may include comparing the long-term outcomes of the RAAM model with traditional care. Moving forward, Wiercigroch hopes to continue to conduct research in addictions medicine and access to health services for vulnerable populations.

50TH FACTS

In 1999, the Family Healthcare Research Unit (FHRU) opened. Since then, FHRU has moved to the central departmental site and continues to have working space for researchers and/or their research support staff.



KATHLEEN TROUGHT

Kathleen is currently interested in studying family medicine and participated in a research project in summer 2018 under the supervision of Dr. Karen Fleming, an assistant professor at DFCM, which explored the pregnancy outcomes of high-level and elite athletes.

In the past few years, there has been a lot of buzz in the media surrounding professional athletes who are training or competing while they are pregnant. For example, professional tennis player Serena Williams famously won the Australian Open in 2017 while she was in the first trimester of her pregnancy. Although the benefits of prenatal exercise are well known and exercise guidelines exist for healthy women with low risk pregnancies, there is very little research on the effects of high intensity exercise on pregnancy outcomes. Additionally, the existing research is quite conflicting: some studies have found no harm of vigorous exercise, but other studies have found there may be a limit to how much one should exercise during their pregnancy. Thus, the question is: could too much exercise during pregnancy be a bad thing?

Kathleen aimed to tackle this question by studying high-level and elite female swimmers with Masters Swimming Canada. The survey study found low rates of pregnancy complications in their sample of women, even though most of them continued to train more than 300 minutes per week during their pregnancy, with a third of them still participating in competitions. This level of intensity is well above the Canadian pregnancy guidelines. While this study begins to answer a broader question surrounding exercise during pregnancy, more research needs to be conducted. Future research may include a different sample of athletes, such as Olympic athletes, to determine if there is an upper limit to the intensity or frequency level of exercise that could potentially put the mother or fetus at harm.

In future, Kathleen hopes to continue in research in family medicine, and is particularly interested in the field of women's health and obstetrics.



EMILY BELLICOSO

Working under the supervision of Dr. Andrew Pinto, an assistant director at DFCM and director of the Upstream Lab, Emily worked on a research project related to the social determinants of health, the personal, economic, social, and environmental factors that greatly influence health. For example, income is a critical social determinant of health, so Emily's research focused on precarious employment, defined as work that is poorly paid, poorly regulated, highly insecure and without workplace protection. Individuals experiencing precarious employment are likely to experience negative mental and physical health consequences including stress, anxiety, gastrointestinal disease, and cardiovascular disease.

Emily's project aimed to validate a set of questions to screen individuals for precarious work. The hope is that these questions will be used in primary care to screen for individuals who are experiencing precarious employment and its associated health consequences, similar to how you would screen for smoking or poor diet. The study is still ongoing, and the team continues to recruit patients for the study today.

In the future, Emily hopes to continue to conduct research on the social determinants of health, and contribute to the development of health policy and the greater body of medical knowledge that affect patients beyond those seen in individual clinical practice.

Dear Silo Buster: What are we learning from practice-based research?

Silo Buster is an occasional feature by the University of Toronto Faculty of Medicine highlighting people, places and projects crossing U of T Med domains and disciplines to advance collaboration, research and impact.

Dear Silo Buster: UK doctors began doing research within primary care medical practices – and aggregating data among practices – decades ago. But the last 10 years has seen a boom in the number and size of these “living laboratories” of real-world patients, physicians and data, known as practice-based research networks. U of T is home to one of North America’s largest, called UTOPIAN, which began five years ago. What are we learning from this network of 1,700+ research-minded family physicians and its de-identified database of 550,000+ electronic medical records?

The UTOPIAN network is impressive in the scope of research it supports – from the impact of house calls to eating disorders to the use of email between patients and their physicians. The study of practice-based patient data – on a large scale – is revealing important insights while respecting patient and physician privacy. These insights can improve care as well as potentially ease some of the systemic pain in our publicly funded health-care system.

Professor Michelle Greiver formally took the reins as Director of UTOPIAN in the fall of 2018. She is an Associate Professor in the Department of Family and Community Medicine (DFCM) at U of T and holds the Gordon F. Cheesbrough Chair in Family and Community Medicine Research at North York General Hospital. As a family doctor for over 30 years with a deep interest in quality improvement, Dr. Greiver knows the benefits of the network effect. And UTOPIAN has recently drawn support from an anonymous donor to strengthen its database infrastructure and develop new methods for data analytics.

Here are some of the lessons Dr. Greiver and her colleagues are learning from the silo-busting work of UTOPIAN:

TALK TO PATIENTS DIFFERENTLY – AND TALK TO THEM FIRST

Working with patients is a fundamental aspect of UTOPIAN research projects. Patients are given a voice as to what research questions are most meaningful to pursue. Consider diabetes care: family doctors and other primary care clinicians provide most of the care for patients living with diabetes. UTOPIAN is deeply engaged with Diabetes Action Canada, a national network that is part of Canada’s Strategy for Patient-Oriented Research (SPOR). An important goal is to bring people living with diabetes to the table when designing and implementing research – not only as participants but as fully involved members of research teams.

Patients are members of UTOPIAN’s Scientific Advisory Committee and a patient co-chairs the Research Governing Committee that oversees the use of data in the recently launched National Diabetes Data Repository. “Patients have to come first. When we ask people affected by a disease what will make their lives better, their perspective has a profound impact on the value that our research can deliver to people,” Dr. Greiver says.

UTOPIAN DATA

FOR 2018 (AND GROWING!)

TOTAL # OF CONTRIBUTING
FAMILY PHYSICIANS

401

TOTAL # OF DE-IDENTIFIED RECORDS

605,614



And then there are the most complex primary care patients, those who are elderly and are taking many medications: it's estimated that every family doctor in Ontario has approximately 24 patients – in each practice – who are age 65+ and have been prescribed 10 or more different medications in any given year. That's about 300,000 often frail men and women who may live isolated lives, and may be coping with illnesses like cancer, heart failure and depression all wrapped up together. They are at the highest risk of falls, hospitalizations, and other serious consequences.

“Patients can tell you how much of a difference it makes to their lives when we work together on reviewing the medications they take. The goal is to make positive changes that are consistent with their wishes for their own care,” says Dr. Greiver, who is lead investigator on a new “network of networks” study called SPIDER. The study involves data from complex elderly patients from seven regional practice-based research networks in Edmonton, Calgary, Winnipeg, Toronto, Ottawa, Montreal and Halifax. “We need to do better for complex patients in primary care and we know that the most complex patients account for over 50 per cent of health-care spending.”

The goal of SPIDER is provide assistance to family doctors as part of an intensive “learning collaborative” that includes resources, data and coaching to help review and de-prescribe medications safely and effectively. Practices across Canada will be randomly selected to participate in SPIDER, or to continue with usual care for some of their most complex patients. Early results are expected in 2021.

DATA DOESN'T TRAVEL BUT THE IMPACT DOES

Last month, Dr. Greiver and colleagues published a retrospective observational study in *BMJ Open* with 17 million data points from primary care sites across Canada and the UK. That is a powerful dataset that led to some important conclusions – and no one had to travel to participate.

This is UTOPIAN's largest international study so far and it began with a practical question about a standard piece of equipment in family practice: Does it matter how doctors measure blood pressure – with a manual cuff or an automated machine? Take a look at cardiovascular outcomes (e.g. angina, strokes) and it turns out that how you measure does matter.

That's because physicians using manual blood pressure cuffs sometimes round down to the closest blood pressure value ending in zero. For example, an automated machine would record 123/82; this can become 120/80 when a manual blood pressure is used. Using the proportion of blood pressures that end in zero as a proxy for sites where manual testing occurs, the data shows that over nine years patients in those manual-test sites patients had 25 per cent more risk of angina, and 15 per cent more risk of heart attacks and strokes. “We came to a very practical conclusion and are urging family doctors to reconsider manual BP measurements. Controlling blood pressure is important for patients, and it should be measured properly — with an accurate machine,” Dr. Greiver says.

CULTIVATE A CULTURE OF CURIOSITY

Dr. Greiver credits the vision of her immediate predecessor as UTOPIAN director, Dr. Frank Sullivan, who had run large practice-based research networks in the UK, as well as Dr. Eva Grunfeld, Dr. David White and former DFCM chair Dr. Lynn Wilson for promoting and increasing participation in research among primary care trainees and faculty. This continues under current DFCM Chair Dr. Michael Kidd with over 30 active researchers in the department and growing involvement in UTOPIAN.

Studies show that trainees and practicing family doctors benefit from a culture that encourages curiosity and values innovations arising from daily interactions between doctors and patients. Practice-based research networks contribute to fostering this culture, which includes the creation of opportunities for leadership and role modeling. Dr. Greiver encourages trainees to consider a practice-based research network project. “Participating means more joy at work! It's really the best of both worlds when you can care for your patients and at the same time contribute to research that can have large-scale meaningful impact for all patients.

Originally published on the University of Toronto Faculty of Medicine website.

EDUCATION AND SCHOLARSHIP

ESSENCE program helps DFCM educators create scholarly work

The University of Toronto Department of Family and Community Medicine (DFCM) is full of talented and dedicated teachers. To ensure we're providing the highest quality of family medicine teaching it's important to examine our education programs and develop innovations through a scholarly lens. The Essence of Education Scholarship (ESSENCE), a year-long program, aims to help faculty members do this by providing them with the basic knowledge and skills in education scholarship: research and innovation in health professional education.

The Office of Education Scholarship (OES) established the **Art of the Possible (AOP)** Education Grant Program to provide seed grants to support program-based education scholarship projects. The AOP program provides support and guidance for faculty members who would like to be involved in education scholarship, and identifies faculty members who have an interest and aptitude to carry their work beyond the internal DFCM grant offerings.

TO DATE:

63 faculty members, **11** hospital sites, and all of DFCM's programs have been involved in at least one project

Projects have led to **26** local, **6** national, and **8** international presentations (posters, workshops, oral presentations) and several publications



ESSENCE is a collaborative partnership between the Office of Education Scholarship at DFCM and the Centre for Education at North York General Hospital. The program ran throughout 2018 and consisted of a series of workshops held at North York General Hospital and mentoring initiatives. The course aimed to provide participants with the basic skills to conduct education scholarship by working with them to design and execute an education scholarship project. This was the second time the course has been run.

“There are many faculty within our department that are already doing great work in education but want to take their work to the next level,” says Dr. Rick Penciner, the Course Director of ESSENCE and an Associate Professor at DFCM and the Director of Medical Education at NYGH. “The goal of this program is to help them apply a scholarly lens to what they are often already doing.”

Dr. Penciner led a team that developed the longitudinal program after feeling that the individual faculty development workshops he had been organizing did not have the long-term impact he was hoping for. Instead, he felt that faculty needed support and training on a more ongoing basis to build capacity in education scholarship and develop the skills faculty need to produce high-quality scholarly work throughout their career.

Each ESSENCE workshop dealt with one aspect of creating an education project, from developing clear goals and a methodology, to evaluation and dissemination. Beyond the workshop, participants had a local advisor at their teaching hospital site and consultations through the Office of Education Scholarship to provide advice on how to move their project forward.

For Dr. Penciner and the other organizers, including DFCM faculty members Dr. Risa Freeman, Dr. Risa Bordman, Voula Christofilos, Dr. Betty Onyura and Dr. Rebecca Stoller, holding the course at North York General Hospital and including participants from academic teaching hospitals sites outside of downtown Toronto was a major priority.

“It can be difficult for many of our community-based teachers to participate in face-to-face courses as they often are held in downtown Toronto,” says Dr. Penciner. “We wanted to provide opportunities for faculty at our community-based teaching sites. In the end, we had 16 participants from nine different

hospitals, including Royal Victoria Regional Health Centre, Southlake Hospital, Trillium Health Partners, The Scarborough Hospital and others.”

By the end of the course, participants were part of an education scholarship community and had nearly fully-formed projects to continue to work on and disseminate.

“It was incredible to watch the projects progress,” says Dr. Penciner. “At the last class all the participants shared where they are at with their projects and did a debrief of what they learned. It was really amazing to hear them speak about how impactful the course was.”

Dr. Risa Freeman, Vice Chair, Education at DFCM and a senior advisor for the ESSENCE course, says the course is a key part of the Office of Education Scholarship strategic plan.

“I’m very proud to be part of this course,” says Dr. Freeman. “The goal was to bring faculty development and education scholarship to community-based programs and I think we really succeeded.”

UNDERGRADUATE MD PROGRAM

UNDERGRADUATE MD PROGRAM

772

DFCM Faculty have provided supervision to 1st, 2nd, and 3rd year medical students

2018–2019

141

electives supervised by DFCM preceptors

2018–2019

116

selectives supervised by DFCM preceptors

Kawartha Lakes and Alliston joins DFCM as new clerkship training sites

Two new rural family health teams have recently joined the University of Toronto Department of Family and Community Medicine as training sites for family medicine clerkship students. Medical students will soon be able to learn from doctors and health professionals at Ross Memorial Hospital in the City of Kawartha Lakes and Stevenson Memorial Hospital in the community of Alliston in the Town of New Tecumseth.

Training in a rural community offers different experiences and opportunities for medical students. With fewer students training in these areas and fewer specialists available in the area, students will experience the full scope, depth and diversity that family medicine has to offer.

“Working in a rural community takes students away from city life and gives them first-hand experience as to what rural medicine means. It shows them how big Canada is and how necessary rural doctors are,” says Dr. Modar Safar, a family doctor and a new preceptor in Alliston. “It also gets them out of the comfort of having all the resources that a big city has to offer, such as relying on those in specialty fields to do things for them.”

In Alliston, for instance, medical students are exposed to maternity care, emergency medicine, palliative care and everything in between.

Dr. Azadeh Moaveni, the undergraduate program director at the University of Toronto Department of Family and Community Medicine (DFCM) is pleased to welcome both Kawartha Lakes and Alliston as two of their clerkship locations.

“Kawartha Lakes and Alliston will benefit from gaining trainees who are eager to learn about their patients and community and who will hopefully consider coming back to practice there one day,” says Dr. Moaveni.

Teachers at the two training sites agree with Dr. Moaveni and hope that this new opportunity will inspire students to return once they complete their residency. For many students, this will be their first experience in a community with a family physician.

“The more opportunities we can provide medical students to experience life in the City of Kawartha Lakes, the more young doctors will be encouraged to practice here,” said Dr. Bharat Chawla, the chief of medical staff at Ross Memorial Hospital.

Both the City of Kawartha Lakes and the community of Alliston are looking forward to welcoming more medical students to their training sites in the future and are grateful to the doctors and health professionals in their communities who are teaching the next generation of doctors.

“This initiative would not be possible without our local family physicians taking on the role of preceptors,” said Barbara van der Veen, the president of Kawartha Lakes Health Care Initiative (KLHCI). “Their experience and enthusiasm to teach is integral to the clerks’ knowledge base, on which all further learning is founded.”

New elective in addiction medicine to tackle stigma and place students in the community

—Jim Oldfield

Medical students at the University of Toronto are now able to immerse themselves in a week of experiential learning about addiction medicine, thanks in large part to efforts by one of their own.

Robin Glicksman was a first-year student at the school last year when she spent a week at the Hazeldon Betty Ford Summer Institute for Medical Students in California. She returned to Toronto with a new perspective on addiction and a desire to share what she learned with other students.

“It was such a great experience because it really made addiction more human for me,” says Glicksman, who shadowed a 73-year-old woman going through rehab during the mornings and attended class-based sessions in the afternoons. “But I thought, why go to California when we have the Centre for Addiction and Mental Health, and rapid access clinics and residential treatment centres here?”

Glicksman pitched the idea of an immersive addiction medicine week to several academic leaders at U of T before finding a home for it in the Department of Family and Community Medicine (DFCM). More than 40 faculty members have come together to build a curriculum, which ran in summer 2019 as a pilot elective for first- and second-year students.

The program had space for about 15 students and was the first of its kind for pre-clerkship students in Canada.

“This is exactly what medical scholarship in a university should be,” says Dr. Ruby Alvi, an assistant professor and Pre-Clerkship director at DFCM. “Robin saw a gap in the undergraduate curriculum and directed her own learning to fill it; now she’s keen to bring what she has learned to her peers and home institution. The spirit of scholarship is seeking and sharing knowledge.”

Glicksman had already done much of the legwork by the time Dr. Alvi and her departmental colleagues reviewed the proposal. “Robin spent the summer interviewing

the community organizations where she hoped to find placements, and to see if they shared her vision,” Dr. Alvi says. “As an educator, nothing is more exciting than seeing a student inspired by learning take it to the next level with such enthusiasm.”

It takes passion to move a medical training program from concept to reality. Dr. Peter Selby, a professor at DFCM and psychiatry at U of T, recalls that an interest in addiction medicine training in the 1990s led nowhere — despite the support of senior leaders across Ontario’s medical schools.

“We tried in past, but there is magic in having a highly motivated student who pushes the faculty and school to make this kind of change,” says Dr. Selby, who recently completed his term as director of medical education at CAMH.

There is a pressing need for more training in addiction medicine, given the ongoing opioid crisis and continuing health challenges linked to tobacco, alcohol and other drugs. “Addiction is an equal opportunity condition that affects patients who show up in every specialty, so every physician needs to know about it,” says Dr. Selby. “As well, many doctors see it at an early stage but don’t recognize it.”

That’s a big loss, Dr. Selby says, because effective screening tools and treatments exist. “More doctors should follow the screening guidelines, whether it’s in the emergency department, a psychiatric facility or general practice. And generic medications that can address these problems have been around since the ‘90s. It’s not rocket science.”

Dr. Selby and other faculty hope the program will expand within U of T and eventually to other medical schools, although that growth will depend in part on research. Dr. Joyce Nyhof-Young, the curriculum evaluation coordinator for the MD Program and a senior education scientist at DFCM, and Dr. Alvi will co-lead an evaluation of the program next year with Glicksman, who will work on the study through her Health Sciences Research course in the MD program.

The research group plans to get user-centred feedback from several sources — students and faculty from various specialties but also community agencies. “We’ll aim for a well-rounded evaluation, through qualitative methods such as on-the-spot interviews and focus groups, and follow-up telephone interviews and surveys,” says Dr. Nyhof-Young.

The ultimate goal, says Glicksman, is a rigorously tested program that takes a multidisciplinary, multi-specialty and empathic approach to addiction — especially toward the issue of stigma, which often still prevents effective treatment. “Many people struggling with addiction don’t fit a stereotype,” she says. “That was certainly true of my partner at Betty Ford. Understanding that was less about medicine and more about hearing her story.”

Med student Andrew Lam helping to raise the profile of family medicine in MD program

Andrew Terence Lam was a second-year medical student enrolled in the University of Toronto's MD Program and was the 2018–2019 Senior President of the Interest Group in Family Medicine (IgFM), a student group supported by the University of Toronto's Department of Family and Community Medicine (DFCM) that helps educate MD students about family medicine. We discussed his role and the exciting work IgFM had in store for the 2018–2019 academic year.

Tell us about yourself.

I worked as a public health epidemiologist in a government setting prior to medical school and I always had an interest in public health and upstream medicine. I considered opportunities such as Doctors Without Borders or working with the International Committee of the Red Cross, and I ultimately decided on medical school and U of T. Outside of my involvement in IgFM, I am a resident Junior Fellow at Massey College, a co-director of a youth mentorship program called Varsity Docs, and a varsity-turned-recreational fencer.

What is IgFM and why did you get involved?

IgFM is a student group comprised of many incredible student leaders and established to promote family medicine and all things related to primary care to medical students at the University of Toronto. We work in collaboration with both DFCM and the College of Family Physicians of Canada (CFPC) to raise awareness and an understanding of family medicine as a discipline and the gamut of skills that family physicians need.

I wanted to help others see the value in primary care physicians and how they help shape our health system. My background in public health allowed me to appreciate the connection family physicians develop with patients through ongoing care and the impact they can have by connecting patients to community resources to address the determinants of health. It's not just a "one-off" interaction. Family medicine is a lifelong partnership that aims to prevent illness, maintain health and improve a patient's overall well-being.

IgFM is not here to convince our peers to go into family medicine. We're here to show them that family medicine is the foundation of medicine they require and the skills they will develop are highly translatable to the many paths a medical trainee may take during their medical career.

50TH FACT:

In 1984, the Undergraduate Standardized Patient Program was created. Co-ordinated by Dr. Barbara Stubbs, this program grew exponentially and moved out of DFCM in 1999. It is now a resource for the whole university and many external clients. The program won the W. T. Aikens Award in 1985.



What types of things does IgFM do?

IgFM is committed to enhancing awareness about family medicine through various avenues, including engagement from residents and faculty. We host clinical skills conferences that support students to build desired skills as a family physician but are also transferable to other specialties.

IgFM also hosts four to five Speaker Series' throughout the year where we invite guests to speak about topics such as DFCM's "enhanced skills program", "preparing for residency", "the business side of medicine" and "life as a family physician". The series emphasizes the types of skills and lifestyle students acquire through a family medicine career path to accomplish their professional and personal goals.

Another great initiative we run is our mentorship program. Many family medicine residents and faculty members have volunteered to mentor medical students at both the University of Toronto Mississauga Academy of Medicine and the St. George campus, allowing them to learn about family medicine as a career at a deeper level than other structured and unstructured opportunities students have. This year we are expanding the program with a more flexible longitudinal mentorship component with residents, who will provide peer mentorship to medical students. Through both existing and new mentorship programs we offer, students have the opportunity to rub shoulders with family medicine leaders and better understand the profession of medicine outside the walls of medical school.

What else does IgFM have in the works?

We have a lot of exciting opportunities coming up. This year, Dr. Ruby Alvi, DFCM Pre-Clerkship Director and our faculty lead, is helping us promote the work medical students are doing in family medicine by connecting faculty members with our group. One of the goals I had coming into this role was to ensure each executive member of IgFM was paired up with a leader in family medicine so they could build connections, diversify their portfolio, and feel a greater sense of connectedness to the work they are doing.

We also hope to reestablish a journal club, with an online platform linking the Mississauga and St. George campuses so that residents and medical students can participate remotely.

Moreover, we have also created an Education and Scholarship Representative position to better reflect the changing needs of medical students and our group. This student liaises between the Office of Education and Scholarship at DFCM and IgFM, coordinates the journal club initiative, manages family medicine related student research postings, and also liaises with the Choosing Wisely campus group. It's a huge role and I'm excited that we're moving forward with it.

It's great that there are so many faculty members and residents involved in the IgFM.

Yes. As a student we often get lost in our studies and forget what kind of support we have, but I've seen our instructors and faculty leads really advocating for our success. It's something I wish every student could see.

How does being a member of the IgFM complement a journey into medicine?

The IgFM affords opportunities for students to recognize the value of a career in family medicine, but IgFM is so much more than just family medicine. It is great for personal development and community building. Professionally, it's a platform for students to engage with medicine and forge their identity as a future practitioner.

50TH FACT:

The undergraduate program, headed by Dr. Doug Johnson, began in 1972 with 22 half days over four weeks in an eight-week block in ambulatory care.

POSTGRADUATE RESIDENCY PROGRAM

RESIDENCY

394

residents enrolled in our two-year residency program

62

enhanced skills residents

170,000

patient encounters by residents in a family practice setting over the past year

18

enhanced skills programs offered

5122

rotation blocks completed by residents each academic year

GREATER TORONTO AREA STREAM:

334 residents completed 4,342 rotations

BARRIE/NEWMARKET STREAM:

44 residents completed 572 rotations

RURAL STREAM:

8 residents completed 104 rotations

VISA:

8 residents completed 104 rotations

50TH FACT:

In 1970, the residency program began with 24 residents. Dr. Reg Perkin was the first Program Director and held the position for 12 years. The Teaching Practices Program was also established in Midland, Mississauga, Don Mills and Sioux Lookout.

Novel residency program prepares tomorrow's family medicine leaders



A new three-year integrated family medicine residency program that allows residents to receive a Master's degree while completing their residency is already getting rave review from its first students.

Officially launched in July 2018, the Integrated Three-Year Family Medicine Residency Program (I3P for short) is currently being piloted by the University of Toronto Department of Family and Community Medicine (DFCM). Drs. Elliot Lass, a resident at Mount Sinai Hospital, and Laura Zuccaro, a resident at Royal Victoria Hospital in Barrie, are the first residents to be enrolled in the program.

"It's been a great experience so far," says Dr. Lass. "It complements what we're doing in our family medicine residency, I've already learned many new skills that I wouldn't typically receive in my residency training."

The program has two academic components. First, residents develop core competencies in comprehensive family medicine leading to certification with the College of Family Physicians of Canada. Second, they earn a University of Toronto Master of Science degree in System Leadership and Innovation, currently offered through the Institute of Health Policy, Management and Evaluation. Typically, residents complete two years of family medicine training and some elect to do a third year to focus on a specific area; however, DFCM program leaders, led by Dr. David Tannenbaum, Deputy Chair, Partnerships and now I3P's Program Director, decided to try something new by integrating a Master's degree within their family medicine training.

"What's great is that we're able to enroll in practicums and extra electives in areas that interests us," says Dr. Lass. "There's a lot of variety to choose from so you can really tailor it to your career path."

Dr. Zuccaro, who has been completing her first practicum with Dr. Danielle Martin at Women's College Hospital, says the program felt like a once-in-a-lifetime opportunity to her.

"I think it's hard to go back to school once you've graduated and are practicing medicine," says Dr. Zuccaro. "I was offered an incredible opportunity and the timing was ideal – how could you not say yes? Especially if it's going to have such a big impact on your career."

Both Dr. Zuccaro and Dr. Lass have backgrounds in leadership roles as both are Chief Residents at their teaching hospital sites. They also have clear intentions to continue in leadership roles well after graduation.

Dr. Lass is currently doing a practicum with Dr. Sid Feldman at Baycrest Health Science Centre. "Beyond having a generalist family medicine practice, I hope to advocate for my patients at a systems level and have a role in medical education. I'm also interested in having a leadership position in care of the elderly."

After graduation, Dr. Zuccaro hopes to find a leadership role in medical education and at the community level that will complement her future general family medicine practice. For her, the I3P program has already provided many ideas for how to positively impact the health of her patients and community.

"Working with inspiring advocates like Dr. Danielle Martin has opened my eyes to the innovations that are being made by family medicine physicians to try and improve health for all Canadians. There are so many people who genuinely care about trying to make our system better."

U of T family medicine resident wins prestigious young leader award

Dr. Ali Damji, a former resident at the University of Toronto Department of Family and Community Medicine (DFCM), has won the Canadian Medical Association's Award for Young Leaders (Resident) for demonstrating exemplary dedication, commitment and leadership in one of the following areas: political, clinical, educational, or research and community service.

During his residency, Dr. Damji was voted chief resident by his colleagues at Credit Valley Hospital in Mississauga, was chair of the Ontario Medical Students Association during a time of change (reduction in residency spots) and is currently a board member at Resident Doctors of Canada where he advocates on issues that affect physicians. All while completing his Masters in System Leadership and Innovation at the University of Toronto.

We spoke to Dr. Damji on his residency journey at DFCM and his future career plans.

How would you describe your residency experience and are there any key moments that stick out to you?

It's been a really amazing journey, although my transition from residency into practice was only a quick two years. I still remember the first patient I ever cared for during my residency – it was the first time I ever called myself “Dr. Damji” and the first time a patient ever called me by that name as well. I have followed this patient over the past two years, and have seen them struggle with their mental health and face challenges with their career and financial situation. However, I have also seen their journey in overcoming and addressing these problems in these two years. They recently became an artist and invited me to their art show. Watching them follow their dreams and knowing I played a small role in that was truly inspiring.

Who were your influential figures or mentors? How have they shaped your career?

Dr. Melissa Graham, the family medicine site director at Credit Valley Hospital, was a strong advocate for me to finish my Master's degree. I was doing my Master's degree during my residency, and Melissa really advocated for me to finish it and meet my deadlines which I'm very grateful for as having a Masters degree has opened many doors for me. Dr. Mira Backo-Shannon, the former Chief at Credit Valley Hospital, has also supported my leadership journey.



Dr. Danielle Martin has also been an influential figure and has also recently won a CMA award. It's great to see my mentors being honoured and recognized for the work that they do at the same time.

Drs. Joshua Tepper and Darren Larsen have also been close mentors to me throughout my residency. I'm also grateful for Dr. Michael Kidd, Dr. Stu Murdoch and the leaders at DFCM who have supported me and have opened doors for me.

What are your goals as a doctor and how do you think this award fits into achieving those goals?

I'm passionate about providing front-line medical care and working with patients. The ability to develop long-term relationships with your patients is one of the most amazing things about family medicine. I'm also interested in looking upstream at the system and policy level to help people live healthier lives. There's a stark health inequity in vulnerable populations, and there's a lot that can be done at the policy level to improve that.

I think that residency prepared me for working at both clinical and policy levels and I think continuing to work in both areas will truly help me both be a better doctor while better informing policy.

Do you have any advice for new residents on taking up more leadership roles during their residency?

Just throw yourself in and try different opportunities. Even though some opportunities might not seem to be a big deal, they can open more doors for you in the future. If you make yourself available, then opportunities will also find you, and it can snowball into something greater. There are so many ways to get involved at U of T and so many mentors who are available to help you and make connections. It's a testament to the program.

What are your next steps?

I'm going to be working with an interdisciplinary team in Mississauga. I'm also helping to design and implement a new patient-centred clinical home in Mississauga and I'm going to be continuing my work there.

I'm very grateful to U of T and DFCM. It's where I discovered and fell into family medicine, and now I can't imagine myself doing anything else. I'm also very grateful for the support of my colleagues, teachers, and staff at Credit Valley Family Health Team and at the hospital. I wouldn't have gotten where I am today without their unconditional support and commitment to my learning and growth.

Celebrating our newest family doctors

This year the University of Toronto Department of Family and Community Medicine held its first central residency graduation event for our 2nd year graduates. Congratulations to the Class of 2019!



TORONTO WESTERN HOSPITAL



SUNNYBROOK HEALTH SCIENCES CENTRE



MOUNT SINAI HOSPITAL



NORTH YORK GENERAL HOSPITAL



TORONTO EAST GENERAL HOSPITAL



RURAL RESIDENCY PROGRAM/TEACHING PRACTICES



ST. JOSEPH'S HEALTH CENTRE



TRILLIUM HEALTH PARTNERS - CREDIT VALLEY AND MISSISSAUGA HOSPITALS



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THE SCARBOROUGH HOSPITAL

ACADEMIC FELLOWSHIP AND GRADUATE STUDIES

50TH FACT:

In 1994, the Masters of Health Science was approved by the School of Graduate Studies.

Redesigned policy course better prepares students to advocate for policy change

A newly redesigned policy course is providing graduate students at the University of Toronto Department of Family and Community Medicine (DFCM) the skills they need to be better advocates for policy change for population health.

The course, called “Patient-Related Health Care and Public Policy in Canada”, is based on a course offered at Dalla Lana School of Public Health, which graduate students were previously required to take but had difficulty accessing. It prepares students with valuable practical skills such as reading, interpreting, and writing policy briefs.

“What I hear from most students is that the ability to write a policy brief in a very concise manner is a transferrable skill to their workplace or their leadership opportunities, and that is something that is often not taught in medical school,” says Dr. Julia Alleyne, Associate Program Director, Academic Fellowship at DFCM.

The graduate studies course also provides valuable insight into the Canadian health care system including the public health care system, private vs. public, the institutions involved in public health, the social determinants of health, and primary care reform.

Learning about the social determinants of health, says Dr. Alleyne, are an especially important learning objective.

“Understanding the social determinants of health allows learners to better understand how each patient interaction is different, and how the risk factors associated with success and outcomes change,” she says.

So far evaluations of the course have been overwhelmingly positive. “It was a great learning experience,” says Mira Mitri, a graduate of the course. “The topics covered were both interesting and relevant. I particularly enjoyed conducting the research for and writing the briefing notes, which helped me develop more of a systems approach to address contemporary health care issues and challenges.”

Students also appreciate its format: the course follows what is called a “blended format”, which employs both in-person and online elements. Students attend a two-hour lecture in-person, then participate in online case discussions in a small group. This format offers a lot of flexibility for students, as the asynchronous timing of the discussions allows them to participate at a pace that is most convenient for them within a specific period.

In future, Dr. Alleyne sees the course moving fully online. “I don’t see people sitting through a two-hour lecture in an online course. We will have to divide it and test different audio and types of capture of slides to be able to have them get the content online,” says Dr. Alleyne.

50TH FACT:

In 1990, Dr. Helen Batty became the first Director of the Academic Fellowship Program. Drs. Risa Freeman and Jeff Mills were the first full-time fellows.

Academic fellow hopes to bring new knowledge back to Thailand



In Thailand, family medicine is a fairly new discipline with a lot of room to grow – the first family medicine residency programs began in 1999. A leader at her hospital in clinical care, education and research, Dr. Hathaitip Tumviriyakul has enrolled in the Academic Fellowship Program at the University of Toronto Department of Family and Community Medicine (DFCM) to learn more about the various aspects of family medicine in Canada in hopes of bringing her newly acquired skills and knowledge back to Thailand.

Dr. Tumviriyakul is a family physician at Hatyai Hospital in southern Thailand, and also the hospital's Program Director of Post-Graduate Family Medicine Training and Vice-President of Undergraduate Family Medicine and Community Medicine Training Program. She spoke with us about her experience in the fellowship program and what she hopes to bring back with her to Thailand.

What made you interested in coming to DFCM?

After working as a family physician for a while, I found that we have to be lifelong learners. So I came here to improve myself, to gain more experience, and to learn something new. I know that the Department of Family and Community Medicine at the University of Toronto is the top in the world for training family physicians. With my leadership roles at my hospital in Thailand, I was interested in learning more about training medical students to be family physicians in both undergraduate and post-graduate programs. So I am interested in learning the education system and training here. I have found that there are so many things to learn at U of T, and I really enjoy learning here.

How is your experience with medical education and research different in Canada compared to Thailand?

The content in family medicine education, in my view, is quite similar, but a difference is the experiential learning that you can gain here. DFCM's curriculum offers a great opportunity to apply the theory and content that we have learnt in classes to real-world experiences. The highlight is teaching the students how to think reflectively and critically. Also, the application of e-learning technology to support learning from remote areas is remarkable. I think this is a useful model for an adult learning system with great support from instructors and colleagues. I consider myself very fortunate that I have been surrounded by people who are lifting me higher.

I believe we have great researchers in Thailand, and we have a lot of room for improvement in primary care research. It is my vision to build a network of primary care physicians – like UTOPIAN here at DFCM - to research primary care in my hospital and in my region in Thailand.

You were involved in revamping the online graduate studies course, “Appraising and Applying Evidence to Assist Clinical Decision-Making”, during your Academic Fellowship. Tell me about the work you have done on that course.

Dr. Julia Alleyne, the Associate Program Director of Academic Fellowship, invited me to join the team in revising this online course because of my interest in evidence-based medicine. We updated the content of the course, and I helped create learning materials to make the learning more interactive, as well as updating the resources and quizzes in the course. I gathered these resources from many sources and compiled it into one shelf, and I have heard that students have found it easier to access and very useful for a deeper understanding of the content.

I want to implement the experience that I have gained from this to create an e-learning course to support medical training and residency training in the rural regions of Thailand. Since 1994, under the collaboration between the Ministry of Education and the Ministry of Public Health, the Thai government created the Collaborative Project to Increased Production of Rural Doctors (CPIRD) program to ensure that there are medical doctors that serve the rural communities. I was granted a scholarship through this program, and this is another reason I came to DFCM: you have an excellent system for rural training and I want to learn more about it.

What is in store for you next?

After finishing the Academic Fellowship, I have now started the Clinical Research Certificate (CRC) at DFCM. I am interested in dealing with data in primary care research and want to know more about how you research primary care here. I want to know the scope of family medicine research, as well as the systems that support such research. My favourite quote is “Nothing ever becomes real ‘til it is experienced” by John Keats. After graduating, I will return to Thailand and continue my work as a family physician and researcher. I will also continue my work as a director and a teacher, and I hope to bring the experiences that I have learned back to my roles there.

QUALITY AND INNOVATION

Making patient safety a priority

Family physicians and their teams work tirelessly to provide high-quality health care to patients every day. We strive to provide the best care possible, including care that is safe.

In 2017-18, the Quality and Innovation (QI) Program at the University of Toronto Department of Family and Community Medicine (DFCM) convened a Patient Safety Learning Collaborative to advance patient safety at its core teaching clinics. One of the goals of the initiative was to help clinics build a culture of openness and transparency, a foundation for providing safer care. We wanted to reduce the risk that our patients would suffer from inadvertent harm.

Faculty at each of DFCM's academic teaching hospitals identified a patient safety project and an inter-professional team that could commit to leading improvement work related to patient safety. The teams from different clinics came together four times during the course of the year to learn from experts and share ideas.

Teams had the freedom to choose to work on a patient safety topic of choice. In family medicine clinics, the main causes of inadvertent harm are missed or delayed diagnoses, issues related to medications, or issues related to communication, particularly when patients move between care settings. In our collaborative, teams picked topics ranging from reducing harm from prescribing to introducing education on patient safety improvement to resident learners.

Many sites developed a formal process for residents and staff to report incidents that almost resulted, or did result, in unintended harm to a patient. Called the "Doing It Better" rounds, the process involves a formal patient safety committee conducting an analysis of an incident, reviewing the findings with peers, and then developing, testing and implementing ideas for change that would prevent the incident from happening again.

"Overall, the 'Doing It Better' rounds have had a significantly positive impact on our teams' safety initiatives and culture," says Drs. David Makary and Navsheer Toor of the Southlake Academic Family Health Team.

Toronto Western Hospital took a different approach to patient safety through the adoption of Caring Safely, a UHN Strategic Initiative. All staff completed a three-hour education session focused on safety behaviours and an error prevention toolkit. Bolstered by these new skills, the Toronto Western Hospital Academic Family Health Team initiated safety huddles in the morning, which provide an opportunity and forum for staff to bring safety-related concerns to the attention of all team members. The Safety Committee members deal with these concerns in a timely manner and outcomes are then communicated back to the staff.

"This openness and transparency has provided all team members with an equal voice," says Dr. Lesley Adcock of the Toronto Western Hospital Academic Family Health Team. "A number of process changes have stemmed from issues that were identified by various team members which have served to strengthen the value of safety and embed a safety lens within all of our activities."

The QI Program at DFCM is committed to the ongoing work of educating faculty, residents, students, and staff about patient safety.

"We know 'better' has no limit and there is still work we can do to further support our faculty, learners, and our colleagues outside academic settings to realize practice improvement," says Dr. Tara Kiran, the Vice-Chair of the QI Program in the DFCM. "It's a great privilege to be able to be in this position where I can help us take a step back to think about primary care and how we can do even better to serve our patients."

Quality and Innovation Program plans for years ahead

Throughout 2018, the Quality and Innovation (QI) Program completed an evaluation to gain insight into the experiences of family medicine faculty who are involved in or leading quality improvement initiatives at their academic teaching site. The evaluation examined how they could support future iterations of the program and integrate QI more widely in primary care settings. The findings from this evaluation identified areas of improvement, emerging opportunities for growth, and informed the overall direction of the retreat.

On February 8, 2019, the University of Toronto Department of Family and Community Medicine's (DFCM) built on the evaluation by coming together to reflect on the findings and share perspectives on improving quality in primary care across academic teaching sites. The QI Program Retreat included family medicine chiefs, DFCM vice-chairs and program directors, executive directors representing family health teams, data leads, and QI leads.

During the retreat, participants were able to reflect individually and with colleagues on how they can work together to make an impact on quality improvement in primary care at the local, national, and international level. From the discussion, it was apparent that there was a desire to improve the program in three specific areas:

- Foster collaboration between academic teaching sites and joint initiatives that can demonstrate big impact;
- Increase capacity among faculty to do and lead work to improve quality;
- Leverage UTOPIAN (DFCM's Practice-Based Research Network) infrastructure to support common measurement and a learning health network.

These suggestions provided the foundation for a multi-year program work-plan, which highlighted opportunities for leadership, data-driven improvement, and collaboration. Over the next few years, the QI Program will focus on strengthening the building blocks for high-performing primary care.



50TH FACT:

In 2011, under the direction of Dr. Philip Ellison, the Quality Improvement Program was established. The focus was to equip a new generation of quality-focused professionals with the knowledge, skills, and drive to lead quality improvement initiatives. In the fall of 2011, first-year family medicine residents began training in quality improvement.

FAMILY DOCTOR LEADERSHIP AND FACULTY DEVELOPMENT

MasterClass Series helps family doctors develop world-class leadership skills

Family physicians were given the opportunity to develop advanced leadership skills as part of the first-ever MasterClass Series in Family Doctor Leadership, launched by the University of Toronto Department of Family and Community Medicine (DFCM) in the fall of 2018.

Facilitated by Dr. David White, Vice-Chair, Family Doctor Leadership, the MasterClass was a series of five classes, each hosted by a prominent faculty member that had been selected for their expertise in a range of areas of family medicine. It was based on a concept from classical music and performing arts, in which experts in a discipline share their wisdom and insights with rising stars.

The participants were faculty from DFCM's teaching hospital sites across the GTA who showed promising leadership qualities and had been recognized by their site chiefs and program leaders as having something special to offer family medicine. These doctors were invited to attend the MasterClass to improve their abilities and develop their skills as leaders in family medicine.

"Family physicians bring specific, valuable perspectives and capabilities to leadership in clinical, academic and health system roles," says Dr. White. "It's essential we support more family physicians to become leaders so we have a great

impact on transforming health care delivery and contributing to a better health system."

Held every two weeks, the classes were led by prominent speakers and faculty members Drs. Michael Kidd, Rick Glazier, Danielle Martin, Marla Shapiro and Cynthia Whitehead. Topics explored during the series included working with government, industry and not for profits, health and medical research and working with the media.

"The MasterClass was a great opportunity for the participants to hear from and interact with our senior faculty members who are world-class leaders in diverse family medicine leadership positions," says Dr. White. "There was also the collegial aspect – the participants were able to interact with and get to know their fellow peers within the department. The social aspect of the event made networking more accessible to the participants."

The classes were also an opportunity for self-reflection and personal growth. At the beginning of the course, the participants were asked to submit a challenge they have had to address in their work or to identify an area in the broader healthcare field where they see an opportunity to make a difference. They then reflected on this challenge as they progressed through the classes to see if they had learned more effective ways of addressing it. For the class leaders, this provided an opportunity to determine what types of challenges the participants were dealing with, what they considered to be a problem, and what some of the possible solutions were.

This is the first year for the MasterClass and a post-series evaluation is being analyzed to determine the effectiveness of the class and to observe the ways the participants apply what they learned from the experience and how they can use it to their advantage in their careers as family doctors.

"We're still assessing what's next for the series," says Dr. White. "While the full evaluation is still being completed, initial reviews are very positive, and we're hoping to explore new ways to offer programs like this to more of our faculty."

50TH FACT:

Today, two family physicians and DFCM faculty are now President and CEOs of our major hospitals. Dr. Joshua Tepper is President and CEO of North York General Hospital, and Dr. Tim Rutledge is the President and CEO of Providence Healthcare, which includes St. Joseph's Health Centre and St. Michael's Hospital

Faculty Development Programs continues to provide faculty with the skills they need to excel at teaching and leadership

For over 25 years, the Faculty Development Program has been providing new and seasoned faculty with the skills they need to become better teachers, leaders and grow in their careers.

“We have seen hundreds of faculty take our programs over the years,” says Dr. Viola Antao, program director of the Faculty Development Program at the University of Toronto Department of Family and Community Medicine (DFCM). “Many have spoken long after they’ve participated about how faculty development really has been foundational to their careers.”

Many new faculty begin their teaching careers at DFCM with BASICS for New Faculty, which focuses on the skills and knowledge needed to help navigate everyday teaching situations successfully. Offered for more than 14 years, the program was recently updated and revamped to align with new teaching and learning styles. Many faculty also participate in Leadership Basics, which prepares participants with the skills needed to take on leadership roles and set professional goals, as well as join DFCM’s wellness and resilience programs. Wellness programs that have been offered by DFCM in the past include narrative medicine, mindfulness practices and therapeutic use of the visual arts, including drawing and film.

“Wellness at DFCM includes being challenged, thriving, and achieving success in various aspects of one’s personal and professional life,” says Dr. Michael Roberts, the Wellness and Resilience Lead within the Faculty Development Program. “Resilience is the capacity to respond to stress in a healthy way: resilient individuals “bounce back” after challenges while also growing stronger.”

Many faculty access these programs through their academic teaching site’s faculty development lead. These leads meet with faculty to provide details and advice about promotions, mentorship, faculty development events, awards, funding, to name a few. Leads also exist for our rural and remote teaching sites.

The Faculty Development Program also ensures faculty are recognized for their work. In 2018, several new awards were created to acknowledge the significant contributions of our teachers. Health Professional Educators associated with DFCM are now eligible for more than 40 internal awards. Additionally, in recognition of our experienced teachers, certificates of recognition were introduced in 2018 to celebrate milestone anniversaries for long-standing teachers at 15, 25 and over 40 years of contribution and dedication.

“I really have the best job: I get to find ways to help ensure our faculty are happy, healthy and feel appreciated,” says Dr. Antao. “I hope all of our faculty get to know the faculty development leads at their academic teaching sites – these people can really help you navigate our department and find ways to grow in your career. There are so many ways to get involved at DFCM and we can find opportunities for everyone that fit their needs.”

50TH FACT:

In July 2003, Dr. Jamie Meuser was appointed the first director of Professional Development (now called Faculty Development). Committee membership is drawn from all teaching divisions as well as Teaching Practices, and the Divisions of Emergency Medicine and Palliative Care. Their mandate was “to foster the professional and personal development of the members of the DFCM and the broader community of family physicians.”

Past President of the Ontario Medical Association reflects on the ups and downs of leadership

Dr. Nadia Alam is the immediate Past President of the Ontario Medical Association and a lecturer at the University of Toronto Department of Family and Community Medicine (DFCM). After the completion of her presidency in April 2019, she went back to being a practicing family physician in Georgetown, Ontario. We spoke to Dr. Alam about her time as President of the Ontario Medical Association, the lessons she learned about leadership and her advice to others seeking leadership roles.

How did you get involved with advocacy and the Ontario Medical Association (OMA)?

I got involved with advocacy because I was upset with the status quo. I did not like how the government was treating physicians and how medical organizations were responding to the government. So, starting in 2014, I started writing op-eds in various publications like the Toronto Star, The Huffington Post and the Toronto Sun, and people started sharing what I was saying on social media. My writing got a way bigger response than I anticipated because what I was saying resonated with doctors.

I got involved in the OMA because I wanted to make it more agile and more responsive. I never imagined I would become President – and certainly not so quickly - but I had a lot of support, and it was truly a team effort to get me there. I was very fortunate.

What did you learn about leadership during your presidency?

I realized it is very easy to be a critic and point out faults, but it is much harder to improve those perceived faults. You cannot just walk in and make change – you have to work with people to effect change and win them over to your vision. Change management is incredibly important – if you're not providing a plan and tracking change, you're not going to succeed.

Organizations are also very complex systems in themselves – it takes time to learn about their strengths and weaknesses. You have to recognize that there are pre-existing plans and agendas that can be valuable resources -- or that may take time to shift to the new vision. You have to be patient.

I also learned the importance of taking time for myself. I felt burned out by end of my presidency. While I cherished the experience and immensely appreciated my time there, I overextended myself and had to take time to recover. In reflection, I realized I should have relied on my support system - my husband, my family, my friends - more heavily.



Why is it so important for family physicians to be in leadership positions?

Family medicine, in particular, is a field that really looks at the whole of a patient and the health care system, and that kind of perspective is invaluable as a leader. That holistic approach makes you more creative and open to ideas that come from varying levels and people.

So much of family medicine also involves education and communication – talking to people is a core skill for a family doctor. Communication is a core skill for leaders as well. If you can't communicate your vision, you won't be able to effect change. That person-centred approach to care and our skills as communicators lend themselves to good leadership.

What's your advice to those thinking of taking on more leadership positions?

I was fortunate to have a close group of friends and colleagues I could rely on to give advice and support. I felt I could tell them anything, and they could tell me anything – even the tough things. Having people who saw you for yourself, who knew how to support you when you were doing something right, and be honest with you when you were making a mistake is invaluable. So having that safety net is incredibly important. My advice would be to build that support system – that is what gets you through the hard days. It's not some innate talent, it's grit and that support system.

Also, don't discount your own ability to be a leader and affect the kind of change you want to see in the world - anything is possible if you are open to it. I never saw myself as a leader, but then I found myself in that role and became someone who rallied physicians to change. People are fond of labels, but we need to recognize we can make personal and professional changes at any time in our career. So be open to opportunities that knock on your door and recognize that even in adversity lies opportunity. Several years ago, when there were many threatened cuts to the healthcare system and while I was recovering from maternity leave, I rose to one of the most meaningful experiences in my life.

What's next for you?

Right now I'm in the middle of my exams for my Masters in Health Economics, Policy and Management at the London School of Economics and I'm back at work and enjoying it. Looking back, some of my rise to my OMA Presidency was part luck and accidental – so I want to be more deliberate in seeking out leadership opportunities moving forward so I can better balance work and life.

But my time at the OMA really was one of the most rewarding things I've ever done. I think that if one of my kids becomes a doctor – and I hope they do because it's an amazing profession – I hope I helped build a better healthcare system there to support them when that happens.

Q & A with Dr. Michael Kidd on his new book, *Every Doctor*, a guide on how to thrive as medical professionals

Doctors, residents, medical students and other health professionals can become so busy with work, life demands and pressures that often it's their own health and well-being that suffers. The College of Family Physicians of Canada recently estimated that as many as 50% of physicians and one-third of medical students are experiencing “burnout” – extreme emotional exhaustion and overwhelming stress. Partly at fault is the culture of medicine itself: workplaces that demand more with fewer resources, where staff face physical, mental and emotional challenges in environments that often reward perfectionism and competition. Research has shown burnout can negatively impact the quality of care patients receive, workplace morale, career advancement and more.

In recent years there have been more discussions about how to protect the mental, physical and emotional well-being of physicians and trainees and create more supportive work and educational environments for medical professionals and students.

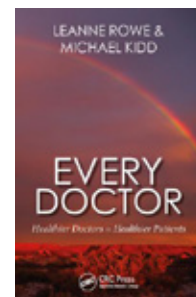
Dr. Michael Kidd, Chair of the University of Toronto Department of Family and Community Medicine (DFCM), has spent much of his career as a family physician leader focusing on the health and well-being of physicians. Most recently he has written a new book with co-author, Dr. Leanne Rowe, called *Every Doctor: Healthier Doctors = Healthier Patients*, that provides advice on how to thrive in medicine at a time of massive advances and changes in global health systems and medical services.

How would you describe the book and who you wrote it for?

We wrote this book for every doctor and doctor-in-training in the world – no matter their experience level. It provides advice on how doctors can look after their own physical and mental well-being. If we're not healthy as doctors, we're less able to be as effective as we can with patients.

It also looks at the health of workplaces and medical culture overall. Many books and articles focus on the personal physical and mental health and wellbeing of physicians; however, we've taken that further to say that if you work in a toxic environment or somewhere where colleagues are not respectful of one another, this affects our capacity to deliver high-quality care to our patients as well. Quite often, the culture of medicine can be harmful to many people: we're not as supportive to each other as we should be and medical organizations aren't always as constructive and effective as they could be. So we need to challenge the medical culture as a whole.

The book contains inspirational material from doctors who are authors and leaders from different parts of the world – people who have been willing to share their views, wisdom and experiences. And it contains advice that I wish I had when I was a medical student, rather than learning these things by trial and error or feeling bullied or harassed in the workplace.



Why was it important to include patients as part of the title?

If as doctors we don't look after our own health and well-being, it's going to be more of a challenge to look after our patients. We need to set an example for our patients: we expect our patients to eat healthy food, be physically active, not overuse alcohol, not smoke and so forth. It doesn't go down very well, for example, if they see us smoking a cigarette while telling them to quit.

Also, the health of our institutions, hospitals and clinics impacts the health of our patients. Patients don't want to enter a health system that is going to make them unhealthy, they want a system that is going to look after them, and hopefully, they'll leave healthier than when they arrived.

The personal health and well-being of physicians and the culture of medicine seem to be larger topics of conversation. Why do you think that is? Is today's world of medicine more challenging or are we just talking about it more?

I think it's always been challenging. In the past, there was the attitude of, "I had it tough when I was a medical student or resident and you should have it tough too," and people ended up working unsafe hours, making mistakes and having intolerably high levels of stress. At its worst extreme, this can result in doctors harming themselves or even committing suicide. Thankfully there's been an increased awareness of suicide amongst healthcare professionals in recent years. This has made us take a hard look at ourselves and the culture that we live and work in and ask, "Is this healthy?" and "Are we supporting each other?" We need to support each other as professionals and peers but we often don't. Instead there's been a culture of bullying, harassment and occasionally of discrimination, sexism and stigma. In the 21st century, this isn't acceptable and we need to call it out, reflect on our own behaviour, and support each other.

How is this changing for the better?

I think young people in our profession are driving many of the changes. And that's a good thing because it reflects societal changes and expectations.

I also think we've had decades of opening our eyes to past human rights abuses which have occurred in medicine that we're now confronting and tackling. The Truth and Reconciliation Commission of Canada process and report is a significant step forward. It's pushed us at the Department of Family and Community Medicine to ask how we can contribute to that process and ensure that our faculty members and residents are culturally aware, sensitive and acting appropriately with Indigenous colleagues and patients, as well as with anyone who comes from a different background than their own. All these changes are signs of a healthier community and a healthier Canada.

I often advise students to have a five and ten-year plan. And include in that plan how they will continue working on their spiritual, physical and mental health as well. I also advise students to look at the values of teachers they respect and admire and adopt those values and behaviours for themselves.

Students and residents must also recognize that even though they're at the very start of their medical career, the population and community still regard them as doctors. People are watching them, and it's imperative as a medical practitioner to uphold your integrity in everything that you do and not to breach trust. I also advise them to spend time reflecting on what they've seen and learned each day and to celebrate the great joy of being a doctor and the great privilege it is to do what we do.

GLOBAL HEALTH AND SOCIAL ACCOUNTABILITY

First Indigenous Health Lead part of department's response to the Truth and Reconciliation Commission

Dr. Suzanne Shoush is now the University of Toronto Department of Family and Community Medicine (DFCM)'s first-ever Indigenous Health Faculty Lead. In her role, Dr. Shoush will work with DFCM faculty, residents, students and staff to develop and implement an integrated and accountable plan for the department to respond to the needs of Indigenous communities it serves.

"It's an honour to take on this role," says Dr. Shoush. "I think it's a great step for our department and I hope I can help make some big strides forward."

The position was created in response to the Truth and Reconciliation Commission of Canada Calls to Action (TRC-CTA) around health and primary care, which calls for the elimination of the significant disparities in health outcomes faced by Indigenous People. It includes calls to provide cultural competency training for all health care professionals and for medical schools in Canada to teach about the root causes of inequities in health and human rights.

Dr. Shoush grew up in Alberta. Her mother is a constitutional lawyer of Coast Salish Heritage from the Douglas First Nation in British Columbia, and her father is journalist and writer from Sudan. While she is now a family physician at St. Michael's Hospital, she admits that family medicine was not her first calling: she had the beginnings of a successful career in biomedical engineering before going to medical school at the University of Alberta.

"When I was studying and practicing engineering and medical physics, I always had an interest in global health and did a lot of work in the area internationally," says Dr. Shoush. "It was my research supervisor at the time, Dr. Calum MacAulay, who

convinced me to apply to medical school where I ended up finding some incredible family medicine mentors there who showed me how powerful family medicine could be."

After completing her residency at St. Michael's Hospital in Toronto, Dr. Shoush spent nine years doing locums in Northern Ontario treating diverse populations while also working with the Inner City Health Associates in downtown Toronto, eventually becoming a family physician and faculty member at St. Michael's Hospital in the fall of 2018.

During her time at St. Michael's, she worked with a strong interdisciplinary team to develop an advocacy campaign entitled "Healing our Roots: An Equity Approach to Reconciliation". The goal of the Campaign is to take concrete steps within the Family Health Team to create and become champions of culturally safe spaces and practices to promote the highest level of inclusion possible for Indigenous patients. This involves making Cultural Safety Training available to all staff, working to develop partnerships with community stakeholders, consulting with Knowledge Keepers and Elders surrounding Reconciliation, and working with local artists to bring Indigenous art into clinical space.

"Only a small percentage of our primary care patients are Indigenous or are comfortable to self-identify as Indigenous which raises a concern of exclusion. It's important to understand how we can remove barriers that contribute to the exclusion of these patients," says Dr. Shoush. "We know the stats we see today in Indigenous Health inequities are a direct result of laws, policies and societal structures which perpetuate marginalization and disenfranchisement. We want to work on changing this."



Dr. Shoush will work closely with the DFCM Chair and Vice Chair of Global Health and Social Accountability, the Indigenous Health Research Lead, Dr. Janet Smylie, and Chiefs of DFCM's teaching hospitals.

As one of her first steps in the role, Dr. Shoush took the time to read and ensure she fully understood the Truth and Reconciliation Commission's recommendations, and more recently those from the National Inquiry into Missing and Murdered Indigenous Women, so she can better understand what it will truly take to meet them. She is working to include the input and expertise of a diverse group of Indigenous Community stakeholders and Knowledge Keepers. She is also planning to visit DFCM's academic teaching sites to learn more about what is already being done in Indigenous health by faculty, residents and students and others, and listen to what is needed to support the DFCM in meeting obligations.

"While we don't have a large number of Indigenous faculty and students, I do know that great work is being done already. I need to understand where the gaps are at each site and how I can help them move forward in this area."

For Dr. Michael Kidd, the Chair of DFCM, having Dr. Shoush in the role is a major step toward the department becoming a more culturally safe space for Indigenous faculty, residents, students and, ultimately, patients and their families.

"I want our department to be the go-to place for Indigenous students and residents," says Dr. Kidd. "This means providing spaces where they feel comfortable and where everyone has a deeper understanding of our Indigenous colleagues and patients."

Dr. Shoush is also DFCM's winner of the 2019 Louise Nasmith Award. Her project, an environmental scan of the department's practices, policies and strategic initiatives regarding Reconciliation, aligns well with the new role.

"The health care inequities faced by Indigenous Peoples are unacceptable and I think Dr. Kidd and the entire department are saying that we are ready to make changes that will reflect our dedication to health equity," says Dr. Shoush. "There is so much opportunity here to be leaders and champions in reducing the inequities faced by Indigenous People in Canada – I hope I can help DFCM lead the way."

Dr. Shoush began her three-year term in May of 2019.

Simulation experience allows medical students to walk in the shoes of an Indigenous Person in Canada

Through the development of a simulation experience, Dr. Amanda Sauvé, a Métis family medicine resident at Royal Victoria Hospital in Barrie, is providing medical students and residents with a glimpse into what it is like to walk in the shoes of an Indigenous Person in Canada.

Stand Up for Indigenous Health is an Indigenous-specific offering of Stand Up for Health – an immersive simulation that allows medical trainees and other health professionals to gain a better understanding of the social determinants of health, through experiential learning. Leveraging the technology of a mobile app, participants are placed in the role of Canadians living in poverty and must interact, make choices, and solve challenges within their given set of circumstances.

Dr. Sauvé became involved with Stand Up for Health after participating in the simulation shortly after it was developed.

“I met Dr. Latif Murji [the founder of Stand Up for Health and a faculty member at the University of Toronto Department of Family and Community Medicine] when we were both medical students,” says Dr. Sauvé. “He was running the simulation for the first time at Ontario Medical Student Weekend. I got to experience the simulation and I thought ‘this is amazing – why isn’t this in our curriculum at Western?’”

Soon after joining the team, Amanda was trained and certified as a “Change Agent” (facilitator) and successfully advocated to have Stand Up for Health integrated into the medical school curriculum at Western University.

“Amanda’s passion for Indigenous Health was obvious. The next step was for her to integrate Indigenous experiences into Stand Up for Health,” says Dr. Murji.

Dr. Sauvé and her co-lead, Adriana Cappelletti, set forth to develop scenarios specific to the Indigenous experience. To ensure they included authentic, diverse Indigenous scenarios, Dr. Sauvé and other Indigenous Health researchers conducted five sharing circles within Indigenous communities across Ontario, from rural and remote communities to urban centres. Within these sharing circles, participants were asked questions related to their social determinants of health, such as the living conditions, employment, the food situation in the community, experience of healthcare, and much more.

“What we heard varied based on where they were from,” says Dr. Sauvé. “We heard stories of many being hesitant to seek healthcare in fear of it being assumed they are seeking drugs. We also heard about people not receiving medicine for basic ailments, or doctors missing a common diagnosis because they refused to do testing.”

Other stories included those of pregnant women in remote communities, forced to travel hours from their homes weeks prior to their due date because they were unable to deliver in their home communities.

“I was very aware of the possibility of perpetuating stereotypes of Indigenous Peoples in Canada,” says Dr. Sauvé. “So instead of creating one or two Indigenous scenarios to be added to the original program, we were inspired to create a program devoted entirely to Indigenous Peoples. I’m Métis and I only have that experience, however Indigenous peoples’ experiences vary so widely across the country.”

Many of these stories have been incorporated into Stand Up for Indigenous Health. The program provides participants with the identities of either Status First Nations or Non-Status First Nations. Participants are then randomly assigned to live in an urban, rural, or remote community. Based on the intersection of these identities, participants receive scenarios with specific challenges.

Thus far, the Stand Up for Indigenous Health team has run the program with an Indigenous Health advocacy group at Western University, and with University of Toronto family medicine residents at Royal Victoria Hospital in Barrie and McMaster University. They also recently ran the program at the Canadian Conference on Medical Education to Indigenous faculty members, medical students and Elders from 15 of the 18 medical schools across Canada.

“The feedback was very positive,” says Dr. Sauvé. “Indigenous community members thought the scenarios depicted true-to-life experiences and appreciated the community-based approach to how the scenarios were developed.”

In the future, Drs. Sauvé and Murji would like to continue to build on Stand Up for Indigenous Health by including more Indigenous identities, including Inuit and Métis, as well as include more identities to the overall Stand Up for Health simulation experience.

“We’re looking to take a nuanced and thoughtful approach in scaling our simulations so that medical trainees across the country can have the opportunity to experience both Stand Up for Health and Stand Up for Indigenous Health,” explains Dr. Murji. “Ultimately, we want future healthcare providers to have a deeper understanding of the social determinants that shape their patients’ health trajectories. We believe our learning tools are only a beginning.”

Growing family medicine in Ethiopia

Until fairly recently, family medicine was virtually nonexistent in Ethiopia, and many people in the country depended on referrals to secondary and tertiary sites to see the majority of doctors. In 2013, to address this gap, the first family medicine training program was developed in the country. The Toronto Addis Ababa Academic Collaboration in Family Medicine (TAAAC-FM) is a partnership between Addis Ababa University School of Medicine in Ethiopia, the University of Toronto Department of Family and Community Medicine and the Department of Family Medicine at the University of Wisconsin. The program aims to support the training of family doctors for the Ethiopian health care system and to develop faculty and leaders who will broaden the scope of family medicine in Ethiopia to improve the quality and accessibility of care in the country.

Since its creation, 18 Ethiopian family doctors have graduated from the program and are now moving the discipline of family medicine forward in the country.

“The hope is that growing this group of family doctors who can now teach others at their respective institutions or at other hospitals will help to strengthen the primary care system that is growing there,” says Dr. Praseedha Janakiram, co-lead of the TAAAC-FM program.

To assist with training residents, faculty travel to Ethiopia three times per year for approximately four weeks at a time as visiting faculty. This results in a reciprocal learning process, where Canadian and Ethiopian faculty learn from each other while pioneering a family medicine program and specialty in Ethiopia.

“In asking faculty in Toronto to go to Ethiopia for a month as volunteers, I’m always surprised by how willing people are,” says Dr. Abbas Ghavam-Rassoul, co-lead of the TAAAC-FM program. “The willingness of people to offer their time and expertise is something we are very grateful for.”

Newer programs have also emerged over time. For instance, cervical cancer is a major cause of death of women in the country. Prior to TAAAC-FM, cervical cancer often was not diagnosed until it was very advanced and already deadly, but a new screening service is facilitating health professionals in expanding early detection programs for the disease.

50TH FACT:

In 2013, the Toronto Addis Ababa Academic Collaboration in Family Medicine (TAAAC-FM) was created. This was the first family medicine training program in the country.

While many strides have been taken in family medicine in Ethiopia, there is still work left to be done. As interest in the residency program increases, faculty and staff must find ways to grow the capacity of the training program, whether through new training sites or collaborations with other specialties and hospitals. As the next cohort of graduates completes their training, the focus will now be on continued

education for graduates and faculty who need to continue upgrading their own skills so that they can meet the needs of their country’s population and their trainees.

The Department of Family and Community Medicine will continue to support remarkable Ethiopian colleagues and champions in the development of family medicine in Ethiopia and is committed to the long-term partnership of the TAAAC-FM program, which has become an exemplary model for collaboration in global health.



DFCM welcomes visiting professor from Brazil as part of ongoing partnership

The University of Toronto Department of Family and Community Medicine (DFCM) welcomed Dr. Thiago Trindade from Brazil who joined us for three months as a visiting professor.

Dr. Trindade is a family physician and professor at the Federal University of Rio Grande do Norte. He is also the past president of the Brazilian Society for Family Medicine. During his time here, he visited our faculty, academic teaching sites, partners and others across the province to learn more about how we teach family medicine, the Canadian health care system and the role family medicine and primary care play within it. We spoke with Dr. Trindade about his experiences in family medicine in Brazil, as well as the partnership between Canada and Brazil.

Tell us about the ongoing partnership in family medicine between Canada and Brazil.

The family medicine experience in Brazil is very inspired by Canadian family medicine. The history of this partnership began in the 90s with Dr. Walter Rosser - who was the Chair of DFCM at the time – and Dr. Yves Talbot. They came to Brazil with a group of family physicians from Canada and helped to train some general practitioners who were working in Curitiba, a big city in Southern Brazil. The training of these general practitioners who would eventually become family doctors was the beginning of this partnership. With their experience, they started many other trainings and helped to develop family medicine in Brazil.

There has also been a great partnership between the Brazilian Society for Family Medicine and the Canadian College of Family Physicians since the 90s. In the past 20 years, we have received family physicians from DFCM to do workshops. For example, we recently developed our competency-based curriculum for family medicine residents, and the workshop to build this curriculum was led by Canadian family doctors.



50TH FACT:

In 2008, the Canadian International Development Agency accepted a proposal from International Programs to develop training for managers in primary health care in Brazil.

What are the differences between family medicine practice in Canada and in Brazil?

I think the big difference is in the primary healthcare model. For example, in Brazil, our main model is what we call “family health strategy.” This strategy is based in our communities. We have catchment areas for each family health team, which consists of a family doctor, a nurse practitioner, two nurse assistants, at least four community health workers, and an oral team that includes a dentist. Each family must be affiliated with a family health team in their territory based on their specific neighbourhood. This main model covers around 65% of the Brazilian population. From what I’ve seen here in the Ontario health system, you have different models of primary care: the family health organizations, the family health teams, and the community health centres, for example. Each family belongs to a wide catchment area where they can enroll in the family practice of their choice.

I find this interesting because you have strengths and challenges in each model. We could further research these models and find which model could be more appropriate for each country. There won’t be a model that will fit every country, but every country must find their model of primary care. By learning from each other through international experience, we can improve our models, and I think this international partnership between Canada and Brazil must reach this kind of goal to improve primary health care.

50TH FACT:

In 1994, Drs. Walter Rosser and Yves Talbot introduced “Curso Básico” in Curitiba, Brazil. Today, more than 5000 primary health care workers (physicians, nurses, dentists, health promoters) have been trained in this country.

What is different about family medicine education in Brazil versus Canada?

One of the issues that we are struggling with in Brazil is to create departments of family and community medicine in our universities. When we are admitted as family doctors in universities, we are often affiliated with other departments. For example, in my university I am in the Department of Internal Medicine. In other universities, many family doctors are affiliated with the department of public health.

Here, we can see a large department with many family doctors. I think education is the most important in what you are doing, but to have people dedicated just to research, to quality improvement, to continuing professional development - I think it’s very interesting because you can expand the strength of family medicine to a lot of other roles, not just in education. What I’m seeing here is this great strategy to develop primary care in Ontario and Canada.

What is the future for this partnership?

We still have some great challenges in Brazil. Although we have a system that is based in primary care, we still have a shortage of family doctors and we need to improve the strength of primary care. For this, we need to continue to research and train family doctors for preceptorship.

I think the future includes partnerships in research and collaborating in other frontlines in family medicine by helping to support other countries. And with the new WHO Collaborating Centre on Family Medicine and Primary Care here, Brazil wants to support and share our experience in family medicine and primary healthcare worldwide.

EMERGENCY MEDICINE

50TH FACT:

In 2007, the Division of Emergency Medicine was created for the approximately 150 faculty members working in the area.

Could drones soon be delivering emergency medical devices? Yes, says faculty



When a cardiac arrest happens, the best way to improve a person's chances of survival is the use of an automated external defibrillator (AED). While public access AED's are increasingly common in Ontario and across Canada, the level of access is disproportionate across the country: fewer AED's exist in rural areas, which often means people have no choice but to wait for emergency medical services (EMS) - during which the risk of a poor outcome increases with every second.

Dr. Sheldon Cheskes is performing research to find out if there are faster ways to get defibrillators to patients in need – particularly in these rural communities. An emergency medicine specialist and researcher, Dr. Cheskes has been working with engineers at the University of Toronto to find ways to use drones carrying AED's to augment EMS response.

“We did some mathematical modelling and found that by using drones, we could really cut response time in urban areas by about 6 minutes, and in rural areas by almost 11 minutes by implementing a drone solution in Southern Ontario,” says Dr. Cheskes, an Associate Professor with the Division of Emergency Medicine at the University of Toronto Department of Family and Community Medicine (DFCM) and a scientist at the Li Ka Shing Knowledge Institute at St. Michael's Hospital. “We know that cardiac arrest survival decreases by 10% for every minute of cardiac arrest - theoretically – cutting the response time has the potential to save a large number of lives.”

Although the math showed that using drones is possible in augmenting EMS response, Dr. Cheskes' team had to determine if it could work in real life. Could a defibrillator really be put on a drone and sent to the patient's location faster than EMS response?

To put their math to the test, Dr. Cheskes, who is also the Medical Director for the Regions of Halton and Peel, worked with Drone Delivery Canada, a leader in drone technology

in Canada. They first tested the ability to put an AED on a drone and then sent it to a mock cardiac arrest in a rural area simultaneously with an EMS vehicle starting from the same point.

After the team's first four test flights, they found that the drone with the AED got there quicker than EMS in every case, suggesting that it is not only mathematically possible but feasible to do in real life. While these initial results are positive, Dr. Cheskes and his team will need to continue testing the drones by increasing flight distances and seeing if response times are consistently improved as well as improving the ease by which a bystander may use an AED when delivered by a drone.

Providing people access to AED's is one thing, using it is another. Although improving public access to AEDs is a step in the right direction, public access defibrillators are only being used 3-4 percent of the time when available. Many people are intimidated by the devices and fear making a mistake, says Dr. Cheskes, who aims to tackle this issue next.

“Our next steps will be to make the ability to use the AED as easy as possible. Using an AED is as simple as ever but there's this huge fear of 'I'm going to do something wrong' which - although unfounded – is what many people think,” says Dr. Cheskes. “So we're working on attaching a smartphone to the defibrillator and designing an interface that will guide the user through the process of using it. Once we've perfected that, we will see drones being sent to cardiac arrest or 911 calls simultaneously with EMS vehicles in rural areas that we're working with.”

Right now Dr. Cheskes is working with U of T engineers to create an algorithm that will help them determine which situations require a drone to be deployed simultaneously with an EMS vehicle.



Program gives family doctors skills and confidence to work in rural emergency departments

Emergency departments represent a critical component of the health care system. In rural and remote areas of Ontario, emergency departments are staffed almost exclusively by local family doctors. However, it is becoming increasingly difficult for rural communities to recruit and retain family doctors willing to provide emergency care, as many doctors are reluctant to practice emergency medicine without additional training.

“When a 911 call comes in, the algorithm will say ‘I’ve got an EMS vehicle 4 minutes away, and I’ve got a distance of 8 kilometers: should I send a drone with an EMS vehicle or the EMS vehicle alone?’”, explains Dr. Cheskes. “Because there may be some cases where an EMS vehicle might be close to the site so it wouldn’t make sense to send the drone on that call, but rural areas 20 kilometers away with no EMS vehicle in close proximity would create a drone response.”

Another collaboration Dr. Cheskes is working on is a Community Responder Program. The program trains volunteers equipped with a defibrillator to be sent on a 911 call separately from EMS. If the volunteer is closer, they can arrive and use the defibrillator sooner. The project is currently training 500 people in the Peel Region, starting with those who have had previous CPR training, such as off-duty firefighters, police and lifeguards. The project will equip 125 of them with a defibrillator in areas of Peel region where cardiac arrest rates are the highest. In those areas, the volunteers will have an app that will show the location of the cardiac arrest and will target responders to go to those locations first.

“I think the ability to combine these novel strategies could theoretically make a big difference because we are not just tackling cardiac arrest in public areas but private homes—something that’s never been done in North America - and there’s great interest in doing it,” says Dr. Cheskes. “Almost 85% of cardiac arrests occur in private homes. If we can get to these locations earlier with programs like our drone delivery and community responder programs, we have the potential to save a lot of lives.”

Created in 2011 in collaboration with the University of Toronto Department of Family and Community Medicine and the Ontario Ministry of Health and Long-Term Care, the Supplemental Emergency Medicine Experience (SEME) program provides practical training in emergency medicine for family doctors practicing in smaller and rural communities. The program is the first of its kind in Canada and has provided training for 119 family doctors to date.

“Rural and remote family doctors care for many of the most vulnerable and geographically isolated communities in our country,” says Dr. Sharon Reece, who completed the SEME program in 2017. “SEME provides invaluable training to help us in our challenging practice environments.”

During the twelve-week program, SEME learners complete clinical rotations in emergency medicine, trauma, critical care, and anaesthesia. They participate in weekly education sessions incorporating high-fidelity simulation using computerized mannequins that permit the reproduction of real-life critical scenarios. In the course evaluation, 100 percent of SEME learners agreed that the program improved their emergency medicine knowledge base and clinical skills.

50TH FACT:

In 1970, the PGY3 Emergency Medicine Program opened with two residents and Dr. Cal Gutkin as the Program Director. In 1991, Dr. Eric Letovsky took over from Dr. Gutkin and held the position for 17 years, when Dr. John Foote took over his position.

PALLIATIVE CARE

Dr. Sandy Buchman to lead palliative care at North York General Hospital



In a move that further signifies the strengthening relationship between family medicine and palliative care, faculty member Dr. Sandy Buchman is the new the inaugural Freeman Family Chair in Palliative Care at North York General Hospital (NYGH). As part of this role, he will also be the new Medical Director of the Freeman Centre for the Advancement of Palliative Care at NYGH.

In 2000, the Freeman family established the Freeman Centre for the Advancement of Palliative Care to improve the palliative care experience of patients at North York General Hospital. An unprecedented service at the time, the family was driven to provide compassionate, patient-centred, and community-based service to support palliative care patients and their families in their homes.

Dr. Buchman has had a long career practicing family medicine with a special interest in palliative care. He was involved with the Palliative Education and Care for the Homeless (PEACH) program out of Inner City Health Associates in Toronto and provided home-based palliative and end-of-life care through the Tammy Latner Centre for Palliative Care in Toronto for nearly fifteen years.

Currently, Dr. Buchman is about to become the 2019-2020 President of the Canadian Medical Association. He will begin his five-year term at NYGH in summer 2020, after the completion of his time at the Canadian Medical Association.

“As more people are living with chronic and life-limiting diseases, we know that a palliative approach comforts, a compassionate approach is what people want and what helps them make the right decisions all along,” says Dr. Buchman. “It’s not only about dealing with the physical symptoms but the psychosocial and the spiritual demands they’re suffering. That’s family medicine and it’s why family doctors are so well suited to providing palliative care.”

Many people – including some family doctors – can have misunderstandings about palliative care, says Dr. Buchman, which he hopes to help address in his role.

“I do think the public has a lack of understanding that palliative care is just end of life care - you know the very last days or hours of life. Palliative care is about developing an ongoing conversation with a patient and their family about what’s ahead and how to make the best-informed decisions.”

Dr. Buchman is also a vocal advocate for equity to access in palliative care and wants to explore ways to provide more access to palliative care for vulnerable and marginalized populations at NYGH.

“We have to improve access to the general population, but even more challenging we have to improve the equity to access in palliative care or our vulnerable populations,” says Dr. Buchman. “Journey Home Hospice is an example of how we can address the palliative care issues of our more vulnerable marginalized populations, and I hope that’s the sort of values that I can bring to North York as well.”

Dr. Buchman’s five-year term will begin in summer 2020 after the completion of his term as the President of the CMA.

50TH FACT:

The Division of Palliative Care was established in 2007. Membership was made up of multidisciplinary health professionals. There were 60 DFCM members and 60 associate members.

New Head of Division of Palliative Care aims to build a community



Dr. Kirsten Wentlandt has been named the new W. Gifford-Jones Professor in Pain Control and Palliative Care, and the Head of the Division of Palliative Care at the University of Toronto Department of Family and Community Medicine (DFCM). As the W. Gifford-Jones Professor, she will lead a community of learners, teachers, innovators, researchers, and practitioners to improve the quality of palliative and end-of-life care for patients and their families through education, research, quality improvement, and knowledge translation.

As the new Head, Dr. Wentlandt hopes to continue the excellent work in palliative care that is already being done by DFCM faculty, residents and students and build upon the quality and research endeavours in the department.

“My vision for the Division of Palliative Care is to become a centre of excellence in the field of palliative care,” says Dr. Wentlandt. “By providing compassionate clinical care, demonstrating leadership in teaching health professionals and trainees, conducting collaborative research, and influencing health care delivery, I believe we can become leaders in palliative care at the local, national, and international level.”

Dr. Wentlandt is an Associate Professor at DFCM and a family physician practicing as part of UHN’s palliative care team. She was also recently the Research Lead for the Division of Palliative Care at DFCM and a Regional Palliative Care Lead at the Toronto Central LHIN and Cancer Care Ontario.

Her goals as head of the division are to find ways to connect and encourage collaboration between members of the division, develop structures to better support members and trainees and create more partnerships both within and outside the university.

“I’m very excited to take on this role and hear ideas from both new and longer-term members on how we can move our division forward,” says Dr. Wentlandt. “Fortunately, I’m building on the already exceptional leadership of Dr. Jeff Myers, who was instrumental in developing the palliative care division and whom has helped me immensely during this transition.”

Dr. Wentlandt’s term began on July 1st, 2019.

New podcast teaches lessons on the value of empathy

Empathy plays a crucial role in the patient's experience and lays the foundation for a clinical relationship built on trust and understanding. Of course, patients want their doctors to be knowledgeable when recommending the appropriate treatment for their symptoms, but it is equally important for patients to feel that their doctors are empathetic toward them: that they recognize and understand their concerns, fears, and anxieties about their diagnoses. They want to know that they are more than just their medical history and set of symptoms to their doctors. They want to feel acknowledged and reassured that their doctor will provide them with the best care.

Dr. Giovanna Sirianni is a family physician with a focused practice in palliative care at Sunnybrook Health Sciences Centre. She is also the Enhanced Skills Program Director and the Faculty Development Lead for the Division of Palliative Care at DFCM.

Dr. Dori Seccareccia is a family physician with 15 years of experience practicing and teaching palliative care. She has currently focused her practice on providing support and counselling in the patient and family area in the Odette Cancer Centre.

Dr. Irene Ying is a palliative care consultant at Sunnybrook Health Sciences Centre. She is also an Assistant Professor in the Division of Palliative Care at DFCM and a member of the Joint Centre for Bioethics at the University of Toronto.

University of Toronto Department of Family and Community Medicine (DFCM) faculty members Dr. Giovanna Sirianni, Dr. Dori Seccareccia, and Dr. Irene Ying discuss the importance of practicing empathy in clinical encounters in their new podcast, *About Empathy*. Each episode of the podcast features a powerful story from a guest – either a patient, caregiver or healthcare provider– on their experiences with serious illness, followed by an engaging discussion and reflection on how we could support empathic interactions in the healthcare community.

Briefly describe the podcast and what it's about.

Dr. Giovanna Sirianni: The podcast is called “About Empathy,” and it's focused on patient, caregiver and healthcare providers' experiences with serious illness. The first half of the podcast is an interview with the guest where we take time to talk to them about their story. The second half of the podcast is a debrief between Dori, Irene, and myself, where we talk about what we learned or what we thought was interesting about that individual's story. The podcasts range anywhere from about 20 to 30 minutes in length.

Dr. Dori Seccareccia: I really enjoy when we talk about our thoughts after the interview and try to connect it to a theme and pull out teaching points: we talk about what was memorable to us and what struck us in the interview.

Dr. Sirianni: There are eight episodes, and each episode has a different theme. One is on survivorship and hope, another on gratitude - so in the eight episode arc, you will notice that there are very distinct themes and topics that are covered.

Why did you start the podcast?

Dr. Sirianni: First off, we are colleagues, and we often talk about what podcasts we have been listening to. One day we were chatting and thought “Wouldn’t it be interesting to have a podcast? What would that be like?” Would it be a palliative care podcast because that is the clinical work that we do? Would it be around teaching and education because that is also part of what we do?

It started there, and we started to explore the idea of how we could formalize it. Then we thought about the most interesting aspects of what we do. The stories of the patients and caregivers that we see are the most powerful and meaningful aspect of our work. So we thought it would be really interesting to have their stories drive the podcast.

And then we thought about focusing on learners as the intended audience and how the podcast could benefit them. It took awhile to develop - all of this was iterative.

Dr. Irene Ying: I love podcasts, and I started referring my residents or med students to certain podcasts that focus on medical teaching - so learning about blood transfusions or IV iron, and so on. Along that same line of thinking, I thought patients and caregivers can teach us so much better about their experiences than I ever could. So it made sense to do a podcast where you hear their stories, and I thought that the learners would get so much more from that rather than me just talking about situations I’ve been in with patients.

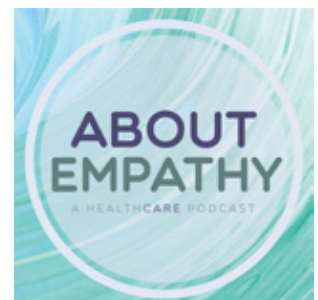
Dr. Seccareccia: I think for us to try to speak to large numbers of learners often is not possible. With a podcast there’s a lot of people you have the opportunity to impact. None of us could give that many lectures to that many people to try and get across all the different things that we were able to touch upon in the eight episodes.

Are there any stories this season that stand out to you guys as particularly powerful?

Dr. Ying: I’m a little biased, because one of the patients is someone I’ve known for a few years who has navigated the challenges of the healthcare system with metastatic cancer really well. It always impresses me how much our patients have to deal with and how they’re able to continually adapt, and how resilient they are. Dori has a patient with lymphoma who we interviewed, and I was very impressed with how she was able to describe how she didn’t want to be treated as if she was a disease: she wanted to be treated as if she was a whole person. I thought she was able to put that very eloquently.

What are your goals for this podcast?

Dr. Sirianni: I think there are a few different goals. Because the intended audience is healthcare learners, part of the objective is to help providers recognize the importance of a patient’s story. Sometimes, a clinical encounter can be very much focused on what is the presenting symptom, or what is the reason they are there today. We wanted to help expand thinking around the patient encounter to include a patient’s story, to help foster compassion and empathy in those interactions. To me, that’s a big part of it. I think that is the primary goal. There are other goals, including modelling the language, questions and strategies that can help foster compassion, empathy and dignity in a clinical encounter. I think that falls under the larger objective. We have been pleased that many faculty members have also been listening to the podcast and given us very positive feedback about how it has impacted them.



PHYSICIAN ASSISTANT

“Our program continues to be in competitive demand; this year we exceeded our target of 450 applicants, with a final total of 465 applicants to our program this year,” says Dr. Nickell. “It is our intent, over the next few years, to continue to grow our applicant pool, via diverse and inclusive recruitment activities tailored to our inner city, northern, rural and indigenous communities. With a class size of 30 positions, demand for PA’s is beginning to outweigh supply – we look forward to creating the opportunity to expand our enrollment in the coming years.”

50TH FACT:

In 2010, the Bachelor of Science Physician Assistant was offered under the direction of Dr. Maureen Gottesman and Elizabeth Whitmell, in partnership with the Northern Ontario School of Medicine and the Michener Institute for Applied Health Sciences.

The Physician Assistant Program: The next ten years

It has been an exciting year for the Physician Assistant (PA) Program, beginning with the appointment of Dr. Leslie Nickell as the new Medical Director of the BPsPA program in September 2018, succeeding the founding medical director, Dr. Maureen Gottesman.

Dr. Nickell is an Associate Professor at DFCM and has been a faculty member since 1993. She was a full-time family physician at Sunnybrook Health Sciences Centre for over 20 years before joining Bridgepoint Hospital in 2013. She has served in many medical education roles throughout her career, most recently as the Associate Dean, Health Professions Student Affairs, at the Faculty of Medicine, University of Toronto.

In her new role, Dr. Nickell’s priorities include continuing to support the excellent education delivered to students, as well as undertaking scholarship activities to further identify and validate the benefits of the program and the profession, with the ultimate aim to strengthen the role of the physician assistant within the Canadian healthcare system, both provincially and nationally. She believes we can learn from studying our own experiences to date and those of Canadian and global colleagues.

“Physician assistants can contribute to the health care system in many ways. Although we are in a fledgling stage in Canada, we know they are well-established in other countries,” says Dr. Nickell. “Physician assistants bring a unique role to the interprofessional team, and contribute to the quality and access of patient care and the quality of work-life for physicians. By building on and creating new partnerships, seeking new opportunities for physician assistant training and career advancement and working closely with all of our stakeholder groups we will enhance our program, our student experience, and the future of the profession.”

Over the past year, Dr. Nickell and her team have strengthened and revised many of the courses, partnered with new clinical sites and introduced a new role: PA Scholarship and Academic Lead, held by Sharona Kanofsky. This position will be a strong contributor to the existing education leadership team, including Program Director, Dr. Peter Tzakas and a new Academic Coordinator, Dr. Sharon Naymark.

Over the next few years, the program will be developing scholarship related to both the program and the PA profession and provide leadership to the PA community at large.

DONORS

New gift invests in data-driven family medicine “living laboratory” at U of T

Family medicine is often known for developing patient-doctor relationships and personal care, but as Toronto becomes a hub for deep learning and artificial intelligence, the University of Toronto’s Department of Family and Community Medicine is at the forefront of harnessing data to improve the quality of care and patient outcomes.

By compiling and integrating vital primary care data for over 550,000 patients, and making the de-identified information available to researchers, the University of Toronto Practice-Based Research Network (UTOPIAN) is among the largest projects of its kind in the world.

A recent gift of \$100,000 to the department, made anonymously by a patient’s family, will enhance the power of this data to improve health outcomes across Ontario.

“This new funding will help strengthen vital database infrastructure and support development of rigorous methods to analyze electronic medical record data,” says Professor Karen Tu, who serves as Associate Director of the UTOPIAN Data Safe Haven.

“We’ll be exploring artificial intelligence in analyzing data and we will lay the groundwork for research initiatives in mental health and obesity, among other areas,” she says.

The donor decided to invest in family medicine research after Dr. Tu, who is also a family physician at the University Health Network’s Toronto Western Hospital, helped his family navigate the health care system after his wife developed multiple serious conditions. Eventually, she ensured his wife could receive medical care in her own home.

“She was our point-person for our care,” he says. “She visited our home numerous times so my wife didn’t have to go to the hospital.” Sadly, his wife passed away recently, compelling him to make this gift in gratitude for the care she has received.

As family physicians serve as the first point of contact for patients — and the central hub in coordinating care — they do this with limited research data to draw on. Physicians and researchers at U of T are determined to change this.

“Our practices are our living laboratories,” says Professor Michelle Greiver, director of UTOPIAN and Gordon F. Cheesbrough Research Chair in Family and Community Medicine at North York General Hospital. “In collaboration with patients, colleagues in clinical practice and researchers, UTOPIAN supports practice-based research that has an impact for patients in Ontario and beyond.”

By capturing the complex decisions primary care physicians make every day — as well as tracking patient outcomes — the network is uniquely positioned to answer key medical questions, make the system easier to navigate for patients and caregivers, and ultimately improve care.

“We are so grateful for this gift,” says Dr. Tu. “It will expand our possibilities within this critically important and growing area of family medicine research.”

First recipient awarded

Dr. Reg L. Perkin Undergraduate Award

At the 2019 University of Toronto MD Program Graduation Ceremony, Dr. Laura Cummings became the first recipient of the Dr. Reg L. Perkin Undergraduate Award, a new award created by University of Toronto Department of Family and Community Medicine (DFCM) in celebration of the Department's 50th Anniversary. This award is named in honour of Dr. Reginald L. Perkin, the first Chair of DFCM when it was founded in 1969, and is presented to an undergraduate student enrolled in their final year of the MD Program at the University of Toronto and who has demonstrated excellence in and intent to specialize in family medicine.



We spoke with Dr. Cummings about her interest in family medicine, what the award means to her, and what her next steps are.

What did winning the award mean to you?

It meant a lot to me. It was such an honour and privilege to stand there with Dr. Perkin, who I had known about for many years, and to hear about all the wonderful things that he's done. Dr. Perkin is someone who has really laid out the foundation of family medicine, and to be recognized as somebody who hopefully tried to contribute to the future of this discipline was so meaningful – especially with all my friends, family, and mentors present.

Did you always know you wanted to do family medicine?

I actually was not sure. When I first went into medical school, I really wanted to keep an open mind. I soon realized how much family medicine aligned with what I believe great medicine was and with what I was interested in. I found that in every rotation that I did, I always loved bits and pieces of everything and it felt like family medicine put together the whole picture.

What I love about family medicine is that you get to see something new every day. I found that when I was on internal medicine, I missed seeing young children, and then when I was on pediatrics, I missed the aspect of caring for people towards the end of their life or in older adulthood. One of the things I really liked about family medicine was that you get to know people as people and not just as diseases or pathologies to be fixed. The focus is on working with the patient and having a therapeutic relationship with them over time, which I thought was wonderful.

What are your next steps?

One of the things that drew me so much to family practice is how expansive and broad it is. I think in some ways it is a little bit of a blessing and a curse: I have a lot of trouble deciding where I'd like to be, but there are a lot of options. I think that no matter where I am, I'm really excited to be involved in teaching/mentorship and helping train future physicians, residents, and medical students just as I was taught throughout my medical school years at U of T and will be taught throughout residency as well.

I want to give my utmost thanks and gratefulness to Dr. Perkin and everyone who was a part of this award. I'm extremely grateful to everyone who was involved throughout my years at U of T and also to those who came before me and laid the foundation for all of us in family practice.

LIST OF DONORS

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DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE PROGRAM AWARDS

RESEARCH

Department of Family and Community Medicine Research Award for Mentorship

Dr. Rick Glazier | St. Michael's Hospital

First Place Publication

Dr. Jeff Kwong | Toronto Western Hospital

Kwong JC, Schwartz KL, Campitelli MA, Chung H, Crowcroft NS, Karnauchow T, Katz K, Ko DT, McGeer AJ, McNally D, Richardson DC, Rosella LC, Simor A, Smieja M, Zahariadis G, Gubbay JB. Acute myocardial infarction after laboratory-confirmed influenza infection. *NEJM*. 2018 Jan 25; 378(4):345-353.

Second Place Publication

Dr. Tara Kiran | St. Michael's Hospital

Kiran T, Moineddin R, Kopp A, Frymire E, Glazier R. Association between Emergency Department Use and Enrollment in a Medical Home Providing After-Hours Care. *Annals of Family Medicine*. 2018 September/October; 16(5): 419-427.

Third Place Publication

Dr. Aisha Lofters | St. Michael's Hospital

Lofters AK, Mark A, Taljaard M, Green M, Glazier RH, Dahrouge S. Cancer screening inequities in a time of primary care reform: A population-based longitudinal study in Ontario, Canada. *BMC Fam Pract*. 2018; 19: 147.

QUALITY IMPROVEMENT

Department of Family and Community Medicine Award of Excellence in Quality Improvement

Dr. Dominick Shelton | Women's College Hospital

Faculty & Staff Impact Award

Data Standardization Committee:

Ms. Dianne Adair | North York General Hospital
Ms. Suja Arackal | North York General Hospital
Dr. Dahlia Balaban | North York General Hospital
Dr. Harvey Blankenstein | North York General Hospital
Ms. Megan Butt | North York General Hospital
Ms. Briar DeFinney | North York General Hospital
Dr. Michelle Greiver | North York General Hospital
Ms. Rita Ha | North York General Hospital
Dr. David Kaplan | North York General Hospital
Dr. Doug Kavanagh | North York General Hospital
Dr. Katie Ker | North York General Hospital
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Ms. Jessica Pearlstein | North York General Hospital
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Mr. Rustam Rafikov | North York General Hospital
Ms. Kelsee Stephenson | North York General Hospital
Dr. Eric Stutz | North York General Hospital
Ms. Christine Truong | North York General Hospital
Dr. Kimberly Wintemute | North York General Hospital

Faculty & Staff Impact Award

Adacel Immunization in Pregnancy

Team:

Dr. Stephanie Duquette | Royal Victoria Regional Health Centre
Dr. Michelle van Walraven | Royal Victoria
Regional Health Centre
Dr. Joshua Yuen | Royal Victoria Regional Health Centre

Faculty & Staff Impact Award

Choosing Wisely: Sedative-Hypnotic Deprescribing and Cognitive Behavioural Therapy for Insomnia Practices at Health for All Family Health Team, Markham Family Medicine Teaching Unit, Markham Stouffville Hospital

Team:

Ms. Stefanie Belli | Markham Stouffville Hospital
Dr. Karuna Gupta | Markham Stouffville Hospital
Ms. Zhanying Shi | Markham Stouffville Hospital
Dr. Lindsay Wong | Markham Stouffville Hospital

Faculty & Staff Impact Award

An Interprofessional Team Approach to Improving Health Inequities by Addressing Poverty at the Sunnybrook Academic Family Health Team

Team:

Dr. Lisa Del Giudice | Sunnybrook Health Sciences Centre
Ms. Andrea Goncz | Sunnybrook Health Sciences Centre
Dr. Walter Leahy | Sunnybrook Health Sciences Centre
Ms. Karin Pereira | Sunnybrook Health Sciences Centre
Ms. Corrie Procak | Sunnybrook Health Sciences Centre
Ms. Chandra Ram | Sunnybrook Health Sciences Centre

Faculty & Staff Impact Award

High Risk Opioid Deprescribing

Team:

Ms. Samantha Davie | St. Michael's Hospital
Dr. Norm Dewhurst | St. Michael's Hospital
Dr. Jonathan Hunchuck | St. Michael's Hospital
Dr. Tara Kiran | St. Michael's Hospital
Dr. Margarita Lam-Antoniades | St. Michael's Hospital
Ms. Trish Tili | St. Michael's Hospital

PGY1 Impact Award

Reducing No Shows to the Addictions Shared Care Clinic

Team:

Dr. Matthieu Hubert | St. Joseph's Health Centre
Dr. Naushin Walji | St. Joseph's Health Centre
Ms. Simone Best | St. Joseph's Health Centre
Ms. Tammy Heise | St. Joseph's Health Centre
Ms. Vera Neto | St. Joseph's Health Centre
Dr. Eric Solway | St. Joseph's Health Centre

PGY1 Impact Award

Increasing lung cancer screening using low-dose chest-CT: A QI Initiative

Team:

Dr. Neil D'Souza | Scarborough Health Network
Dr. Rahim Haji | Scarborough Health Network

PGY1 Impact Award

Improving Hepatitis C Screening Based on Age Cohort at the TWH Family Health Team

Led by Dr. Rebecca Shalansky, Dr. Sophie Bourgeois, Dr. Ruphen Shaw & Dr. Maelynn Burrige

Team:

Dr. Sophie Bourgeois | Toronto Western Hospital
Dr. Maelynn Burrige | Toronto Western Hospital
Ms. Inthuja Kanagasabapathy | Toronto Western Hospital
Dr. Jeff Kwong | Toronto Western Hospital
Ms. Sandra Palmer | Toronto Western Hospital
Dr. Rebecca Shalansky | Toronto Western Hospital
Dr. Ruphen Shaw | Toronto Western Hospital

PGY1 Impact Award

Smoking cessation initiative at the Royal Victoria Regional Health Centre Family Medicine Teaching Unit

Team:

Dr. Anastasiya Nelyubina | Royal Victoria Regional Health Centre
Dr. Cameron Spence | Royal Victoria Regional Health Centre

PGY1 Impact Award

Optimizing Appropriate Provider Referrals to Mental Health Services at Women's College Hospital Family Practice

Led by Dr. Debi Banerjee, Dr. Mary Choi & Dr. Rajini Retnasothie

Team:

Dr. Debi Banerjee | Women's College Hospital
Ms. Karen Burrell | Women's College Hospital
Dr. Mary Choi | Women's College Hospital
Ms. Holly Finn | Women's College Hospital
Dr. Susie Kim | Women's College Hospital
Dr. Claire Murphy | Women's College Hospital
Dr. Sivarajini Retnasothie | Women's College Hospital
Ms. Chantal Simms | Women's College Hospital

PGY1 Impact Award

Smoking Cessation Counselling During Post-Discharge Visits

Led by Dr. Franky Fanfan Liu, Dr. Cassy Shitong Wang, Dr. Rajesh Girdhari

Team:

Dr. Cassy Shitong Wang | St. Michael's Hospital
Dr. Franky Fanfan Liu | St. Michael's Hospital
Dr. Rajesh Girdhari | St. Michael's Hospital
Dr. Jonathan Hunchuck | St. Michael's Hospital
Mr. Gabriel Lee | St. Michael's Hospital
Ms. Amy McDougall | St. Michael's Hospital

PGY1 Impact Award

Time for the talk: Optimizing Hepatitis C treatment discussion rates in HIV-Hepatitis C co-infected patients

Led by Dr. Genevieve Rochon-Terry

Team:

Dr. Tony Antoniou | St. Michael's Hospital
Mr. Daniel Bois | St. Michael's Hospital
Dr. Marybeth DeRocher | St. Michael's Hospital
Dr. Genevieve Rochon-Terry | St. Michael's Hospital
Dr. Ann Stewart | St. Michael's Hospital

PGY1 Impact Award

Medication Reconciliation in Patients with Congestive Heart Failure at Markham Family Medicine Teaching Unit

Led by Dr. Jessamyn Little

Team:

Dr. Karuna Gupta | Markham Stouffville Hospital
Dr. Jessamyn Little | Markham Stouffville Hospital
Ms. Zhanying Shi | Markham Stouffville Hospital
Dr. Lindsay Wong | Markham Stouffville Hospital

PGY1 Impact Award

Enhancing routine monitoring of patients on direct oral anticoagulants (DOAC) through flowsheet use

Led by Dr. Thomas Ringer, Dr. Sarah Gage & Dr. Brian Chang

Team:

Dr. Brian Chang | Sinai Health System - Mount Sinai
Dr. Sarah Gage | Sinai Health System - Mount Sinai
Dr. Thomas Ringer | Sinai Health System - Mount Sinai
Ms. Suzanne Singh | Sinai Health System - Mount Sinai
Dr. David Tannenbaum | Sinai Health System - Mount Sinai

PGY1 Impact Award

Preventing Long-Term Use of PPIs in the Family Clinic

Team:

Dr. Tiffany Ng | North York General Hospital
Dr. Jessica Sennet | North York General Hospital
Dr. Talia Sudai | North York General Hospital

PGY2 Impact Award

Spreading the Ottawa Model for Morbidity and Mortality Rounds (OM3) and promoting a QI approach to the analysis of adverse events

Dr. Alexandra Stoianov | Michael Garron Hospital

PGY2 Impact Award

Ductal Carcinoma In-Situ (DCIS) Patient Repatriation
Project: From Consultants To Primary Care Providers

Team:

Dr. Samantha Avadiev | North York General Hospital
Dr. Kira Bensimon | North York General Hospital

PGY2 Impact Award

Improving Vaccination Rates Against Shingles at
the Sunnybrook Academic Family Health Team
(SAFHT) South Team in patients age 65-70

Team:

Dr. Sharanya Rajendra | Sunnybrook Health Sciences Centre
Dr. Jing Yu | Sunnybrook Health Sciences Centre

UNDERGRADUATE**Excellence in Advocacy**

Dr. Carol Kitai | Women's College Hospital
Dr. Judith Thompson | St. Joseph's Health Centre

Excellence in Mentorship

Dr. Jane Chow | Women's College Hospital
Dr. Kathleen Doukas | St. Michael's Hospital
Dr. Nadine Laraya | St. Joseph's Health Centre
Dr. Scott Nguyen | Trillium Health Partners
- Credit Valley Hospital

MD Program Teaching Award for Excellence

Dr. Sabrina Akhtar | Toronto Western Hospital
Dr. Nadia Alam | Trillium Health Partners
- Credit Valley Hospital
Dr. Ruby Alvi | Trillium Health Partners - Mississauga Hospital
Dr. Pradeepan Arulchelvam | Scarborough Health Network
Dr. Laurence Biro | Trillium Health Partners
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- Mississauga Hospital
Dr. Elaine Cheng | Sinai Health System - Mount Sinai
Dr. Robert Cho | Trillium Health Partners
- Credit Valley Hospital
Dr. Anthony Chow
Dr. Jane Chow | Sinai Health System - Mount Sinai
Dr. Karen Chu | Office-Based Physician
Dr. Patrick Chu | North York General Hospital
Dr. Robert Ciccarella | Michael Garron Hospital
Dr. Paula Cleiman | Toronto General Hospital
Dr. Brent Crawford
Dr. Karen Cronin | Sinai Health System - Mount Sinai
Dr. Susan Deering | Sunnybrook Health Sciences Centre
Dr. Jonathan Ding | North York General Hospital
Dr. Paul Ellis | Toronto General Hospital
Dr. Majella Emmanuel | Toronto General Hospital
Dr. David Esho | Toronto Western Hospital
Dr. Amy Forbes | Trillium Health Partners
- Mississauga Hospital
Dr. Amy Freedman | St. Michael's Hospital
Dr. Steven Friedman | Toronto Western Hospital
Dr. Graham Gaylord
Mrs. Andrea Gonz | Sunnybrook Health Sciences Centre
Dr. Julia Hamilton | Michael Garron Hospital
Dr. Laura Hans | St. Michael's Hospital
Dr. Lindsay Herzog
Dr. Walter Himmel | North York General Hospital
Dr. Jeanne Huo | Markham Stouffville Hospital
Dr. Difat Jakubovicz | St. Joseph's Health Centre
Dr. Teela Johnson | Sinai Health System - Mount Sinai

Dr. Anu Joneja | Trillium Health Partners - Credit Valley Hospital
 Dr. Michael Kates | Trillium Health Partners - Mississauga Hospital
 Dr. Kimberley Kent | Trillium Health Partners - Credit Valley Hospital
 Dr. Erin Kraftcheck | St. Joseph's Health Centre
 Dr. Michelle Kraus | Trillium Health Partners - Credit Valley Hospital
 Dr. Shawn Lacombe | Sinai Health System - Mount Sinai
 Dr. Pamela Lenkov | Women's College Hospital
 Dr. Renata Leong | St. Michael's Hospital
 Dr. Desmond Leung | North York General Hospital
 Dr. Fok-Han Leung | St. Michael's Hospital
 Dr. Jo Jo Leung | Toronto General Hospital
 Dr. Caesar Lim | Sinai Health System - Bridgepoint
 Dr. Erick Ling | Toronto Rehabilitation Institute
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 Dr. Evelyn Rubin | Women's College Hospital
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 Dr. Amit Shah | North York General Hospital
 Dr. Roya Shaji
 Dr. David Shergold | Sunnybrook Health Sciences Centre
 Dr. Robert Simard
 Dr. Giovanna Sirianni | Sunnybrook Health Sciences Centre
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 Dr. Andrew Sparrow | Toronto Western Hospital
 Dr. Tanya Stone | Sinai Health System - Bridgepoint
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 Dr. Susan Thouin | Michael Garron Hospital
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 Dr. Diana Toubassi | Toronto Western Hospital
 Dr. Phillipe Toupin | Sunnybrook Health Sciences Centre
 Dr. Peter Tzakas | Michael Garron Hospital
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 Dr. Jeff Weissberger | Markham Stouffville Hospital
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 Dr. Anne Wideman | Sunnybrook Health Sciences Centre
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 Dr. Yashi Yathindra | North York General Hospital
 Dr. Ashley Zaretsky | North York General Hospital

Role Modelling Clinical Excellence

Dr. Debra Small | North York General Hospital
 Dr. Jennifer McCabe | St. Michael's Hospital
 Dr. Kimberley Kent | Trillium Health Partners - Credit Valley Hospital
 Dr. Michael Kates | Trillium Health Partners - Mississauga Hospital

Teaching Excellence

Dr. Casey Corkum | Trillium Health Partners - Mississauga Hospital
 Dr. Dana Newman | St. Joseph's Health Centre
 Dr. Evelyn Rubin | Women's College Hospital
 Dr. Gerald Rockman | St. Michael's Hospital
 Dr. Karen Swirsky | St. Michael's Hospital
 Dr. Kimberley McIntosh
 Dr. Noor Ramji | St. Michael's Hospital

Teaching Excellence – New Teacher

Dr. Amy Forbes | Trillium Health Partners – Mississauga Hospital
 Dr. Melanie Beswick
 Dr. Nasreen Ramji | St. Michael's Hospital
 Dr. Naveed Syed | Trillium Health Partners - Mississauga Hospital
 Dr. Robert Cho | Trillium Health Partners

Teaching Excellence and Role Modelling in Clinical Excellence

Dr. David Sedran
 Dr. James Crummey
 Dr. Mary Romaniuk
 Dr. Ruby Alvi | Trillium Health Partners - Mississauga Hospital
 Dr. Shaul Tarek | North York General Hospital

POSTGRADUATE

Advocacy for Patients

Dr. Katy Harrington | Michael Garron Hospital

Clinical Excellence

Dr. Aanika Gupta | Southlake Regional Health Centre
 Dr. Ailin Li | Markham Stouffville Hospital
 Dr. Alessandro Francella | Enhanced Skills Program
 Dr. Aseel Masaad A Alassimi | Women's College Hospital
 Dr. Bahar Khojasteh | Sunnybrook Health Sciences Centre
 Dr. Cameron Edward Spence | Royal
 Victoria Regional Health Centre
 Dr. Carly Schenker | Toronto Western Hospital
 Dr. Christopher Haddad | Trillium Health
 Partners - Credit Valley Hospital
 Dr. Jeffrey Chun Sing Ho | Scarborough Health Network
 Dr. Naushin Walji | St. Joseph's Health Centre

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

Dr. Melissa Maria Ng | Markham Stouffville Hospital

Excellence in Teaching

Dr. Benjamin Kaasa | Toronto Western Hospital
 Dr. Elaine Cheng | Sinai Health System - Mount Sinai
 Dr. Karim Vellani | St. Michael's Hospital
 Dr. Maya Rose Maliakkal | Markham Stouffville Hospital
 Dr. Neil Dilworth | Enhanced Skills Program
 Dr. Rahul Jain | Sunnybrook Health Sciences Centre

Family Medicine Resident Leadership Award

Dr. Inna Genkin | Enhanced Skills Program - Women's Health

Hollister King Preceptor Award

Dr. Alison Appelton | Lion's Head/Tobermory
 Dr. Harvey Windfield | Flesherton/Markdale

Hollister King Resident Award

Dr. Matthieu Hubert | St. Joseph's Health Centre

Innovation in Education

Dr. Nina Yashpal | Trillium Health
 Partners - Credit Valley Hospital
 Dr. Paul Kobic | Enhanced Skills Program

Leadership

Dr. Ammar Saleh Bookwala | Trillium Health
 Partners - Mississauga Hospital
 Dr. Gaibrie Stephen | St. Michael's Hospital
 Dr. Geneviève Rochon-Terry | St. Michael's Hospital
 Dr. Jessica Sara Sennet | North York General Hospital

New Teacher

Dr. Michelle van Walraven | Royal Victoria
 Regional Health Centre
 Dr. Vanessa Redditt | Women's College Hospital

Program Leadership

Dr. Jeff Golisky | Rural Residency Program
 Dr. Navika Limaye | St. Joseph's Health Centre

Resident Advocacy

Mr. Edwin Ang | St. Michael's Hospital
 Ms. Joanne Mount | Michael Garron Hospital

Role Modeling Clinical Excellence

Dr. Casey Corkum | Trillium Health
 Partners - Mississauga Hospital
 Dr. Heather Zimcik | Scarborough Health Network
 Dr. Robert M. Doherty | Southlake Regional Health Centre
 Dr. Sharon Levy | North York General Hospital

Teaching Excellence

Dr. Hailey McInnis | Sinai Health System - Mount Sinai
 Dr. Kate Susanne Reilly | Enhanced Skills Program
 Dr. Michael Diamant Rozenbojm | Rural Residency Program

FACULTY DEVELOPMENT

Excellence in Continuing Education

Dr. Rahul Jain | Sunnybrook Health Sciences Centre

Excellence in Faculty Development

HIV Primary Care Group.

Team:

Dr. Gordon Arbess, Dr. Charlie Guiang, Dr. James Owen,
Dr. Andrew Pinto, Ms. Sue Hranilovic, Dr. Tony Antoniou and
Mr. Daniel Bois | St. Michael's Hospital

Excellence in Scholarship in Faculty Development

Dr. Leah Steinberg | Sinai Health System - Mount Sinai

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

Dr. Monica Branigan | Sinai Health System - Bridgepoint

Learner: Contributor to Faculty Development

Ms. Vanessa Sheng | Trillium Health
Partners - Mississauga Hospital

Mentorship

Dr. Amy Freedman | St. Michael's Hospital

ACADEMIC FELLOWSHIP & GRADUATE STUDIES

Continuing Education and Graduate Studies Instructor Award

Dr. Julia Alleyne | Toronto Rehabilitation Institute

Continuing Education Student Award for Overall Excellence

Dr. Hathaitip Tumviriyakul

Program completion (International)

Academic Fellowship:

Dr. Hathaitip Tumviriyakul

Clinical Teacher Certificate:

Dr. Hani Ahmed Ibraheem Abozaid

GLOBAL HEALTH & SOCIAL ACCOUNTABILITY

Faculty Award for Excellence in Global Health & Social Accountability

Dr. Melanie Henry | Markham Stouffville Hospital

EMERGENCY MEDICINE

Excellence in Emergency Medicine

Dr. Walter Himmel | North York General Hospital

Excellence in Research/Quality Improvement in Emergency Medicine

Dr. Sheldon Cheskes | Sunnybrook Centre
for Prehospital Medicine

Excellence in Teaching in Emergency Medicine

Dr. Carly Ng | UHN – Toronto General Hospital

Excellence in Teaching & Education in Emergency Medicine

Dr. Cheryl Hunchak | Sinai Health
Systems – Mount Sinai Hospital

DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE AWARDS OF EXCELLENCE

Academic Family Physician of the Year

Dr. Joshua Tepper | St. Michael's Hospital

Excellence in Creative Professional Activity

Dr. Deborah Kopansky-Giles | St. Michael's Hospital – HPE Fully Affiliated Site
 St. Michael's Academic Family Health Team
 Social Determinants of Health Committee |
 St. Michael's Hospital – Fully Affiliated Site
 Dr. Paramjeet (Parm) Singh | Markham Stouffville Hospital – Community Affiliated Site

Excellence in Teaching (Early Career)

Dr. Eva Knifed | North York General Hospital – Community Affiliated Site
 Dr. Tara Somerville | Port Elgin Family Health Network – Community Site
 Dr. Vanessa Rambihar | Women's College Hospital – Fully Affiliated Site

Sustained Excellence in Teaching

Dr. Ken Uffen | Grey Bruce Health Services – Community Site
 Dr. Peter Tzakas | Michael Garron Hospital – Community Affiliated Site
 Dr. Vanna Schiralli | St. Michael's Hospital – Fully Affiliated Site

Excellence in Faculty Development

Dr. Barbara Stubbs | Toronto Western Hospital – Fully Affiliated Site
 Dr. Michelle Homer | Markham Stouffville Hospital – Community Affiliated Site

Excellence in Course/Program Development

Dr. Heather Sampson and the John Bradley Clinical Research Program (JBCRP) | The course team are DFCM faculty from a variety of 'homes' – including UHN, WCH, MGH, MAM, plus two international colleagues from the Royal College of Surgeons in Ireland.

Dr. Joan Cheng | Markham Stouffville Hospital

Excellence in Development and Use of Innovative Instructional Methods

Dr. Laurence Biro, Dr. David Wong, Dr. Joyce Nyhof-Young, Kaiwen Song (2T0), Herman Tang (1T8), Groonie Tang (1T8), Alex Coutin (1T9), Navneet Natt (1T9), Muskaan Gurnani (1T9), Brian Kim (1T7), Michael Dzingala (1T9), Alon Coret (1T9), and Vincent Valdre | Trillium Health Partners - Mississauga Hospital – Community Affiliated Site

Dr. Vsevolod (Sev) Perelman | Sinai Health System - Mount Sinai – Fully Affiliated Site

Excellence in New Leadership

Dr. Giulia Perri | Baycrest Health Sciences Centre – Community Affiliated Site
 Dr. Tara Kiran | St. Michael's Hospital – Fully Affiliated Site

Excellence in Leadership

Dr. Marcus Law | Toronto East General Hospital – Community Affiliated Site
 Dr. Megan Landes | Toronto General Hospital – Fully Affiliated Site

Excellence in Social Responsibility

Dr. Hasan Sheikh | Toronto General Hospital – Fully Affiliated Site
 Ms. Kate Lawton | St. Joseph's Health Centre – HPE Community Affiliated Site
 Dr. Naheed Dosani | Brampton Civic Hospital – Community Affiliated Site

Outstanding Contribution to Family Medicine Research

Dr. Mary Tierney | Sunnybrook Health Sciences Centre

Research Excellence – New Investigator

Dr. Andrew Pinto | St. Michael's Hospital

Research Excellence – Senior Investigator

Dr. Aisha Lofters | St. Michael's Hospital

Education Scholarship Excellence Awards**– New Clinician Educator Scholar**

Dr. Kimberley Lazare | North York General Hospital

Education Scholarship Excellence Awards**– Senior Education Scientist Scholar**

Dr. Joyce Nyhof-Young | Toronto General Hospital

Education Scholarship Excellence Awards**– Senior Clinician Educator Scholar**

Dr. Risa Bordman | North York General Hospital

The Louise Nasmith Award

Dr. Suzanne Shoush | St. Michael's Hospital

Quality Improvement Award of Excellence

Dr. Dominick Shelton | Sunnybrook Health Sciences Centre – Fully Affiliated Site

EXTERNAL AWARDS

Two-part QI Project for Improving access to mental health.

Team: Karen Burrell, Chantal Simms, Holly Finn, Bibi Khan, Nicole Bourgeois, Sherry Teeter, Dr. Debi Banerjee, Dr. Mary Choi, Dr. Rajini Retnasothie, Dr. Claire Murphy and Dr. Susie Kim. | Women's College Hospital – HPE Fully Affiliated Site

Dr. John Maxted | Markham Stouffville Hospital – Community Affiliated Site

Staff Excellence

Mrs. Duska Vjestica | Trillium Health Partners - Credit Valley Hospital – Community Affiliated Site

Ms. Nancy Medeiros | Undergraduate Emergency Medicine (EM) program, University of Toronto; Supplemental Emergency Medicine Experience (SEME) Program, Department of Family and Community Medicine – Fully Affiliated Site

2019 Ted Freedman Award for Innovation in Education – Longwoods Publishing & Canadian Association for Health Services and Policy Research
Dr. Arun Radhakrishnan | Women's College Hospital

2019 W. T. Aikins Award in the Excellence Course – Program Development Category
Dr. Marcus Law | Michael Garron Hospital

2019 W. T. Aikins Award in the Excellence in Teaching Performance – Foundations Category
Dr. Joyce Nyhof-Young | Women's College Hospital

Achieving Excellence Award: Integration Award for SCOPE
Dr. Pauline Pariser | Women's College Hospital

Associated Medical Services (AMS) Phoenix Fellowship
Dr. Gary Bloch | St. Michael's Hospital

Association of Faculties of Medicine of Canada Young Educators Award
Dr. Kulamakan (Mahan) Kulasegaram | Toronto Western Hospital

Canadian Association for HIV Research: 2018 Excellence in Epidemiology – Public Health Research Award
Dr. Ann Burchell | St. Michael's Hospital

Canadian Medical Association Award for Young Leaders (Early Career)
Dr. William Cherniak | Markham-Stouffville Hospital

Canadian Medical Association Award for Young Leaders (Resident)
Dr. Ali Damji | Trillium Health Partners - Credit Valley Hospital
Canadian Medical Association F.N.G. Starr Award
Dr. Danielle Martin | Women's College Hospital

Canadian Society of Hospital Pharmacists Ontario Branch 2018 Awards Program: Pharmacy Practice Residency award
Dr. Tiana Tilli | St. Michael's Hospital

Canadian Society of Palliative Care Physicians Humanitarian Award

Dr. Naheed Dosani | William Osler Health System – Brampton Civic Hospital

Cardiac Arrhythmia Network of Canada Commercialization Grant

Dr. Sheldon Cheskes | Sunnybrook Health Sciences Centre

College of Family Physicians of Canada Award of Excellence

Dr. James Pencharz | Trillium Health Partners - Credit Valley Hospital
Dr. Karen Tu | Toronto Western Hospital

College of Family Physicians of Canada Bruce Halliday Award for Care of the Disabled

Dr. Laurie Green | St. Michael's Hospital

College of Family Physicians of Canada Distinguished Paper Award

Dr. Sakina Walji | Sinai Health System – Mount Sinai
Dr. June Carroll | Sinai Health System – Mount Sinai
Dr. Cleo Haber | Sinai Health System – Mount Sinai

College of Family Physicians of Canada Family Medicine Resident Award for the Study of Communities Impacted by Health Disparities

Dr. Tina Hu | St. Michael's Hospital

College of Family Physicians of Canada Lifetime Achievement Award in Family Medicine Research

Dr. Eva Grunfeld | DFCM Vice-Chair, Research
Dr. Reg Perkin | Former DFCM Chair

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

Dr. Warren McIsaac | Sinai Health System – Mount Sinai

Complete Physician Award

Dr. Cristina Pop | St. Michael's Hospital

Complete Physician Award – St. Michael's Hospital

Dr. Gordon Arbess | St. Michael's Hospital

Dean's Distinguished Lecture and Award from the Schulich School of Medicine & Dentistry Alumni of Distinction Awards

Dr. Danyaal Raza | St. Michael's Hospital

Dr. Geordie Fallis Award for Advocacy and Mentorship in Medical Education

Dr. Thuy-Nga (Tia) Pham | Michael Garron Hospital

Dr. Val Rachlis Award for Leadership and Innovation

Dr. Val Rachlis | North York General Hospital

Dr. William Marsden Award in Medical Ethics and Professionalism

Dr. Ritika Goel | St. Michael's Hospital

Ella Ferris Culture of Leading Award

Linda Jackson | St. Michael's Hospital

Friends of the Academy Award

Dr. William Watson | St. Michael's Hospital

Health in the Community Teacher Award

Dr. Fok-Han Leung | St. Michael's Hospital
Dr. Holly Knowles | St. Michael's Hospital

Honorary Life Membership of Health Informatics Society of Australia

Dr. Michael Kidd | DFCM Chair

Heart and Stroke Foundation of Canada 2019-20 Grant-in-Aid Award

Dr. Sheldon Cheskes | Sunnybrook Health Sciences Centre

International Association of Medical Science Educators Distinguished Career Award for Excellence in Teaching and Educational Scholarship

Dr. Nicole N. Woods | Toronto General Hospital

Knight of Justice in the Most Venerable Order of the Hospital of St. John of Jerusalem

Dr. Robert Boyko | Trillium Health Partners - Credit Valley Hospital

Legend Award for Living the Value of Compassion

Dr. Kay Shen | St. Joseph's Health Centre
Dr. Jennifer Hopfner | St. Joseph's Health Centre

Medical Humanities Education Matching Funding Grants

Dr. Giovanna Sirianni | Sunnybrook Health Sciences Centre

Miriam Rossi Award for Health Equity in Medical Education

Team of MD Program Equity

Theme Leads:

Dr. James Owen | St. Michael's Hospital

Dr. Onye Nnorom | Dalla Lana

School of Public Health

Dr. Jason Pennington |

Department of Surgery

Dr. Lisa Richardson |

Department of Medicine

Northern Ontario School of Medicine Locum Preceptor Awards - Best Locum Teacher Award

Dr. Francis Sem | Lake of the Woods

Health Sciences Campus

Peters Boyd Academy Special Award

Dr. Pamela Lenkov | Women's

College Hospital

Post Graduate Advisory Committee (PAAC) 2019 Positive Achievement and Appreciation Certificate

Mr. Edwin Ang | St. Michael's Hospital

Professional Association of Residents of Ontario Clinical Teacher Award

Dr. Adam Pyle | St. Michael's Hospital

OB Award – Sinai Health System – Mount Sinai

Dr. Luke Bears | Sinai Health

System - Mount Sinai

Dr Sarah Reid | Toronto

Western Hospital

Dr. Susie Kim | Women's

College Hospital

Ontario College of Family Physicians Regional Family Physician of the Year Award (Orilla)

Dr. Erika Catford | Office-

Based Physician

Ontario College of Family Physicians Regional Family Physician of the Year Award (Toronto)

Dr. Tomislav Svoboda | St.

Michael's Hospital

Ontario College of Family Physicians Resident of the Year Award

Dr. Stephanie Klein | North

York General Hospital

Ontario Medical Association Life Membership

Dr. Phillip Ellison | Toronto

Western Hospital

Research Canada 2018 Leadership in Advocacy Award

Dr. Marla Shapiro | North

York General Hospital

Resident/Fellow Teacher Award – St. Michael's Hospital

Dr. Latif Murji | St. Michael's Hospital

Robert Goode Early Career Teaching Award, Department of Physiology, Faculty of Medicine

Dr. Sandeep Dhillon | Centre for

Addiction and Mental Health

Robert Sheppard Award for Health Equity and Social Justice

Dr. Alissa Tedesco | Co-Chair, Health

Providers Against Poverty

St. Michael's Hospital Department of Family and Community Medicine Award for Outstanding Contribution to Medical Education

Dr. MaryBeth DeRocher | St.

Michael's Hospital

Social Responsibility Award – St. Michael's Hospital

Dr. Suzanne Turner | St.

Michael's Hospital

Social Responsibility Award in Postgraduate Medical Education

Dr. Ashna Bowry | St. Michael's Hospital

Social Sciences and Humanities Research Council of Canada Connection Grant

Dr. Joel Lexchin | Toronto

Western Hospital

Teacher of the Year Award – Michael Garron Hospital, Emergency Department

Dr. Kye Vojdani | Michael

Garron Hospital

Wightman Berris Academy Award - Individual Teaching Award - Postgraduate

Dr. Natalie Mamen | Michael

Garron Hospital

William Chron & Jean Harris Memorial Fellowship

Dr. Tina Hu | St. Michael's Hospital

William S. Fenwick Research Fellowship

Dr. Tina Hu | St. Michael's Hospital

World Organization of Family Doctors Honorary Life Direct Membership

Dr. Michael Kidd | DFCM Chair

PROMOTIONS

2019 Full Professor Promotion

Dr. Jeff Kwong | Toronto
Western Hospital
Dr. Cynthia Whitehead | Women's
College Hospital

2019 Associate Professor Promotion

Dr. Allan Grill | Markham
Stouffville Hospital
Dr. Noah Ivers | Women's
College Hospital
Dr. Tara Kiran | St. Michael's Hospital
Dr. Aisha Lofters | St. Michael's Hospital
Dr. Don Melady | Sinai Health
System - Mount Sinai
Dr. Andrea Moser | Baycrest
Health Sciences Centre
Dr. Thuy-Nga (Tia) Pham |
Michael Garron Hospital
Dr. Nav Persaud | St. Michael's Hospital

2019 Assistant Professor Promotion

Dr. Kelly Anderson | St.
Michael's Hospital
Dr. Neal Belluzzo | Sinai Health
System – Mount Sinai
Dr. Norman Chu | Scarborough
Health Network
Dr. Neil Dilworth | Women's
College Hospital
Dr. Cary Fan | Toronto
Rehabilitation Institute
Dr. Samantha Green | St.
Michael's Hospital
Dr. Audrey Karlinsky | Sinai Health
System – Mount Sinai
Dr. Adam Kaufman | Michael
Garron Hospital
Dr. Grant Kelly | Michael Garron Hospital
Dr. Holly Knowles | St.
Michael's Hospital
Dr. Mark Leung | Women's
College Hospital
Dr. Hyoung-Zin Lho | North
York General Hospital
Dr. Thomas Mary | Michael

Garron Hospital
Dr. Natasha Mirchandani |
Toronto Western Hospital
Dr. Ruchi Mohindra | Michael
Garron Hospital
Dr. Nadia Primiani | Sinai Health
System – Mount Sinai
Dr. Vanessa Rambihar | Women's
College Hospital
Dr. Susan Shepherd | St.
Michael's Hospital
Dr. Deepa Soni | Trillium Health
Partners – Credit Valley Hospital
Dr. Karen Swirsky | St.
Michael's Hospital
Dr. Caroline Thompson |
Scarborough Health Network
Dr. Andrea Weiss | Toronto
General Hospital
Dr. Melinda Wu | Women's
College Hospital
Dr. Edward Xie | Toronto
General Hospital

New Faculty

Dr. Ryan Aalders | Markham
Stouffville Hospital
Dr. Matthew Adamson | Markham
Stouffville Hospital
Dr. Duate Adegbite | Toronto
Western Hospital
Dr. Rahel Ahmed | Scarborough
Health Network
Dr. Ihsan Al Hamami | Scarborough
Health Network
Dr. Lina Al-Imari | Trillium Health
Partners – Mississauga Hospital
Dr. Brianna Alkenbrack | Trillium Health
Partners – Mississauga Hospital
Dr. Alethea Anderson | Office-
Based Physician
Dr. Nafisa Aptekar | Trillium Health
Partners – Credit Valley Hospital
Dr. Michael Ayow | Trillium Health
Partners – Credit Valley Hospital
Dr. Amika Bahri | Scarborough

Health Network
Dr. Aran Balachandran |
Michael Garron Hospital
Dr. Julie Begin | Office-Based Physician
Dr. Emilie Beyls | Office-Based Physician
Dr. Pralhad Bide | Office-
Based Physician
Mr. Christopher Blake | Princess
Margaret Hospital
Dr. Corey Bricks | Toronto
Western Hospital
Dr. Rebecca Brown | St.
Joseph's Health Centre
Ms. Karen Burrell | Women's
College Hospital
Dr. Cathryn Candusso | Office-
Based Physician
Dr. Stephanie Cargnelli | Trillium Health
Partners – Credit Valley Hospital
Dr. Esther Chan | Scarborough
Health Network
Dr. Priyanka Chowdhury | St.
Michael's Hospital
Ms. Voula Christofilos | North
York General Hospital
Dr. Alexander Chun | Office-
Based Physician
Dr. Mihaela Cordos | North
York General Hospital
Dr. Noah Crampton | Sunnybrook
Health Sciences Centre
Dr. John Davey | William
Osler Health System
Dr. Amol Deshpande | Toronto
Rehabilitation Centre
Dr. Loredana Di Santo | Office-
Based Physician
Dr. Samuel Drenfeld | Scarborough
Health Network
Ms. Lisa Fernandes | Women's
College Hospital
Dr. Kimberly Fernandes | Trillium Health
Partners – Queensway Health Centre
Dr. Sarah Foohey | Trillium Health
Partners – Credit Valley Hospital
Dr. Asmitha Gangani | Office-

Based Physician
 Dr. Sadaf Gardizi | Office-Based Physician
 Dr. Alexandra Ginty | Trillium Health Partners – Credit Valley Hospital
 Dr. Azarm Golian | North York General Hospital
 Dr. Thiago Gomes da Trindade | Federal University of Rio Grande Do Sul, Brazil
 Dr. Rebecca Grunwald | Trillium Health Partners – Credit Valley Hospital
 Dr. Stephanie Herman | North York General Hospital
 Dr. Leah Hillier | North York General Hospital
 Dr. Angie Hong | North York General Hospital
 Dr. Aniket Hooda | Markham Stouffville Hospital
 Dr. Scott Houston | Office-Based Physician
 Dr. Amanda Howe | University of East Anglia, UK
 Dr. Alexandra Hrabowych | Sunnybrook Health Sciences Centre
 Dr. Jenny Hsueh | Sunnybrook Health Sciences Centre
 Dr. Alena Hung | Sunnybrook Health Sciences Centre
 Dr. John Ihnat | Michael Garron Hospital
 Dr. Grigoriy Ikonnikov | Trillium Health Partners – Mississauga Hospital
 Dr. Wendy Iseman | Markham Stouffville Hospital
 Dr. Yida Jiang | Scarborough Health Network
 Dr. Teela Johnson | Sinai Health System – Mount Sinai
 Dr. Jemy Joseph | North York General Hospital
 Dr. Charles Joyce | Office-Based Physician
 Dr. Chris Keefer | Trillium Health Partners – Credit Valley Hospital
 Dr. Ihab Khalil | Office-Based Physician
 Dr. Do Wan Kim | Office-Based Physician
 Dr. Jinnie Kim | St. Joseph's Health Centre
 Ms. Meghan Kizuik | St. Joseph's Health Centre
 Dr. Stephanie Klein | North York General Hospital
 Dr. David Klein | Office-Based Physician
 Dr. Sabrina Kolker | Sunnybrook Health Sciences Centre
 Dr. Sara Kurki | Office-Based Physician
 Dr. Fereshte Lalani | Sinai Health System – Mount Sinai
 Dr. Ming Lam | Markham Stouffville Hospital
 Dr. Joseph Larson | Office-Based Physician
 Dr. Adrienne Lebner | Southlake Regional Health Centre
 Dr. Kyle Lee | St. Michael's Hospital
 Dr. Daniel Lee | Trillium Health Partners – Mississauga Hospital
 Dr. Michael Lewis | Scarborough Health Network
 Dr. Sisi Li | Scarborough Health Network
 Dr. Esther Lieberman | North York General Hospital
 Dr. Kaitlin Link | Trillium Health Partners – Credit Valley Hospital
 Dr. Michelle Litner | Women's College Hospital
 Dr. LiYang Liu | North York General Hospital
 Dr. Amanda Lo | Toronto Western Hospital
 Dr. Justin Losier | Markham Stouffville Hospital
 Dr. Erin Lurie | St. Michael's Hospital
 Ms. Kate MacFarlane | Toronto Western Hospital
 Dr. Gunjan Maggo | Office-Based Physician
 Dr. Kristin Malcolm | Office-Based Physician
 Dr. Shahrose Malik | Scarborough Health Network
 Dr. Roisin McElroy | St. Joseph's Health Centre
 Dr. Fahim Merali | Sinai Health System – Mount Sinai
 Dr. Nadia Minian | Centre for Addiction and Mental Health
 Dr. Jacqui Montoedi | Scarborough Health Network
 Dr. Matthew Moss | Royal Victoria Hospital
 Dr. Latif Murji | Scarborough Health Network
 Dr. Matthew Myatt | Office-Based Physician
 Dr. Jesse Myers | Women's College Hospital
 Ms. Deepthi Naidu | Sunnybrook Health Sciences Centre
 Dr. Adelaida Neata | Baycrest Health Sciences Centre
 Dr. Victor Ng | Scarborough Health Network
 Dr. Dania Notta | Centre for Addiction and Mental Health
 Dr. Braden O'Neill | North York General Hospital
 Dr. Richard Osborne | Trillium Health Partners – Credit Valley Hospital
 Dr. Lauren Payne | Toronto Western Hospital
 Dr. Cristina Popa | Markham Stouffville Hospital
 Dr. Manjeet Prewal | Office-Based Physician
 Dr. Manveen Puri | Office-Based Physician
 Dr. Nanky Rai | Office-Based Physician
 Dr. Greg Rampersad | Trillium Health Partners – Credit Valley Hospital
 Dr. Nisanthini Ravichandiran | Scarborough Health Network
 Dr. Jill Ritsma | Markham Stouffville Hospital

Dr. Esther Rosenthal | St. Michael's Hospital
 Dr. Michel Saccone | Trillium Health Partners – Credit Valley Hospital
 Dr. Aaron Sacheli | Office-Based Physician
 Dr. Modar Safar | Office-Based Physician
 Dr. Imad Salim | Trillium Health Partners – Credit Valley Hospital
 Dr. Rimi Sambhi | Markham Stouffville Hospital
 Dr. Manjot Sarao | St. Michael's Hospital
 Dr. Evan Schneider | Sinai Health System – Mount Sinai
 Ms. Lauren Scott | Women's College Hospital
 Dr. Areej Shahbaz | Trillium Health Partners – Credit Valley Hospital
 Dr. Anees Shehzad | Office-Based Physician
 Dr. Nikita Sheth | Trillium Health Partners – Credit Valley Hospital
 Dr. Suzanne Shoush | St. Michael's Hospital
 Dr. Isaac Siemens | Sinai Health System – Mount Sinai
 Dr. Tulika Singh | Trillium Health Partners – Mississauga Hospital
 Dr. Anushi Sivarajah | St. Michael's Hospital
 Dr. Sean Skeldon | Trillium Health

Partners – Credit Valley Hospital
 Dr. Leah Smith | Sunnybrook Health Sciences Centre
 Dr. Kelly Sowden | Royal Victoria Hospital
 Dr. Sarah Stonehocker | Trillium Health Partners – Mississauga Hospital
 Dr. Dina Sulaiman-Moy | Office-Based Physician
 Dr. Sharandeep Takhar | Trillium Health Partners – Credit Valley Hospital
 Dr. Megan Tan | Markham Stouffville Hospital
 Dr. Julia Traer | Trillium Health Partners – Credit Valley Hospital
 Dr. Fatima Uddin | Office-Based Physician
 Dr. Mitchell Vainberg | Office-Based Physician
 Dr. Gautam Walia | Markham Stouffville Hospital
 Dr. Tessa Wallace | St. Joseph's Health Centre
 Dr. Lindsay Webster | Sunnybrook Health Sciences Centre
 Dr. Petra Wildgoose | North York General Hospital
 Dr. Bryan Wise | Humber River Hospital
 Dr. Madeleine Woods | Trillium Health Partners – Credit Valley Hospital
 Dr. Pearl Yang | Sunnybrook Health Sciences Centre

Recognition of Long-Time Faculty Faculty Emerita Status

Dr. Brenda McDowell
 Dr. Mary Tierney

Associate Professor Emeritus and Fidani Chair, Improvement and Innovation, Emeritus

Dr. Philip Ellison | Toronto Western Hospital

On the occasion of our 50th Anniversary, DFCM would like to recognize faculty who have been part of our department for over 40 years:

Dr. Helen Batty
 Dr. June Carroll
 Dr. Philip Ellison
 Dr. Paul Freedman
 Dr. Robert Henderson
 Dr. Kirk W. Lyon
 Dr. Michael Matthews
 Dr. Warren Rubenstein
 Dr. Howard Seiden
 Dr. Sharon M. Shafir
 Dr. David Sliwowicz
 Dr. David White

PUBLICATIONS

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Dr. Milena Forte - Postgraduate
Education Scholarship Lead

Dr. Melissa Nutik - Undergraduate
Education Scholarship Lead

Dr. Mahan Kulasegaram -
Education Scientist

Dr. Joyce Nyhof-Young -
Education Scientist

Dr. Betty Onyura - Evaluation Scientist

Dr. Cynthia Whitehead - Education
Research Consultant

Dr. Nicole Woods - Education
Evaluation Scientist

Dr. Sarah Wright – Education Scientist

MD Program

Dr. Azadeh Moaveni - Undergraduate
Program Director

Dr. Ruby Alvi - Pre-Clerkship
Director and Trillium Health
Partners – Mississauga Hospital
Program Co-Director

Dr. Elaine Cheng - Mount Sinai
Hospital Program Director

Dr. Kathleen Doukas - St. Michael's
Hospital Program Director

Dr. Jennifer Everson- Trillium
Health Partners – Mississauga
Hospital Program Co-Director

Dr. Kelly Forse - Markham Stouffville
Hospital Program Co-Director

Dr. Susan Goldstein- Admissions
Committee, Physician Recruitment
and Faculty Development Coordinator

Dr. Difat Jakubovicz - St. Joseph's
Health Center Co-Program Director

Dr. Sofia Khan - St. Joseph's Health
Center Co-Program Director,
FMLE Course Director

Dr. Danielle Manis - North York General
Hospital Program Director

Dr. Natasha Mirchandani - Toronto
Western Hospital Program Director

Dr. Melissa Nutik - Undergraduate
Education Scholarship Lead

Dr. Azra Premji - Trillium Health
Partners - Credit Valley
Hospital Program Director

Dr. Christine Stewart- Rural
Education Liaison, Royal Victoria
Site Director at Barrie

Dr. Dave Wheler- The Scarborough
Hospital Program Director

Dr. Melinda Wu - Women's College
Hospital Program Director

Dr. Gina Yip - Markham Stouffville
Hospital Program Co-Director

Dr. Sherylan Young- Sunnybrook Health
Sciences Centre Program Director,
Clerkship Curriculum Coordinator

Dr. Catherine Yu - Michael Garron
Hospital Program Director

Dr. Risa Bordman - Palliative Care

Dr. Robert Doherty-Southlake Regional
Health Centre at Newmarket

Dr. Dara Maker- Preclerkship
Evaluation Coordinator

Dr. Claire Murphy - Elective Coordinator
(Oct 1 2018-Sept 2019)

Dr. Joyce Nyhof- Young- UME Student
Evaluations Representative

Dr. Amita Singwi - Elective Coordinator
(mat leave Oct 1 2018-Sept 2019)

Dr. Sharonie Valin - Clerkship
Evaluation Coordinator

Postgraduate Residency Program

Dr. Stuart Murdoch - Postgraduate
Residency Program Director

Dr. Erika Catford – Teaching
Practice Program Director

Dr. Jeff Golisky - Rural Residency
Program Director

Dr. Batya Grundland - Associate
Program Director, Curriculum
& Remediation

Dr. Fok Han Leung - Associate Program
Director Assessment and Evaluation

Dr. Vanessa Rambihar - Associate
Program Director, Admissions,
Awards and Recruitment

Dr. Erin Bearss – Mount Sinai
Hospital – Residency Site Director

Dr. Mary Beth Derocher – St. Michael's
Hospital – Residency Site Director

Dr. Brent Elsey – Royal Victoria
Regional Health Centre –
Residency Site Director

Dr. Sarah Fleming – Toronto Western
Hospital – Residency Site Director

Dr. Melissa Graham – Trillium Health
Partners – Credit Valley Hospital
– Residency Site Director

Dr. Navika Limaye – St. Joseph's Health
Centre – Residency Site Director

Dr. Jennifer McDonald – The
Scarborough Hospital –
Residency Site Director

Dr. Allyson Merbaum – North
York General Hospital –
Residency Site Director

Dr. Monica Nijhawan – Southlake
Regional Health Centre –
Residency Site Director

Dr. Nasreen Ramji – St. Michael's
Hospital – Residency Site Director

Dr. Hemen Shukla – Women's College
Hospital – Residency Site Director

Dr. Christine Stewart – Royal
Victoria Regional Health Centre
– Residency Site Director

Dr. Rhonda Taylor – Southlake Regional Health Centre – Residency Site Director
 Dr. Bachir Tazkarji – Trillium Health Partners – Mississauga Hospital – Residency Site Director
 Dr. Peter Tzakas – Michael Garron Hospital – Residency Site Director
 Dr. Amanda West – Markham Stouffville Hospital – Residency Site Director
 Dr. Anne Wideman – Sunnybrook Health Sciences Centre – Residency Site Director
 Dr. Nadia Incardona - Rural Northern Initiative Coordinator

Enhanced Skills Program Directors

Dr. Giovanni Sirianni - PGY3/ Enhanced Skills Program Director
 Dr. Nikki Bozinoff - Addiction Medicine
 Dr. Vaibhav Kamble - Anesthesia
 Dr. Melinda Wu - Breast Diseases
 Dr. Amy Freedman - Care of the Elderly
 Dr. Liisa Jaakkimainen - Clinician Scholar - Research Stream
 Dr. Cynthia Whitehead - Clinician Scholar - Education Stream
 Dr. John Foote- Emergency Medicine
 Dr. Praseedha Janakiram & Dr. Eileen Nicolle - Global Health and Vulnerable Populations
 Dr. Gordon Arbess - HIV Care
 Dr. Benjamin Kaasa - Hospital Medicine
 Dr. John Foote - Emergency Medicine
 Dr. Lara Rosenberg - Low-Risk Obstetrics
 Dr. Niren Shetty - Palliative Care - Clinical Palliative Care
 Dr. Niren Shetty - Palliative Care - Academic Palliative Care
 Dr. Julia Alleyne - Self-directed Special Populations
 Dr. Mark Leung - Sport and Exercise Medicine
 Dr. Kymm Feldman - Women’s Health

Academic Fellowships and Graduate Studies

Dr. Julia Alleyne - Program Director, MPH (FCM), MScCH (FCM), Academic Fellowship and Clinical Research Certificate
 Dr. Abbas Ghavam Rassoul - Program Director, MScCH (HPTE), Medical Education Fellowship and Clinical Teacher Certificate

Research and Advocacy Program

Dr. Eva Grunfeld - Vice-Chair, Research and Advocacy
 Dr. Paul Krueger - Associate Program Director
 Dr. Rahim Moineddin - Senior Biostatistician

Research Executive Committee

Dr. Onil Bhattacharyya
 Dr. Bjug Borgundvaag
 Dr. Tony D’Urzo
 Dr. Michelle Greiver
 Dr. Eva Grunfeld
 Dr. Michael Kidd
 Dr. Tara Kiran
 Dr. Paul Krueger
 Dr. Jeff Kwong
 Dr. Rahim Moineddin
 Dr. Ross Upshur
 Dr. Catherine Varner
 Dr. Kirsten Wentlandt
 Dr. Nikki Woods

UTOPIAN

Dr. Michelle Greiver – Gordon F. Cheesbrough Chair in Family & Community Medicine (NYGH) & UTOPIAN Director
 Dr. Andrew Pinto – UTOPIAN Associate Director – Clinical Research
 Dr. Karen Tu – UTOPIAN Associate Director – Data Safe Haven

Quality and Innovation Program

Dr. Tara Kiran - Fidani Chair of Improvement and Innovation & Vice-Chair Quality and Innovation
 Dr. Jeremy Rezmovitz - Education & Innovation Lead
 Dr. Lesley Adcock – Toronto Western Hospital
 Dr. Payal Agarwal – Women’s College Hospital
 Dr. Frances Cousins – Trillium Health Partners – Summerville
 Dr. Alison Culbert – SHC
 Dr. Ali Damji – Trillium Health Partners – Credit Valley
 Dr. Brent Elsey – Royal Victoria Regional Health Centre
 Dr. Tiffany Florindo - North York General Hospital
 Dr. Susanna Fung - The Scarborough Hospital
 Dr. Susie Kim – Women’s College Hospital
 Dr. Joanne Laine-Gossin – North York General Hospital
 Dr. Sisi Li – The Scarborough Hospital
 Dr. David Makary – Southlake Regional Health Centre
 Dr. John Maxted – Markham Stouffville Hospital
 Dr. James Pencharz – Trillium Health Partners – Credit Valley
 Dr. Tia Pham – Michael Garron Hospital
 Dr. Noor Ramji – St. Michael’s Hospital
 Dr. Jennifer Stulberg - North York General Hospital
 Dr. Sam Tirkos – Michael Garron Hospital
 Dr. Navsheer Toor – Southlake Regional Health Centre
 Dr. Sakina Walji – Markham Stouffville Hospital
 Dr. Linda Weber – St. Joseph’s Health Centre
 Dr. Melissa Witty – Royal Victoria Regional Health Centre

Dr. Gina Yip – Markham
Stouffville Hospital
Dr. Irene Chen – Women’s
College Hospital – PGY2
Resident Representative
Dr. Marian Chen – Toronto
Western Hospital – PGY2
Resident Representative
Dr. Hubert You – Women’s
College Hospital – PGY1
Resident Representative

Global Health and Social Accountability Program

Dr. Katherine Rouleau – Vice-
Chair, Global Health and
Social Accountability
Dr. Praseedha Janakiram – Acting
Vice-Chair, Global Health
and Social Accountability
Dr. John Inhat – Social
Accountability Lead
Dr. Eileen Nicholls – Social
Accountability Lead
Dr. Suzanne Shoush –
Indigenous Health Lead

Family Doctor Leadership

Dr. David White - Vice-Chair,
Family Doctor Leadership

Faculty Development Program

Dr. Viola Antao – Faculty
Development Director
Dr. Abbas Ghavam-Rassoul – Director
MScCH (HPTE), ECFP, CTC, INTAPT
Dr. Risa Bordman – Education
Scholarship - Faculty
Development Lead
Dr. Eleanor Colledge – Michael Garron
Hospital - Faculty Development Lead
Dr. Natascha Crispino – St.
Joseph’s Health Centre -
Faculty Development Lead
Dr. Cary Fan – Toronto Rehabilitation
Institute - Faculty Development Lead

Dr. Rob Gabor – Royal Victoria Regional
Health Centre - Faculty Lead
Dr. Susan Goldstein – Undergraduate
Faculty Development Lead,
Physician Recruitment Coordinator
Dr. Michelle Homer – Markham
Stouffville Hospital -
Faculty Development Lead
Development Lead
Dr. Maria Ivankovic – Division
of Emergency Medicine -
Faculty Development Lead
Dr. Rahul Jain – Sunnybrook
Health Sciences Centre -
Faculty Development Lead
Dr. Eva Knifed – North York General
Hospital - Faculty Development Lead
Dr. Deborah Kopansky-
Giles – HPE co-Lead
Dr. Jana Lazor – Undergraduate
Medical Education Lead
Dr. Camille Lemieux – Toronto Western
Hospital - Faculty Development Lead
Dr. Milena Markovski – Southlake
Regional Health Centre -
Faculty Development Lead
Dr. Rick Penciner – Division of
Emergency Medicine - Faculty
Development Lead
Dr. Michael Roberts – Mount Sinai
Hospital - Faculty Development Lead
Dr. Gwen Sampson – Teaching Practices
- Faculty Development Lead
Dr. Carrie Schram – Women’s College
Hospital - Faculty Development Lead
Dr. Giovanna Sirianni – Division of
Palliative Care - Faculty Development
Dr. Donna Vlahos – The Scarborough
Hospital - Faculty Development Lead
Dr. Thea Weisdorf – St. Michael’s
Hospital - Faculty Development Lead
Dr. Nina Yashpal – Trillium Health
Partners – Credit Valley -
Faculty Development Lead

Division of Emergency Medicine

Dr. Gary Mann, Chief Emergency
Medicine, Ajax Pickering Hospital
Dr. Maria Ivankovic, Faculty
Development Lead
Dr. Rick Penciner, Faculty
Development Lead
Dr. Paul Hannam, Chief
Emergency Medicine, North
York General Hospital
Dr. Kyle Vojdani, Interim Chief
Emergency Medicine,
Michael Garron Hospital
Dr. Bjug Borgundvaag, Executive
Director, Schwartz-Riesman
Emergency Medicine Institute
Shelley Mcleod, Director of
Research, Schwartz-Riesman
Emergency Medicine institute.
Dr. Yasmin Mawji, Director,
SEME program
Dr. Noah Farber, Assistant
Director, SEME program
Dr. Sheldon Cheskes, Medical
Director Pre-Hospital Program
Sunnybrook Base Hospital
Dr. John Foote, Program Director
of the Emergency Medicine
Fellowship Program
Dr. Cheryl Hunchak, Assistant
Program Director of Emergency
Medicine Residency Program
Dr. Benjamin Fuller, Chief, Emergency
Medicine, Lakeridge Health
Dr. Andrew Arcand, Chief,
Emergency Medicine, Markham
Stouffville Hospital
Dr. David Mackinnon, Deputy
Chief. Emergency Medicine,
St. Michael’s Hospital
Dr. Joan Cheng, Director
Medical Education, Markham
Stouffville Hospital
Dr. David Dushenski, Chief, Emergency
Medicine, Mount Sinai Hospital
Dr. Tim Rutledge, CEO, Unity Health

Dr. Norman Chu, Chief, Emergency Medicine, Scarborough Hospital
 Dr. Howard Ovens, Chief Strategy Officer, Sinai Health System, ER Provincial Lead
 Dr. Megan Landes, Co-Chair, Toronto Addis Ababa Academic Collaboration – Emergency Medicine.

Division of Palliative Care

Dr. Jeff Myers - Division Head
 Dr. Kirsten Wentlandt – Division Head (July 2019)
 Dr. Arnell Baguio – Southlake Regional Health Centre-Site Lead
 Dr. Hal Berman – Palliative Education Co-Leads
 Dr. Susan Blacker - Co-Quality Program- Palliative Lead, Social Work
 Dr. Risa Bordman – Palliative Education Co-Leads
 Dr. Monica Branigan – CPD – Palliative Lead
 Dr. Anita Chakraborty – Palliative Education Co-Leads
 Dr. Anita Chakraborty – Sunnybrook Health Sciences Centre – Site Lead
 Dr. Russel Goldman – Mount Sinai Hospital-Site Lead
 Dr. Daphna Grossman – Baycrest Health Sciences-Site Lead
 Dr. Asha Gupta – Trillium Health Partners – Site Lead
 Dr. Carol Hughes – St. Joseph’s Health Centre- Site Lead
 Dr. Ebru Kaya – Toronto General/Toronto Western Hospital – Site Lead
 Dr. Ignazio LaDelfa – St. Michael’s Hospital –
 Dr. Ernie Mak – Princess Margaret Hospital-Site Lead
 Dr. Adam Rapoport – Hospital for Sick Children – Site Lead
 Dr. Manisha Sharma - Co-Quality Program-Palliative Lead –

Dr. Manisha Sharma – Credit Valley Hospital-Site Lead
 Dr. Niren Shetty – North York General Hospital-Site Lead
 Dr. Donna Spaner – Palliative Education Co-Leads
 Dr. Kate Whitehead – Toronto Grace Hospital-Site Lead
 Dr. Kevin Workentin – Michael Garron Hospital – Toronto East Health Network – Site Lead
 Dr. Gina Yip – Markham Stouffville-Site Lead
 Dr. Larry Zoberman – The Scarborough Hospital-Site Lead
 Dr. Amna Husain – Palliative Professional/Discipline Reps
 Dr. Paolo Mazzotta – Palliative Professional/Discipline Reps
 Dr. Sharon Reynolds – Nursing
 Dr. Sarah Wood – Member at Large

Physician Assistant Professional Degree Program

Dr. Leslie Nickell - Medical Director
 Dr. Sharon Naymark – Academic Lead
 Dr. Peter Tzakas - Program Director

ADMINISTRATIVE STAFF

Office of the Chair

Caroline Turenko – Business and Administration Director
Nicole Reyes – Chair's Executive Assistant
Andrew Gill – Finance Manager
Iryna Kravchenko – Business Officer
Maria Luy – Finance and Operations Officer
Daniella Marchione – Financial Assistant / Reception
Marie Leverman – Academic Promotions Coordinator
Sarah Letovsky – Academic Appointments Administrator
Allison Mullin – Communications Strategist
Alicia Fung – Communications Assistant
Brian Da Silva – eLearning Design and Development Analyst
Cecil Canteenwalla – Strategic Plan and Special Projects Coordinator

Office of Education Scholarship

Rachel Ellis – Education Scholarship Coordinator

Undergraduate MD Program

Kristin Crandlemire – Education Clerkship Assistant
Alicia Tulloch – Program Assistant
Brandi Quirk – Family Medicine Longitudinal Experience Coordinator

Postgraduate Residency Program

Lela Sarjoo – Program Administrator
Jasmine Mohazab & Elicia Bryant – Admissions & Recruitment Administrator
Theresa Vo – Program Assistant
Fadia Bravo – Teaching Practices and Rural Residency Programs & Rural Northern Initiative Administrator
Valerie Hilderl – PGY3/Enhanced Skills/ Program Assistant
Haitao Zhang – Data Analyst

Academic Fellowships and Graduate Studies

Christie Billings – Program Administrator
Ancy Jacob – Program Assistant

Research and Advocacy Program

Julia Baxter – Program Coordinator
Holly Downey – Program Assistant
Bojana Petrovic – CanImpact Research Associate
Chris Meaney – Biostatistician

UTOPIAN

Ivanka Pibramska – UTOPIAN Research Administrator
Kwame Diko – UTOPIAN Administrative Assistant
Babak Aliarzadeh – UTOPIAN Data Analytics Manager
Sumeet Kalia – UTOPIAN Data Analyst
Aashka Bhatt – Research Officer, Diabetes Action Canada
Rabiya Siddiqui & Marjan Moeinedin – Research Officer, Patient Centred Outcomes Research Institute

Quality and Innovation Program

Trish O'Brien – Program Manager
Marisa Schwartz – Program Assistant

Global Health and Social Accountability Program

Paula Ruiz – Program Coordinator
Eduardo Padilla & Jessie Chen – Program Assistant

Faculty Development Program

Laura Surdianu – Faculty Development & QI Administrator
Daniella Marchione – Faculty Development Program Assistant

Division of Palliative Care

Theresa Vo – Palliative Care Administrator

Physician Assistant Professional Degree Program

Elizabeth Whitmell – Program Manager
Misung Yim – Program Assistant

FACULTY

- Dr. Ryan Aalders | Markham
Stouffville Hospital
- Dr. Nada Abdel-Malek | Baycrest
Health Sciences
- Dr. Deema Abdulhadi | Trillium
Health Partners
- Dr. Rahim Abdulhussein | The
Scarborough Hospital
- Dr. Saleha Abdur-Rehman |
Office-Based Physician
- Ms. Behnaz Abedi | Women's
College Hospital
- Dr. Dara Abells | Office-Based Physician
- Dr. Yoel Abells | Sinai Health System
- Dr. Alan Abelsohn | Sinai Health System
- Dr. Erika Abner
- Dr. Pauline Abrahams | The
Scarborough Hospital
- Dr. Jonathan Abrams | Sinai
Health System
- Dr. Megan Acsai | Office-
Based Physician
- Dr. Richard Adams | Office-
Based Physician
- Dr. Matthew Adamson | Markham
Stouffville Hospital
- Dr. Lesley Adcock | UHN -
Toronto Western Hospital
- Dr. Duate Adegbite | UHN -
Toronto Western Hospital
- Dr. Sanjay Agarwal | Trillium
Health Partners
- Dr. Payal Agarwal | Women's
College Hospital
- Dr. Sandeep Aggarwal | Trillium
Health Partners
- Dr. Anita Aggarwal | Trillium
Health Partners
- Dr. Zafar Ahmad | Trillium
Health Partners
- Dr. Shajan Ahmed | UHN -
Toronto General Hospital
- Dr. Parisa Airia | Trillium Health Partners
- Dr. Sabrina Akhtar | UHN -
Toronto Western Hospital
- Dr. Ahmed Al Awamer | UHN -
Princess Margaret Hospital
- Dr. Ihsan Al Hamami | The
Scarborough Hospital
- Dr. Nadia Alam | Trillium Health Partners
- Dr. Rahima Alani | Markham
Stouffville Hospital
- Dr. Nadine Al-Aswad | Markham
Stouffville Hospital
- Dr. Craig Albrecht | Office-
Based Physician
- Dr. Nicole Alcolado | Office-
Based Physician
- Dr. Lubomir Alexov | Office-
Based Physician
- Dr. Baraa Alghalyini | Women's
College Hospital
- Dr. Kavita Algu | Sinai Health System
- Dr. Fahim Ali | Office-Based Physician
- Dr. Kevin Ali | Royal Victoria Hospital
- Dr. Hisham Ali | Trillium Health Partners
- Dr. Lina Al-Imari | Trillium
Health Partners
- Dr. Brianna Alkenbrack |
Trillium Health Partners
- Dr. Julia Alleyne | UHN - Toronto
Rehabilitation Institute
- Dr. Behzad Almasi | Office-
Based Physician
- Dr. Brenda Alves | Trillium
Health Partners
- Dr. Ruby Alvi | Trillium Health Partners
- Dr. Shaista Amin | Office-
Based Physician
- Dr. Sheikh Noor Ui Amin |
Trillium Health Partners
- Dr. Saima Amjad | Office-
Based Physician
- Dr. Mahjabeen Ammad | Office-
Based Physician
- Dr. Elizabeth Amos | Sinai Health System
- Dr. Shobana Ananth | Markham
Stouffville Hospital
- Dr. Alethea Anderson | Office-
Based Physician
- Dr. Peter Anderson | Office-
Based Physician
- Dr. Kelly Anderson | St.
Michael's Hospital
- Dr. Brent Andruko | Trillium
Health Partners
- Dr. Viola Antao | Women's
College Hospital
- Dr. Tony Antoniou | St.
Michael's Hospital
- Dr. Alison Appelton | Office-
Based Physician
- Dr. Nafisa Apteekar | Trillium
Health Partners
- Dr. Marina Apteckman | Michael
Garron Hospital
- Dr. Carolyn Arbanas | Markham
Stouffville Hospital
- Dr. Gordon Arbess | St.
Michael's Hospital
- Dr. Stella Arbitman | North
York General Hospital
- Dr. Andrew Arcand | Markham
Stouffville Hospital
- Dr. Tarin Arenson | Michael
Garron Hospital
- Dr. Jessica Armeland | UHN -
Toronto Rehabilitation Institute
- Mr. Robert Armstrong | Royal
Victoria Hospital
- Dr. Talitha Arndt | Sinai Health System
- Dr. Paul Arnold | UHN - Toronto
General Hospital
- Dr. Alison Arnot | Trillium
Health Partners
- Dr. Rajeev Arora | Office-
Based Physician
- Rabbi. Rena Arshinoff | Baycrest
Health Sciences
- Dr. Pradeepan Arulchelvam |
The Scarborough Hospital
- Dr. Jennifer Arvanitis | Sinai
Health System
- Dr. Amit Arya | W. Osler Health
Centre - Brampton Hospital
- Dr. Marla Ash | Office-Based Physician

Dr. Farhan Asrar | Trillium Health Partners
 Dr. Mona Attalla | Trillium Health Partners
 Dr. Menat Attia | Trillium Health Partners
 Dr. David Austin | Markham Stouffville Hospital
 Dr. Aida Avanesy-Monachakian | Office-Based Physician
 Dr. Seymour Axler | Trillium Health Partners
 Dr. John Axler | Michael Garron Hospital
 Dr. Michael Ayow | Trillium Health Partners
 Dr. Lea Babcock | Office-Based Physician
 Dr. Janice Bacher | North York General Hospital
 Dr. Mira Backo-Shannon | Trillium Health Partners
 Dr. Mary Badali | Sunnybrook Health Sciences Centre
 Dr. Arnell Baguio | Southlake Regional Health Centre
 Dr. Maglin Bahal | Office-Based Physician
 Dr. Amika Bahri | The Scarborough Hospital
 Dr. Melanie Baimel | Sunnybrook Health Sciences Centre
 Dr. Jason Baker | UHN - Toronto General Hospital
 Dr. Dahlia Balaban | North York General Hospital
 Dr. Aran Balachandran | Michael Garron Hospital
 Dr. Ryan Banach | Office-Based Physician
 Dr. Subrata Banerjee | UHN - Princess Margaret Hospital
 Dr. Zahra Bardai | Women's College Hospital
 Dr. Aaron Barnett | Office-Based Physician
 Dr. Daiva Barnicke | Office-Based Physician
 Dr. Peter Barreca | St. Michael's Hospital
 Dr. Naama Bartfeld | Office-Based Physician
 Dr. Michael Bartucci | Markham Stouffville Hospital
 Dr. Laurel Bates | UHN - Toronto Rehabilitation Institute
 Dr. Helen Batty | Women's College Hospital
 Dr. Shannon Bauman | Royal Victoria Hospital
 Dr. Asifa Bawangoanwala | Office-Based Physician
 Ms. Jessica Bawden | Women's College Hospital
 Dr. David Bayfield | Office-Based Physician
 Dr. Andrew Bazemore
 Dr. Luke T. Bearss | Sinai Health System
 Dr. Erin Bearss | Sinai Health System
 Ms. Serena Beber | Michael Garron Hospital
 Dr. Harold Becker | Sunnybrook Health Sciences Centre
 Dr. Andre Bedard | Royal Victoria Hospital
 Dr. Aarin Beder-Goldfarb | Trillium Health Partners
 Dr. Diane Bedrossian | Women's College Hospital
 Dr. Julie Begin | Office-Based Physician
 Dr. Rajendra Beharry | Office-Based Physician
 Dr. Anais Belanger | The Scarborough Hospital
 Dr. Marianne Belau | Royal Victoria Hospital
 Dr. Lance Adam Belchetz | Trillium Health Partners
 Dr. Alan Bell | Office-Based Physician
 Dr. Jackie Bellaire | Michael Garron Hospital
 Dr. Neal Belluzzo | Sinai Health System
 Dr. Margaret Bennett | North York General Hospital
 Dr. Brian Berenbaum | Office-Based Physician
 Dr. Brian Berger | York Central Hospital - Mackenzie Health
 Dr. Ken Berger | Sinai Health System
 Dr. Philip Berger | St. Michael's Hospital
 Dr. Abdullahi Berih | Office-Based Physician
 Dr. Yaniv Berliner | York Central Hospital - Mackenzie Health
 Dr. Hershl Berman | Sinai Health System
 Dr. Carrie Bernard | Sinai Health System
 Dr. Robert Bernstein | Sinai Health System
 Dr. Ira Bernstein | UHN - Toronto Western Hospital
 Dr. Raymond Berry | UHN - Toronto Rehabilitation Institute
 Dr. Jonathan Bertram | Centre for Addiction and Mental Health
 Dr. Kerri Best | Office-Based Physician
 Dr. Adrienne Best | The Scarborough Hospital
 Dr. Melanie Beswick | Office-Based Physician
 Dr. Cheri Bethune | Office-Based Physician
 Dr. Leslie Beyers | Sunnybrook Health Sciences Centre
 Dr. Emilie Beyls | Office-Based Physician
 Dr. Bahl Bharat | The Scarborough Hospital
 Dr. Winston Bharat | Trillium Health Partners
 Dr. Onil Bhattacharyya | Women's College Hospital
 Dr. Anjali Bhayana | Trillium Health Partners
 Dr. Christina Biancucci | UHN - Toronto Western Hospital
 Dr. Pralhad Bide | Office-Based Physician
 Dr. Hanna Bielawska | Trillium Health Partners
 Dr. David Billings | Office-Based Physician
 Dr. Katherine Bingham | Markham Stouffville Hospital
 Dr. Sandra Bing-Wo | The Scarborough Hospital
 Dr. Anne Biringer | Sinai Health System
 Dr. Laurence Biro | Trillium Health Partners
 Dr. Tuhina Biswas | Women's College Hospital
 Dr. Roy Blachowitz | Office-Based Physician
 Mrs. Susan Blacker | St. Michael's Hospital
 Dr. Christopher Blake | UHN - Princess Margaret Hospital
 Dr. Harvey Blankenstein | North York General Hospital
 Dr. Gary Bloch | St. Michael's Hospital
 Dr. Jeff Bloom | UHN - Toronto Western Hospital
 Dr. Jacob Bobrowski | Office-Based Physician
 Dr. Carolyn Talia Bogler | St. Michael's Hospital
 Dr. Corey Boimer | Markham Stouffville Hospital
 Dr. Yemisi Bolaji | Office-Based Physician
 Dr. Geoffrey Bond | Royal Victoria Hospital

Dr. Andrew Bond | St. Michael's Hospital
 Dr. Alexandra Bongard | The Scarborough Hospital
 Dr. Risa Bordman | North York General Hospital
 Dr. David Borenstein | The Scarborough Hospital
 Dr. Bjug Borgundvaag | Sinai Health System
 Dr. Mel Borins | St. Joseph's Health Centre
 Dr. Jordana Boro | Sunnybrook Health Sciences Centre
 Dr. Olivia Bottenheim | Office-Based Physician
 Dr. Norman Bottum | Office-Based Physician
 Dr. Christopher Boule | Trillium Health Partners
 Ms. Nicole Bourgeois | Women's College Hospital
 Dr. Amy Bourns | St. Michael's Hospital
 Dr. David Boushy | Royal Victoria Hospital
 Dr. Kerry Bowman | Sinai Health System
 Dr. Ashna Deepak Kumar Bowry | St. Michael's Hospital
 Dr. Robert Boyko | Trillium Health Partners
 Dr. Nikki Bozinoff | Centre for Addiction and Mental Health
 Dr. Monica Branigan | Sinai Health System
 Dr. Aleksandra Brankovic | Trillium Health Partners
 Dr. Riina Bray | Women's College Hospital
 Dr. Branimir Brcic | North York General Hospital
 Dr. Hartley Bressler | Sinai Health System
 Dr. Corey Bricks | UHN - Toronto Western Hospital
 Dr. Richard Brodie | The Scarborough Hospital
 Dr. Ruth Brooks | Women's College Hospital
 Dr. Merrilee Brown | Office-Based Physician
 Dr. Rebecca Brown | St. Joseph's Health Centre
 Dr. Vivien Brown | Sinai Health System
 Dr. Janis Lynne Browne | North York General Hospital
 Dr. Jason Brunetta | Office-Based Physician
 Dr. Ellen Buchman | Sinai Health System
 Dr. Stephen Buchman | Sinai Health System
 Dr. Nadia Bugada | Trillium Health Partners
 Ms. Ann Burchell | St. Michael's Hospital
 Dr. Sarah Burns | UHN - Toronto Western Hospital
 Ms. Karen Burrell | Women's College Hospital
 Dr. Joseph Butchey | The Scarborough Hospital
 Dr. Usne Butt | Trillium Health Partners
 Dr. Debra Butt | The Scarborough Hospital
 Dr. Lianne Butterfill | North York General Hospital
 Dr. Sean Caine | UHN - Toronto General Hospital
 Dr. Catherine Campbell | Women's College Hospital
 Dr. Cathryn Candusso | Office-Based Physician
 Dr. Paul Cantarutti | Southlake Regional Health Centre
 Dr. Shari Gail Caplan | Sunnybrook Health Sciences Centre
 Mrs. Leigh Caplan | Sunnybrook Health Sciences Centre
 Dr. Blair Cappel | Trillium Health Partners
 Dr. Stephanie Cargnelli | Trillium Health Partners
 Dr. David Carr | UHN - Toronto General Hospital
 Dr. June Carroll | Sinai Health System
 Dr. James Carson | The Scarborough Hospital
 Dr. Amy Catania | Office-Based Physician
 Dr. Erika Catford | Office-Based Physician
 Dr. Alexander Caudarella | St. Michael's Hospital
 Dr. Christopher Cavacuti | St. Michael's Hospital
 Dr. Victor Cellarius | Sinai Health System
 Dr. Reena Chada | Office-Based Physician
 Dr. Lina Chakrabarty | The Scarborough Hospital
 Dr. Anita Chakraborty | Sunnybrook Health Sciences Centre
 Dr. Lori Chalklin | Office-Based Physician
 Dr. Jean-Pierre Champagne | North York General Hospital
 Dr. Bowen Chan | Office-Based Physician
 Dr. Loh Yen Chan | Office-Based Physician
 Dr. Edward Chan | Southlake Regional Health Centre
 Dr. Caroline Chan | The Scarborough Hospital
 Dr. Erin Chan | The Scarborough Hospital
 Dr. Esther Chan | The Scarborough Hospital
 Dr. Alice Chan | Trillium Health Partners
 Dr. Jeffrey Chan | St. Joseph's Health Centre
 Dr. Arlene Chan | Women's College Hospital
 Dr. Thomas Chan | The Scarborough Hospital
 Dr. Maria Chang | Sunnybrook Health Sciences Centre
 Dr. Boon Chang | UHN - Toronto General Hospital
 Dr. Benny Chang | UHN - Toronto Western Hospital
 Dr. Derrick Chang | UHN - Toronto Western Hospital
 Dr. Richard Chang | St. Joseph's Health Centre
 Ms. Mirander Chan-Wah | The Scarborough Hospital
 Dr. Rachna Chari | St. Joseph's Health Centre
 Dr. Alison Charlebois | Office-Based Physician
 Dr. Jocelyn Charles | Sunnybrook Health Sciences Centre
 Dr. Kimberley Charlton | Office-Based Physician
 Dr. Michael Charnish | Michael Garron Hospital
 Dr. Martin Chasen | W. Osler Health Centre - Brampton Hospital
 Ms. Wilfrida Chavez
 Dr. Waqar Cheema | Trillium Health Partners
 Dr. Matthew Chellew | Trillium Health Partners
 Dr. Jeyla Chen | North York General Hospital
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Dr. Albert Lau | St. Joseph's Health Centre

Dr. Christine Lau | Sunnybrook Health Sciences Centre

Dr. Marnie Lavigne | Royal Victoria Hospital

Dr. David Law | The Scarborough Hospital

Dr. Marcus Law | Michael Garron Hospital

Ms. Katherine Lawton | St. Joseph's Health Centre

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Dr. Kate Lazier | Michael Garron Hospital

Ms. Jana Lazor

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Dr. Douglas Ledger | The Scarborough Hospital

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Dr. Julia Lee | Office-Based Physician

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Dr. Allanah Li | North York General Hospital

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Dr. Alan Li | Office-Based Physician

Dr. Kan Li | The Scarborough Hospital

Dr. Sisi Li | The Scarborough Hospital

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