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| **Team Based Primary Care: Principles, Practices and Transformational Concepts**  **CHL8010H – Team Based Primary Care****SYLLABUS – Summer 2025** |

**Contact Information**

Lead Instructor: Dr. Julia Alleyne Julia.alleyne@utoronto.ca

Inquiries about the course content, assignments or quizzes should ideally be posted in the “Ask the Instructor” section of the Overview Modules so that all students can benefit from the answers. Any matters that are confidential or personal can be sent to just to the instructor by email.

Assignment Extensions are only permitted in extenuating circumstances. Requests can be made by email to Julia.alleyne@utoronto.ca at least 3 days in advance of the assignment due date. If there is a critical emergency, last minute requests can be considered.

The instructor is available by email during the University business hours and response are generally expected within 48 hours to email requests.

Emergency contact can be made directly with Dr. Alleyne by telephone to 647-298-5854 from 8am-8pm, seven days a week.

The Graduate Program Administrators at DFCM are Ancy Jacob and Christie Billings. They can be reached at familymed.grad@utoronto.ca. Please reach out to them for issues related to course access, transcripts or program letters.

**Course Meeting Information**

* This course is offered in a hybrid format using three in-person meetings (4 hours each) and an interspersed asynchronous online format (4 hours each) with five modules that are each open for a two-week period.
* The total teaching time for this course is 32 hours
* Asynchronous modules consist of discussion boards, quizzes, reading materials, written content and video clips.
* Office hours will be at the individual student’s request
* 20 minutes of each in-person session will be spent on assignment clarification

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| Module | Dates | Theme | In-person Sessions | Online Asynchronous Content | Assignment |
| 1 | May 1-18 | Current TBC Primary Care Delivery Models within the healthcare system | May 1, 20258-12pm | ReadingsVideoDiscussion Board | Discussion Board on shared and unique Roles of the primary care interprofessional team (10%) |
| 2 | May 19-June 1 | Interprofessional Collaboration and Leadership  |  | ReadingsVideoQuiz | Quiz on the regulation and policy supporting IP care.(10%) |
| 3 | June 2 -15 | Application of Frameworks to practice (e.g. Team Model) | June 5, 20258-12pm | ReadingsVideo | Case Study Analysis condition specific team based primary care model (30%) |
| 4 | June 16-29 | Patient outcome indicators and the role of quality improvement |  | ReadingsDiscussion BoardQuiz | Discussion BoardQuality improvement initiatives for team-based care.(10%) Quiz (10%) on Key Performance Indicators |
| 5 | June 30-July 13 | Designing your Optimal primary care team specific to a patient or geographical population | July 3, 2025 8-12 pm | ReadingVideo | Team Project with presentation (20%) Individual reflection (10%)  |

**Acknowledgment of Territory**

We wish to acknowledge this land on which the University of Toronto operates. For thousands of years, it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississauga’s of the Credit. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

As I reflect on health care as a caregiver, a team member, a policy maker and an academic, I believe that discussion and open-minded solutions are required to acknowledge that Indigenous Peoples have poor health conditions and inequities as a result of previous Canadian Government policies and the prejudice of health care providers. I commit to providing indigenous peoples with the medicine that they choose in a dignified and respectable manner. Throughout this course, I encourage that we all review, remember and implement the health care recommendations from the Truth and Reconciliation Commission of Canada Calls to Action. These are found in the following document, #18-24. [Health Calls to Action](https://www.rcaanc-cirnac.gc.ca/eng/1524499024614/1557512659251)

**Prerequisites:**

There are no formal course prerequisites. However, course assignments require a clinical health care background and experience with patient-provider relationship. This course is well suited to students in the MPH (FCM) and the MScCH .

To successfully complete assignments, student should have:

* Familiar with online learning and the Quercus platform.
* A developed ability to read and use course materials and other sources to research and synthesize information to compose graduate-level, analytic assignments including participation in online discussion groups
* At least one year’s experience in patient care as a clinical provider

**Course description**

This course is rooted in Clinical Public Health to explore the principles, strategies, and practices of team-based healthcare. The curriculum provides learners with the opportunity to explore the intersection of primary care, interprofessional competencies and patient outcomes to thoughtfully design service delivery models that are evidence based, forward thinking and foster a culture of safety and quality in healthcare settings.

Within Canada and internationally, there is a growing realization that team based primary care is the transformational model to address health human resource shortages, timely patient access to care and improvement of patient outcomes especially related to chronic disease management.

Yet, in order to launch effective care models, the healthcare leaders of today will need to understand the required interprofessional competencies of health care workers, the seamless transition of patient care between team members and the need for a service deliver model that supports ongoing quality improvement and importance of relevant key performance indicators to improve patient and population healthcare outcomes.

Students will progress through the curriculum that provides theory and practice with a focus on the development of a team based primary care model of practice that suits their practice environment and patient profile.

This course will provide enhancement and progression of some of the learning objectives in the following courses:

* **CHL 5603 Social, Political and Scientific Issues in Family Medicine**
* **CHL5613 Leading Improvement in the Quality of Health Care for Community Populations**
* **CHL5618 Family Medicine and Interprofessional Primary Care in the Global Health Context**

**The course faculty will be led by Dr Julia Alleyne, a primary care clinician, with a variety of guest lecturers from various primary clinical professions including pharmacy, rehabilitation, nursing and social work.**

**Learning Outcomes**

Upon completion of this course, student will be able to:

Module 1: Current Primary Care Delivery Models within the healthcare system

* Discuss the current models of actual and proposed primary team-based care across various provinces with the opportunity for students to focus on their jurisdiction of choice when participating in the discussion group.
* Identify the importance of patient-centered care and how to incorporate patient preferences and values into team-based care plans.
* Describe some international models of team based primary care to ground concepts into global health principles and integrate the World Health Organization perspective.

Module 2: Interprofessional Collaboration and Leadership

* Describe the shared and unique roles and responsibilities of different healthcare professionals within a primary care team and implement the principles of effective team dynamics and collaboration.
* Improve team communication through tools like SBAR (Situation, Background, Assessment, Recommendation) and Electronic Medical Records to demonstrate team based communication strategies.
* Identify leadership skills necessary for managing conflict within a primary care team through utilization of functional frameworks that allow diversity and inclusion in decision making.

Module 3: Applications of Framework to Practice

* Describe the TEAM framework as adopted by the College of Family Physicians of Canada to promote and solidify the development of team based primary care
* Describe the Interprofessional Competency Framework to determine and develop team-based care in a collaborative and respectful manner.
* Identify new and emerging frameworks for effective team-based primary care both domestically and internationally and analyze their generality to student’s practice profiles.

Module 4: Patient outcome indicators and the role of quality improvement

* Analyze the applicability and impact of current key Performance Indicators in Primary Care and revise to address team-based care.
* Apply quality improvement methodologies to enhance team performance and patient outcomes in team-based models.
* Adapt patient clinical pathways to team-based care models in prenatal care, mental health, rehabilitation and diabetes management.

Module 5: Designing your Optimal primary care team

* Design a plan for team-based care in a primary care setting with a focus on a patient population, condition or geographical area.
* Develop a working relationship with team members to produce a final group presentation of shared values and priorities.
* Reflect on personal growth, values and insights related to new knowledge of team based care principles.
* Summarize the new and evolving concepts of team based care applied to a primary care setting.

**Assignments and Evaluation**

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| ***Item*** | ***Description*** | ***Weight*** | ***Date Due*** |
| *Discussion Boards* | *Online Module 1: Discussion board (10%) on the unique and shared roles of IP team members**Online Module 4: Discussion Board (10%) on* Quality improvement initiatives for condition specific team based care. | *20%* | *May 18, 2025**June 29, 2025* |
| *Quiz* | *Online Module 2: (10%) focus on* the regulation and policy supporting IP care.Online Module 4: (10%) Solidify the concept of Key Performance Indicators and their application to team based care.  | *20%* | *June 1, 2025**June 29, 2025* |
| *Assignment*  | Case Study Analysis of a condition specific team based primary care model (30%) | *30%*  | *June 15, 2025* |
| *Group Project* | Designing your Optimal primary care team specific to a patient or geographical population | *Presentation 20%**Individual Reflection 10%* | *July 3, 2025**July 13, 2025* |

Accumulative Marking Progression

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| **Module** | **Item** | **DUE** | **% GRADE** |
| 1 | Interactive 3 part Discussion Board | May 18, 20225 | 10% |
| 2 | Academic Quiz with allowed Research | June 1, 2025 | 10% |
| 3 | Case Study Analysis | June 15 | 30% |
| 4 | Interactive 3 part Discussion Board | June 29, 2025 | 10% |
| 5 | Academic Quiz with allowed research | June 29, 2025 | 10% |
| 6 | Group Project Presentation | July 3, 2025 | 20% |
| 7 | Individual Reflection  | July 10, 2025 | 10% |
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**Assignment Instructions**

**All assignments must follow the following formatting instructions**

* All assignments must include a title page with the assignment title, the student topic, student name, course number, date and student number
* *Filenames should be formatted: lastnamefirstname\_[coursecode]\_Assignment#.*
* *Assignments can only be submitted through Quercus, not by email.*
* *References should be cited using the* ***Vancouver Style.*** *For more information please see the University of Toronto* [*reference*](https://guides.hsict.library.utoronto.ca/vancouver-style)*.*



* *Turnitin Plagiarism Detection Tool will be automatically applied to all assignments at the instructor’s discretion.*

**Generative AI**

CHL5622 does not permit the use of Artificial Intelligence for any assignments, including quizzes, discussion boards or submitted documents. The use of generative artificial intelligence tools or apps for assignments in this course, including tools like ChatGPT and other AI writing or coding assistants, is prohibited

When using the internet for research, student should identify the most appropriate evidence-based sites that provides contextual information. It is expected that student would research and synthesize their findings in their own words for all types of course contributions and assignments. A “cut and paste” approach will not benefit student learning.

It is expected that student reference any and all material that they use or quote including any submissions in the discussion boards.

Students may not copy or paraphrase from any generative artificial intelligence applications, including ChatGPT and other AI writing and coding assistants, for the purpose of completing assignments in this course. Representing as one’s own an idea, or expression of an idea, that was AI-generated may be considered an academic offense in this course. The course instructor may use analytics within Quercus to identify potential student deviation from this policy.

**Assignment Descriptions**

1. **Online Case Discussions – 20% total**

Case Discussions will be evaluated based on active participation in all three components of the case plus posting useful and relevant references for your contributions. Participation should be collaborative such that the group knowledge builds on each participants posting. Contributions should demonstrate knowledge, experience and research into the case issues. Students will be given a maximum of 10 marks per Discussion Board.

The marks will be based on the following criteria:

* Unique knowledge contribution
* Accurate knowledge contribution
* Sharing of clinical experience
* Collaborative support of classmates
* Respectful inquiry of classmates
* References for submissions.
1. **Module Quizzes 20% total**

Students can attain 1 mark per correction quiz answer. Quizzes must be completed during the posted module period. Students can only submit one answer but they are permitted to reseach the question prior to answering. Students can visit the quiz once the module has closed to see links to the correct answers. There are 2 module quizzes consisting of 10 questions each.

1. **Case Analysis Submission – 30% total**

Instructions for the Case Analysis.

Length: 4-5 pages, single spaced, Maximum 2000 words. Charts, bullets and prose format may be used.

Students are to identify and describe a primary team-based care model that they have worked in, referred to, are proposing to develop or have found in the literature.

The case description will include the patient population, the interprofessional team and their roles and responsibilities, the patient care pathway and/or eligibility criteria and the program goals and expected patient outcomes.

The student will document a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis on the described model including reference to known statistics, strategies or factual information.

The student will provide gap analysis including the explanation of what the gap is, why it is an important gap and the relevance and impact of proposed improvements and additions to the model with proposed evidence based strategies for implementation ..

The student will identify the pivotal change agents required to implement the model which may be related to legislation, health human resource strategies, budget acquisition and/or program development.

The assignment must be referenced.

Marking Rubric for Briefing Notes

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|  | Poor (0) | Average (3) | Excellent (6) | Total points |
| Team Based Case Model Description | Does not include a clear distinct description.  | Includes a basic description but does not define the components with sufficient detail or leaves out a component.  | Includes a clear and detailed description of all components including comprehensive details to allow the reader to describe the model, the team, the patient and the care plan.  | 6 |
| SWOT  | Does not complete a SWOT analysis.  | Provides a SWOT analysis with brief descriptions that are not detailed enough for the reader to understand the model.  | Provides a clear and comprehensive SWOT analysis with detailed descriptions demonstrating original thought.  | 6 |
| Gap Analysis | Does not complete a Gap Analysis  | Provides a gap analysis and lists areas of deficit with improvement suggestions but does not provide clear evidence and descriptions | Provides a detailed gap analysis including defining the importance and the relevant strategies for improvement.  | 6 |
| Pivotal Change Strategy  | Does not complete a pivotal change strategy  | Provides a brief change strategy without a link or realistic description of facilitators for change.  | Described in detail, the pivotal change agents to improve the team based care model and identifies the required facilitators to initiate and sustain the change.  | 6 |
| References and Writing Style | Less than 2 reference and/or lack of peer reviewed referencesUnclear and unrelated writing style | Integrates peer reviewed references in various components of paperWriting style is clear but includes personal opinion or irrelevant facts | Turnitin mark is below 10% with excellent integration of high quality references. Clear and concise factual writing style.  | 6 |

1. **Design a Team Based Primary Care Model Group Project**

This is an opportunity to test out your knowledge and skill of working in team while taking the course concept to design you optimal team based care model. Groups must include students with various discipline backgrounds. Group should be no large than 5 people.

Student will Describe the following elements of their model:

1. Patient Condition or Patient Population that your team is serving.
2. Literature and evidence that supports the need for team-based care
3. Skills description of the primary care team roles.
4. Key Performance Indicators that will be tracked to identify patient outcomes.
5. Patient clinical pathway for optimal care in your model.
6. Implementation Plan including timeline, stage description and approximate funding pocket.

Presentation length is 15 min per group plus 5 min for class questions.

All Group members must share in the presentation.

Powerpoint slides to be submitted the night before the presentation.

The presentations will be marked by 2 students and one Faculty and an average mark assigned.

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| Component  | Comments | Group Mark |  Total Marks Available |
| Definition of Clinic Population  |  |  | 2 |
| Concept Supportive Evidence |  |  | 3 |
| Identification of Team Skills Description |  |  | 3 |
| Description Key Performance Indicator |  |  | 2 |
| Clinical Pathway for Team Service Delivery Model.  |  |  | 3 |
| Implementation Plan |  |  | 2 |
| Presentation Style |  |  | 2 |
| Question Period |  |  | 3 |
| Total |  |  | 20 |

1. Individual Reflection.

This is an insightful scholarly reflection of the student’s experience and development of the concept of team-based care as they progressed through the course. This should include references for any lessons learned, impact of team based care on their patient outcomes and/or action plans for team based care.

 The reflection should also include personal thoughts and self awareness about professional growth and areas to continue to develop.

The reflection should be 300-500 words (Maximum 2 pages including references). Students should include 1-3 peer-reviewed references

Reflections are personal and you should include how this course impacted your thinking as a clinician interested in team based care and how you will reshape your clinical oversight of patients to promote team based care where appropriate.

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| **Reflective Process** | Question to ask yourself | Marking Key |
| Description of Course Journey | What new concepts did you learn? What was reinforced? Were there surprises in your learning? | 2 |
| Description of Team Based Care Concept | Can you summarize your personal concept of Team Based Care in detail and related to your practice area | 2 |
| What is the impact of any lessons learned through the course |  Did the course teachings impact your leadership, your clinical approach, your view of other professions, your view of patient care goals? | 2 |
| How will you apply course learnings to your professional work? | Will you write an article, do research, develop a program, design a CQI project, create a clinical pathway? Who will do this with? What will your next steps be? | 2 |
| Personal Belief Statement | State if your belief is Team based care is supportive, equivocal or non-supportive and why you believe this to be your current truth.  | 2 |
|  |  | 10 |

**Important Dates and Deadlines:**

Please refer to DLSPH Sessional Dates and Deadlines to be aware of important dates and deadlines such as registration, reading weeks, statutory holidays, and course drop deadlines: <https://www.dlsph.utoronto.ca/students/current-students/timetables/>

**Maintaining Good Academic Standing**

For students to remain in good standing at the DLSPH, they must follow all rules and regulations of the University found [here](https://sgs.calendar.utoronto.ca/general-regulations). Please note that this includes attaining a grade minimum of B-. For more information on monitoring and maintaining grades, please read the University [guideline.](https://utoronto.sharepoint.com/sites/dlsph/SiteAssets/Forms/AllItems.aspx?id=%2Fsites%2Fdlsph%2FSiteAssets%2FSitePages%2FDLSPH%2DPolicies%2D%26%2DGuidelines%2F20240126%2D%2D%2DGASSAP%2DMonitoring%2DGuidelines%2Epdf&parent=%2Fsites%2Fdlsph%2FSiteAssets%2FSitePages%2FDLSPH%2DPolicies%2D%26%2DGuidelines)

The course instructor’s goal is for student to learn the course material in a comprehensive manner such that this new knowledge is integrated into their professional career. Students will succeed by keeping up with the course module requirements, doing the reading and attempting all assignments.

**Grading and Penalties**

The University of Toronto Grading Policy specifies the meaning of grades and grade scales for graduate students as well as general policies regarding grading practices. <https://governingcouncil.utoronto.ca/secretariat/policies/grading-practices-policy-university-assessment-and-january-1-2020>

Instructors are advised to specifically note the following sections

* *“1.2. Consequences for late submission”* which specifies *“…instructors are not obliged to accept late work, except where there are legitimate, documented reasons beyond a student’s control. In such cases, a late penalty is normally not appropriate. Where an instructor intends to accept and apply penalties to late assignments, this must be set out clearly in the course syllabus.”*
* *“1.3. Changes to the method of evaluation”* which specifies *“…after the methods of evaluation have been made known, the instructor may not change them or their relative weight without the consent of a simple majority of students attending the class.”*

Based on the above policies, instructors are advised to detail if late assignments will be accepted and the associated penalties as well as penalties for non-compliance with assignment requirements such as format and word length in the course syllabus. For example:

* *Late assignment penalties: Points will be deducted for handing in assignments late unless permission is obtained ahead of time (5% if turned in 1 day late; 10% 2 days late; 15% 3 days late and so on). Extensions will only be granted in circumstances that are unavoidable and unpredictable (e.g., illness, emergency). Late assignments will not be accepted after marked assignments have been returned.]*
* *Exceeding word limit:* A grading penalty will be applied to assignments that exceed the prescribed word limit will. Deductions will be: 10 percentage points for excess length of between 10 and up to 20 percent, and 20 percentage points for excess length of between 21 and up to 30 percent. Assignments with excess length of over 30 percent will be assigned a grade of 0.

**Course/departmental/divisional policies**
*[Outline departmental, divisional, or their own policies regarding:*

* *expectations for participation and attendance*
* *deadlines for assignment submissions*
* *submission methods (e.g., in person, electronically, or through the plagiarism detection tool)*

**Satisfactory Performance and Good Academic Standing**

Students are reminded they must achieve satisfactory performance to remain in good academic standing and continue with their program. According to the School of Graduate Studies (SGS), “Satisfactory performance in a degree program requires the completion of every course taken for graduate credit with a grade of at least a B– “. For a full description of these requirements please see the SGS Calendar section *“7 Good Academic Standing and Satisfactory Academic Progress, Time Limits, Supervision, and Candidacy”* and section *“7.4 Satisfactory Completion of Graduate Courses”. (https://sgs.calendar.utoronto.ca/general-regulations#7)*

**Respect for classmates**

The University of Toronto is committed to equity, human rights, and respect for diversity. All members of the learning environment in this course should strive to create an atmosphere of mutual respect where all members of our community can express themselves, engage with each other, and respect one another’s differences. U of T does not condone discrimination or harassment against any persons or communities.

**Academic integrity**

Students must adhere to the [Code of Behaviour on Academic Matters](https://governingcouncil.utoronto.ca/secretariat/policies/code-behaviour-academic-matters-july-1-2019). **It is your responsibility to know what constitutes appropriate academic behaviour.** You are responsible for ensuring that you do not act in such a way that would constitute cheating, misrepresentation, or unfairness, including but not limited to, using unauthorized aids and assistance, personating another person, and committing plagiarism. For more information see [U of T Academic Integrity](https://www.academicintegrity.utoronto.ca/) website.

Academic integrity includes understanding appropriate research and citation methods. If you are uncertain about this, please seek out additional information from the instructors or from other institutional resources including the following:

* This tip sheet provides clear and helpful information about appropriate academic citation: <http://guides.library.utoronto.ca/citing>
* This site offers a series of scenarios to help students understand how to prevent themselves from being subject to academic offence allegations <https://www.utm.utoronto.ca/academic-integrity/students/scenarios>
* Before handing in assignments students can also review this [academic integrity checklist](https://teaching.utoronto.ca/teaching-support/strategies/a-i/appendix-2/) provided by the UofT Centre of Teaching Support & Innovation:
	+ I have acknowledged the use of another’s ideas with accurate citations.
	+ If I used the words of another (e.g., author, instructor, information source), I have acknowledged this with quotation marks (or appropriate indentation) and proper citation.
	+ When paraphrasing the work of others, I put the idea into my own words and did not just change a few words or rearrange the sentence structure
	+ I have checked my work against my notes to be sure I have correctly referenced all direct quotes or borrowed ideas.
	+ The references include only the sources used to complete this assignment.
	+ This is the first time I have submitted this assignment (in whole or in part) for credit.
	+ Any proofreading by another was limited to indicating areas of concern which I then corrected myself.
	+ This is the final version of my assignment and not a draft.
	+ I have kept my work to myself and did not share answers/content with others, unless otherwise directed by my instructor.
	+ I understand the consequences of violating the University’s Academic Integrity policies as outlined in the [Code of Behaviour on Academic Matters](https://governingcouncil.utoronto.ca/secretariat/policies/code-behaviour-academic-matters-july-1-2019).

**Plagiarism Detection [optional]**

Normally, students will be required to submit their course essays to the University’s plagiarism detection tool for a review of textual similarity and detection of possible plagiarism. In doing so, students will allow their essays to be included as source documents in the tool’s reference database, where they will be used solely for the purpose of detecting plagiarism. The terms that apply to the University’s use of this tool are described on the Centre for Teaching Support & Innovation web site (<https://uoft.me/pdt-faq>).

**Accessibility**

Students with diverse learning styles and needs are welcome in this course. If you have a disability or health consideration that may require accommodations, please feel free to approach me/us and/or the Accessibility Services Office as soon as possible. The Accessibility Services staff are available by appointment to assess specific needs, provide referrals and arrange appropriate accommodations. The sooner you let them and me know your needs, the quicker we can assist you in achieving your learning goals in this course. For more information, or to register with Accessibility Services, please visit: <http://studentlife.utoronto.ca/as>.

**Video and Audio Recordings**

In-person teaching sessions will not be recorded.

There may be recorded sessions by the instructor used in the modules but these cannot be duplicated or distributed for any reason.

**Required texts or readings**

1. **"Effective Team-Based Primary Care: Observations from Innovative Practices"** by Edward H. Wagner et al1. This article provides insights into the configuration and deployment of practice teams based on in-depth studies of innovative primary care practices. <https://bmcprimcare.biomedcentral.com/articles/10.1186/s12875-017-0590-8?form=MG0AV3>
2. **"Team Primary Care: Training for Transformation"** by the Centre for Advancing Collaborative Healthcare & Education (CACHE)2. This resource discusses the importance of collaborative competencies and leadership in team-based primary care. <https://ipe.utoronto.ca/TPC?form=MG0AV3>
3. **TEAM"Interprofessional Education for Collaborative, Patient-Centered Practice"** by the World Health Organization (WHO). This publication highlights the importance of interprofessional education in preparing healthcare professionals for team-based care.
4. **"Team-Based Health Care Delivery"** by the Institute of Medicine (IOM). This report discusses the benefits and challenges of team-based care and provides recommendations for its implementation.
5. **"Primary Care: America's Health in a New Era"** by the Institute of Medicine (IOM). This report provides a comprehensive overview of primary care and the role of team-based care in improving health outcomes.
6. **"Team-Based Primary Care: A Guide for Clinicians and Administrators"** by the Agency for Healthcare Research and Quality (AHRQ). This guide offers practical advice for implementing team-based care in primary care settings.
7. **Fletcher, S. C., Humphrys, E., Bellwood, P., Hill, T. T., Cooper, I. R., McCracken, R. K., & Price, M. (2021). Team-based care Evaluation and Adoption Model (TEAM) Framework. Canadian Family Physician, 67(12), 897-904.**1
8. **The Vision of Team Primary Care:** Training for Transformation, Ivy Oandessan [The Vision of Team Primary Care: Training for Transformation: The Journey Beginnings… — Team Primary Care | Équipe de Soins Primaires](https://www.teamprimarycare.ca/insights/tpc-insight-july-21?form=MG0AV3)

**Student Support Services**

**Student Mental Health Resources**

* [U of T’s Central Hub for Student Mental Health Resources](https://mentalhealth.utoronto.ca/)
* [SGS Graduate Wellness Services](https://www.sgs.utoronto.ca/resources-supports/graduate-wellness-services-at-sgs/)
* [Student Life Health and Wellness](https://studentlife.utoronto.ca/department/health-wellness/)
* MySSP: 1-844-451-9700 (or use the app)
* Good2Talk: Call: 1-866-925-5454 or Text: GOODTOTALKON to 686868

**Tri-Campus Sexual Violence Prevention and Support Centre (“The Centre”).**

* The Centre has a location on all three campuses to help students who disclose to access supports and, in cases where the student chooses to formally make a report, the Centre will explain the process, and facilitate the making of the report to the University and/or to the Police. The Centre can be contacted through its confidential phone at 416-978-2266 or thesvpcentre@utoronto.ca.
* Students are encouraged to call or email for an appointment, which will be booked as soon as possible. **Students in crisis or in need of immediate support related to sexual violence can contact Women’s College Hospital Sexual Assault Care Centre at 416-323-6040.**

**Office of the Ombudsperson**

* As part of the University’s commitment to ensuring that the rights of its individual members are protected, the University Ombudsperson is devoted to ensuring procedural fairness and just and reasonable outcomes.
* The Ombudsperson offers confidential advice and assistance for complaints and concerns and can recommend changes in academic or administrative procedures where this seems justified. For information, see<https://governingcouncil.utoronto.ca/ombudsperson>.

**Other Resources and Supports for DSLPH Graduate Students**

| **Resource** | **Summary Description** |
| --- | --- |
| [The Office of Graduate Affairs](https://www.dlsph.utoronto.ca/administration/graduate-affairs/) | Provides a variety of services, including academic, program and personal advising. DLSPH students that require any assistance or information regarding coursework extension, program requirements, etc.. |
| [Graduate Department of Public Health Sciences Student (GDPHS) Handbook](https://www.dlsph.utoronto.ca/gdphs-handbook/) | This resource provides comprehensive information on getting started, enrolment, policies and procedures, financial matters, awards and funding opportunities, student services and more. |
| [DLSPH Student Resources](http://www.dlsph.utoronto.ca/students/current-students/)  | This resource site includes information for incoming students, the GDPHS Student Handbook, program requirements, policies and forms, online learning resources, timetables, course database, information for international students, professional opportunities, mentorship program, health & well-being, public health students’ association, and PhD Final Oral Exams.  |
| U of T [Graduate Student Union](https://utgsu.ca/) | The UTGSU is a voice for over 18 500 students as well as a platform for community building and services. UTGSU supports and advocates on behalf of graduate students. |
| [Health Sciences Writing Centre](http://www.hswriting.ca/) (for DLSPH PhD students) | The Health Sciences Writing Centre provides free individualized, confidential writing instruction to: * Develop your writing skills
* Improve your capacity to plan, organize, write, and revise academic papers (in any subject!)
* Manage ESL/EFL language challenges

The Centre works with all students, for all assignments, at all stages of the writing process. Visit the website to book an appointment or for more information.  |
| [UofT Academic Success Centre](http://www.asc.utoronto.ca/) | Offers group workshops and individual counselling to develop strategies for a range of learning challenges such as time management, stress and anxiety, memory, exams, note taking, textbook reading, concentration. |
| [UofT Career Services](http://www.careers.utoronto.ca/)  | Provides opportunities to meet employers, industry experts and alumni; strategies to Identify goals and navigate career decisions; andresources: Improve your resume, interviews, and online presence. |