

DFCM SELF-STUDY REPORT 2012-2020



DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE

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.

VALUES

We are committed to the four principles of family medicine:

- The family physician is a skilled physician.
- Family medicine is a community-based discipline.
- The family physician is a resource to a defined practice population.
- The doctor-patient relationship is central to the role of the family physician.

We are guided by 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, diversity and inclusion.
- Advocacy for accessible and quality patient care and practice.
- Multidisciplinary, interprofessional collaboration and effective partnerships.
- Professionalism.
- Accountability and transparency within our academic communities and with the public.

TABLE OF CONTENTS

1.0 INTRODUCTION	6
1.1 Key Milestones 2012-2020	7
1.2 Strengths & Challenges	7
1.3 Equity, Diversity & Inclusion	9
1.4 Self-Study Participation	9
1.5 Recommendations from 2012 Review	10
1.6 Chair's Report	25
2.0 PEOPLE	28
3.0 EDUCATION	35
3.1 Undergraduate Program	36
3.2 Postgraduate Program	50
3.3 Academic Fellowship & Graduate Studies Program	62
4.0 LEADERSHIP & FACULTY DEVELOPMENT	66
4.1 Faculty Development	67
5.0 QUALITY & INNOVATION	74
5.1 Who We Are	74
5.2 Vision & Strategic Plan	75
5.3 Key Activities	75
5.4 Funding	78
6.0 GLOBAL HEALTH & SOCIAL ACCOUNTABILITY	79
6.1 History & Context	80
6.2 Leadership	80
6.3 Key Milestones	81
6.4 Educational Offerings	81
6.5 International Partnerships	84
6.6 Global Health Research	85
6.7 Future Directions	85
7.0 ACADEMIC DIVISIONS	87
7.1 Emergency Medicine	87
7.2 Palliative Care	90
8.0 PHYSICIAN ASSISTANT PROFESSIONAL DEGREE PROGRAM	93
8.1 Academic Leadership	93
8.2 Program Overview	94
8.3 Curriculum	94

8.4 Admissions, Enrolment & Graduates	94
8.5 Future Directions	95
9.0 RESEARCH & SCHOLARSHIP	96
9.1 Research Program	96
9.2 UTOPIAN: The University of Toronto Practice-Based Research Network	103
9.3 Office of Education Scholarship	105
10.0 ORGANIZATION & FINANCIAL STRUCTURE	114
10.1 DFCM Central	114
10.2 DFCM Sites	115
10.3 Governance Committees	117
10.4 Financial Resources	117
10.5 Appropriateness of Resources	118
11.0 RESOURCES & INFRASTRUCTURE	120
12.0 INTERNAL & EXTERNAL RELATIONSHIPS	122
12.1 Internal Relationships	122
12.2 External Relationships	123
12.3 International Relationships	124
12.4 Social Impact	125
13.0 ALUMNI & ADVANCEMENT	126
13.1 Advancement	126
13.2 Alumni	130
14.0 FUTURE DIRECTIONS	131
15.0 FACULTY REPORT	134
16.0 LEARNER REPORT	136
17.0 SITE REPORTS	140
17.1 Markham Stouffville Hospital	141
17.2 Mount Sinai Hospital	147
17.3 North York General Hospital	151
17.4 Royal Victoria Regional Health Centre	156
17.5 Rural Residency Program	160
17.6 Scarborough Health Network	162
17.7 Southlake Regional Health Centre	165
17.8 Sunnybrook Health Sciences Centre	169
17.9 Toronto East Health Network - Michael Garron Hospital	174
17.10 Trillium Health Partners - Credit Valley Hospital	178

17.11 Trillium Health Partners - Mississauga Hospital	182
17.12 UHN - Toronto Western Hospital	186
17.13 Unity Health Toronto - St. Joseph's Health Centre	190
17.14 Unity Health Toronto - St. Michael's Hospital	194
17.15 Women's College Hospital	202

1.0 INTRODUCTION

The University of Toronto Department of Family and Community Medicine (DFCM) is a large, distributed department that functions with unity, collaboration and responsiveness as a result of a well-resourced leadership and administrative infrastructure both centrally and at the sites. The central senior-most leadership functions are managed by a team of key leaders to ensure that all programs and activities are accessible and responsive to learners, faculty, staff and sites.

DFCM Central

DFCM is focused in five major areas: education, research, quality and innovation, global health and family doctor leadership. With this focus, the Department is divided into nine programs (Undergraduate Education, Postgraduate Education, Academic Fellowship and Graduate Studies, Research, Faculty Development, Quality and Innovation, Global Health and Social Accountability, Office of Education Scholarship, Physician Assistant) and two divisions (Emergency Medicine and Palliative Care), with an additional four divisions in development (Care of the Elderly, Hospital Medicine, Mental Health and Addiction and Clinical Public Health).

Our network of committed leadership is dedicated to training and mentoring future leaders and providing opportunities for advancement within the Department. In our major programs, Vice-Chairs are supported by Program Directors and Associate Program Directors. This has enabled our programs to expand and thrive. Programs are also guided by various committees that provide oversight, expertise and a forum for collaboration.

DFCM Sites

Central DFCM programs support teaching and research at 14 core teaching sites, four rural sites and 40 teaching practice sites. Sites are responsible for the day-to-day organization, implementation and supervision of teaching and learning, under the oversight of various leads, the site chief and the executive committee.

The leadership structure at each site mirrors the central leadership structure with each site having its own Site Directors, Site Program Administrator, QI lead and Research lead. This enables all our sites to provide a strong learning environment for our residents and deliver the core academic program in unique and geographically grounded ways. Meanwhile, DFCM committee and communication structures allow us to work in an environment that fosters collaboration, respect, responsiveness and flexibility.

Further details on DFCM structure and governance are included in [Chapter 10](#).

KEY MILESTONES 2012-2020

Education

- Tremendous growth in the Undergraduate Program, with faculty members providing leadership and teaching family medicine at all levels of the MD Program. In particular, DFCM faculty played pivotal roles during the transformation of the pre-clerkship years, now called the Foundations Program (2016/17).
- Postgraduate Program recognized nationally and internationally for its excellence. Nationally accredited by the College of Family Physicians of Canada (Dec. 2020) with a provisional result of Full Accreditation with Action Plan Outcome Report in two years, and the first family medicine residency program in North America to be accredited by the World Organization of Family Doctors (2018).

Research & Scholarship

- Office of Education Scholarship established (2012).
- The University of Toronto Practice-Based Research Network (UTOPIAN) established (2013).
- Art of the Possible Education Grants introduced to support DFCM education programs and faculty members, through seed funding and consultation, to engage in education scholarship innovations and research (2016).

Quality & Innovation

- Led the way nationally in the development of a comprehensive, longitudinal quality improvement curriculum that is contextualized for primary care.
- The COVID-19 Community of Practice for Ontario Family Physicians (co-created by DFCM and the Ontario College of Family Physicians) has created a space for hundreds of family physicians across Ontario to come together to learn from each other during the pandemic (2020).

Leadership & Faculty Development

- All DFCM education programs have been strengthened by the addition of Associate Program Directors, enabling programs to expand and thrive thanks to greater collective expertise and greater depth of leadership.
- Leadership expansion in the areas of Social Accountability, Indigenous Health, and Equity, Diversity and Inclusion.

Global Health

- DFCM supported Addis Ababa University to establish Ethiopia's first training program in family medicine (2013).
- DFCM named the first World Health Organization Collaborating Centre on Family Medicine and Primary Care (2018).

STRENGTHS & CHALLENGES

DFCM Structure & Leadership

Despite being large and dispersed, DFCM's organizational structure allows for efficiency over geographically distributed sites. This is achieved through consistent leadership structures centrally and at each site, and numerous committees that encourage information sharing and collaboration towards DFCM's mission.

The Department also benefits from strong leadership and expertise in our Vice-Chairs, Program Directors and Associate Program Directors, and a large and deeply committed faculty. However, DFCM has experienced numerous transitions in the Chair position since 2016 (two Chairs, two Interim Chairs). These fluctuations have been challenging for the Vice-Chairs, Program Leads and Site Chiefs.

Diverse Learning Environment

DFCM's diverse sites (inner city, rural etc.) and numerous specialized and vulnerable populations ensure a comprehensive learning experience and offer opportunities to tailor

learning based on personal interests. However, DFCM is aware of the need to strengthen educational experiences around Indigenous health. Data show that the majority of DFCM residents do not feel they get enough exposure to Indigenous health, and many reported not feeling confident in this area. In 2019, DFCM hired Dr. Suzanne Shoush as Indigenous Health Faculty Lead. As part of her role, she is developing a comprehensive strategy to transform our department to make it safe, nurturing and supportive of Indigenous learners, teachers and staff. This includes engaging the Indigenous community to propose and shape strategies. Dr. Shoush has already begun this process and is actively working with our postgraduate education program to lead the development of a more comprehensive Indigenous health curriculum for our learners.

Integration with Temerty Faculty of Medicine and MD Program

DFCM is a core department within the Temerty Faculty of Medicine (Temerty Medicine), with deep and extensive links at the Faculty level, and among other clinical departments. Senior leaders are represented on numerous Faculty-level committees to ensure communication and collaboration across Temerty Medicine. For example, the DFCM Chair is a member of the Faculty's All Chairs Committee and the DFCM Vice-Chair Education is a member of the Faculty's Vice-Chair Education Committee.

DFCM is also integrated and influential within the MD Program, with family physicians well represented in teaching and leadership roles. This includes the Foundations Program (pre-clerkship) under the leadership of Foundations Director Dr. Marcus Law (DFCM faculty) (see [Chapter 3.1](#)).

Research & Scholarship

DFCM researchers benefit from dual support, from the central DFCM program and site-based research expertise. These strong partnerships between the University and hospital sites support research awards and productivity.

In terms of education, DFCM's Office of Education Scholarship (OES) promotes an evidence-based, scholarly approach to family medicine training. Since being established in 2012, the OES has developed into a thriving community, with a cadre of experienced clinician education scholars and PhD education scientists providing support for the development and evaluation of family medicine educational innovations across DFCM and its teaching sites.

Through & Post-Pandemic

The COVID-19 pandemic has placed an inordinate amount of pressure on the healthcare system, our faculty and learners. We must acknowledge that the strain on our overburdened hospitals and care providers will remain – at least for now.

DFCM has pivoted to provide successful educational experiences online, and is exploring possibilities associated with this new learning environment through initiatives such as EXITE: EXploring Innovative TEchnologies in Family Medicine (see [Chapter 14](#)).

While the shift to remote work and virtual care has had certain benefits for our distributed department, the full extent of the impacts of the pandemic on learner registration, financial implications and productivity are yet to become clear.

EQUITY, DIVERSITY & INCLUSION

With the ultimate goal of ensuring a safe, nurturing and supportive environment for all, DFCM is working to incorporate diverse perspectives and provide educational experiences that prepare future family physicians for comprehensive practice incorporating specialized, vulnerable and underserved populations.

Under the guidance of newly appointment faculty leads in social accountability, Indigenous health and equity, diversity and inclusion (EDI), DFCM is working to build a department that is organized and operates according to principles of equity, anti-oppression and social accountability in education, research, clinical care, quality and innovation, advocacy and leadership.

Initial steps have included two EDI workshops for DFCM's executive committee (central and site leaders). These workshops were an opportunity to delve deeper into power, privilege and oppression in healthcare and education, and reflect upon our own roles, biases and impact. This insight has been hugely valuable as we consider how to amplify and integrate the voices, needs and perspectives of diverse communities to ensure our practices, hospitals, residency programs, and clinical encounters are safe and accessible to all. DFCM has shared learnings from this process with colleagues across the Temerty Faculty of Medicine as we all strive to make improvements in this area.

SELF-STUDY PARTICIPATION

This report draws heavily on recently prepared materials, such as accreditation documentation for both postgraduate and undergraduate programs. These are robust reports on DFCM's teaching and learning environment and a valuable opportunity to reflect on DFCM's strengths and how we can improve and innovate.

Additional input was sought from leadership and other targeted individuals, with department-wide perspectives demonstrated through existing surveys, such as the Voice of the Faculty Survey ([Chapter 15](#)), and submissions from learner groups including The Family Medicine Residents' Association of Toronto and The Interest Group in Family Medicine ([Chapter 16](#)).

RECOMMENDATIONS FROM 2012 REVIEW

The table below lists the recommendations from the previous external review, DFCM's initial response, and subsequent steps taken to address these recommendations. The initial responses shown below were provided by Dr. Lynn Wilson, Chair, DFCM in 2012.

UNDERGRADUATE MEDICAL EDUCATION

Recommendations	<ol style="list-style-type: none"> 1. The DFCM continue its core educational efforts across the four years of the medical student curriculum with efforts at continuous quality improvement and innovation. 2. The DFCM provide more opportunities for students in the first year to be exposed to the variety and range of clinical practice, research, and educational aspects of family medicine. 3. The faculty of DFCM increase its involvement in a wider scope of topics and courses in the first two years of the curriculum. 4. The DFCM consider pursuing the development of a longitudinal based clinical clerkship model in partnership with the other core disciplines at some of its clerkship sites.
Initial Response	<p>The DFCM Undergraduate (UG) Program will continue to be strongly committed to continuous quality improvement and innovation. For example, our UG leaders are initiating discussions with our Quality Improvement Program to investigate the incorporation of quality in their offerings. As well, Dr. Kymm Feldman, DFCM UG Director and her team are hosting "The Breakthrough Conference: Innovation through Collaboration in Medical Education" in June 2013.</p> <p>We will continue to work at enhancing first-year student exposure to family medicine research through CREMS and the CREMS summer student program as well as providing separate summer student research opportunities. Family medicine is currently underrepresented in these activities, and increasing student participation will be a priority in the upcoming five years. In addition, in September, 2012 170 first-year students attended an elective evening during orientation week with a panel of family physician discussing their career trajectories. This successful event will continue to be offered in the future. Our DFCM faculty are keen to provide more collaborative lectures. These lectures are co-taught by family physicians and colleagues from other specialties and demonstrate the continuum of care in the health care system as well as the appropriate roles for family medicine and specialty care in addressing particular problems. Doing more collaborative lectures in strategic areas could demonstrate</p>

the different career trajectories of family physicians in a manner that the full class would be exposed to.

In addition, the Family Medicine/Pediatrics Integration Committee is currently examining opportunities to collaborate throughout the UG curriculum in providing educational opportunities regarding Child Health.

DFCM has the capacity to provide more solo lectures in the pre-clerkship years and our faculty are keen to do so. Our UG leaders are currently actively engaged with the Faculty of Medicine Clerkship Director to address the recommendation regarding development of a longitudinal-based clinical clerkship model in partnership with other core disciplines. I feel that this model would work well in a number of our recently developed community-affiliated sites. We look forward to the participation of our Vice-Chair, Education on the newly-created FOM committee addressing UG curricular innovation.

Subsequent Measures

1. As evidenced in [Chapter 3.1](#), there has been tremendous growth and innovation in the last eight years. There are scholarly innovations in curriculum, evaluation and generalism. This work has been recognized and disseminated locally, nationally and internationally.
2. The Interest Group in Family Medicine has flourished in the last eight years with committed DFCM faculty leadership. There are numerous events targeting medical students across the four years. We continue to host the Family Medicine Week after the 2nd year and have also created the Addictions Week to expose students to this area of practice.
3. As noted in the report, there have been tremendous contributions by DFCM faculty members to the new Foundations Curriculum. The leadership structure of the Foundations program is in the report and DFCM faculty members are highlighted. Furthermore, the Generalism Scholarship Team reviewed all 61 weeks of the Foundations program and have given feedback to curriculum developers and case writers using the T-GAT generalism tool. This is further explained in the full report.
4. The longitudinal integrated clerkship (LIC) was piloted in the 2015-2016 academic year, and expanded to more sites in 2016-2018. Family medicine and DFCM faculty members took a prominent role in the development of the program, its evaluation and success. Many lessons were learned running a large LIC in an urban area. The LIC program was discontinued in June 2018. The Advocacy project was a novel educational innovation that was created with the launch of the LIC but has been continued in the current clerkship structure in family medicine.

POSTGRADUATE MEDICAL EDUCATION

Recommendations	<ol style="list-style-type: none">1. Standardizing on-call responsibilities across sites.2. Creating an updated central repository for electives across the system.3. Providing greater research support and infrastructure for the newer sites.4. Reconsidering the amount of time that is spent on some of the rotations and educational endeavors in their tightly packed 2-year training programs - perhaps on a periodic basis.
Initial Response	<p>All postgraduate (PG) training sites adhere to the CAHO-PAIRO contract with respect to maximum call responsibilities. The minimum after-hours requirements are site-dependent. Given that the competency-based clinical curriculum is addressed in a variety of ways across our sites, there is variation in the call responsibilities for off-service rotations. With respect to the family medicine component of residency education, our PG program is currently addressing this recommendation by ensuring that all sites provide an after-hours component.</p> <p>There is a central repository of electives which is continually being upgraded to provide an increased quantity and quality of offerings. All new electives are presented to the Residency Program Committee. All sites provide a catalogue of local clinical experiences which is upgraded by residents in the program.</p> <p>We have recognized the need for improved support and infrastructure for the resident academic projects at our newer sites. Under the leadership of Dr. Cynthia Whitehead, DFCM Vice-Chair, Research, and with significant input from our Research and QI Programs and the DFCM Office of Educational Scholarship, DFCM is developing updated central Resident Academic Project guidelines and comprehensive online resources. The participation of our newer sites in "UTOPIAN", the recently-launched DFCM Practice-Based Research Network will provide some increased opportunities for their residents to participate in faculty-led research projects. Dr. Eva Grunfeld, our DFCM Research Director and I have met with the Chiefs at all of our sites to discuss support for research and we will continue to support the leaders at newer sites in looking at mechanisms for enhancing their scholarly capacity, including support of resident academic projects.</p> <p>The Postgraduate Program is committed to biennial review of the new Competency-Based Curriculum. In addition, ongoing monitoring of Resident Practice Profiles and resident evaluations of experiences will enable continuous quality improvement in our residency program.</p>

Subsequent Measures	<p>DFCM has successfully completed their 2020 CFPC accreditation survey and have provisionally received full accreditation with a 2-year outcome report. The final report will be received in May 2021. The recent exit survey feedback was very positive and the previous postgraduate recommendations from 2012 were not identified as issues.</p> <p>We continue to follow the PARO contract and specifically follow the maximum call guidelines. Call can be variable at sites based on their teaching unit's Family Health Team after hours call commitment and with off service rotation call requirements.</p> <p>There is a new central repository of electives that has been built and shared by the Family Medicine Residency Association of Toronto. The repository includes elective opportunities at all sites and is housed on a platform that all residents can access.</p> <p>All new community sites have fully established resident research programs that are directed by quality improvement and research leads. The DFCM Office of Education Scholarship, QI and Research Programs support all site leads.</p> <p>DFCM focuses on a culture of continuous quality improvement to advance the residency program. Numerous sources of data are reviewed by program leadership on a monthly, quarterly and annual basis to identify opportunities for improvement.</p>
----------------------------	--

GRADUATE STUDIES AND ACADEMIC FELLOWSHIP PROGRAMS

Recommendations	<ol style="list-style-type: none"> 1. Consider having the host structure for all the Graduate Studies and Academic Fellowship Programs in DFCM within the Faculty of Medicine. 2. Clarify and simplify the nomenclature and content of the programs to reflect the primary purpose of the course and its audience. For example, the CTC program could be a Certificate in Medical Education and the Academic Fellowship could be a Fellowship in Medical Education. Simplified nomenclature will allow greater clarity and branding, which in turn may facilitate making the programs easier to market and understand. 3. Although face-to-face teaching has many advantages, the DFCM might consider enhancing the programs with e-learning -- creating hybrid face-to-face models with some e-learning support components.
Initial Response	<p>I understand the reviewers' rationale for changing the host structure for our Graduate Studies and Academic Fellowship Programs but I am respectful of the role of the School of Graduate Studies and the host graduate unit (Dalla Lana School of</p>

Public Health, DLSPH). DFCM will continue to work closely with the Faculty of Medicine and School of Graduate Studies to ensure that our faculty members have the opportunity to contribute to graduate enrolment expansion in relevant inter-disciplinary fields in cognate graduate units.

However, I agree wholeheartedly with their suggestion regarding nomenclature for our very popular Clinical Teacher Certificate and Academic Fellowship. We have some experience with e-learning for our graduate programs (e.g., our Evidence-Based Medicine Master's course and Interprofessional Applied Practical Teaching and Learning in the Health Professions (INTAPT)) but we will need to enhance this. I believe that demand for our programs from faculty in other countries will accelerate with the further adoption of the hybrid models mentioned by Drs. Rourke and Borkan. This will require significant investment. I am hoping that we will be able to acquire the necessary resources as we acquire new international opportunities and/or through advancement. There is an enormous need for innovation in primary care CE, knowledge translation and faculty development, and we have included this theme in our current advancement priorities.

Subsequent Measures

The program has reviewed the option to relocate the Graduate Programs within the Temerty Faculty of Medicine. We have decided to maintain the program within the DLSPH. The goals of the three graduate streams include creating future leaders who will be working in the healthcare system, whether that is in primary care and family medicine or health professions education. The grounding in public health and health policy is valuable to this group of future leaders. The course-based structure of our degrees aligns well with the other course based graduate programs at DLSPH and would not be as complimentary with the thesis-based graduate programs currently offered through the Temerty Faculty of Medicine. Our program has also served as an important bridge between the School of Public Health and DFCM.

Our program nomenclature has seen some change. The Academic Fellowship remains as the program for Academic Family Physicians. We have created the Medical Education Fellowship to allow a narrower focus in medical education. The Clinical Teacher Certificate remains a smaller program differentiated from the longer Medical Education Fellowship.

The reviewers will be pleased to see that we have made progress towards a hybrid/online degree, and we will be moving through the governance process for approval for an online stream in the next year.

PROFESSIONAL DEVELOPMENT

Recommendations	<ol style="list-style-type: none">1. Continuation and expansion of this decentralized, tiered model of professional development.2. Evaluation of the impact of the program on faculty over time.3. Continuous quality and content improvement – ensuring the programs are effective and meet the evolving needs of faculty, the changing demographics, and the needs of the faculty that are teaching in the program.
Initial Response	<p>I agree with the reviewers' recommendation to continue and expand our model of professional development (PD) while using a lens of continuous quality and content improvement. Given the large and very distributed nature of DFCM, we will need to take greater advantage of information technology and web-based curriculum in providing faculty development.</p> <p>To-date, we have been able to meet the evolving needs of faculty by ensuring communication and collaboration between the PD Program and other DFCM programs. This has led to new offerings that are highly relevant to our clinician teachers in areas such as faculty development for new and returning family medicine longitudinal experience (FMLE) preceptors, effective utilization of our new competency-based curriculum and accompanying evaluation tools, academic leadership, junior promotion and tailoring of some of our BASICS curriculum to meet the needs of other primary care health professionals teaching family medicine learners. Our PD site representatives conduct annual needs assessments with their faculty to help guide new activities both locally and centrally. Our DFCM Faculty Leadership and Work-Life Survey is another mechanism for ongoing monitoring of faculty need particularly with respect to resilience.</p> <p>We have recently created and filled the role of Professional Development Educational Scholarship Coordinator. Some of the duties and responsibilities for this role include supporting members of the PD Committee to engage in program evaluation and liaising with members of other DFCM programs in development and evaluating faculty development in areas of priority for the department.</p>
Subsequent Measures	<p>The Faculty Development Program has continued to support teachers through a multi-tiered model. Eight of our program initiatives to support faculty include the virtual BASICS program for New Faculty, Leadership Basics, the Health Professional Educators (HPEs) Community of Practice (CoP), Faculty Renewal growth areas encompassing Competency Based Medical Education, Assessment, Hidden Curriculum, and Wellness and Resilience.</p>

We've expanded our appointments, promotions and awards, as well as support for FMLE, and continue to reach widespread faculty with our DFCM Annual Conference and Walter Rosser Day.

BASICS for New Faculty is a longitudinal program designed to equip new faculty to function optimally in their academic roles since 2012. In 2018 BASICS went through a redesign based on the 2017 DFCM Faculty Needs Assessment and programmatic evaluations. In 2020 the fully virtual program was designed to increase access for distributed faculty. We have included key components such as equity, diversity and inclusion, quality improvement, learner mistreatment, 360 feedback for teachers, climate change and working on teams.

DFCM HPEs are a priority and are integrated into many aspects of teaching. The CoP for HPEs provide access to training (field note study) resources, mentorship.

Fostering wellness and resilience for DFCM faculty and learner well-being is vital. There are wellness initiatives offered at three levels. Micro level, which includes site specific activities such as Balint groups. The meso level, which includes activities among sites and departments such as co-sponsored departmental grand rounds. Finally, the Macro level, which includes activities at the Temerty Faculty of Medicine and beyond, such as the COVID Wellness Committee.

We rely on six inputs and metrics to inform our programming: 1) Informal site-based needs assessments, 2) Central DFCM wide Faculty Needs Assessment conducted in 2017, 3) Collaboration with programs and chiefs, 4) Program evaluations, 5) Stake holder requirements (FoM/Postgrad/Undergrad), 6) Literature (FTA Framework/CanMEDS etc).

To support teachers with identified needs, the Postgraduate and Faculty Development Programs collaborated to develop and disseminate four modules: Competency, Assessment, Hidden Curriculum and Wellness & Resilience. Each of the four modules contained a video, a PowerPoint presentation, and a one-pager. The modules were designed to be tailored by sites to meet their specific faculty development needs. In addition, centrally run webinars were offered for distributed faculty. These materials are also available online for self-guided learning.

CONTINUING MEDICAL EDUCATION

Recommendations

1. Consider re-examining the role of the DFCM vis-à-vis CME.

Initial Response

A great deal of CME is currently offered to the physicians of Toronto via the activities carried out at a local level by our 14 Family Medicine Teaching Units and Divisions of Palliative Care and Emergency Medicine. Given the number of family physicians in Toronto and the distributed nature of our department, it makes sense for a large amount of this activity to continue to be carried out locally. Some of these activities have a national and international impact, e.g., NYGH's annual Emergency Medicine Update. In addition, many of our faculty have worked closely with the Ontario College of Family Physicians in creating and providing CME for initiatives such as the Collaborative Mental Health Care Network, Healthy Child Development, "Saving the Brain" Collaborative Stroke Care Network, 18 Month Well-baby Visit, HIV/AIDs Mentorship Program, Osteoporosis and Falls Prevention Program and Primary Care Interventions into Poverty. Some of our faculty have led the development of modules for the College of Family Physicians of Canada's Problem-Based Small Group Learning Program which has recruited over 8000 participants since its launch in 1992. Many of the faculty in our DFCM Division of Palliative Care provide CME through the Ontario Ministry of Health and Long Term Care End-of-Life Distance Education Program.

There are some important CME activities provided by the central DFCM, including leadership in offering Primary Care Today (PCT) annually to over 2600 family physicians and other primary care providers from Ontario and beyond. The longstanding DFCM "Five Weekend Program" has provided faculty development to Canadian family physicians in areas such as sports medicine, care of the elderly and counselling skills. This model has also been used in international settings. DFCM has developed SEME (Supplementary Emergency Medicine Experience), a three-month fulltime remunerated CME program consisting of clinical learning and 20 web-based and in-person modules. The goal of SEME is to enhance the recruitment and retention of family physicians providing emergency medicine care as part of their comprehensive practice in rural settings. Additional recent central activities include the development and dissemination of evidence-based interprofessional toolkits for common primary care problems such as diabetes, depression, childhood obesity, the 18-month well baby visit and end-of-life care. A number of our faculty are collaborating with the FOM Office of CEPD in providing the Opioid Prescribing Workshops and the Comprehensive Family Practice Review program. Also, our faculty and residents are currently developing 140 "One-Pagers", which are Family Medicine-friendly evidence-based practice guidelines and tools linked to the electronic medical record and the Resident Practice Profile. The ground-breaking work of Dr. Michael Evans, Director of the Health Media Lab at the Keenan Research Institute is another example of innovative CME provided by a DFCM faculty member. In addition to his work at the lab, Dr. Evans is

the Editor of the Family Practice Sourcebook, to which over 120 DFCM faculty members contributed and which has been the fastest-selling text for frontline clinicians in Canada. DFCM provides graduate education in this area through its MScCH course *“Continuing Education in the Health Professions”*.

Despite all of these contributions, I do feel that DFCM needs to arrive at a clear plan regarding moving forward with CME. We are making progress in this regard through two projects recently initiated as a result of our 2012 Executive Retreat – DFCM Open and the Clinical Innovations Group. DFCM Open will be a peer-reviewed online open-source repository of clinical, educational and research tools relevant to Family Medicine. Our Clinical Innovations Group, currently in the strategic planning stage, will create a platform for sharing and dissemination of primary care clinical innovations, many of which are being implemented at the local level by our academic Family Health Teams. I feel quite strongly that the greatest contribution we can make as an academic department is to develop and evaluate new ways of providing CME, including linking CME to quality improvement (which is currently being investigated by our QI Program) and providing just-in-time decision supports through primary care electronic medical records (a priority of our DFCM EMR Users Group). To go above and beyond these activities to become a more significant CME resource to all physicians in the GTA, DFCM would need to secure a stable source of financial support. We will continue to make efforts in this regard. Finally, we will pursue requests from international colleagues to provide primary care CME, using an approach that reinforces capacity building.

Subsequent Measures

With the completion and non-renewal in 2020 of the contract to provide educational content to Primary Care Today, DFCM has stepped away from a leadership role in large scale CME for community practitioners. Many of the CME activities mentioned in the above section continue while others have been replaced. New initiatives, partnerships and collaborations (e.g., the Joannah and Brian Lawson Centre for Child Nutrition, the Temerty Centre for Artificial Intelligence Research and Education in Medicine, EXITE) as well as our new Divisions in DFCM will provide new opportunities for programming and educational outreach in areas of importance to the future practice of family medicine. DFCM is in a period of strategic reflection on the depth and extent of our CME outreach and offerings and it is expected that the new Chair will critically look at the role DFCM should play in this area, and the opportunities that would support new directions, including virtual models of delivery of continuing education.

RESEARCH

Recommendations	<ol style="list-style-type: none">1. Research should be encouraged and enabled to become part of the core activities of the majority of Family Medicine core full-time faculty. The QIP and Practice-Based Research Network are key opportunities to enable this research has established in better protection of more academic time.2. Provide EMR capability and provider training for data retrieval and analysis.3. Provide the financial and personnel resources to enable PBRN to not only be a high-level data mine but a resource that can be used by majority of faculty members to do practice-based research on their individual practices, group and by collective practices to answer grass roots, cold front the questions of Family Medicine. At the same time, it is important not to oversell the PBRN's capability. If it has not already been done, we recommend examining what has been learned in other countries with a high-developed level research analysis of practice information through EMRs and pharmacy networks to provide enormous research-driven quality improvement.4. Develop further research training opportunities for deserving residents, fellows, and faculty and keep the best in the DFCM –with adequate support.
Initial Response	<p>I appreciate the reviewers' acknowledgement of the advancements made by our Research Program in the past five years, e.g., recruitment of excellent leaders, restructuring of the program, and provision of support to increased numbers of Clinician Investigators and Clinician Scientists. In reviewing the program, the reviewer's main perspective seems to be limited to PBRN and EMR-related research. These areas are of great importance as DFCM moves forward; however, they have not commented on the breadth of research undertaken by our faculty using ICES data and research involving primary data collection.</p> <p>I am not in agreement with the recommendation that research become part of the core activities of the majority of our 300 full-time faculty, although there is definitely great potential for many more to become engaged through our Quality Improvement Program and/or UTOPIAN, our new Practice-Based Research Network (PBRN). Most of our faculty are valued Clinician Teachers or Clinician Educators and many do not currently have the training and/or interest to become DFCM-supported Clinician Investigators or Clinician Scientists. Their scholarly contributions are often through their creative professional activities and, increasingly, their work in the area of quality improvement. However, as front-line clinicians and teachers, the research questions they pose through their day-to-day observations and their collaboration on projects will be critical to the success of the PBRN.</p>

I do think that a crucial goal for the next five years is to enhance the research productivity of DFCM faculty by identifying and supporting those who currently have the skills and interest, and continuing to support interested trainees and faculty in acquiring the relevant skills. Accordingly, DFCM has planned a number of strategies:

1. Through UTOPIAN (the University of Toronto Practice-Based Research Network), which is a major new initiative of DFCM, all faculty will have an opportunity to become engaged in research in various ways and with various degrees of time commitment. One of the objectives of UTOPIAN is to enable involvement in research in greater or lesser degrees, depending on the interest and skills of faculty.
2. We will establish a mechanism by which all new faculty members are linked with the Research Program specifically to identify their research interest and skills, and connect them with research opportunities, resources and mentorship to help them develop in research. Some of these opportunities will be in the area of educational research, and the Office of Educational Scholarship, under the leadership of the Vice-Chair of Education will play an important role in this endeavour.
3. The Research Program will continue its discussions with our Graduate Programs regarding the development of a Family Medicine Research Certificate, consisting of four courses covering quantitative and qualitative methods. This will enable many of our Clinician Teachers to serve as effective collaborators.
4. We will continue to aggressively pursue advancement and other opportunities in order to further enhance our research infrastructure, mainly with regards to the PBRN. This is a top priority for our Department particularly during this time of funding cutbacks.
5. We will continue to work with the leaders of our distributed core teaching sites to ensure that appropriate resources are protected locally in order to further research activities. At the central DFCM level, all faculty will continue to have access to a number of resources, including formal mentors, methodologists, academic librarians and tuition support for graduate studies.
6. The Research Program will collaborate with the EMR Users' Group in enhancing faculty capacity to utilize EMR data for "limited retrieval" for smaller or more narrowly defined projects and could be enormously useful in terms of defining and implementing more standardized, structured or coded data entry across DFCM by EMR users. Within the context of the PBRN, "wider retrieval" will be needed and there is already

quite a bit of experience with this for most of the EMRs used in DFCM. Wider retrieval with direct access to databases will be facilitated by using the services of a Data Manager familiar with relational databases.

In summary, I agree with the reviewers' perspective that there is an opportunity for further growth in the Research Program and I am very excited to work with our research leaders in facilitating that growth. I also agree that there are resource implications, particularly related to the financial and personnel resources required to fully realize the potential of the pan-DFCM PBRN.

Subsequent Measures

The Research Program supports DFCM core programs and activities, as well as providing research and services to support faculty to conduct research at DFCM's 14 sites, four rural community sites and 40 teaching practices. Since 2012, there has been significant development in both the University of Toronto Practice-Based Research Network (UTOPIAN) and research-related training opportunities for DFCM faculty.

UTOPIAN has grown to a network of over 1,700 family physicians in practices within the 14 DFCM academic sites throughout the GTA and beyond. Using Electronic Medical Records (EMRs), UTOPIAN can access de-identified patient data from contributing practices to examine clinical information that is not readily available elsewhere. Access to the EMR data is available for researchers through the UTOPIAN Data Safe Haven, once projects have been approved by UTOPIAN and the relevant Research Ethics Board. UTOPIAN is also a platform for collecting original data (both quantitative and qualitative) from patients and health care providers. Numerous UTOPIAN advances and partnerships are detailed in [Chapter 9.2](#).

Research training opportunities for faculty have included the Clinical Research Certificate Program for faculty to learn more about research, the Clinician Scholar Program for residents interested in careers as clinician investigators, and new DFCM Investigator Awards - two Graduate Studies Awards for faculty who are enrolled in Master's and PhD programs, and New Investigator Awards for those early in their research careers and faculty with research graduate degrees to protect time for research and allow them to become more competitive when applying for other research career awards. More details are available in [Chapter 9.1](#).

RELATIONSHIPS

Recommendations	<ol style="list-style-type: none">1. Continue the practices that facilitate relationship building within all levels of the DFCM.2. Increase protected time for faculty to pursue academic work and professional development – including those at the peripheral sites.
Initial Response	<p>Relationships (intradepartmental and beyond) are key to the ongoing success of the DFCM in achieving its mission and vision, and will continue to be valued and nurtured.</p> <p>Please see Research above for my comment with respect to increasing protected time for faculty. This topic has been discussed in detail at previous professional development workshops for our site Chiefs. It is my observation that our longstanding community-affiliated sites (i.e., NYGH, TEGH, SJHC, TSH) have made great strides in structuring their practice plans in order to advance scholarship through research and creative professional activity. Our newest community-affiliated sites are at an earlier stage in this process, but a number of their faculty are currently pursuing graduate studies and their level of interest in educational and clinical research is increasing. We are providing professional development to our site leaders with regards to advancement and hope to learn from the successes of some of our community-based sites in attracting large endowments.</p>
Subsequent Measures	<p>Since 2012, our newer sites have strengthened their scholarly expertise and contributed to the academic work of DFCM in increasingly important ways, as will be evidenced throughout the report. DFCM's relationships with government, professional organizations, partner universities and institutions locally, nationally and internationally, other departments and programs within the University of Toronto Temerty Faculty of Medicine have grown considerably since 2012. The recognition of the importance of family medicine and primary care's contributions to health care delivery, medical education, research and leadership, as well as the growing expertise within academic family medicine, have fostered these partnerships and relationships.</p>

ORGANIZATIONAL AND FINANCIAL STRUCTURE

Recommendations	<ol style="list-style-type: none">1. Review practice plans in detail and reorganize with more clarity, transparency and uniformity for support of the faculty in the provision of the educational and research activities.2. Confirm and consolidate current funding.3. Seek additional sources of funding especially philanthropic.
------------------------	--

Initial Response	<p>I have commented a fair bit on these issues in previous sections of this document. Given the criteria by which Faculty of Medicine practice plans are deemed to be conforming, I do feel that the plans in the DFCM are clear and transparent. Through the DFCM Points Allocation uniformity has been achieved with respect to appropriate levels of support for our UG, PG, QI and PD site directors. As well, the DFCM has established standards of central and site-based remuneration for our Clinician Investigators and Clinician Scientists. Given the variability in roster sizes of our faculty (often influenced by patient complexity) and level of overhead protection from affiliated hospitals, it is difficult to completely eliminate variability across all 14 practice plans. The DFCM compensates for the lack of an AHSC AFP for community-affiliated faculty by distributing SRF funds to the longstanding community affiliates and CVH, and equivalent funds to our newest sites. I feel that the best ways for the DFCM to improve protected time for faculty is through ongoing education of our Chiefs and faculty through sharing of best practices, annual review of the scholarly contributions of faculty at individual sites, and support of ongoing local and central advancement activities.</p>
Subsequent Measures	<p>Work continues in achieving greater consistency across teaching sites with respect to support for academic activities. Variability will continue for reasons mentioned above. Nevertheless, all sites contribute very positively to the academic mission of DFCM and are very much respected in this regard.</p> <p>A significant DFCM financial carry forward allows for stable five-year financial projections. Added revenues will be sought through philanthropy and international training opportunities.</p>

GLOBAL HEALTH

Recommendations	<ol style="list-style-type: none"> 1. Continue and expand the high-quality global Family Medicine partnerships and initiatives to a level that reflects the size, strength, and depth of the DFCM. Since global health work requires investments, seek partnership funding from the University, as well as from the Government, international donors, and advancement opportunities.
Initial Response	<p>I agree that there is an opportunity for our Global Health program to broaden and deepen its impact. Our recent efforts towards building synergies between our purely global health activities and our international opportunities are key to achieving this goal. We will further our current work in primary care capacity building in Brazil, Chile and Ethiopia. In addition, we will continue to pursue current opportunities in a number of other settings, including China. I am appreciative of the significant leadership</p>

from the Decanal team as we move this agenda forward. The national leadership of our GH Director, Dr. Katherine Rouleau at the CFPC and AFMC will further enable our goals.

Subsequent Measures

Since the last review, a number of significant changes have occurred in the global health landscape, not least of which is the COVID-19 pandemic. Internal political changes in China, Chile and Brazil caused some interruptions in our collaborative activities, some temporary, others likely to be permanent. Moreover, the pandemic and the continued evolution of international relations are expected to shape the potential and execution of collaborative activities for years to come.

The last decade has also taught us that a sustained partnership dedicated to building capacity in family medicine, such as our partnership with Addis Ababa University, requires significant resources and attention such that it is difficult, even for a department as large as ours, to effectively maintain more than one major relationship.

Rather than focusing on single country partnerships, we have instead developed as a hub of learning and collaboration for emerging leaders in family medicine from across the world, especially in low- and middle- income countries. This is most evident in our TIPs program and its COVID-informed offspring, Co-Tips. As a WHO Collaborating Centre, we hope to continue to invest in this role as convenor, co-learner and co-innovator.

The attention dedicated to primary health care by the global community, highlighted by the Astana Declaration of October 2018 and the commitment to Universal Health Coverage at the UN General assembly of September 2019 have translated into a number of exciting global projects in our capacity as a WHO Collaborating Center. We hope to continue to grow this contribution to global health and will be exploring sources of funding in the coming year, hoping to build on the lessons learned from the COVID-19 pandemic to strengthen family medicine and primary care globally.

Lastly, the need to focus some of our efforts on local gaps in health equity, including Indigenous health and the adverse impact of poverty and racial discrimination, has grown ever-more strident over the past five years. The addition of key leadership positions on our team over the past year heralds increased effort and innovation to strengthen the ability of our discipline and of our clinicians in addressing the needs of those who bear the health burden of oppressive social structures.

CHAIR'S REPORT

Submitted by Dr. David Tannenbaum, Interim Chair

DFCM's past eight years have been defined by innovation and collaboration. Much of this activity has been guided by DFCM's 2015-2020 strategic plan, *Advancing Family Medicine Globally Through Scholarship, Social Responsibility and Strategic Partnerships* ([Appendix 1.1](#)), and more recently, the *Temerty Faculty of Medicine Academic Strategic Plan 2018-2023: Leadership in Advancing New Knowledge, Better Health and Equity* ([Appendix 1.2](#)). The DFCM strategic plan is due for renewal and it is anticipated that the incoming Department Chair will lead this effort.

Our activities have also been driven and impacted by some notable trends and external factors.

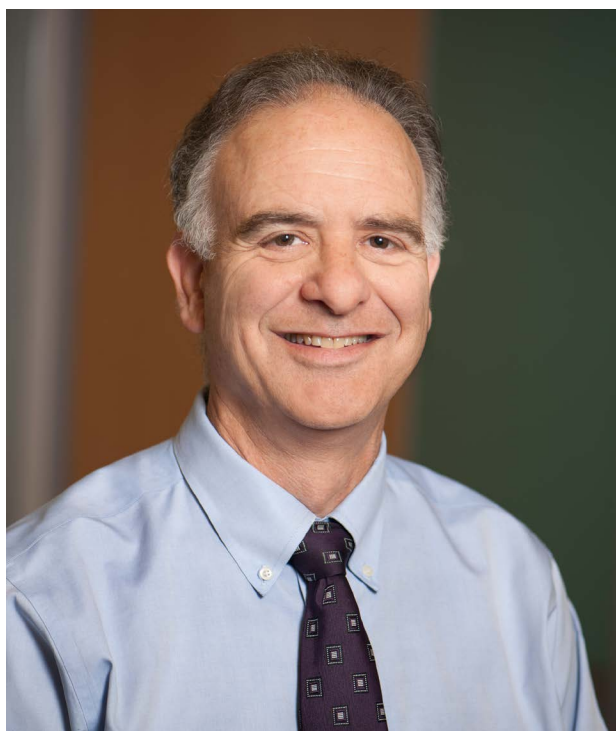
Changes in Required Skillsets

The role of the family physician continues to evolve. Skills such as virtual care are critical, quality improvement, practice-based research and systems leadership are increasingly in demand, and expertise in big data and artificial intelligence are emerging priorities.

DFCM faculty are leading the way in many of these fields, and in turn supporting educational offerings that prepare family medicine learners for the future of primary care. Initiatives include EXITE (EXploring Innovative TEchnologies in Family Medicine), UTOPIAN (University of Toronto Practice-Based Research Network) and advanced leadership training (DFCM Integrated Three-Year Family Medicine Residency Program).

Serving Vulnerable and Underserved Communities

In recent years there has been increased acknowledgement of the needs of specific, vulnerable and underserved populations. As outlined in the 2020 University of Toron-



to Family Medicine Report: Caring for Our Diverse Populations ([Appendix 1.3](#)), family doctors play a critical role in caring and advocating for the communities they serve.

DFCM provides educational initiatives for our learners in family medicine in areas such as Indigenous health, cultural safety, as well as management of patients facing the challenges of addictions, mental illness and adverse social determinants of health. But, as noted above, DFCM is aware of the need to further strengthen educational experiences in certain areas, particularly Indigenous health.

Acknowledging the Importance of Reconciliation

The Truth and Reconciliation Commission and the Missing and Murdered Indigenous Women and Girls National Inquiry have stressed the importance of culturally safe health care, informed by Indigenous peoples. In response to this, DFCM has undertaken an environmental scan of DFCM hospital teaching sites to help identify community partners and assess our various strengths and opportunities for improvement. DFCM is prioritizing ongoing Indigenous Cultural Safety training for faculty members, staff and medical learners

by working with education partners across the city and country, as well as with the Indigenous Physicians Association of Canada, the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada. We want to ensure our department has a strong foundation in essential Indigenous health competencies in our resident program, and that our learners have an opportunity to thrive in Indigenous health. This requires collaboration with Elders, Traditional Knowledge Keepers and Indigenous Health Agencies.

Additionally, critical to the Truth and Reconciliation Commission Calls to Action is the recruitment, retention and training of Indigenous learners and faculty members. While progress has been made, diversity among DFCM leadership, staff and learners is an area that requires improvement.

Enhancing Care Through Research and QI

Family practice is the first point of contact for patients and where much of care in Canada is coordinated. Yet relatively little primary care research has been done at this level. However, there is increasing interest in family medicine research to enhance both care and education, by understanding needs and assessing interventions. DFCM is at the forefront of this through the Research (including UTOPIAN), Office of Education Scholarship and Quality and Innovation programs. Securing adequate access to research grants, resources and mechanisms for supporting researchers for these initiatives is challenging. However, the recent recognition and support by government for a province-wide primary care practice-based research network is a promising development.

Despite some internal and external challenges, not least the COVID-19 pandemic, DFCM has made significant progress as we seek to provide a superior family medicine teaching, learning and research environment. Looking ahead, our ability to anticipate and prepare residents for the future of primary care will define our ongoing success.

In Summary

From 2012-2020, DFCM has been guided by the strategies laid out in the 2015-2020 strategic plan, as well as directions expressed in the Temerty Faculty of Medicine's strategic plan (2018-2023), with a particular focus on innovation and excellence through equity. For further information, please see DFCM's annual reports for this period ([Appendix 1.4](#)), and the University of Toronto Family Medicine reports ([Appendix 1.3](#) and [1.5](#)).

The next strategic plan, shaped by the incoming Chair, will need to reflect the successes, learnings and challenges of the past eight years. The COVID-19 pandemic, and its effects on marginalized and underserved populations, have brought into sharp focus the efforts that must be taken by DFCM and our affiliated sites with respect to clinical care, education, research and leadership. These efforts must address inequities in care and health outcomes, and respond to the challenges of the pandemic with innovation in teaching, learning and the provision of clinical care.

In the medium term, a greater focus on population health, advancing the interface of family medicine and public health, and collaborative advocacy for models of care that strengthen family medicine and primary care in Ontario Health Teams will be important directions.

As an academic department we have a responsibility to develop and study innovative approaches to patient care and medical education. We must continue to seek evidence for best practices to support primary care providers and effectively prepare the next generation of family physicians and interprofessional providers for new models of clinical practice. A focus on quality and equity must inform and underpin all our efforts in both teaching and clinical care.

Acknowledgements

DFCM's success over the past eight years is due to outstanding leadership from our Vice-Chairs, Program Directors, Site Chiefs and other leaders. Their commitment and wisdom have shaped and guided the Department, and been particularly invaluable during the challenges of 2020. Of course, our achievements would not be possible without consistent support from the Temerty Faculty of Medicine, the decanal team, and our outstanding administrative staff. Centrally and across our teaching sites, admin teams keep DFCM running smoothly, even in the most challenging of times. Much of this work happens behind-the-scenes and is crucial to our ongoing success.

David Tannenbaum

Interim Chair

Department of Family and Community Medicine

DFCM at the University of Toronto is one of the largest family medicine departments in the world, with over 1,866 faculty supporting learners at clerkship, residency and graduate levels. Our network of strong and committed leadership teams are dedicated to training and mentoring future leaders and providing opportunities for advancement.

Leadership

DFCM benefits from strong leadership and expertise in five major areas: education and scholarship, research, quality and innovation, global health and family doctor leadership.

In each of our major portfolios, leadership positions are filled with knowledgeable and skilled educators and researchers. This includes Vice-Chairs who are nationally and internationally recognized as thought-leaders and innovators.

Over the past eight years, all of our education programs have been strengthened by the addition of Associate Program Directors. This enabled our programs to expand and thrive thanks to greater collective expertise and more stable leadership (organizational charts are available in [Appendix 2.1](#)). These programs are exemplars within the University and across Canada for their commitment to innovation and evaluation systems that are informed by best practices in learning science, and respond to the needs of the University and society.

Leadership in Social Accountability

DFCM has made a commitment to strong leadership in social accountability, Indigenous health and equity, diversity and inclusion. This commitment includes the following six new positions:

- Equity, Diversity & Inclusion (EDI) Lead
- Faculty Lead in Social Accountability
- Indigenous Health Faculty Lead
- Two Co-Leads in Climate Change and Health
- Patient & Family Engagement Specialist (recruitment underway - this role will support the integration of patient and family perspectives into all aspects of our work)

DFCM faculty also hold EDI leadership roles within the MD Program. For example, Dr. Nanky Rai is the 2SLGBTQ1A+ Health Education theme lead, and Dr. Onye Nnorom is the Black Health theme lead.

DFCM is also engaged with the World Health Organization, as the first WHO Collaborating Centre on Family Medicine and Primary Care.

Leadership in Education Scholarship

As academic physicians, it is our responsibility to examine what and how we teach, and contribute to the larger understanding of medical education. As such, the Office of Education Scholarship (OES) provides knowledge, guidance and mentorship to all education program leaders and faculty members who wish to engage in scholarly activities related to teaching and education in family medicine. This supports faculty and leadership to reflect on teaching in a scholarly way in order to advance quality primary care across all of our education endeavours. Further details on DFCM's Office of Education Scholarship Program are included in [Chapter 9.3](#).

Transitions of Leadership

DFCM benefits from strong and committed leaders across the department. But since 2016, DFCM has experienced numerous transitions in the Chair position. While senior leaders have demonstrated exceptional commitment by stepping in to serve as Chair during transition periods, these fluctuations have been challenging for the Vice-Chairs, Program Leads and Site Chiefs.

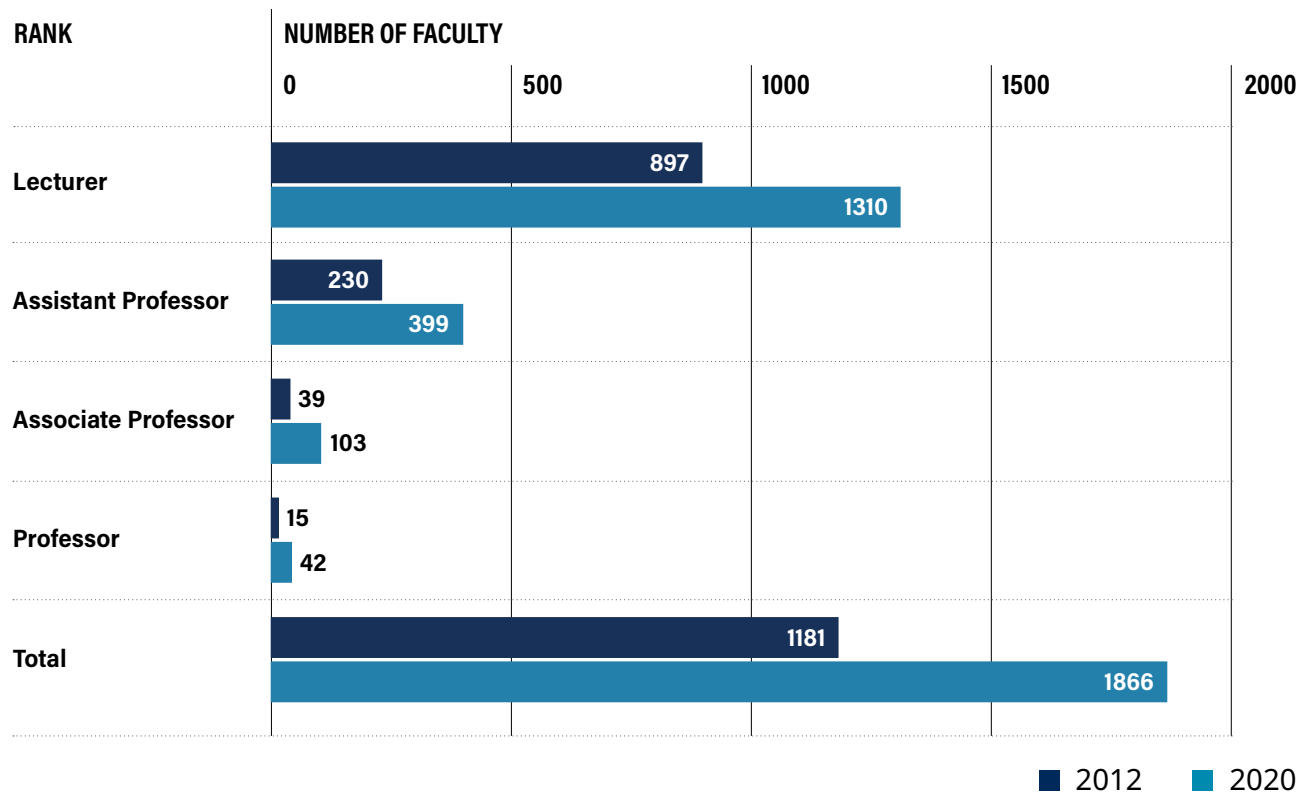
- Professor Lynn Wilson served as DFCM Chair from September 2007 to December 2015. She is currently Vice Dean, Clinical and Faculty Affairs in the Temerty Faculty of Medicine.
- Professor David White served as Interim Chair January to December 2016. He is currently Vice-Chair, Family Doctor Leadership.
- Dr. David Tannenbaum served as Interim Chair January to May 2017.
- Professor Michael Kidd served as Chair of the Department from May 2017 to March 2020. He is currently Principal Medical Advisor and Deputy Chief Medical Officer in the Australian Department of Health.
- Professor David Tannenbaum appointed as Interim Chair, effective April 1, 2020.

DFCM Faculty

The past eight years has seen significant growth in the DFCM faculty complement, now with over 1,860 members who are deeply engaged in our academic mission to support our medical students, residents and graduate students. This growth was underpinned by the opening of five new teaching sites and the expansion of nine existing sites between 2006 and 2009.

Faculty development is a core strength of the department, with numerous training and leadership development opportunities for junior faculty. As a result, the number of associate and full professors has grown from 54 to 145 since 2012. Details of DFCM's Faculty Development Program are included in [Chapter 4.1](#).

DFCM ACTIVE FACULTY BY RANK (2012 vs. 2020)



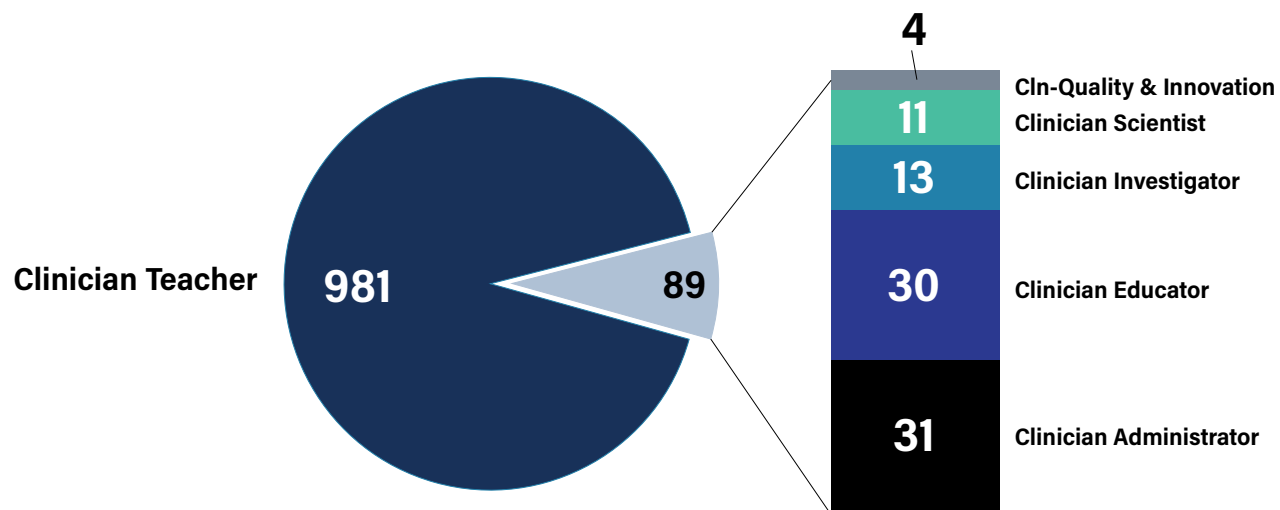
**2020 data from October 1, 2020. Total includes appointment types that are title only (no rank), e.g. Adjunct Lecturer and Adjunct Professors.*

NUMBER OF DFCM FACULTY AT CORE SITES (2020)

CORE SITES	NUMBER OF FACULTY				
	0	50	100	150	200
Markham Stouffville Hospital		68			
North York General Hospital				172	
Royal Victoria Regional Health Centre		50			
Mount Sinai Hospital			128		
Southlake Regional Health Centre	24				
Sunnybrook Health Sciences Centre		79			
Scarborough Health Network			110		
Toronto East General Hospital		74			
Trillium Health Partners - Credit Valley Hospital			139		
Trillium Health Partners - Mississauga Hospital		94			
UHN - Toronto Western Hospital		82			
Unity Health Toronto - St. Joseph's Health Centre		92			
Unity Health Toronto - St. Michael's Hospital			115		
Women's College Hospital		99			

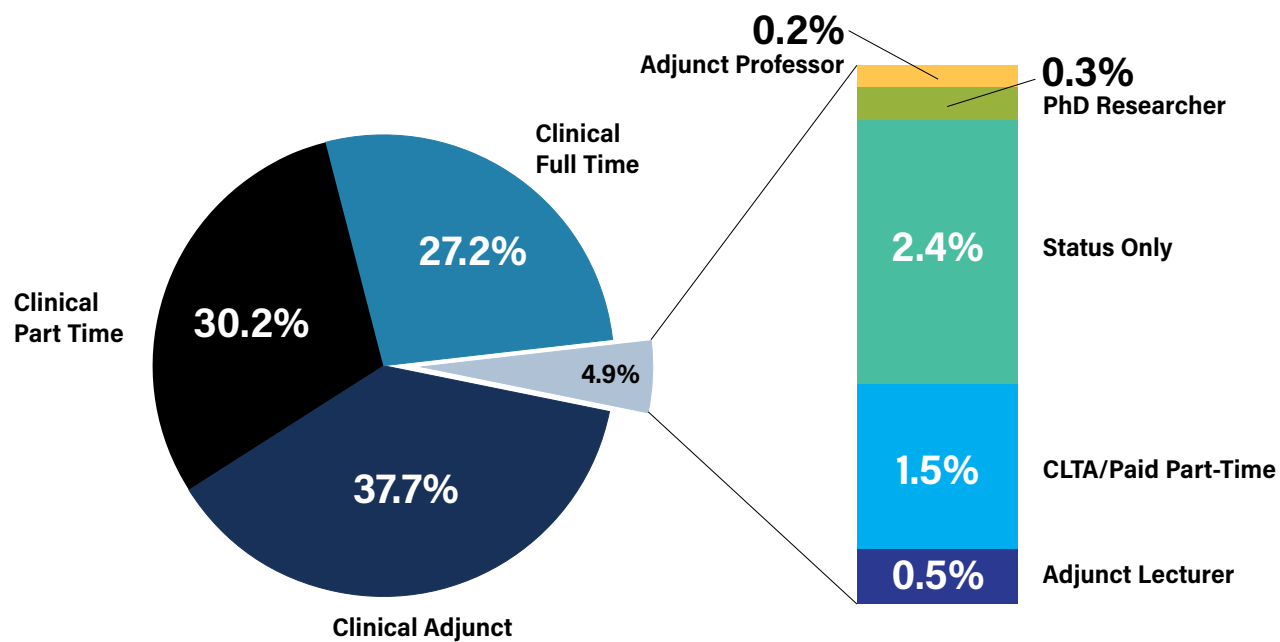
**Data at October 1, 2020.*

DFCM ACTIVE FACULTY CATEGORIES (2020)



**Data at October 1, 2020. Includes active faculty with a clinical category type only (n=1,070).*

DFCM ACTIVE FACULTY APPOINTMENT TYPE



**Data at October 1, 2020. Total active faculty 1,866.*

DFCM Learners

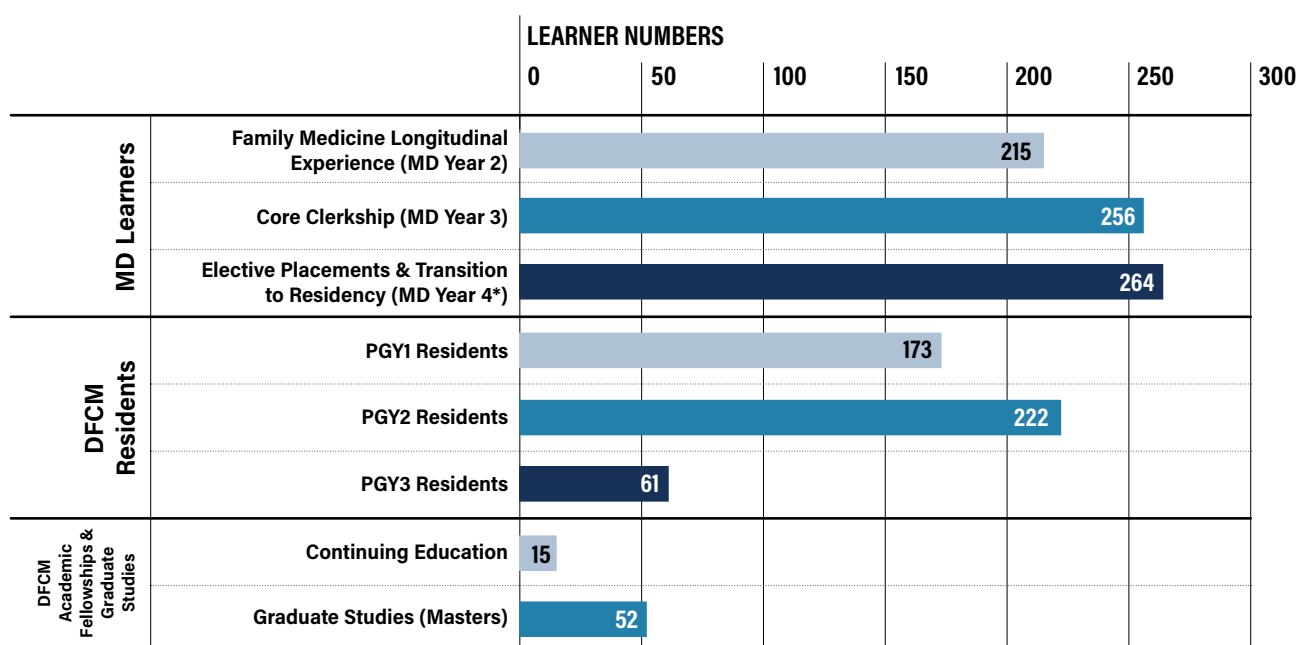
DFCM's educational programs prepare future family physicians for comprehensive primary care in an evolving health care system, and offer health care professionals at all levels numerous opportunities to expand their knowledge and advance their careers.

Through Pre-Clerkship, Clerkship, Postgraduate Residency and Enhanced Skills Programs for third-year residents, DFCM prepares residents to be safe, effective and comprehensive family physicians who will meet the needs of their individual patients, communities and society as a whole.

Beyond residency, DFCM offers a number of graduate opportunities to develop teaching, leadership, scholarship, research or public health skills. These include Master's programs in partnership with the Dalla Lana School of Public Health, and continuing education opportunities in the form of Fellowships, Clinical Teaching and Research Certificates, and INTAPT: an introductory overview of education, teaching and learning issues in health professional training. DFCM is also home to the Physician Assistant Professional Degree Program ([Chapter 8](#)).

Further details on learner opportunities are provided in [Chapter 3 – Education](#).

DFCM LEARNERS 2019/20



**Students undertake 1-2 elective placements. Transition to Residency interrupted due to COVID.*

Use of Human Resources

Since the last external review, DFCM has continued to create and hire positions as new programs are created and existing programs expand. Planning for administrative support is done in collaboration with Vice-Chairs and Program Directors taking into consideration administrative responsibilities and changes in technology. Some of the newly created positions and changes are included in [Appendix 2.2](#). Currently, DFCM has the appropriate complement of staff for the management and support of all Department programs.

In terms of faculty renewal, DFCM continues to look for ways to improve our leadership structure. In the last eight years, this is demonstrated by the fortification of leadership through Associate Program Directors and addition of new positions responsive to the needs of society and stakeholders.

3.0 EDUCATION

Education and research are DFCM's core academic mission. As a department, 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.

Innovative educational programming that responds to the evolving needs of our learners and communities is an important part of the mindset of our 1,866 faculty members (Oct, 2020). All of our programs are systematically organized, regularly evaluated, and benefit from strong leadership and administrative support, both centrally and at site-level.

All medical students at the University of Toronto receive family medicine training throughout their four-year degree. DFCM's Undergraduate Program delivers mandatory clinical programs, as well as selective and elective experiences, that showcase the breadth and scope of family medicine, and promote family medicine as the career of choice to medical students.

After medical school, graduates who choose the specialty of family medicine are then required to complete two additional years of postgraduate training to be certified as family doctors, with some electing to undertake an additional third year of enhanced skills training. Through these educational programs, DFCM prepares residents to be safe, effective and comprehensive family physicians.

Beyond this, DFCM's graduate opportunities support advanced teaching, leadership, scholarship, research and public health skills, and offer health care professionals at all levels numerous opportunities to expand their knowledge and advance their careers.

At all stages, DFCM learners are supported by Department- and Faculty-level health and wellness initiatives. DFCM initiatives are outlined in the following chapters, and Temerty Faculty of Medicine support services are detailed in [Appendix 3.1](#).

UNDERGRADUATE PROGRAM

DFCM's Undergraduate Program delivers mandatory clinical programs for all MD students in the second and third year, as well as selective and elective experiences in the fourth year. Our clinical programs teach students in community and academic practices in urban, suburban and rural areas across Ontario.

The program has experienced tremendous growth in the last 10 years. Our faculty members teach family medicine in all levels of the MD Program and have had sustained and meaningful impacts on scholarly contributions to curriculum innovation, assessment and evaluation, as well as taking on prominent roles in leadership. In particular, DFCM faculty members have been in key leadership positions during the transformation of the pre-clerkship years, now called the Foundations Program.

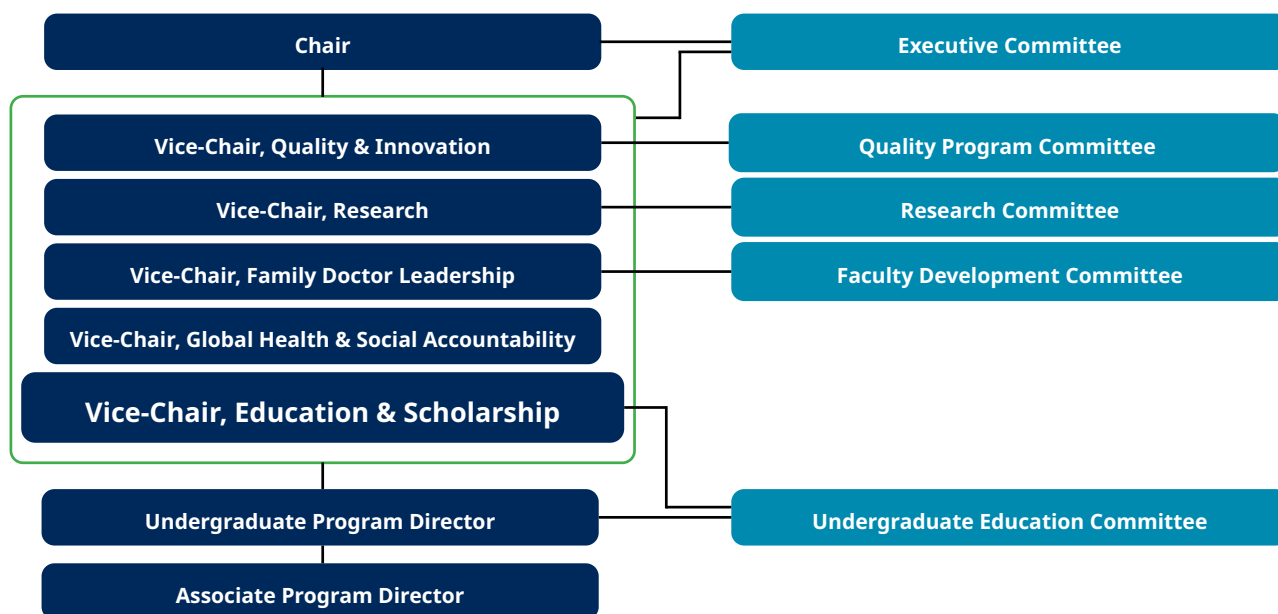
Fast Facts

- ~260 medical students in each of the four years of medical school
- ~215 second year Family Medicine Longitudinal Experience (FMLE) placements this year
- ~256 third year Core Clerkship placements this year
- 12 Greater Toronto Area and eight distant and rural sites for Clerkship
- ~200 fourth year Electives in family medicine per year
- ~100 fourth year Selectives in Transition to Residency in family medicine

Organizational Structure & Governance

Central Leadership

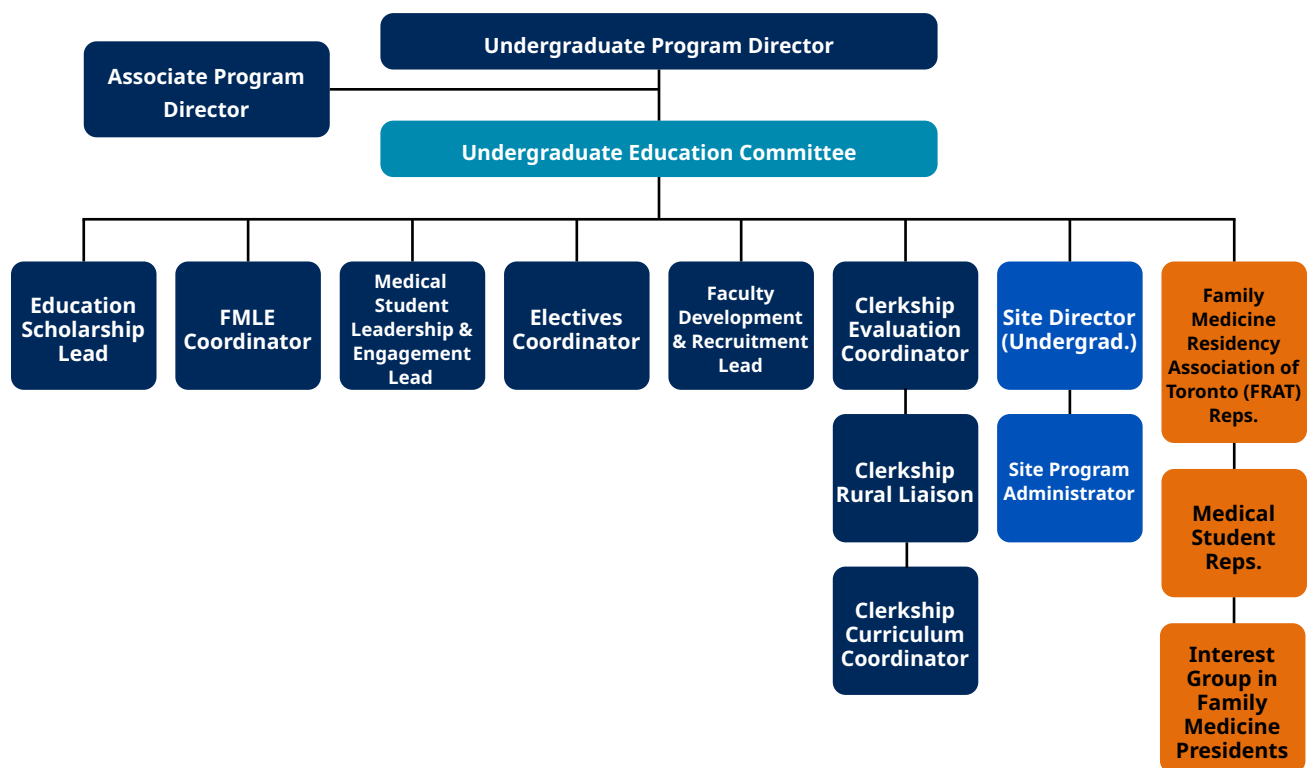
The Undergraduate Program houses the Undergraduate Education Committee (UEC) which is chaired by the Director, Dr. Azadeh Moaveni. Dr. Moaveni and UEC report to the Vice-Chair of Education, Dr. Risa Freeman. The main clinical programs each have a faculty lead, and each site that hosts clinical clerks (including each rural site) has a site-based program director.



Undergraduate Education Committee

The current organizational chart of UEC can be seen below. This structure has developed over the last 10 years to reflect the needs of the department and our students. Each faculty position corresponds to high-level goals and deliverables in the Undergraduate Program.

There is strong student representation on the committee, including third- and fourth-year clerkship representatives and a seat for two students from the Interest Group in Family Medicine (IgFM). There is also a junior and senior resident representative.



Foundations Program Leadership

Family physicians are well represented in the Temerty Faculty of Medicine, holding significant leadership roles associated with the Foundations curriculum. These are highlighted below showing the breakdown of each course, component and theme leads in the Foundations Program.

COURSE/COMPONENT/THEME	DIRECTOR
Foundations Director	Marcus Law
Introduction to Medicine	Anne Mcleod
Concepts Patient and Communities Course 1	Robert Goldberg
Concepts Patient and Communities Course 2	Ashna Bowry
Concepts Patient and Communities Course 3	Evelyn Rozenblyum
Life Cycle	Hosanna Au
Complexity & Chronicity	James Owen
Integrated Clinical Experience (ICE): Clinical Skills	Mirek Otremba
ICE: Health in Community	Fok-Han Leung
ICE: Enriching Educational Experiences	Laila Premji
ICE: MP	TBD
ICE: FMLE	Sofia Khan
Portfolio	Nirit Bernhard Lindsay Herzog
Health Sciences Research	Debra Katzman
Themes & Competencies: Ethics & Professionalism Humanities Black Health 2SLGBTQ1A+	Nadia Incardona (Ethics & Professionalism) Allan Peterkin (Humanities) Onyenyechukwu Nnorom (Black Health) Public Health Nanky Rai (2SLGBTQ1A+)

(Table continues on next page)

COURSE/COMPONENT/THEME	DIRECTOR
Themes & Competencies: Leader Collaborator/IPE Quality, Safety, Value	Tia Pham (Leader) Mark Bonta (Collaborator/IPE) Shaan Chugh (QSV)
Theme: Indigenous Health	Chase McMurren
Theme: Anatomy	Dee Ballyk
Theme: Medical Imaging	Elsie Nguyen
Theme: Ultrasound	Michael Romano and Claire Heslop
Geriatrics	Michelle Hart
ECG	Kaja Konieczny

Program Goals

Below are the overarching goals of the Undergraduate Program. They are mapped to deliverables on an annual basis.

Deliver Excellent Educational Programs

- To design, implement and evaluate innovative and comprehensive educational programs that will best prepare medical students for future roles as physicians.
- To deliver socially accountable, equity-oriented, patient-centred curriculum rooted in the principles of family medicine and within the framework of generalism.
- To ensure that educational programs meet the standards of the Temerty Faculty of Medicine, University of Toronto and the Committee of Accreditation of Canadian Medical Schools.
- Utilize reliable and validated work-based assessments that are useful to the learner and user-friendly to faculty members.
- To reliably identify students in academic difficulty and develop effective remediation plans.

Promote Family Medicine as the Career of Choice to Medical Students

- Showcase the breadth and scope of family medicine.
- To promote leadership and engagement of medical students in DFCM.
- To recruit and develop the highest calibre of faculty and develop a community of practice amongst teachers in the Family Medicine Undergraduate Program.
- Collaborate with partners within DFCM, MD Program, national and international organizations to highlight and strengthen the contributions of family medicine in the care of Canadians.

Scholarly Innovations in Education

- To design, develop and evaluate curricular and assessment advances informing and informed by education scholarship.
- Promote dissemination of scholarly work locally, nationally and internationally.

Program Offerings

All DFCM Undergraduate Programs are based on and aligned with the MD Program's competency framework. This framework consists of the key and enabling competencies that are classified according to the seven [CanMEDS roles](https://md.utoronto.ca/mdprogramcompetencies) of Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar and Professional. For more information regarding the MD Program's competency framework please see <https://md.utoronto.ca/mdprogramcompetencies>.

The Family Medicine Longitudinal Experience (FMLE)

The second year Family Medicine Longitudinal Experience led by Dr. Sofia Khan, is a mandatory community-based clinical experience. The program offers 1:1 preceptorship and longitudinal exposure to family medicine. Students schedule six half-days with the same preceptor in their clinical offices and participate in a mixed model of observation and participation with patients. The FMLE Program did a complete pivot for the January 2021 iteration. The entire program will now be virtual for students and will be using technology to integrate learners into the clinical environment.

The main goals of the FMLE Program are:

- Experience clinical care in the community-based primary care setting.
- Develop an appreciation of the significant role of family physicians and the importance of primary care within the health care system.
- Learn about important issues in our healthcare system such as physician distribution, physician remuneration, primary care reform and social accountability.
- Have an opportunity to apply the skills acquired in the Integrated Clinical Skills Course in the ambulatory care setting, in order to conduct a supervised office visit in person, or virtually.

The FMLE has recruited over 200 community teachers to DFCM over the last eight years. These physicians have developed a community of practice that has connected them to other like-minded colleagues. These new faculty

members have also benefited from a faculty appointment by being able to attend faculty development courses (Basics for New Faculty), DFCM conferences and access to University of Toronto libraries and online resources. The FMLE Program acts as a gateway to other teaching opportunities in DFCM. Many of these faculty are now teaching in our elective and selective programs. Some have gone on to attain hospital-based appointments and serve as teachers in our core clinical clerkship and postgraduate programs.

The FMLE course has many strengths. Firstly, it provides quality 1:1 teaching for the entire class. Evidence of this can be found in consistently high teacher evaluation scores and high teacher retention rates. Each year, there are also numerous award nominations for FMLE teachers.

A second strength are our highly evaluated faculty development activities that occur throughout the year for FMLE Preceptors. This includes multiple orientation and training nights. Recently the program demonstrated flexibility in providing timely faculty development regarding the supervision of learners in virtual care. These activities help to ensure that our teachers are prepared and strive to improve the quality of our teaching.

The third strength is the scholarly lens that FMLE uses to develop and evaluate the course. From inception, education scholarship and research has played a role in the program's development and evolution. The program has been presented nationally and internationally and has served as a template for other schools to use as they built similar programs at their institutions.

Core Clerkship

The six-week, third year Family and Community Clerkship course is provided in a number of settings including urban, suburban and rural sites.

In 2018, two new rural sites, New Tecumseth and Kawartha Lakes were recruited by the Undergraduate Program and the Rural Ontario Medicine Program to teach core clerk-

ship. Multiple site visits, outreach to new faculty and a local champion has been integral to recruiting and maintaining strong commitment of our rural teachers.

The map below indicates all of our teaching sites for clerkship.

Greater Toronto Area

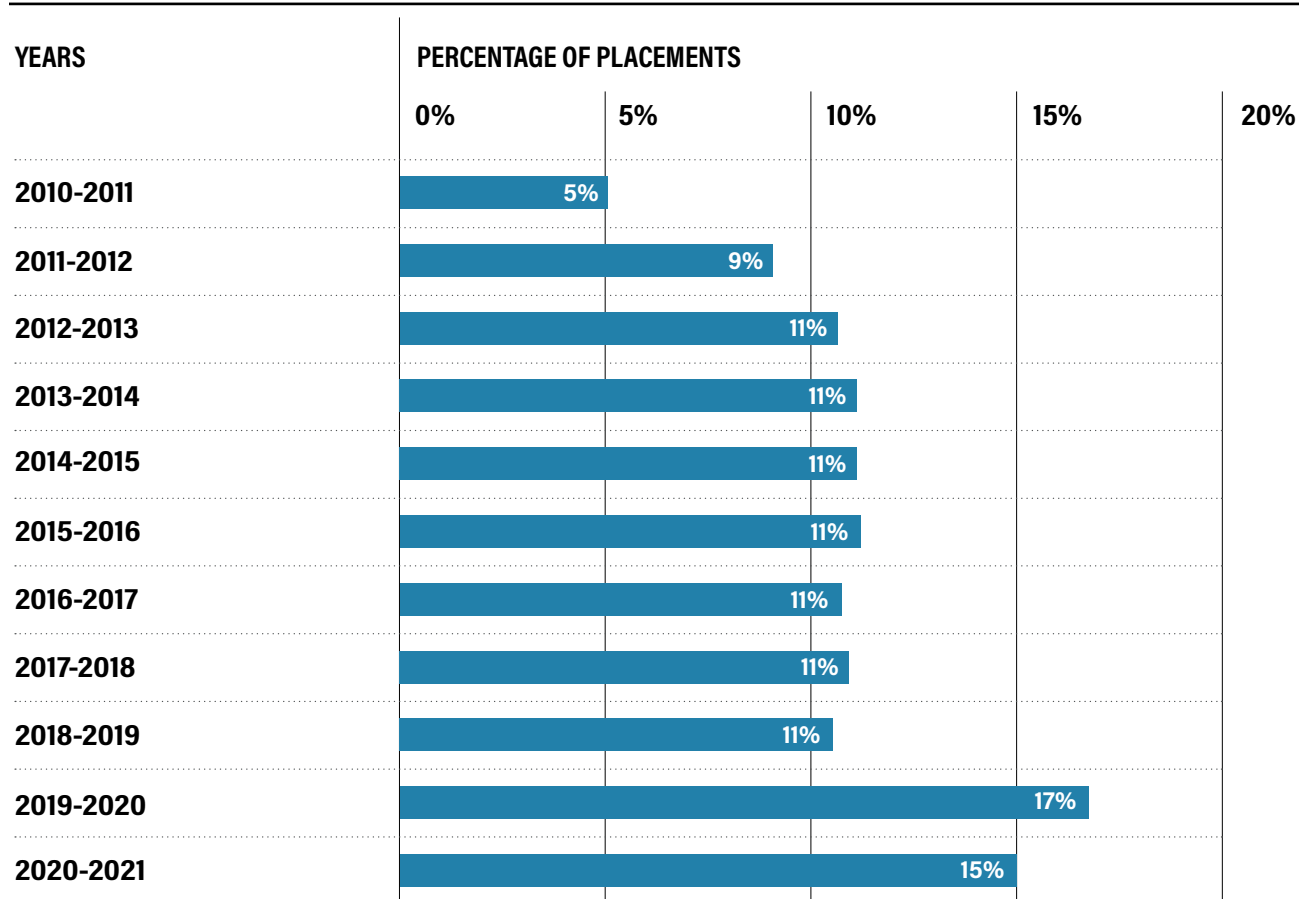
1. Mount Sinai Hospital, Sinai Health System
2. Unity Health Toronto, St. Michael's
3. Sunnybrook Health Sciences Centre
4. Toronto Western Hospital, University Health Network
5. Credit Valley Hospital, Trillium Health Partners
6. Markham-Stouffville Hospital
7. Mississauga Hospital, Trillium Health Partners
8. North York General Hospital
9. Women's College Hospital
10. Scarborough Health Network
11. Toronto East Health Network
12. Unity Health Toronto, St. Joseph's

Rural and Distant Ontario Teaching Sites

13. Royal Victoria Regional Health Centre, Barrie
14. Southlake Regional Health Centre, Newmarket
15. Headwaters Health Care Centre, Orangeville
16. Georgian Bay General Hospital, Midland
17. Orillia Soldiers' Memorial Hospital, Orillia (ADD)
18. Collingwood General and Marine Hospital, Collingwood
19. Stevenson Memorial Hospital, Alliston
20. Ross Memorial Hospital, Kawartha Lakes



RURAL AND DISTANT FM CLERKSHIP PLACEMENTS IN EACH MEDICAL SCHOOL CLASS

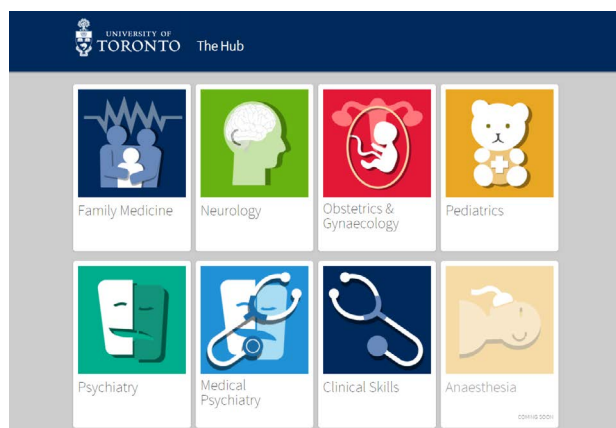


(percentages rounded to nearest whole number)

Clerkship Course Content and Objectives

The DFCM Undergraduate Education Program has led the way at the University of Toronto in creating the Hub, a one-stop repository for core content, objectives and materials in an open access free website. All course content objectives and materials for the course are housed at <http://thehub.utoronto.ca>. Since its launch in 2012, this resource has grown to cover over 50 topics and is used internationally by students at various stages in their training. There is a semi-annual review and update. Multiple other University clerkship courses, including Pediatrics and Psychiatry, have come online with their own renditions of the Family Medicine page.

The Clerkship in Family Medicine offers centralized seminars that are tailored to fill educational gaps that have been identified by curricular mapping and ongoing student



feedback. These seminars are very highly rated and use interactive and immersive experiences to teach core content. The involvement of health professional educators has emphasized interprofessional education. Students also benefit from small group seminars at each of their sites that focus on core family medicine topics in chronic disease, preven-

tion and mental health. E-modules are also used to augment learning and self-study.

Another example of educational flexibility and creativity may be found in the tremendously successful transition to entirely virtual delivery of all seminars within two weeks of the declaration of the COVID-19 pandemic.

CENTRAL SEMINARS	SITE-BASED SEMINARS
Geriatrics	Chronic Disease: Diabetes, Hypertension, Lipids, Obesity
Palliative Care	Respiratory Health: Asthma, COPD, Smoking
Family Violence	Contraception, Osteoporosis, Fatigue, Depression
Motivational Interviewing	

Course Evaluations

Formal student feedback is gathered by completion of online course evaluation forms prior to the students' final evaluation with the hospital program director. The overall course rating has been consistently high.

Overall 5-point scale: 1 = Poor, 3 = Good, 5 = Excellent	2014-15	2015-16	2016-17	2017-18	2018-19
Rate the quality of your educational experience in your clerkship rotation	4.31	4.16	4.39	4.35	4.44

Teacher Effectiveness Scores

The table below shows teacher effectiveness scores (TES) over the last nine years at all sites. Scores are ranked on a five-point scale: 1 = poor, 2 = marginal, 3 = competent, 4 = very good, 5 = excellent.

	2010-11	2011-12	2012-13	2014-15	2015-16	2016-17	2017-18	2018-19
Teaching Effectiveness Score	4.5 (SD 0.7)	4.4 (SD 0.7)	4.47 (SD 0.7)	4.35 (SD 0.8)	4.38 (SD 0.8)	4.45 (SD 0.7)	4.41 (SD 0.8)	4.55 (SD 0.7)

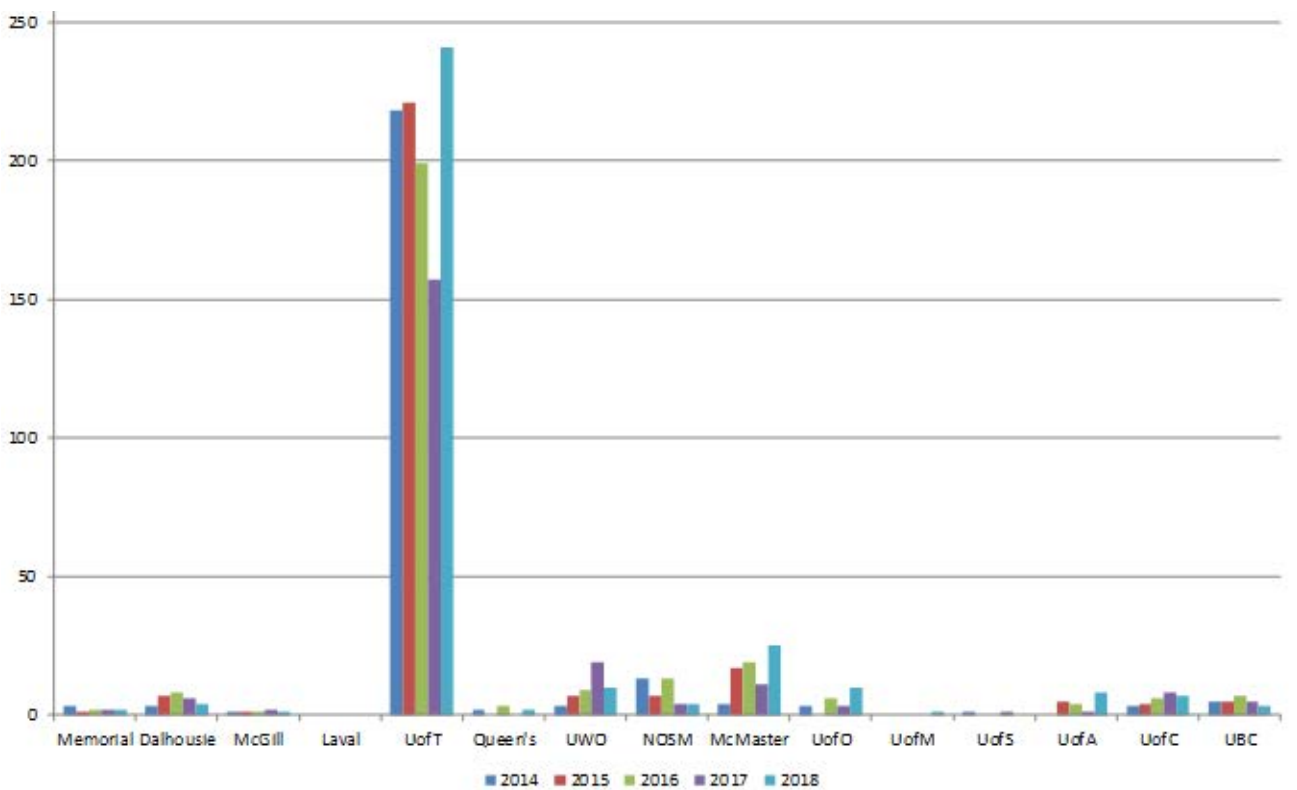
As part of quality assurance in our program, the Undergraduate Program Director reviews TES scores for all core and elective Family Medicine Clerkship teachers. In general, our teachers are evaluated very highly and special attention is given to those that should be recognized for their contribution in our DFCM award system. Reviews of three or less are flagged and reviewed carefully. Concerns are forwarded to the respective Academic Family Medicine Chief for that faculty member. The Chief and the office of the Vice-Chair Education work on a faculty development plan with the faculty member as needed.

Together with the Postgraduate Program, we have convened a working group to make recommendations regarding a mechanism for a faculty appeals process. Furthermore, a program will be developed to assist faculty members experiencing challenges in their roles as teachers.

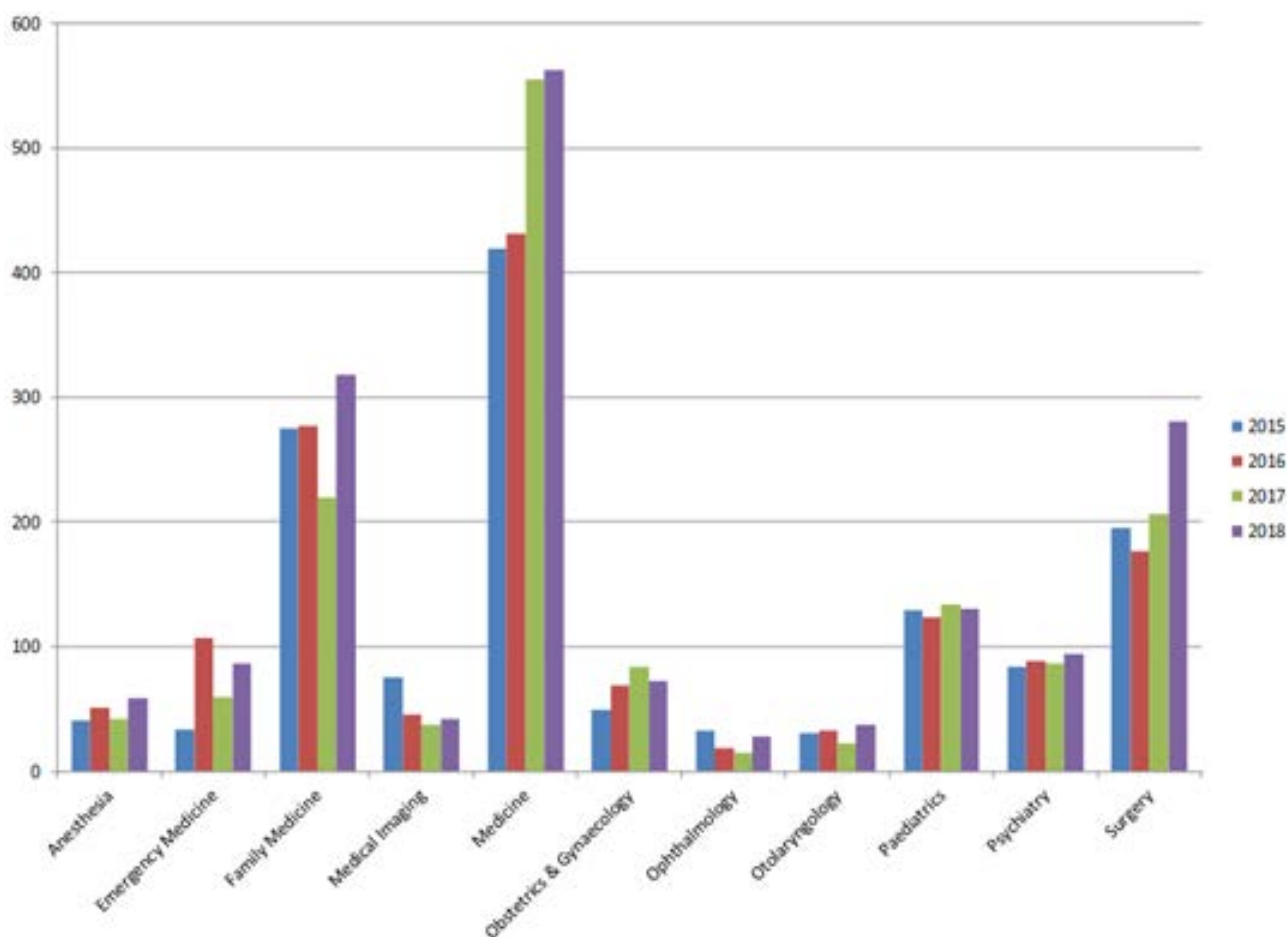
Electives and Transition to Resident (Selectives)

DFCM continues to lead the way across the country for the number of electives we offer to our both our own students and visiting students from other institutions. In the charts below you can see the number of electives across all universities, and the number of electives that DFCM hosts in comparison to other specialties at the University of Toronto.

NUMBER OF ELECTIVES ACROSS ALL UNIVERSITIES



NUMBER OF ELECTIVES PER SPECIALTY PER YEAR



In the Transition to Residency Program, students choose from a catalogue of Selectives that focus on clinical transition in the fourth year. DFCM provides over 100 students with placements each year in this program.

Student Engagement

One of the overarching goals in the Undergraduate Program is the promotion of family medicine as the career of choice to our MD students. To this end, the Interest Group in Family Medicine (IgFM), a student run group, has grown and flourished under the leadership of Dr. Ruby Alvi as our Preclerkship Director from 2010 to 2015, and now as the Student Leadership and Engagement Lead. IgFM continues to take on greater roles in

research, education scholarship and mentorship. The current organization of IgFM is shown in [Appendix 3.1.1](#).

An example of an event organized by the IgFM is FM101. Held on the second day of medical school, FM101 includes a keynote speaker and panel of family doctors. The event showcases the breadth and scope of family medicine at the very beginning of medical training and has had rave reviews from attendees.

For further information on IgFM, please see [Chapter 16](#).

Scholarly innovations in Education

Over the last 10 years, the DFCM Undergraduate Program has developed and studied a number of scholarly innovations in education. Below is a summary of these works, many of which have received Art of the Possible Education Grants, a DFCM Office of Education Scholarship initiative that provides seed grants to DFCM education programs and faculty members to support projects that will benefit a DFCM program (see [Chapter 9.3](#) for further information).

Development and Validation of the Toronto Generalism Assessment Tool (T-GAT)

The University of Toronto Faculty of Medicine launched a new pre-clerkship curriculum in 2016/17, based on generalist principles. However, there remain varied perspectives and lack of clarity on generalism. Before the new curriculum was launched, DFCM's Undergraduate Education Committee was asked to review the Foundations curriculum from a generalist perspective.

Objectives

- Develop and apply an evidence informed tool to assess for the presence or absence of generalism in pre-clerkship documents in a new undergraduate medical education program.
- Provide recommendations to enhance generalism content in pre-clerkship curricular materials.
- Assess the inter-rater reliability of the Toronto Generalism Assessment tool (T-GAT).

In the absence of existing tools for the assessment for generalism in our pre-clerkship curricular materials we developed an evidence informed tool, the Toronto Generalism Assessment Tool (T-GAT), based on 10 key elements of generalism. The T-GAT was piloted on early course materials to determine feasibility. We then applied it to final course materials to determine T-GAT's inter-rater reliability.

Application of the tool revealed a conspicuous lack of evidence for the inclusion of the principles of generalism in the mid-level

case-based learning cases of the new curricular documents. Detailed feedback and suggestions for change were provided to course and curriculum developers to enhance generalist content. Further case development ensued and we were invited to review all the Pre-Clerkship final course materials.

For further details on T-GAT and subsequent scholarly work in generalism, please see [Appendix 3.1.2](#).

Addictions Week

DFCM's Addictions Week was designed by, and for, Pre-Clerkship medical students at the University of Toronto and reflects a collaboration between medical students, medical educators, academic addiction medicine specialists, community-based advocates and patients.

Addictions Week takes place during the medical school summer break at the end of the first and second year. The curriculum consists of morning didactic teaching sessions and afternoon clinical placements. Didactic sessions include introductions to the biopsychosocial model of addiction, stigma and Substance Use Disorder (SUD), a Physician Health SUDs monitoring program (taught by a physician enrolled in the program), the opioid crisis, and drug health policy. Students also attend a motivational interviewing workshop, naloxone training, and a patient panel featuring first person narratives of SUD recovery.

Participants convene for a day at a large residential treatment facility, and partner clinically with a physician or other healthcare professional. Clinical components involve shadowing at residential treatment facilities, in-patient hospital treatment facilities, rapid access clinics and specialty addiction medicine clinics (e.g. substance use in pregnancy and adolescent addiction medicine clinics) throughout the city. They also attend an Alcoholics Anonymous Meeting with inpatients.

Career exploration is further supported by a lunch Q&A session with residents completing fellowships in the DFCM Addictions Medicine Enhanced Skills Program.

To date, the program has had very positive feedback from participants and won numerous awards including a grant to cover all costs by the Families for Addiction and Recovery Organization.

For further details and dissemination information, please see [Appendix 3.1.3](#).

Mastery Exercise in Family Medicine Clerkship Evaluation

Evaluation of the Clerkship in Family Medicine has undergone two major changes in the past 10 years. The OSCE format was discontinued in 2010 with the creation of the integrated OSCE (iOSCE) at the MD Program and the subsequent loss of funding for the OSCE at DFCM. DFCM has contributed significantly to the development of the iOSCE including cases and administrative expertise, and continues to provide examiners on a routine basis.

The iOSCE program is currently under the leadership of Dr. Giovanna Sirrianni, a DFCM faculty member.

From 2010 to 2015 the clerkship exam was in a short-answer format. In 2018, the exam evolved from a short-answer exam to a multiple-choice Mastery Exercise (ME). The ME launched in the 2018-2019 academic year and migrated successfully to Examsoft. The Clerkship Evaluations Committee has worked diligently to map the ME to the Medical Council of Canada blueprint and has been very successful in increasing the reliability and validity of the ME. The Exam Committee within UEC has done a tremendous amount of work on the ME and has led the way in the MD Program in bringing the quality of questions to a superior level by rigorous analysis and revisions. There have been multiple faculty development sessions hosted by the exam committee to all of UEC to ensure quality assurance of our ME.

A recent Art of the Possible Grant was awarded to study the ME in Family Medicine in 2020: Learning from Learner Data: data driven quality improvement for assessment in Family Medicine. Moaveni, A, Valin, S, Tran, P, Maker, D, Nutik M. Advisor: Mahan Kalasegaram.

Advocacy Project in Clerkship

The Family Medicine Clerkship Program proposed and implemented a self-directed student advocacy project during the pilot year of the longitudinal integrated clerkship in 2014-2015. Students were expected to identify a patient for whom social factors were significantly impacting health, and then research and implement an advocacy plan over a four-month period. Students were expected to perform an advocacy intervention for the individual patient and also use their learning to implement an intervention that would benefit the broader population or community. Students presented their projects and provided a reflection on the advocacy experience.

Student projects exceeded expectations in the pilot year. Topics included access to medications, refugee health, addiction, health literacy, food security, infant nutrition and social isolation, covering patients from 18 months to 88 years. Population-level interventions have included the development of flow charts to assist providers with access to health services or medications, letters to the editor, or advocacy letters to the provincial government. Student reflections were often rich and thoughtful, speaking to the CanMEDS role of the physician as a Health Advocate as well as other roles such as Professional, Collaborator and Communicator.

In a survey, 97% of faculty and students between 2014-2016 felt that the project was an effective learning tool for advocacy, 82% of faculty and 75% of students found that the assessment rubric was an appropriate evaluation tool. This feedback led to updates to the format of the project and its rubric. Beginning in Fall 2016, the Advocacy Project was included as an alternative to the traditional evidence-based medicine (EBM) project in the block Family Medicine clerkship program. The shorter six-week timeline of the block clerkship (versus four to five months) provides some challenges to identifying patients and implementing advocacy interventions.

The Advocacy Project won an award for innovation in 2018 and has been presented at peer reviewed international conferences.

Multi-Source Feedback Tool for Clerkship

This particular project has flourished with the support of two Art of the Possible Education Scholarship Grants.

There is little published work on the use of multisource feedback (MSF) for medical students despite its promise to address diverse feedback needs. MSF could serve as a mechanism for increased student feedback and direct observation, in particular in the non-medical expert CanMEDs roles. Physicians are increasingly working in interdisciplinary teams, making the ability to obtain feedback from other non-physician team members an important opportunity for professional identity formation and to foster collaboration skills. MSF provides a way to incorporate patient and family voices into student feedback, facilitating the development of students' patient and family centred skills, the cornerstone of family practice.

A literature review on multisource feedback was conducted and the work disseminated locally and nationally. With this environmental scan, a multisource feedback evaluation tool applicable to family medicine was created and will be piloted in the clinical clerkship. The tool was due to be piloted at two sites in the fall of 2021. This may be delayed due to the COVID-19 pandemic.

Teaching Residents to Teach

The Teaching Residents to Teach (TRT) program at the University of Toronto was developed in response to three factors. First, there was a decreased student interest in family medicine as a career choice. Second, student feedback requested increased exposure to family medicine residents to assist in the exploration and consideration of future career goals. This was confirmed by the Canadian Matching Service (CARMS) exit survey data in the early 2000s that had demonstrated that a lack of exposure to appropriate resident role models had negatively influenced family medicine as a career choice amongst medical students. Finally, our residents had expressed a desire to become more involved in teaching but described lacking the knowledge and skills to engage effectively in this pursuit.

Through consultation with colleagues at the University of California Irvine and Columbia University we developed a scholarly project to inform the design of our program. The TRT was launched in the fall of 2003 and was the first program of its kind in Canada. The longitudinal program provides six half-days of in-person education modules over the course of two years and incorporates the principles of adult learning science and experiential learning activities.

The TRT program continues to play an important part in our DFCM education programs 18 years after it was launched. There is a sustained and high level of interest by faculty members to teach in the program and sustained resident interest to participate in the program. On average, one-third of the members of each cohort have applied to participate in the TRT program. Over 800 residents have graduated from the program. The module, teaching, and overall program continues to be highly evaluated.

We continue to have a commitment to innovation in the TRT program. In 2018, Dr. Heather Zimcik, herself a previous student, resident leader and TRT graduate, took on a new leadership role as the TRT Course Director. She is also leading a new program of research that is exploring the ongoing effectiveness and impact of the TRT. The projects include an environmental scan of current best practices in resident education and a mixed methods study of TRT graduates. The results of these initiatives will inform the future design of the TRT program and ensure that it remains relevant in the context of significant changes in national curricular design and medical education delivery. Scholarly work emanating from this new program of research has been accepted at one international and one national peer-reviewed conference.

Interprofessional Healthcare Providers, Formal Curriculum Half-Day Experience

At the University of Toronto, a formal interprofessional education (IPE) curriculum did not exist for clinical clerks in family medicine prior to 2017. Furthermore, the importance of having these clinical learning experiences

during clerkship had not been explored. Dr. Sherylan Young led a project to use a scholarly approach to create formal interprofessional clinical learning experiences for clinical clerks at one GTA site.

The impact of these experiences on student attitudes toward the role of the health professional educator (HPE) was then assessed.

The results indicate that students have a better understanding and appreciation of the role of Interprofessional Healthcare Providers (IHPs) after taking part in health professional clinical education sessions. They feel that IHPs play an important role in their medical education, that formal clinical education sessions with HPEs are valuable, and formalizing these clinical learning experiences has increased their respect of HPEs as teachers. Furthermore, students indicate that they feel more prepared to work effectively with IHPs to provide high quality, patient-centred care because they had a chance to see interprofessional collaboration in action. A handbook was created to help local site directors with the creation of these experiences.

Using this education scholarship lens, the DFCM Undergraduate Program has piloted an official curriculum for a ½ day with our HPEs. Most students partake in at least one formal clinical session with a HPE during their Family Medicine Clerkship core rotation.

This project stems from the evidence of an Art of the Possible Education Scholarship Project.

Site Visit Program

The Site Visit and Faculty Development program was developed for our undergraduate teachers in 2003 by Dr. Risa Freeman. This novel program targeted community-based teachers who are unable to access traditional faculty development programs. A site visit toolkit was created to support the site visit provider and the clinical preceptor as they engaged in both meaningful and individualized faculty development. More than 17 years later, the DFCM Site Visit and Faculty Development program is still operational and serves a critical role in the engagement, re-

tention and development of our preceptors. The success of the program is reflected in the incredible amount of scholarly work that has been produced nationally and internationally. Many other institutions have asked for consultation and developed similar programs at the undergraduate and postgraduate levels.

For further reference, all Art of the Possible Projects in the DFCM Undergraduate Program are listed in [Appendix 3.1.4](#). More information on the Art of the Possible Program is available in [Chapter 9.3](#).

Future Directions and Improvements

The Hub, the Next Generation

The success of [The Hub](#) has shown that students and faculty need, and will use, a trusted DFCM source to find relevant teaching and learning content. The next generation of “the Hub” will need to be a one-stop shop where learners and faculty can access medical content, online courses, simulation-based learning and, most importantly, be able to connect with DFCM and all it has to offer.

With the creation of EXITE (EXploring Innovative TEchnologies in Family Medicine, see [Chapter 14](#)), this needs to be a priority. The DFCM Undergraduate Program is distributed across the GTA and beyond, supporting learners and teachers in urban, suburban and rural areas. Our teachers and students will use this unified platform to access relevant content, connect with peers and mentors, use simulation to cement and augment learning, and engage and contribute to DFCM.

Deeper connections with the MD Program and other university partners in Computer Science and Engineering will help ensure we continue to deliver excellent family medicine programs.

Earlier and Greater Exposure to Family Medicine

Studies have shown that most medical students choose their preferred area of specialization prior to the clerkship year. Although the FMLE serves to introduce students to family medicine in their second year, the contact is short (six half-days) and arguably too late. The

expansion of this program into first year with the appropriate funding and support would be pivotal in exposing medical students early enough to direct them to explore and consider a career in family medicine.

Support for Education Scholarship in Undergraduate Medical Education

Our Undergraduate Program has had immense support from the Office of Education Scholarship. However, there has not been a dedicated research associate to help us organize, lead and publish our scholarly work. The DFCM Undergraduate Program would benefit from dedicated support so that our output could be maximized.

POSTGRADUATE PROGRAM

DFCM's residency program prepares future family physicians for comprehensive primary care in an evolving health care system.

DFCM provides a mix of urban, suburban and rural clinical training in: 14 sites located across the Greater Toronto Area (GTA), Barrie and Newmarket; four rural community sites through the Rural Program; and 40 Community Teaching Practices (community-based family physician offices). The family medicine residency program is a very large, distributed program that functions with a great deal of unity, collaboration and responsiveness as a result of a well-resourced leadership and administrative infrastructure both centrally and at the sites.

Our program is recognized nationally and internationally for its excellence. In late 2020, we completed the national accreditation process of the College of Family Physicians of Canada (CFPC) with a provisional result of Full Accreditation with Action Plan Outcome Report in two years. We are also the first family medicine residency program in North America, and second in the world, to be accredited by the World Organization of Family Doctors (WONCA).

Program Snapshot

- Program length: 2 years (with third year extended training or leadership options)
- Total number of faculty: 1,866
- Total number of training sites: 14
- Total number of rural sites: 4
- Total number of community teaching practices: 40
- Program Director: Dr. Stuart Murdoch
- Program Administrator: Ms. Lela Sarjoo
- Total number of trainees (2019/20): 399 (PGY1 173, PGY2 222, PGY3 4)

Program Objectives

The goal of the DFCM residency program is to prepare residents to be safe, effective and comprehensive family physicians anywhere in Canada, who will meet the needs of their individual patients, communities and society as a whole.

Our program prepares residents for the scope of professional activity through a combination of core clinical and academic activities that align with the CFPC guiding documents and the CanMEDS-FM 2017 competency framework (see [Appendix 3.2.1](#)). These CFPC directives are embedded in the Department's competency-based curriculum, called the Essential Competencies (see [Appendix 3.2.2](#)), which is delivered through a combination of central, site-based and Teaching Practices activities. Additionally, our use of multi-modal assessment methods and tools (i.e. frequent low stakes, high stakes, and reflective approaches) are mapped to the CFPC's Assessment Objectives for Certification in Family Medicine to ensure we have strong information about our residents' readiness to practice as physicians who embody the qualities outlined in the CFPC Family Medicine Professional Profile.

DFCM's Essential Competencies cover the following areas: Women's Health; Care of the Elderly; Emergency Medicine; Family Medicine; In-Hospital Care; Maternal Care; Men's Health; Mental Health; Musculoskeletal Health; Palliative Care; Pediatric Care; Public Health and Surgical Skills.

The full list of DFCM competencies covers all domains of practice, settings and all CanMEDS-FM roles and competencies. Each DFCM hospital site maps these competencies to the rotations, experiences and assessment methods at their site. This is demonstrated and can be seen by all of the U of T residents on Quercus (the U of T shared learning site) where residents view which competencies they are expected to achieve on each rotation.

Through the Postgraduate Program Director and Residency Program Committee (RPC), DFCM has tight central oversight of the residency curriculum delivery and the resident assessment system. Our essential competencies were a) developed by local teams of family physicians with expertise in the various domains—and are divided into domains reflecting a variety of populations, and b) have all been mapped to the CanMEDS-FM roles. A

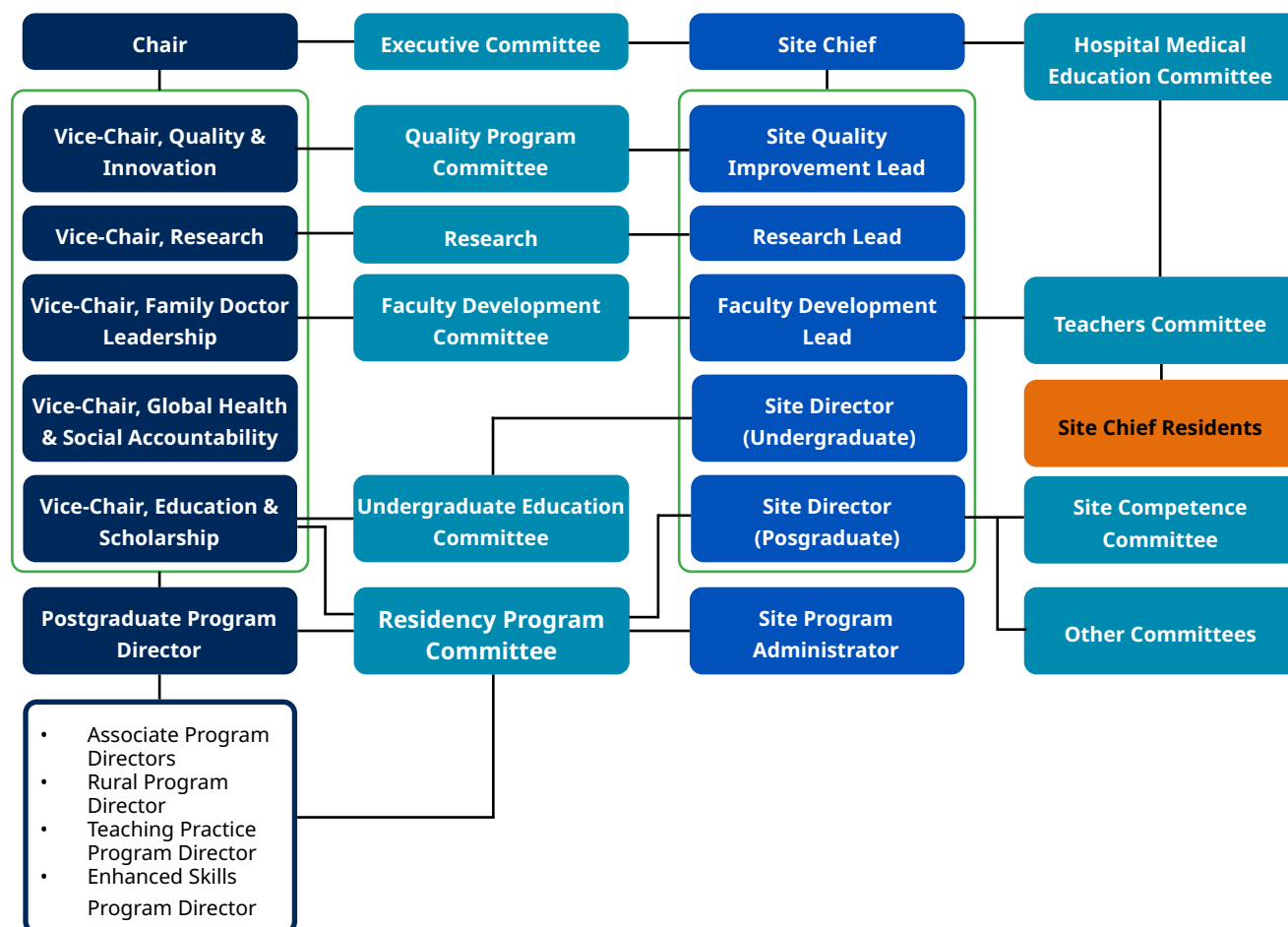
process is underway to initiate a regular cycle to review and update the DFCM competencies.

Administrative Structure

Leadership and Administrative Support

Our program is notably strong in this area. The leadership structure at each site mirrors the central leadership structure with each site having its own Site Director, Site Program Administrator, QI lead and Research lead. This enables all our sites to deliver the core academic program in their unique and geographically grounded way. Both centrally, and at each site, leadership are supported by skilled administrative personnel.

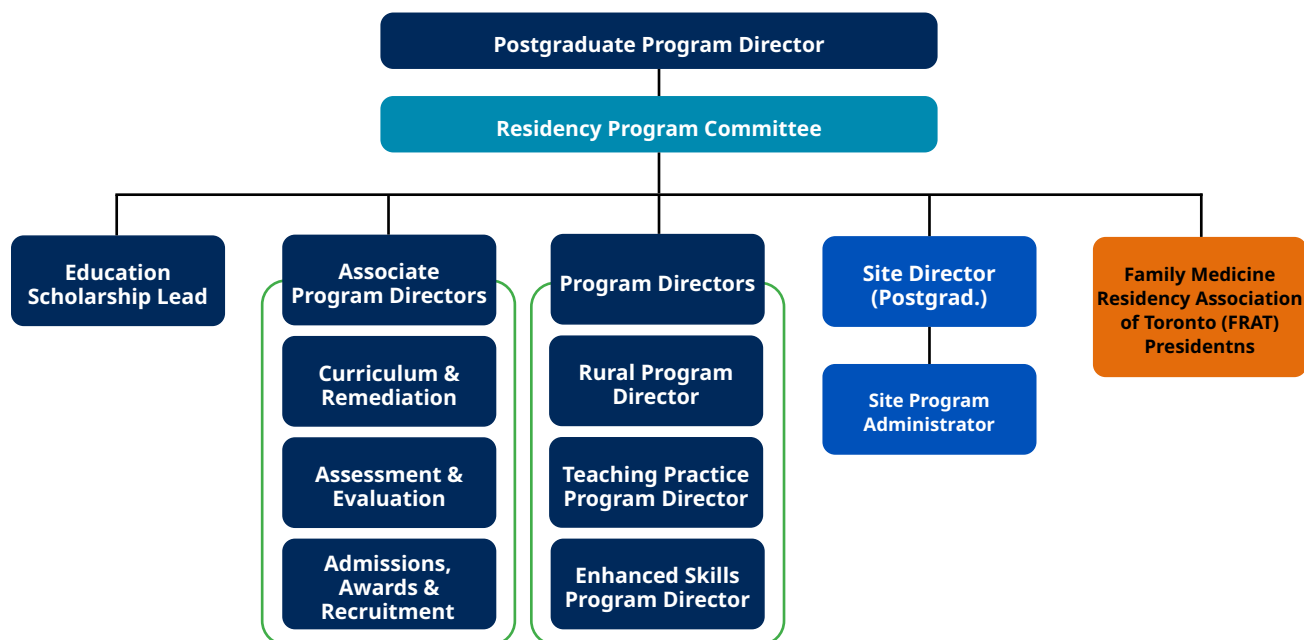
Despite our size, our committee and communication structures allow us to work in an environment that fosters collaboration, respect, responsiveness and flexibility.



Residency Program Committee (RPC)

The RPC assists the Postgraduate Program Director in planning, implementing, organizing, supervising and evaluating DFCM's two-year postgraduate family medicine program to ensure that the Standards of Accreditation, as set out by the CFPC, are met. The RPC advises, assists and makes recommendations on policy and procedures regarding the resident training program, including: selection of residents, educational design, policy and process development, safety and resident wellness, assessment of resident progress, continuous improvement and resident engagement.

Various subcommittees manage the Postgraduate Program and curriculum. For details and RPC composition, please see [Appendix 3.2.3](#).



Family Medicine Residents Association of Toronto (FRAT)

The FRAT Council is made up of elected Chief Residents and first year representatives from each site. With residents situated at dispersed sites, FRAT ensures a strong, united resident voice at the departmental and university levels on matters of relevance to family medicine residents.

FRAT is led by elected co-presidents and meets monthly to discuss common problems and policy, and to plan educational events and social functions. The FRAT presidents and one first year resident representative sit as voting members on the RPC and provide a monthly FRAT report. Other representatives participate on other DFCM committees.

The Postgraduate Program Director meets monthly with FRAT presidents. Chief Residents sit on their local site education committee, liaise with Site Directors and facilitate information flow from the FRAT presidents to the residents at each site. For a FRAT report, please see [Chapter 16](#).

Family Medicine Residency Association of Toronto (FRAT) Presidents

- Site Chief Residents
- Committee Reps
- Social Reps
- External Reps
- Internal Affairs
- PGY1 Reps
- PGY3 Reps
- Environmental Health Lead
- Indigenous Health Lead
- Social Accountability Lead
- Wellness and Safety Reps

70+ RESIDENTS
in leadership positions = **~20% OF ALL RESIDENTS**

Core Program (Years 1 & 2)

Admissions

Medical school graduates are admitted to postgraduate training programs in Canada through a national matching process administered by the Canadian Resident Matching Service (CaRMS). CaRMS was created in 1969 to provide a centralized application process for medical residency training in Canada. It is a national, not-for-profit, fee-for-service organization built to ensure a fair and transparent application and matching process.

See [Appendix 3.2.4](#) for details of the admission process, program allocations and teaching site maps.

The DFCM family medicine residency program is composed of three streams:

1. Greater Toronto Area (GTA)
2. Barrie or Newmarket
3. Rural

The GTA stream of family medicine residency includes both downtown academic health science centres and large community hospitals within Toronto, Mississauga and Scarborough. There are twelve hospital teaching sites available in the GTA program residency.

The Barrie or Newmarket stream offers the opportunity to train in a large community hospital in a growing community less than an hour north of Toronto.

The DFCM Rural Residency Program is an innovative two-year program designed to prepare residents for rural family medicine. The first year of training takes place in a GTA community-based teaching hospital where residents see the full scope of family medicine that they may not be able to experience in a smaller town. The second year takes place in one of four rural communities - Midland, Orillia, Port Perry, or Orangeville. Residents are required to live in the community to which they are assigned, and are able to take advantage of the resources and learning opportunities of the local community hospital and its specialists, and network with residents from other streams.

Core Curriculum

DFCM residents learn to provide comprehensive clinical care that is centred in family medicine across the lifespan for patients over the course of their two-year training program. They follow a small practice of patients longitudinally during their training. When they are away from the practice to gain special skills in another area (e.g. surgical rotation) they return each week for a minimum half-day per week to ensure continuity of care with patients. Residents have the opportunity to care for their patients in many settings, including home visits and they can follow them during hospital admissions as a supportive primary care provider.

The core components of our program include:

- 24-month comprehensive educational program in the clinical setting with a competency-based curriculum building on the CFPC's Triple C competency-based curriculum and CanMEDS-FM framework and roles (see [Appendix 3.2.2](#)).
- A minimum of four months of family medicine training in each of first and second year divided into a Block or Horizontal curriculum:
 - » Block Curriculum includes four months of family medicine experience in one-month blocks (combined as determined by each hospital site), with one half-day of FM clinic per week over the two-year period to provide continuity of patient care.
 - » Horizontal Curriculum offers equivalent exposure delivered longitudinally as three half-days per week, continuously over the two-year period.

Note: In second year, residents spend two of their four months of core family medicine training in a non-academic community "Teaching Practice (TP)". TP locations cover three core learning areas: inpatient care, obstetrics and emergency medicine.

- Clinical specialty rotations (i.e. surgery, internal medicine, pediatrics, gynecology, etc.) delivered in block format to address DFCM competencies.
- Protected Academic Half-Days (AHDs)

with weekly teaching seminars/workshops; the majority delivered locally at each teaching site. There is a central mandatory topic list informed by the CFPC Priority Topics, and supplemented by site-specific needs as determined by site leadership involving Site Directors/delegates and Chief Residents. All 14 sites deliver these topics over the course of the two-year curriculum.

- Protected Core Days delivered centrally, which include practice management topics; practice and career development led by the Canadian Medical Protective Association (CMPA); and Family Medicine Residents Association of Toronto (FRAT) Core Days, which cover important topics like palliative care and special populations (transgender health, immigrant and refugee health, Indigenous health, etc.).
- Quality Improvement curriculum and project development as an introduction to quality improvement methodology.
- A second-year Research/Academic Project which can take the form of research, quality improvement, education scholarship or community-oriented primary care.
- PGCorEd™ a series of self-directed, multimedia, web-based learning modules that cover the foundational CanMEDS competencies for U of T postgraduate residents. By the end of PGY2, all family medicine residents must complete eight PGCorEd modules. Topics include: Teaching in Residency, Professionalism, Communication with and for Patients, Patient Safety, Collaborator, Health Advocacy and Health Systems, Leader, and End of Life Care.

Assessment Methods

We ensure our learners are progressing competently towards graduation through our assessment system of frequent low stakes, regular high stakes, and resident reflective assessments, aligned with CFPC's CRAFT (Continuous Reflective Assessment for Training).

Resident assessments are reviewed regularly by the site Competence Committees and the Site Director/delegate during the six-month Progress Review where progression is con-

firmed or training adjustments/improvements are made accordingly. Note: Any Alerts generated through the six-month Program Review are sent to the Postgraduate Program Director who reviews the Alert then communicates with the Site Director.

Quality Improvement Curriculum

The QI curriculum is a core component of the DFCM's family medicine program, designed to enable family medicine residents to improve quality in primary care. Each site has their own QI lead who coordinates and runs the local program based on central guidance. Details on the QI curriculum are included under Quality and Innovation ([Chapter 5](#)).

Sites and the Role of Family Physicians in the Program

The sites are responsible for the day-to-day organization, implementation and supervision of resident activity, under the leadership of the Site Director. Since the majority of our training occurs in family practice settings, family physicians play a large role in the residents' learning process, modelling comprehensive care that is centred in family medicine:

- Residents spend more than 50% of their time in family medicine training.
- During family medicine experiences, residents are taught principally by family physicians.
- During 'off-service'/specialty rotations such as surgery and gynecology, residents are taught by specialists in the respective discipline. All goals and objectives, assessments and evaluations are based on family medicine competencies.
- Several 'off-service' rotations/subspecialty rotations such as musculoskeletal medicine and palliative care utilize family physicians with special areas of interest and special areas of focus as their main preceptors.
- Most of the items on the central DFCM academic core topic list are delivered by family physicians.

The residency program collaborates with other health care professionals to deliver patient care and provide learner education through

Academic Family Health Teams (FHTs - inter-professional teams that provide primary health care to their community) and/or team-based care. Family medicine residents participate in inter-professional health care teams in outpatient, inpatient and community-based primary care and FHT programs delivered at the site. They work collaboratively with health professionals, including nurses, nurse practitioners, social workers, dietitians, pharmacists, physiotherapists and physicians, and often with other health professional learners from these disciplines.

DFCM ensures our core training sites provide high quality educational experiences for learners through a process of regular annual programmatic review, which includes site visits, routine resident feedback and faculty development. If a problem is identified through these mechanisms, it is addressed at the site level, with involvement of the Postgraduate Program Director or the Rural Residency Program Director, and any final decisions about the site's involvement in the program would be made by the DFCM Chair and the Associate Dean, Postgraduate Medical Education.

Resident Wellness and Support

Physician health, wellness and safety are essential components of the postgraduate learning environment. The Temerty Faculty of Medicine's [Postgraduate Wellness Office](#) supports the well-being of U of T postgraduate trainees. It offers assistance to those encountering difficulties during training and helps residents develop the skills needed to maintain their own wellness as a resident and as a practicing physician. The DFCM's [Resident Wellness Guideline](#) describes the program's aim to provide a supportive learning environment to help promote resident mental, physical and emotional health, and accommodate wellness needs whenever possible.

DFCM is committed to the learning environment. The DFCM Office of Education Scholarship has created a scholarly approach to studying learning environment issues and has funded projects such as Balint Groups and reflective practice exercises to promote resident resiliency and wellness.

One of the RPC Site Directors, Dr. Amanda West, represents DFCM on the PGMEAC Wellness Subcommittee, which promotes the development of physician health awareness and expertise within PGME programs so that they are able to support and enhance resident and fellow health and wellness.

The representative RPC Site Director ensures DFCM central and sites, via RPC, are informed of PGME Wellness Office supports, resources and new initiatives. Many sites also have their own local wellness officer.

Further details are included in [Appendix 3.2.5](#).

Enhanced Skills Program

DFCM offers seven Category 1 and nine Category 2 Enhanced Skills Programs. During enhanced skills (ES) training, residents gains skills and competencies in a focused area of practice and, to promote continuity of care that is centred in family medicine, can also opt to continue a longitudinal, family medicine clinical experience. Each program has strong role modelling and exposure to family physicians who provide both comprehensive family medicine and who work in an ES area.

CATEGORY 1 PROGRAMS	2020-21 #PGY3	CATEGORY 2 PROGRAMS	2020-21 #PGY3
Addiction Medicine	3	Breast Diseases	1
FP - Anesthesia	4	Education Clinician Scholar	1
Care of the Elderly	4	Global Health and Vulnerable Populations	1
Clinician Scholar Program - Research	0	HIV Care	0
Emergency Medicine	8	Hospital Medicine	5
Palliative Care - Year of Added Competence	3	Low-Risk Obstetrics	16
Sports and Exercise Medicine	3	Palliative Care - six-month program	0
		Self-Directed: LGBTQ Health	3
		Self-Directed: Adolescent Medicine	0

Integrated 3-Year Program (I3P)

- **Leadership Stream:** U of T has prioritized health system leadership training through its Master's of Science in System Leadership and Innovation (MScSLI) for U of T medical students and residents. DFCM's I3P Leadership Stream program, initiated in 2018, includes both courses and practicums that expose students to an array of health system leadership concepts and settings where they will develop skills, gain practical experience and conduct key research. Students extend training by one year in order to complete their core training and the MScSLI in an integrated, longitudinal fashion. Graduates of the program will be skilled in system level transformation and are expected to play an important role in shaping and transforming health systems in Canada and internationally.
- **Family Medicine and Enhanced Skills (FAMES) Stream:** In 2020, a new I3P stream was added to support two residents per year to complete an enhanced skill (one in Palliative Care and one in Care of the Elderly) in an integrated, longitudinal fashion alongside their core training. The residents' PGY1 year remains the same, and the enhanced skill and core training are integrated during PGY2-3 to further support family physicians to provide comprehensive care and meet complex patient needs.

Awards

The RPC's Education and Teaching Awards Committee (Postgraduate Education) provides the organizational and facilitation role for DFCM in the nominations of leading and eligible faculty, staff and residents for awards that reward excellence in teaching, education-scholarship and advocacy in education related to postgraduate medical training.

External awards include:

- Post MD Education Awards (U of T)
 - » Social Responsibility Award in Postgraduate Medical Education
 - » PARO Trust Fund: Resident Teaching Award
 - » Robert Sheppard Award for Health

Equity and Social Justice

- » Postgraduate Medical Trainee Leadership Awards
- » Postgraduate Administrators Advisory Committee Award
- College of Family Physicians of Canada's Family Medicine Resident Leadership & Murray Stalker Award – recognizing scholarly activities of an outstanding family medicine resident and future leader in the discipline (Monetary value: \$10,000).
- Sam Leitenberg Award for the Humanitarian Practice of Family and Community Medicine – recognizing a PGY2 resident who recognizes the central importance of the doctor-patient relationship, provides exemplary care to patients and treats patients and their family members with compassion, empathy and respect (Monetary value: \$2,000).

Internal awards include:

- DFCM Postgraduate Awards - developed to identify, recognize and award faculty, residents and staff for excellence in teaching, leadership and advocacy. Nominations are solicited from each Teaching Site (Chief and Site Director) and the Enhanced Skills Director.
 - » Faculty Categories: New Teacher Award; Excellence in Teaching; Role Modeling Clinical Excellence
 - » Faculty & Staff Categories: Program Leadership; Innovation in Education; Resident Advocacy
 - » Resident Categories: Leadership; Teaching Excellence; Advocacy for Patients; Clinical Excellence
- Larry Librach Award for Excellence in Palliative Care Scholarship - recognizing a DFCM resident or Temerty Faculty of Medicine undergraduate student who demonstrates excellence in palliative care scholarship and integrates principles, practices and philosophy of palliative care.
- Art of the Possible (AOP) Education Grants – DFCM's Office of Education Scholarship has supported numerous postgraduate AOP projects, providing seed funding and support for the planning, implementation and dissemination of education scholarship projects that will benefit a DFCM program (see [Chapter 9.3](#)).

Funding

History

Between 2006 and 2009, DFCM opened five new teaching sites and expanded the other nine existing sites in order to accommodate a large growth in family medicine residency positions (98 new PGY1 and 98 new PGY2).

This expansion was negotiated collaboratively by all Ontario family medicine departments, their Faculties of Medicine, and the Ontario Ministry of Health and Long-Term Care (MOHLTC). The family medicine departments identified the resources needed and the Deans helped advocate on their behalf to government. The MOHLTC subsequently provided capital, one-time start-up, and ongoing annual operating funding to support the growth. DFCM's residency program expansion reached a steady state of resident numbers in 2014 and the government continues to provide annual operating funds to our department to support the residency program.

Central Postgraduate Costs

DFCM funds central postgraduate leadership and administrative positions and the cost of running the PG program. The central DFCM postgraduate program leadership team consists of:

- 0.6 FTE Postgraduate Program Director
- 0.3 FTE Associate Program Director, Admissions, Awards and Recruitment
- 0.3 FTE Associate Program Director, Curriculum and Remediation
- 0.3 FTE Associate Program Director, Assessment and Evaluation
- 0.1 FTE Education Scholarship Lead
- 0.4 FTE Teaching Practice Program Director
- 0.4 FTE Rural Residency Program Director
- 0.2 FTE PGY3/Enhanced Skills Program Director

And six full-time administrative staff:

- Program Assistant
- Recruitment and Admissions Administrator
- Postgraduate Program Support Assistant
- Teaching Practices and Rural Residency Program Assistant

- PGY3 Postgraduate Administrative Assistant
- POWER Data Analyst

Site Postgraduate Costs

The sites are responsible for the day-to-day organization, implementation and supervision of resident activity, under the leadership of the Site Director. DFCM provides an annual allocation of funding to support the sites. Site Directors generally have 0.2-0.3 FTE protected time, which allows them to be accessible and responsive to learners and faculty at their site and to participate centrally on the RPC. Each site has designated administrative staff who provide local support to the site program leaders, faculty, and residents, as well as stipended positions for site Professional Development and QI representatives.

Confirmation of funding for site residency programs is managed at the DFCM Executive Committee. Since resident numbers and funding are stable, site funding remains quite steady each year allowing sites to plan their budgets and programming well in advance.

Funding Support for New Initiatives

As new and innovative ideas emerge in postgraduate family medicine education, RPC and the Postgraduate Program Director integrate resource needs into existing budgets, or can bring a proposal forward for discussion with the Vice-Chair Education and the DFCM Chair.

The DFCM Chair advocates on behalf of the program to the Temerty Faculty of Medicine, government, granting agencies and donors, and makes decisions on priorities in the overall DFCM budget, many of which have supported new initiatives that positively impact the residency program. Examples and year implemented include:

- Philip Ellison Excellence in Continuing Professional Development Award (2020)
- DFCM's new Indigenous Health Faculty Lead (2019) – Dr. Suzanne Shoush
- Gifford Jones Professorship in Palliative Care (2019) – Dr. Kirsten Wendtlandt
- Women's College Hospital Chair in Implementation Science (2018) – Dr. Aisha Lofters

- Dr. Samuel Leitenberg Award for the Humanitarian Practice of Family and Community Medicine (2015) (supports a medical resident who exemplifies humanitarian qualities)
- Librach Palliative Care Award (2013) (provides seed funding for residents/students to do a palliative care project)
- Frigon Blau Chair in Family Medicine Research at Women's College Hospital (2012) – Dr. Onil Bhattacharyya
- Fidani Chair in Improvement and Innovation (2010) – Dr. Tara Kiran
- Gordon F. Cheesbrough Research Chair in Family and Community Medicine at North York General Hospital (2010) – Dr. Michelle Greiver
- Waddington graduate support (2008) (for those doing one of the family medicine Master's programs)
- Appel Scholarship Global PGY3 (2008) (supports resident travel)

Quality Indicators

Key ways that we currently evaluate and review all elements of the residency program to assess quality and inform improvement are outlined below. Further details are included in [Appendix 3.2.6](#).

External Accreditation

In the past three years the DFCM Postgraduate Education Program has been accredited both nationally and internationally.

In late 2020, the program was accredited by the College of Family Physicians of Canada (CFPC), which is the stamp of approval that allows us to train family medicine residents and gives our graduates access to the CFPC certification exam. In December 2020, we received a provisional accreditation result of Full Accreditation with Action Plan Outcome Report in two years. This is an excellent result and the accreditors highlighted a number of strengths in our programs. They commended us for our strong leadership and administrative teams, both centrally and across all of our programs and teaching sites. They made special mention of our organizational structures and our scholarly approach to curriculum and innovation. They commented

on the highly responsive nature of our local programs to meet the need of the patients in their community. Additionally, many Leading Practice Initiatives, worthy of national dissemination, were noted in both of our programs, including:

- Reflective Practice Rounds on Fridays: Reflect on issues that link to hidden curriculum, interprofessional rounds, lots of support, highly valued.
- St. Michael's Hospital Health Professions Educators: Fully integrated not only into collaborative team-based clinical care of patients, but also in the regular education of family medicine residents and in educational leadership roles, with their faculty development as HPE's supported by a formal curriculum to enhance their understanding of family medicine residency, program learning objectives and teaching to support family medicine residents' learning needs and relevant competency development.
- Residency Practice Profile Tool: This tool is helpful for residents to self-identify learning needs/gaps, and resident use is high.
- Integrated 3 Year Program: Detailed above.
- WONCA accreditation: See below.

In 2018, the Postgraduate Program underwent a rigorous external review and improvement exercise – an appraisal against World Organization of Family Doctors (WONCA) Global Standards for Postgraduate Family Medicine Education. As a result, our program achieved WONCA accreditation status. We are the first family medicine program in North America to be WONCA accredited, and the second site in the world (the WONCA report is included in [Appendix 3.2.7](#)).

Evaluate/Review Residents

We ensure our learners are progressing competently towards graduation through our assessment system of frequent low stakes, regular high stakes, and resident reflective assessments. See [Appendix 3.2.6](#) for details.

Annual data is provided by the CFPC to DFCM on how our graduates fare on the certification exam.

Evaluate/Review Teachers

Teachers are evaluated by residents who provide formal feedback by completing Teacher Evaluation Score (TES) forms at the end of every rotation. Teachers have access to summary aggregate reports for prior years once a minimum of three evaluations are complete.

Evaluate/Review Sites/Learning Environment

Site rotations are evaluated by residents who provide formal feedback by completing Rotation Evaluation Score (RES) forms at the end of every rotation. Resident confidentiality is maintained when completing RES forms. The learning environment is also monitored through annual visits to each site by the Postgraduate Program Director. The DFCM Chair also visits each site regularly and meets with site leadership and faculty.

The RPC and sites are addressing 'hidden curriculum' to raise awareness and to increase understanding of the issue and the potential impact it may have on the resident learning experience, in particular monitoring resident exposure to appropriate role models who value family medicine.

Evaluate/Review Overall Program

Residents play a major role in reviewing and contributing to improvements in the program. They have multiple forums for involvement, including formal evaluation processes (i.e. TES and RES evaluations as noted above), as well as through representation on site committees and participation in the annual site visits.

After graduation, residents provide valuable information to help with improvement of the program as part of the U of T PGME Voice of the Resident Survey and the CFPC Family Medicine Longitudinal Survey.

Postgraduate Medical Education (PGME) Office

The PGME office also plays a key role in evaluating, reviewing and improving residency programs. As areas are identified where postgraduate programs struggle to meet accreditation standards, PGME establishes a process to help address them. The process includes

establishing a committee to oversee the work, a literature review, surveys and interviews to seek input from stakeholders, and ultimately development of recommendations to guide PGME and the residency programs in the following areas:

- Best Practices in Evaluation and Assessment
- Best Practices in Rotation Evaluations
- Best Practices in PGME Program Support
- Best Practices on Admission and Selection
- Best Practices in Teacher Assessment

Program Strengths, Innovations & Quality Enhancement

DFCM continually strives to improve the residency program. Our departmental leaders have a mindset of 'how can we make things even better?', and look to instill in our graduates a need to question and improve the quality of patient care once they are out in practice.

The DFCM's Office of Education Scholarship (OES) supports faculty to study and create an evidence base for their work and to ensure that scholarship informs innovation and evaluation.

Innovative Programming

Innovative programming that responds to the evolving needs of our learners and communities is an important part of the mindset of DFCM leaders and faculty members. All of our new programs are systematically organized, supported and regularly evaluated centrally. Examples of some program innovations that illustrate this responsiveness include:

- Quality Improvement (QI) Curriculum – see [Chapter 5](#).
- Teaching Residents to Teach (TRT) - A longitudinal curriculum that includes educational theory and core skills to support their role of "residents as teachers". This program prepares residents to serve as role models for our medical students and to incorporate teaching and mentorship into their future careers.
- Integrated 3-Year Program (I3P) – Detailed above.

- The Virtual Care Curriculum (VICCTR) - With the rapid pivot to virtual care in the midst of the COVID-19 pandemic, we identified the need to support residents and faculty to systematically transform their practice to meet the demands of clinical reasoning in a virtual setting. We gathered a team of clinician educators and education scientists to develop on-line modules grounded in theories from the learning sciences and including core concepts in family medicine such as adaptive expertise. The first modules focus on clinical reasoning in virtual care, ethical and legal implications, and the provision of virtual care in vulnerable populations. The modules were provided for all residents at the beginning of the 2020-21 academic year. Additional modules under development include virtual care in the era of physical distancing, and how to incorporate the patient-centered clinical method while providing virtual care.
- Family Medicine 'Medical Expert' Assessment of Progress (FM-MAP) - All residents write electronically delivered progress testing four times over the course of their training. The progress test is locally developed to address the Canadian training context. Questions are developed using a Key Features approach and this unique initiative, and its relationship with the certification examination, has been disseminated widely through presentation and publications.
- DFCM Ethics Curriculum - When the results of a 2013 needs assessment targeting primary care clinicians and leaders in Toronto revealed that the clinicians felt ill equipped to manage complex ethical challenges, health care leaders in the region took note. A partnership was formed between the Toronto Central Local Health Integration Network and the Toronto Central Community Access Centre, along with the University of Toronto's DFCM and Joint Centre for Bioethics. A commitment was made to "build ethics capacity across the care continuum". This unique collaboration of leaders across academic, planning, and service delivery sectors represented a new, committed, resourced approach to a well-known yet

unresolved dilemma relating to ethics competency amongst clinicians. The partnership mandated that a committee be formed to develop a novel ethics curriculum to be piloted in the postgraduate family medicine department at U of T.

Although all sites provide teaching relating to ethics and medical jurisprudence during Academic Half-Days, five of the 14 sites are participating in a pilot ethics program designed to investigate a novel ethics curriculum, which uses cognitive principles of learning and integration along with a train-the-trainer model. The pilot was funded by a \$79,500 peer reviewed grant. Results from this study are informing ongoing refinement and renewal of the academic sessions relating to ethics, and the curriculum will be implemented in all sites in 2021.

- Addictions Curriculum - In response to an adverse event and coroner's report that deemed that a mandatory addictions curriculum was necessary, a new addictions curriculum has been piloted at the Sunnybrook Health Sciences Centre site with a goal to spread the curriculum across sites. This centrally supported innovation was guided by a needs assessment where residents' learning needs in this area were assessed in an end-of-year survey.

Competency-Based Curriculum

There is strong central and local partnership regarding the educational design, delivery, monitoring, and improvement of our fully embedded competency-based curriculum. The curriculum was developed centrally and is mapped to the rotations at each site. The competency-based curriculum is also mapped to the CanMEDS-FM roles, the skills dimensions/evaluation objectives, and our local assessment system. This assessment system includes field notes (low stakes) and end of rotation evaluations (summative high stake). To ensure that the curriculum remains current, we have implemented a comprehensive system of ongoing curriculum review to respond to the evolving needs of our learners and communities. The system includes representation from our social accountability task

force to ensure that our competencies reflect the needs of those who are most marginalized in our communities.

Plans for the Future

The Postgraduate Program has plans for a number of educational innovations to strengthen our curricular offerings. These include the evidence-based development, implementation and evaluation of the following curricular innovations and programs:

- Indigenous health and cultural safety training program.
- Continuous Quality Improvement plan with the plan to hire a CQI lead to ensure appropriate integration of information technology.
- Training with a focus on digital technologies for AI and virtual care (in collaboration with EXITE).
- The voice of the patient as an integral part of all of our programs.
- Possible expansion to a new hospital site that has recently opened using green technology.

ACADEMIC FELLOWSHIP & GRADUATE STUDIES PROGRAM

The Academic Fellowship and Graduate Studies (AFGS) Program provides high quality advanced faculty development to practicing clinicians. Our programs are organized into two broad streams: one focused in family medicine and one in health professions education. Both are structured to provide flexibility for learners to take advantage of learning opportunities across both streams.

Graduate Studies

On the Graduate Studies side, we provide three degrees with four streams:

- a. MScCH – HPTE: Master of Science in Community Health, Health Practitioner Teacher Education: Directed at clinician edu-

cators, provides a practical professional degree in health professions education. Primary audience is clinician educators from a variety of disciplines. Currently, the largest cohort are PGY-4&5 residents in specialty programs and early career physicians.

- b. MScCH – FCM: Master of Science in Community Health, Family and Community Medicine: Provides a professional Master's degree with exposure to public health, scholarly aspects of family medicine and research, and prepares family physicians for academic practice. For the past five years, as part of a pilot, the program has admitted International Medical Graduate (IMG) candidates who do not have a current clinical license.

The MScCH-HPTE and MScCH-FCM programs are five (full course equivalent (FCE)) credit, 10 course programs. A list of courses and requirements is included in [Appendix 3.3.1](#).

- c. MPH – FCM: Master of Public Health, Family and Community Medicine: A two-year Master's in Family Medicine with more significant public health, research and education exposure, and attracts primary care providers from a variety of disciplines. The MPH – FCM is a 10 (FCE) credit, 20 course program. A list of courses and requirements is included in [Appendix 3.3.1](#).
- d. MPH – AS - FCM: Master of Public Health – Advanced Standing, Family and Community Medicine: This new stream provides advanced standing to physicians with a current Canadian license and allows them to complete the program in one year. This program is attractive to Canadian family physicians pursuing academic or public health careers. The MPH-Advanced Standing-FCM is a five (FCE) credit, 10 course program. A list of courses and requirements is included in [Appendix 3.3.1](#).

Continuing Education

- a. Fellowships - At the Continuing Education (CE) level our offerings include two fellowships: one in Academic Family Medicine and the other in Medical Education. These 12-month full-time programs primarily attract international participants who are adding to their clinical skills before they return to their home countries to take on education or leadership roles.

The Academic Fellowship (AF) and Medical Education Fellowship (MEF) are nine-module programs. A list of courses and requirements is included in [Appendix 3.3.1](#).

- b. Certificates - We also offer two certificates: one in clinical teaching and another in clinical research. These are part-time programs primarily directed at practicing clinicians. The Clinical Teacher Certificate (CTC) provides skills for clinician teachers and those taking on some leadership roles in education. The Clinical Research Certificate (CRC) provides clinicians the opportunity to develop the skills to participate in research as collaborators.

The Clinical Teacher Certificate and Clinical Research Certificate are four module programs. A list of courses and requirements is included in [Appendix 3.3.1](#).

All of our graduate programs are available on a full-time or part-time basis. All of the above fellowship, certificate and degree programs are course-based, and require completion of a practicum where students apply the knowledge and skills learned in program courses in the workplace or in a new project.

Our graduate programs are run collaboratively with the Dalla Lana School of Public Health (DLSPH), in the Division of Clinical Public Health. Day-to-day administration of the programs rests with DFCM, while minimum admission criteria, program and course standards and other criteria are set by the School of Graduate Studies and the DLSPH.

Students from both certificate and graduate programs sit in the same classrooms and benefit from learning from each other.

Homework and other performance requirements vary for the students depending on their enrolment status at the CE or Graduate levels.

Admission Trends

Graduate Admissions

The program has seen a steady intake in the MPH program and interest in the new MPH-advanced standing stream. Enrolment in the FCM stream of the MScCH program has increased with the intake of the IMG candidates through the pilot project. The HPTE stream has also seen a slow increase in numbers, partly related to interest from new faculty in pursuing graduate programs in preparation for academic careers. For these junior faculty, our graduate courses provide an opportunity to build skills, expertise and support faculty development.

CE Admissions

Our continuing education admissions have remained relatively stable in the fellowships in the past five years with approximately one candidate per year, while the CRC has grown. Enrollment in the CTC has decreased slightly. This program used to be free to all DFCM PGY-3 residents, but a combination of low completion rates and resource limitations has meant that we now accept, on a competitive basis, only four tuition-free candidates from PGY-3 programs into the CTC or CRC. This has resulted in more motivated candidates interested in completing their respective programs. The program remains open to any PGY-3 who meets admission criteria.

See [Appendix 3.3.2](#) for CE and Graduate admissions data and scholarly outputs of past alumni.

Significant Developments

As part of a pilot program, the MScCH-FCM stream has, for the past five years, accepted internationally trained clinicians who do not have a clinical license. The goal of this program is to provide exposure to the Canadian healthcare environment and allow participants to transition to non-clinical roles in the

Canadian system. Participants have generally been successful, but have required more support with meeting course requirements and securing and managing practica. In addition, the program has had a higher dropout rate than any of our other programs. A full review of the program is planned for 2021 to determine if it is meeting the needs of students, what changes may be required and if the program is viable in the long-term.

The Advanced Standing MPH-FCM stream, developed in collaboration with the DLSPH, is a program innovation that provides advanced standing to Canadian physicians for their previous training in Public Health. A review of the Public Health competencies acquired during medical training and assessed by the Medical Council of Canada determined that there was significant overlap with the MPH competencies. The new program allows participants to complete the program in one-year full-time vs. two-years part-time. We expect this shorter degree will be attractive to practicing Canadian Family Physicians looking for a shorter time away from clinical and academic practice.

While the last five years has seen the retirement of several courses in areas of families and human development, we have also seen the development of others such as CHL5622H, a fully online Health Policy course. The program has also assisted instructors in significant course revamps to update course materials and create more online content, in particular course CHL5601H, which had a complete review of its materials and assessments.

The scholarly success of our learners is evident in the number of publications and presentations. Several faculty member projects have focused on our courses and programs – examples are reviewing the publications resulting from a graduate course (CHL 5609) and analysis of the impactful components of a multicomponent course (CHL 5607-08). We plan to continue to pursue scholarly approaches to assessment of our programs and program development.

One of the goals of the AFGS program has

been to develop an online degree to increase accessibility of the program for local, as well as distant participants. During COVID-19 restrictions our program seamlessly facilitated the transition to online teaching, due to the flexibility of our course instructors and proactive preparation on the part of the Program Directors, especially Dr. Julia Alleyne. The required move to online teaching provides an opportunity to accelerate the launch of a fully online degree program.

Forging Ahead

In the short-term, the AFGS program will review the MScCH-FCM IMG pilot to evaluate whether the program is meeting learner needs, and review admission criteria and IMG student success rates. This will also provide an opportunity to determine the long-term direction of this shorter degree and differentiating it further from the MPH-FCM degree.

The current program directors have built collaborative relationships with educational leadership at DLSPH. As a program that crosses two faculties, it can be at risk if DLSPH priorities change. Therefore, maintaining strong collaboration between DFCM and DLSPH remains important at both the Chair and Dean levels. There is an opportunity to build this relationship further as DFCM creates an internal Public Health Division. DLSPH has launched its DPh (Doctor of Public Health) professional degree, there may be an opportunity to create a Family Medicine stream within the DPh in the future to fill a gap in training beyond the current professional Master's degrees.

We continue to promote the MPH-FCM advanced standing stream to our faculty and see this degree as a being especially attractive to family physicians looking for additional qualifications.

We will be targeting one of the family medicine degrees for online or hybrid delivery in 2021. We plan to seek approval through the University governing process for transition of a suite of courses to online delivery. There will be an opportunity to collaborate with the new EXITE program during this process (see

Chapter 14). We anticipate the need for additional faculty to support student progress at a distance, and program resources such as additional technical support and assistance to move to delivery of a world-class online degree, attractive to high quality candidates.

The program has an opportunity to expand on existing international partnerships and relationships in Saudi Arabia, Thailand and has the opportunity to build bridges to other international audiences interested in advanced faculty development for their faculty members.

Our program relies on a group of skilled and passionate instructors; we continue to work on succession planning and course development. While most of our courses rely on clinician direction, we value and depend on centrally appointed DFCM faculty who have teaching responsibilities as part of their university appointments. Collaborations across programs to allow these faculty members (e.g. from the research or other education programs) to teach in our program are important.

For many years the AFGS program has been an invaluable program and resource within DFCM and Temerty Faculty of Medicine. It continues to provide a pipeline of teachers, educators and leaders for DFCM and the wider Faculty.

4.0 LEADERSHIP & FACULTY DEVELOPMENT

The role of Vice-Chair, Family Doctor Leadership was created by Dr. Michael Kidd shortly after he became Chair of DFCM in 2017. Dr. Kidd recognized that for an enterprise as large and distributed as DFCM, high quality leadership was essential throughout all sites and programs. The core mandate for the role is to “Provide expertise and oversight in the development of Family Medicine Leadership” through leadership development, mentorship, career development, promotion and scholarship. Vice-Chair responsibilities include oversight of the Faculty Development Program and budget (see below for details), and promoting equity, diversity, and inclusion (EDI). The incumbent chairs the Senior Promotion Committee, sits on DFCM Executive and is a member of the Vice-Chair Team.

As the inaugural appointee in this role, Dr. David White established a Master Class in Family Doctor leadership for “rising star” faculty leaders, appointed Dr. Onye Nnorom as the inaugural DFCM Lead for EDI, Chaired the Senior Promotion Committee, and worked closely with Dr. Viola Antao, Program Director of Faculty Development, to support the success of this crucial program. Along with the Chair, Dr. White provides support, advice and mentorship for site Chiefs.

Over the past three years, there has been increased interest and greater numbers of applicants for senior promotion, with a track record of 100% success for candidates going forward. Master Class participants are nominated by every site Chief and Program Director. Evaluations of the first three annual programs are extremely high. The program has been formally assessed through a program of mixed-methods research; the findings have been presented at international conferences and a paper has been submitted to a peer-reviewed journal. Shorter Leadership Master Class workshops have been developed and presented for community-based family doctors, residents and graduate students.

Of 1,892 faculty in DFCM (November 2020), 55% are women; at senior ranks (Associate and Full Professor), only 44% are women. These numbers may simply reflect progression through ranks and changing demographics: women represent 44% of faculty who have been appointed for more than 15 years. Promotion procedures are gender neutral, but attention to qualitative data is required to identify possible systemic barriers.

Dr. Nnorom accelerated enhancement of equity, diversity and inclusion over the past year, arranging support sessions for black faculty, staff and residents following the murder of George Floyd. Dr. White formed a departmental EDI Committee in late 2019 and transitioned its leader-

ship to Dr. Nnorom in 2020. This group created and led extensive faculty development sessions for all DFCM Executive members (see [Chapter 6](#) for details). As EDI Lead, Dr. Nnorom works in close collaboration with colleagues Drs. Suzanne Shoush (Indigenous Health Lead), and Ritika Goel (Social Accountability Lead), and has a prominent role in faculty-wide EDI initiatives. The Temerty Faculty of Medicine has not yet shared the data it has collected on faculty diversity stratified by department. While DFCM is visibly more diverse in its younger faculty, EDI is an ongoing area of focus across the department.

FACULTY DEVELOPMENT

DFCM values excellence among faculty. To grow capacity and nurture our faculty toward excellence, the Faculty Development (FD) Program was started in 2003 with a broad mandate: “To foster the professional and personal development of the members of DFCM and the broader community of family physicians.” The FD program has clear goals that are aligned with organizational priorities, are systematically designed and improve educational practice, leadership and scholarship. The Faculty Development Committee is key in implementing our priorities.

The key goals of the program over the past five years have been:

1. To support faculty in their role as teachers and leaders by engagement in our Basics series and advanced professional offerings, such as Faculty Renewal and Leadership Basics. To use these venues to integrate faculty learning needs (EDI, QI, Learner mistreatment).
2. Due to COVID-19, supporting our faculty has resulted in three key priority areas:
 - » Supporting teachers with virtual teaching, supervision and assessment.
 - » Pivoting our Faculty Development initiatives to an online forum.
 - » Encouraging and addressing wellness and resilience for our faculty.

3. To integrate supports for health professional educators (HPE) across all programs.
4. To foster and facilitate wellness and resilience.
5. To engage and facilitate faculty mentorship.
6. To advance education scholarship.
7. To develop activities to support faculty with career development through early to senior career.
8. To actively endorse faculty recognition and appreciation through a coordinated and collaborative approach toward awards at multiple program levels (DFCM awards of excellence and external awards which include Temerty Faculty of Medicine, U of T, local, national and international awards).

In April 2017, the DFCM FD Program as part of U of T’s Centre for Faculty Development was awarded the prestigious International Aspire Award for *Excellence in Faculty Development*. Aspire Awards recognize medical schools internationally for their excellence in faculty development.

Program Structure

The Faculty Development Committee (FDC) represents all 14 academic sites, teaching practices, Emergency Medicine and Palliative Care Divisions, Undergraduate Program and Health Professional Educators and have identified leads. These 23 FD Leads comprise the Central FDC and meet monthly to discuss, develop and implement FD programs.

This is a two-way model (see [Appendix 4.1 - A](#)); FD leads bring information from their sites centrally and take central information back. FD leads are supported financially and with protected time (a half-day a week) to participate in FD initiatives. Within the committee, there are sub-committees developed to help direct and support the program offerings. This assists with direct guidance and the development of new program elements and course offerings.

Site FD Leads are chosen by site chiefs. In addition, the committee includes representa-

tion from the Office of Education Scholarship, Undergraduate Program, Temerty Faculty of Medicine, the divisions of Palliative Care and Emergency Medicine, and a Health Professional Educator lead. They are all encouraged to participate in the FD Program offerings to enhance their own learning and to better enable their future facilitation of these offerings. In addition, DFCM financially supports leads who identify a learning need and want to attend advanced scholarly FD (see [Appendix 4.1 - B](#) for the FDC membership list).

Collaborations with other programs include Global Health and Social Accountability to address climate change, Quality Improvement to develop and disseminate QI faculty development modules, Postgraduate for faculty renewal, and Research.

Faculty Development Offerings

The FD program facilitates priorities through targeted and iterative development and implementation of our FD offerings to ensure both alignment with departmental goals, faculty needs and external stakeholders such as CFPC. Trends in participation over the past five years indicate a need for these programs. See [Appendix 4.1 - C](#) for program agendas and [Appendix 4.1 - D](#) for a summary table of program offerings.

Basics Program for New Faculty

Basics is a longitudinal orientation program, currently offered over seven sessions, that has been designed to equip new faculty to function optimally in their roles, and to build and strengthen collegial networks of learning within DFCM. Participants are chosen and supported by their site/division chiefs and are encouraged to get involved as future facilitators.

Through a series of highly interactive modules our interprofessional faculty acquire basic knowledge about teaching and learning appropriate to their roles; demonstrate knowledge, skills and attitudes in a variety of situations; acquire specific teaching skills that they can apply in their setting; identify practical aspects of equipping their practice setting for teaching; and identify resources

available to them from DFCM and the University and describe how to use these resources to support their professional and personal development. Basics also helps to formulate and enhance their identity as a teacher and scholar and increases the number of linkages with colleagues within and outside of medicine, communities of practice, DFCM and the University.

This program meets the accreditation criteria of the CFPC and has been accredited by Temerty Faculty of Medicine's Office of Continuing Education and Professional Development for 59.25 credits. Since the program launched in 2005, approximately 611 faculty members have participated.

Based on participant feedback, content has recently been updated to address quality improvement, equity, diversity and inclusion, as well as learner mistreatment.

Leadership Basics and Beyond Basics Programs

The Leadership Basics and Beyond Basics programs were developed to address the ongoing learning needs of participants who had completed the Basics series. The programs allow participants to explore topics important to their development, both academically and personally, together with their community of colleagues. Past themes include: Building on the Basics (2008), Supporting the Clinician Teacher (2009), Practical Skills for Faculty (2010), Faculty Career Development (2011), and Faculty Outreach: Getting Connected (2012). Topics covered in Leadership Basics include leadership styles, communication, and handling conflict. Sessions provided include: Powerful Messaging, Powerful Presence, Leadership Styles, Leading in an Integrated Health System, Cultural Fluency, Pearls and Pitfalls in Leadership, and Advanced Collegial Conversations.

Preparation for Fundamental Faculty Renewal

Ensuring all faculty members at DFCM are equipped with the most current information, tools and skills inspired the dissemination of four faculty renewal modules: Hidden Curriculum, Wellness and Resilience, Competency, and Assessment. These four topics were

identified as key areas to reinforce based on multi-level needs assessments. The materials were developed collaboratively between the FDC and Residency Program Committee members.

The materials are designed to be tailored by sites to meet their specific faculty development needs. Each of the four modules include: 1) An introductory video to highlight the core purpose of the module; 2) A power point presentation; 3) A one-pager that summarizes the key concepts. These modules were given at the 14 teaching sites and run centrally to include Teaching Practices and Rural Residency Program faculty members. Since the COVID-19 pandemic, these modules have been restructured to accommodate online learning and train and support faculty in how to teach online, what resources there are to create interactive sessions, and how to build and maintain a sense of community. This support is continual with faculty offered the opportunity to test out their presentations and assess what tools would best support the design of their presentation, and clinical supervision. Feedback from evaluations of these online events is evidence in the successful pivot to an online platform.

Health Professional Educators Community of Practice

DFCM recognizes the important contributions that Health Professional (non-physician) Educators (HPEs) make in the training of medical students and residents in family medicine. Over the past 18 months, Dr. Judith Peranson, MD (2014-2017) and Dr. Deborah Kopansky-Giles, DC (HPE Faculty Co-Leads) have been identifying the HPEs who teach medical learners across the 14 DFCM teaching sites and to bring these teachers into a community of practice where they can be supported in professional development, faculty status applications and in sharing educational resources specific to interprofessional education and collaborative practice.

The community of practice currently has over 130 members and has received support through an Art of Possible grant from the DFCM's Office of Education Scholarship.

Wellness and Resilience Program

The DFCM Faculty Development Wellness and Resilience (WR) Program has fostered a culture for self-care for family physician teachers and the DFCM community. Faculty self-care is an important core value of DFCM and has been a vital theme for both the DFCM mentorship program and one of the important roles of FD Leads. The WR program has held biannual workshops on such themes as work/life balance, Balint Groups, Mindfulness, Health Humanities, Narrative Medicine and Medical Improvisation. DFCM and the Department of Psychiatry have instituted a yearly co-sponsored Grand Rounds on the theme of WR.

The wellness sub-committee is working to develop a community of practice among site identified wellness leads that will help connect resources and initiatives between sites and central DFCM. This core group also supports the Temerty Faculty of Medicine Wellness Committee that has put into place supports for faculty during COVID-19. See [Appendix 4.1 - E](#) for WR Macro/Mesa/Micro levels.

Mentorship

Mentorship is a key component and significant in supporting and advancing faculty members in their career trajectory. The mentorship process is integrated in faculty professional development plans. On appointment, faculty are invited to outline their mentorship interests and connections are established informally thorough site and department-level contacts. Mentorship also forms a key component of Basics. The Basics program advises and supports faculty to connect with a mentor to guide them with their teaching roles and the promotions process. Leadership Basics targets a different demographic of faculty who are stepping into new leadership roles and may need guidance and mentorship. In addition, FD Leads advocate and assist faculty at their sites or in their division to connect with potential mentors.

The FD Director also provides mentorship and support for faculty members applying for Temerty Faculty of Medicine opportunities such

as the New and Evolving Academic Leaders Program (NEAL) in which participants develop the mindsets and capabilities to successfully lead their division, program, research, education or other academic unit and help enable the success of their academic teams. This includes support with the application process, project preparation and execution.

Education Scholarship

Faculty Development collaborates with the Office of Education Scholarship via the Faculty Development Education Scholarship Lead. This position builds on and enhances the scholarship and dissemination of scholarly work stemming from the FD program. Since 2016 five FD focused projects were approved and awarded funding for various professional development projects, such as:

- *Are academic leads prepared and supported to participate in and conduct ES?*
- *Effectiveness of low cost in situ simulation as a professional development method in office anaphylaxis management*
- *Evaluation of a new approach to leadership development: "The MasterClass Series in Family Doctor Leadership"*
- *Design, Development and Advancement of a Community of Practice for Health Professional Educators (HPEs): exploring an innovative approach to supporting HPEs in family medicine at the University of Toronto*
- *Understanding the exceptional medical learner*

DFCM Conference

DFCM is committed to faculty development and has supported teachers, clinicians and researchers with various research and learning days since DFCM was formed in 1969. In 2001, an annual Professor Walter W. Rosser Academic Day was established to mark the end of the second, five-year leadership term of DFCM Chair Dr. Walter W Rosser.

While it has evolved over the years, this annual event has continued to showcase departmental achievements in research, education and creative professional activity. The DFCM Conference and Walter Rosser Day is open to all faculty, residents, undergraduate and graduate students, staff, alumni and local and international friends of DFCM, where we join together to learn about the work we are all doing to advance family medicine. The one-day conference features the Walter Rosser Keynote address, recently provided by Dr. Risa Freeman (2019) and the Honourable Dr. Carolyn Bennett (2018), and recognizes the recipient of the Earl Dunn Lecture, most recently awarded to Dr. Joshua Tepper (2019) and Dr. Katherine Rouleau (2018).

Supports and Recognition

Faculty Appointments and Promotions

Faculty appointments, junior promotions and senior promotion information sessions and workshops are offered 1-3 times per year and are integrated as components of our annual DFCM conference. Faculty have ongoing access to FD Leads, the Office of Faculty Appointments and mentors for information and support through all stages of career development.

SUMMARY OF FACULTY APPOINTMENTS FROM 2016-2020

	FACULTY APPOINTMENTS (CLINICAL & NON- CLINICAL)	SENIOR PROMOTIONS	JUNIOR PROMOTIONS	CAR (CONTINUING APPOINTMENT REVIEW*)
2016	125	12	35	21
2017	117	10	28	23
2018	91	6	20	TBC
2019	134	10	23	TBC
2020	98, thus far	7	12	58, thus far

**previously called "3 Year Review"*

Awards and Financial Supports

Awards are one of the many ways we celebrate the hard work and successes of our faculty. At DFCM, there is a trajectory of awards starting with program level awards, moving to departmental Awards of Excellence, and finally external awards (see [Appendix 4.1 - F](#) for list of awards).

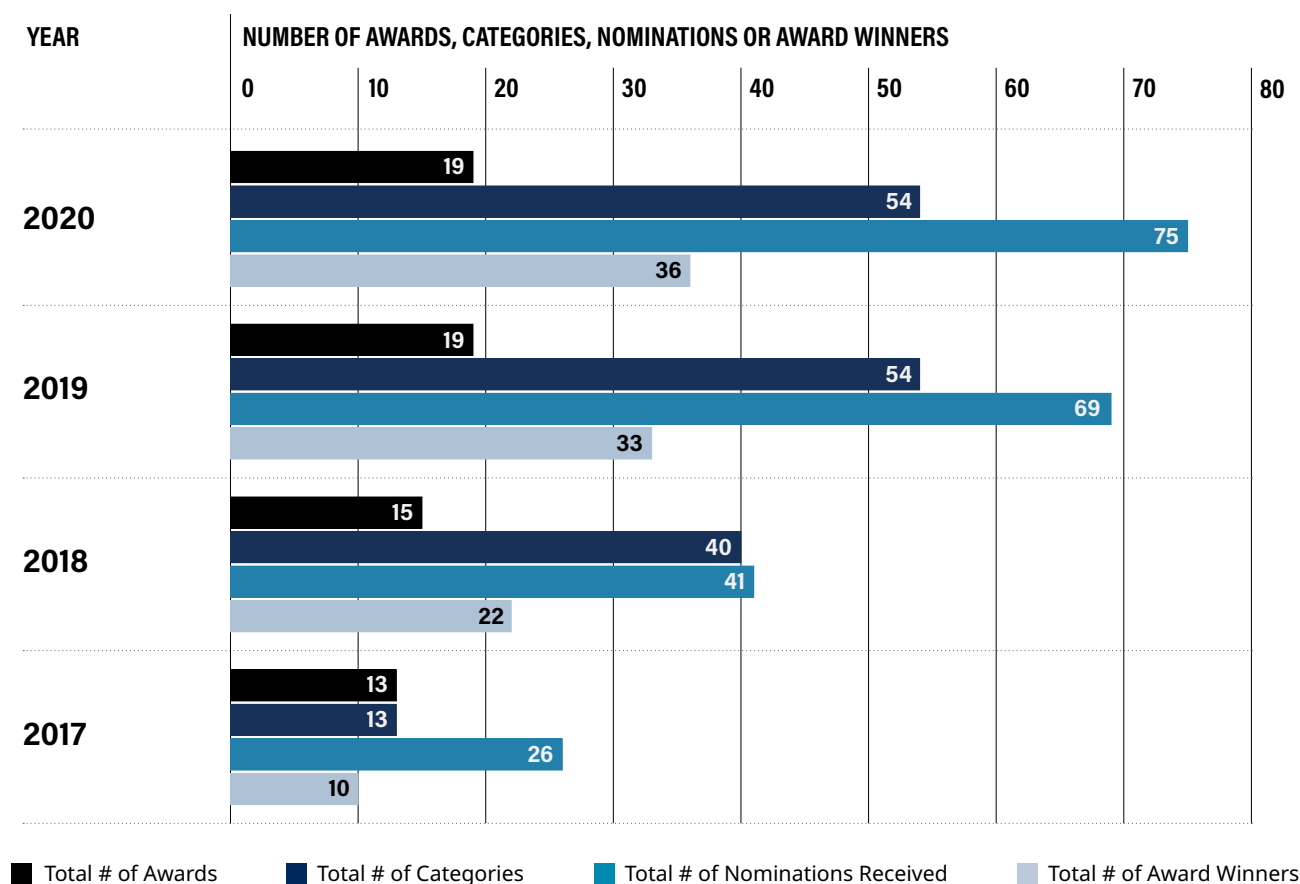
Awards include:

- **DFCM Program Awards:** The eight FD awards recognize the unique contributions members have made to FD initiatives, including continuing education, mentorship and leadership. There is a named award, in honour of the inaugural faculty development director Jamie Meuser, that recognizes excellence in leadership and innovation in faculty development. In this category of awards, we also have the opportunity to recognize learners contributions to FD.
- **DFCM Awards of Excellence:** DFCM Awards of Excellence specifically represent departmental recognition for faculty in multiple areas including leadership, course/program development, teaching, social accountability, quality improvement, research, mentorship, and faculty development. In 2018, the DFCM Awards of Excellence were expanded specifically to ensure community preceptors and

health professional educators also received recognition for their extensive contributions. In addition, awards of excellence also recognize the valuable contributions of administrative staff. The number of nominations received in the last five years has increased by 260%.

- **External Awards:** Since 2016 DFCM has developed a coordinated, collaborative approach to external award nominations. We actively track over 55 external awards as potential recognition for our clinician teachers and our educators.
- **Financial Supports:** Faculty Development Funds are available to support faculty for activities such as: publication of scholarly papers (mini sabbaticals); professional development activities that contribute to individual scholarly growth; travel (and related expenses) to conferences that support scholarly work (conference registration fees not funded). Within the last five years, approximately 25 faculty have been awarded an amount totaling \$27,361. The FD Program Fund provides four awards of up to \$2,500 annually to support the creation of new educational programs. Within the last five years, approximately eight projects have been supported, amounting to a total of \$24,550 distributed.

DFCM AWARDS OF EXCELLENCE 2017-2020



DFCM Celebration Event

Since 2014, DFCM has hosted an annual DFCM Celebration Event to celebrate excellence in family medicine education and research. These events are an opportunity to network, share expertise and celebrate the achievements of faculty, staff and learners. During celebration events, the department honours the recipients of Program Awards, DFCM Awards of Excellence and external awards. New faculty, junior and senior promotions, and long-term faculty are also recognized.

In 2020, while the COVID-19 pandemic prevented an in-person celebration, 118 DFCM faculty, staff, friends and family members tuned in to mark the occasion over Zoom. During the event, DFCM's newest full professors - Drs. Joyce Nyhof-Young, Rick Penciner and Joshua Tepper - provided candid reflections

on their personal journeys from eager young clinicians to experienced leaders.

Faculty Needs Assessments and Evaluation

Needs assessment and evaluations are conducted on an ongoing basis and inform our program offerings.

A departmental-wide faculty needs assessment survey was conducted in 2017. It highlighted gaps in competency-based medical education and thus informed program innovations. In addition, all sites conduct informal needs assessments to inform site-based faculty development initiatives.

All FD offerings conduct needs assessments (see [Appendix 4.1 - G](#)) and have feedback/evaluation forms that are administered after

every session (see [Appendix 4.1 - H](#) for an example). Data is collated and findings (collated summaries) are fed back to the faculty developer and presenters. Dedicated time is set aside as part of our monthly FDC meetings to debrief on the success and challenges of our program offerings and iterative changes and quality improvements are made based on participant feedback. An example of this is the HPE Community of Practice which originated within an Interprofessional Education Advisory Working Group, was prioritized within departmental strategic planning and was brought to DFCM faculty development for implementation.

Future Directions

Faculty development is essential to support teachers with instructional skill, curriculum design, assessment, leadership design, mentorship and wellness, as well as integrate stakeholder requirements. Potential areas of growth for faculty development include: artificial intelligence, supporting teachers with virtual teaching, supervision and assessment, further pivoting our FD initiatives to an online forum, and encouraging and addressing wellness and resilience for our faculty.

There are several growth areas that the Faculty Development Program may pursue:

1. Supporting teachers with virtual teaching and supervision, post-COVID.
2. Continuing to improve faculty development delivered virtually.
3. Supporting teachers with their learning needs and more feedback (LACT tool).
4. Growing Health Professional Educator contributions and supports for teaching.
5. Expansion of resident and faculty wellness at an organizational level.
6. Collaborate with Temerty Faculty of Medicine initiatives (learner mistreatment, EDI) to optimize the learning environment.

5.0 QUALITY & INNOVATION

DFCM's Quality and Innovation (Q&I) Program exists to make primary care in Canada – and the world – even better than it is.

High quality primary care means providing care that: Is timely and available when you need it; Meets the specific needs, preferences and values of patients; Is based on the best research evidence; Is safe and does not accidentally harm someone; Is efficient and does not waste scarce healthcare resources; Helps everyone achieve excellent health regardless of their background or circumstances.

The Q&I program was founded in 2011 under the leadership of Dr. Phil Ellison, the inaugural Fidani Chair in Improvement and Innovation and Vice-Chair Quality and Innovation, following recommendations from a 2010 Quality Task Force. It was rebranded in 2017 under the leadership of the new chair, Dr. Michael Kidd, to the Quality and Innovation Program to align to the new strategic vision of 'Advancing Family Medicine globally through scholarship, social responsibility, and strategic partnerships'.

Under the leadership of Dr. Tara Kiran, Fidani Chair in Improvement and Innovation and Vice-Chair Quality and Innovation beginning in 2018, the Q&I Program aims to improve the health outcomes and patient experience for those we serve while maintaining costs, ensuring provider wellness and pursuing health equity.

WHO WE ARE

Our core program team includes Dr. Tara Kiran, Vice-Chair Quality and Innovation, Ms. Trish O'Brien, Q&I Program Manager, and Ms. Kirsten Eldridge, Administrative Assistant. Much of the program's work is executed locally by QI Directors who are appointed at each of our 14 family medicine teaching sites to lead the practice and teaching of quality improvement. DFCM's core program team and QI Directors meet eight times a year as the Quality Program Committee to discuss how to best advance Quality and Innovation in our department and beyond. The core mandate of the Quality Program Committee is to improve patient experience, health outcomes, and health equity at the core DFCM teaching sites by leading continuous quality improvement (QI) and integrating QI into DFCM education, research, and professional development activities.

VISION & STRATEGIC PLAN

Shortly after Dr. Kiran was appointed, the Q&I Program and leaders from all 14 teaching sites gathered to consider how to advance quality and innovation locally, nationally and internationally. The resulting three-year strategic plan (2019-2022) ([Appendix 5.1](#)) highlights opportunities for:

- **Leadership** — Building capacity in the current and future primary care workforce to improve quality of care.
- **Evidence** — Using and generating evidence on how to improve patient experience, improve health outcomes and reduce cost in primary care.
- **Dialogue** — Working in partnership with government, clinicians, and patients to influence policy and practice provincially, nationally and internationally.

Our strategic plan focuses on strengthening the “building blocks” of high-performing primary care: Engaged leadership; Meaningful data; Effective teams and Knowledge mobilization.

KEY ACTIVITIES

Engaged Leadership

Our work in **engaged leadership** aims to increase QI capability among our learners, our faculty and community primary care teams.

QI Curriculum: The Q&I Program has led the way nationally in the development of a comprehensive, longitudinal quality improvement curriculum that is contextualized for primary care. 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.

All PGY1 residents are required to complete the QI curriculum at their site and must com-

plete a mandatory QI practicum (i.e., apply knowledge and skills in the pursuit of improving quality) in order to successfully progress to the PGY2 training level. Therefore, the QI curriculum both teaches the foundational content and principles of QI and it assesses that residents are able to apply what they’ve learned.

Offered in a blended format, the curriculum includes foundational content that is available via self-study modules hosted on [Articulate Rise](#). Faculty guide the application of learning through virtual/in-person sessions. Residents are supported during their QI journey by the PG QI Curriculum Practicum Guide, while teachers are supported in their role of teacher, facilitator and supervisor by the PG QI Curriculum Faculty Guide ([Appendix 5.2](#)).

In the spirit of quality improvement, we improve the QI curriculum each year based on faculty and resident feedback. In 2019, we redesigned the curriculum to highlight new content, such as a focus on engaging patients in improvement efforts; developed new support materials for faculty and residents to apply learning to a QI initiative, or practicum; and shifted to an e-learning delivery of core content. In early 2020, we sought additional feedback from patient partners at Ontario Health on how we teach patient engagement.

Core modules now include: Patient Engagement; Using a QI Methodology; Measurement; Patient Safety; Achieving Positive Change; Pathway to Scholarship and Improving Equity. Our work to date has influenced the College of Family Physicians of Canada (CFPC) and other academic family medicine departments’ efforts to develop educational tools and resources focused on learning and applying quality improvement.

Faculty Development: Building capability to improve quality for our faculty has included several educational offerings such as co-learning with residents; advanced methodological teaching and application using Lean/Six Sigma; patient experience-based co-design, and engagement in patient safety and deprescribing learning collaboratives.

In 2018, our program launched a qualitative evaluation of the experience of our faculty leading QI at their sites. Findings highlighted facilitators (e.g., leadership) and barriers (e.g., time) to engaging with the work and informed our program's strategic plan, our curriculum re-design, and importantly our work supporting faculty. A manuscript summarizing our findings is currently under peer-review. Dr. Navsheer Toor from Southlake Academic Family Health Team was appointed in February 2020 to the part-time role of DFCM QI Faculty Development Lead. Together with Trish O'Brien, she is focusing on the design, development, implementation and evaluation of an educational offering focused on the role of faculty in improving quality that builds on the postgraduate QI curriculum.

Continuing Professional Development: In the coming months, we plan to develop a continuing professional development program to support primary care clinicians in the community to improve quality in their settings. The CPD program will build on the success of the postgraduate QI curriculum and be informed by our work supporting faculty to learn and teach quality improvement.

Meaningful Measurement

Meaningful Measurement is required to grow a culture of data-driven improvement and learning at all family medicine sites. Over the past year, we met individually with leadership of each of our 14 sites to build a shared vision around common data collection and reporting to understand quality of care across DFCM sites. With site enthusiasm, we have launched three workstreams to use data to help us understand common areas of strength, areas needing improvement, and areas of variation where we can learn from each other: Patient experience measurement; Harnessing data from electronic medical records (EMR) via UTOPIAN; and Using administrative data to understand quality.

Collection, analysis, and interpretation of data on quality of care is just the first step in our planned improvement process. Once we have comparable quality measurement across sites, we envision bringing sites to-

gether to reflect on the data and prioritize an area for collective improvement that can be supported by the DFCM Q&I Program.

Patient Experience: Dr. Payal Agarwal from Women's College Hospital Academic Family Health Team was appointed in the summer of 2019 as DFCM Patient Experience Measurement Lead. Dr. Agarwal's position is tasked with advancing a common patient experience measurement across our 14 sites to inform improvement opportunities. Dr. Agarwal has led the development of a common core set of patient experience questions and common process that can be used by all sites. In spring 2020, Dr. Agarwal worked with our QI Program Directors to create a COVID-19 relevant version of the patient experience survey that is now running at 13 of our 14 teaching sites. Early results have already been disseminated to sites and have sparked discussions, for example, on patient's view on virtual care.

Electronic Medical Record Data: Dr. Adam Cadotte was appointed in September 2019 as DFCM UTOPIAN QI Measurement Lead. Dr. Cadotte is collaborating with DFCM's Research Program to leverage data from the UTOPIAN Data Safe Haven to develop quality indicators that can be fed back to individual sites to inform care delivery and guide improvement efforts. Further details on UTOPIAN are available in [Chapter 9.2](#).

Data from Provincial Administrative Databases: Dr. Tara Kiran is working closely with Dr. Rick Glazier at ICES to use administrative data sources to produce a customized report for DFCM sites that summarizes a range of quality indicators. ICES is a unique entity that houses much of Ontario's health-related data, including population-based health surveys, anonymous patient records, and clinical and administrative databases including data from physician billings, laboratories and prescriptions. The customized DFCM report will include quality measures reported by Ontario Health-Quality but also some custom data analysis, for example, maps summarizing the geographical distribution of patients at each site.

Building Effective Teams

We provide support for our faculty and academic site teams to leverage their collective strength to improve quality. Here are two examples of how we have supported teams to build capacity for improvement while testing and sharing innovative changes that positively impact patients and communities.

SPIDER, the Structured Process Informed by Data, Evidence and Research: Our program and UTOPIAN, DFCM's practice-based research network, have collaborated to work with patients and their health care providers to reduce prescriptions that are less likely to benefit elderly patients. In 2018, we engaged 12 teams from our department to participate in the feasibility arm of this pan-Canadian research initiative, designed as a quality improvement learning collaborative.

Better Improvement Grants: Targeting an improvement opportunity, these program-funded grants supported improvement projects at two of our academic sites:

- *"Tablets for a "BETTER" Preventive Care Visit"* - led by Dr. Linda Weber in 2018, our QI Director from the St. Joseph's Hospital Urban Family Health Team, this project designed and implemented the use of tablets to support chronic disease and preventative health care for patients of the Urban Family Health Team. Dr. Weber and her team presented this work at the 2018 Association of Family Health Teams of Ontario (AFHTO) Conference.
- *"Improving Post-Hospital Discharge Care in Community-based Primary Care Clinics"* - led by Dr. Susanna Fung and Dr. Sisi Li in 2020, QI Directors from the Scarborough Hospital Family Medicine Teaching Unit, this project focused on improving post-hospital discharge communication among a group of community-based family physicians. Building capacity for quality improvement was a unique feature of this work engaging the physicians and office teams in improvement methods.

Knowledge Translation and Health System Leadership

Knowledge mobilization is represented across many facets of our work. Beyond bridging gaps, we have purposefully sought to make connections and share expertise with the goal of improving quality. We continue to partner with local/provincial/national stakeholders and are also building international collaborations, starting with an emerging relationship with the Centre for Primary Care Excellence associated with the Department of Family Medicine at the University of California San Francisco.

A number of QI-focused DFCM faculty hold, or have held, key roles in health system leadership. This includes, but is not limited to, Dr. David Kaplan (Chief, Clinical Quality - Ontario Health), Dr. Tia Pham (Physician Lead, South East Toronto Family Health Team), Dr. Noah Ivers (Co-Chair of the Ontario Primary Care COVID-19 Vaccination Advisory Council) and Dr. Tara Kiran (former Provincial Clinical Lead, Ontario Diabetes Strategy, Ministry of Health and Long-term Care, Present Co-Chair, Primary Care Quality Improvement Capacity Building Working Group, Health Quality Ontario/Ontario Health). DFCM faculty also play a key role in health system leadership at federal, provincial and international levels (see [Chapter 12](#) for more information).

Toronto International Conference on Quality in Primary Care - On November 16, 2019, nearly 150 local and international colleagues attended the 2nd Toronto International Conference on Quality in Primary Care hosted by DFCM and numerous collaborators. Focused on improving equity in primary care, international speakers and patient partners shared their work to contribute to health equity in their local contexts. Conference proceedings were published in the *Annals of Family Medicine* in July 2020 ([Appendix 5.3](#)).

COVID-19 Community of Practice for Ontario Family Physicians - We have all had to change the way we work in response to COVID-19. Keeping up with new guidance, responding to the changing environment, and navigating uncertainty can be overwhelming.

DFCM and the Ontario College of Family Physicians (OCFP) have created a space for family physicians across Ontario to come together to learn from each other during this challenging time.

Each month, we hold one-hour interactive webinars with discussion and questions from participants answered in real-time. As of December, we have hosted twelve webinars, each attended by hundreds of participants.

Guidance on Balancing in-Person and Virtual Visits During COVID-19 - Our program has provided leadership on how primary care can adapt during COVID-19. For example, we developed a framework on ramping up in-person visits as COVID-19 case counts decreased early in the pandemic and have been working with the Centre for Effective Practice to develop practical tools to help family doctors balance in-person and virtual care in chronic condition management during COVID-19. The first tool on managing type 2 diabetes in primary care was published in July 2020 with an accompanying journal article and patient focused blog ([Appendix 5.4](#)).

Scholarly Dissemination - We encourage faculty to share their work in scholarly forums including via peer-reviewed presentations and publications. These efforts are supported through mentorship and also matched funding for publication fees. Some of our most impactful publications are featured on our [website](#).

FUNDING

The activities of the Q&I Program have been supported by an endowed fund provided by the Fidani Foundation since 2013. Annual apportioning of the funds supports the Vice-Chair Quality & Innovation position in addition to the annual part-time costs of the physician leads for Patient Experience Measurement, EMR QI Measurement and Faculty QI curriculum portfolios; and more recently, the patient experience specialist (position currently posted).

6.0 GLOBAL HEALTH & SOCIAL ACCOUNTABILITY

DFCM's Global Health and Social Accountability (GHSa) Program builds on the widely recognized excellence of family medicine in Canada, and its unique potential to advance equity and address the health-related needs of vulnerable individuals and populations in Canada and abroad.

Under the leadership of Dr. Katherine Rouleau (since July 1, 2011), the goals of the GHSa Program have been to strengthen the discipline of family medicine and the delivery of primary care globally, and to improve the ability of Canadian family physicians (and increasingly, their international counterparts) to address adverse social determinants of health (SDOH).

The GHSa portfolio is unique among DFCM programs. First, global health is not a strictly defined discipline or body of knowledge but rather “an area for study, research, and practice that places a priority on improving health and achieving health equity for all people worldwide”¹ with a focus on mutuality and collaboration. GHSa activities occur through education (across the learning continuum), research and quality improvement, clinical innovation, leadership and advocacy. As such, global health collaborates with other DFCM programs and activities, particularly equity-focused activities, are not limited to the GHSa portfolio.

Secondly, social accountability is a foundational principle for the whole department. The term was paired with global health to highlight the relevance and contributions of global health to equity-focused academic activities in both the local and global context.

Social accountability: *“the obligation [of medical schools] to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public.” (World Health Organization 1995).*

¹ Koplan JP, Bond TC, Merson MH, Reddy KS, Rodriguez MH, Sewankambo NK, et al. Towards a common definition of global health. *Lancet*. 2009; 373:1993-5

HISTORY & CONTEXT

The current GHSA Program evolved out of the DFCM International Program established and headed by Dr. Yves Talbot in the 1990's. Since then, the global movement towards primary health care, international requests for DFCM expertise, and the establishment of global health as a field of academic activity, contributed to transforming the International Program into a Global Health Program with a clear and explicit focus on health equity and capacity-building in family medicine, and a growing emphasis on adverse SDOH in the Canadian context.

Over the past decade, the program's activities have focused on two key areas:

- Strengthening family medicine internationally with a strong (but not exclusive) focus on teaching, leadership and capacity building.
- Equipping providers across the learning continuum to address the health needs of individuals and populations burdened by adverse SDOH in Canada, and increasingly abroad.

In May 2019, the newly named GHSA Program held a preliminary planning and engagement exercise to define the scope of its activities related to local global health, also referred to as SDOH-focused activities. This resulted in three broad areas of activity:

- An assessment and engagement process to identify postgraduate educational activities and needs related to addressing the SDOH in the context of family medicine at DFCM's 14 sites.
- A review of the existing DFCM postgraduate curriculum with a social accountability lens.
- Support for the newly appointment faculty lead in Indigenous health.

LEADERSHIP

GHSA is led by Dr. Katherine Rouleau (since July 1, 2011, 3 days per week) with support from one program manager and one events and administrative support position. Unlike other DFCM programs, GHSA does not currently have a formal committee. DFCM experts engaged in international global health meet as required to advance specific initiatives such as WHO projects. At the time of writing this report, the establishment of a DFCM-wide equity-focused committee, potentially led by GHSA, is under consideration.

KEY MILESTONES

Expanding Leadership

DFCM has made a commitment to developing strong leadership and programming in the areas of social accountability, Indigenous health and equity, diversity and inclusion. This commitment includes newly created positions since 2019 in recognition of importance of, and need for improvement in, these areas.

- Faculty Lead in Social Accountability (held by Dr. Ritika Goel, 1 half day/week for 1 year, ending in July 2021, plus an additional half day through the Louise Nasmith Award).
- Indigenous Health Faculty Lead (held by Dr. Suzanne Shoush, 1 day/week plus an additional half day funded by the Temerty Faculty of Medicine ending 2022).
- Faculty Co-Leads in Climate Change and Health (held by Drs. Samantha Green and Edward Xie, 1 half day/week shared for one year, ending July 2021).
- Equity, Diversity & Inclusion (EDI) Lead (held by Dr. Onye Nnorom, under Family Doctor Leadership portfolio).

These Leads are in the process of developing strategies to ensure DFCM is a safe, nurturing and supportive environment for all learners, teachers and staff, and promotes health care that is inclusive, equitable and sustainable.

World Health Organization Collaborating Centre on Family Medicine

DFCM is deeply engaged with the World Health Organization. In 2018, DFCM was named the first WHO 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.

As a collaborating centre DFCM assists the WHO in researching, evaluating and strengthening family medicine and primary care at a global level and in countries around

the world. This recognition reflects the depth and richness of DFCM and the department's reputation as an international leader in family medicine and primary care education and research.

Virtual Pivot of Our International Community of Practice (Co-TIPS)

During the COVID-19 pandemic, our international community of practice has gone from strength to strength. Graduates of GHSA's TIPS program, and individuals who were hoping to join the program in 2020, convene monthly for dialogue and knowledge exchange (more details below).

EDUCATIONAL OFFERINGS

Undergraduate

The undergraduate global health curriculum is coordinated by the Temerty Faculty of Medicine. The curriculum was designed and is delivered under the leadership of Drs. John Ihnat and Leila Makhani, graduates of the PGY3 Global Health & Vulnerable Populations enhanced skills program who are now DFCM faculty.

GHSA is also involved in undergraduate education through the following:

- Supported a program on principles of research offered to international medical students.
- Climate Change co-leads have participated in the Introduction to Medicine Foundations Week since November 2020, which comprises of guided reading and a lecture.
- DFCM Social Accountability Lead is the faculty lead for the Cultural Safety & Anti-Oppression workshop and part of the lead group for two Poverty and Health workshop sessions.
- A mentoring program is being developed for undergraduate students who are completing family medicine projects during their clerkships and are interested in equity and social accountability.

- Work is also progressing on the creation of a database of electives focused on the care of marginalized populations, once in situ this is planned to expand into the postgraduate level.
- A Community Based Service Learning-Council Fire placement is supervised by Indigenous Health Lead Dr. Suzanne Shoush. Undergraduate students are also introduced to Indigenous health during the Intersectionality and Equity Week.

Postgraduate

Enhanced Skills Program: Global Health & Vulnerable Populations (PGY3)

A one-year Residency Program designed to provide third-year family physician residents with the knowledge and the skills to address global health issues both locally and abroad. Over the past 10 years, 19 individuals have completed the program including 10 from the University of Toronto, two from Queen's, two from McMaster, two from Montreal and one each from the Northern Ontario School of Medicine, McGill and Dalhousie.

International Global Health Elective

Residents can apply for an elective outside Canada in a resource-limited setting or with vulnerable populations for the purpose of enhancing competency in the area of global health. GHSA does not arrange these electives, but does facilitate connections with international partners when appropriate. Given the COVID-19, GHSA encourages residents interested in global health to explore elective options caring for at-risk populations in Canada.

Equity and Anti-Oppression Core Day

A core day is being developed on the topics of equity and anti-oppression and will be offered to both family medicine and enhanced skills residents.

Indigenous Health

"Advocacy and Indigenous Health" core day is led by Dr. Shoush and Dr. Jane Philpott, as well as academic half days "Social determinants of health, historical and present day context of

Indigenous Health In Canada" and EDACS Academic Half Day "Indigenous Health: Is equity in the ED possible?".

Graduate

Family Medicine & Primary Care in the Global Health Context

An optional graduate course for students in the Master of Public Health Program. The course provides an overview of key issues pertinent to the strengthening and delivery of primary care and family medicine around the world while highlighting specifically, based on a review of the evidence, how family medicine can impact global health locally and globally.

Climate Change Education

In 2020, DFCM's Climate Change leads participated in the Institute of Health Policy, Management and Evaluation Research Day: Climate Change and Sustainable Health Systems.

Social Accountability Tool

A tool is in development for course directors to apply to their course curriculum in order to determine where improvements can be made from a social accountability perspective.

Indigenous Health

GHEI Health Primer, Primary Care Module: Indigenous Homelessness Lecture.

CPD (Canadian Audience)

Global Health Primer: Applying Global Lessons to Enhance Local Practice

A CPD accredited three-day primer offering a broad overview of global health with specific relevance to primary care with over 55 participants to date. It is offered as an early exploration of the field of global health for family medicine residents, faculty and allied health professionals interested in enhancing their knowledge and skills in global health.

Refugee Health Primer: Optimizing Primary Care for Refugee Newcomers in the Greater Toronto Area

A one-day conference on clinical care and health system navigation for primary care providers serving refugee newcomers. Co-hosted by DFCM and Women's College Hospital. The inaugural Refugee Health Primer was held in May 2019 with 121 attendees. The May 2020 edition was postponed due to COVID-19.

Symposium on Climate Change and the Health of our Communities

An online event focused on climate change as a recognized health emergency and how primary care providers can sustainably deliver care and help communities build resilience. Intended for family physicians, primary care providers, health professionals, students, residents and interested health care providers. This event was postponed due to COVID-19 and has been rescheduled for February 24, 2021 in a virtual format.

CPD (International Audience)

Toronto International Program to Strengthen Family Medicine (TIP-FM)

The TIP-FM program is a course for leaders in the area of healthcare delivery, policy and academia interested in strengthening family medicine and primary care. The course gives an overview of the foundations and key elements of family medicine in Canada and combines that with a deeper exploration of specific elements of family medicine and primary care relevant to participant's local reality. The goal is to enhance leadership capacity and offer an opportunity to network and learn from other like-minded family medicine champions.

The program has now hosted nearly 10 cohorts of emerging leaders in family medicine, with over 75 participants, from low- and middle-income countries who form a dynamic community of practice, transforming and adapting lessons learned in Toronto to advance the training and practice of family medicine around the world. The demand for the TIPS program is increasing with 28 participants signed up for the 2020 program, which

sadly was postponed due to COVID-19. The GHSA team is currently designing a virtual TIPS program in consultation with previous graduates.

Co-TIPS: Primary Care and Family Medicine in the Global Health Context

A public monthly event that serves as a virtual forum for the examination and discussion of key issues pertinent to the delivery of primary care in settings around the world. Invited speakers include leading experts in family medicine, primary care and global health. Sessions are virtual and interactive, providing ample opportunity for dialogue and exchange among participants from a variety of disciplines. Participants from 12 countries (India, Japan, Brazil, Haiti, Ethiopia, Jamaica, Saudi Arabia, Egypt, Australia, Nigeria, Kuwait and Canada) are represented in this community.

From March to December 2020, 35 TIPS graduates, or individuals who were hoping to join the program in 2020, have participated, with regular attendance of 12-15 individuals alongside the GHSA team and other DFCM faculty. These discussions have prompted scholarly activities which are in the process of being written up for publication. Five participants have also shown interest in offering their expertise in the design of the virtual TIPS program and are being consulted throughout the design process.

Over the nine months that we have been running CO-TIPS, we have continually assessed the impact of the program through focus groups with the community of practice to provide feedback. The group commented on the value of the group for two key reasons:

- a. Increased knowledge: related to teaching of family medicine and primary care due to COVID-19,
- b. Development of collegial support and co-learning.

The value of program is represented in sustained attendance by between 12-25 colleagues of our international community across all regions since the beginning of the pandemic.

Faculty Development

The health inequities illuminated by COVID-19 and the social movement in response to systemic anti-Black and anti-Indigenous racism have highlighted the importance of addressing adverse SDOH in Canada. At the time of writing this report, the DFCM executive has participated in two sessions on systemic anti-Black and anti-Indigenous racism and discussions are underway to create a DFCM-wide committee to inform, lead and shepherd a unified DFCM equity-focused strategy. Work is ongoing, through the Centre of Faculty Development, to develop a two-day anti-oppression course.

INTERNATIONAL PARTNERSHIPS

GHSA's international partnerships focus on strengthening family medicine as a discipline, with a strong (but not exclusive) focus on teaching and leadership. GHSA offers leaders in family medicine and primary care from low- and middle-income settings educational experiences to advance the discipline of family medicine locally, through capacity building in leadership, research, quality improvement and education. In the process, we learn a lot ourselves. In addition to more formal partnerships noted here, a number of international colleagues have engaged in sustained collaboration with DFCM, through and as follow up from TIPS. These colleagues are situated across many countries including Haiti, Kuwait, Jamaica and Australia.

Toronto Addis Ababa Academic Collaboration in Family Medicine

The Toronto Addis Ababa Academic Collaboration in Family Medicine (TAAAC-FM) was launched in 2013 as a capacity-strengthening partnership to support the inaugural Family Medicine residency training program in Ethiopia. In 2014, the Slight Family Foundation, through Mount Sinai Hospital, made a vital contribution to TAAAC-FM, pledging \$950,000 over ten years. This contribution aims to sup-

port family medicine to improve maternal and child health, while establishing a cadre of highly skilled comprehensive primary care physicians.

TAAAC-FM shares a commitment to supporting our Addis Ababa University Family Medicine (AAU-FM) partners with robust academic teaching, curriculum development, faculty development, leadership and mentorship opportunities, as the residency program evolves. TAAAC-FM has engaged over thirty DFCM faculty in more than thirty teaching trips to Addis Ababa, with a focus on immersive clinical and didactic teaching based on AAU-FM's expressed curriculum needs annually. In addition, twenty AAU faculty and residents were supported to participate in numerous leadership conferences and primary care forums hosted in Canada and internationally. AAU-FM is in its eighth year of operations, with 37 graduates and 27 current residents enrolled in the program.

A critical achievement of TAAAC-FM has been the facilitation and transfer of leadership and ownership of the program to local Ethiopian family physician graduates who have now taken the helm of their residency program with great skill and grace. Graduates are not only in leadership positions at AAU-FM, but also leading across the country.

The COVID-19 pandemic has required TAAAC-FM to innovate within its collaboration to develop an active virtual teaching curriculum. There is a clear expressed need from AAU-FM for ongoing strengthening of academic teaching, mentorship and faculty development as they build the roadmap for family medicine in Ethiopia. TAAAC-FM is well positioned to pivot to support the evolution of the AAU-FM program at this critical juncture and this sustainable global health partnership may well serve as a model for academic engagement in other settings. TAAAC-FM envisions opportunities to build educational resources, platforms for discussion, and an approach to capacity strengthening that enhances access and reinforces equity within family medicine. The DFCM has a unique opportunity to leverage the expertise and knowledge of TAAAC-FM towards impactful

family medicine collaborations globally. For the latest TAAAC-FM annual report, please see [Appendix 6.1](#).

Other key international partnerships are noted below, with further details included in [Appendix 6.2](#).

- **Faculdade da Medicina Santa Marcelina (Sao Paolo) and Programa da Clínica da Família (Rio de Janeiro), Brazil:** Capacity-building in family medicine education and systems strengthening.
- **Ministry of Health of Chile, Chile:** Chilean Interprofessional Program in Primary Care & Family Health, a six-week training program in Toronto.
- **Pudong Institute for Health Development, Shanghai, China:** Annual three-week training program for emerging generalist physician leaders.
- **Roseau Health Centre, Dominica, West Indies:** Family medicine global health elective.

GLOBAL HEALTH RESEARCH

As a leading voice in global health locally and internationally, the GHSA leaders are regularly called upon to publish and present on topical issues (highlights are included in [Appendix 6.2](#)).

In collaboration with the DFCM Research and Education Scholarship programs, GHSA-related work has been supported through four Art of the Possible grants (see [Chapter 9.3](#)) and DFCM-funded researchers continue to work in these areas (notably DFCM Clinician Investigators Dr. Megan Landes and Dr. Summeet Sodhi).

DFCM faculty are also leading the way in Indigenous health research. For example, Dr. Janet Smylie, a Cree-Métis physician, Professor at the University of Toronto (DFCM and Dalla Lana School of Public Health), Research Scientist at the Li Ka Shing Knowledge Institute, and Director of the Well Living House at

the MAP-CUHS has acquired over 60 million dollars of peer-reviewed funding as a Principal Investigator and has relationships with more than 20 Indigenous organizations and communities.

Currently, Dr. Smylie has secured over \$2 million in COVID-19 related research funding dedicated to analysing the pandemic's impact on Indigenous communities and demonstrating an integrated, community-situated, community-led COVID-19 public health response program. As part of this project, Dr. Smylie and community partners have opened a stationary Indigenous COVID-19 testing site, tested over 400 people, and provided comprehensive COVID-19 case management and contact tracing.

In other research, Dr. Smylie's ongoing 'Reconciling Relationships' study explores the most effective ways to deliver Indigenous Cultural Safety Training to healthcare providers via a randomized trial involving >100 multi-disciplinary staff members (e.g. physicians, nurses, clerks, students) across multiple DFCM sites. She is also piloting the 'Story Medicine Project', narrative exposure therapy to support trauma-engaged testimony and healing for families as part of the National Inquiry of Missing and Murdered Indigenous Women and Girls.

Dr. Smylie was recently appointed a Tier 1 Canada Research Chair in Advancing Generative Health Services for Indigenous Populations in Canada; the first Indigenous person with ties to Canada to receive this award to date.

FUTURE DIRECTIONS

GHSA anticipates a full strategic planning exercise over the next 12 months. At the time of writing, a number of global and local factors are shaping global health and social accountability within DFCM and beyond, most notably the COVID-19 pandemic.

Locally and internationally, the pandemic has highlighted health inequities and the compounding impact of poverty and adverse SDOH on the risk of exposure, infection, severity and mortality related to COVID-19. The interaction of biological, psychological and social factors currently shaping health outcomes is an eloquent example of the indissociable relationship that binds health and social determinants. The pandemic has also highlighted the illusory border between what is 'local' and what is 'global', one of the defining tenets of global health.

As we move forward, the local and global family medicine community must extract lessons from the COVID-19 pandemic. GHSA has the potential to be a hub for collaboration, learning and innovation in this regard. At DFCM, we have an opportunity to better integrate our local and international equity-focused work with leadership from our faculty leads in Indigenous health, social accountability and climate change. This is expected to lead to new activities in the coming year.

The pandemic has also profoundly changed how we travel and engage internationally. While its lasting impact on travel is still unknown, the development of virtual pathways for learning, collaboration and clinical care presents ongoing opportunities for GHSA activities. DFCM's new EXITE initiative and the sustained demand for international collaboration and knowledge exchange points to a new focus on virtual global health in the coming years.

Lastly, our mandate as a WHO Collaborating Centre has set the stage for further collaboration and contribution to global family medicine and primary care as we support the work of the World Health Organization. We expect our role as a WHO Collaborating Centre to continue to shape our work.

7.0 ACADEMIC DIVISIONS

DFCM's educational offerings are enhanced by two Academic Divisions (Emergency Medicine and Palliative Care) with an additional four announced in September 2020 (Care of the Elderly, Hospital Medicine, Mental Health and Addiction and Clinical Public Health).

These Divisions allow DFCM to unite academic family physicians working in focused practice to support collaborative education and research. The Divisions are focused on areas of practice that are integral to comprehensive educational programming and crucial to the future of family medicine. With support from Research, Faculty Development and other leads within each Division, we will expand our capacity to study and teach in these areas, all while remaining cognisant of their role in comprehensive family medicine. As the new Divisions develop, additional resourcing will be required.

EMERGENCY MEDICINE

Emergency medicine (EM) is a fast-paced specialty that requires a broad base of medical knowledge and a variety of well-honed clinical and technical skills. DFCM's Division of Emergency Medicine curriculum and scope of activities are led by EM leaders in Ontario and Canada who deliver high-quality, innovative educational programs and research. DFCM offers a variety of opportunities to train in EM for MD students, residents and practicing physicians looking to upgrade their skills.

Dr. Eric Letovsky is the Head, Division of Emergency Medicine. Prior to this he was the EM Residency Program Director for 17 years. He is the Chief of the Department of Emergency Medicine at Trillium Health Partners, and is a Full Professor in the Faculty.

Education

Undergraduate

The four-week EM clerkship course commences with three days of hands-on workshops and seminars and then students are placed at one of the ten Emergency Departments (EDs) in the Greater Toronto Area to complete 15 shifts, including up to two weekends and three overnight shifts. Dr. Laura Hans is the UG Clerkship Director. During the clinical experience, students function as members of an interprofessional team and are assigned one or two preceptors with whom at least half their shifts occur. Each clerk spends half a shift with members of the interprofessional team. Clerks learn to manage many types of patient problems that present to the ED, including exposure to core emergency medicine cases.

Postgraduate

Emergency medicine is an important part of the curriculum for all DFCM residents. Each of the 14 sites ensures residents develop skills and confidence to practice EM as part of their comprehensive family medicine careers, especially for those residents planning to work in smaller communities where the need for family practitioners to practice EM is essential.

Family medicine residents can also apply for a third year of training (Category 1) in Emergency Medicine. Dr. John Foote is the Program Director of the Emergency Medicine R3 Fellowship and Dr. Cheryl Hunchak is the Associate Program Director. The R3 fellowship training occurs at a number of community and teaching hospitals. Core rotations include: emergency medicine (five months, including two months paediatric emergency medicine), trauma at St. Michael's Hospital, anaesthesia, plastics/orthopedics, ICU (two months), CCU (one month), and elective (six weeks). A two-week ED ultrasound rotation has also been added, which allows each resident to achieve CEUS Independent Practitioner status.

The program is very popular, with 120 applications for seven spots in 2020. Graduates have gone on to important leadership po-

sitions in emergency medicine, and indeed health care, across the country.

Supplemental Emergency Medicine Experience (SEME)

SEME is an innovative program funded through DFCM and the Ontario Ministry of Health to provide family physicians practicing in smaller and rural communities with a three-month, full-time, remunerated EM fellowship. The program, the first of its kind in Canada, has just had its funding renewed for another five years. Dr. Yasmine Mawji is the Program Director of the SEME program. The SEME program provides a learning structure that is practical and relevant, offering a unique opportunity for comprehensive skills enhancement in EM.

The program is composed of three 4-week rotations: minimum eight weeks of core clinical emergency work and 2-4 weeks of electives coordinated with approved teaching sites directly by the program. The core clinical placements occur in various ED sites affiliated with the SEME program. These clinical placements provide learners with practical, real-world experiences in order to build advanced management and procedural skills. Elective placements in Anesthesia, Intensive Care, or Trauma complement the ED rotations.

We are thrilled to announce that the renewed funding also marks the expansion of the SEME program to Thunder Bay, which will allow family physicians working in the far north to receive their supplementary emergency medicine training closer to home.

Faculty Development

Because of the sheer size of the EM faculty (over 300 faculty), there are two FD leads for the Division: Drs. Maria Ivankovic and Meeta Patel. The leads work to enhance the teaching skills of faculty, promote faculty development opportunities, and help faculty navigate the promotion process.

Collaborations

Schwartz-Reisman Emergency Medicine Institute (SREMI)

SREMI Director Dr. Bjug Borgundvaag, Associate Professor in the DFCM, and Research Director Dr. Shelley McLeod, Assistant Professor in the DFCM, lead Canada's first and only institute of emergency medicine. Based at Mount Sinai Hospital, SREMI is a partnership of the Sinai Health System and North York General Hospital that aims to improve patient care through the generation of new knowledge relevant to the care of ED patients, and to translate that knowledge into practice.

SREMI was established in November 2013 by a founding gift from the Schwartz/Reisman Foundation. SREMI includes a team of scientists, educators and staff, with expertise in research methodology, biostatistics, knowledge translation and dissemination. This infrastructure creates a vehicle to support sustained and stable funding for researchers and educators to conduct meaningful work on a long-term basis.

The network brings together some of Canada's leading EM educators and researchers, including members of our Division, who are working hard to improve the effectiveness and efficiency of EDs, train the next generation of ED healthcare providers and attract the world's best and brightest minds in the field, all with the goal of improving patient care.

From Nov 2019 to Oct 2020, the SREMI team produced 56 peer review publications, with an additional 21 manuscripts currently under review. Additional DFCM faculty members as part of SREMI faculty include: Drs. Dave Dushenski, Paul Hannam, Anton Helman, Don Melady, Howard Ovens and Catherine Varner. See [Appendix 7.1](#) for the most recent SREMI annual report.

Toronto Addis Ababa Academic Collaboration in Emergency Medicine (TAAAC-EM)

TAAAC-EM is a partnership between the two University of Toronto Divisions of Emergency Medicine (Family Medicine, Medicine) and Addis Ababa University (AAU) in Ethiopia. Established in 2010, its intention is to foster the development of the country's first EM Residency Program and support the growth of the specialty.

TAAAC-EM sends visiting faculty to teach and clinically mentor Ethiopian EM residents four times a year. Teaching trips cover a longitudinal, three-year curriculum including didactic teaching sessions, practical seminars, and bedside clinical supervision. Each trip consists of three U of T Faculty, one postgraduate resident and an EM nurse.

TAAAC-EM also supports our Ethiopian partners through curriculum design and development, operational research training and support, and a variety of innovative educational initiatives, including a telesimulation program, videoconferencing, hand-held educational device project, and monitoring and evaluation. The 10-year goal of TAAAC-EM is to assist in the graduation of a self-sustaining cohort of EM leaders at AAU who will continue to train future generations of Ethiopians, and spread their expertise throughout the region. In October 2013, AAU graduated the first Ethiopian EM physicians.

Dr. Eileen Cheung of the Division is Director of Education and Programming for the Collaboration. Many Divisional faculty members have volunteered for the Collaboration.

Awards and Senior Promotions

2020 DFCM Division of Emergency Medicine Annual Award Winners:

- Dr. Eileen Cheung (Michael Garron Hospital) - Excellence in Teaching in Emergency Medicine (Early Career)
- Dr. John Foote (Mount Sinai) - Excellence in Teaching & Education in Emergency Medicine
- Dr. Megan Landes (UHN) - Excellence in Research/Quality Improvement in Emergency Medicine
- Dr. Arun Sayal (North York General Hospital) - Excellence in Emergency Medicine

The Anna Jarvis Award for Postgraduate Teaching Excellence in Emergency Medicine (awarded by the CCFP-EM residents):

- Dr. Sarah Foohey (Trillium Health - Credit Valley Site)

Senior Promotions:

- Dr. Rick Penciner (North York General Hospital) – promoted to Full Professor
- Dr. George Porfiris (Michael Garron Hospital) – promoted to Associate Professor

PALLIATIVE CARE

Dr. Kirsten Wentlandt is the Head, Division of Palliative Care (DPC) and the W. Gifford-Jones Professor in Pain Control and Palliative Care. She co-chairs the DPC/DPM Executive Committee with Dr. Camilla Zimmermann, who is the Head of the Division of Palliative Medicine (DPM) in the Department of Medicine. This committee serves as the main decision-making body for the divisions in relation to overall strategic directions and academic advancement.

The committee also includes: Two Program Directors (Dr. Sarah Kawaguchi for DPC and Dr. Ebru Kaya for DPM); Two Educations Leads (Drs. Donna Spaner and Risa Bordman); Two Quality Improvement Leads (Susan Blacker and Dr. Lise Huynh); A Research Lead (Dr. Breffni Hannon); A Faculty Development Lead (Dr. Giovanna Sirianni), and two Wellness

Leads (Drs. Sarah Torabi and Jennifer Moore). All site leads are also asked to join.

Education

Undergraduate

Students are introduced early in their undergraduate family medicine studies to palliative care (PC). Week 61 is a full week of PC curriculum in Foundations including lectures, self-learning modules, small group case study, ethical cases and clinical skills. In third year family medicine clerkship, there is an interprofessional PC seminar called Hillary's Heart that includes writing a prescription for opioids and filling out a death certificate.

During fourth year clerkship, there is another PC seminar with a focus on interprofessional education and collaboration. The fourth year clerks participate with other health discipline learners in small group learning on a palliative care case. Over 50% of the sites provide a PC clinical experience during the family medicine block. The Interest Group in Family Medicine (IgFM) PC Subcommittee works closely with the PC education leads to provide PC enhanced experiences during the undergraduate years.

Clerks within the Temerty Faculty of Medicine clerkship program rotate through all of the teaching sites associated with the Family Medicine – Enhanced Skills in Palliative Care (FM-ES PC). Both PC residents and faculty contribute to workshops specifically designed for clerks, such as the Hillary's Heart workshop.

Postgraduate

Family medicine residents find substantial opportunities to explore palliative care during postgraduate training during palliative care, family medicine, psychiatry and medical oncology rotations. Residents can also go on to complete a third year enhanced skill program in either:

- Academic Palliative Care - 12 month Category 1
- Clinical Palliative Care - 6 month Category 2

The Enhanced Skills Category 1 Palliative Care residency program aims to ensure graduates are prepared to function independently as palliative care specialists by the end of their training. This includes ensuring that they have the expertise to navigate multiple types of settings including community-based care, hospice care, outpatient and inpatient work.

The Enhanced Skills Category 2 Palliative Care residency program aims to ensure graduates can function independently providing a blend of palliative care and comprehensive family practice by the end of their training. This includes ensuring they have the expertise to navigate multiple types of settings, as most graduates end up working in multiple settings longitudinally.

Approximately five residents complete these programs annually.

The DPC in partnership with central leadership at DFCM has also developed and launched a new Family Medicine and Enhanced Skills (FAMES) integrated program in the past year. This program allows family medicine residents to combine training in both palliative care and family medicine across their PGY2 and PGY3 years.

For both undergraduate and postgraduate education, learners are supervised by dedicated family medicine and specialty faculty actively involved in the DPC. Faculty have diverse skills and practice environments; there are a large number of rotations/preceptors who have different focusses (hospital-based care, home-based care, cancer, non-cancer illnesses, marginalized populations, research, education, administration) and high clinical volumes leading to patient diversity and exposure to malignant and non-malignant disease across settings (consults, PCU, home palliative care).

Faculty Development

The DPC's Faculty Development Committee (FDC) has established four working groups of the FDC focusing on 1) Grand Rounds renewal and development 2) Community 3) Faculty 4) Educational offerings and resources.

Each working group is led by different faculty members with broad representation across sites, including representation across health professions. The group meets every two months to ensure continuity.

The Grand Rounds group completed a needs assessment of DPC/DPM faculty before planning for the renewal and revitalization of our Grand Rounds offerings. Grand Rounds this year included a session on Anti-Black Racism by Dr. Onye Nnorom, a COVID-19 Faculty Wellness panel and a presentation highlighting educational initiatives across three sites.

The Community Building group also completed a needs assessment of faculty and is exploring ways of bringing together faculty across distributed sites. One upcoming plan is to house shared DPC resources, that faculty could access as needed. This shared resource would include clinical, education, QI and research resources.

The Faculty Awards group helps identify deserving DPC faculty that should be recognized for their work. Last year, the committee nominated 14 individuals, with five individuals recognized with awards. This group also developed an Awards 'Snitch Line' where faculty members can alert the DPC/DPM to deserving people and projects.

Finally, in terms of education offerings, the faculty development group worked with the PGY3 and subspecialty Palliative Medicine residency programs to develop a palliative care specific accreditation preparation session. This also included an accreditation preparation module on competency-based curriculum. An equity, diversity and inclusion (EDI) series with a palliative care focus has been planned to occur from January to June 2021.

Wellness

The DPC has two Wellness Leads that support both divisions as it pertains to faculty wellness. The Wellness Leads have put together a group with broad representation across the DPC/DPM sites and are exploring options for wellness initiatives.

Quality Improvement

1. Ensure DPC membership is aware of education opportunities to support building capacity for QI (i.e. posting of workshop, conference, course info).
2. Identify QI work underway and facilitate collaborative efforts and create a sense of community for those whose academic focus is quality, including:
 - a. Highlight DPC members QI work, and
 - b. Identify key quality areas of interest and convene meetings to help with cross-site collaboration.
3. Contribute to DPC resource repository to house documents/key resources - review and update twice per year.
4. Share quality related PC articles with membership that are well suited to journal club discussions (in collaborative space or future alternative).
5. Develop and maintain a repository of QI project “how to get started” materials for faculty and learners.
6. Continue to engage in QI curriculum design and teaching for Palliative Care Fellows.

Research

The DPC/DPM has a growing research program that spans several sites. Its overarching goals include: the advancement of high-quality palliative care research in both malignant and non-malignant populations; to contribute to clinician training in conducting and appraising palliative care research; and to use research to advocate for greater palliative care access and resources.

The current research priorities include:

- Identifying the current status of research activity among DPC/DPM members and developing a live document highlighting ongoing research activity.
- Identifying common research areas across DPC.
- Organising virtual palliative care researcher meetings and an annual retreat to encourage collaboration, resource sharing, and research capacity building within DPC.
- Annual Barrie Rose Research Day in Palliative Medicine, with themes aligned with key research areas across DPC/DPM.
- Highlighting DPC/DPM members’ publications and grants.
- Communicating funding opportunities and conference deadlines through the DPC newsletter.
- Strengthening opportunities for learners to engage in palliative care research activities.

8.0 PHYSICIAN ASSISTANT PROFESSIONAL DEGREE PROGRAM

ACADEMIC LEADERSHIP

Professor Lynn Wilson

Vice Dean Partnerships

Professor David Tannenbaum

Interim Chair, Department of Family and Community Medicine

Professor Leslie Nickell

Medical Director

Total Number of
Students Registered
2019-2020 = **58**

PROGRAM OVERVIEW

The [BScPA program](#) is a full-time, professional, second-entry undergraduate degree. It is designed to meet the competencies outlined in the [National Competency Profile](#) as established by the Canadian Association of Physician Assistants. PAs are typically educated in the “medical-model” adapted from physician education plans. The BScPA program at U of T is modelled after the same competencies that are used for physician education: Medical Expert, Communicator, Collaborator, Health Advocate, Leader, Scholar and Professional.

A Consortium of PA Education (Consortium) governs the U of T BScPA program. The Consortium consists of U of T’s Temerty Faculty of Medicine, the Northern Ontario School of Medicine (NOSM), and The Michener Institute of Education at University Health Network (Michener). The three institutions collaboratively contribute to the development, administration and delivery of the U of T degree.

The BScPA program is based in DFCM in the Temerty Faculty of Medicine, as DFCM is most aligned with the generalist education that defines PA training.

CURRICULUM

The BScPA program is a distance and distributed education program with the majority of the program delivered online. While students carry out the online learning at home in first year, they are required to attend classes in Toronto ('in-person campus blocks') for specific time periods to integrate interprofessional education, simulation-based learning and clinical skills development. The second year of the program is centered on clinical education, with clinical placements in both Northern and Southern Ontario.

ADMISSIONS, ENROLMENT & GRADUATES

Changes were made to the admissions criteria in 2015 to allow for a broader range of applicants and to increase the applicant pool. The program goal continues to be to admit 30 students per year.

PA APPLICATIONS AND ADMISSIONS

	Jan 2010	Jan 2011	Jan 2012	Jan 2013	Jan 2014	Sept 2014	Sept 2015	Sept 2016	Sept 2017	Sept 2018	Sept 2019	Sept 2020
Applications	160	152	236	215	259	244	413	388	515	433	465	540
Interviews	64	49	59	66	66	66	66	80	84	88	88	106
Offers	26	18	23	34	30	33	38	37	39	37	42	34
New Registrants	22	13	19	28	27	31	27	30	30	28	32	30
Acceptance Rate	85%	72%	83%	82%	90%	94%	71%	81%	77%	76%	76%	88%

Annually, 40-60% of graduates report finding employment in their "home" community, with 50% of all graduates employed in their home community. Approximately 15% of graduates choose careers in remote or underserved areas.

FUTURE DIRECTIONS

Physician assistants continue to demonstrate increasing value within our health care system; it is hoped that provincial regulation of the PA profession will be forthcoming. As the demand for practicing PAs is consistently outweighing supply, it is hoped that the U of T PA Consortium will be able to expand enrollment. The development of PA fellowships, to enhance training in key areas of provincial health care needs, may be considered. In alignment with medical education nationally, all Canadian PA programs are working toward a competency-based framework. Our program is also strengthening our focus on scholarship, to further advance the knowledge and understanding of the PA profession internationally.

9.0 RESEARCH & SCHOLARSHIP

DFCM is home to the largest family medicine research program in Canada, involving both clinical and education research. The overarching themes are quality, efficacy and equity in clinical or educational research, encompassing a range of methods, content areas and platforms. DFCM provides a supportive environment for research, mentorship and capacity building to nurture family medicine researchers from undergraduate medicine training to senior faculty.

RESEARCH PROGRAM

DFCM's Research Program was established in 1995 to create a critical mass of family medicine researchers, provide faculty with protected research time, develop research excellence and productivity, and build an infrastructure to support research. The Research Program provides central resources and mentorship to support research conducted across DFCM's 14 sites, four rural community sites and 40 teaching practices as well as experienced researchers at almost every site.

The DFCM Research Program has been led by Vice-Chair Dr. Eva Grunfeld and Associate Director Dr. Paul Krueger since 2008 and 2009 respectively. Dr. Eva Grunfeld holds the Giblon Professorship in Family Medicine Research and is a physician scientist with the Ontario Institute for Cancer Research. The Program is supported by Research Program Coordinator Julia Baxter, Senior Biostatistician Dr. Rahim Moineddin and Biostatistician Chris Meaney, among others.

The Research Program is overseen by the Research Executive Committee. The committee meets bi-monthly to provide overall direction for the program, shape and achieve the research goals and objectives of the DFCM strategic plan, develop policies and procedures for reviewing the DFCM Research Program, develop policies and procedures for conducting annual and five-year reviews of DFCM Investigator Award recipients, peer-review awardees as needed, select candidates for DFCM Investigator Awards, remediation and retention of DFCM Investigator Award recipients, and periodically review DFCM Investigator Award criteria.

Vice-Chair Dr. Eva Grunfeld and Associate Director Dr. Paul Krueger retired from these positions at the end of 2020. The new lead(s) will build on the successes of the program and shape its future directions. As of January 2021, Dr. Peter Selby is the Giblon Professor and Interim Vice-Chair, Research.

Research Program Highlights

- **UTOPIAN:** The University of Toronto Practice-Based Research Network (UTOPIAN) is a network of over 1,700 family physicians in practices within DFCM's 14 academic sites throughout the Greater Toronto Area and beyond. Established in 2013, UTOPIAN is one of the largest and most representative primary care research networks in North America, and amongst the largest in the world (see [Chapter 9.2](#)).
- **DFCM Investigator Awards:** DFCM's Investigator Awards Program currently supports 30 research investigators, providing them with protected research time. The awards support senior researchers (Clinician Scientists, Clinician Investigators, and a Non-Clinician Research Scientist), junior researchers (New Investigator awards for three years), and Graduate Research Fellowships (for faculty wishing to do an advanced research degree). This forms a pipeline for developing research expertise within DFCM.
- **Research Rounds:** The Research Program hosts bi-monthly Research Rounds, an interactive, accredited, two-hour, city-wide, in-person and online opportunity open to all family medicine / community medicine / primary care researchers, faculty, residents, students and staff. Invited keynote speakers focus on primary care research and research practices, methodologies and techniques. This is followed by a research in progress presentation typically by new investigators looking for feedback.
- **Contributions to Education:** The Research Program continues to make major contributions to educational programs including: co-ordinating the Clinician Scholar Program (an Enhanced Skills program for residents interested in improving their research capabilities); development and teaching of the graduate course "Applied Survey Methods for Health Care Professionals", teaching the graduate course "Research Issues in Family Medicine and Primary Care", development of the Clinical Research Certificate Program, and development of learning modules for the undergraduate Medical Research Methods course.

- **Faculty Mentorship:** The Research Program is represented on several departmental and faculty-level committees and provides both formal and informal mentorship, teaching and guidance through multiple channels.

DFCM-Funded Research: Research Investigator Awards

DFCM's Investigator Awards Program currently supports 30 research investigators, providing them with protected research time early in their research careers. Awards are offered in five categories:

1. **Clinician Scientists:** Established researchers with a PhD degree or equivalent and $\geq 50\%$ protected research time.
2. **Clinician Investigators:** Established researchers with at least a Master's degree or equivalent and $< 50\%$ protected research time.
3. **New Investigators:** Those within five years of receiving their highest academic degree and interested in becoming Clinician Scientists (maximum three-year award).
4. **Graduate Research Studies:** Those completing a Master's degree or PhD (maximum two-year award for a Master's degree and five years for a PhD).
5. **Non-Clinician Research Scientist:** Funding for those with 80% or more protected research time.

These are competitive research awards designed to support research activities and build research capacity in DFCM to advance the practice of family medicine. Recipients must be active faculty members working to improve quality, efficacy and equity in primary care in alignment with the University of Toronto Practice-Based Research Network (UTOPIAN). Each recipient is required to successfully complete annual internal and quinquennial external reviews to demonstrate that they are meeting expectations related to research productivity and contributions to DFCM.

These awards nurture research interest throughout the lifecycle of a primary care researcher, and encourage them to share their

expertise with the next generation of investigators.

A full list of current DFCM Research Investigators is available in [Appendix 9.1.1](#).

DFCM-Supported Research and Learning

Since 2012, hundreds of DFCM-affiliated researchers have undertaken research projects with support of the central DFCM research team. This support allows researchers to conduct high quality research focused on local issues with the overarching goal of improving quality, efficacy and equity in primary care.

The central DFCM Research Program provides support through teaching, training, services and resources to faculty and research leads at each site, as described below. The DFCM research enterprise also relies on research expertise, resources and supports at each teaching site, under the direction of Family Medicine Chiefs, Research/Academic Project Leads and others.

Research Teaching and Training

The Research Program has made significant improvements to links with Undergraduate, Postgraduate and Office of Education Scholarship Programs in order to identify potential family medicine researchers early in their careers and offer opportunities for research training and funding.

Undergraduate Medical Student Opportunities

- Comprehensive Research Experience for Medical Students (CREMS) allows interested medical students to gain extracurricular research experiences in two structured programs. A 12-week Summer Program open to first- and second-year medical students, and 20-month Research Scholar Program for first-year medical students.
- Pre-clerkship shadowing of family medicine researchers.

Postgraduate Family Medicine Resident Opportunities

- Academic Fellowship Program is a rigorous continuing education program intended to strengthen the practice of

family medicine and primary care by developing the leadership, teaching and research skills of practitioners.

- Clinician Scholar Program is part of the enhanced skills program (PGY3). It provides residents with adequate knowledge, training and experience to enable them to pursue careers as clinician investigators under the supervision of DFCM research faculty.
- One-month research electives for family medicine residents, typically supervised by a DFCM Investigator Award recipient.
- Resident Academic Projects are completed by all residents in second year and are often supervised by a DFCM Investigator Award recipient and/or other DFCM researchers.

Graduate Opportunities

- Clinical Research Certificate Program, primarily for faculty, significantly enhances understanding, effective use, engagement and collaboration in research. Students complete two required courses that provide an introduction to research methods in family medicine and primary care, a practicum for hands-on practice, and an elective. The Clinical Research Certificate is issued by the Office of Continuing Education and Professional Development.
- Graduate courses attended by faculty, graduate students and residents including: Applied Survey Methods for Health Care Professionals and Research Issues in Family Medicine and Primary Care.

Research Services

- Biostatistical and Research Methodology - The DFCM Research Program offers a wide range biostatistical and research methodology support services for faculty including assistance writing grant applications, designing studies, data management, data analysis, and dissemination of findings. For DFCM faculty there is no cost for research support services related to core DFCM program activities.
- Assistance Preparing Grant and REB Applications - The DFCM Research Program offers voluntary internal peer review of research grant applications to help improve

grant writing skills and the overall success rates of peer reviewed grant applications. The program also provides support with Research Ethics Board applications submitted through the University of Toronto automated 'My Research Applications' platform.

- Research Mentorship - DFCM fosters dynamic reciprocal mentorship relationships leading to positive change both for the career development of the involved individuals and for the cultural development of the department. DFCM Investigator Award recipients are required to provide research mentorship. The Research Program staff also provide formal and informal mentorship, and connect mentees with research mentors.

Research Resources

- Research Travel Fund and Publication Fee Award - These awards are available to support DFCM faculty to present peer-reviewed research at national and international conferences, or have had peer-reviewed research articles accepted for publication.
- Qualtrics survey software - Qualtrics is a secure, user-friendly, feature rich, web-based survey tool which allows users to build, distribute, and analyze on-line surveys, collaborate in real-time, and export data in multiple formats. The Research Program provides access for DFCM faculty, staff and learners.
- City-wide Research Rounds - DFCM's Research Rounds are accredited interactive events focused on primary care research and research practices. Research Rounds are open to all family, community and primary care researchers, faculty, residents, students and staff. Invited speakers focus on research results, methodologies and techniques, and workshop discussions highlight new research, encourage collaboration and reduce research siloes.
- UTOPIAN - The University of Toronto Practice-Based Research Network is a platform for conducting research and providing collaboration and mentorship opportunities. Researchers can access de-identified patient data from contributing practices to examine clinical information that is not readily available anywhere else. Researchers can also conduct clinical research studies using the UTOPIAN platform (see [Chapter 9.2](#)).

Collaborative Research

The Research Program collaborates across DFCM programs, sites and beyond to advance family medicine research excellence and productivity. A small selection of these collaborations are noted below. For details on UTOPIAN, please see [Chapter 9.2](#).

- CanIMPACT: Led by Dr. Eva Grunfeld, the Canadian Team to Improve Community-Based Cancer Care along the Continuum (CanIMPACT) is a multidisciplinary pan-Canadian team aiming to identify gaps in cancer care coordination, develop and test strategies to enhance the capacity of primary care providers to provide care to patients with cancer. The CanIMPACT research program began in 2013 and includes nine DFCM faculty. After completing Phase 1 mixed methods research, the team is currently testing an online system aimed to facilitate communication and coordination of care between primary care providers and cancer specialists. CanIMPACT is funded by the Canadian Institutes of Health Research.
- DFCM Quality & Improvement Program: The Research Program also collaborates with the DFCM Quality & Improvement Program. The Q&I Program is working across all DFCM sites to build a shared vision around common data collection and reporting to understand quality of care. With support from the Research Program, the Q&I Program has launched three workstreams to use data to understand common areas of strength, areas needing improvement, and areas of variation: Patient experience measurement; Harnessing data from electronic medical records (EMR) via UTOPIAN; and Using administrative data to understand quality.
- The Upstream Lab: The Upstream Lab is led by Dr. Andrew Pinto, an associate professor in the DFCM. The lab focuses on tackling social factors that impact

health by incubating novel interventions that tackle social factors that impact on health, rigorous evaluation of interventions, sharing findings widely and training “upstreamists” to become change agents. The Upstream Lab was founded in 2016 to bring together a number of linked projects and initiatives. It is are based in the MAP Centre for Urban Health Solutions at Unity Health Toronto.

DFCM Research Enterprise (Sites)

In addition to central resources, the DFCM research enterprise relies on research expertise, resources and supports at each teaching site, under the direction of Family Medicine Chiefs, Research/Academic Project Leads and others, example below.

A Resident Academic Project (RAP) is required of all residents in their second-year, which can take the form of research, quality improvement, education scholarship, or a community-oriented primary care project. The specific objectives of all RAP projects are to:

1. Develop and precisely iterate a question that arises during residency;
2. Develop and submit a preliminary project plan;
3. Conduct a critical review of the relevant literature;
4. Complete the specific objectives of the project chosen;
5. Reflect on findings and its implications for the resident as a family physician, and for the discipline of family medicine;
6. Submit a final written report;
7. Present findings and respond to questions at the site Resident Research Day; and
8. Consider additional opportunities for dissemination, such as conference presentations or distributing findings or tools to stakeholders.

At each site, RAP support is provided by a RAP Coordinator, Site Directors, faculty and an on-line resource. All residents also participate in regular teaching sessions relating to critical appraisal and the practice of evidence-based medicine.

Research Productivity and Funding

DFCM is a large department working at multiple sites across the GTA and beyond. DFCM faculty often have multiple affiliations with sites and cross-appointments to other University of Toronto departments (e.g., Dalla Lana School of Public Health, Institute of Health Policy Management and Evaluation, and Institute of Medical Sciences). These connections are beneficial for collaborative research, but prove challenging when conducting literature searches to assess research productivity.

Metrics of research productivity are presented here:

Table 1. Annual Academic Activity Survey

To collate more accurate research performance data, DFCM conducts an annual Academic Activity Survey. Details of research productivity in terms of grants and publications are included in **Appendix 9.1.2**.

DFCM faculty are very productive in terms of publications, and are well represented in high impact international journals. Publication numbers continue to grow, as do the numbers of DFCM faculty obtaining research grants as PIs and co-PIs. Data for each year 2014-2019, and lists of all 2019 grants and publications are included in **Appendix 9.1.2**.

TABLE 1. RESEARCH GRANTS, CAREER AWARDS AND PUBLICATIONS - ALL DFCM FACULTY (INCLUDING CENTRAL DFCM)

RESEARCH INDICATOR	FISCAL YEARS		CALENDAR YEARS		
	2014-15*	2016**	2017***	2018***	2019***
Principal or Co-Principal Investigator Grants					
# of peer-reviewed grants	82	138	121	168	150
# of non peer-reviewed grants	42	35	20	56	50
Total number	126	173	141	223	200
Amount of peer-reviewed grants	\$13,868,454	\$21,802,567	\$17,662,004	\$29,742,680	\$18,621,574
Amount of non peer-reviewed grants	\$3,485,157	\$19,046,404	\$3,447,789	\$20,683,079	\$21,828,499
Total amount	\$17,353,611	\$40,848,971	\$21,109,793	\$50,425,759	\$40,450,073
Co-investigator Grants					
# of peer-reviewed grants (DFCM PI/Co-PI) ¹	22	54	21	27	31
# of non peer-reviewed grants (DFCM PI/Co-PI) ²	4	6	2	2	1
# of peer-reviewed grants (PI/Co-PI is not DFCM faculty) ³	98	135	151	96	159
# of non peer-reviewed grants (PI/Co-PI is not DFCM faculty) ⁴	15	12	9	9	4
Amount of peer-reviewed grants (PI-/Co-PI is not DFCM faculty) ⁵	\$38,743,670	\$31,588,883	\$44,667,130	\$24,710,876	\$31,671,481
Amount of non peer-reviewed grants (PI/Co-PI is not DFCM faculty) ⁶	\$7,246,677	\$1,729,599	\$1,207,969	\$2,825,660	\$1,910,879
Total amount⁷	\$45,990,347	\$33,318,472	\$45,875,099	\$27,536,536	\$33,582,360
Career Awards					
Number of career awards	8 ¹⁰	33 ¹¹	26 ¹²	33 ¹³	29 ¹⁴
Total Amount⁸	\$727,000	\$997,263	\$1,215,500	\$1,506,000	\$3,510,000
Publications					
	2014	2016	2017	2018	2019
Number of peer-reviewed publications (any type of author)	331	451	483	551	613
Number of non peer-reviewed publications (any type of author) ⁹	50	98	42	93	85

For table footnotes see [Appendix 9.1.3](#)

TABLE 2. 2015 TO 2019 SCHOLARLY ACTIVITY BASED ON ALL PUBLICATIONS ATTRIBUTED TO DFCM FACULTY IN SCOPUS/SCIVAL

ENTITY	SCHOLARLY OUTPUT	CITATION COUNT	CITATIONS PER PUBLICATION	CITED PUBLICATIONS (%)	FIELD-WEIGHTED CITATION IMPACT
DFCM - All Publications	1,727	21,133	12.2	84.3	1.84

TABLE 3. 2015 TO 2019 INTERNATIONAL COMPARISONS OF WHOLE UNIVERSITY SCHOLARLY ACTIVITY FILTERED BY 'FAMILY PRACTICE' SUBJECT AREA IN SCOPUS/SCIVAL*

ENTITY	SCHOLARLY OUTPUT	CITATION COUNT	CITATIONS PER PUBLICATION	CITED PUBLICATIONS (%)	FIELD-WEIGHTED CITATION IMPACT
Harvard Univ.	95	701	7.4	79	1.98
McGill Univ.	126	679	5.4	74.6	2.16
Univ. of BC	156	1,145	7.3	80.1	2.93
Univ. of Edinburgh	76	553	7.3	67.1	2.74
Univ. of Toronto	414	2,896	7	73	2.59

**For comparison purposes, all data are based on the output of the whole university rather than departmental outputs.*

As well as disseminating findings through publications, faculty are encouraged to share knowledge and address local issues through presentations, workshops, Research Rounds (e.g., Ensuring equitable access to your research findings; Community Response using App's and Drones: The Future of Cardiac Arrest Resuscitation) and other informal networks. DFCM researchers are also regularly quoted in local and national media, contribute to research reports such as the University of Toronto Family Medicine Report ([Appendices 1.3](#) and [1.5](#)), and participate in formal and informal mentoring.

For example, DFCM researcher Dr. Noah Ivers is an active participant in the COVID-19 Community of Practice webinars hosted by the Quality and Innovation Program ([Chapter 5](#)).

Dr. Ivers is playing a leading role in the '19 to Zero' campaign to improve COVID-related behaviour change and vaccine uptake by disseminating research through traditional and social media channels to healthcare professionals and the public.

Future Directions

In December 2019, the Research Program Retreat brought together approximately 55 of DFCM's research-focused faculty and senior leadership to explore future directions and thematic foci for the Research Program and UTOPIAN. Equity emerged as an overarching area of interest, with a focus on improving research in vulnerable populations, such as those with multi-morbidity, using digital tools and UTOPIAN as a practice-based learning network.

UTOPIAN: THE UNIVERSITY OF TORONTO PRACTICE-BASED RESEARCH NETWORK

Family practice is the first point of contact for patients and where much of care in Canada is coordinated. Yet relatively little primary care research has been done at this level: in fact, there are far more unanswered than answered questions when it comes to determining what's working and for whom in Canada's primary care system. We aim to change this.

The University of Toronto Practice-Based Research Network (UTOPIAN) is a network of over 1,700 family physicians in practices within the 14 DFCM academic sites throughout the GTA and beyond. The network brings together DFCM researchers, primary care clinicians and practices from all its academic sites to answer important healthcare questions and translate findings into practice.

Established in 2013, UTOPIAN aims to:

- Conduct and support high-quality research to better serve the primary care community and patient population.
- Improve the quality and cost-effectiveness of services offered by the healthcare system.
- Secure lasting improvements to health nationally and internationally.

UTOPIAN is engaged in a variety of activities including:

- Evaluation of our healthcare system.
- Quality improvement activities.
- Identification of potential study subjects for clinical research.
- Patient recruitment to longitudinal cohort studies such as the Ontario Health Study.
- Full range of clinical research including clinical trials.

UTOPIAN is one of the largest and most representative primary care research networks

in North America, and amongst the largest in the world. This is a bold initiative that has important implications for improving the health of patients in UTOPIAN practices and producing internationally relevant clinical research.

Data Safe Haven

Using Electronic Medical Records (EMRs), UTOPIAN can access de-identified patient data from contributing practices to examine clinical information that is not readily available anywhere else (e.g. medication duration, dose and frequency; lifestyle information such as smoking, exercise and diet, etc.). EMRs provide a comprehensive set of longitudinal patient health data and are a unique resource for medical research that is relevant to the reality of healthcare in Ontario and generalizable to patients internationally. Access to the EMR data is available for researchers through the UTOPIAN Data Safe Haven, once projects have been approved by UTOPIAN and the relevant Research Ethics Board.

UTOPIAN Leadership and Governance Structure

The leadership and daily operations of UTOPIAN are managed by Dr. Michelle Greiver, Gordon F. Cheesbrough Research Chair in Family & Community Medicine and UTOPIAN director, as well as Dr. Karen Tu, UTOPIAN Associate Director – Data Safe Haven and Dr. Andrew Pinto, UTOPIAN Associate Director – Clinical Research.

UTOPIAN is overseen by its Executive and Scientific Advisory Committees. Both committees meet bi-monthly.

The **Executive Committee** is responsible for operational, strategic and “high-level” decisions, taking into account DFCM, Temerty Faculty of Medicine and UofT strategic plans and interests, and also the interests of provincial and national stakeholders. The members of the Executive Committee include the UTOPIAN Director, DFCM Chair, DFCM Vice-Chair Research, two teaching unit chiefs (one from a downtown site and one from a community site) and an external member.

The **Scientific Advisory Committee (SAC)** is responsible for scientific decisions about projects and initiatives, and for facilitating projects within sites. SAC members are representatives of the 14 sites; key members of DFCM programs, a medical student and three patient and community members. This reflects our commitment to patient-centred care and enables us to be more responsive to patients' needs. UTOPIAN enables patients to have an active role in project selection and other agenda items; they provide meaningful public input into UTOPIAN activities.

Key Milestones

UTOPIAN has celebrated several exciting milestones and achievements recently that position it well for the future. In recent years, the development of the Associate Director roles within UTOPIAN and the addition of Drs. Karen Tu and Andrew Pinto to the team have expanded and enhanced the scope of UTOPIAN activities. Most notably, UTOPIAN obtained REB approval from the University of Toronto to extract full chart data from participating practices, including patient identifiers. While the data stored in and used for research in the UTOPIAN Data Safe Haven continues to be de-identified, having patient identifiers stored in a separate staging area vastly improves the ability to link with other data sets. Also, access to the free text notes opens exciting possibilities for Artificial Intelligence (AI) and machine learning (ML) research.

With the recent generous gift from the Temerty Foundation and the development of the Temerty Centre for AI Research and Education in Medicine (T-CAIREM), led by Dr. Muhammad Mamdani, UTOPIAN is well situated to be a valuable data partner for AI and ML researchers. Both Drs. Karen Tu and Michelle Greiver are members of T-CAIREM. UTOPIAN has also partnered with ICES (previously the Institute for Clinical Evaluative Sciences) to create a controlled-use dataset of UTOPIAN data that is linked with ICES' administrative dataset. This linkage is underway and will be available to researchers shortly. There is also a new data sharing partnership with

the Northern Ontario School of Medicine (NOSM), to support their newly launched Practice Based Research Network, NORTHH. UTOPIAN is providing data extraction and analytic support, while NORTHH is expanding the representation of Indigenous and northern communities in the Data Safe Haven.

Two of the key projects that have been a major focus at UTOPIAN over the last 4-5 years – the *SPOR Network in Diabetes and its Related Complications* and the PCORI funded trial in *Advanced Care Planning (ACP)* have both entered their final stages of funding. The SPOR Network Diabetes Action Canada (DAC) was the catalyst for the development of the National Diabetes Repository, managed at North York General Hospital in collaboration with UTOPIAN. UTOPIAN contributes data to the repository, works closely with the team at DAC and will continue to do so in the future. The PCORI funded ACP trial is a US-Canada partnership made up of seven PBRNs across North America. There were several challenges with study recruitment as a result of the COVID-19 pandemic, but the study team was able to adapt and is on target to complete recruitment by the deadline. As a result of this partnership, Dr. Michelle Greiver, along with Dr. Don Nease from the Colorado-based PBRN SNOCAP, were invited to present on Research in Primary Care in PBRNs to the National Institutes of Health, Outcomes and Effectiveness Interest Research Group in October 2020. This was an exciting opportunity to share the value of PBRN research with the NIH, one of the largest research sponsors in North America.

UTOPIAN's Associate Director for Clinical Research Dr. Andrew Pinto has been invited by the Annals of Family Medicine to produce a series of articles on Randomized Controlled Trials in Primary Care. This will promote the importance and value of conducting these trials where most patients get most of their care most of the time—in community-based primary care.

The recently released University of Toronto Family Medicine Report: *Caring for our Diverse Populations* (see [Appendix 1.3](#)) was led by UTOPIAN's Associate Director Dr. Kar-

en Tu. The report highlights the significant barriers faced by those with complex care needs and those disadvantaged by social policies and structures that underpin health inequities. While addressing these inequities is a long and complex journey, the report illustrates the work being done by family doctors to care for patients in a way that truly reflects the lived realities of the individuals, families, and communities they serve.

For a full list of publications, presentations, awards and funding please see the accompanying UTOPIAN CV ([Appendix 9.2.1](#)).

Future Directions

There are several exciting developments underway for UTOPIAN in the near future. Working in collaboration with other Practice Based Research Networks in Ontario, UTOPIAN and its partners are moving toward the development of a province-wide collaborative network called the Ontario PriMAry Care Learning (ORACLE) Network. This will enable a centralized data extraction and cleaning process for EMR data, resulting in a rich data set that covers a large portion of primary care EMRs in Ontario.

The Canadian Primary Care Sentinel Surveillance Network (CPCSSN), which UTOPIAN contributes data to as part of a national EMR dataset, is undergoing a period of renewal as there is increased interest from government agencies in the value and utility of EMR data, particularly in light of the COVID-19 pandemic.

UTOPIAN's leadership team will continue to leverage existing and new partnerships to champion the importance of primary care EMR data and research, with the ultimate goal of improving health care for patients within our network and beyond.

OFFICE OF EDUCATION SCHOLARSHIP

Education scholarship is a core activity of the Temerty Faculty of Medicine and DFCM. As academic physicians, it is our responsibility to examine what and how we teach, and contribute to the larger understanding of medical education. The DFCM's Office of Education Scholarship (OES) supports all programs and faculty members in using an evidence-based, scholarly approach to family medicine training.

The OES provides resources, guidance, consultation and mentorship to all faculty who are interested in engaging in scholarly activities related to teaching and education in family medicine. The OES's mandate is two-fold: to increase the scholarly capacity of DFCM faculty members and to advance education scholarship across DFCM's programs. To support these objectives, the OES works to develop a community of practice and enable a departmental culture of recognition and support through valuing and investing in education scholarship activities.

The OES's impact has been recognized recently by two external organizations. The 2020 postgraduate program accreditation by the College of Family Physicians of Canada (CFPC) labelled the OES's contributions to the scholarly approach to education development, delivery, and evaluation as a strength of the family medicine postgraduate program as well as a Leading Practice Indicator (LPI). The latter designation identifies DFCM's scholarship-informed education approach as a national exemplar for other programs. Additionally, the OES's contributions were recognized by the World Organization of Family Doctors during their postgraduate accreditation of DFCM in 2019: an international recognition of the calibre of academic work conducted within DFCM's mandate. These recognitions validate the important role the OES plays in elevating the education practices and scholarship of DFCM.

History and Context

The OES was established in 2012, following a period of research to determine how best to bring support for education research to DFCM faculty members. The first internal OES research project was an environmental scan to investigate the potential resources, barriers and perceived and real gaps for our faculty members to engage in scholarly activity (Office of Education Scholarship Initiative (OESi)). The findings highlighted that similar initiatives did not exist in other departments of family medicine, and informed the first OES strategic plan.

Since then, the OES has developed into a thriving community, with a cadre of experienced clinician education scholars and PhD education scientists providing support for the development and evaluation of family medicine educational innovations across DFCM and its teaching sites. The OES has helped to transform the education portfolio in DFCM by promoting and prioritizing scholarship. This includes embedding education scholarship within responsibilities of program leaders, making visible the impact of a scholarly approach on learners and faculties, and building capacity for scholarly activity in frontline teachers and leaders.

Strategic Objectives

The OES 2015-2019 strategic plan ([Appendix 9.3.1](#)) was developed using the findings of Phase 1 of the OESi study, together with wide stakeholder input. It is focused on four objectives:

1. Develop a community of practice.
2. Build education scholarship capacity within DFCM.
3. Enable a culture of recognition, support, valuing and investing in the education scholarship activities of its faculty, students and staff.
4. Report on scholarly activity within DFCM.

As DFCM is currently searching for a new department Chair, plans to develop a new strategic plan have been postponed until the new leader is in place. In the interim, OES leadership plans to review and refresh the initial strategic plan.

Leadership and Structure

The OES is led by Dr. Kulamakan Kulasegaram, with support from three program-based clinician educators (MDs) representing undergraduate and postgraduate education, and faculty development; five uniquely skilled education scientists (PhDs); one lead for the DFCM Education Grant Committee, one office coordinator and one research officer.

The OES team, comprising the above individuals and other interested faculty members and education research enhanced skills residents, meets monthly to plan OES activities and discuss issues of relevance to the promotion of education scholarship in DFCM. The OES Research Executive Committee provides oversight to the Education Research Investigator Award process and the DFCM Education Grant Committee adjudicates the Art of the Possible (AOP) Education Grant Program and the Education Development Fund internal application process.

The OES supports a growing community of scholars including recipients of internal and local grants, scholars engaged in further training in education scholarship including certification, and a small but growing community of residents who are/were enrolled in the postgraduate year 3 Enhanced Skills in Education Scholarship program.

OES Resources

The OES has developed resources and activities to achieve their strategic goals. Through these initiatives, DFCM faculty members have increased their capacity to engage in education scholarship and DFCM has advanced locally and nationally as a powerhouse in education scholarship.

The Education Scholarship Planning Guide

Building on Glassick's criteria for the assessment of scholarly work, the Planning Guide ([Appendix 9.3.2](#)) provides detailed instructions to help inexperienced faculty members conduct an education scholarship project by considering the following: clear goals, adequate preparation, arriving at an important question, developing appropriate methods,

conducting the project to gather significant results, disseminating their work effectively and reflectively critiquing their work.

The Planning Guide is used regularly in OES consultations, has been disseminated at national and international conferences, and has garnered interest from several other universities in Canada, the United States, England, Thailand and Australia.

Better Together Education Scholarship Consultation Service

Launched in 2015, the OES Consultation Service partners a clinician educator scholarship lead (MD) with an education scientist (PhD) to provide support for DFCM faculty members. These partnerships bring together the principals of learning science and real-world education imperatives so that DFCM faculty can engage in education scholarship projects that will lead to important and feasible improvements in family medicine. OES has provided 162 of these consultations in the past three years.

OES Activities

Art of the Possible (AOP) Education Grant Program

Launched in 2015, the AOP Program provides seed grants to DFCM education programs and faculty members to support education scholarship projects that will benefit a DFCM program. These grants are designed to support applicants from idea to dissemination, providing consultations, faculty development events and application writing support. The two-year grants provide continuous support throughout planning, implementation and dissemination, and up to \$5,000 funding. To our knowledge, the AOP is the first education scholarship grant program of its kind embedded in a Canadian department of family medicine.

The ultimate objective of the AOP program is to build education scholarship capacity and to develop a supportive community of practice within DFCM. In the first four cycles of the AOP grant program, OES received 51 applications, of which 39 received grants. These 39 projects have involved 133 faculty mem-

bers across all DFCM programs. DFCM education scholarship output has increased significantly at the national and international level because of the work yielded by AOP grants. As of October 2020, AOP-funded projects had generated eight publications, 12 international posters, workshops and podiums, and much more (see [Appendix 9.3.3](#)).

The OES is currently embarking on a five-year review of the AOP program. The results of this study will help us to better understand the impact of the program on the recipients, the programs and DFCM.

Faculty Wide Education Grant Programs - Internal Support

The OES administers internal matching-fund competitions for two Temerty Faculty of Medicine grant programs: the Education Development Fund and the Medical Humanities Education Grants. Numerous DFCM faculty, supported by OES activities and resources, have been successful in receiving these grants and disseminating their work nationally and internationally.

Celebration of Education Scholarship Events

Celebration of Education Scholarship events feature presentations by leading national and international education scholars and provide opportunities for faculty to increase their education scholarship capacity, present and discuss their work with colleagues, and participate in a community of practice. Events include lectures, seminars and workshops for practical application of knowledge and skills, a journal club, work-in-progress presentations and consultations.

Since 2015, OES has held 12 of these events, attracting 518 faculty members from across DFCM's teaching sites. Our most recent event moved to a virtual format leading to a doubling of our typical attendance.

Collaboration on Scholarly Education Practices

The OES is a resource for education leaders who wish to develop or evaluate their education portfolios in a rigorous and scholarly fashion. These leaders often seek the OES for

consultation and, by working with OES scientists and educators, have been able to deliver and evaluate innovative education programs. The new DFCM postgraduate Ethics Curriculum was developed with support from the OES. OES scientists and educators were able to work with the program leads to identify important pedagogical principles for ethics teaching, aligned instruction and assessment methods, and a comprehensive evaluation strategy. The evaluation study received external peer-reviewed funding from Physicians Services Incorporated. Subsequent results have led to comprehensive change in the best practices for teaching ethics in DFCM. Approaches to teaching Continuity of Care at family medicine teaching sites were similarly developed and evaluated in collaboration with OES educators and scientists to inform postgraduate curriculum design and responses to accreditation requirements.

Education Research Awards

Art of the Possible (AOP) Education Grant Program and other Grants (see OES ACTIVITIES above)

The AOP Program provides seed grants of up to \$5,000 to DFCM faculty members. The OES also supports the adjudication and administration for internal matched funding for Temerty Faculty of Medicine education grants.

Education Research Investigator Awards

Prior to 2017, DFCM did not have centrally funded support for education research scientists. Education Research Investigator Awards provide protected time for one senior and one junior scientist to focus on education scholarship that is aligned with DFCM objectives, to support education research activities and to build education research capacity in DFCM.

Award recipients must be DFCM faculty who are also Wilson Centre scientists or cross-appointed to the Wilson Centre. These awards are overseen by the OES Research Executive Committee.

Since 2017, Education Research Investigator Awards have been held by Dr. Nicole Woods and Dr. Mahan Kulasegaram, working in the

areas of clinical reasoning and educational assessment respectively. These investigators are bringing international recognition to DFCM for the quality and focus of our education research activity in family medicine (for OES publications and presentations please see [Appendix 9.3.4](#)).

DFCM Education Scholarship Excellence Awards

As part of DFCM's annual awards of excellence (see [Faculty Development, Chapter 4](#)), OES presents four Education Scholarship Excellence Awards to DFCM faculty who have made outstanding contributions to education scholarship and knowledge building in family medicine. The awards are available in four categories: New and Senior Clinician Educator Scholar, and New and Senior Education Scientist Scholar.

Scholarly Productivity

Art of the Possible (AOP) Education Grant Program (see OES ACTIVITIES above)

The OES is committed to advancing scholarship in Family Medicine education across all programs. The AOP grant program has significantly contributed to this goal. As an example of its impact, faculty in DFCM's Postgraduate Education Program have received 10 AOP grants over the past four years, resulting in four international, three national and 20 local presentations.

Big Ideas Education Research Pillars

In 2016, the OES identified three 'Big Ideas' research pillars to focus the expertise of OES's education scientists and clinical education leaders on important issues facing family medicine education. In each of the three pillars (person-centred care, big data and the specialist generalist in family medicine), a research scientist is working collaboratively with a DFCM education leader and their teams. This has created communities of practice and opportunities for the development of these research pillars.

To date, OES has made significant contributions to each of these research pillars by receiving grants and invitations to join national

working groups and presentations. Each pillar's team has also disseminated their work at national and international peer-reviewed conferences.

OES Program Evaluation

The OES shows leadership in research activity by applying a scholarly lens to its own programs. Since 2015, the OES Program Evaluation has used an innovative Developmental Evaluation (DE) method of collaborative and participatory research to ensure the ongoing development and improvement of OES programs. This evaluation is guided by a core team of individuals from the OES and DFCM. Scholarly work emanating from this study has already been presented at two international and two national peer-reviewed conferences, and led to one publication with two manuscripts in the final stages of preparation.

OES Consultation Study

In 2018, OES launched a theory-driven evaluation of the OES Better Together Consultation Service. The ongoing study is intended to determine if the service provides faculty members with the support they need, and identify any areas in need of enhancement or improvement.

DFCM Annual Academic Activity Survey

In 2017, prompted by the OES strategic objective to report on scholarly activity, a Task Force on Documenting Scholarly Productivity led to the development and implementation of the DFCM Annual Academic Activity Survey (AAAS). The AAAS is a robust, cohesive system to document all of the important and promotable academic activities, including teaching and education, creative professional activity, administrative service and mentorship.

In the first three years, the AAAS has had a voluntary response rate of 80%. Data is analyzed and disseminated to assist with annual reviews, award nominations and promotion applications. The results allow DFCM to better identify and recognize individuals who are participating in various types of academic activity.

Work is currently underway to design a research project with two other departments in the Temerty Faculty of Medicine to investigate the utility of the AAAS and the potential for creating an electronic dashboard across our faculty. The AAAS is being held as an exemplar of faculty recognition and has been presented at one peer-reviewed national and one peer-reviewed international conference.

National Leadership

Organized units to support educator scholarship (and to house education scholars) exist in many faculties of medicine within Canada, the USA, and Europe but to our knowledge, we are the only education scholarship unit based in a department of family medicine in Canada. Our concentration of education scholars means that our current peer-reviewed funding, publications, and other dissemination formats are at a much higher level than those of other family medicine departments across Canada. We have worked to find the resources – human and financial – to support the entire spectrum of scholarly activities at a high level. This is demonstrated visibly at major education conferences in family medicine as well as in medical education broadly. Moreover, our model has spurred interest from other departments seeking to embed our best practices into their own local context.

Moreover, our scientists and educators are leading national collaborations on significant family medicine education issues such as characterizing and embedding generalist approaches in undergraduate medical education and supporting capacity building for educational 'big data' in family medicine and medical education. The OES is also supporting work of national import such as the evaluation of an integrated 3-year postgraduate training program.

For a detailed list of OES scientist publications please see [Appendix 9.3.4](#). As well as dissemination through publications, faculty are encouraged to share knowledge through presentations, workshops, scholarship rounds, teaching, mentorship, events and informal networks. For example, through blogs (AMS Phoenix project - Drs. Mahan Kulaseg-

aram and Sarah Wright), podcasts (e.g Small Changes, Big Impact; KeyLime; The Medical Education Journal Podcast) and TED-style presentations (College of Family Physicians of Canada Undergraduate Education Retreat – Drs. Risa Freeman and Melissa Nutik).

OES Outreach

The OES has done much to grow capacity in education scholarship with junior and emerging scholars as well as senior scholars who are newly engaged in education. For example, the AOP Program and consultation service are available to all members of DFCM though most principal investigators are junior or newly engaged faculty. We are witnessing impact as these AOP grant recipients continue to disseminate and seek new sources of funding to advance their programs of scholarly work. The OES also engages with faculty undertaking additional research and scholarship training through certificate courses and other avenues in the Temerty Faculty of Medicine. For example, scholars involved in courses at the Centre for Faculty Development can access OES resources to support their projects and scholarship. OES members teach within these courses and promote OES resources. Other notable examples of engagement are noted below.

Education Scholarship Rounds and Workshops

From 2014-2017, OES provided over 20 presentations to introduce our programs, hospital sites, and faculty members at large to education scholarship and the new services and resources that were now available to them.

The Essence of Education Scholarship Course

Essence is a 12-month, seven-session, longitudinal faculty development course in education scholarship that we designed to meet the specific needs of faculty members in our eight community-affiliated hospital sites. Through a series of workshops, customized resources and coaching, participants are supported through the design and execution of an education scholarship project.

Essence began as a collaborative partnership between the OES and the Centre for Education at North York General Hospital (NYGH),

under the leadership of Dr. Rick Penciner. Following a successful pilot at NYGH, the first department-wide iteration (2018-2019) attracted 15 participants from nine DFCM affiliated hospital sites (13 physicians, three allied health professionals), who all completed the program, finishing with close-to fully formed projects. Projects from this cohort have already been presented at two international and one national peer-reviewed conferences.

Although all workshops to date have been held in person, the upcoming iteration of Essence will be offered virtually due to COVID restrictions. This will also enable us to welcome faculty members from our rural and remote teaching sites.

The Waddington Fellowship

The Dr. Harrison Waddington Fellowship is awarded annually to a family medicine graduate student to support them in pursuing peer-reviewed dissemination of an education scholarship project beyond what would be required for their graduate program. The OES provides consultation and resources to support these individuals.

Celebration of Education Scholarship (see OES ACTIVITIES above)

Due to COVID-19 restrictions, these events are being held virtually which enables faculty from all urban teaching units, community practices, and rural and remote sites to participate. The resulting increase in registration demonstrates the need for distance faculty development, particularly for remotely located faculty. The OES plans to continue offering virtual participation after in-person events are resumed.

Embedded Education Scientist: Women's College Hospital

Since 2016, OES and the Chief of Family Medicine at Women's College Hospital (WCH) have partnered to embed an education scientist in the WCH family medicine teaching unit. This pilot project has given faculty and learners direct access to the education scientist's expertise and guidance and helped build a culture of mentorship and innovation in areas such as curriculum development, faculty devel-

opment, teaching strategies and evaluation methodology.

This pilot project has received two grants to fund a program evaluation and a needs assessment study of clinician teachers who want to engage in scholarly work. The findings from these studies have been presented at four national conferences and are helping to guide implementation of this model at three additional hospital sites.

Future Directions

Responding to Pandemic-driven Changes in Education

There is an urgent need to undertake scholarly evaluation of learning environments that have changed profoundly due to COVID. Education scholarship will be essential in order to train the next generation of family physicians in effective virtual care of patients. Additionally, with the sudden pivot to e-learning and virtual care comes the opportunity for thoughtful development of the use of technology in family medicine education and patient care. In these increasingly stressful learning and working environments, scholarship must inform learner and faculty self-care practices.

Leading the Digital and Virtual Transformation of Education

Related to the previous future direction are the new opportunities afforded by virtual work environments in academic healthcare. DFCM is home to a diverse group of faculty members across southern Ontario, including numerous rural teaching practices and community sites which have not always been reached by our in-person programs. The OES will continue to profile education scholarship, build capacity, and provide mentorship to our faculty at all sites: rural, community and urban health centres. However, the past year of virtual engagement in academic work has shown that it is a viable model for the activities necessary for education scholarship. We hope to capitalize on our new virtual tools to reach a broader segment of DFCM faculty members than ever before. Early indications that this is possible have been seen in recent

virtual education scholarship events in DFCM and the Temerty Faculty of Medicine broadly. The new EXploring Innovative TEchnologies in Family Medicine (EXITE) initiative at DFCM has a significant education component aligned with this future direction, including foci on Virtual care, eLearning, Digital Curricula and AI. The OES team members have already initiated projects and collaborations in these areas. We will continue to collaborate with the EXITE program leaders to deliver rigorous and field-leading research and innovation.

Committing to the 'Big Ideas' Pillars

In tandem, the OES's three 'Big Ideas' research pillars will continue to be highly relevant amongst changes in family medicine education and we will seek out opportunities to build on existing work. National impact of this work is already being demonstrated through collaboration and dissemination. As examples, Drs. Nicole Woods, Melissa Nutik, and their team are conducting multiple studies of generalism to inform education practices nationally and in collaboration with the College of Family Physicians of Canada (CFPC). Dr. Kulamakan Kulasegaram is co-leading national collaborations on inter-institutional data sharing and is co-hosting a national meeting of medical education leaders to support the establishment of principles and best practices for governance and ethics in inter-institutional data sharing in medical education. These collaborations involve the Medical Council of Canada, the Association of Faculties of Medicine of Canada, and other national bodies. The focus of the Person-Centered Care pillar led by Drs. Sarah Wright and Cynthia Whitehead is expected to evolve as scholars grapple with what person-centered care means for family medicine in a virtual and digital care environment. Scholarship in this area is already proceeding with collaborations with Dr. Moira Stewart at Western University in the creation of an education module for learners on person-centered care in virtual environments. The module is scheduled for release in the spring of 2021 through the ViCCTR (Virtual Care Competency Training Roadmap) platform with subsequent scholarship to follow.

Reimagining the Future of Family Medicine Training

The OES has a unique opportunity to support scholarship that can potentially have a national impact on the future of family medicine postgraduate training. The CFPC is currently critically examining the models of training in Canada through the Outcomes of Training project. DFCM is contributing to this endeavour by hosting pilots of three-year integrated postgraduate programs. As such, DFCM is uniquely positioned to inform the future of training by providing empirical information about new integrated and extended models of postgraduate education in family medicine. To further this goal, the OES has supported evaluation of the Integrated Leadership Program which led to significant learnings about this new structure. Moving forward, the OES is supporting an evaluation of the Family Medicine and Enhanced Skills (FAMES) program. The FAMES program seeks to integrate the standard two-year program with enhanced skills training in a three-year, integrated postgraduate program. The goal of this program is to explore an innovative model of education delivery that promotes comprehensive care. In the first year of the pilot we are embarking on programs in Palliative Care and Care of the Elderly. The OES is supporting the program directors and scientists in adopting a scholarly lens to the evaluation and analysis of the pilot.

Supporting Equity, Diversity and Inclusion

DFCM is undertaking a major initiative in bringing an Equity, Diversity, and Inclusion (EDI) lens to how the department engages with faculty, students, staff and patients. Transformation of the department will involve significant education and faculty development initiatives at all levels. The OES will support this initiative and be active in partnering with EDI leads to deliver scholarly and evidence-informed education on EDI. Several OES scientists and scholars are working in this area already. The OES will elevate this work by partnering with our newly appointed leads in Indigenous health and Social Accountability. Specific activities in the near future will include a planned CES day focused on EDI relevant education scholarship.

Furthermore, the OES will continue to support the DFCM Indigenous Health Lead in the development of a postgraduate curriculum for Indigenous Health. Currently, residents receive some didactic teaching at one of the centrally delivered core days in the area of Indigenous health. In addition, residents can choose an inner-city Indigenous rotation or an Indigenous Teaching Practices rotation. The goal in the coming years will be to increase the number and distribution of Indigenous experiences for our learners across all 14 sites. In partnership with the Indigenous Health Lead and other departmental leaders, an action plan informed by the Truth and Reconciliation Commission Calls to Action will include:

- I. A thorough environmental scan of our 14 sites in the realm of Indigenous education and engagement, including current educational initiatives, future opportunities for increased academic learning and clinical partnerships, as well as identification of Indigenous students and faculty throughout the program (currently underway).
- II. Developing an academic half-day program that can be delivered across all 14 sites with a focus on the history of Indigenous peoples in Canada, cultural competency, sensitivity and humility (within the next year).
- III. Building partnerships with local Indigenous community organizations surrounding our various sites, as well as more remote communities, with the goal of increasing experiential opportunities for our learners to work with Indigenous communities locally and provincially.

Other activities will be chosen strategically to further DFCM's goals for EDI.

Continuing to Collaborate

There is increasing competition for external education research funding across Canada with an anticipated decrease in amounts of funding available over time. DFCM must find ways to support faculty members who wish to engage in education research. With appropriate support, our existing models for partnership and intra-departmental collaboration

offer an opportunity to capitalize on larger scale institution level grants and partnerships. This includes continued and expanded collaboration with our intra-departmental partners in Clinical Research, QI and Global Health. Furthermore, the OES will advocate for integration of an education scholarship lens on relevant research projects across DFCM, especially for projects involving the translation of research findings to users and stakeholders.

10.0 ORGANIZATION & FINANCIAL STRUCTURE

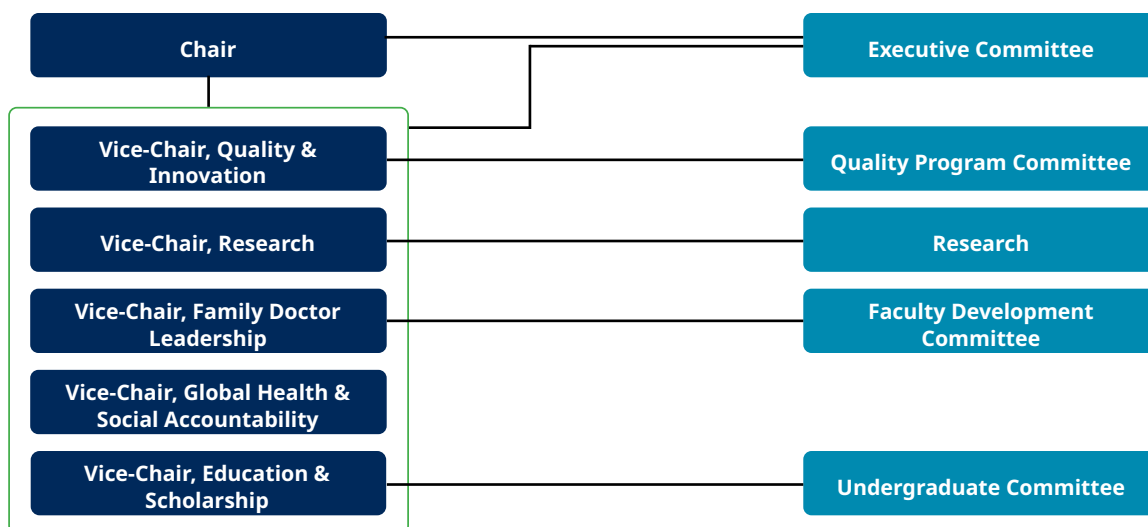
DFCM's large, distributed department functions with a great deal of unity, collaboration and responsiveness as a result of a well-resourced leadership and administrative infrastructure both centrally and at the sites. The central senior-most leadership functions are managed by a team of key leaders to ensure that all programs and activities are accessible and responsive to learners, faculty, staff and sites.

DFCM CENTRAL

DFCM is focused in five major areas: education, research, quality and innovation, global health and family doctor leadership. With this focus, the department is divided into nine programs (Undergraduate Education, Postgraduate Education, Research, Faculty Development, Quality Improvement, Global Health, Office of Education Scholarship, Academic Fellowship and Graduate Studies, Physician Assistant) and two divisions (Emergency Medicine and Palliative Care), with an additional four divisions in development (Care of the Elderly, Hospital Medicine, Mental Health and Addiction and Clinical Public Health).

Our network of strong and committed leadership is dedicated to training and mentoring future leaders and providing opportunities for advancement within the department. In our major programs, Vice-Chairs are supported by Program Directors and Associate Program Directors. This has enabled our programs to expand and thrive. Programs are also guided by various committees that provide oversight, expertise and a forum for collaboration, and supported by administrative staff as required.

Faculty and administrative staff organizational charts are available in [Appendix 2.1](#).



DFCM SITES

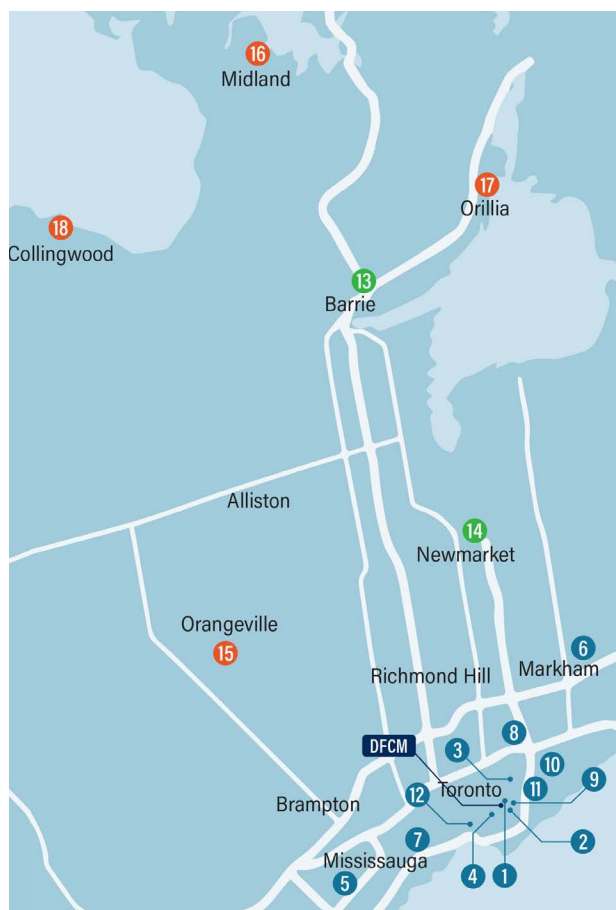
Central DFCM programs support teaching and research at 14 core teaching sites, four rural sites and 40 community teaching practice sites.

Fourteen Core Teaching Sites

1. Mount Sinai Hospital, Sinai Health System
2. Unity Health Toronto, St. Michael's
3. Sunnybrook Health Sciences Centre
4. Toronto Western Hospital, University Health Network
5. Credit Valley Hospital, Trillium Health Partners
6. Markham-Stouffville Hospital
7. Mississauga Hospital, Trillium Health Partners
8. North York General Hospital
9. Women's College Hospital
10. Scarborough Health Network
11. Toronto East Health Network
12. Unity Health Toronto, St. Joseph's
13. Royal Victoria Regional Health Centre, Barrie
14. Southlake Regional Health Centre, Newmarket

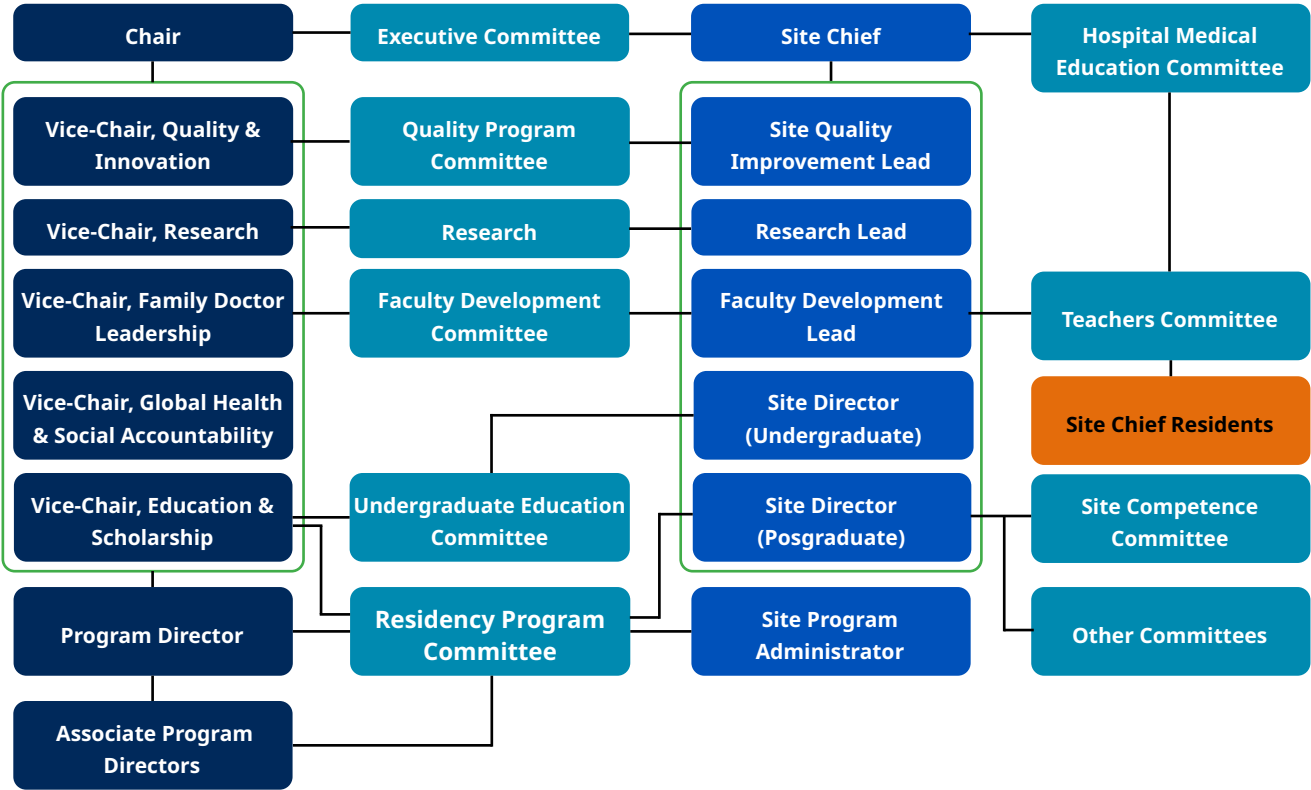
Four Rural Sites

15. Headwaters Health Care Centre, Orangeville
16. Georgian Bay General Hospital, Midland
17. Lakeridge Health Network, Port Perry
18. Orillia Soldiers' Memorial Hospital, Orillia



Sites are responsible for the day-to-day organization, implementation and supervision of teaching and learning, under the leadership of various leads, site chief and the executive committee.

The structure of leadership at each site mirrors the central leadership structure with each site having its own Site Directors, Site Program Administrator, QI lead and Research lead. This enables all our sites to provide an excellent learning environment for our residents and the ability to deliver the core academic program in their unique and geographically grounded way. Meanwhile, DFCM committee and communication structures allow us to work in an environment that fosters collaboration, respect, responsiveness and flexibility.



For further details on the activities at each site, please see [Chapter 17 – Site Reports](#).

GOVERNANCE COMMITTEES

Numerous committees oversee DFCM activities, with representatives from all sites, programs and learner groups to ensure effective exchange of information to and from all corners of the department.

Examples include:

- **DFCM Executive Committee:** Meets monthly to advise the DFCM Chair on all fiscal and academic policies within the department. Membership includes the Department Chair, Administrative Officer, Hospital Chiefs (including Teaching Practices), and Directors of the Undergraduate Education, Postgraduate Education, Research, International Program, Graduate Studies/Faculty Development Programs
- **Residency Program Committee:** Meets monthly to advise, assist and make recommendations on policy and procedures regarding the residency training program to the Director, Postgraduate Education. Membership includes Director, Postgraduate Education (Chair of RPC), Site Directors, Associate Program Directors, Enhanced Skills Program Director, Teaching Practice, Rural Residency Program and Education Scholarship (Postgraduate) Directors, Family Medicine Residents Association of Toronto President(s), PGY 1 Resident Representative, DFCM Vice-Chair Education (ex-officio), DFCM Chair (ex-officio).
- **Family Medicine Residents' Association of Toronto Committee (FRAT):** Meets monthly to provide a strong, united voice at the departmental and university level, to foster and support innovative resident collaboration and initiatives, and to advise and assist the Residency Program Committee in all respects relating to the residency training program. Membership includes 2 Presidents, Site Representatives (1 PGY1 FRAT Representative per training site, 2-3 Chief Residents per training site), Committee Representatives (x8), CFPC Representative, 2 Social/Wellness Coordinators, FRAT Secretary/Elective Portal

Representative, Environmental Sustainability Lead, Indigenous Health Lead.

For a full list of all 47 departmental committees, membership and Terms of Reference, please see [Appendix 10.1](#).

FINANCIAL RESOURCES

DFCM operates on a \$20.0 million budget. The Department receives its funding from two sources; directly from the Ministry of Health and Long-Term Care and the University of Toronto business income units (BIU). DFCM spends over 90% of its funding on faculty stipends and staff wages both at the university and the teaching sites.

The Department allocates its funding to support its academic mission by sending over 40% of its funding to the teaching sites listed below. The remaining funding supports departmental programming, historical salary recovery agreement and the Physician Assistant program, which DFCM has financial responsibility over.

- Credit Valley Hospital (Trillium Health Partners)
- Markham Stouffville Hospital
- Michael Garron Hospital
- Mississauga Hospital (Trillium Health Partners)
- Mount Sinai Hospital
- North York General Hospital
- Royal Victoria Regional Health Centre
- Southlake Regional Health Centre
- St. Joseph's (Unity Health Toronto)
- St. Michael's Hospital (Unity Health Toronto)
- Sunnybrook Health Science Centre
- The Scarborough Hospital
- Toronto Western Hospital (University Health Network)
- Women's College Hospital

Further information on DFCM funding sources and allocation, please see [Appendix 10.2](#).

APPROPRIATENESS OF RESOURCES

Since the last external review, DFCM has seen major developments in education and scholarship, research, quality and innovation, global health and family doctor leadership. The trajectory of growth and excellence has been driven by a strong and committed leadership team with a focus on scholarship, quality and talent development.

DFCM's current programs are well resourced, but to keep pace with developments in teaching and learning, the Department is developing a number of exciting new initiatives that will require additional resourcing to reach their full potential. These developments are focused on innovation, equity and preparing graduates for the future of primary care.

Building Innovation Capacity: EXITE Innovation Hub

The COVID pandemic has dramatically accelerated the use of technology in primary care. EXITE (EXploring Innovative TEchnologies in Family Medicine) is a nascent innovation collaborative from DFCM, convened to adapt, apply and develop innovative technologies for use in primary care delivery and education. The goal is to ensure faculty, learners and other primary care clinicians, are equipped to apply and use these technologies effectively and equitably to promote high-quality, compassionate, equitable, person-centred primary care.

EXITE is initially focused on four areas:

- **Virtual Care**, led by Dr. Onil Bhattacharyya: Exploring the best ways to facilitate equitable, person-centred care.
- **eLearning**, led by Dr. Julia Alleyne: Creating online spaces to facilitate high-quality distance and in-person teaching.
- **Digital Curriculum**, led by Dr. Azi Moaveni: Teaching clinical skills in new ways using simulations and avatars.
- **AI**, led by Dr. Andrew Pinto: Using big data

to predict which patients and populations are in need of care.

EXITE is an investment in the future. While the pandemic will end, family physicians will continue to provide care using new and emerging technology. The EXITE innovation collaborative is growing and will require resources to ensure technologies such as AI are incorporated into primary care in ways that enhance quality, equity and access (for further details see [Appendices 10.3](#) and [10.4](#)).

Preparing Future Leaders

In 2018, DFCM launched an Integrated Three-Year Family Medicine Residency Program (I3P for short) to integrate advanced leadership learning into the family medicine curriculum. Rather than completing two years of family medicine training and then having the option to do a third year focused on a specific area, I3P residents extend their clinical training by one year to develop advanced leadership skills alongside their clinical practice, gaining a Master's of Science in System Leadership and Innovation. This integration allows residents to develop a deeper understanding of the healthcare system, the challenges it is facing, and how to improve it.

Based on early success, DFCM hopes to expand this program to provide advanced leadership training for more DFCM learners.

New Academic Divisions

In September 2020, DFCM announced four new Academic Divisions: Care of the Elderly, Hospital Medicine, Mental Health and Addiction and Clinical Public Health. These new Divisions, and DFCM's existing Emergency Medicine and Palliative Care Divisions, allow DFCM to unite academic family physicians working in focused practice to support collaborative education and research.

The Divisions are focused on areas of practice that are integral to comprehensive educational programming and crucial to the future of family medicine. With support from Research, Faculty Development and other leads within each Division, we will expand our

capacity to study and teach in these areas, all while remaining cognisant of their role in comprehensive family medicine. As the new Divisions develop, additional resourcing will be required.

Physician Assistant (PA) Program

As the demand for practicing PAs is consistently outweighing supply, it is hoped that the UofT PA Consortium will be able to expand enrollment. The development of PA fellowships, to enhance training in key areas of provincial health care needs, may be considered.

The University of Toronto Practice-Based Research Network (UTOPIAN)

There are several exciting developments underway for UTOPIAN in the near future (see [Chapter 9.2](#)). UTOPIAN is a valuable resource for DFCM and family medicine research internationally, further resources will be required as the network continues to expand and champion the importance of primary care EMR data and research.

Reducing Administrative Burden to Promote Wellness

To collate scholarly and academic activities, DFCM conducts an annual Academic Activity Survey. This is a valuable exercise and is seen as an exemplar across the Temerty Faculty of Medicine. However, faculty are required to report similar activities using various platforms at DFCM, Faculty and hospital levels so there is a need to explore opportunities for automation and consolidation to ensure valuable data are gathered without excessive administrative burden. Dr. Patricia Houston, Vice Dean, Medical Education, has expressed an interest in working with DFCM to explore opportunities that could be applied at a Faculty level. This will be a complex infrastructure project and require financial support and external expertise.

Preparing for a Changing Environment

As the CFPC contemplates significant changes to family medicine residency training in

Canada, including considering the extension of the core program to three years, we look forward to DFCM playing a role in building and testing new models. These changes will challenge our department from a resource standpoint, requiring an expansion of our training capacity and new funding to support teaching and administration.

Further changes are underway with the growth and development of Ontario Health Teams (OHTs), a new regional model of health care delivery that focuses on population health. Primary care engagement and integration with community and institutional partners will be key ingredients to ensuring a successful transformation. DFCM faculty members in leadership roles at our training sites are very much involved with the growth and development of OHTs across the geographic breadth of DFCM. DFCM may have an important role to play in providing academic contributions regarding evidence generation to determine best practices, and building measurement methods to explore quality outcomes in these new models. To take on these academic responsibilities, DFCM will need to direct research and quality efforts, as well as funding and other resources, in support of UTOPIAN and our Quality and Innovation Program.

11.0 RESOURCES & INFRASTRUCTURE

The Project Planning Committee report of April 2010, identified that DFCM should be assigned 1,259 net assignable square metres (nasm) consistent with the academic plan and the Council of Ontario Universities standards. In 2011, DFCM was assigned the 3rd and 5th floors at 500 University Avenue, approximately 1,080 nasm, 178 nasm office space on the 3rd floor 263 McCaul Street, and basement archive storage space at 155 College Street. Currently, DFCM continues to occupy the assigned space and half of the 3rd floor space at 263 McCaul St.

The 5th floor space contains 25 private offices, with 18 administrative staff offices on the perimeter and seven faculty leadership offices in the interior corridor of the floor-plan. In addition to office spaces, the 5th floor contains a copy room, IT office and server room, meeting room (occupancy 10-12), library and computer study space, kitchen and reception area.

The DFCM library was permanently closed in September 2018 and this space was intermittently used by graduate students, staff and faculty. In 2019, DFCM engaged the Faculty of Medicine Space Planning Department to assess this space, along with the reception area and develop plans for repurposing this space (see [Appendix 11.1 – highlighted in yellow](#)). The priority was to create the following:

- 5-8 work desks for University of Toronto Practice Based Research Network (UTOPIAN), require card access/high security for sensitive data (5 permanent desks, 3 hot desks).
- Up to 3 desks for temporary employees (full time several months, not hot desks) to be located in the old library space.
- 1 meeting room, capacity 15-20.
- Create a podcast room and video green room.

The plans for the renovation were put on hold in March 2020, due to COVID. This renovation will be revisited and may change.

The 3rd floor space contains 22 administrative staff offices on the perimeter and 13 faculty leadership offices in the interior corridor (see [Appendix 11.1](#)). In addition, the 3rd floor houses a large meeting room 303 and 365, 70 capacity, that can be split into two separate rooms. Room 301 has a capacity of 20. These meeting rooms are used daily for graduate teaching, seminars, rounds and committee meetings and are equipped with web conferencing, wireless microphones, and teleconferencing. DFCM is challenged with meeting space and does book space on other floors and buildings regularly, however this will change due to COVID as virtual meetings replace in-person meetings.

Physician Assistant Program

The Physician Assistant (PA) program is located on the 3rd floor of 263 McCaul Street. The PA program utilizes and shares meeting rooms 320 and 322 with the other occupants of the building. The staff complement has grown in size since this space was assigned. There are 3 full-time administrative staff and 4 faculty occupying 5 offices. Additional space is required for this program.

12.0 INTERNAL & EXTERNAL RELATIONSHIPS

DFCM, as part of the Temerty Faculty of Medicine, seeks and sustains partnerships that foster mutual learning, capacity building and fruitful academic collaboration. These relationships enrich the teaching and learning environment and maintain the Faculty's presence as a champion of advancing new knowledge, better health and equity around the world.

DFCM faculty and senior leadership are well represented on family medicine education, care and research committees, councils and leadership teams across Ontario, Canada and internationally (see [Appendix 12.1](#))

INTERNAL RELATIONSHIPS

DFCM Teaching Sites, Faculty and Staff

DFCM is a very large, distributed department, with central programs supporting faculty, teaching and research at 14 core teaching sites, four rural sites and 40 teaching practice sites. While this distribution can be a challenge, numerous opportunities to connect and share information between sites help the department function with unity, collaboration and responsiveness.

A structural overview and details of 47 Departmental committees are included in [Chapter 10](#) and associated appendices.

DFCM also provides opportunities for faculty to connect and collaborate, for example through numerous faculty development offerings and the annual DFCM Celebration event and DFCM Conference (see [Chapter 4](#)). While the switch to virtual events has been challenging, it has enabled attendance from those who may not previously have traveled to in-person events.

Temerty Faculty of Medicine and University of Toronto

DFCM is a core department within the Temerty Faculty of Medicine, with deep and extensive links at the Faculty level, and among other clinical departments. Senior leaders are represented on numerous Faculty-level committees to ensure communication and collaboration across the Faculty. For example, the DFCM Chair is a member of the Faculty's All Chairs Committee and the DFCM Vice-Chair Education is a member of the Faculty's Vice-Chair Education Committee.

DFCM is also linked with numerous departments and committees across the University of Toronto. Including:

- **MD Program:** DFCM is integrated and influential within the MD Program, with family physicians well represented in teaching and leadership roles. This includes the Foundations Program (pre-clerkship) under the leadership of Foundations Director Dr. Marcus Law (DFCM faculty) (see [Chapter 3.1](#)).
- **Dalla Lana School of Public Health (DLSPH):** DFCM's graduate programs ([Chapter 3.3](#)) are run collaboratively with the DLSPH, and DFCM faculty and leadership are well represented on DLSPH committees (see [Appendix 12.1](#)).
- **Joannah & Brian Lawson Centre for Child Nutrition:** DFCM plays a leading role in the Lawson Centre alongside the Temerty Faculty of Medicine departments of Nutritional Sciences and Paediatrics. Together, the group creates new opportunities for research and education in child and maternal health to find 21st century solutions to local and international problems in nutrition and health. The DFCM Interim Chair sits on the Lawson Centre Executive Committee.

EXTERNAL RELATIONSHIPS

DFCM faculty play a key role in family medicine leadership in Ontario, across Canada and internationally. DFCM is represented on numerous committees and councils including, but not limited to, the below (see [Appendix 12.1](#) for further information).

Family Medicine: Council of Ontario Faculties of Medicine (FM:COFM)

FM:COFM is a provincial committee of the six Chairs of Ontario Departments of Family Medicine. It is a subcommittee of the Council of Ontario Faculties of Medicine (COFM), which facilitates coordination and communication between the six faculties of medicine, and provides advice to the Council of Ontario Universities (COU) on matters related to medical education and research. FM:COFM

works collaboratively with government and other stakeholders on areas of importance to academic family medicine such as academic Family Health Teams, collaborations in faculty development, practice-based research networks, etc.

The College of Family Physicians of Canada (CFPC)

The CFPC is the professional organization that represents more than 40,000 members across the country. The College establishes the standards for and accredits postgraduate family medicine training in Canada's 17 medical schools. It reviews and certifies continuing professional development programs and materials that enable family physicians to meet certification and licensing requirements. DFCM faculty are represented in various capacities at CFPC, including: Dr. David White, DFCM Vice-Chair, Family Doctor Leadership, CFPC Governance Advisory Committee (incoming Chair); Dr. Viola Antao, DFCM Program Director, Faculty Development, CFPC Faculty Development Education Committee; and Dr. Ross Upshur, Professor in the DFCM, CFPC Ethics Committee (Chair).

Ontario College of Family Physicians (OCFP)

THE OCFP represents more than 15,000 family physicians across Ontario. It supports members by providing evidence-based education and professional development, promoting and recognizing leadership excellence in family medicine, and advocating for the vital role family physicians play in delivering the highest quality care to patients and families across Ontario. OCFP and DFCM collaborate regularly on educational opportunities including the monthly COVID-19 Community of Practice, co-hosted by OCFP and the DFCM's Quality and Innovation Program (see [Chapter 5](#)).

University of Toronto Practice-Based Research Network (UTOPIAN)

- UTOPIAN is one of the largest and most representative primary care research networks in North America, and amongst the

largest in the world. UTOPIAN partners extensively to champion the importance of primary care EMR data and research, with the ultimate goal of improving health care for patients within our network and beyond. Partnerships include:

- ICES (previously the Institute for Clinical Evaluative Sciences) to create a controlled-use dataset of UTOPIAN data that is linked with ICES' administrative dataset.
- The Northern Ontario School of Medicine (NOSM), to support their newly launched Practice Based Research Network (PBRN), NORTHH. UTOPIAN is providing data extraction and analytic support, while NORTHH is expanding the representation of Indigenous and northern communities in the Data Safe Haven.
- Patient-Centered Outcomes Research Institute (PCORI) funded trial in Advanced Care Planning, a US-Canada partnership made up of seven PBRNs across North America. As a result of this partnership, UTOPIAN Director Dr. Michelle Greiver was invited to present on Research in Primary Care in PBRNs to the National Institutes of Health, Outcomes and Effectiveness Interest Research Group in October 2020.

See [Chapter 9.2](#) for further information on UTOPIAN.

Government Relations

A number of DFCM faculty hold, or have held, prominent federal and provincial government positions, including Dr. Jane Philpott (currently Dean of the Faculty of Health Sciences at Queen's University and CEO of the Southeastern Ontario Academic Medical Organization, formerly federal President of the Treasury Board, Minister of Health and Minister of Indigenous Services), Dr. Joshua Tepper (currently Strategic Advisor to the Ontario Ministry of Education, formerly President and CEO of Health Quality Ontario and CEO of North York General Hospital), and Dr. Danielle Martin, VP Medical Affairs and Health System Solutions at Women's College Hospital, is a key advisor to all levels of government on the importance of maintaining Canada's national health care system.

Throughout the pandemic, DFCM faculty have provided national and international guidance related to COVID-19. For example, Dr. Ross Upshur is Co-Chair of the World Health Organization COVID-19 Ethics Working Group, and a member of the Ontario Ministry of Health and Long-Term Care Provincial Bioethics working table for COVID-19.

INTERNATIONAL RELATIONSHIPS

World Health Organization Collaborating Centre in Family Medicine and Primary Care

In 2018, DFCM was named the first WHO 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. As a collaborating centre DFCM assists the WHO in researching, evaluating and strengthening family medicine and primary care at a global level and in countries around the world.

Toronto Addis Ababa Academic Collaboration

The Temerty Faculty of Medicine is a major contributor to the Toronto Addis Ababa Academic Collaboration (TAAAC), a partnership between U of T, Canada and Addis Ababa University (AAU), Ethiopia. Nine Faculty of Medicine departments participate in the collaboration. In 2013, DFCM supported Addis Ababa University to establish Ethiopia's first training program in family medicine in 2013. The introduction of family medicine in Ethiopia, where it had not previously existed, is expected to improve health outcomes by developing a new cadre of highly trained comprehensive care physicians.

The Global Health and Social Accountability Program holds multiple international partnerships. For further details see [Chapter 6](#).

Beyond education, DFCM faculty also collaborate with international colleagues in the context of research and clinical innovation. A selection of international research collaborations held by DFCM Investigators is included in [Appendix 12.2](#).

SOCIAL IMPACT

Social impact: “The effect (of) an organization’s action on the wellbeing of a community.”²

DFCM has a far-reaching impact on the communities it serves through research, education, clinical care and leadership.

Local Impact

DFCM’s family medicine faculty and teaching sites engage in research, training and clinical care that is responsive to and guided by the needs of the communities they service. In addition to serving the population at large, many DFCM faculty and sites have developed strategies and services to reach, and meet the needs of, specific populations. For example:

- Providing safe and sensitive primary care for refugee newcomers at the Crossroads Clinic (Women’s College Hospital).
- Meeting the needs of homeless and vulnerably-housed patients with life-limiting illnesses via the PEACH (Palliative Education and Care for the Homeless) program (Inner City Health Associates).
- Collecting and distributing old mobile phones to help vulnerable patients stay connected to with their care provider, particularly during COVID-19 with the switch to virtual care (PHONE CONNECT, St. Michael’s Hospital).

National Impact

In addition to patient outreach at the site-level, the central DFCM also provides support and guidance to its vast communities of teachers and learners that go on to provide care and leadership across the country.

Through communities of practice, learning opportunities and resources, such as those provided by the DFCM Quality and Innovation Program ([Chapter 5](#)), DFCM addresses the professional needs of its vast academic community and shapes the practice of family medicine.

DFCM is also preparing future leaders through advanced leadership training to help family medicine residents develop a deeper understanding of the healthcare system, the challenges it is facing, and how to improve it.

International Impact

Through the Global Health and Social Accountability Program, the Department’s international partnerships focus on strengthening family medicine as a discipline through teaching and leadership (see [Chapter 6](#)). Initiatives include the Toronto International Program to strengthen Family Medicine (TIPs-FM), which has now hosted nearly ten cohorts of emerging leaders in family medicine from low- and middle-income countries who form a dynamic community of practice, transforming and adapting lessons learned in Toronto to advance the training and practice of family medicine around the world.

² Keith Weigelt Faculty of Management, Wharton University of Pennsylvania at <https://kwhs.wharton.upenn.edu/term/social-impact/> consulted on October 13, 2020

ADVANCEMENT

The Office of Advancement, in partnership with DFCM, collaborates to identify funding priorities that can be supported through philanthropic giving. Investments directed to excellence in research, education and innovative clinical practice are essential to providing high quality patient care in an academic department like DFCM. Donor support assists in advancing the role of family doctors in caring and advocating for the communities they serve.

Since the last department external review in 2011, DFCM has been working with Jennifer Drouillard Duce, Senior Development Officer in the Office of Advancement to identify funding priorities that can be supported through philanthropic giving. DFCM has been successful in creating new endowed and expendable Chairs, Professorships and awards, both University based and Hospital/University Chairs. The Office of Advancement team has worked closely with the Department Chair, Hospital Chiefs and faculty to identify potential donors that support our initiatives.

Chairs & Professorships

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

Fidani Chair in Quality Improvement and Innovation



Dr. Phil Ellison
2013-2018



Dr. Tara Kiran
2018-2023

The Chair of Improvement and Innovation in Family Medicine in DFCM advances the discipline of Family Medicine through improvement and innovation within healthcare delivery and other related programs.

Dr. Barnett & Beverley Giblon Professorship in Family Medicine Research



Dr. Eva Grunfeld
2008-2020



Dr. Peter Selby
2020-ongoing

This Professorship holds the Vice-Chair Research position in DFCM and provides academic leadership to the DFCM network of researchers and learners and facilitates innovative world-class research in family medicine and primary care.

W. Gifford-Jones Professorship in Pain Control and Palliative Care



Dr. Jeff Myers
2012-2018



Dr. Kirsten Wentlandt
2019-2024

This Professorship holds the Division Head Palliative Care position in DFCM. The division is a community of clinicians dedicated to enhancing medical education and research and innovation in palliative care and leading change at the system level.

Bresver Family Chair in End of Life and Medical Assistance in Dying (MAID)

Recruitment is currently in progress.

The Chair holder will be instrumental in promoting educational initiatives, in conjunction with academic program leaders and their learners in the areas of undergraduate and postgraduate (residency) education, and in

continuing professional development. The Chair will lead a research strategy and be a thought leader informing public policy with evidence-based recommendations.

Hospital-Based University Chairs

The establishment of a Named Chair/Professorship by U of T and a fully-affiliated hospital partner implies a commitment to the position and the discipline or sub-discipline that it supports. The holder of the Chair should be of great distinction and will hold or receive a U of T academic appointment and be expected to develop the field of interest through both research and teaching.

Mount Sinai Hospital

Sydney G. Frankfort Chair in Family Medicine



Dr. June Carroll
2001-ongoing

Dr. Carroll's research focuses on the development, evaluation and implementation of practice tools and knowledge translation strategies to enhance the delivery of genomic medicine by primary care providers.

Ada Slaight and the Slaight Family Directorship in Maternity Care



Dr. Anne Biringer
2013-ongoing

North York General Hospital

Gordon F. Cheesbrough Research Chair in Family and Community Medicine



Dr. Frank Sullivan
2014-2017



Dr. Michelle Greiver
2018-2023

The Chair leads local North York General Hospital (NYGH) and North York Family Health Team Research Initiatives concurrent to studies led through the University of Toronto's Practice-Based Research Network (UTOPIAN).

Freeman Family Chair in Palliative Care at North York General Hospital



Dr. Sandy Buchman
2020-ongoing

The Chair is a clinical position and the first of its kind in a community hospital in Canada. Intended to transform the future of palliative care delivery and supportive care at home by translating research into practice through the adoption and implementation of innovative models of care delivery to improve palliative care medicine. The Chair will also be the Medical Director of the Freeman Centre for the Advancement of Palliative Care at NYGH.

University Health Network

BMO Financial Group Chair in Health Professions Education Research



Dr. Cynthia Whitehead
2016-ongoing

The Chair builds capacity in health professions education research, expand the horizons and deepens understanding of the field to improve and strengthen the education component of health professions leadership.

Balsam Chair in Family and Community Medicine

TBC

2021-ongoing

A new expendable chair focused on primary care.

Richard & Elizabeth Currie Chair in Health Professions Education Research



Dr. Nicole Woods
2021-ongoing

The Chair leads an internationally visible research program including grant capture, training of graduate students and participation in the community of health professions research at the highest level.

Women's College Hospital

Frigon-Blau Chair in Family Medicine Research



Dr. Onil Bhattacharyya
2013-2023

The Frigon-Blau Chair in Family Medicine Research, works closely with policy makers and system partners to evaluate new virtual care models that address system needs and are poised to scale, particularly for patients with complex needs.

Chair in Implementation Science



Dr. Aisha Lofters
2019-2024

The Chair in Implementation Science leads an internationally recognized program of research in implementation science that will design, test and evaluate evidence-based, patient-centered interventions that improve quality of patient care including care that reduces the risk and impact of women's cancers.

Faculty, Graduate Students, Medical Students and Trainee Awards

Philanthropic awards provide medical students, graduate students, trainees and faculty with knowledge, experience and skills needed to become leaders and innovators in an increasingly complex health care landscape.

Cass Family Grants for Catalyzing Access and Change

This donation provides up to three annual grants that support pilot projects related to improving accessibility to, or experience with, the healthcare system for those most vulnerable or disadvantaged. Grants are open to all faculty members in DFCM, the Department of Psychiatry, and the Rehabilitation Sciences Sector (Departments of Occupational Science and Occupational Therapy, Speech Language Pathology, Physical Therapy).

Larry Librach Award for Excellence in Palliative Care

This award recognizes a DFCM resident or Temerty Faculty of Medicine undergraduate student who demonstrates excellence in palliative care scholarship and integrates principles, practices and philosophy of palliative care.

Sam Leitenberg Award for the Humanitarian Practice of Family and Community Medicine

This award is open to all PGY2 residents in DFCM. The awardee recognizes the central importance of the doctor-patient relationship, provides exemplary care to patients, treats patients and their family members with compassion, empathy, and respect and demonstrates superior diagnostic and clinical skills.

Waddington Fellowship Award

This fellowship is awarded annually to enable family physicians to pursue higher education at the University of Toronto. The award supports the recipient in pursuing peer-reviewed dissemination of an education scholarship project beyond what would be required for their graduate program.

The Elana Fric Family Medicine Award for Leadership and Advocacy

This award will recognize an outstanding family physician who pursues a relevant knowledge mobilization project in Faculty Development related to mental health and/or intimate partner violence in family medicine.

Indigenous Health Partners Program Fund

This fund supports education, training, research, and knowledge translation activities to improve the health of Indigenous communities.

50th Anniversary Awards

In recognition of the 50th anniversary of DFCM, five new awards were established.

DFCM 50th Anniversary Dr. Reg L. Perkin Undergraduate Award

In honour of our first Chair, the Dr. Reg L Perkin Undergraduate Award is awarded to an undergraduate student in the Temerty Faculty of Medicine in the final year of the MD Program who demonstrates excellence in and intent to specialize in family and community medicine.

DFCM 50th Anniversary Dr. Lynn Wilson Graduate Award

This award is in honour of the former Chair of DFCM. It assists a family medicine resident or a recent family medicine graduate of the residency program who is enrolled in a DFCM graduate degree and demonstrates excellence in the study and scholarship of family medicine, to further pursue their studies.

DFCM 50th Anniversary Catalyst Grant

This grant provides seed funding for innovative ideas that include prevention and treatment, clinical care, policy research, and education research.

DFCM 50th Anniversary International Lecture

This annual lecture that is delivered by a global leader in the discipline of family medicine.

The Michael Kidd and Alastair McEwin (DFCM 50th Anniversary) Award

This award supports an MD student in financial need.

University of Toronto Practice Based Research Network (UTOPIAN) Donors

Rathlyn Foundation Primary Care EMR Research and Discovery Fund

This funding supports work to strengthen vital database infrastructure and support development of rigorous methods to analyze electronic medical record data.

DFCM UTOPIAN Educational Fund

This donation will be used for the development of an Asthma Registry initiative and an educational platform associated to it.

ALUMNI

The Advancement Office Alumni Relations team works closely with DFCM, advising on and supporting events like the department's very first graduation ceremony on campus, which took place in June 2019 and attracted 219 attendees. Alumni Relations also provided guidance around DFCM's 50th anniversary gala, which took place in September 2019 and welcomed around 250 attendees.

Since 2013, in partnership with Alumni Relations, the segment of engaged DFCM alumni has grown steadily – experiencing 34% growth. Alumni Relations has also been working more closely with DFCM's Physician Assistant Program, expanding outreach efforts to their alumni. Last but not least, Alumni Relations has raised the profile of DFCM by featuring faculty members in alumni programming hosted by both the Temerty Faculty of Medicine and the central University office.

14.0 FUTURE DIRECTIONS

Over the past eight years DFCM has seen major developments in education and scholarship, research, quality and innovation, global health and family doctor leadership. The trajectory of growth and excellence has been driven by a strong and committed leadership team with a focus on scholarship, quality and talent development.

Looking ahead, we must anticipate the future of primary care and prepare the next generation of family physicians to work within, and shape, this environment. Much of this will focus on innovation and equity, in line with the Temerty Faculty of Medicine Academic Strategic Plan 2018-2023: *Leadership in Advancing New Knowledge, Better Health and Equity*.

Teaching and Learning During and Post Pandemic

The COVID-19 pandemic has placed an inordinate amount of pressure on the healthcare system, our faculty and learners. We must acknowledge that the strain on our overburdened hospitals and care providers will remain – at least for now.

But, as the pandemic continues, so does our work to ensure patients receive the best possible care, and learners the best possible educational experience. DFCM has pivoted to provide successful educational experiences online, and is exploring possibilities associated with this new learning environment (see EXITE below).

A notable benefit of the shift from in-person to virtual has been the opportunity to connect family physicians from across DFCM's large faculty and distributed sites. A highly successful example of this is DFCM's monthly COVID-19 Community of Practice, which attracts 300+ family physicians from across Ontario for information and experience sharing (see [Chapter 5](#)).

Social Accountability

DFCM has made a commitment to developing strong leadership and programming in the areas of social accountability, Indigenous health and equity, diversity and inclusion (EDI). While progress has been made, there is more work to be done.

Looking forward, social accountability, reconciliation and equity are key areas of focus for DFCM. As part of this commitment, DFCM leadership recently completed two EDI workshops led by Drs. Onye Nnorom, EDI Lead, Suzanne Shoush, Indigenous Health Faculty Lead, and Ritika Goel, Faculty Lead in Social Accountability. These workshops have been hugely valuable as DFCM considers how to am-

plify and integrate the voices, needs and perspectives of diverse communities to ensure our practices, hospitals, residency programs, and clinical encounters are safe and accessible to all.

The respective leads are spearheading efforts to improve knowledge and understanding of these issues across the Department, examine our own practices and structures, and provide robust education experiences for learners and faculty.

Preparing Future Leaders

In 2018, DFCM launched an Integrated Three-Year Family Medicine Residency Program (I3P for short) to integrate advanced leadership learning into the family medicine curriculum. Rather than completing two years of family medicine training and then having the option to do a third year focused on a specific area, I3P residents extend their clinical training by one year to develop advanced leadership skills alongside their clinical practice, gaining a Master's of Science in System Leadership and Innovation. This integration allows residents to develop a deeper understanding of the healthcare system, the challenges it is facing, and how to improve it.

Improving Primary Care

In response to a growing need to improve primary care at a system level, DFCM's Quality and Innovation (Q&I) Program is focused on strengthening the "building blocks" of high-performing primary care: Engaged leadership; Meaningful data; Effective teams and Knowledge mobilization. This includes nurturing a culture of data driven improvement at a physician, site and department level, and promoting common measurements of quality across core teaching units to understand variation, learn from leaders, and work collaboratively on areas needing improvement (see [Chapter 5](#)).

Building Innovation Capacity: EXITE

The COVID pandemic has dramatically accelerated the use of technology in primary care. EXITE (EXploring Innovative TEchnologies in

Family Medicine) is a nascent innovation collaborative from DFCM, convened to adapt, apply and develop innovative technologies for use in primary care delivery and education. The goal is to ensure faculty, learners and other primary care clinicians, are equipped to apply and use these technologies effectively and equitably to promote high-quality, compassionate, equitable, person-centred primary care.

EXITE is initially focused on four areas:

- **Virtual Care**, led by Dr. Onil Bhattacharyya: Exploring the best ways to facilitate equitable, person-centred care.
- **eLearning**, led by Dr. Julia Alleyne: Creating online spaces to facilitate high-quality distance and in-person teaching.
- **Digital Curriculum**, led by Dr. Azi Moaveni: Teaching clinical skills in new ways using simulations and avatars.
- **AI**, led by Dr. Andrew Pinto: Using big data to predict which patients and populations are in need of care.

While the pandemic will end, family physicians will continue to provide care using new and emerging technology. The EXITE innovation collaborative is growing and will require resources to ensure technologies such as AI are incorporated into primary care in ways that enhance quality, equity and access (see [Appendices 10.3](#) and [10.4](#)).

New Academic Divisions

In September 2020, DFCM announced four new Academic Divisions: Care of the Elderly, Hospital Medicine, Mental Health and Addiction and Clinical Public Health. These new Divisions, and DFCM's existing Emergency Medicine and Palliative Care Divisions, allow DFCM to unite academic family physicians working in focused practice to support collaborative education and research.

The Divisions are focused on areas of practice that are integral to comprehensive educational programming and crucial to the future of family medicine. With support from Research, Faculty Development and other leads within each Division, we will expand our

capacity to study and teach in these areas, all while remaining cognisant of their role in comprehensive family medicine. As the new Divisions develop, additional resourcing will be required.

Program Development

Details of DFCM programs are included in [Chapters 3 to 9](#). Notable upcoming developments include:

- **Research Program** – As part of a leadership transition planned for early 2021, the incoming Interim Vice-Chair, Research will undertake an international environmental scan of models for research programs in academic departments of family medicine to guide future development with an emphasis on further growing DFCM's research capacity.
- **Physician Assistant (PA) Program** – As the demand for practicing PAs is consistently outweighing supply, it is hoped that the UofT PA Consortium will be able to expand enrollment. The development of PA fellowships, to enhance training in key areas of provincial health care needs, may be considered.
- **UTOPIAN** – Working in collaboration with other Practice Based Research Networks in Ontario, UTOPIAN and its partners are moving toward the development of a province-wide collaborative network called the Ontario PRImAry Care LEarning (ORACLE) Network. This will enable a centralized data extraction and cleaning process for EMR data, resulting in a rich data set that covers a large portion of primary care EMRs in Ontario.
- **Academic Activity Survey** – To collate scholarly and academic activities, DFCM conducts an annual Academic Activity Survey. This is a valuable exercise and is seen as an exemplar across the Temerty Faculty of Medicine. However, there is a need to explore opportunities for automation and consolidation to ensure valuable data are gathered without excessive administrative burden.

Preparing for a Changing Environment

As the CFPC contemplates significant changes to family medicine residency training in Canada, including considering the extension of the core program to three years, we look forward to DFCM playing a role in building and testing new models. These changes will challenge our Department from a resource standpoint, requiring an expansion of our training capacity and new funding to support teaching and administration.

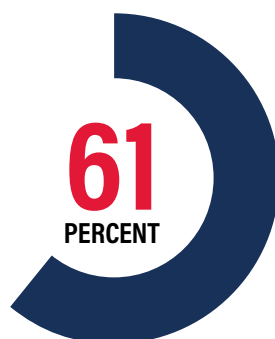
These changes provide opportunities to evolve residency training into important areas required for future practice, in areas of technology, virtual care, population health, addressing the needs of marginalized and underserved populations, leadership, clinical enhancements, teaching skill development and quality improvement. We look forward to embracing and providing program leadership in these areas.

Further changes are underway with the growth and development of Ontario Health Teams (OHTs), a new regional model of health care delivery that focuses on population health. Primary care engagement and integration with community and institutional partners will be key ingredients to ensuring a successful transformation. DFCM faculty members in leadership roles at our training sites are very much involved with the growth and development of OHTs across the geographic breadth of DFCM. DFCM may have an important role to play in providing academic contributions regarding evidence generation to determine best practices, and building measurement methods to explore quality outcomes in these new models. To take on these academic responsibilities, DFCM will need to direct research and quality efforts, as well as funding and other resources, in support of UTOPIAN and our Quality and Innovation program.

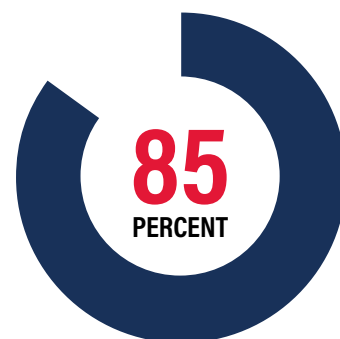
FACULTY 15.0 REPORT

DFCM provides a strong and supportive environment for training and mentoring future leaders. Faculty development is a core strength of the Department, with numerous training and leadership development opportunities for junior faculty (see [Chapter 4](#)). Although large and dispersed, the Department brings faculty together at regular events such as the DFCM Conference and DFCM Celebration Event to network, share expertise and celebrate the achievements of faculty, staff and learners.

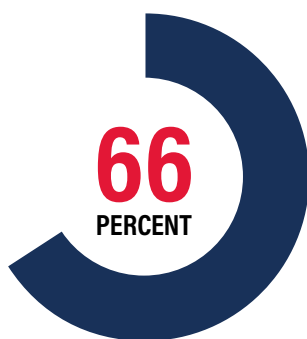
DFCM Faculty: Data Highlights



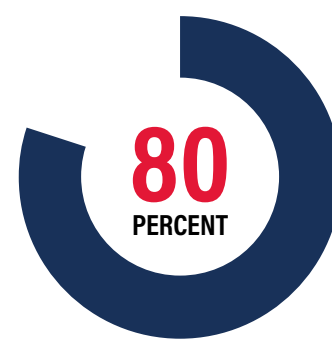
rated their overall professional life in the past 12 months excellent or very good



strongly or moderately agreed that the people they work with value and respect their contributions



rated their work experience at primary worksite over the past 12 months excellent or very good



rated the culture of respect at their primary worksite excellent or very good

Data collected as part of the Temerty Faculty of Medicine 'Voice of the Faculty' survey 2018. Data collected in February and March 2018, included all faculty members who were full-time or part-time during the previous 12 months. The data presented here represent 588 faculty who identified DFCM as their primary academic appointment.

EDI, Indigenous Health and Social Accountability

Submitted by Drs. Onye Nnorom, Equity, Diversity and Inclusion Lead, Suzanne Shoush, Indigenous Health Lead, and Ritika Goel, Social Accountability Lead.

DFCM is working on strategies that will lead the Department on a path towards reconciliation and equity. Our goal is to build a Department that is organized and operates according to principles of equity, anti-oppression and social accountability in our various areas of work - education, research, clinical care, quality and innovation, advocacy and leadership. As EDI, Indigenous Health and Social Accountability Leads, we play a key role in advancing these efforts.

As a Department, we must examine our own practices and structures to better understand how we create anti-racist and anti-oppressive spaces for our colleagues, learners and patients, along with a broader commitment to equity, social accountability and Indigenous health. This includes assessing our community's needs (e.g. community engagement and data collection), activities that move towards meeting the needs of the most marginalized communities we serve, education for learners and faculty, advocacy and research in these realms and more.

Much is being done to improve knowledge and understanding of these issues across the Department. While progress has been made, there is more work to be done.

A Focus on Scholarly Education

Submitted by Dr. Joyce Nyhof-Young, Professor and education scientist in DFCM

As an education scientist, I feel privileged and grateful to be part of a vibrant, growing community of practice in educational research and scholarship in DFCM. The supportive and innovative scholarly networks we have been crafting over the last eight years are increasing in power, breadth, and depth. We are establishing an outstanding collaborative culture of research mentorship, support and scholarly capacity. In the process, we are realizing our vision of a 'better together' model of scholarship grounded in robust strategic objectives.

This could not happen without empathetic departmental leadership and collegial interdisciplinary teams. Together, we are promoting a sense of being valued and supported that encourages sustained and creative scholarly contributions, as well as health and wellbeing among DFCM members and learners. Our success is demonstrated through increasing departmental capacity in educational program development, scholarship and administrative infrastructure. As our programs mature, I look forward to scholarly program growth and enhanced educational capacity and impact within DFCM, across the Temerty Faculty of Medicine, nationally and globally.

LEARNER 16.0 REPORT

DFCM learners have many opportunities to develop both clinical competencies and leadership skills in a safe, nurturing and supportive environment. Groups such as the Interest Group in Family Medicine and the Family Medicine Residents Association of Toronto, ensure that the perspective of learners is heard and integrated throughout DFCM.

CFPC's Family Medicine Longitudinal Survey: DFCM Data

DFCM participates in the College of Family Physicians of Canada's Family Medicine Longitudinal Survey (FMLS), part of an ongoing evaluation of the Triple C Curriculum. The survey asks graduating residents about their in-program experiences, as well as their intentions for future practice. The data referenced below reflect highlights of combined data from U of T DFCM graduates between 2017 and 2019 (n= 313).

Developing Key Competencies

95% of our residents agreed/strongly agreed that in their program they were "provided experiences that exposed them to patients who had complex and/or ambiguous health issues"

93% agreed/strongly agreed that their residency prepared them to "provide continuous care to the same group of patients over the long-term"

91% agreed/strongly agreed their residency training prepared them to "evaluate and improve the quality of your patient care"

90% of our residents agreed/strongly agreed their residency training prepared them "to work as part of a team with other types of health professionals"

92% agreed/strongly agreed their residency training prepared them to "provide care across the spectrum of clinical responsibility from prevention to palliation"

34% felt they had "minimal or no exposure to marginalized, disadvantaged and vulnerable populations"

71% of our residents indicate they had little or no exposure to Indigenous populations

Under the leadership and guidance from our new Indigenous Health Faculty Lead, the postgraduate team is currently working to expand the curriculum both through increased academic time spent looking at issues related to Indigenous health, as well as expanding partnerships with local Indigenous community organizations to increase the experiential opportunities our residents will have to gain the necessary competencies to work with Indigenous peoples in a culturally safe and sensitive manner.

Resident Performance & Progression

90% of our residents agreed/strongly agreed that "my residency exposed me to strong family medicine role models"

94% of residents agreed/strongly agreed they "understood what the program expected of me in order to graduate"

86% agreed/strongly agreed they were "actively aware of my progress" throughout their program

90% of our residents agreed/strongly agreed they "contributed to tailoring their learning when learning needs were identified"

INTEREST GROUP IN FAMILY MEDICINE (IGFM) REPORT

Prepared by Ava Abraham, President, IgFM

IgFM Objectives

1. Increase exposure of medical learners to family medicine practice and principles of being a generalist practitioner.
2. Help students explore the breadth and depth of the specialty; including highlighting enhanced skills areas.
3. Enable positive conversations and networking between medical students, residents, and family physicians.
4. Stimulate career exploration in family medicine; promoting postgraduate training and practice.

Overview & Developments

IgFM has a large executive body of undergraduate medical learners, with executives based in both the Saint George and Missis-

sauga campuses. The formal organizational structure allows for teamwork and collaboration while also delineating roles and responsibilities to each pillar of the group. The implementation of Junior and Senior leads for each role has allowed for more effective role succession and training of new members. Current roles include Speaker Series Coordinators, Clinical Skills Conference Coordinators, Mentorship Coordinators, Social Coordinators, Palliative and Addictions Medicine Coordinators.

Strengths

IgFM executive members plan, advertise, and facilitate diverse events throughout the academic year to meet the objectives outlined above. These events have historically been very well attended, with speaker events and socials boasting 60-70 attendees, and clinical skills conferences being extremely popular and consistently meeting maximum attendance of approximately 60 participants. As such, IgFM remains one of the most active and engaging interest groups at the university.

Additionally, IgFM has established collaborations with other student groups to further the development and exposure of medical trainees. Several of these include palliative care and mental health and addictions. These partnerships reflect the collaborative and multidisciplinary nature of family practice.

Challenges & Future Directions

The most recent and imposing challenge that IgFM has faced has been adapting the structure and programming to the COVID-19 era. With online classes and all extracurricular events being delivered through a digital format, significant changes had to be made to event planning and the roles/responsibilities of the executives.

To transition IgFM to a virtual platform, all planned in-person events were put on hold, and a new virtual, longitudinal speaker series was formulated. This series, 'Real Talks with Family Docs,' is run on Zoom with monthly speaker panels highlighting different family

medicine pillars, such as addictions medicine and women's health. This offers students career exploration and practitioner perspectives in a time when shadowing is not possible. Steps moving forward will be targeted at increasing attendance for Zoom events, as well as developing an effective way to deliver clinical skills workshops virtually.

Another of the greatest challenges IgFM is encountering is the rapid pace of medicine's advancement and consequently the evolution of the implied competencies of medical trainees. As telemedicine and virtual care are in increasing demand, invariably trainees seek development in these areas not covered by the formal medical curriculum. To ensure IgFM is well-positioned to meet such needs, IgFM leaders are partnered with DFCM faculty leaders to ensure there is mentorship and guidance in addressing these gaps.

FAMILY MEDICINE RESIDENTS ASSOCIATION OF TORONTO (FRAT)

*Prepared by Gray Moonen and Banddeep Kaur,
FRAT Presidents 2020-2021*

FRAT Structure

The Family Residents Association of Toronto (FRAT) represents all Family Medicine residents to DFCM. It comprises the chief residents and PGY-1 representatives from all teaching sites, as well as resident representatives from various internal and external committees. It is overseen by two co-presidents, who also act as co-chief residents for the Family Medicine program. Approximately 70 members meet monthly to discuss issues related to resident wellness, central curriculum, and site-specific topics.

Strengths

FRAT's strengths come primarily from its deep integration within DFCM, which provides res-

idents with a voice heard throughout the department. It has representatives to several DFCM committees, such as Curriculum, Evaluation, Rural Residency, Quality Improvement and others, as well as to the Residency Program Committee (RPC). FRAT also has representatives to the Ontario College of Family Physicians and the College of Family Physicians of Canada. In the 2020-2021 year, several new positions were created to reflect the changing nature of medicine; these include the Indigenous Health Lead, the Equity, Diversity and Inclusion Lead, and the Social Accountability Representative. These members not only act as champions of their respective areas for residents across all sites, but also sit as the resident voice on their respective committees centrally.

FRAT is the main way that residents across all sites connect with learners outside their own site. Historically, FRAT's social representatives organized many activities throughout the year, including after Core Days when all residents were in downtown Toronto, and the annual FRAT retreat. Unfortunately, this year the pandemic has prevented in-person gatherings, but we have been actively trying to find ways to increase resident wellness virtually.

Core Day planning is another key strength championed by the FRAT co-presidents. They are solely responsible for organizing speakers for the three Core Days throughout the year that deliver a central, rotating curriculum. This resident-driven education initiative allows for residents to identify gaps in their site-specific Academic Half Days and tailor their learning to their needs.

Challenges & Future Directions

FRAT's main challenges were historically due to the geographic distribution of the program, which meant attending meetings downtown was prohibitive for many residents. This was previously addressed by having FRAT Council meetings before central Core Days. However, all FRAT activities, council and committee meetings, have moved online due to the pandemic. This has resulted in higher attendance rates as well as greater site representation,

particularly from community and rural sites. FRAT's challenges now lie in maintaining a sense of community and wellness as residents are isolated from each other and from other sites.

Going forward, FRAT's main objectives include creating a greater sense of resident wellness during the pandemic. FRAT is working closely with the RPC to come up with creative solutions to address the isolation experienced by cohorts entering residency during the pandemic, and to find ways to maintain achievement of all competencies in altered learning settings.

17.0

SITE REPORTS

MARKHAM STOUFFVILLE HOSPITAL

PROGRAM INFORMATION (2020)

TITLE	NAME(S)	LEARNERS
Academic Chief	Dr. John Maxted	
Postgraduate Site Co-Directors	Dr. Nadine Al-Aswad & Dr. Amanda West	19 residents
Undergraduate Site Co-Directors	Dr. Kelly Forse & Dr. Megan Tan	2 MD students, 8 clinical clerks
Faculty Development Director	Dr. Michelle Homer	
QI & PS Director	Dr. Gina Yip	
Research Director	Dr. Donatus Mutasingwa	
Global Health Director	Dr. Melanie Henry	

Site Description

Markham Stouffville Hospital (MSH) is a progressive, two-site community hospital with leading diagnostic services and clinical programs in acute care medicine, surgery, addictions and mental health, maternal and child, rehab/transitional and palliative care; all of which are focused on the needs of our rapidly growing communities. Partnering with other specialist providers, the hospital is the centre of community care for the over 400,000 residents of Markham, Stouffville and Uxbridge.

Health for All Family Health Team (FHT) is the Markham Family Medicine Teaching Unit (FMTU). It was established in 2010 and currently serves over 11,000 patients with some physicians still accepting patients. The largest ethnic groups served by the clinic are South Asian (India, Pakistan) and Chinese. The average age of the patients is 36 years and 60% are female.

Health for All is a Team with 13 Physicians, 1 Nurse Practitioner, 1 Physician Assistant, 1 Social Worker, 1 Dietician, 1 Pharmacist, 1 Case Manager and 2 Nurses. A Psychiatrist pro-

vides weekly appointments to our patients. Health for All FHT offers inter-professional healthcare services and programs to its rostered patients as well as to non-FHT rostered patients through the Community Health Program (CHP) initiative. The CHP collaborates with community-based organizations and referring solo-physicians and physicians in group practices without access to their own inter-professional health care providers, to support meaningful care for patients.

The faculty physicians provide comprehensive continuous care in both the office and hospital. This also includes antepartum, intrapartum and postpartum care, palliative care, rehabilitation, hospitalist care, minor surgical procedures, women's health procedures, and shelter care.

Postgraduate Program

The Markham Family Medicine Teaching Unit's greatest strength is as a community-based FMTU where residents are exposed to a variety of models of comprehensive care in family medicine. The Markham FMTU ex-

poses residents to the manner in which community-based medicine is practiced and how this can be combined with an attention to the academic side of family medicine through teaching and scholarship.

The teaching program is a horizontal program with supervision of the residents provided by both academic and community physicians. There are currently 19 resident physicians. One of our residents is a VISA trainee and two are international medical graduates.

The unit is proud to acknowledge that many graduates of the residency program have stayed in the community to practice and are important contributors to the both the residency program and hospital. The Family Medicine Teaching Unit faculty includes three past residents; the Geriatric Educational Lead is a past resident; and the Markham Stouffville Hospital Quality Improvement Physician Lead was trained and educated in that discipline at the Markham Family Medicine Teaching Unit.

Program Highlights

- Manage your own practice in a beautiful Family Medicine Teaching Unit with an electronic medical system.
- Learn to be a skilled family physician through a flexible and thoroughly comprehensive curriculum.
- Deliver comprehensive care to a diverse patient population in an office and hospital setting.
- Enjoy a learning environment that provides one-on-one mentorship with family physician preceptors.
- Focus on health equity and global health

Undergraduate Program

Markham Family Medicine Teaching Unit has been a clinical site for the core family medicine undergraduate rotation at the University of Toronto since January 2013. Our faculty supervise medical students for their core rotations in family medicine from January to June each year (approximately 6 medical students every academic year). In addition, our teaching unit accepts medical students for elective

rotations in family medicine from September to December.

During their rotations, medical students have the opportunity to work with our family medicine faculty and residents by joining them in clinics and through the facilitation of seminars for medical students by the PGY2 residents. Our medical students attend post-graduate academic half days during their rotation. Many of the residents involved in teaching the medical students have participated in the “Teaching Residents to Teach” program run by DFCM.

In addition to working with residents, medical students at Markham FMTU are taught by their allied health care professionals including our dietician, nurses, nurse practitioner, and pharmacist. Markham FMTU provides an excellent opportunity for medical students to learn family medicine with an interprofessional team and gain exposure to a community family medicine residency program.

Some members of the faculty at the Markham Department of Family Medicine teach the Art and Science of Clinical Medicine (ASCM) course for undergraduate students. A group of six University of Toronto medical students are based at Markham Stouffville Hospital for this course.

Faculty Development

At Markham Stouffville Hospital, faculty development needs are regularly assessed by the Site Chief, Site Directors, and Professional Development Director who participate in Teachers’ Committee meetings, Medical Education Committee, and Markham Family Medicine Teaching Unit Executive Committee. Faculty members meet with the Site Chief annually or biannually and are encouraged to meet with any of the Directors, including the Faculty Development Director if they have specific faculty development needs or concerns.

The Department of Family and Community Medicine Professional Development Plan is an important resource for needs assessment

in terms of faculty development. It is required to be completed at the time of faculty appointment, and at a minimum, every three years thereafter. At the Markham FMTU, the Professional Development Plan was implemented in 2016. Currently, the plan is reviewed by the Chief and each faculty member as part of their annual performance review. The Professional Development Plan specifically enquires about the individual's career development goals, and what supports they have or require for those goals. It also lists specific programs within faculty development at the DFCM and asks faculty if they would like additional support for any of those programs. It is meant as a springboard for discussion with the Chief and the individual faculty member regarding their faculty development priorities, needs and how the department can help them to best achieve their career goals.

There are several faculty development opportunities available to faculty members at the Markham FMTU. All faculty members are expected to attend DFCM's BASICS, a three-day workshop series focusing on skills and knowledge regarding teaching learners. Faculty members are offered the opportunity to participate in a wide variety of other programs available centrally.

At the site level, faculty development is offered through a variety of avenues. Our Global Health Director organizes monthly Global Health lunch and learn sessions, which involve presentations that focus on the social determinants of health. Our Faculty Development Director organizes quarterly Mainpro+ accredited Breakfast Medicine Continuing Medical Education sessions, each comprised of two-hour long CME sessions. Faculty members also have the opportunity to participate in our annual Faculty Development Retreat, which focuses on seminars and workshops related to education, networking and wellness. Each site program listed above has a needs assessment program in the form of paper evaluation inviting feedback from participants to identify priorities for future topics.

Quality and Innovation

The DFCM Quality and Innovation Program has designed a comprehensive, longitudinal quality improvement (QI) curriculum that is contextualized for primary care. This curriculum is mandatory for first year family medicine residents and includes a practicum requirement which translates into didactic learning as well as QI Team Projects undertaken by our residents to improve the quality of care in their own practices. Residents lead an interdisciplinary group to complete their projects in collaboration with teaching faculty as supervisors. This prepares them for practice with the knowledge and skills to improve quality, planting the seeds for the career-long commitment to continuously reflect and engage with colleagues and patients in the quest for better.

Patient safety in family medicine addresses harm reduction in our primary healthcare system so that patients accessing care are as safe as possible. Patient safety is one of the most important dimensions within the six that comprise the envelope of healthcare quality, as defined by the Institute of Medicine.

By studying patient safety in family medicine we learn that the greatest risks for our patients are associated with missed or delayed diagnoses, medication management and the transfer of large amounts of information between acute and primary care. At the Markham Family Medicine Teaching Unit (MFMTU) / Health for All Family Health Team (HFAFHT), we strive to improve patient safety through innovations such as:

- incident management, e.g. Significant Event Analysis (SEA)
- infection prevention and control, e.g. minor office procedures
- medication reconciliation, e.g. post-hospital discharged patients
- reducing unnecessary tests, e.g. Choosing Wisely mandate

At MFMTU, we integrate quality improvement and patient safety into our QI infrastructures through the responsibilities of our Quality Improvement Committee, accountabilities of our Board and inter-professional team meet-

ings, education and Patient Advisory Council. We practice and teach safe care on our journey to a “safe” or “just” culture where we celebrate providers who want to talk about uncomfortable incidents and how to turn them into opportunities for improvement in our systems of care and management.

Innovative Clinical and Academic Programs

Increasing Recognition

Since 2018, Markham FMTU has made a concerted effort to increase its reputation and recognition through the wide system of awards offered locally, by the university and other medical organizations. Markham FMTU established its own Awards Committee which meets at least 3 times yearly. This approach has achieved success with well over a dozen awards in 2018-19 amongst which one of our proudest was the Sam Leitenberg Award for Humanitarian Practice of Family & Community Medicine presented annually to only one graduating resident at the DFCM. This cycle repeated itself in 2019-20 with a similar number of award recognitions distributed among our local faculty and residents (see below).

Strategically Organized

As the Teaching Unit has matured and grown, it has created stability in its management of teaching and scholarship by establishing identifiable and appropriate structures and organization. This has included clear leadership roles and titles with position descriptions, accountabilities and 3-year plans. Leadership has established an Executive Committee which meets at least bi-monthly to discuss issues of common concern and to strategize over common approaches. This is translating into more stability and an improved teaching culture with a better understanding by all faculty about the value of their shared contributions, roles and responsibilities to the Teaching Unit.

Global Health & Social Accountability

At Markham FMTU special emphasis is placed on the importance of the social determinants of health (SDOH) and advocacy to improve

health outcomes. Our unique Global Health Curriculum contains 3 components that provide residents with an opportunity to gain skills and knowledge on how to address the SDOH through advocacy on the micro, meso, and macro levels:

1. In first year residents learn to become ‘an expert’ for one area of the SDOH by becoming familiar with local community resources and sharing this information with peers.
2. To build on this knowledge they connect and liaise with expert people or organizations invited to present at our monthly Global Health Lunch ‘n Learn sessions, e.g. social assistance organizations and health focused organizations working with vulnerable and marginalized populations locally and internationally.
3. In their final year, residents complete a 4-week health equity elective where they focus on a marginalized community or area of practice that pertains to a vulnerable population.

Scholarly Activity

Grants, Publications and Presentations

In 2017:

- 4 principal or co-principal peer-reviewed grants
- 7 peer-reviewed publications
- 3 non peer-reviewed publications
- Presentations
 - » Peer-reviewed
 - 2 oral presentations
 - 7 poster presentations
 - 2 workshops
 - » Non peer-reviewed
 - 11 oral presentations
 - 3 workshops

In 2018:

- Principal or co-principal grants
 - » 3 peer-reviewed
 - » 1 non peer-reviewed
- Co-investigator grants
 - » 2 peer-reviewed (DFCM PI/Co-PI)
 - » 1 non peer-reviewed (DFCM PI/Co-PI)
 - » 2 peer-reviewed (PI/Co-PI is not DFCM faculty)

- Publications
 - » 17 peer-reviewed publications (any type of author)
 - » 7 non peer-reviewed publications (any type of author)
- Presentations
 - » Peer-reviewed
 - 4 oral presentations
 - 5 poster presentations
 - 5 workshops
 - » Non peer-reviewed
 - 12 oral presentations
 - 1 poster presentation
 - 2 workshops

In 2019:

- Principal or co-principal grants
 - » 3 peer-reviewed
- Co-investigator grants
 - » 1 peer-reviewed
- Publications
 - » 26 peer-reviewed publications (any type of author)
 - » 2 non peer-reviewed publication (any type of author)
- Presentations
 - » Peer-reviewed
 - 1 oral presentations
 - 4 poster presentations
 - 1 workshop
 - » Non peer-reviewed
 - 14 oral presentations
 - 5 workshops

Awards

2017-2018

- PGY1 Impact Award, Quality and Innovation, 2018, DFCM, Project: Reducing Clinically Unnecessary Free Thyroid Indices in a Family Health Team
 - » Team: Dr. Ji Hyeon Choi, Dr Megan Tan, Dr Karuna Gupta, Dr. John Maxted, Ms. Zhanying Shi, Mr. Muhammad Shuvra, Dr. Pamela Tsao
- Resident Advocacy Award, 2018, DFCM: Dr. Maya Rose Maliakkal
- Teaching Excellence Award, 2018, DFCM: Dr. Salman Alhawshan
- Teaching Excellence Award – Electives 2018, DFCM: Dr. Jeff Weissberger
- Teaching Excellence Award – Health Professional Educator, 2018, DFCM: Ms. Ali-

son Bankier

- Excellence in Course/Program Development Award – Community Affiliated, 2018, DFCM: Dr. Justin Morgenstern

2018-2019

- Faculty and Staff Impact Award, 2019, DFCM, Project: Choosing Wisely: Sedative-Hypnotic Deprescribing and Cognitive Behavioural Therapy for Insomnia Practices, Team: Ms. Stephanie Belli, Dr. Karuna Gupta, Ms. Zhanying Shi, Dr. Lindsay Wong
- PGY1 Impact Award – Quality and Innovation, 2019, DFCM, Project: Medication Reconciliation in Patients with Congestive Heart Failure, Team: Dr. Karuna Gupta, Dr. Jessamyn Little, Ms. Zhanying Shi, Dr. Lindsay Wong
- Postgraduate Award – Clinical Excellence, 2019, DFCM: Dr. Ailin Li
- Dr. Samuel Leitenberg Memorial Scholarship for the Humanitarian Practice of Family and Community Medicine Award, 2019, DFCM: Dr. Melissa Maria Ng
- Postgraduate Award – Excellence in Teaching, 2019, DFCM: Dr. Maya Rose Maliakkal
- Faculty Award for Excellence in Global Health & Social Accountability, 2019, DFCM: Dr. Melanie Henry
- Award of Excellence – Excellence in Faculty Development, 2019, DFCM: Dr. Michelle Homer
- Award of Excellence – Quality Improvement Award of Excellence, 2019, DFCM: Dr. John Maxted

2019-2020

- Award of Excellence – Excellence in New Leadership, 2020, DFCM: Dr. Amanda West
- Award of Excellence – Sustained Excellence in Teaching, 2020, DFCM: Dr. Gina Yip
- Award of Excellence – Excellence in Teaching (Early Career), 2020, DFCM: Dr. Corey Boimer
- Award of Excellence – Excellence in Development and Use of Innovative Instructional Methods, 2020, DFCM: Dr. Allan Grill
- Award of Excellence – Staff Excellence in Collaboration, 2020, DFCM: Ms. Beverley Nutt

- Academic Research Award (Hospital-Based), 2020, Faculty of Medicine, University of Toronto: Dr. Matthew D'Mello & Dr. Noren Khamis, Project: Understanding Factors Associated with Inappropriate Antibiotic Prescribing for Pharyngitis in Primary Care
- MD Program Teaching Award for Excellence, 2019, DFCM: Dr. Kelly Forse
- MD Program Teaching Award for Excellence, 2019, DFCM: Dr. Gina Yip
- MFMTU PGY2 Research Award, 2020, Markham Family Medicine Teaching Unit, Markham Stouffville Hospital: Dr. Matthew D'Mello & Dr. Noren Khamis,
 - » Project: Understanding the Factors Associated with Inappropriate Antibiotic Prescribing for Pharyngitis in Primary Care
- Quality and Innovation – PGY1 Impact Award, 2020, DFCM: Dr. Mohammed Ismail Badawi & Dr. Beili Shi, Project: Improving Medication Reconciliation in Residents' Practices at Health for All
- MFMTU Margaret Maxted Memorial QI Award, Markham Family Medicine Teaching Unit, Markham Stouffville Hospital: Dr. Susy Lam & Dr. David Field, Project: Choosing Wisely – Antibiotic Stewardship at Health for All
- Postgraduate Award – Clinical Excellence, 2020, DFCM: Dr. Beili Shi
- Resident Advocacy Award, 2020, DFCM: Ms. Beverley Nutt
- Faculty Award for Excellence in Global Health, 2020, DFCM: Dr. Michael Bartucci
- Sustained Excellence in Teaching (Community Site), DFCM: Dr. Gwen Sampson
- Award for Teaching Excellence (Specialty), 2020, DFCM: Dr. Hebert Liu

MOUNT SINAI HOSPITAL

PROGRAM INFORMATION (2020)

TITLE	NAME(S)	LEARNERS
Associate Chiefs	Dr. Erin Bearss & Dr. Michelle Naimer	
Postgraduate Site Director	Dr. Natalie Morson	27 residents (including 2 PGY3 residents)
Undergraduate Site Director	Dr. Elaine Cheng	22 clerks
Faculty/Professional Development Lead	Dr. Michael Roberts	
QI Lead	Dr. Sakina Walji	
Research/Academic Project Lead	Dr. Warren McIsaac (Research) Dr. Sakina Walji (Academic Projects)	
Wellness Leads	Dr. Erin Bearss, Dr. Milena Forte (Also have a FHT Social and Wellness Committee)	
Education Director	Dr. Milena Forte/Dr. Sabrina Kolker	
Maternity Care Program Director	Dr. Sabrina Kolker	
Psychiatric & Behavioural Science Program Lead	Dr. Kristina Powles	

Site Description

Located in downtown Toronto, Mount Sinai Hospital (MSH) is an internationally recognized 442-bed acute care academic health sciences centre renowned for women's and infants' health, chronic disease management, specialized cancer care, emergency medicine and geriatrics. The hospital serves a broad range of socioeconomic and ethno-cultural groups from all over the Greater Toronto Area (GTA) and beyond: the most common ethno-cultural groups in their catchment are from Italian, Portuguese, Mandarin and Cantonese speaking, Vietnamese, Korean, Filipino and Tamil communities. Additionally, their largest patient group is mainly made up of adults over the age of 50, but all age groups

and medical diagnoses are adequately represented.

The Mount Sinai Hospital Academic Family Health Team includes social workers, nurses, nurse practitioners, psychiatry, a pharmacist, a diabetes team and a dietician. Many of the faculty are involved in research and are pursuing the goal of integrating scholarly inquiry into the clinical activities of the office.

Postgraduate Program

The Mount Sinai Hospital Family Medicine Residency program is a well integrated, embedded, horizontal program. Many of their off-service rotation preceptors are family physicians (ER, OB, Sports Med, Palliative

Care) so they are highly centred in family medicine. As a horizontal program, residents inherit a practice from a graduating resident. They are responsible for the care of this practice including preventative, periodic and urgent health care, ordering investigations and reviewing results, and referring to and corresponding with specialists when appropriate. This type of program gives the resident a sense of connection and ownership of their practice where they really develop the patient-physician relationship.

Mount Sinai Hospital Family Health Team allows residents to work extensively with inter-professional health professionals and prepares residents for new models of practice.

Mount Sinai Hospital also has a very strong primary maternity care program. With 24 preceptors doing approximately 700 deliveries a year, residents get an excellent primary care maternity experience in a well-supported environment.

Undergraduate Program

Mount Sinai Hospital Department of Family Medicine plays an active role in pre-clerkship teaching supplying many family medicine tutors for pre-clerkship courses such as Integrated Clinical Experience, Case Based Learning, Health in Communities and Portfolio.

Mount Sinai Hospital is one of the main University of Toronto sites that accept clerks for their core family medicine clerkship rotation in the 3rd year of medical school. Typically 22 clerks per year complete their family medicine clerkship through Mount Sinai hospital either at the Family Medicine Teaching Unit (FMTU) or in one of our affiliated community practices.

Residents are involved in teaching undergraduate medical students in a variety of ways: teaching small-group teaching sessions with the clinical clerks for core topics, through supervision of clerks in the family medicine clinic, and as preceptors for the Family Medicine Longitudinal Experience (FMLE).

Faculty Development

Faculty Development needs are assessed by ongoing informal needs assessments and onsite collegial conversations between the Faculty Development Lead and fellow academic team members. The Faculty Development Lead meets on a weekly basis with the Chief of the Department. Community-based Department members' faculty development needs are assessed by a needs assessment, focus groups and ongoing email dialogue.

The Faculty Development Lead informs the department members both individually and as a group of Faculty Development opportunities available through the Department of Family and Community Medicine, Centre for Faculty Development, Faculty of Medicine, Wilson Centre and Continuing Medical Education. The Faculty Development Lead provides guidance for individual Faculty Development needs.

The Faculty Development Lead publishes a quarterly online Professional Development (PD) Newsletter that informs team and academic community members of any new developments and opportunities for Faculty Development.

Group Faculty Development occurs quarterly through an evening of Professors Rounds held as an informal social event at a fellow colleague's home whereby new and innovative Faculty Development concepts and themes are presented for dialogue.

Site Strengths

The Mount Sinai Hospital Family Medicine Program has many strengths starting with the administrative structure. The teachers group includes all twelve staff physicians in the unit, including many very experienced teachers. In addition, several of them have held the role of Site Program Director in the past so are strong advocates for the residency program and residents. The academic program also has excellent supports in addition to the Site Director. They have an Education Director, A Maternity Care Program Director and a Psychiatric & Behavioural Science Pro-

gram Lead who have significant time dedicated to the residency program.

Mount Sinai is a strong centre of innovation and leadership. Many of their faculty hold leadership positions at the hospital and university, as well as with outside organizations.

Quality and Innovation

The DFCM Quality and Innovation Program has designed a comprehensive, longitudinal quality improvement (QI) curriculum that is contextualized for primary care. This curriculum is mandatory for first year family medicine residents and includes a practicum requirement. This prepares family physicians for practice with the knowledge and skills to improve quality, planting the seeds for the career-long commitment to continuously reflect and engage with colleagues and patients in the quest for better.

The Mount Sinai Academic Family Health Team are committed to improving patient experience, incorporating patient feedback and implementing patient co-design. The patient advisory committee has been a key component of our improvement efforts and have worked with the clinic on various projects including the waiting room re-design, improving access to care, improving signage and wayfinding among others.

Access to care has been a focus of the clinic and various changes have been made to improve this; administrative roles and responsibilities of staff have been reorganized, there have been a change in telephone systems, e-mail communication has been incorporated and online booking is currently being explored.

The clinic is also working on improving follow-up after discharge for hospital; not only to reduce readmission rates, but to increase patient support and improve patient experience.

Innovative Clinical and Academic Programs

Our Family Health Team continuously creates, pilots and spearheads new program initiatives to further the mission of our team around education and clinical care. Some highlights are:

Wellness Curriculum:

We have designed a deliberate wellness curriculum which includes:

- **Wellness sessions** - yoga, mindfulness, nutrition sessions planned and decided upon by resident group
- **HeArt Day** - sharing of poems, songs, narratives, art pieces and discussing their connection to physician wellness, reflecting on the Art of and in medicine. This day is coordinated by our resident wellness representative.
- **Reflection rounds** - longitudinal, small group, staff physician facilitated session to discuss transitions, finding meaning in medicine medical error, boundaries, vulnerable populations, share worries and anxieties of residency/practice.
- **Resident retreat** - recognizing importance of collegial relationships, this resident planned and facilitated weekend provides an opportunity early on in residency for teambuilding.

Group Prenatal Care

Group Prenatal Care is an innovative way of providing prenatal care and education. The Mount Sinai Academic Family Health Team offers Group Prenatal Care as an option to all prenatal patient and residents are integral to the running of this program. Patients alternate their visits between the group sessions (run by one of our two registered midwives and two of our resident physicians) and individual visits with a staff family physician. The group sessions are an excellent opportunity for residents to develop their patient education and group facilitation skills as well as a unique opportunity to learn about many aspects of prenatal care in a more in-depth way. Our patients have really enjoyed the group sessions and the involvement of the residents so far.

Healthy Living with Pain Program

In response to the current opioid crisis we carefully constructed a program called Healthy Living with Pain (HeLP) to improve patient care, patient safety and management of those using opioids. Residents follow patients on opioids in conjunction with our Nurse Practitioner Lead of the HeLP program and a designated faculty member. They learn about and actively participate in High Risk Medication Patient/Physician Agreements, Safe Prescribing and Tapering, Opioid Monitoring and Alternatives to Opioids in very supportive environment which is beneficial to both patient care and resident education.

HIPS Program

In response to our aging population our Family Health Team developed a house calls program called Home-Based interdisciplinary Primary Care for Seniors to support our home-bound elderly patients. Residents each have at least one patient whom they follow at home over their two year residency program. In addition, they spend time with the HIPS team while on their Geriatrics rotation. They learn about the challenges and benefits of home care supported by one of our Nurse Practitioners and the Physician Lead.

Scholarly Activity

From July 2015 - June 2020:

- # of peer-reviewed publications: 90
- # of non-peer reviewed publications: 7
- # of new grants: 26
- # of awards: 16

NORTH YORK GENERAL HOSPITAL

PROGRAM INFORMATION (2020)

TITLE	NAME(S)	LEARNERS
Chief	Dr. David Eisen	
Postgraduate Site Director	Dr. Allyson Merbaum	31 residents (including 1 PGY3 resident)
Undergraduate Site Director	Dr. Danielle Manis	20 clerks
Faculty/Professional Development Lead	Dr. Eva Knifed	
QI Co-Leads	Dr. Joanne Laine-Gossin, Dr. Tiffany Florindo, Dr. Jennifer Stulberg	
Research/Academic Project Lead	Dr. Kimberly Lazare is the Postgraduate Curriculum Lead (resident academic project program) and Dr. Braden O'Neill is the FM Research Lead	
Wellness Advisor	Dr. Karen Weisz	

Site Description

North York General Hospital (NYGH) is one of Canada's leading community academic hospitals. We offer our culturally diverse community a wide range of acute care, ambulatory, and long-term care services across multiple sites. Through partnerships, collaboration, and academic endeavours, we seek to set new standards for patient-and family-centred care.

NYGH is a leader in patient- and family-centred care:

- Home to one of the largest Family and Community Medicine programs in Canada with over 300 family physicians caring for the patients and families we serve.
- As a learning organization, NYGH is committed to developing its people. We support each person on their journey to be the best they can be, focusing on delivering excellent patient care and high-quality service.
- A top choice for University of Toronto medical students and residents in General Surgery, Obstetrics and Emergency Medicine.
- One of the largest single site obstetrical centres in Ontario. Each year we celebrate the birth of over 5,000 babies.
- One of Ontario's largest regional genetics centres with a strong family-focused approach to patient care.
- Comprehensive mental health services for children, adults and seniors. We partner with over 25 community organizations and offer widespread community outreach, resulting in best practices in continuity of care.
- We are home to the BMO Breast Diagnostic Clinic and the Karen, Heather & Lynn Steinberg Breast Centre – the first centre of its kind.
- Exceptional care provided to over 500 premature or critically ill babies each year in NYGH's Neonatal Intensive Care Unit.

- Reduced wait times through the Gale and Graham Wright Prostate Centre — one of the only prostate centres in Toronto.
- One of the most visited emergency departments in Canada.
- A unique model of care at the Freeman Centre for the Advancement of Palliative Care.

Recently, North York General Hospital and its partners (North York Toronto Health Partners- OHT) were selected as one of the first wave of Ontario Health Teams by the Ministry of Health. This achievement was in no small part due to the excellent partnerships and relationships established by NYGH's commitment to its patients and their communities, and the unique foundation provided by North York's dedicated family practitioners. In a comprehensive review of 1,000 hospitals in 11 countries, Newsweek ranked North York General Hospital the #2 hospital in Canada and one of the top 100 hospitals in the world.

Postgraduate Program

At NYGH, residents are immersed in community offices for their family medicine training. Residents are paired uniquely with 2-3 main preceptors to allow for diverse patient populations and practice styles from which residents can learn comprehensive family medicine. Where possible, residents are paired with preceptors with additional areas of interest that mirror the residents' interests or career goals.

The majority of the training program occurs in a family practice setting. Residents at NYGH are exposed to the diverse practice populations of our community. In some cases where residents speak a second language, we are able to pair them with preceptors in practices where many patients also speak that language and rely on communicating with their family physician in their native language. Residents at NYGH also have the opportunity to become involved in many hospital department events to better understand the role of primary care within our hospital, and how family physicians come together to serve their community. For example, with the development of our new Ontario Health

Team (OHT), residents have been encouraged to participate in many of the planning committees. To date, 8 residents have participated in these committees.

Residents also spend one half day per FM block (four times in R1 and two times in R2) at the FMTU for direct observation with the site director. This allows the site director to work clinically with each resident and provide feedback to residents and support to preceptors regarding their progress over time.

Undergraduate Program

At the undergraduate level, teaching opportunities for residents in the pre-clerkship program include clinical skills session, case-based learning and Portfolio. Residents also have the opportunity to interact with clerks as follows:

- Teaching clerks in the family medicine office, as well as in leading clerkship seminars
- Mentorship between residents and clerks during their FM block
- Clerks on FM block and elective students are invited to join our monthly Journal Club

For the first 3 blocks of the 2019-20 academic year, 10 clerks successfully completed their core clerkship rotations at NYGH. Feedback was extremely positive from all learners. We continued with some of the program changes that had been implemented in the previous 6 months, including new seminars from our AHPs (pharmacy, Diabetes team), as well as half days in the BDC, palliative outreach and DEP clinic.

In March 2020, clinical clerkship was put on hold by the MD Program due to the COVID19 pandemic. In the absence of clinical rotations, clerks attended their seminars remotely. They were also offered some "Q and A" sessions on various topics, including a day in the life of a family doctor during the pandemic, as well as Q and A sessions on some of the online modules they are required to complete. I had the privilege of facilitating/teaching a number of these sessions, meeting with CC3 students from across the MD Program.

Clerks also completed their clerkship projects during the break from clinical duties. I was able to watch and mark 2 sessions of projects, again meeting CC3 students from across the MD Program, and learning new things from them, as I always do. 2 NYGH clerks contacted me for project guidance/supervision and completed excellent and timely projects. One was on access to care during the pandemic, and the other was on screening for Intimate Partner Violence (IPV) during the pandemic, and providing a resource sheet to clinicians on IPV resources.

Clinical clerkship resumed in person in June 2020. There was considerable faculty development around virtual supervision of learners during the pandemic, as well as active recruitment of new faculty to teach clerks. Due to the break in clerkship for the class of 2021, there was a 7-week period of overlap between the 2021 and 2022 classes (double cohort), so extra teaching faculty were needed. In total, 18 new undergraduate faculty were recruited and oriented to teach clerks. This is remarkable to me, given the perceived challenges of clinical teaching during a pandemic. Our community of teachers is simply amazing. Some required faculty appointments, and I thank our faculty appointment lead, Dr. Knifed, for her assistance with this. Overall, the clerkship program has been running very smoothly, with clerks generally participating in a combination of virtual and in-person care. I am continuing to receive very positive feedback about the rotation and the learning environment at NYGH and in the North York community from our undergraduate learners.

Faculty Development

At NYGH, faculty development takes the form of Faculty Rounds, which are two-hour joint sessions between Faculty Development, Postgraduate and Undergraduate programs. Meeting agendas include announcements, curriculum developments and updates, and faculty development workshops to enhance clinical teaching. As we are a community-based teaching site, this is a venue to foster interactive learning opportunities for community-based teachers at all stages of

their professional career. It also aims to provide opportunities for networking and developing a community of practice, as well as for feedback and discussion about challenges in teaching and the programs themselves. The sessions are evaluated very highly, and each evaluation form allows for faculty members to suggest future topics of interest. Topics are also identified based on new and emerging changes in the program. For example, we developed a faculty session mirroring the new Ethics curriculum for residents to familiarize our faculty with what the residents are learning. Program changes are presented at each meeting as needed.

In addition, our NYGH site has developed a faculty newsletter that is distributed approximately three times per year (fall, winter, spring). This highlights program changes, upcoming faculty development events, and other relevant information for those who were unable to attend the faculty development session.

Through the NYGH Centre for Education, there is also an interdisciplinary teacher development program called “Enhancing Clinical Teaching”. This is an interactive three-evening teacher development series for physicians at NYGH on how to be a better teacher and supervisor in the clinical setting.

We work closely with faculty to ensure that they are promoted appropriately. We run the Junior Promotion Club annually for those who are qualified for a junior promotion. The group works together on their application benefiting from group feedback and a group timeline to complete the application process.

We have an education subcommittee where faculty awards are discussed to ensure that our faculty are appropriately recognized for the work they do. NYGH generally has a strong representation for awards received internally and externally.

Site Strengths

Comprehensive Family Medicine

We have a long history as a strong community academic site and have preserved the tra-

ditional preceptor-based model for resident learning.

We have a very large faculty that encompasses all areas of family medicine including comprehensive care, low-risk obstetrics (largest group of providers at the U of T academic sites), inpatient/hospitalist medicine, emergency medicine, care of the elderly and palliative care.

We continue to be highly desirable to incoming residents who seek to gain a “real-world” family medicine experience, as well as for those looking to explore focused practices in the above areas.

Leadership and Mentorship

Within our faculty, we have leaders in academic medicine, research, education scholarship, quality improvement, policy and systems change, and our residents are immersed in community practices with these individuals as preceptors and mentors.

A unique feature of the preceptor-based model is that residents can be individually paired with preceptors who share similar interests or focused practice areas and are exposed to future career options within their own practices. Our current and previous CEO's are both family physicians, and this serves to highlight the strong role family physicians play in our hospital and in the North York community.

Continuity of Education and Centred in Family Medicine

In addition to the core family medicine rotations, all of our specialty rotations take place within our hospital where our residents are the only permanent residents at the site. Residents come to know specialty teachers and are able to refer back to them for consultation as they move through other services including family medicine. The specialty services respect and appreciate the role our residents play in the hospital and gear the rotation specifically to the educational goals of family medicine residents and the competencies they need to meet. The collegiality and mutual respect between specialists and fam-

ily physicians at our site is continually modeled, and there is a positive culture of teaching and learning.

Quality and Innovation

The DFCM Quality and Innovation Program has designed a comprehensive, longitudinal quality improvement (QI) curriculum that is contextualized for primary care. This curriculum is mandatory for first year family medicine residents and includes a practicum requirement. This prepares family physicians for practice with the knowledge and skills to improve quality, planting the seeds for the career-long commitment to continuously reflect and engage with colleagues and patients in the quest for better.

QI is an important part of the culture at NYGH.

Our residents have embraced QI as exemplified in the skyrocketing in quality and range of projects. Example: improving health literacy using podcasts. PGY2 QI leads are integral to the QI program. They act as mentors and lead a workshop on project development. They also solicit feedback from PGY1s on the program, participate in curriculum development, and act as facilitators at our QI bootcamp and check-in sessions.

We have a QI FM-Specialist collaboration where our staff and residents work in other areas of care. Example: improving breast cancer survivorship (FM residents and breast surgeons). We also participate in joint QI rounds with Internal Medicine, which demonstrate shared care and QI in practice.

A standing topic at departmental rounds is our “Do It Better” sessions aimed at spreading QI tips, new information and education tools.

NYGH has participated in initiatives through the DFCM, University of Toronto. Example: A DFCM-wide patient experience survey.

Highlights include scholarly work too. Residents and Staff physicians regularly present posters of their projects at various confer-

ences. One of our departmental members recently won awards for his poster on Deprescribing in Complex Geriatric Patients.

QI is integral to the work we do.

Scholarly Activity

The NYGH site is involved in local, national and international scholarly initiatives, including activity in clinical and educational research. The central program supports faculty research at our site through financial incentives and clinical repair for attending and presenting at conferences.

Our scholarly activity is diverse, spanning the continuum between investigator-led research funded by key national and international funding agencies (for example, the Canadian Institutes for Health Research; United States Patient Centered Outcomes Research Institute), local initiatives funded through the North York General Hospital Foundation, and a mandatory Research/Academic project completed by our residents in their second year. We provide national and international leadership in family medicine research through leadership positions in key organizations such as the North American Primary Care Research Group, Annals of Family Medicine, and CMAJ.

We have the Gordon F. Cheesbrough Chair in Family and Community Medicine, one of the only named chairs in Family Medicine research in Canada, held by a physician who practices comprehensive family medicine in our community and is an internationally renowned researcher, Dr. Michelle Greiver. From 2017-2020 we had a DFCM New Investigator (Dr. Braden O'Neill) who was funded with protected research time by both NYGH DFCM and U of T DFCM, and obtained national-level research funding for several projects, and intends to maintain ongoing extensive collaboration with NYGH going forward. Starting in 2021, our new DFCM Research Lead Professor Karen Tu will bring her international leadership in health services research, along with her extensive mentorship experience to our program. This research infrastructure works closely with our Postgraduate Curriculum

Lead, Dr. Kim Lazare, who directs an extremely strong and nationally-recognized resident research program. This is reflected in how NYGH resident projects have been awarded as some of the 'top' research projects among the entire DFCM program every year since 2016.

In the last 5 years as of 10 Dec 2020:

Grants and publications

- 16 Principal or Co-Principal Investigator Peer-Reviewed Grants (\$1 628 000)
- 3 Principal or Co-Principal Investigator Non-Peer Reviewed Grants (\$165 000)
- 6 Co-Investigator Peer-Reviewed Grants (PI/Co-PI is DFCM Faculty) (\$2 106 000)
- 3 Co-Investigator Peer-Reviewed Grants (PI/Co-PI is not DFCM Faculty) (\$8 220 000)
- 5 Non-Peer-Reviewed Grants (PI/Co-PI is not DFCM Faculty) (\$12 715 000)
- 55 Peer Reviewed Publications
- 4 Non-Peer-Reviewed Publications (books/chapters, non-peer reviewed articles)
- 204 presentations (combined total of local, national, international conferences; posters and oral presentations)

Awards and appointments

- Michelle Greiver, Gordon Cheesbrough Chair in Family and Community Medicine Research and UTOPIAN Director, 2018-present
- Michelle Greiver, North American Primary Care Research Group President's Award, 2020
- Frank Sullivan, Gordon Cheesbrough Chair in Family and Community Medicine Research and UTOPIAN Director, 2014-2017
- Braden O'Neill, DFCM New Investigator Award, 2017-2020 (\$120k); Medical Psychiatry Alliance Fellowship (2019-2020; \$70k)
- Braden O'Neill, CMAJ Associate Editor (2018- present)

ROYAL VICTORIA REGIONAL HEALTH CENTRE

PROGRAM INFORMATION (2020)

TITLE	NAME(S)	LEARNERS
Chief	Dr. Stu Murdoch	
Postgraduate Site Director	Dr. Christine Stewart	18 residents
Undergraduate Site Director	Dr. Chung Kit “Jacky” Lai	9 clerks
Faculty/Professional Development Lead	Dr. Robert Gabor and Dr. Jessie Weaver	50 faculty
QI Lead	Dr. Melissa Witty	
Research/Academic Project Lead	Dr. Anwar Parbtani and Dr. Matthew Orava	

Site Description

The University of Toronto, Department of Family & Community Medicine established a teaching site at Royal Victoria Regional Health Centre (RVH) in Barrie, Ontario in 2009. Barrie is a suburban city located north of Toronto with a population of ~ 145,000. RVH is a 319 bed acute care regional health centre serving Simcoe County & the District of Muskoka, providing specialty services to almost half a million people in Central Ontario.

Family medicine residents and their roster of patients are part of the Family Medicine Teaching Unit (FMTU) which is a member of the Barrie Community Family Health Team (BCFHT). The BCFHT is one of the largest in the province, with 90 physicians and 150,000 rostered patients and offers a multidisciplinary team approach to patient care. Residents work in this multidisciplinary environment in which some of the teaching is done by allied health team members, which include, but are not limited to, nurse practitioners, pharmacists, diabetes educators and lung health educators.

Family medicine training is horizontal and the residents manage their own roster of

patients in the FMTU. We have a group of 26 supervisors, who supervise 3-4 residents during a shift.

The FMTU is located in a custom built 10,000 square foot facility (“Rotary Place”) on hospital property. Rotary Place is located across the street from the hospital and is connected to the hospital via an underground tunnel for easy access. All exam rooms are large and equipped with a computer, EMR and video monitoring.

Postgraduate Program

Through the DFCM Postgraduate Program Director and RPC, DFCM has tight central oversight of the residency curriculum delivery and the resident assessment system. Our essential competencies were developed by local teams of family physicians with expertise in the various domains—and are divided into domains reflecting a variety of populations. They are all mapped to the CanMEDS-FM roles. A process is underway to initiate a regular cycle to review and update the DFCM competencies.

Our site offers some unique opportunities.

These include:

- In-patient program where residents are responsible for their own family practice patients when admitted to hospital for obstetrical care, medical conditions and/or palliative care; these learning opportunities allow residents to progressively acquire competencies in areas such as:
 - » clinical skills
 - » time management skills
 - » continuity of care
 - » resource management
 - » advocacy for patient resource needs
 - » working with clinical teams including IHP (e.g. Pharmacists, Dieticians, OT, PT, RNs, NPs and sub-specialists)
- The ICU rotation provides residents training in multi-system dysfunction management. It also deals with advance care planning, end of life issues and how to interface with patients' families in critical illness. There is also opportunity for training in enhanced skills (e.g. Arterial lines, CV lines and intubation).
- The Public Health rotation allows residents to have learning opportunities in sub-populations and infectious disease. They learn about the interaction between primary care and the public health system.
- SIM Labs have been developed for AHDs allowing a learning environment mixing hands-on procedural skills with didactic presentations. The areas covered include Paediatrics, Cardiology, Trauma, Respiratory, Toxicology, Neurology, Endocrine and Gastroenterology.
- A Mental Health Counselling Clinic is held at our FMTU every Monday morning. A Mental Health Counsellor from the BCFHT is onsite in the supervising room, listening to and watching patient encounters. Residents identify patient encounters for the Counsellor to watch, which could include patients presenting with anger, emotional difficulties, addictions etc. This provides the resident with onsite expertise to manage these patients.
- Residents participate in specialized clinics, that are hosted in the FMTU, including: Skin Cancer Biopsy clinic, Suspicion of Cancer Diagnostic Assessment Program (SOC-DAP)

Undergraduate Program

We participate in the core family medicine undergraduate U of T clerkship (3 blocks of 3 clerks per academic year). We also provide undergraduate electives through the Rural Ontario Medical Program (ROMP).

Undergraduates work directly with the FMTU staff physicians, with local FHT integrated health professionals and the residents when they are in the FMTU. The residents play an integral role in training the undergraduates. PGY1 residents have an opportunity to attend the "Teach the Resident to Teach" training program offered by DFCM to prepare them for this role. While on core rotation, the U of T clerks prepare and present an academic project to the group of supervising physicians and the residents on a Wednesday morning academic half day. They also write their exam on site in our FMTU.

The Undergraduate Site Director works closely with the Site Directors and the Program Administrator to develop balanced rotation experiences for all undergraduates. The Undergraduate Site Director is a member of the DFCM Undergraduate Education Committee and the Teachers Committee.

Faculty Development

The RVH faculty development needs are the responsibility of the FMTU Professional Development Representatives (Dr. Robert Gabor & Dr. Jessie Weaver). The RVH Professional Development Representatives report monthly at the Teachers Committee meeting to discuss programming, and to poll teachers for input into areas of specific interest for faculty development. They also provide a presentation on 'Teaching Tips' or other important professional activity. In addition to their work at the site level, the RVH Professional Development Representatives are members of the DFCM Faculty Development Committee and meet on a monthly basis.

RVH Family Medicine Faculty Retreats are held offsite biannually. These 2 day events included speakers from RVH & the DFCM central office. The next Faculty Retreat was planned for May 2020 but has been postponed due to pandemic.

DFCM worked collaboratively with the U of T Centre for Faculty Development to offer extensive ongoing faculty development sessions, such as a 2-part “Teaching 101” series, for specialist teachers at new clinical training sites. In 2010, when we were a new faculty over 40 specialist preceptors completed the two-part Teaching 101 program for specialist teachers at new clinical training sites.

The RVH department of Academic & Medical Affairs offered the following learning modules from U of T’s Centre for Faculty Development delivered as four evening seminars. Preceptors from all departments were invited to attend. All sessions were well attended and at full capacity. Modules included:

- TLC Module 1: Identify Learner Needs and Setting Objectives
- TLC Module 2: Making Learning Stick
- TLC Module 3: Managing the Teaching Session and Small Group Facilitation
- TLC Module 4: Feedback

Site Strengths

1. RVH has a committed and enthusiastic faculty with diverse practices which imparts a wide spectrum of knowledge to Residents during their patient encounters and rotations. We have 26 supervising physicians who are active on the FMTU Teachers Committee. Supervising faculty are dedicated to supervising residents, and do not see their own patients simultaneously. Residents receive immediate feedback and continuous observation to improve patient care and Resident learning.
2. The residents’ FMTU practice models real-life family medicine allowing residents to function as a practising physician with their own roster of patients, managing them in the FMTU, hospital, hospice and birthing unit. Residents are Most-Responsible-Physician (MRP) for their own inpatients, with full supervision and 24 hours a day availability of family medicine faculty. This provides residents with a strong connection to their patients and ownership of their practice.
3. Residents receive maximum teaching and patient care consultation during specialty

rotations as there are no other core residency programs at RVH.

4. Our site’s learning environment and culture promotes the development of a growth identity. We do this by promoting coaching over judgement in real time evaluation. Thus challenges become opportunities, feedback becomes information for learning and preceptor mentoring, and processes are in place to ensure patient safety.

Quality and Innovation

The DFCM Quality and Innovation Program has designed a comprehensive, longitudinal quality improvement (QI) curriculum that is contextualized for primary care. This curriculum is mandatory for first year family medicine residents and includes a practicum requirement. This prepares family physicians for practice with the knowledge and skills to improve quality, planting the seeds for the career-long commitment to continuously reflect and engage with colleagues and patients in the quest for better.

- Recognized deficit of a formal process for identifying patient safety incidents. In response established a multi-disciplinary patient safety group. Patient safety incidents are reported to the group, undergo a significant event analysis and appropriate quality improvements implemented out of this analysis.
- Annual “Do IT Better Rounds” is an interactive, multidisciplinary rounds session to share SEA with entire FMTU staff and residents.
- Pivoting care in COVID-19 pandemic to ensure minimal disruption in quality of patient care and learners’ education.
- Implementation of regular electronic Patient Experience Survey.
- Multidisciplinary team project on Deprescribing PIP (potentially inappropriate prescribed medications in Elderly).
- Development of practice website for informed patient care and education by our FMTU.

Innovative Clinical and Academic Programs

1. Simulation Labs (SIM Labs) have been developed for Academic Half Days allowing a learning environment mixing hands-on procedural skills with didactic presentations. The areas covered include Paediatrics, Cardiology, Trauma, Respiratory, Toxicology, Neurology, Endocrine and Gastroenterology.
2. Residents provide onsite primary care in a structured environment at a local shelter for homeless youth called Youth Haven. They are under direct supervision by Family Medicine faculty for this clinic providing care to marginalized and disadvantaged youth.
3. Our site has an integrated Ethics Curriculum, incorporating cognitive principles of learning and integration along with a train-the-trainer model. The Ethics Curriculum was developed in a scholarly way in response to societal needs (e.g. around advanced care planning).

Scholarly Activity

From 2015-2019:

- 4 publications
- 1 presentation (provincial)
- 5 presentations (national)
- 7 presentations (international)
- 8 other presentations
- 3 research (funded)
- 3 research (non-funded)

RURAL RESIDENCY PROGRAM

PROGRAM INFORMATION (2020)

TITLE	NAME(S)	LEARNERS
Postgraduate Site Director	Dr. Jeff Golisky	16 residents
Faculty/Professional Development Lead	Dr. Ali Appleton	50 faculty

Description

The Rural Residency Program (RRP) is an innovative program designed to prepare residents for rural family medicine. It combines one year (PGY1) of training in a GTA community-based teaching hospital (Toronto East Health Network – Michael Garron Hospital or North York General Hospital) with one year (PGY2) of training in one of four rural communities - Midland, Orillia, Port Perry, or Orangeville.

This program is designed for the resident who is self-directed and is interested in working in a rural environment after graduation. It is the perfect training ground for those who plan on maintaining a comprehensive practice in the future: practicing ER, OB and in-patient medicine.

Postgraduate Program

During their first-year, rural residents gain the skills that allow them to continue their education in a rural setting. They participate with residents from the other streams in academic sessions, and come to appreciate the academic foundations of family medicine. Elective time is built into the first-year of the RRP to allow the resident to gain extra experience in an area of particular interest, and commonly residents select ICU/CCU rotations to gain advanced skills while in the GTA.

Residents in their first year meet with both the RRP program director and the community-based hospital program director to allow input into their program as it develops, and

have the opportunity to visit the available teaching sites for their PGY2 year. Before commencing the first year, residents are invited to the “Rural Residency Virtual Open House” where preceptors and residents from TEHN, NYGH and all rural sites are present to answer questions and help with the site selection. Residents who go to Orillia or Midland spend their PGY1 year at NYGH and residents who go to Port Perry or Orangeville spend their PGY1 year at TEHN.

All RRP residents are required to live in the community to which they are assigned for their second year. During the second year, residents typically spend six months with each of their two or three preceptors to provide exposure to differing practice styles. The first one or two months are spent focused on family medicine to allow integration into the practice and the community. The remainder of the year is spent participating in a longitudinal program including four to five half days of family medicine each week. Emergency shifts, in-patient care and intra-partum obstetrics are included as core experiences. Residents are able to take advantage of the resources of the local community hospital and its specialists to augment their learning from rural family physicians.

Undergraduate Program

The rural sites are fortunate to have a relationship with UGME as core family medicine clerkship sites. This provides rural residents the opportunity to teach and mentor the clerks. The RRP sites also have relationships with other medical schools through the Ru-

ral Ontario Medical Program. For example, Midland hosts 2 third-year clerks from the Northern Ontario Medical School for their third-year community clerkship.

Faculty Development

Community and rural-based faculty are invited to participate in centrally offered faculty development programs. In addition, an annual spring faculty development workshop is held for rural and TP faculty at the same time/location as the Society of Rural Physicians of Canada (SRPC) annual meeting. The TP/RRP faculty development lead assists community preceptors with faculty development opportunities specific to their needs and, along with the Rural Residency Program Director, provides site-based faculty development during the site visit approximately every 2 years.

Site Strengths

- The Rural Residency Program's greatest strength is its unique combination of a structured, urban, academic PGY1 year integrated with a comprehensive, rural family medicine PGY2 experience. The rural program creates generalists who meet local community needs by joining practices and providing hospitalist, OB and emergency department coverage in the communities they serve. Many rural program graduates stay and work in the local or other rural community.
- The model promotes the development of strong clinical, communication, leadership skills and produces clinicians capable of working in any type of family practice environment.
- Excellent comprehensive practice experience supervised by outstanding preceptors who model the provision of comprehensive primary care.
- Residents are given an appropriately increasing level of responsibility and feel well-prepared to enter independent practice.

SCARBOROUGH HEALTH NETWORK

PROGRAM INFORMATION (2020)

TITLE	NAME(S)	LEARNERS
Chief	Dr. Larry Erlick	
Postgraduate Site Director	Dr. Jennifer McDonald	29 residents
Undergraduate Site Director	Dr. Dave Wheler	19 clerks
Faculty/Professional Development Lead	Dr. Donna Vlahos	
QI Lead	Dr. Susanna Fung	
Research/Academic Project Lead	Dr. Rosemarie Lall (Director, FM Research)	
Wellness Advisor	Dr. Janice Weiss	

Site Description

Scarborough is located just east of Toronto, with a population of approximately 600,000 people. Scarborough is one of the most ethnically diverse communities in the world and has been called the “ideal gateway community” for new Canadian immigrants. The population is recognized as a “global community”. Scarborough has one of the most diverse and vulnerable populations in the country: 59% of residents are foreign-born, 25.4% of children are living in low-income families, 50% speak a primary language other than English and French, and 8.8% are recent immigrants to Canada (SHN Diversity Report). Of the 31 identified Neighborhood Improvement Areas (NIAs) in Toronto, 8 are in Scarborough and 2 are immediately bordering Scarborough (Toronto Strong Neighborhoods Strategy (TSNS) 2020).

Scarborough Health Network (SHN) is one of Canada's largest urban community hospitals. It delivers innovative, high quality patient care, and advocates for our community's health and wellness. It serves a community of close to one million people, approximately one-third of the Greater Toronto Area.

At the SHN Family and Community Medicine Academic Teaching Program, our Mission Statement is: “We inspire excellence and enthusiasm in education, research, and leadership in the art and practice of family medicine in a diverse community setting”. Our Vision is: “To be recognized and respected as a premier community-based family medicine teaching center, marked by our passion for diversity, excellence, and individualized learning.” Our Values are: “ICARE: Integrity, Compassion, Accountability, Respect, and Excellence”. In May 2019, our Family Medicine program participated in a retreat to envision our next five years as a teaching site for learners.

Postgraduate Program

The family medicine residency program at Scarborough Health Network is a learner-centered program, with both urban and rural preceptor experiences available. Our program provides community-based experiences with an emphasis on real-world, hands-on clinical training.

Each resident is matched with a community-based Family Medicine preceptor to meet

their individual learning needs based on a comprehensive pre-matching survey. All preceptors offer opportunities for residents to participate as a member of the primary health care team looking after populations with diverse health care requirements. Residents have mini-practices under the supervision of their FM preceptors to experience continuity of care in family medicine.

Residents can also choose to work in Bowmanville, a rural community located east of Scarborough, with a cohort of dedicated family medicine preceptors. This is an opportunity for residents who desire a complete rural experience (including inpatient work, ER shifts, Nursing Home visits, Palliative Care, home visits) with an academic Scarborough base.

Specialty rotations take place at SHN, which has three Hospitals: General Hospital, Birchmount Hospital and Centenary Hospital. SHN has outstanding specialty preceptors who work one-on-one with family medicine residents. Family medicine residents have a very important role in the hospital. There are very few other specialty residents at SHN, so family medicine residents get considerable hands-on experience. All residents do core rotations in General Internal Medicine, Paediatrics, General Surgery, FM Inpatient Medicine, FM Geriatrics, Medicine Subspecialty, MSK, Obstetrics/Gynecology, Emergency Medicine, Palliative Care and Mental Health (Psychiatry). The specialty preceptor model allows residents to work with their specialist teachers in a variety of settings including community offices, specialty clinics, hospital wards, Emergency Department consults, and hospital procedures.

Undergraduate Program

At SHN, the Clerkship Program is comprised of 6 rotations throughout the year. Each rotation is composed of 2-4 clinical clerks. Clerks are placed with community-based family medicine preceptors in their office settings in the communities of Scarborough, North York, and Markham, and are exposed to a wide variety of medical problems seen in a family practice setting. SHN's program is designed

to foster self-confidence, independence and problem-solving skills.

Residents are encouraged to be involved with our Undergraduate teaching at SHN. They have the opportunity to teach clerks in small group seminars covering Domestic Violence, Motivational Interviewing, Diabetes, Hypertension, Obesity, Cholesterol Management and Lifestyle Management of Chronic Illness. Some interested residents have taught clerks on rotations and teaching in the formal undergraduate curriculum.

Faculty Development

Every year, SHN sends a needs assessment survey to all their teachers. From this list, and from the discussions with the Site Chief and Site Director, the topics for Faculty Development are created for the quarterly Professional Development Days. Topics such as Resident in Difficulty, Continuity in FM Clinic, Competency Review, as well as applying the Improv Model to Medical Education, and many others have been addressed in the Teacher's group.

Site visits organized every 2 years with the Faculty Development Lead offer the opportunity for our preceptors to provide valuable feedback on priorities identified and concerns to be addressed at each site. In addition, Faculty Development is further enhanced by programs offered to our preceptors centrally through the DFCM throughout the year via dissemination through our Faculty Development Lead. All of our new Teachers attend the Basics Course within the first 2 years of teaching.

Site Strengths

Scarborough Health Network's site strength is its community Family Medicine preceptors, who have varied and diverse "real-life" community practices. Several of our preceptors' practices are at our small Family Medicine Teaching Unit, which serves as the central location of the site's Academic Half-day (where residents have teaching on Wednesday mornings), as well as a Diabetes Education Centre (where all residents work with the In-

terdisciplinary Diabetes Team). SHN also has a 1:1 teacher: learner ratio, with dedicated Family Medicine and specialist preceptors.

SHN prides itself in its flexibility to meet resident learning needs. We are focused on the residents' learning and career goals and have a dedicated Academic Advisor/Wellness Advisor to support this. Residents also have the opportunity to work in both a rural and urban environment with a diverse, global community including a large new immigrant and refugee population, allowing residents to have Health Advocacy roles.

Quality and Innovation

The DFCM Quality and Innovation Program has designed a comprehensive, longitudinal quality improvement (QI) curriculum that is contextualized for primary care. This curriculum is mandatory for first year family medicine residents and includes a practicum requirement. This prepares family physicians for practice with the knowledge and skills to improve quality, planting the seeds for the career-long commitment to continuously reflect and engage with colleagues and patients in the quest for better.

The SHN site has several teaching practices enrolled in UTOPIAN (University of Toronto Practice-Based Research Network (PBRN)) and the preceptors' involvement as community partners in research projects has demonstrated by way of mentorship the ease in which research can be integrated in a family medicine community practice. The UTOPIAN reports have also been used locally at these same clinics in Quality improvement projects to illustrate to the resident learners how the PBRN data can be used for continuous quality improvement.

Our Faculty QI Group promotes practice-based QI activities, including our projects of increasing achieving targets in patients with diabetes, increasing screening for poverty in clinics, and improving processes surrounding the provision of care post-discharge from hospital.

Innovative Clinical and Academic Programs

- The Simulated Office Oral (SOO) program didactic lecture reviews the importance of relationship-centred and patient-centred care and finding common ground with patients. Run by SHN's Family Medicine Preceptors, this program runs longitudinally throughout residency and prepares residents for the CFPC exam while honing interviewing and communication skills.
- Our new Health Equity curriculum to address the Social Determinants of Health, including the Stand Up for Health and Stand Up for Indigenous Health workshops, help residents learn and experience the role of Health Advocate.

Scholarly Activity

Faculty research and scholarly activity is strong both in clinical and educational research. The program produces well regarded national and international scholarly activities.

DFCM highlights include (2013 onwards):

- Nine principal or co-principal investigator grants
 - » Six peer-reviewed grants
 - » Three non-peer reviewed grants
- Ten peer-reviewed co-investigator grants
- Two peer reviewed grants (PI/Co-PI is not DFCM faculty)
- 49 peer-reviewed publications
- Three non-peer reviewed publications (includes non-peer-reviewed journal articles, books, and book chapters only)

SOUTHLAKE REGIONAL HEALTH CENTRE

PROGRAM INFORMATION (2020)

TITLE	NAME(S)	LEARNERS
Chief	Dr. David Makary	
Postgraduate Site Director	Dr. Monica Nijhawan	21 residents
Undergraduate Site Director	Dr. Robert Doherty	~9 clerks
Faculty/Professional Development Lead	Dr. Milena Markovski	11 faculty
QI Lead	Dr. Navsheer Toor	
Research/Academic Project Lead	Dr. Gurpreet Mand	

Site Description

Southlake Regional Health Centre (SRHC) is a community hospital with 471 beds and boasts several nationally acclaimed programs. Southlake has established itself as a leader with its Cardiac Program with over 5500 cardiac catheterization surgeries, over 1100 cardiac surgeries and over 2300 angioplasty procedures for 2018-2019. It is a regional Cancer Centre and there were over 63,000 outpatient visits to the regional cancer program in 2018-2019. The Maternal Child Program saw over 2600 babies born in 2018-2019. The busy Emergency department saw over 110,000 visits in 2018-2019. The Emergency Department is the 4th busiest ER in Ontario and provides residents with an opportunity to work in resuscitation bays, acute care and sub-acute care areas.

SRHC is consistently recognized as a great place to work and learn. Some the awards given to the hospital include: FM Global/HIROC Highly Protected Risk Award (2015), GTA Top Employer (2014), Canada's 10 Most Admired Corporate Cultures (2013), Quality Healthcare Workplace Award Silver (2014) among others. The hospital has been Accredited with Exemplary Standing by Accreditation Canada

(2020). Southlake continues to be a leader in Interprofessional Education and environment.

The Southlake Academic Family Health Team (FHT) has over 26,000 rostered patients which span virtually all the socio-economic groups and communities, including rural and Indigenous communities with a wide-ranging cultural base. In collaboration with the FHT, the FMTU has developed programs to address the needs of the local community including the care of complex, vulnerable, and underserved populations who may face barriers to accessing care.

Postgraduate Program

The Family Medicine Residency Program is a horizontal program in a Community Hospital with tertiary care programs. The Family Medicine program is the only postgraduate residency program currently at Southlake, which means that our learners are first in line for all learning opportunities. The speciality educational leads are familiar with the family medicine competencies and use these to guide educational experiences. All core specialty rotations are situated at SRHC.

The Family Medicine component of the program is delivered through the Family Medicine Teaching Unit (FMTU), which follows a mixed model in that it is a teaching unit, but all of the teachers working out of the unit are community physicians. Each resident is assigned a primary preceptor for the duration of their 2 year residency program. All FMTU teachers have their primary practice in the unit and act as a resource to the learners.

For the duration of their residency, each resident follows a defined mini practice of 150-200 patients. All efforts are made by the site to ensure that residents experience the best continuity in looking after these mini practices.

There are five physicians who are available to supervise residents for home visits. Additionally, there is one faculty who provides care at a local Sexual Health clinic, and residents will attend these clinics with the faculty on a rotational schedule. There are dedicated gynecology and minor procedure clinics in the FMTU which are led by the family medicine faculty, and all residents will have experiences in these clinics during their program. All residents also have the ability to collaborate with the interprofessional health care providers of the FHT to create care plans for any complex or vulnerable patient.

Undergraduate Program

Southlake's FMTU participates in the placement and teaching of University of Toronto Medical Clerks (3rd and 4th year) during their core family medicine rotations and Transition to Residency rotations. In addition, undergraduate students from other medical faculties regularly request elective experiences in our FMTU. The core clerks are scheduled 3 times a year and electives are taken throughout the year. There is a dedicated Undergraduate Lead, Dr. Robert Doherty who liaises with the central Undergrad program to ensure that all requirements are fulfilled.

The link with the U of T undergraduate medical program is a strong partnership that is positively promoted. Family medicine awareness is supported and encouraged through

various forums and mentorship programs. DFCM assists and provides administrative support to undergraduate initiatives such as Career Night, clinical skills teaching sessions and the Interest Group in Family Medicine (IgFM). The Teaching Residents to Teach (TRT) program is intimately linked with opportunities for family medicine residents to teach and to mentor medical students.

Faculty Development

The site has a dedicated Faculty Development lead, Dr. Milena Markovski, who attends the monthly DFCM faculty development committee meetings. The FD lead will report any central initiatives or programs during the standing agenda item on the site RPC meeting. In addition, the FD lead works closely with the Site Chief to develop and arrange local FD events to address our needs. These may also include joint sessions between the faculty, residents and other health care providers to address our interprofessional team needs and patient safety (ex. CMTA sessions, patient safety rounds).

Dr. Markovski conducts faculty needs assessments yearly, and uses any themes that are identified at the site RPC from the FMTU Feedback Survey or other resident feedback to plan local FD activities. In addition, Southlake faculty were highly involved in the development of our local strategic plan, which identified four areas of focus. Faculty development activities are also planned to aid in achieving each strategic plan pillar.

Site Strengths

1. Learning Environment – Southlake's Family Medicine Residency Program benefits from a highly motivated regional hospital with a broad range of clinical expertise. Southlake offers several nationally acclaimed programs, provides comprehensive care, and serves a defined and demographically varied community. The program enjoys a supportive relationship with the hospital that extends to the hospital's executive organization. All of these contribute to providing residents with resources necessary to achieve educational

objectives. Rotations supplementing the core family medicine program are based on competencies of the family physician and taught by specialists who understand the value of the program being centred in family medicine.

2. **Assessment and Evaluation** – Family medicine and specialty teachers understand the goals and objectives of the program. The Teachers Committee and Competence committee are effective in ensuring a learning environment that is supportive and safe. The competency committee meets regularly to assess resident progress and make recommendations to help support individual needs and opportunities for learners. Resident evaluations incorporate the input of multiple teachers and healthcare providers to capitalize on the collective strengths of the teachers group as well as to minimize any potential learner/teacher mismatches.
3. **Continuous Improvement** – Problems and concerns affecting residents are discussed among multiple stakeholders. The Site Director views the role of facilitating this transfer of information to all stakeholders as a critical task. Residents have the opportunity to provide feedback regarding all aspects of the program in a safe and confidential manner.
4. **The Gynaecology, Plastics and Minor Procedure clinics** are a unique learning experience which provides one-to-one gynaecology and minor procedures teaching from both specialists and family physicians. Procedures are tailored to outpatient family medicine and help equip our residents to practice these procedures independently after residency.
5. **The Resident-of-the-Day program** allows residents to cross-cover for each other enhancing their understanding of continuity of care in addition to reinforcing teaching and learning the Communicator and Manager competencies. This also builds collegiality among residents from the very beginning of their training.

Quality and Innovation

The DFCM Quality and Innovation Program has designed a comprehensive, longitudinal

quality improvement (QI) curriculum that is contextualized for primary care. This curriculum is mandatory for first year family medicine residents and includes a practicum requirement. This prepares family physicians for practice with the knowledge and skills to improve quality, planting the seeds for the career-long commitment to continuously reflect and engage with colleagues and patients in the quest for better.

At the Southlake Academic Family Health Team (SAFHT) we pride ourselves in the value of QI and remain dedicated to providing a QI culture. From the beginning of residency our program hosts three other academic sites for a 1-day training program to build our residents QI capacity while allowing for cross site resident collaboration and learning.

Our residents are able to choose between a standalone QI project or integrate their work with the SAFHT's Quality Improvement Plan (QIP). A great benefit to being within a FHT is that our residents are able to build and lead an interprofessional team in carrying out their projects. As our allied health professionals have now had over a decade of QI experience the resident continues to learn throughout their project from colleagues. In addition, the SAFHT has adopted many enabling technologies to allow for a more robust QI experience. Such technologies include an EMR (Practice solutions), online booking and asynchronous messaging platform (Health Myself), and a survey tool (Qualtrics). These technologies allow for greater depth of data analytics and produce a higher quality QI proficiency.

Innovative Clinical and Academic Programs

Over the years we have developed home grown innovative programs at the SAFHT. One of our initiatives has been the development of a minor procedures and gynecology clinic. Residents rotate through this clinic which operates with a plastic surgeon and family medicine gynecology preceptor. They develop hands on experience to build confidence and a skillset to be able to independently practice these procedures after graduation. In addition, we have adopted an

Interprofessional Education (IPE) program for teaching low back pain and bone health. This program integrates many health care practitioners from medical residents, physiotherapists, chiropractors, radiation technologists, pharmacists, etc. in learning about these chronic conditions. We have developed a home visits program to help build confidence and the technical skill set required for residents to provide this essential service to our patients, both now and when they enter independent practice.

Finally, it is important to reference our culture of safety within the SAFHT. Over the last couple of years we have developed patient safety rounds, a patient safety initiative that reviews critical incidents. A team of allied health professionals, primary care providers and residents reviews the incidents through a significant events analysis framework. Findings and solutions are presented to the entire clinic and distributed sites in order to help spread the positive changes. Residents have been an integral part of this initiative, both bringing forward cases and helping with solution generation.

The Family Medicine Teaching Unit (FMTU), where the residents complete their family medicine component of residency, is part of the Southlake Academic Family Health Team (FHT), which includes physicians, residents, and numerous interprofessional health care providers. To foster innovation in curriculum to address local community needs, the FMTU created a strategic plan in 2018. The strategic plan guides and supports academic activity from the FMTU faculty. Examples of programs that have been developed at the FMTU and collaborate with the FHT include the complex care program and home visits program. These programs help residents develop the skills to care for the aging population and address local population needs, as well as reinforce the competencies of collaborator and health advocate.

Scholarly Activity

From 2015-2018:

- 11 academic posters or presentations
- 1 journal publication

SUNNYBROOK HEALTH SCIENCES CENTRE

PROGRAM INFORMATION (2020)

TITLE	NAME(S)	LEARNERS
Chief	Dr. Karen Fleming	
Postgraduate Site Director	Dr. Anne Wideman & Dr. Purti Papneja	26 residents
Undergraduate Education Lead	Dr. Sherylan Young	
Faculty/Professional Development Lead	Dr. Rahul Jain	

Site Description

Founded in 1967, the Department of Family and Community Medicine (DFCM) at Sunnybrook Health Sciences Center (SHSC) is one of the first academic family medicine departments in Canada and the first academic family medicine department at the University of Toronto. The academic Family Practice Teaching Unit (FMTU) became a Family Health Team (FHT) in 2011 and has emerged as a leader in efficiency, innovation and health outcomes for its nearly 9500 patients.

The DFCM at SHSC has approximately 50 full and part-time faculty members in five strong, cohesive divisions embedded in primary care: Family Practice (which includes the Sunnybrook Academic Family Health Team), Palliative Care, Long Term Care and Veterans Center, Family Medicine Obstetrics, and, most recently, St. John's Rehabilitation hospitalists.

The Sunnybrook Academic Family Health Team provides 24 hour/7-day a week care to their roster of patients across the spectrum of health care needs, from womb to tomb. The care is organized and delivered with the benefit of a FHT structure which includes physicians, nurses, social workers, dietitians, pharmacists, an occupational therapist, a care navigator, residents and medical students.

The Division's relationship to SHSC is through

a shared vision for providing high quality, timely, patient-centered care to the patients of their community. SHSC is located in North York (North Toronto) and is in the North Subregion of the Local Health Integration Network (LHIN). Twenty-four percent of North Toronto residents are 60 years of age or older with 2.3% of the population being over 85. Due to the preponderance of adult patients, cardiovascular, respiratory, endocrine and musculoskeletal problems are common. SHSC's core programs reflect this population's needs and are: Hurvitz Brain Sciences Program; Schulich Heart Program; Odette Cancer Center; Trauma, Emergency and Critical Care Program; Veteran's and Community Program, Holland Musculoskeletal Program, St. John's Rehab and Women's and Babies Program. In addition, SHSC is a regional centre for Stroke Prevention and Treatment.

Postgraduate Program

The Family Medicine residency program is administered, operationalized and centered clinically throughout the two years in the Sunnybrook Academic Family Health Team for the core of their Family Medicine clinical work. However, a significant component of training also occurs in other parts of the DFCM at SHSC - residents have core rotations in Palliative Care, Care of the Elderly (at the Long Term Care and Veteran's Center) and participate in low risk Family Medicine Obstetrics through the divisions of the DFCM

at Sunnybrook. In addition, under the leadership of the Chief there has been considerable increase in collaboration, connections and care model links made between the divisions in the areas of teaching (clinical and academic half day based), research, and quality improvement. As a result, education experiences for residents have been enhanced. In addition, the Chief has strengthened our ties with community family physicians and they now have residents who have spent their second half day back, longitudinal selective, and electives with these community-based faculty teachers. Residents are also identifying these community teachers as supervisors for research projects and quality work.

In the North Subregion of the Toronto LHIN, there are three well documented geographic areas of vulnerability: 1. North of Ontario Science Centre – This area has a large population of new Canadians and families living in poverty. The Don Mills Family Health Team draws patients from this area and several of our Primary Care Obstetrics providers work at this FHT. 2. Mount Pleasant West/Davisville – many seniors living in poverty and single parent families live in this area and 3. Englewood/Lawrence Avenue (near Bathurst and Wilson) – This area has a high density of new Canadians and patients who are unattached to primary care. The Otter Creek Prenatal Care Clinic has patients from this area of the subregion and they form part of the population that attend SHSC for labour and delivery care provided by our Primary Care Obstetrics providers and our residents on-call.

Residents benefit from rotations centred in the above programs, in addition to facilitated access to electives/selectives that may include work done in these programs. Their referral base of patients is influenced by the focus of these programs in that the patients who attend SHSC core programs have complex, chronic conditions and often become patients of the Sunnybrook Academic Family Health Team. Simultaneously, patients benefit from access to these programs as their health needs require. Residents have often worked with their consultant colleagues due to their work in hospital on other rotations and have communication channels that ben-

efit patient care.

SHSC has 13 physicians (all acting as resident primary preceptors) that are fully affiliated with the Sunnybrook Academic Family Health Team. 26 residents are divided equally among the three teams and are paired with a primary preceptor that stays the same for their entire two-year residency. One further clinical space, East team, is an expansion area that has assisted in providing innovative education programs as well as provided flexibility to the scheduling of residents so that a good resident to teacher ratio is maintained.

Undergraduate Program

The postgraduate education team collaborates with undergraduate medical education in a number of ways. The site undergraduate program director meets with the postgraduate directors monthly at the Education Committee. These meetings are designed to be a forum for collaborating on education ideas, reviewing local education concerns, and developing new education curriculums. Most recently, the education committee has been laying the groundwork for a new awards committee that will be able to provide a structured approach to facilitate awards for deserving students and teachers.

The residents from the site participate in undergraduate teaching in a number of ways. In pre-clerkship, the residents participate in CBL (case-based learning) sessions and Integrated Clinical Experience (ICE). Some residents are also FMLE (Family Medicine Longitudinal Experience) tutors. This teaching experience involves having a second-year student shadow a resident for 6 half days in the family medicine clinic, one to two times per academic year. The resident also evaluates the assignments for the students for this course.

Undergraduate Medical Education (UGME) colleagues administering the Transition to Residency Program allow interested residents to mark the assignments of medical students. Residents receive a letter at the end of the project recognizing this work in the Scholar role.

During the family medicine core clinical rotation at Sunnybrook, clerks are paired with a resident for one to two half days in clinic. During these clinical half days, the residents supervise the clerk while the clerk is seeing a patient in clinic.

Sunnybrook also has a resident-medical student mentorship program which is organized by the PGY-1 rep, who has been oriented on the process.

Faculty Development

Faculty development needs are assessed at each hospital site by the Site Chief, Site Director and Faculty Development Lead. Faculty needs are also assessed by faculty needs assessment surveys (locally and centrally) as well as during monthly meetings. For example, based on the local needs assessment survey, a Faculty Development event was organized to address topics in teaching effectiveness and wellness. Additional events have been organized to address topics such as strategic planning, as well as competencies and assessment. During departmental and division meetings, opportunities are taken to present faculty with resources available to support them in their academic roles. A booklet titled the faculty's "academic neighbourhood" was compiled and includes resources for faculty both locally and centrally - this resource is available on the Sunnybrook DFCM intranet page. A strong focus on faculty development is physician wellness and thus events are organized to promote wellness and team building, such as yoga/mindfulness activities and teaching kitchen sessions.

With support locally and centrally in the DFCM, Sunnybrook's faculty development representative, Dr. Rahul Jain, regularly assesses and responds to the professional development needs of our department by keeping faculty apprised of events. Examples of local events include the Sunnybrook Leadership Institute, Case-Based Learning facilitation development sessions, on site viewings of Best Practice in Education Rounds (BPER), Education Conferences (SEAC) during Education Week at Sunnybrook, Practice Based Research Institute (PBRI) events, and the High

Performing Teams initiatives as part of Sunnybrook's Strategic Plan. In addition, faculty are advised on several DFCM and the PGME/University events which faculty may find beneficial in enhancing their knowledge, skills, and attitudes related to their various academic roles.

Cross-divisional Faculty Development Events: All family medicine faculty from all 5 divisions at Sunnybrook (Family Practice, Long Term Care, Family Practice OB, Palliative Care Consult Team, and St. John's Rehab) share teaching strategies from all divisions. These events occur approximately twice per year and are well received.

Site Strengths

1. Implementation and use of a fully integrated Electronic Medical Records (EMR) that is used in all aspects of clinical care by all Sunnybrook Academic Family Health Team interprofessional team members. This has also led to local expertise on the use of EMR and medical informatics.
2. Residents are involved in a unique Adolescent Outreach program that occurs in the schools of the community.
3. Site has a very strong AHD program that includes local expertise on Health Policy, Evidence-Based Medicine, Obstetrics (and the associated procedures), with an emphasis on workshop and small group learning. It has also been organized according to the 99 Priority Topics and CanMEDS roles with leadership from the residents themselves. There is a strong representation by site family physicians as the experts for the sessions during AHD.
4. On-site Procedures Clinic run by family physicians with full resident participation.
5. Consistent high interest and success rate of our residents in PGY3 fellowships and academic activities.
6. Strong Family Medicine Obstetrics program that has successfully promoted resident participation from the onset of pregnancy, through to labour/delivery, postpartum and new-born care that is founded in a unique soft-call model by the supervising faculty.

7. Clinical work at the Sunnybrook Academic Family Health Team which is founded on a complex, chronic care patient population is a strength as block clinical work builds competence in the care of very sick patients in an ambulatory setting that is focused on integrated, interprofessional, quality care delivered to the patient at critical points in their health journey to avoid hospital admissions and keep patients functioning in their community.
8. Residents are a tight-knit group fostered by the amount of staff support. There is a high degree of collegiality, support and continuity of education provided to the residents from both faculty and administration.
9. Many aspects of residency education and clinical care models experienced on block Family Medicine and on 'off-service' rotations involve IHPs (Integrated Health Professionals). The IHPs are involved in working with residents but also teaching and providing feedback to residents. Some examples are Homebound patient program, Post hospital Discharge Visits (PHD), Sunnybrook Diabetes Education (SUNDEC) program, adolescent outreach, Palliative Care consults, Rapid Access Addictions Medicine (RAAM) clinic, etc.

Quality and Innovation

The DFCM Quality and Innovation Program has designed a comprehensive, longitudinal quality improvement (QI) curriculum that is contextualized for primary care. This curriculum is mandatory for first year family medicine residents and includes a practicum requirement. This prepares family physicians for practice with the knowledge and skills to improve quality, planting the seeds for the career-long commitment to continuously reflect and engage with colleagues and patients in the quest for better.

The Division of Family Practice contributed to QI across the Department by holding a Zoom virtual teaching clinic to familiarize teachers with the Zoom platform and its feature that allow for learner supervision and group learning that replicates clinic teaching as closely as possible. Our St. John's Rehab Di-

vision has been doing great work to improve the collaborative management between SJR and Sunnybrook by focusing on improving the processes involving Warfarin and Dialysis, led by SJR QI Lead Dr. Betty Chiu and Pharmacy colleagues.

In the Division of Family Medicine Obstetrics we have two QI projects focusing on chronic disease prevention for women that involve optimizing referrals to and preventative care at the 4P clinic, as well as the development of online learning modules for family medicine residents. We are particularly proud of our ongoing Improving Joy at Work project, that our Division of Palliative Care wellness leads received the DFCM QI Local Team Impact Award for, and look forward to the contributions to physician well-being this project will make throughout 2021.

Innovative Clinical and Academic Programs

Two programs that show particular strength of vision for integration and provision of interprofessional care in two very important, relatively underserved populations are:

- **IMPACT Plus (Interprofessional Management of Aging and Complex Treatments)** – This program includes resident education in order to increase their competence in the care of the elderly who are especially vulnerable, complex, and fragile within the context of an interprofessional team working alongside each other in real time (rather than in silos).
- **Homebound Seniors Program** – Participation from family medicine trainees in home-based patient care is an educational experience addressing the barriers to providing primary care medicine in the home and providing skills in this unique area.

Other programs include:

- A Shared Care Psychiatry Program that integrates Mental Health into the Sunnybrook Academic Family Health Team and includes a team of resident learners from both Psychiatry and Family Medicine working together, supervised by faculty from both programs.

Scholarly Activity

In 2018:

- 31 academic posters
- 37 talks
- 17 peer reviewed journal articles
- 7 other publications
- 9 grants

TORONTO EAST HEALTH NETWORK - MICHAEL GARRON HOSPITAL

PROGRAM INFORMATION (2020)

TITLE	NAME(S)	LEARNERS
Chief	Dr. Kevin Workentin	
Postgraduate Site Director	Dr. Peter Tzakas	28 residents
Undergraduate Site Director	Dr. Catherine Yu	15 learners
Faculty/Professional Development Lead	Dr. Eleanor Colledge	
QI Lead	Dr. Sam Tirkos	
Research/Academic Project Lead	Dr. Deanna Telner	
Wellness Lead	Dr. Michelle Lockyer	

Site Description

The Toronto East Health Network (TEHN) is a regional, acute care hospital that provides an extensive range of primary, secondary and tertiary population-based programs and services. TEHN serves a very large and fascinating, culturally diverse community. It is a community that has seen a burgeoning re-growth of young families combining paediatrics and obstetrics with a large elderly population that lends to a challenging and rewarding medical experience. At present, TEHN serves people living in the Borough of East York, Southwest Scarborough and East Toronto.

Michael Garron Hospital (MGH), the main hospital site of TEHN, is a 399-bed urban community teaching hospital providing comprehensive care to a diverse population of 400,000 people. The hospital has just over 400 physicians on staff and in 2018, TEHN-MGH had 19,756 inpatient stays, 79,004 ER visits, 2,766 obstetrical deliveries, and over 264,000 outpatient visits.

The TEHN Family Medicine Post Graduate Program is located in the Toronto East Health Network. The site includes Michael Garron Hospital and two satellite academic Family Medicine teaching sites: Flemingdon Community Health Centre (CHC), and South East Toronto Family Health Team (SETFHT). The Family Medicine Department at TEHN-MGH also manages the rehabilitation medicine, long term care, and palliative care divisions.

Program Highlights:

- Full-service hospital in a friendly, community environment — greater emphasis on resident education as opposed to service
- A busy and popular emergency service with over 76,500 annual visits
- Comparatively more flexibility in scheduling — PGY2 experiences are preceptor-based
- Hybrid-style internal medicine rotation with a combination of ward work and sub-specialist training (clinics, ward, procedural skills) with call consisting of ER

- consults
- Weekly teaching sessions as an integral part of the learning environment — strong, family medicine focused teaching from both family physicians and specialists
- Hands-on, skills-based teaching, including procedural skills workshops, simulation sessions, and on-site ACLS training
- Annual rural retreat and wellness events

Postgraduate Program

As a teaching division within the University of Toronto Department of Family and Community Medicine, the Family Medicine Residency Program at Michael Garron Hospital traditionally provides clinical training for over 30 family medicine residents per year, and is currently one of the largest Family Medicine Residency Program sites affiliated with U of T. To date, the program has trained over 350 residents, many of whom have joined us as faculty or remained active members of our TEHN-MGH community.

MGH is also a base site for the DFCM Rural Program residents. Residents in the rural program spend their PGY-1 year at the Michael Garron Hospital site, followed by a full PGY-2 year at a rural site, effectively preparing them for a future rural practice.

MGH believes that one of the main responsibilities of family physicians is to know their community, its health problems, and its resources. As a training program, MGH works with residents to teach them how to learn about a community and its needs.

In addition to their family medicine block experiences, all residents have a weekly Half Day Back, in which they see their own patients at one of three community clinic sites:

- Flemingdon Community Health Centre – a Community Health Centre located just north of TEHN at Don Mills and Overlea. The centre serves a large multi-ethnic population and has many outreach clinics (teen clinic, elderly clinic, etc.).
- South East Toronto Family Health Team (Coxwell Site) – a Family Medicine Teaching Unit located across from TEHN. The

practice has many resources that enhance the teaching and learning experience in an interdisciplinary environment, as well as offering a fully electronic paperless office experience to residents.

- South East Toronto Family Health Team (Danforth Site) – a Family Medicine teaching unit on Danforth Ave just east of Coxwell Ave. This site features an interdisciplinary team, working in a fully electronic environment.

MGH family physician faculty are supportive preceptors who are also active in family medicine obstetrics, emergency medicine, palliative care, chronic and rehabilitative medicine, family counselling, research, and community medicine. In total, there are over 32 full and part-time family medicine teachers in the MGH division in addition to a full range of ancillary health care staff.

Each of the three sites also offers an interdisciplinary approach to primary care medicine. Residents will have the opportunity to work closely with allied health professionals like pharmacists, nurses, nurse practitioners, dietitians, chiropractors, and others to ensure the highest quality of care for patients. As a result, family medicine residents can gain a complete appreciation of community practice.

Undergraduate Program

An average of 15 undergraduate students from the University of Toronto's Wightman-Berris Academy complete their core Family Medicine rotations at TEHN-MGH each year. The students are placed at either the Flemingdon Community Health Centre (CHC) or the South East Toronto Family Health Team (SETFHT).

In addition to training in family practice clinics, students can also have experiences in family practice obstetrics, attend home visits, and gain exposure to in-hospital palliative care while on their rotation at TEHN-MGH. Interdisciplinary patient care is also stressed to undergraduate trainees. The students work closely with nurses, social workers, pharmacist, dietitians, and chiropractors at all sites.

In addition to the core clerks, TEHN-MGH faculty also supervise medical students on elective, Transition to Residency (TRT), and Extended Clerkship rotations are available. Several faculty members are involved in undergraduate education at the pre-clerkship level, serving as tutors for Integrated Clinical Experience (ICE) and facilitators for Problem Based Learning (PBL) seminars.

TEHN-MGH residents are also active in undergraduate teaching, serving as co-tutors for ICE and teaching students on several specialty services including paediatrics and obstetrics & gynaecology. Some residents also serve as Family Medicine Longitudinal Experience (FMLE) mentors for first- and second-year medical students from the University of Toronto.

Faculty Development

Faculty development needs are assessed at each hospital site by the Site Chief (Dr. Workentin), Site Director (Dr. Tzakas) and Faculty Development Lead (Dr. Colledge).

Whenever a question arises from faculty to the Site Director's office or Professional Development Lead, or if the central department has a suggestion on faculty development, an email survey is done as a needs analysis to determine if faculty would benefit from some support/training.

For example, three years ago, a faculty burn-out survey was distributed electronically. Seventy percent of faculty who completed the survey indicated at times the role of teacher and practitioner can be challenging to balance alongside personal demands.

In response, the faculty have had workshops led by the Faculty Development Lead and Wellness Lead. An OMA representative also hosted one workshop on wellness. Further, to enhance physician autonomy, the SETF-HT site has allocated physicians to 4 pods where they can have more control over how a small unit works within the organization. This change is currently undergoing a QI with the aim of improving the clinic experience for administrative staff, physicians, residents, IHPs and patients.

Site Strengths

- As a community site, Toronto East Health Network (TEHN)/ Michael Garron Hospital (MGH) serves a diverse patient population with a range of presentations. Our high-volume Emergency Department and large paediatric and obstetrical populations in the Toronto East neighbourhood provide a well-rounded experience for learners.
- TEHN-MGH has the unique ability to offer all learning experiences in all major disciplines onsite, making it a true general hospital. Furthermore, TEHN-MGH has a relatively low number of specialty trainees onsite, meaning that our family medicine residents get extensive one-on-one interaction and teaching with clinical staff.
- TEHN-MGH residents treat their own patients in the community, and each of the three family medicine clinic sites offer an interdisciplinary approach to primary care medicine. This model allows time for residents to work closely with allied health professionals to ensure the highest quality of care for patients.
- TEHN-MGH has a history of sustained excellence in teaching and education. Our site continuously places at the top of learner satisfactions score and continues as a popular choice for family medicine training at the University of Toronto. Both our family medicine and specialty program faculty are keen and enthusiastic teachers who have won awards at the hospital, university, and national levels. There is a strong family medicine presence in the hospital, and family physician faculty serve as role models in numerous areas.

Quality and Innovation

The DFCM Quality and Innovation Program has designed a comprehensive, longitudinal quality improvement (QI) curriculum that is contextualized for primary care. This curriculum is mandatory for first year family medicine residents and includes a practicum requirement. This prepares family physicians for practice with the knowledge and skills to improve quality, planting the seeds for the career-long commitment to continuously

reflect and engage with colleagues and patients in the quest for better.

Our local QI lead teaches residents key QI principles, and each resident completes a QI project during their first year. Several individual faculty members at TEHN-MGH teaching sites are also highly engaged in QI work, serving as exceptional role models for the residents. Two faculty members sit on the DFCM QI Committee, which serves as a model for inter-professional collaboration.

Resident QI projects at MGH-TEHN have had a direct impact on the FHT. For example, a resident QI project looking at safety incidents modelled after hospital incident reporting mechanisms led to the development of an incident reporting system at our family medicine sites. Residents, administrative personnel, allied health and clinical faculty can all help to improve process by reporting adverse events or near misses on an electronic incident form platform.

Innovative Clinical and Academic Programs

The TEHN-GH site offers innovative academic programming, including:

- **Procedural Skills Workshops** – Family Medicine Residents at TEHN-MGH participate in a five-part procedural skills workshop series throughout their PGY1 year. The workshops include: Gynecology and Breast, Dermatology, Family OB, MSK, and Emergency Medicine procedural skills.
- **Home Visits Program** – The TEHN-MGH Family Medicine teaching unit has developed a home visits program, which is now open for family medicine residents to participate as a learning experience. They can see patients in the program run by the Family Health Team's physician assistant or nurse practitioners.
- **Emergency Medicine Simulation Program** – The TEHN-MGH program incorporates quarterly ER simulation sessions as part of its curriculum for both first- and second-year residents. The program draws upon the expertise of an interdisciplinary team that includes ER physicians, Family physicians, Pediatricians, Registered

Nurses, Paramedics, and Respiratory Therapists. The sessions are designed around true-to-life scenarios that expose participants to experiential learning and teach team-based crises resource management in a variety of potential settings. The program builds situational awareness and reinforces algorithms learned in BLS, ACLS, NRP, and PALS.

Scholarly Activity

Since 2017:

- 14 peer-reviewed principal or co-principal investigator grants
- Five non peer-reviewed principal or co-principal investigator grants
- 28 peer-reviewed publications

TRILLIUM HEALTH PARTNERS - CREDIT VALLEY HOSPITAL

PROGRAM INFORMATION (2020)

TITLE	NAME(S)	LEARNERS
Chief	Dr. Tamara Wallington	
Postgraduate Site Director	Dr. Melissa Graham	18 residents
Undergraduate Site Director		24 clerks
Faculty/Professional Development Lead	Dr. Nina Yashpal	
QI Lead	Dr. Ali Damji	
Research/Academic Project Lead	Dr. Farhan Asrar	

Site Description

Trillium Health Partners serves the population of Mississauga, the sixth largest city in Canada and is one of Canada's largest academically-affiliated health centres with specialized regional programs in Advanced Cardiac Surgery, Geriatric Mental Health Services, Hepato-Pancreato-Biliary Services, Neurosurgery, Palliative Care, Primary Percutaneous Coronary Intervention, Sexual Assault and Domestic Violence, Specialized Geriatric Services, Stroke, and Vascular Services.

Annually, Trillium Health Partners serves approximately 1.7M patients across its three hospital sites: Credit Valley Hospital, Mississauga Hospital, and Queensway Health Centre.

The Credit Valley Hospital site of Trillium Health Partners is a regional hospital located in Mississauga, Ontario, the fastest growing health region of the province, officially opened its doors to patients on November 5, 1985. Currently, the 496-bed community hospital offers a full range of primary and secondary care services and stands as a regional centre of excellence in cancer care, renal care, genetics, perinatal and paediatric care

– staying true to its commitment to meet the needs of a growing community.

Postgraduate Program

The Family Medicine Post Graduate Program (FMPGP) at Trillium Health Partners - Credit Valley Hospital, established in 2006, offers a horizontal family medicine experience. Residents spend approximately three half-days per week throughout the two-year residency in the Family Medicine Teaching Unit (FMTU) which is based within, and fully integrated with, the Credit Valley Family Health Team (CVFHT). The FHT provides the clinical environment and structure within which the FMTU executes on its delivery of the family medicine curriculum.

The FHT/FMTU is located on the hospital campus. This allows residents to build a practice of their own patients and follow the course of an illness through its management while emphasizing health promotion and illness prevention. Working within this FMTU means functioning within a Family Health Team and allowing exposure to the team-based care provided through interprofessional collaboration. Residents are supported by a skilled cadre of active family physicians, consultants

as well as other regulated health professionals. The clinical experience includes obstetrics/gynecology, pediatrics, palliative care, geriatrics, mental health, emergency medicine, internal and hospitalist medicine.

The Credit Valley site offers a high volume of clinical exposure with over 5000 deliveries per year and a series of outpatient prenatal and postpartum clinics as part of a regional maternal-child service, an emergency department with over 100,000 visits per year, a Family Medicine hospitalist service where residents are the most responsible physician for patients. This is complemented by options for enrichment in the areas of genetics, cardiology, nephrology, infectious diseases, endocrinology, oncology, respirology, mental health, surgery and its subspecialties and addictions.

Undergraduate Program

A core clerkship experience in Family Medicine has been offered at the Credit Valley Hospital since 2008. Their involvement in core clerkship significantly expanded with the opening of the Mississauga Academy of Medicine (MAM), and they welcomed their first group of clerks completing their core rotation in Family Medicine from MAM in 2013.

Twenty-four students complete their family medicine rotation at Credit Valley Hospital during each academic year. The clerks spend time within the Credit Valley FMTU/FHT, as well as in the community.

The undergraduate site director works closely with the postgraduate site director, the physicians, and residents at the FMTU in the following ways:

- Residents are often paired with 3rd year clerks during their family medicine rotation - they review cases and teach medical students in a clinical setting
- The residents are often involved in the delivery of seminars to the clerks. All of the FMTU teachers participate in clerkship teaching.
- Family medicine clerks join residents for chart review at the end of the clinic where we discuss cases/topics that came up during the clinic

- Residents have the option to attend the clerk presentations (evidence-based or advocacy presentations) during each block
- Family medicine clerks are often paired with the FMTU physicians in their clinics. The 3rd year clerks have the opportunity to work with FMTU physicians; there is an observed history and physical on each block and clerks receive constant feedback
- Clerks are scheduled with the diabetes and smoking cessation clinics at the FMTU

The residents are also engaged in the supervision of clerks on other block rotations, for example, medicine.

The Mississauga Academy of Medicine Medical Education Office is currently developing a mentorship program for medical students in collaboration with our family medicine Chief Residents.

From a pre-clerkship perspective, several post-graduate faculty have taught within the first- and second-year clinical skills course. Some staff physicians and residents have acted as preceptors for the Family Medicine Longitudinal Experience (2nd year medical students). Additionally, other faculty facilitate problem-based learning seminars within the pre-clerkship curriculum.

Faculty Development

Faculty professional development needs are assessed through regular self-assessment by the faculty, discussion at the Teachers Committee, and in a formal manner with the Chief annually at their review. As an outcome to that review the faculty are encouraged to liaise with our local Professional Development Representative for guidance on additional resources and planning to develop a professional development plan. The Professional Development representative sits on the DF-CM's Professional Development Committee which meets on a monthly basis to oversee the department's professional development activities and help guide site initiatives.

The Trillium-Summerville and Credit Valley FMTUs have quarterly meetings (Joint FMTU

Committee). Faculty development is a standing item on the agenda and so far the two FMTUs have met for 2 faculty development retreats.

Internally, there is time set aside at each Teachers Committee meeting for faculty members to discuss their recent professional achievements (e.g. posters presented, course papers completed, etc.) as a means of providing companionship and support in our shared goal of professional and academic excellence. In addition, a small, protected fund was created within the Family Health Organization (FHO) budget and additional funds in the DFCM site budget to support academic work or research that the faculty may engage in.

With their close relationship with the Mississauga Academy of Medicine (MAM), faculty have also benefited from the faculty development resources provided through this endeavour.

Trillium Health Partners holds monthly Education Rounds across the three hospital sites in support of the Academic mission and teaching excellence. Sample topics include: Comparing and Contrasting Faculty Development and Continuing Professional Development, Incorporating Ethics Education into Practice, and others.

Site Strengths

Credit Valley Hospital maintains a strong connection with the community. Residents consistently describe our site as “the best of both worlds” because of its community-academic focus. We mentor the residents to be aware of the community resources that are available to patients (e.g. home care, Public Health, Peel Region supports for daily living, etc.).

Credit Valley Hospital is fortunate to have dedicated groups of teachers within nearly every domain of the hospital including: Emergency Medicine, Geriatric Medicine, Internal Medicine, Pediatrics, Psychiatry, Obstetrics and Gynecology, and Palliative Care Medicine. Each of these groups have been

dedicated to producing the very best educational experience, centred in family medicine, for our residents and have modified their programs (e.g. integrating rotation learning outcomes into their planning) to ensure this occurs. Our residents consistently highlight the 1:1 relationship with rotation preceptors and the consistent feeling of being valued as a team member as a program strength.

Trillium Health Partners hosts 2 of the DFCM's Family Medicine Teaching Units – Credit Valley and Trillium-Summerville. This proximity and joint leadership through the hospital has generated opportunities for the two sites to share resources. Examples include:

- Joint Academic Half Day Curricula in Psychiatry, Ethics, and research
- Joint funding of a Research Lead
- Shared clinical elective resources
- Administrative support and coverage
- Shared Faculty Development
- The education leads from the two sites come together approximately quarterly at the Joint Steering Committee to review our portfolios, share ideas, and identify areas for collaboration

Credit Valley Hospital residents, upon graduation from the program, are competent in the domain of obstetrical care. They have a very supportive group of family physicians who deliver and participate in resident education. They also have the benefit of a very active labour and delivery floor and engaged specialist teachers, which permits residents to achieve 60-100 deliveries during their obstetrical rotation. In 2019, they developed a partnership with midwifery to enhance the prenatal care experience for residents. Midwifery is a popular option for obstetrical care in our community and they often received referrals that exceed their capacity. In these cases, patients are offered care by our Family Medicine Obstetrical Team.

Credit Valley Hospital's care of palliative and homebound patients have become an essential curricular element in the last 2 years. Prior to the last review, they were offering opportunities for care in the home and community based palliative care to residents expressing an interest. They have now built our capacity

such that every resident in the program follows a palliative or homebound patient longitudinally during their training supported by highly engaged family medicine preceptors. Residents experience continuity with their assigned patient, and also learn and care for patients in the home (and virtually).

Quality and Innovation

The DFCM Quality and Innovation Program has designed a novel comprehensive, longitudinal quality improvement (QI) curriculum that is contextualized for primary care. This curriculum is mandatory for first year family medicine residents and includes a practicum requirement. This prepares family physicians for practice with the knowledge and skills to improve quality, planting the seeds for the career-long commitment to continuously reflect and engage with colleagues and patients in the quest for better.

Residents participate annually in a joint QI celebration with their colleagues at the Summerville FHT, staff physicians, and allied health professionals where they present their completed QI projects and reflect on opportunities for continuous improvement.

Faculty and staff have been continually engaged in quality improvement at the CV FMTU. Projects undertaken by faculty include improving access to care for patients with palliative care needs, improving prescribing practices, and rapid change cycles to address new demands created by COVID-19. Faculty and residents have co-presented to the community of family physicians in our region, educating them about novel approaches to virtual care, drawing attendance levels of over 300 physicians.

Data-driven improvement has become a cornerstone of the CV FMTU as evidenced by the recent COVID-19 patient experience survey and the QI Process underway to improve diabetes care during the pandemic using data from our practice.

The recruitment of the QI Site Lead as a Clinician-Investigator at the Institute for Better Health, has provided opportunities to create

a learning health system through partnerships with the research community.

Innovative Clinical and Academic Programs

Quality Reviews were developed by the CV FMTU as a means to address errors that occur in the resident practice in a way that fosters a culture of continuous improvement and learning from error, involves the patient and the learner in the experience, and reduces individual blame.

The Addiction Medicine curriculum at the CV FMTU provides residents and medical students an experience with a family physician with expertise in addiction medicine to gain competence in the treatment of substance use disorders, while also enhancing awareness of this population and reducing stigma. A strong emphasis is placed on educating learners on the social determinants of health during the rotation.

Scholarly Activity

Since 2016:

- 23 faculty awards received
- 4 faculty publications
- 24 faculty presentations

TRILLIUM HEALTH PARTNERS - MISSISSAUGA HOSPITAL

PROGRAM INFORMATION (2020)

TITLE	NAME(S)	LEARNERS
Chief	Dr. Tamara Wallington	
Postgraduate Site Director	Dr. Bachir Tazkarji	19 residents
Faculty Development Lead	Dr. Nina Yashpal	
QI Lead	Dr. Fran Cousins	
Research/Academic Project Lead	Dr. Bachir Tazkarji	

Site Description

Trillium Health Partners - Mississauga Hospital is situated in the heart of the city's south end. Mississauga is the sixth largest city in Canada and is one of the most culturally diverse cities in the nation.

The Family Medicine Teaching Unit (FMTU) at Mississauga Hospital is one of a five-site group called Summerville Family Health Team. The group serves residents in the Mississauga-Halton (MH) Local Health Integration Network (LHIN), one of the most populated and rapidly growing regions in the province. Despite the small geographic area, over 1.2 million people live in the MH LHIN, with the population growing by approximately 20,000 every year. The population demographics also indicate a growing percentage of seniors and a significant number of immigrants and visible minorities. The percentage of the population greater than 65 years of age is 14.1% for Mississauga, which grew by 24.9% between 2011 and 2016. Compared to Ontario overall, the catchment area has a higher percentage of recent immigrants and individuals whose mother tongue and/or spoken language is one other than English or French; 44.3% of the population identifies as an immigrant and 40.7% identifies as a visible minority.

Teaching Site Facilities:

- Houses most of the hospital's inpatient services
- 827 acute, rehabilitation and chronic care beds
- 24-hour Emergency Care Centre
- 96,000 ER visits annually
- 24-hour Emergency Centre at Trillium Health Partners — providing regional programs in advanced cardiac surgery, geriatric mental health services, hepato-pancreato-biliary services, neurosurgery, palliative care, primary percutaneous coronary intervention, sexual assault and domestic violence, specialized geriatric services, stroke, and vascular services
- One of the largest concentrations of critical care services in Canada with modern facilities offering intensive care, cardiac surgery intensive care and coronary care
- Home of The Colonel Harland Sanders Family Care Centre offering a wide range of women's and children's services in one centralized setting — the first of its kind to be located in a hospital setting in Canada
- One of the largest birthing centres in the region

Postgraduate Program

Trillium Health Partners is one of Canada's largest academically-affiliated tertiary care hospitals with highly-specialized regional programs, making this a great training site for University of Toronto Family Medicine residents. They have specialty departments in all major fields of medicine, including family medicine, internal medicine, complex continuing care services, cardiac surgery, surgery, obstetrics & gynecology, emergency medicine, orthopaedics, diagnostic imaging, paediatrics, cardiology, Neuro/MSK and psychiatry. In 2019, Trillium announced the location of a new health centre in partnership with Heart House Hospice that will improve access to long-term and hospice palliative care for the people in Mississauga. This development will include the first residential hospice in Mississauga.

The two-year horizontal program is built around the fundamental experience of residents providing ongoing medical care for their own patients within the Family Medicine Teaching Unit (FMTU). Residents:

- Manage a mini practice of 150 patients that they inherit from the practice of graduating residents.
- Throughout the majority of their speciality rotations, residents see their own family medicine patients three half-days per week throughout the two years (exception: during the PGY2 rural experience, residents are not required to manage their patients at the FMTU or attend the academic half-day seminars).
- Have an opportunity to build and maintain their own family practice.
- Develop continuing relationships with patients and their families.
- Sustain their role as a family physician throughout their training.

While maintaining their regular family medicine clinic, residents spend one to three months within several of the Trillium Health Partners' site's speciality departments, resulting in eight to 12 speciality placements per year. The flexibility of our second-year curriculum recognizes the need for residents to identify their learning objectives and select rotations accordingly.

Undergraduate Program

Trillium Health Partners - Mississauga Hospital has an expanding breadth of teaching opportunities. Their residents currently assist in teaching Foundations students, as well seminars for family medicine clerks on their core rotation block. With the Mississauga Academy of Medicine, there are increased opportunities to mentor and teach undergraduate medical students.

Collaboration with Undergraduate Medical Education (UGME) may include:

- Faculty of Medicine clerkship program (e.g., integrated learning experience that fosters the development of advanced skills relevant to professional attitudes pertinent to effective patient care)
- UGME colleagues administering the Transition to Residency Program allow interested residents to mark the assignments of medical students. Residents receive a letter at the end of the project recognizing this work in the Scholar role (Can MEDS)
- Teaching clerks on rotations, teaching in formal undergraduate curriculum, any opportunities to serve as undergraduate mentors
- Joint social/program events e.g. research day
- Joint teaching e.g. clerks attending academic half day, academic half-day that is accredited for staff as well

Faculty Development

Locally, professional development needs are assessed through regular self-assessment by the faculty, discussion at the Competency Review Committee, and in a formal manner with the Chief annually at their review. As an outcome to that review the faculty are encouraged to liaise with the local Professional Development Representative (Dr. Nina Yashpal) to develop a professional development plan. The Professional Development representative sits on the DFCM's Professional Development Committee, which meets on a monthly basis to oversee the department's professional development activities and help guide site initiatives.

In addition, The Trillium-Summerville and Credit Valley FMTUs have monthly meetings (Joint FMTU Committee), and faculty development is a standing item on the agenda.

The next formal needs assessment at our site is scheduled for winter 2020.

Internally, there is time set aside at each Teacher's residency committee meeting for faculty members to discuss their recent professional achievements (e.g., posters presented, course papers completed, etc.) as a means of providing companionship and support in our shared goal of professional and academic excellence.

Locally, 3 physicians completed the Rotman leadership course delivered at Trillium hospital (Dr. Corkum, Kates and Tazkarji).

With a close relationship with the Mississauga Academy of Medicine (MAM), faculty have also benefited from the faculty development resources provided through this endeavor.

Trillium Health Partners holds monthly Education Rounds across the three hospital sites in support of the Academic mission and teaching excellence.

These are supplemented by a range of faculty development offerings through the DFCM and Faculty of Medicine as listed in the Central Instrument.

Site Strengths

- The FMTU has a strong administrative structure which advocates for the Family Medicine residency program and its residents. The Curriculum Committee allows for residents' input to be integrated into the goals and objectives of each specialty rotation, the evaluation system, and the overall organization of the program. Resident and staff feedback allows for constant improvements to the program. In addition to the Site Director, the Postgraduate Medical Education Program Assistant and the Director of Medical Education at Trillium Health Partners have all dedicated significant time to the residency program. The academic program has

great support.

- Robust hospital education department that helps our residents with all aspects of their hospital rotations, from coordinating their schedules, teaching sessions with the Mississauga Academy students, learner's policies and occupational health.
- The Trillium-Summerville FMTU has an abundant number of resources to offer residents of the Family Medicine program. Firstly, the FMTU is located in a state of the art facility that opened in July 2009. With nearly 9500 sq. ft. of space, the FMTU offers a bright and accessible clinical space for practicing residents. Secondly, the FMTU is equipped with an Electronic Medical Record (EMR). The FMTU is hardwired to the Trillium Health Partners' network enabling residents and staff physicians timely access to discharge summaries, test results, etc. their patients receive at the hospital. With remote access to Trillium Health Partners' network, tasks such as chart completion, review of lab results, etc., can be easily and efficiently completed. Computers are available in every exam room, office, and the designated resident workroom.
- The Trillium Health Partners – Mississauga site is located directly across the street from the Trillium-Summerville FMTU. At the hospital, residents have access to the health science library (24/7 access), meeting rooms, on-call rooms, physician lounge, cafeteria, and may attend any departmental teaching rounds
- The Trillium-Summerville FMTU is a Family Health Team. Residents are afforded the opportunity to work alongside interdisciplinary healthcare professionals. This environment prepares the resident for a team based model of practice.
- The residents have access to a very active Obstetrics rotation. With 12 preceptors doing approximately 4000 deliveries a year, residents get an excellent hands-on obstetrical experience. Pregnant patients of the FMTU are seen by two family physician preceptors, who have additional obstetrical training. This exposure provides a strong foundation for maternity care for our Family Medicine residents, in a highly supportive environment. Residents are

also exposed to midwives, who practice in collaboration with our obstetricians.

- While teaching, the FMTU faculty are dedicated to supervising residents during their clinical half-days. Teachers do not see their own patients if they are supervising more than one resident. This allows for frequent and direct resident observation, feedback, and discussion, and ensures that teachers are fully accessible to residents.

Quality and Innovation

The DFCM Quality and Innovation Program has designed a comprehensive, longitudinal quality improvement (QI) curriculum that is contextualized for primary care. This curriculum is mandatory for first year family medicine residents and includes a practicum requirement. This prepares family physicians for practice with the knowledge and skills to improve quality, planting the seeds for the career-long commitment to continuously reflect and engage with colleagues and patients in the quest for better.

The Mississauga hospital site's QI program started in 2011 and has developed many high quality projects over the years. Several of the local projects were advanced into the second year to turn it into a scholarly research projects.

Last year, one of our residents' project won the DFCM project award. The project, titled "the impact of opioids online template on the improvement of documentation", looked for ways to enhance the care for patients on chronic non cancer opioids treatment and was presented at the annual DFCM research day.

Furthermore, our site is part of a larger family health team group and the whole group has quality improvement metrics and a separate committee that enables our residents to collaborate with allied health professionals on several of their projects.

Innovative clinical and academic programs

One example of an innovative program includes the creation of a home visits program and a home palliative program led by our local teachers. Each resident is assigned 2 home bound patients in the beginning of their residency and the resident will continue to follow the patients throughout their training. Some of the patients might become palliative patients and others remain as a stable home visits patients. The palliative program is a parallel program that enhanced the palliative program and home visits program.

Another example includes integrating several speciality clinics into the training program to be delivered locally within the teaching unit premises. These clinics are: memory and cognitive disorders clinic, COPD clinic, diabetes clinic and psychiatry shared care clinic.

Online rotations scheduling using Outlook is our newest innovative idea.

Scholarly Activity

Since 2018:

- 1 AOP grant

Since 2020:

- 3 publications

UHN - TORONTO WESTERN HOSPITAL

PROGRAM INFORMATION (2020)

TITLE	NAME(S)	LEARNERS
Chief	Dr. Camille Lemieux	
Postgraduate Site Director	Dr. Sarah Fleming	30 (including 6 PGY3)
Undergraduate Site Director	Dr. Natasha Mirchandani	
Faculty Development Lead	Dr. Andrew Sparrow	
QI Lead	Dr. Rory O'Sullivan	
Research/Academic Project Lead	Dr. Noah Crampton	

Site Description

The Toronto Western Family Health Team (TWFHT) has two sites, located in West downtown Toronto at the intersection of Bathurst Street and Dundas Street (Bathurst site), and at St Clair and Oakwood (Garrison Creek site). Collectively the two sites serve a roster of approximately 25,000 patients. The UHN Department of Family and Community Medicine is the academic partner to the TWFHT.

Well-known surrounding neighbourhoods to the TWFHT include Toronto's Kensington-Chinatown, Palmerston-Little Italy, Trinity-Bellwoods, Little Portugal, the Annex, St. Clair West and Oakwood. Some of these neighbourhoods have a higher-than-average proportion of seniors. Older patients have often previously immigrated from the Mediterranean, Eastern Europe and East Asia, and the area welcomes thousands of new immigrants annually. As of 2016, over 60% of the [population in Kensington-Chinatown](#) was a visible minority and over 13% had no knowledge of English.

The Department of Family and Community Medicine (DFCM), University Health Network (UHN) is involved in medical education at the preclerkship, clerkship, postgraduate and en-

hanced skills levels, and is greatly committed to providing an excellent CanMEDS-FM, Triple C, competency-based postgraduate medical education for our trainees. In a given year, our team trains up to 26 family medicine residents at the Bathurst site. The new Garrison Creek site is also primed to take additional residents in future.

Teaching Site Facilities

- Modern office examination rooms fully equipped with computers and audiovisual technology for supervision.
- Multidisciplinary team including nurses, two social workers, two pharmacists, two dietitians, a chiroprapist, a health promoter, an occupational therapist, a respiratory therapist, and a physiotherapist.
- Services are primarily provided in English, with hospital interpreter services available when required.

Postgraduate Program

DFCM-UHN offers a horizontal (longitudinal) family medicine curriculum, whereby residents care for their own roster of patients in an experienced interprofessional health care team. Each resident becomes the primary provider for approximately 150-200

patients over their two years of training. As such, the program facilitates excellent continuity of care, as well as continuity in training. DFCM-UHN has 26 clinician teachers/clinician researchers and 6 allied health/nursing teachers with DFCM faculty appointments. The extensive interprofessional FHT includes a respiratory therapist, occupational therapist, physiotherapist, social workers, dieticians, pharmacists, nurses and nurse practitioners, many of whom provide direct teaching to and team-based care with trainees.

Similarly, the educational program is strengthened by an on-site UHN-based General Internist, Psychiatrist and Pediatrician, who are highly involved in both the care of patients and teaching. Educational sessions featuring interdisciplinary participation include Grand Rounds, Doing It Better (Safety) rounds, Ethics seminars and Inter-Professional Team Case Conferences, the latter of which supports the multidisciplinary review of complex clinical cases.

Not surprisingly, residents based at the DFCM-UHN site gain experience with a diverse patient population, including working professionals, artists and young families, as well as patients facing significant challenges, including resettlement concerns, mental health and addiction issues, low socioeconomic status, and chronic disease. As per a 2016 report by the Toronto Central LHIN, Kensington-Chinatown “has the highest level of marginalization and highest proportion of low-income residents among the Mid-West Toronto neighbourhoods”. Ultimately, residents work with a rich and complex patient profile, and develop skills to meet the needs of a varied population. Of note, resident practice profiles are regularly monitored to ensure appropriate breadth in their individual practices.

Furthermore, DFCM-UHN offers an array of additional Family Medicine (FM)-centered experiences to residents. These include the Family Inpatient Service, Home-based Care Program, FM Obstetrical Care Program and the FM Procedures clinic. In 2021, we will also be integrating Sports Medicine into our core on-site curriculum.

Residents also participate in off-service rotations supported by excellent specialist and family medicine teachers – namely in General Internal Medicine, Palliative Care, Psychiatry, Emergency Medicine, Orthopedics and Rheumatology. Family Medicine Residents consistently report they feel like welcomed and respected members on off-service teams at UHN, which is imperative to an effective learning environment.

Undergraduate Program

With regard to pre-clerkship teaching, 18 of DFCM-UHN faculty facilitate pre-clerkship courses, including “Health-in-Community” 1 and 2, “Arts and Science of Clinical Medicine” 1 and 2, and “Case Based Learning”. Faculty also participate in the Family Medicine Longitudinal Experience (FMLE) for medical students. Of note, residents are active participants in the FMLE program whereby they may volunteer to work with a medical student while in the Family Medicine clinic – this opportunity is offered to them in the latter 6 months of their PGY-1 year and/or during their PGY-2 year, with the Site Director’s approval.

Notably, Dr. Azadeh Moaveni, based at the DFCM-UHN site, is the current DFCM Undergraduate Education and Clerkship Director. She works in partnership with Dr. Natasha Mirchandani, to hone the family medicine clerkship curriculum as offered at DFCM-UHN. Dr. Amita Singwi is the Electives Co-ordinator for Undergraduate Education. DFCM-UHN was also a pilot site for the Longitudinal Integrated Clerkship (LiNC).

All faculty are involved in clerkship teaching by directly supervising clerk clinical experiences and overseeing their requisite academic projects. Faculty are similarly involved in the Transition-To-Residency Program and supervise medical students in this final stage of their training. In their PGY-2 year, residents are also reliably afforded the opportunity to work with a medical student in the clinical setting as part of the medical student’s core rotation.

Faculty Development

At DFCM-UHN, faculty development is a joint effort between Dr. Andrew Sparrow, the site Faculty Development Lead, Site Chief and the Site Directors for Undergraduate and Postgraduate Education. For each academic year, teachers are surveyed at a Teacher's Meeting to identify priority learning objectives for that year.

Professional development ideas are also brought forward by the Faculty Development representative, Chief or PG Site Director based on needs identified by residents (e.g., based on rotation and teaching evaluations, or feedback provided at Progress Reviews, by Chief Residents or other meetings involving the Site Director and resident group). For example, a recent faculty refresher on "Giving Effective Feedback in Medical Education" was brought forward after 2 instances where residents felt that their quarterly feedback was not descriptive enough. Topics are approved at Teacher's Meetings, to develop valuable half-day sessions that are typically scheduled during resident Core Days (thus approximately 6 dedicated sessions per year). At these sessions, all faculty gather for formal learning, as well as teambuilding, mentorship and mutual support.

At Teacher's Meetings, Professional Development is also a standing item on the agenda, ensuring that upcoming events and opportunities are brought to the attention of faculty members. In addition, faculty refreshers, such as "Giving Effective Feedback in Medical Education", "An Approach to Residents in Difficulty", a review of the FTA Framework or "The Hidden Curriculum" are delivered in response to need, such as current programmatic themes and resident feedback.

The Scholarship Committee with its mandate to build scholarly capacity by supporting scholarship among the FHT staff and DCFM physicians, is similarly invested in supporting faculty development needs as it pertains to primary care research/education scholarship. As noted, an incredibly helpful Primary Care research Toolkit has been designed to support staff and resident learning needs.

Staff are encouraged to participate in Continuing Medical Education (CME) and recognized for their CME activity at Merit Reviews. Staff are granted one week away from clinical and leadership duties to participate in PD every year.

Site Strengths

- The DFCM-UHN site offers excellent continuity in patient care, education and curriculum, through its well-established longitudinal family medicine program where residents care for their own roster of patients. Furthermore, the goals and objectives of the program are clearly articulated, widely circulated and incorporated into core and elective rotation planning.
- Residents have ample opportunity to pursue elective educational experiences, allowing them to tailor their learning experiences, with guidance, to acquire specific competencies and meet individual career goals. The novel Resident Reflection Rounds help to support residents in developing the skills needed for lifelong reflective practice.
- There are highly experienced and dedicated faculty members from a variety of health professions and with diverse scopes of practice, including research, with a very active Teacher's Committee.
- The program offers an environment that strongly supports the development of resident communication skills with patients and colleagues. This is facilitated through the Partners in Care program, and opportunities for direct observation through live video-feed and video-recording (with explicit patient consent). Residents are similarly afforded significant opportunity to communicate and collaborate within an interprofessional framework through our highly collaborative team with numerous interprofessional patient care and quality improvement initiatives.
- The site supports the assessment of communicator and collaborator CanMEDS-FM roles via the use of a multisource feedback that greatly contributes to our ability to assess all expected competencies.
- The majority of learning experiences are centered in family medicine, with instruc-

tion by family doctors in low risk obstetrics (2 blocks), family inpatient medicine (2 blocks), and procedure clinics, in addition to supervision by CCFP graduates in emergency medicine, palliative care, teaching practice and MSK blocks.

- DFCM-UHN has also established a dedicated research program led by Dr. Noah Crampton. This has increased capacity for both internal and external studies and offers residents rich and accessible research opportunities. The research program also supports postgraduate research projects, enabling high calibre projects with strong research methodology.

Quality and Innovation

The DFCM Quality and Innovation Program has designed a comprehensive, longitudinal quality improvement (QI) curriculum that is contextualized for primary care. This curriculum is mandatory for first year family medicine residents and includes a practicum requirement. This prepares family physicians for practice with the knowledge and skills to improve quality, planting the seeds for the career-long commitment to continuously reflect and engage with colleagues and patients in the quest for better.

Our residents receive strong and dedicated QI project support, with resources including a dedicated research associate, data access and institutional expertise. The result is high quality projects, some of which have developed into full research projects, published papers and national awards.

Innovative Clinical and Academic Programs

- **Sports Medicine:** In 2021, we will be integrating Sports Medicine into our core on-site curriculum. To our knowledge, we will be the only teaching location to offer this on-site.
- **Procedures Clinic:** During the Family Medicine Enriched rotation residents complete 2 half-days in our “Procedures Clinic”. The Procedures Clinic was specifically designed to provide dedicated office-based procedural learning for our

residents. It accepts internal referrals for procedures such as mole excisions, joint injections, endometrial biopsies and IU-D/S insertions.

- **Resident Reflection Rounds:** A longitudinal two-year curriculum using principles of narrative medicine and guided reflection to foster residents’ reflective skills, wellness and professional development. This initiative is spear-headed by Dr. Diana Toubassi (past Site Director) and supported by a “DFCM Art of the Possible” grant and “Medical Humanities Education Matching Fund Grant” with strong potential for roll-out to other sites and residency programs.
- **Partners in Care Program:** This focuses on the patient-centered clinical method, and is taught jointly by social worker Ian Waters, and a staff family physician. The program includes a resident 360° evaluation tool whereby patients provide anonymized feedback to residents via electronic questionnaire on communication competencies.

Scholarly Activities

2019:

- Published articles = 70
- Presentations/Lectures = 29
- Posters = 4
- Workshops = 1
- Grants/Awards = 18

2020:

- Published articles = 52
- Presentations/Lectures = 26
- Posters = 12
- Workshops = 3
- Grants/Awards = 24

UNITY HEALTH TORONTO - ST. JOSEPH'S HEALTH CENTRE

PROGRAM INFORMATION (2020)

TITLE	NAME(S)	LEARNERS
Chief	Dr. Daphne Williams	
Postgraduate Site Director	Dr. Priya Sood	23 residents
Undergraduate Site Director	Dr. Kasy Soare and Dr. Sofia Khan (Dr. Khan is currently on maternity leave – and being covered by Dr. Difat Jakubovicz)	13-16 clerks
Faculty Development Lead	Dr. Natascha Crispino	
QI Program Lead	Dr. Linda Weber	
Residency Research Coordinator	Dr. Alice Ordean	

Site Description

St. Joseph's Health Centre (SJHC) is a 376-bed community teaching hospital situated in west-end Toronto, serving a core population of over 500,000. Situated next to High Park, the neighbourhoods surrounding the hospital are home to a diverse community of long-established Polish, Ukrainian, and Portuguese families alongside recently arrived immigrants, refugees and young families from all over the world and many walks of life. In addition, the surrounding community also includes a substantial population with mental illness and addictions.

As an academic Family Health Team (FHT), the site epitomizes an interdisciplinary training environment with physicians (9.5 FTEs) and residents collaborating closely with multiple allied health professionals, including a nurse practitioner, clinical pharmacist, social worker, patient educator, community mental health worker, registered dietician, nurses, and a health care assistant. This collaboration is now even easier with the implementation of the Practice Solutions EMR in 2010.

Through its affiliation with the University of Toronto, SJHC is now part of the Unity Health

Toronto along with St. Michael's Hospital and Providence Health Centre. Unity Health has a clearly stated vision to "advance excellence in health care through world-class education, research and innovation". This is a vision supported by the hospital's administration, the hospital's Department of Medical Education and Scholarship, and the numerous clinical faculty in the hospital involved in education, quality improvement and scholarship on a daily basis.

Postgraduate Program

The Department of Family Medicine at St. Joseph's Health Centre has been active as a residency training site since 1990. The staff family physicians hold special interests in low risk Obstetrics, Addictions Medicine or Palliative Care and therefore the core curriculum includes strong experiences in these areas.

Residents graduate with a solid foundation in family medicine and manage their own mini-practice with a regular half-day back supervisor, learning about continuity of care. They also have extensive exposure to home-based primary care, as well as family medicine programs in addictions (outpatient and inpatient), palliative care (inpatient), obstetric

care (outpatient and inpatient), and mental health.

Program Highlights

- Freedom to choose 2 electives (4 weeks each) in the first year within any core specialties.
- PGY-2 residents have the option to organize most of their own schedule of core and elective rotations at locations of their choice.
- Residents develop their own practice over one half-day-back (HDB) of family medicine per week, longitudinally and especially during family medicine block time rotations (4 during PGY-1 and 2 during PGY-2).
- Core curriculum includes strong experiences in Obstetrics, Palliative Care and Addiction Medicine.
- Half day per week of behavioural science program during family medicine block time.
- Well-organized Wednesday morning academic seminar half-days with significant input from residents.
- Opportunities to teach medical students & fellow residents.
- Not much competition with other learners on speciality rotations.
- Well established family medicine obstetrics group on site allowing for a strong low-risk delivery experience during family medicine block times.
- A focus on providing care within a community setting which includes a significant proportion of mental health and addictions patients as well as new arrivals to Canada.

Undergraduate Program

The SJHC Department of Family Medicine (FM) is heavily involved in the undergraduate program. SJHC FM is a site for the core family medicine rotation clerkship, accommodating 13 -16 third year clerks every year. Clerks work both in the hospital-based Family Medicine Clinic, as well as in a community office. Clerks get exposure to a diverse population of patients from all walks of life, including many new immigrants and vulnerable populations. The typical clerk has three family medicine

supervisors plus a community preceptor. The benefit of this is the exposure to different practice styles and different practice populations. As part of their core rotation, clerks also gain clinical experience in palliative care, addictions medicine and low-risk obstetrics.

SJHC FM staff also participate in the Arts and Science of Clinical Medicine (ASCM 1) teaching for first year medical students. Residents and staff at SJHC FM participate in the Family Medicine Longitudinal Experience (FMLE) for first year medical students and in the annual Family Medicine Week for second year medical students. In addition, SJHC FM accommodates medical students of all years from U of T and other universities for elective experiences in palliative care and addictions medicine.

Faculty Development

Faculty development needs are assessed by the Site Chief, Site Director and Faculty Development (FD) Lead.

DFCM provides funding each year to support the time of the FD Lead, Dr. Natascha Crispino, who also who sits on the departmental Professional Development Committee which meets once a month. The FD Lead acts as a liaison between the central faculty development program at DFCM and teachers at the SJHC site.

The FD Lead assesses faculty needs at the monthly Residency Program and Competency Committee meetings and Family Medicine Staff Physician meetings by group discussion and survey and then organizes speakers to come in once a quarter. The FD Lead also assists faculty at the site in obtaining faculty appointments and going forward for promotion. Our site also started an awards committee in the past 6 months to facilitate choosing individuals for awards and preparing nomination packages.

Site Strengths

- Strong academic half-day back program organized by a funded Academic Curriculum Coordinator to complement clinical

experiences with a view towards attaining all program goals and objectives by the end of residency. There are resident Academic Curriculum Representatives who provides input to the Academic Curriculum Coordinator regarding resident learning needs. Strong Behavioural Science program, designed to hone the patient centred method, administered by a funded Behavioural Science Coordinator. Funded Resident Research Coordinator to provide guidance and teaching to residents regarding their residency research projects and funded Quality Improvement Lead to provide guidance and teaching to residents regarding their quality improvement projects.

- Well established Site Education (Teachers) Committee comprised of experienced and prominent teaching faculty and resident members.
- Continuous and effective evaluation of residents during family medicine blocks. During other rotations, because of small hospital size and good relationship with other departments, residents who are struggling are also identified in a timely manner.
- Continuous overall program review in consultation with residents. The Site Director and the Site Program Assistant meet monthly with the residents and are in regular contact with the chief residents regarding program concerns, and responses occur in a timely fashion. The resident's primary preceptor meets individually with their resident quarterly, and the Site Director meets individually with each resident biannually

Quality and Innovation

The DFCM Quality and Innovation Program has designed a comprehensive, longitudinal quality improvement (QI) curriculum that is contextualized for primary care. This curriculum is mandatory for first year family medicine residents and includes a practicum requirement. This prepares family physicians for practice with the knowledge and skills to improve quality, planting the seeds for the career-long commitment to continuously

reflect and engage with colleagues and patients in the quest for better.

At SJHC FM, residents benefit from working with a team that is universally interested and engaged in quality improvement. For their QI practicum, residents can join existing QI work or propose a new idea that they are passionate about. They are tasked with enlisting a multidisciplinary team to collaborate. Mentored by staff MD supervisors, they learn about the importance of measurement, patient involvement, and PDSA cycles always with an eye towards sustainability and spread.

A highlight for the entire team is our annual 'QI Fest'. The clinic is closed for a Wednesday morning and all staff and residents gather for presentations and to enjoy lunch together to celebrate our improvement successes. Residents present their QI projects for the first two hours and the last hour is spent on a topic related to Quality Improvement. This year, we could not gather but via zoom we learned about how COVID-19 had affected our patient care. We discussed the results of our COVID-19 patient experience survey and looked at how data points like preventive care measures and rates of virtual care had been affected by the pandemic.

Innovative Clinical and Academic Programs

- Strong experience with a population of all ages, socio-economic backgrounds, diverse cultures and ethnicity due to hospital location.
- Core curriculum includes strong experiences in Obstetrics, Palliative Care and Addiction Medicine – in both outpatient and inpatient settings
- A comprehensive, longitudinal quality improvement (QI) curriculum which ends in a 'QI Fest' each fall with the entire Family Health Team

Scholarly Activity

The SJHC site has a Residency Research Coordinator, who organizes training for the residents in critical appraisal of existing medical research literature, gives primers in quantitative and qualitative research methods, assists in applying for ethical approval for research projects. The Research Coordinator also meets with each resident to support his/her development of a research question or focus and appropriate research methodology, helps coordinate supervision for research projects with clinic and larger faculty staff, organizes training sessions on conducting chart audit, organizes presentations on chart audits to clinic staff, and organizes the research presentation day in May/June of each year for the second year residents. The Research Coordinator also collaborates with DFCM to promote the research proposals and research conducted within the Family Health Team. This includes being the UTOPIAN representative for SJHC and attending UTOPIAN meetings as required

Specific scholarly activity from our Family Health Team from 2015-2020 includes:

- 9 peer-reviewed principal or co-principal investigator grants
- 2 non peer-reviewed principal or co-principal investigator grants
- 1 peer-reviewed grant where the PI/Co-PI is DFCM faculty
- 22 peer-reviewed grants where PI/Co-PI is not DFCM faculty
- 53 peer-reviewed publications
- 7 non peer-reviewed publications

UNITY HEALTH TORONTO - ST. MICHAEL'S HOSPITAL

PROGRAM INFORMATION (2020)

TITLE	NAME(S)	LEARNERS
Chief	Dr. Karen Weyman	
Postgraduate Site Director	Dr. MaryBeth DeRocher	37 residents
Associate Site Program Director	Dr. Nasreen Ramji	
Undergraduate Site Director	Dr. Kathleen Doukas	30-48 clerks
Faculty/Professional Development Lead	Dr. Thea Weisdorf	
QI Lead	Dr. Noor Ramji	
Research Director	Dr. Ann Burchell	
Academic Project Lead	Dr. Charlie Guiang	
Wellness Lead	We have an interprofessional Wellness Task Force – led by a nurse and social worker	

Site Description

St. Michael's Hospital (SMH) is a tertiary care teaching hospital located in downtown Toronto. The hospital shares its neighbourhood with some of the highest income neighbourhoods, financial and cultural districts of Toronto and is juxtaposed against some of the poorest areas of the city. The hospital offers a wide range of specialty and sub-specialty services both in the inpatient and ambulatory settings.

St. Michael's Hospital is recognized as a leader in the areas of cardiovascular disease, trauma and inner-city health. The hospital has recently entered into a network with St. Joseph's Hospital and Providence Health Care, forming Unity Health Toronto.

The Department of Family and Community Medicine at St. Michael's Hospital (SMH DFCM) is a large, dynamic and diverse site consisting of the hospital itself and six affil-

iated family medicine clinics. It is the largest Academic Family Health Team (AFHT) in Ontario, with 250 staff, including 80 physicians and 7 nurse practitioners, who collaborate to care for over 50,000 patients of which 50% are living in poverty.

The SMH DFCM is strongly committed to the care of the inner-city population and urban health. In addition to providing care and teaching in all aspects of family medicine, their staff have developed expertise in a number of areas in response to the needs of the local community. These areas include HIV primary care, addiction medicine (including substance use in pregnancy), LGBTQ2S health, care of people who are homeless or under-housed, individuals of lower socioeconomic status (SES), those with significant mental health issues, as well as adolescents and new immigrants. Clinical activities in these areas are fully integrated within the day-to-day practice of full spectrum family

medicine and include a focus on addressing the social determinants of health. Staff are dedicated to ensuring that their residents graduate from the program with a broad range of skills that are adaptable to a variety of settings. Settings that our graduated residents have worked in include academic family practices, community practices (urban/suburban/rural), urgent care facilities, long-term care facilities, specialized clinical care (HIV, addictions, sports medicine, emergency medicine), as well as administrative and leadership positions in public health, academic medicine, and research to name a few.

Postgraduate Program

At the SMH DFCM, the site strives to support the core competencies put forward by the central DFCM curriculum. Residents at the SMH DFCM site experience comprehensive care for all people, ages, life stages, and presentations.

Though St. Michael's Hospital is situated in downtown Toronto, graduates acquire the skills to work in settings ranging from academic to rural, remote and international. Each year, a number of SMH residents elect to continue their training in academic medicine or third-year postgraduate programs. SMH residents have access to highly rated hospital rotations with excellent clinical teachers.

Each of the six family practice training clinics within the SMH Academic Family Health Team has distinctive features and strengths which characterize the clinical services. Residents are assigned to one of these sites for the entirety of their two-year training period:

1. The Family Practice Unit (61 Queen St. E.) serves a diverse subset of patients who are largely centred in the downtown core. This group includes complex medical patients from the adjacent hospital, urban professionals, new Canadians, many homeless persons in the local neighbourhood, persons with severe and persistent mental illness, seniors and others who live and work in the neighbourhood.
2. The Health Centre at 410 (410 Sherbourne St. - 4th floor) is known for its HIV primary

care service (one of the largest in North America) and its methadone/suboxone services for individuals with substance use disorders. The Health Centre at 410 also serves many immigrants, the local LGBTQ2 community and disadvantaged people in the neighborhood.

3. The St. Jamestown Health Centre (410 Sherbourne St.- main floor) serves a large Sri Lankan refugee and immigrant population, as well as low income residents living in the St. James Town area. In addition, this practice serves a large population of patients with severe mental illness, substance use disorders and people living with HIV.
4. The St. Lawrence Health Centre (140 The Esplanade), located in the St. Lawrence market area, is representative of a broadly scoped community family practice serving people living in the local community; it serves many people with serious disabilities who reside in buildings around the centre as well as elderly people who live in a senior citizens home for retired artists and home-bound seniors. Over the past five years St. Lawrence Health Centre has seen increasing numbers of patients with severe and persistent mental illness.
5. Health Centre at 80 (80 Bond Street): Like it's sister site at 61 Queen, the clinic at 80 Bond serves a diverse patient population of all ages and cultural backgrounds, including new immigrants, urban professionals, those living with HIV, homeless and underprivileged sector of the demographic as well as individuals with a variety of physical and mental health problems.
6. Sumac Creek Health Centre (73 Regent Park Blvd): This is our newest clinic, which opened its doors to the Regent Park Community in the summer of 2015. As part of a revitalization plan for the area (which was built to be solely a social housing development in the 1950s), Sumac Creek provides access to care for the mixed-income, mixed-use community of Regent Park and serves a diverse population that lives close to the clinic. Family medicine residents have been training at this site since July 2016.

Each training site also has direct access to the electronic medical record and hospital intranet, which connects directly to consultation reports, radiological reports, blood work done in hospital, and ER visits.

SMH residents also have access to a wide array of community agencies which are staffed by members of our department. They include: Covenant House, Youthdale (psychiatric adolescent care), Seaton House, Yonge Street Mission and the Hassle Free Clinic (providing sexual health services) to name a few.

Undergraduate Program

The SMH DFCM is a core site for the University of Toronto Faculty of Medicine Undergraduate Medical clerkship program. Annually, for each of the six core blocks in the undergraduate clerkship program, there are 5-8 clerks per block rotating through the SMH DFCM. Family medicine residents at the SMH DFCM often have the opportunity to teach clerks on rotation at their clinical sites. The University of Toronto's Undergraduate Medical Education Program also administers the Transition to Residency Program, which helps to support transition into the role of a postgraduate medical learner with mentorship from existing residents. During core clerkship blocks for undergraduate learners, seminars and teaching sessions (e.g., chronic disease, low back pain, motivational interviewing, sexually transmitted infections, intimate partner violence) are run routinely, which are often contributed to by resident learners at the site.

St. Michael's Hospital is also a core location for pre-clerkship undergraduate medical learning at the University of Toronto. Thus, many Faculty participate in pre-clerkship lectures, teaching, seminars and other teaching opportunities. Family medicine residents are often given the opportunity to participate or lead these sessions, allowing them direct opportunity to demonstrate the skills of a medical scholar.

SMH DFCM also offers many electives to 4th year medical students in general family medicine and a specialized elective in inner city health, which attracts learners from across

Canada and beyond. Many of these elective students choose careers in family medicine, return to St. Michael's for residency and are committed to caring for people experiencing disadvantage.

Faculty Development

At the SMH site, the most comprehensive way of delivering faculty development consistently across the department is through the quarterly half day "Teachers' Meetings". These are offered to all interprofessional staff involved in teaching and are mandatory for physicians to attend. The topics strive to cover professional development in all disciplines of educational support (cross-professional), but target PGME and UGME learners most directly given the high prevalence of these learners within our department. Annually, there is a Teacher's Meeting topic dedicated entirely to the Postgraduate Education update. During this session, performance metrics are reviewed (e.g., TES, ITER completion scores), operational changes to the program, as well as specific support around postgraduate medical education topics based upon the themes present in the academic year.

Local Competence Committees form an informal source of faculty development. Interprofessional discussion of resident performance builds skill development and knowledge with respect to medical education in different competency areas.

As required, the Site Director and Associate Site Director also provide individualized seminars/sessions to smaller cohorts of faculty on an as needed basis (e.g., New Primary Preceptors/Half-day Back supervisors, dedicated educational support for issues identified for individual preceptors).

There is a robust process in place for assessing faculty development needs at the SMH site. The SMH DFCM Education Committee generates a yearly needs assessment from all faculty to identify departmental educational needs. Additionally, meetings at the Education Committee generate further ideas through conversations that intersect the different disciplines of learners. Themes

identified from the individual meetings with the Site Chief add to the themes that can be targeted through faculty development. Similarly, resident feedback (through progress reviews, Resident Townhalls, Resident Quarterly Check-ins, TES, RES, Chief Residents) identifies further opportunities.

Finally, the SMH site's Faculty Development lead is a strong leader in the department and is available for one-on-one sessions to identify further supports that can be provided.

Site Strengths

The strengths of the SMH DFCM residency site are numerous. The residency program has leadership that is fueled by passion for medical education and enthusiasm for a process of ongoing change. Additionally, the program has an extremely experienced and knowledgeable Program Administrator, who is a valued asset by teachers and residents alike. The teachers at the SMH DFCM site are experienced and committed teachers, who have won numerous awards for their contributions to Postgraduate teaching.

The SMH DFCM residency site boasts exemplary team-based care with a cohort of supported health professional educators who identify with their role as teachers for medical learners in an interprofessional care setting. Faculty development is geared towards helping all health professionals enhance the learning experience for residents.

The faculty at the St. Michael's Hospital are internationally renowned for their contributions to academic medicine, lending to high quality Academic Half-day presentations from academic family physicians, specialist colleagues, and interprofessional teachers in a facility that integrates cutting edge technology (i.e. simulation series). Research leaders deliver exceptional seminar series to the residents during these sessions: Dr. Rick Glazier's Mastery of Evidence Based Medicine review and Dr. Nav Persaud's Guideline review. The Quality Improvement Program at the St. Michael's Hospital site is also nationally/internationally renowned and embedded into

everyday practice, resulting in an exceptional learning experience in this area.

Above all, the SMH DFCM site also values its incredible support of residents, ranging from the focus on Wellness (Resident Wellness representatives, quarterly check-ins, Mentorship) to exam preparation (SOO practice sessions, mock OSCEs) to the career/profession support from members of the department including Fireside chats with the Site Chief in PGY-2. Clinically, the model of weekly alternating primary preceptors at longitudinal family medicine half-day back clinics provides both the opportunity to build a mentoring relationship with staff physicians but also have exposure to potentially wider scope of practice.

Quality and Innovation

The DFCM Quality and Innovation Program has designed a comprehensive, longitudinal quality improvement (QI) curriculum that is contextualized for primary care. This curriculum is mandatory for first year family medicine residents and includes a practicum requirement. This prepares family physicians for practice with the knowledge and skills to improve quality, planting the seeds for the career-long commitment to continuously reflect and engage with colleagues and patients in the quest for better.

Much of the Quality Improvement work at St. Michael's Hospital Academic Family Health Team has been completed through team-based, project-focused approach that allows collaboration of different health disciplines and service providers to achieve significant, measurable clinical and patient-centered outcomes. This past year we focused on quality improvement and operations integration and provider reflection on personal and clinic practice level data to further drive improvement efforts.

In June 2019, we formed the department Quality Improvement Core team to collaborate in applying a QI lens towards daily departmental processes and building an integrated and sustainable approach to system

change through linking QI and operations. Since its inception, the Core Team has been successful in developing an interprofessional pathway for routine Diabetes Care management, improved understanding of our local Phone Centre and Referral Office operations and developed a standardized way for learning from patient experience surveys and safety event analysis to inform operational improvement.

We continue to work on building capacity for provider reflection on personal and site level practice data by running a self-directed reflection program to accompany our MD/FHT Data Dashboard. This includes a Peer Coaching program and organizing semi-annual facilitated group discussions around site-based, patient-centered opportunities for improvement.

Innovative Clinical and Academic Programs

The St. Michael's Hospital Academic Family Health Team has (the FHT) become a national and global leader in developing and implementing primary care-based programs to address social determinants of health and health inequities. Over the past 15 years, building on a history of providing care to Toronto's residents who experience social marginalization, the team has integrated a focus on the social risks to health into the core of its clinical and academic programs. The team is in the midst of a unique cultural transformation. Action on health and social inequities is now well on the way to being embedded in patient care provision, teaching, research, and strategic direction.

The FHT established a Social Determinants of Health (SDOH) Committee in 2013, which has overseen two major phases of the team's work to address the social determinants of health: the creation of targeted specialized programs, and then integration of this work into all team programs and services. Unique programs focus on income security, access to justice for people living at low income, literacy, community engagement, and facilitating social policy advocacy. The FHT is also focused on bringing a health equity lens to

all of its program planning and delivery. Equity-focused initiatives include health equity impact assessments, a targeted focus on racism, and enhancing cultural safety for Indigenous peoples. A [booklet](#) published in 2019 details this unique element of the FHT's approach to improving the health of its patients and community.

The FHT's depth of experience and expertise in addressing SDOH resulted in a rapid and targeted response to the needs of socially marginalized patients during the COVID pandemic. Within weeks, the FHT established a systematic approach to reaching out to marginalized patients through wellness checks, developed a real-time updated resource list of community organizations and services for use by providers, dedicated funds to immediate patient needs including medications and mobile phones, and engaged in COVID-specific advocacy initiatives. This occurred alongside a reorientation of existing SDOH-focused services to address the particular challenges faced by individuals and communities in the pandemic.

The Interprofessional Education (IPE) Committee in the Department of Family and Community Medicine (DFCM), Unity Health Toronto (St. Michael's Hospital (SMH) site) has been creating, implementing and evaluating interprofessional education initiatives since it was formed in 2005. To date, this mixed professional group of educators has developed several formal educational programs aimed at pre-licensure and post-licensure health science students, is involved in a range of faculty development sessions for professionals in practice and works to support day-to-day cross-professional learning and collaboration in SMH clinical practice settings.

The overall goal of all SMH DFCM IPE activities is to enhance participants' collaborative care competencies. This includes facilitating an enhanced understanding of the roles and scopes of practice of different health professionals, the strengthening of communication and collaborative practice skills, as well as the fostering of positive attitudes towards the role of collaboration in achieving optimal health outcomes for patients.

The process for developing IPE curricula has been based on a model of collaboration and consensus. Initiatives are developed and coordinated by a committed group of SMH team members, currently representing department providers, administrators and patients. This group continues to be a driving force for IPE and interprofessional collaboration (IPC) in the department and has undertaken a model that endorses the following concepts:

- Absence of hierarchical structure between health professions
- Initiatives developed on the basis of group consensus and cooperation
- Program content driven by learners' needs and identification of appropriate curricular gaps deemed suitable for teaching in an interprofessional context
- Education on collaborative competencies embedded within clinical, case-based content
- Faculty supported in their roles through education, faculty development and awareness of the current evidence around IPE
- A formalized and evolving evaluative structure employed for all activities to allow for continuous improvements to programs based on feedback from both learners and instructors

Program outcomes have demonstrated that interprofessional learning activities within the DFCM at SMH have had a powerful effect on improving participants' attitudes and perceptions around the value of teamwork in health care. Feedback from students has been unanimously positive, with excellent input into how to continue to evolve and improve activities. The IPE work has also lent itself to supporting the advancement of integrated, people-centred care in the department with an ever-evolving and true model of IPC.

In recognition of this important work, the SMH DFCM IPE Committee has received a number of local and city-wide awards, including the Education Scholarship Award for Innovation in Education from St. Michael's Hospital (June 2008), The Interprofessional Health Teaching Award from the Undergraduate Education Program in the DFCM at the University of Toronto (Aug 2008), and the inaugural Award of Merit for Excellence in Teaching from the Centre for IPE at the University of Toronto (Nov 2009). Furthermore, a number of individual working group members have been recognized for important contributions in this area within their own professional associations. The department's IPE work was recently commended in a College of Family Physicians Accreditation visit, noting it to be a national leading innovation in primary care.

Alyssa Swartz, SW	Igor Steiman, DC	Mary Beth Derocher, MD
Ann Rodrigues, RN	Jenny Stone, Lawyer	Melinda Glassford, Dietitian
Ann Stewart, MD	Jessica Rew, Chiropractic	Michael Cheng, Psych
Arun Jain, Patient Rep	Johanna George, Addictions	Mo AlHaj, Admin
Brenda Chang, Pharm	Jonathan Hunchuck, Pharm	Nasreen Ramji, MD
Carnell Williams, ISHP	Judith Peranson, MD	Noor Ramji, MD
Carol Ann Weis, DC	Juliana Tobon, Psych	Pam Pike, Patient Rep
Daniel Bois, RN and CLM	Karen Lee, Dentist	Rhea Monteiro, PT
Deborah Kopansky-Giles, DC	Kari Fulton, NP	Samantha Wagman, SW
Devin Meireles, Admin	Kathleen Doukas, MD	Sarah Nestico, RN
Donnavan Boyd, NP	Katie Sussman, SW	Seema Bhandarkar, NP
Doret Cheng, Pharm	Laura Boodram, ISHP	Sue Hrlanovic, NP
Ed Ang, Admin	Lee Rosen, OT	Thea Weisdorf, MD
Gail Sumagang, RN	Liza Luu, Dietitian	Willem McIsaac, PT
Gilda Barillas, Admin	Maggie-Jane Marchand, Dietitian	
Karen Weyman, Dept. Chief	Linda Jackson, Dept Manager	Jacqueline Chen, CLM

Patients Engagement in the St. Michael's Academic FHT

In May 2018, the SMH AFHT established a Patient Advisory Council (PFAC). Twelve patients sit on the council and meet monthly, most recently transitioning to “zoom” meetings in order to continue to meet during the pandemic. Using a collaborative and empowerment approach to patient engagement, the group built a work plan early on, including self-identified objectives for the first two years. Three goals stood out as important for improving patient experience:

1. Developing patient-informed/patient-generated communications materials (i.e. a patient newsletter)
2. Contributing to improvements to clinic flow and clinic space (i.e. standardized processes of accommodation for patients with disabilities, representative/inclusive images in materials in waiting rooms)

3. Collaboration with FHT staff in advocacy initiatives related to the social determinants of health and the development of several additional roles for lived experience advisors participating as members of the FHT's Social Determinants of Health Committee.

The PFAC provides ongoing input in decisions about other communications materials, clinic/hospital changes, and research initiatives. They have been very actively engaged in efforts to support the wellness of our patients during COVID and in supporting focused communication during this difficult time. Each two hour meeting typically includes one hour of a consultation or information session. Presentation/consultation topics have included how to better inform patients of the role of residents, an overview of our health justice program and advocacy efforts, learning about how social factors impact health, and

working together to develop a patient declaration of values.

Patient engagement at the SMHFHT extends beyond our Patient and Family Advisory Council activities. Over one year a total of 41 patients participated in 13 separate consultation/learning activities, including a being involved in an experience-based co-design training seminar, a Health equity boot camp, presenting at conferences, planning a new clinic and participating in strategic planning.

Reflecting on nearly two years of work with our Patient and Family Advisory Council, we know that meaningful involvement of our patients is necessary to improving patient experience within our AFHT. Each monthly meeting concludes with an evaluation, and we have participated in a hospital-wide survey's which yielded excellent results. We are encouraged to know our Council feels the meetings are a good use of their time, and they have the supports needed to fully participate. As we continue to work collaboratively with our patients to achieve our goals, we are excited about what we can accomplish together going forward.

Our efforts at Patient and Family Engagement have been recognized by the Change Foundation who profiled the work of the AFHT in a [case study](#) and also recognized by AFHTO as a bright lights award winner in 2019 for the AFHT's work in "**Applying methods of citizen engagement in primary care**".

Scholarly Activity

Research activities by members of St. Michael's Hospital Department of Family and Community Medicine for the years 2016-2019:

- 355 peer reviewed journal articles
- 146 other publications
 - » 7 peer reviewed other academic publications
- New research funding during the period of 2016-2019:
 - » With DFCM staff as principal investigator: 73
 - » With DFCM staff as co-investigator: 47
- Presentations – Scholarly Meetings:
 - » Oral presentations: 313
 - » Poster presentations: 198

WOMEN'S COLLEGE HOSPITAL

PROGRAM INFORMATION (2020)

TITLE	NAME(S)	LEARNERS
Chief	Dr. Ruth Heisey	
Postgraduate Site Director	Dr. Hemen Shukla & Dr. Betty Chen	31 (including 1 PGY3 resident)
Undergraduate Site Director	Dr. Melinda Wu	Approx. 30 clerks per year
Faculty/Professional Development Lead	Dr. Carrie Schram	
QI Lead	Dr. Susie Kim	
Wellness Lead	Dr. Brad Lichtblau	

Site Description

Women's College Hospital (WCH) aims to be Canada's leading academic, ambulatory hospital and a world leader in women's health. They advance and advocate for the health of women and improve health care options for all by developing, researching, teaching and delivering new treatments and innovative models of integrated care.

Women's College Family Practice Unit, also known as the Women's College Academic Family Health Team, provides care to women and their families. They have a very large family practice unit providing more than 70,000 patient visits per year. Many of their patients live or work within the downtown area of Toronto. However, there are patients who travel from smaller communities to access care at Women's College because they seek the focus of a hospital committed to women's health and their strong obstetrical unit.

Women's College Hospital also has a unique partnership with our national cancer organization The Canadian Cancer Society in the formation of the Peter Gilgan Centre for

Women's Cancers. Dr. Heisey, our departmental Chief is Medical Director of this centre and some of our primary care physicians have leading roles. This partnership enables our improvements in women's cancer care to spread beyond our walls to reach women across Canada to give "every woman, every chance".

Program Highlights

- The feel of a community hospital in the middle of the city.
- Accommodating, relaxed, welcoming family practice unit.
- Great women's health/family practice obstetrics exposure.
- Excellent staff role models who combine comprehensive family medicine and scholarship
- Offers multiple selectives (e.g., osteoporosis clinic, Bay Centre for Birth Control, sexual medicine counselling, adolescent health, addictions medicine, Refugee Health Clinic, and environmental health clinic).

Postgraduate Program

Women's College Hospital provides care for a wide range of patients with a multitude of chronic and complex diseases including marginalized women. Patients benefit from an efficient interprofessional team-based model of care. The site also offers multiple specialty clinic experiences within the Academic Family Health Team, and robust resident practices offering continuity of care throughout the duration of the residency. The Academic Family Health Team provides the full scope of primary care ranging from pediatrics and maternity care, to care of the elderly and homebound through a strong home visit program. Residents also learn through exposure in after-hours clinics and being on call for our patients.

WCH uses site family physician experts to help educate the residents around current societal needs during their academic half days. For example, they deliver content on addictions medicine, health policy, transgendered medical care, and updates on termination of pregnancy from staff physicians at their site. WCH residents are able to attend clinics during their family medicine block seeing recent refugees to Canada, at a local women's shelter, in clinics where therapeutic abortions are performed, and at a local YWCA clinic. They are able to secure electives at various clinics in the Greater Toronto Area that specialize in addictions medicine, Indigenous health, and HIV care to name a few. Finally, residents can work with the same site family physician experts as advisors for their first year QI projects and second year academic projects.

The Crossroads Clinic for refugee health, within the family practice unit, offers teaching to residents. Both government sponsored refugees and refugee claimants are seen in the clinic for their first two years in Canada, until other long-term options for primary care can be arranged closer to home. Residents experience the care of refugees both through their block time and during their labour and delivery experiences.

As an academic family health team, residents have exciting opportunities for interprofes-

sional collaboration and the addition of allied health colleagues to the group:

- The physicians, nurse practitioners, nurses and receptionists work together in teams, along with dietitians, occupational therapists, pharmacists and social workers.
- Residents become an integral part of the family practice health care team.
- Each resident has a defined patient practice and is paired with a family physician supervisor who provides supervision on the academic half-day back throughout the two-year program.
- Our program is strongly committed to the learning needs of residents, and the development of skilled, caring family physicians.

Undergraduate Program

The undergraduate and postgraduate programs at Women's College Hospital are very closely linked. At WCH, the faculty and teachers actively contribute to clinical teaching in both programs. Clinical supervision of medical students and resident physicians occur concomitantly during teaching clinics. This fosters clinical learning by trainees of all levels together at the bedside or the clinical consult workspace. The integration of trainees often inspires informal mentorship and opportunistic clinical teaching between residents and clinical clerks.

Our residents and faculty are also active participants in the formal pre-clerkship and clerkship curriculum, facilitating on site seminars for clerkship trainees, and contributing over 700 hours of teaching in the pre-clerkship curriculum as part of Women's College Hospital and Peters-Boyd Academy. They are one of the only hospital sites to contribute clinical teaching faculty who commit to teaching in full-year pre-clerkship courses like Clinical Skills, Health in Communities, and Portfolio, to the benefit of our students. Their residents take an active role in facilitating CBL sessions for the Peters-Boyd Academy as well. They also participate as preceptors for pre-clerkship students participating in the Family Medicine Longitudinal Experience. Overall, the consistent presence of strong clinical

teachers from family medicine again fosters informal mentorship and inspires active interest in the field of family medicine.

Faculty Development

WCH conducts a yearly faculty development needs assessment to help guide faculty development initiatives. Accredited rounds are held 10 months of the year and are a combination of continuing medical education events and more formal faculty development events. These rounds assist faculty in developing and maintaining their skills in areas such as teaching, evaluation, reflective practice and wellness. They also hold two joint rounds with the hospital Department of Medicine which also focus on mutual topics of professional interest, such as the Hidden Curriculum.

As faculty gain experience they are encouraged to consider promotion. Junior promotion information sessions are also held approximately biennially to support faculty in the process. Part of this process involves a thorough exploration of faculty development goals, and targeted supports to help achieve those goals are provided.

Site Strengths

Family medicine at Women's College Hospital embodies academic excellence. They have a large group of committed clinician teachers, academic leaders, role models, and clinician researchers. With four primary care Chairs currently and an exemplary track record of grant funding and publications in both the traditional research, educational and innovative streams they are a strong role model to our residents of the value of quality and research in primary care.

Women's College Hospital is an academic ambulatory care centre. Their model of delivering health care aims to keep people at home and not admitted to a hospital. The specialists at the hospital deliver almost exclusively outpatient care. This aligns well with their goal as family physicians. Our residents work with these specialists on their elective rotations to see how excellent collaborative care

is modeled.

The site holds regular reflective rounds for all staff, encouraging open discussion of medical errors with a methodical, structured, and non-judgemental approach to mitigating risks. The culture of prioritizing and openly discussing safety issues and near misses as they impact patients, providers, and organizations sets an example for all of our learners and staff in the development of their professional identities, and encourages a healthy quality improvement approach to patient care.

Quality and Innovation

The DFCM Quality and Innovation Program has designed a comprehensive, longitudinal quality improvement (QI) curriculum that is contextualized for primary care. This curriculum is mandatory for first year family medicine residents and includes a practicum requirement. This prepares family physicians for practice with the knowledge and skills to improve quality, planting the seeds for the career-long commitment to continuously reflect and engage with colleagues and patients in the quest for better.

Collecting, analyzing and acting on Patient Experience Survey data aligns with the strategic goals of Women's College Hospital, specifically increasing patient engagement. We have been collecting Patient Experience Surveys for several years. All patients with an email address and consent on file are sent an electronic questionnaire once per year.

We have decided on 2 themes of surveys, evaluating teamwork and patient safety. Each survey includes the standardized questions from the DFCM survey and alternates between the above themes each quarter. This allows us to gather a wider breadth of data without increasing the length of the survey. We use a FHT steering committee meeting to present summarized results and give opportunity for discussion. This discussion identifies key opportunities for improvement and brainstorm for potential contributing factors. This group data and analysis is disseminated to each provider.

We encourage each physician to reflect on how their microsystems could contribute to the identified area of improvement, and whether further action is required to understand the underlying problem. We then present again at the next month's meeting to summarize identified opportunities, contributing causes and change ideas.

The data will be reassessed at each quarter and revisit past change ideas and how further improvement might be achieved ensuring goals are SMART (specific, measurable, achievable, relevant/realistic and time-based).

Innovative Clinical Programs and Academic Programs

The WCH site is known for its forward-thinking creative and innovative solutions to health system challenges. Below are three examples of such initiatives.

CovidCare@Home

In response to the urgent need for those affected by COVID-19, the Women's Virtual team in collaboration with the Family Practice unit came together to build COVIDCare@Home in just one week! By collectively modifying a treatment pathway developed by Dr Trish Greenhalgh, a team of family practice residents, surrounded by an interprofessional group of experienced clinicians determined the supports and care needed to keep those affected by COVID-19 safely in their homes. Up to twice daily video visits, delivery of pulse oximeters to the home for those at higher risk, treatment, emotional support, assistance with financial applications and food delivery, allowed those with mild -moderate disease to be managed safely in their homes. This program demonstrates both courage and innovation in rising to the challenge of an unknown disease in uncertain times.

Indigenous Cancer Screening Program

With engagement of our community, we were able to ensure a safe and culturally sensitive environment where women could be screened for breast and cervical cancer.

The BETTER Women Project

This ambitious endeavour is a Multisectoral Partnership Project with Public Health Association of Canada (PHAC) the Canadian Cancer Society (CCS) and Women's College Hospital (WCH). It leverages the great work of the BETTER team led by Dr Eva Grunfeld which showed that embedding trained prevention practitioners in primary care working with patients to develop personalized prevention plans results in a 33% increase in cancer screening and healthy behaviours. We are taking this further by training volunteer peer health coaches in the community to reinforce behaviour change so it can become habit-reducing the number of women who ever need to hear the words, "you've got cancer".

"This unique partnership has the potential to significantly impact women's cancers by supporting women to prevent cancers before they start", John Atkinson, VP Cancer Prevention CCS

Women's College Hospital is leading in equity and advocacy initiatives. We have established a Chair in Implementation Science held by Dr. Aisha Lofters whose work focuses on enhancing cancer screening, timely diagnosis and care for marginalized women. The hospital has adopted an outreach strategy for Indigenous and marginalized populations, and our department introduced a hospital-wide health equity curriculum in 2018. Family medicine has also led in increasing access for complex patients who are in need of a family physician through initiatives like the PATH program. We held an on-site breast and cervical cancer screening program for Indigenous women in 2019 that was well received.

Scholarly Activity

- 4 Research Chairs
- 272 publications since 2008
 - » 95 co-author
 - » 12 co-author or collaborator
 - » 40 principal author
 - » 7 co-principal author
 - » 44 senior responsible author