

Impact through innovation and collaboration

2011-2013 Report from the Department of Family and Community Medicine



INNOVATION & COLLABORATION



Family & Community Medicine
UNIVERSITY OF TORONTO

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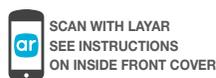
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Mission, vision and values

VISION

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

MISSION

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

CORE VALUES

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

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



THE FOUR PRINCIPLES OF FAMILY MEDICINE

As expressed by the College of Family Physicians of Canada. Learn more at www.cfpc.ca/Principles.

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



Message from the Chair

We are driven to fulfil our mission by our commitment to the social accountability of academic medicine.

DR. LYNN WILSON



In the last five years, the Department of Family and Community Medicine focused on achieving the goals we set in our 2008 strategic plan. As we near the end of that plan it seems appropriate to reflect on our journey and accomplishments.

Our Department exists to teach, create and disseminate knowledge in primary care, advance the discipline of family medicine and improve the health of communities locally and globally. We fulfill our mission through actions guided by our commitment to the social accountability of academic medicine; we strongly believe that with our size and strength come responsibility and leadership.

The DFCM achieved excellence in the period from 2011 to 2013 by connecting and collaborating, both inside and outside the Department. Our academic innovations are making a positive difference for our communities. Now, I am proud to say, collaboration defines our Department's culture.

We have much to be proud of and many talented and dedicated individuals to thank for their contributions. We share our 2011-2013 report with you as a testimony and record of the impact that our Department, our faculty and our staff are having on patient health, and primary care and family medicine in Canada and around the world.

A handwritten signature in black ink, appearing to read 'L. Wilson'.

Lynn Wilson
Chair

A PDF version of this report is available on our website at uoft.me/dfcmreport.

A top-down view of a group of people's hands stacked in a circle, symbolizing collaboration. The hands are of various skin tones and are positioned in the center of the frame. The background shows parts of people's bodies and clothing in various colors like green, yellow, and red. A semi-transparent green box is overlaid on the top left, containing white text. The word 'COLLABORATION' is written vertically in white on the right side of the image.

Collaborating to advance family medicine and primary care

COLLABORATION

Advancing quality care through health care system integration

A patient requires a basic level of wellness to make it to a family physician's office. Before I began home visits I had never seen such sick patients outside a hospital ward.

DR. THUY-NGA (TIA) PHAM

A Canadian's journey through the health care system may include stops at a family doctor's office, a specialist clinic, an outpatient facility and perhaps a hospital. Unfortunately, while a patient travels through the system, their health information and care instructions do not always travel with them. When communication gaps occur, it is frustrating and difficult for both patients and their physicians to coordinate care. This is why the Department of Family and Community Medicine (DFCM) is helping to improve the experience of both patients and providers when they experience transitions in care.

BUILDING BRIDGES TO INTEGRATE COMPLEX CHRONIC DISEASE CARE

The Ontario Ministry of Health and Long-Term Care has provided \$7.7 million dollars of funding between 2011 and 2015 for a joint initiative of the DFCM and the Departments of Medicine and Psychiatry. The BRIDGES initiative is a project incubator that supports and studies innovative models of health service delivery that incorporate hospitals, primary care and community services to provide integrated care for patients with complex chronic diseases. The projects are specifically aimed at reducing patient hospitalizations and emergency room visits, and improving patient and provider experiences of care.

For example, the SCOPE project gives family physicians access to a range of services to help them better care for patients who frequent the emergency room, including rapid access to psychiatric consultations and an interdisciplinary team whose services are tailored to the needs of solo doctors.

A HEALTHY START THROUGH GOOD NUTRITION

The DFCM is part of a new Faculty of Medicine collaboration that brings together the clinical Departments of Family Medicine, Nutrition and Pediatrics to form the Centre for Child Nutrition, Health and Development (CCNHD). The CCNHD aims to advance child nutrition, health and development by conducting internationally relevant research that translates into improved health outcomes and better quality of life for children through

its impact on education, clinical care and food policy. By approaching this task with the combined expertise of the three departments, the CCNHD can advance child health in a way that a single discipline or research group cannot.

INTEGRATING PRIMARY AND COMMUNITY CARE AFTER HOSPITAL CARE

Discharge from hospital marks a significant transition in care. Studies indicate that patients with complex medical conditions but without any personal or health care provider network are at higher risk of readmission to hospital. To reduce readmissions by providing that supportive network, the DFCM's South East Toronto Family Health Team at the Toronto East General Hospital family medicine teaching unit has established a 'primary care virtual ward'.

A virtual ward applies the team-based intensified care found often on a hospital-based ward, but delivers that care 'virtually', in the community. Patients receive up to three months of follow up care from a well-functioning team of primary care providers and hospital, community care and telemedicine partners who monitor daily symptoms, address clinical concerns immediately, and provide equipment and home visits to help patients and their caregivers make a safe transition back home after hospitalization.

Patients report highly enhanced experiences compared to other encounters in the health care system. They describe increased continuity of care, and increased access to clinicians and required services.

INTEGRATING PALLIATIVE CARE AND FAMILY MEDICINE

Dr. Sandy Buchman is a faculty member who practices palliative care full time and has a mandate with Cancer Care Ontario (CCO) to engage primary care in palliative care delivery. He encourages family physicians to integrate symptom management and advanced care planning into their practice to improve clinical outcomes and avoid losing touch with their patients later in their illness trajectory. To support family physicians, CCO has

Photo credit: Margaret Mulligan.



Dr. Tia Pham with home care patient.

developed symptom management guidelines accessible through a smartphone app to guide care providers through clinical assessment and care planning based on symptom severity.

Advanced care planning is also being addressed through a communications campaign called ‘Ask the Question’. The campaign name refers to the ‘Surprise Question’ from the UK Gold Standards Framework. The family physician asks themselves this question about their patients with life-limiting or life-threatening illness: Would you be surprised if this patient died within the next 6-12 months? Answering this question for oneself will trigger whether or not a palliative care approach should be undertaken for the patient. Not only are patient and system outcomes improved, but patient, family and provider satisfaction are greatly enhanced.

LOCAL PHYSICIAN NETWORK ADDRESSES CARE TRANSITIONS

Health Link organizations are a new arrival on the Ontario health care scene. A Health Link is a local network of health care and community service providers who work together to improve communication and coordination of health care services for complex patients. Dr. Pauline Pariser is a community family physician affiliated with Women’s College Hospital and the lead for the Mid-West Toronto Health Link. She notes that a key strength of Health Links is their ability to provide infrastructure and ongoing support to family physicians as they care for their patients.



MINDING THE GAPS IN CARE

Dr. Thuy-Nga (Tia) Pham, Assistant Professor and Deputy Chief of the Department of Family Medicine at Toronto East General Hospital, is minding the gaps in the health care system, especially for patients receiving or needing home-based care.

“A patient requires a basic level of wellness to make it to a family physician’s office. Before I began home visits I had never seen such sick patients outside a hospital ward.”

The patients she sees have complex chronic illnesses and may also be socially isolated, have low literacy levels, or suffer with an undiagnosed mental health issue such as anxiety, depression or early-stage dementia.

“They face a complex health care system and need health advocates,” says Dr. Pham. “Someone who is a health care provider, who understands the system and who they know cares about them. Someone they can call on.”

Dr. Pham is a role model for academic family physicians who are interested in minding the gaps in care for patients. She participates in the BRIDGES project, is the co-chair of the East Toronto Health Link Council, the physician lead for the Virtual Ward Program and works on inter-departmental collaborations that study ways to make care easier to manage—for patients and providers—along their health care journey.

“The Department has provided us with opportunities to form partnerships and productive collaborations that have become fruitful ground for many new ideas and innovative quality improvement initiatives across a large community, including DFCM academic sites, and beyond to other Family Health Teams in Ontario,” says Dr. Pham.

Increasing global impact through education

You have to accept there is more than one way of doing things, be actively curious and ask lots of questions.

DR. BRIAN CORNELSON

The Department of Family and Community Medicine (DFCM) is internationally recognized as a leader in primary care capacity building, and its expertise is sought around the world to help other countries establish or strengthen family medicine. The DFCM provides support through consultation, formalized teaching, mentorship, curriculum development and collaboration. Faculty members are actively engaged in primary care initiatives in a number of countries, including Ethiopia, Brazil, Chile, Saudi Arabia and China. International colleagues also visit our community family medicine teaching sites to see first-hand how family medicine and primary care are delivered in Canada.

ESTABLISHING ETHIOPIA'S FIRST FAMILY MEDICINE TRAINING PROGRAM

Ethiopia's first-ever cohort of family medicine residents is now training at Addis Ababa University, in part because of help from the DFCM. In 2015, eight residents will graduate to become the first family physicians in a country of 90 million people. Their training began in February 2013 with the support of the Toronto Addis Ababa Academic Collaboration—Family Medicine (TAAAC-FM) and the University of Wisconsin. Under the leadership of Dr. Jane Philpott, Markham Stouffville Hospital, U of T family physicians have been assisting colleagues in Ethiopia to develop a family medicine residency curriculum and define a role for family medicine in the Ethiopian health care system since 2008.

COLLABORATING WITH CHINA TO TRAIN FAMILY PHYSICIANS

The DFCM's sphere of influence has also spread to China, where the Department's model of education is being reviewed as a potential way to achieve the goal of training an additional 300,000 family physicians by 2020. In 2012, DFCM Chair Dr. Lynn Wilson, Women's College Hospital, and Global Health Program Director Dr. Katherine Rouleau, St. Michael's Hospital, joined a delegation of 10 Canadian departments of family medicine in Beijing. The purpose of the meeting (co-sponsored by the Ministry of Health of China, the University of British Columbia and the Canadian embassy in Beijing) was to foster



Dr. Jane Philpott at Addis Ababa University with two of Ethiopia's first family medicine residents.

collaboration between Chinese and Canadian institutions with the goal of strengthening family medicine physician training. It was recognized that many of the DFCM's existing programs and educational tools will be highly valuable to Chinese colleagues once they are modified to suit the needs of the Chinese health care system. Two additional visits to China took place in October 2012 and March 2013, and the DFCM has hosted six Chinese delegations to University of Toronto and delivered two primary care training courses to them.

SUPPORTING MARGINALIZED AND VULNERABLE POPULATIONS IN BRAZIL

In addition to long-standing relationships with provincial and municipal health authorities and academics in Brazil, the DFCM has formed a new connection with the Santa Marcelina University in São Paulo. The school opened in 2012 with a specialized



Family medicine faculty and residents from Addis Ababa University.

mission: to train physicians to care for marginalized and vulnerable populations. Since this is an area of expertise within the DFCM, the Department was invited to deliver customized faculty development and medical education workshops for the family physician faculty members in the new medical school. The workshops took place in July 2012.

ENHANCING INTERPROFESSIONAL PRIMARY CARE TEAMS IN CHILE

Since 1999, the DFCM has trained more than 150 primary care professionals from Chile as part of its Chilean Interprofessional Primary Care Program. Sponsored by the Chilean Ministry of Health, 12 primary care providers are awarded a place at the DFCM's esteemed five-week interprofessional course that aims to enhance the participants' knowledge of team-based primary care through a series of lectures, workshops and site visits across



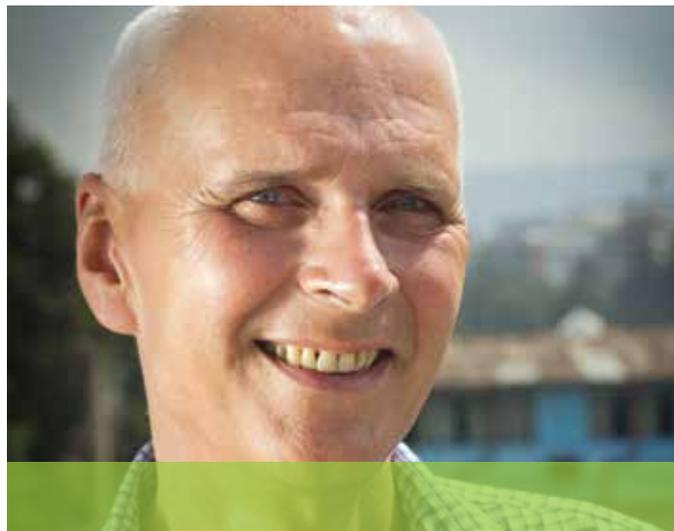
Toronto. In 2013, with support from a Departmental educational research award, the DFCM's Global Health Program carried out a study to evaluate this training. Early findings indicate that a long-term look at the impact of the training will help in the delivery of an even more effective and socially relevant program.

BUILDING EXCELLENCE IN PRIMARY CARE

In 2013, the DFCM's Global Health Program launched a new summer program targeting an international health care audience. The goal of this program, called Building Blocks: Building Excellence in Primary Care, is to enhance leadership in family medicine and primary care in settings around the world. It is built on lessons learned in both Canadian and global contexts. A total of 13 participants from Ethiopia, China and Brazil took part in the first program. Participants said they learned a lot from the Canadian system, including the importance of primary care research and quality improvement.



The Department's model of education is being reviewed by the Chinese as a potential way to achieve their goal of training an additional 300,000 family physicians by 2020.



GROWING YOUNGER BY HELPING OTHERS

For Dr. Brian Cornelson, the secret to eternal youth could be leaving behind a rewarding career as a Toronto family physician and faculty member to train Ethiopia's first family medicine residents.

"It has been rejuvenating to leave, although I loved my practice at St. Michael's Hospital, my teaching career and my colleagues," Dr. Cornelson says.

"But to put myself into a situation that isn't easy and could make a huge difference is really exciting and rewarding. I tell people I am 10 or 20 years younger for moving to Ethiopia."

Dr. Cornelson has been a family physician and teacher for 38 years and is now the Family Medicine Advisor for the TAAAC-FM residency program in Addis Ababa, Ethiopia. No stranger to establishing new family medicine health practices or overseeing family medicine residents, Dr. Cornelson has trained physicians in Nepal, China, Winnipeg, Toronto and Sioux Lookout. Despite his wealth of experience, Dr. Cornelson says he never has any preconceived notions of what family medicine will or should look like when establishing the profession in another country.

"You need to look at what that country needs in terms of health care and how family medicine can meet those needs. You have to accept there is more than one way of doing things, be actively curious and ask lots of questions. However, the care provided should still be patient-centred, as the doctor/patient relationship is a key feature of family medicine."



BUILDING EXCELLENCE

Leading primary care education in quality improvement

Eventually the focus moves from simply reacting to problems to actually thinking about how we can solve them.

DR. PHILIP ELLISON

After only three years, the Department of Family and Community Medicine's (DFCM) Quality Improvement (QI) Program is already recognized as a provincial leader in quality improvement in family medicine and primary care. Since its inception the Program has trained nearly 1,000 clinicians: 515 residents, 267 faculty and non-faculty teachers, 227 community family physicians and other care professionals not affiliated with our Department.

The Department was first off the mark among academic family medicine programs in Canada to create a quality improvement program. Now other universities, such as the University of Ottawa, are seeking the DFCM's expertise to help them reflect on including QI in their family medicine training.

THE CHANGING HEALTH CARE LANDSCAPE INCLUDES QI

The formation of the Department's new QI Program was deliberate. Ontario's health care landscape began to change in 2010 when the province passed the Excellent Care for All Act. The Act puts Ontario patients first by increasing accountability and strengthening the health care sector's organizational focus on delivering high-quality patient care. The DFCM took an early and innovative lead in sharing a quality improvement framework with its faculty members and trainees. As the Canadian leader in academic family medicine, it was a natural step to share this

expertise and help other health care providers and organizations learn the skills, knowledge and tools required to integrate QI into their health care settings.

In 2013, another step was taken to integrate QI into Ontario's health care system when the Ministry of Health and Long-Term Care required Family Health Teams, nurse practitioner-led clinics and community health centres to submit annual quality improvement plans to Health Quality Ontario. In these plans, organizations describe how quality is included as an element of their work and complete a template describing their areas of focus.

PROVIDING QI EXPERTISE TO CANADIAN GOVERNMENTAL HEALTH ORGANIZATIONS

As the health care system begins to formally integrate quality improvement, the DFCM's QI Program is receiving many requests from local networked organizations such as Health Links and Local Health Integration Networks (LHINs) as well as other provincial and national organizations. In 2013, the QI Program delivered Quality Improvement in Family Practice training programs to the Central LHIN and the South East LHIN. Both sought guidance on how to engage primary care providers in QI and help them integrate it into their organizations. Positive course feedback showed that the training helped the LHINs understand the quality



improvement landscape in the province, their leadership role in quality improvement and how to apply the methodology to create sustainable change.

In addition to providing QI training and expertise to local health organizations, Program Director Dr. Philip Ellison, Toronto Western Hospital, has been providing strategic advice to the Ministry of Health and Long-Term Care on the design, launch and delivery of a new learning strategy called Improving and Driving Excellence Across Sectors (IDEAS). IDEAS will enable quality improvement and bring about changes across the health care system to help realize the goals of Ontario's Action Plan for Health Care. Training will be delivered by Ontario experts, including members of the DFCM's Quality Improvement Program team.

REACHING NATIONAL AND INTERNATIONAL AUDIENCES

The QI Program reached a national audience of primary care providers at the May 2013 Primary Care Today conference where it delivered a one-day Quality Improvement in Family Practice course to 23 participants. Primary Care Today is Canada's largest continuing education conference for primary care providers, sponsored and organized by the DFCM.

In 2012, one module of the Program's resident QI curriculum was published on MedEdPORTAL, a website of peer-reviewed material in medical education. By 2014 the material had been accessed by 45 users from Taiwan, Canada, the United States, Brazil and Ireland. The entire curriculum is now freely available on DFCM Open (www.dfcmopen.com) where it has been viewed over 225 times.

AN AGENT FOR QI CHANGE IN ACADEMIA

Alongside training and consulting, those involved in the QI Program have been collaborating with colleagues in the Faculty of Medicine to integrate QI into graduate studies programs. In January 2011 a quality improvement paper was made a core requirement of the Master of Public Health degree program.

In 2013, the University of Toronto's Institute of Health Policy Management and Evaluation developed an MSc with a concentration in Quality Improvement and Patient Safety. The DFCM's QI Program plays an advisory role in this degree program as well as providing student mentorship.

With an eye on the future, the Quality Improvement Program developed a three-year strategic plan in 2013. The plan uses a scholarly framework to develop and test education and practice methodologies and sets a path for the DFCM's QI Program to guide and facilitate the advancement of primary care quality within the broader health care system.



Photo credit: Brian Da Silva.

SOLVING PROBLEMS WITH QUALITY IMPROVEMENT

"I recently learned the term 'normalized deviance' from a colleague. It's a good way to describe how people learn to accept an ineffective system," says Dr. Philip Ellison, from Toronto Western Hospital and Director of the DFCM's Quality Improvement Program.

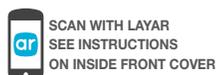
"However, when you are trained in quality improvement you realize you don't have to accept a state of normalized deviance anymore. Eventually the focus moves from simply reacting to problems to actually thinking about how we can solve them. To know that you can make a difference is incredibly empowering for people."

Dr. Ellison, an academic family medicine physician with more than 33 years' experience, first delved into the world of quality improvement during his time as Chief of Family Medicine at Toronto General and Western Hospitals in the early 1990s. At the time, the team did not have an improvement framework to work from, he says.

"Until the last decade or so we didn't structure our improvement efforts. We knew we wanted to do better, but the question was always how? As we appreciate the nuances and complexity of health care we know that without a measure or method we might not succeed."

Since Dr. Ellison started training residents and faculty in quality improvement he has seen a marked change in the culture and response to quality improvement.

"Over time it becomes aspirational. That has been the most satisfying thing, seeing the number of people who are coming to the table and wanting to participate. It's incredibly gratifying."



Bringing together community family physicians and researchers

Sometimes research seems parachuted into primary care; we need to do research that arises from our own setting, is relevant to us and reflects care for the patients we look after.

DR. MICHELLE GREIVER

Researchers in the Department of Family and Community Medicine (DFCM) are improving the health of Canadians by including community family physicians in significant research studies, community-based research networks and when mining big data to answer health system questions.

RESEARCH GOES UTOPIAN

In 2011, the Department's Research Program established a practice-based research network called UTOPIAN (University of Toronto's Practice-Based Research Network).

"Practice-based research networks have been described as clinical laboratories for primary care research and dissemination," says Dr. Eva Grunfeld, the Department's Vice-Chair, Research. "UTOPIAN will provide a platform on which DFCM faculty and its learners from all sites can become involved in clinically important research that will have direct impact on the care of their patients."

Through the Department's 14 family medicine teaching units and 40 teaching practice sites, it is estimated that UTOPIAN can reach one million patients. By June 2013, UTOPIAN already had

three pilot projects funded and well underway. By asking relevant clinical questions in primary care settings where most Canadians receive their health care, UTOPIAN is well positioned to make a direct impact on people's health.

MAKING CHRONIC DISEASE PREVENTION BETTER

A \$4 million research study led by Dr. Grunfeld, who is also an Ontario Institute of Cancer Research Physician Scientist, is building on existing tools to improve chronic disease prevention in family practice. The first phase of the study, called BETTER 1, focused on increasing prevention and screening for heart disease, diabetes and cancer in primary care physicians' offices in Alberta and Ontario. The success of BETTER 1 resulted in an additional \$1.5 million of funding that allows BETTER 2 to reach new communities: urban, rural and remote areas in Newfoundland, Labrador and the Northwest Territories.

"Even as we conduct BETTER 2, we know that the project is a success," says Dr. Grunfeld. "Our phase one tools and resources are being used in practice by clinicians at the Northern Ontario School of Medicine, at Dalhousie University and in primary care



practices in Edmonton. These dissemination sites are ‘doing it BETTER’— improving chronic disease prevention and screening using the methods and techniques we studied and introduced.”

Before the DFCM established a Department-wide practice-based research network, family physicians at North York General Hospital, Sunnybrook Health Sciences Centre and the Scarborough Hospital were part of a practice-based network called NorTReN. NorTReN is now part of UTOPIAN and contributes to Canada’s chronic disease electronic medical record database, CPCSSN (pronounced sip-sin). NorTReN was started by Dr. David White, Dr. Paul Caulford, Dr. Jim Ruderman, Dr. Walter Rosser and Dr. Neil Drummond. Dr. Michelle Greiver, a DFCM Clinician Investigator, led NorTReN and now plays a leading role in both UTOPIAN and CPSCCN.

Since 2008, with the participation of 10 research networks across Canada including UTOPIAN, CPSCCN has created the largest Canadian database of electronic medical record (EMR) information about chronic diseases. The data include records for more than half a million patients in eight provinces extracted from 12 different EMRs in networks like UTOPIAN at 10 universities. CPCSSN has received more than \$11 million in funding from the Public Health Agency of Canada.

FINDING DATA-DRIVEN ANSWERS

With the ability to combine electronic medical record data with billing data from OHIP, hospital discharge records, emergency department records and provincial drug benefit data, researchers can now answer questions that were out of reach not so long ago.

The chief architect and miner of this big data is Dr. Karen Tu. She is an Associate Professor and a Clinician Investigator with the DFCM who practices family medicine at Toronto Western Hospital. She is also a Senior Scientist at the Institute for Clinical Evaluative Sciences (ICES) in Toronto where she built a database called EMRALD (Electronic Medical Record Administrative Data Linked Database). As the name indicates, EMRALD can link EMR data with administrative health data held at ICES to provide a more comprehensive patient record across the entire health care system.

The number of physicians that contribute to EMRALD has grown from 17 in 2005 to 296 in 2013 and EMRALD now holds more than 300,000 patient records. It is considered a leading database in Canada with a strong track record of attracting peer-reviewed funding (more than \$2.5 million since inception) and peer-reviewed publications. One indicator of its success is that medical specialists in disciplines outside primary care are requesting use of EMRALD data in their research.



A CULTURE OF CURIOSITY

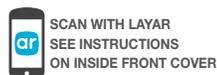
When DFCM Assistant Professor and Clinician Investigator Dr. Michelle Greiver says they’ve got a Google-like atmosphere at the North York Family Health Team (NYFHT), she is talking about the energy, talent and innovation of her colleagues.

Dr. Kimberly Wintemute, the NYFHT Medical Director, strongly endorses a culture of curiosity, innovation and exploration. These elements are necessary to foster community-based research, she says, and to keep physicians fulfilled.

“During our medical careers, many of us feel a need to leverage our knowledge and experience and indulge our creativity, but we may not have the skills to do so. Then someone with the skills, like Michelle, asks you to participate in research. When you do, and especially when you see the benefit of that work with a patient, you are hooked.”

Dr. Wintemute herself was hooked when a research study prompted her to call in a male patient in his early 40s who had been diagnosed with hypertension 10 years earlier but had only been to visit three times since then. She called, he visited, and the patient and his wife were grateful for the intervention and the opportunity to take charge of his health.

“This level of intervention is key,” says Dr. Greiver. “Sometimes research seems parachuted into primary care; we need to do research that arises from our own setting, is relevant to us and reflects care for the patients we look after.”



BRINGING TOGETHER



Opening doors and sharing resources

There is a deep well of knowledge within the Department—and an even deeper desire to share it.

DR. LYNN WILSON

There is a deep well of knowledge within the Department of Family and Community Medicine (DFCM)—and a desire to share it. Our faculty members are world-class innovators, researchers and educators who design leading-edge continuing medical education for family physicians. They challenge the assumption that knowledge should be ‘protected’ rather than shared, they study the best methods to bring research findings to patient care and they use the power of social media for patient education.

SHARPENING CLINICAL SKILLS IN EMERGENCY CARE

Staff shortages in rural emergency departments could be eased if more family physicians practised emergency medicine, according to Associate Professor Dr. Shirley Lee, Mount Sinai Hospital. And even though acute and emergency care can be daunting, well-prepared and confident physicians will incorporate it into their practice. This is why Dr. Lee developed an intensive learning experience for family physicians focusing on sharpening emergency clinical skills and knowledge. The Supplemental Emergency Medicine Experience, or SEME for short, is funded by the DFCM and the Ontario Ministry of Health and Long-Term Care. By June 2013 the program had trained 38 physicians since its start in April 2012. SEME is a three-month, full-time remunerated fellowship that takes a comprehensive, practical and hands-on approach. It incorporates patient simulation, lectures and eight weeks of rotations in emergency departments in Toronto, with the option of supervised placements at rural or semi-rural hospitals. Interactive e-learning modules developed for SEME learners will also be available through the Department's new resource website, www.DFCMOpen.com.

THE DFCM IS OPEN!

In a survey conducted in 2007, faculty members expressed a desire for access to clinical tools and resources to help them in their practice. Leaders from the DFCM's 14 core teaching sites also wanted a place to find and share material in the hopes of reducing duplication and providing a springboard for new relationships and collaborations. The Department listened, and in April 2013, launched DFCM Open (www.DFCMOpen.com).

The word *open* is a deliberate reference to the open access movement, where material is freely available to anyone. Open access challenges traditional models of academic publication, where access comes at a cost. The Department believes DFCM Open is the first website of its kind from an academic family medicine department. The website was launched by and continues to be co-led by Dr. Pieter Jugovic, Toronto East General Hospital, and DFCM Communications Coordinator, Danielle Wintrip.

DFCM Open hosts clinical, educational and research tools and resources authored by DFCM faculty members in a range of electronic media. All items on DFCM Open are evidence based and peer reviewed. This web resource shares the internationally recognized academic and scholarly activity of our faculty members, particularly in areas of clinical innovation where there are currently fewer places to publish and share.



The DFCM Open website is a repository of peer reviewed, evidence-based, family-medicine focused tools and resources that are clinical, educational or research-oriented in nature.

HELPING CLINICIANS APPLY RESEARCH FINDINGS

A core academic pursuit is research, or the discovery of knowledge. Yet how do important findings make their way to clinicians? What is the best way for them to be integrated into practice? The research field of knowledge translation focuses on applying research findings to the health care system and ultimately to patient care.

Dr. Eva Grunfeld is the Department's Vice-Chair, Research and also the Director of the Knowledge Translation Research Network, Health Services Research Program, Ontario Institute for Cancer Research/Cancer Care Ontario. Dr. Grunfeld leads a program called KT-Net, which is designed to build and support a group of Ontario researchers who are interested in and have the capability to increase cancer knowledge translation.

An example of a KT-Net-funded study is a pilot project, led by Dr. Jonathan Sussman, that is testing the feasibility of bringing primary care physicians into multidisciplinary case conferences (MCCs) using the Ontario Telemedicine Network platform. At MCCs, individual cancer patients are reviewed at a cancer centre by a team that includes oncologists, pathologists, radiologists and nurses, and recommendations on best management are made. MCCs are already being used in the cancer system but do not include family physicians, an addition that could increase knowledge translation and enhance patient care.



Photo credit: Jennifer Roberts.

THE PATIENT'S DOCTOR GOES VIRAL

Dr. Mike Evans' patient education work has gone viral. It started small, but has now grown to almost 8 million views on his YouTube channel (search 'docmikeevans'), where he, a DFCM faculty member, covers everything from acne to stress management. His video "23 1/2 Hours" even earned a mention in an HBO Netflix series.

"Sharing preventive health information this way may seem like a career departure for a family physician," says Dr. Evans. "In my media labs we actually try and make things infectious—where one person would send to another person what we call peer-to-peer health care."

Dr. Evans is the founder of the Health Design Lab at the Li Ka Shing Knowledge Institute of St. Michael's Hospital, the Evans Health Lab at the Centre for Social Innovation, and Reframe Health Films. At these labs you'll find filmmakers, digital media experts, patients, clinicians and researchers, all collaborating to create a different type of interdisciplinary health team to improve the lives of Canadians.

The work Dr. Evans has done to promote health in Canada by providing creative, clever and credible resources has earned him recognition in prestigious medical journals as well as mainstream media—he is the house doctor on the CBC's syndicated radio show *Fresh Air*. He has been selected as one of the top 45 Canadians over 45 and has received a prestigious Gold Medal for Social Media at the Web Health Awards. He also runs a busy inner city practice at St. Michael's Hospital and teaches family medicine.



Our donors are making a difference

There are some areas of research that can best be done by family physicians, and it is my hope that those whom we train today will help provide solutions for the many medical challenges that individuals and society face.

DR. BARNETT GIBLON

Donors to the Department of Family and Community Medicine (DFCM) understand the fundamental role that family physicians play in the health of Canadians and are keen to support the vast array of endeavours our Department undertakes.

Scholarships encourage medical students to choose family medicine and embark on training in our world-renowned training program. Gifts make it possible for our talented faculty members to develop and deliver outstanding academic and clinical fellowships, graduate studies programs, faculty development in teaching and learning in health care, continuing education and continuing medical education.

Contributions to research activities in the Department permit our clinician scientists and clinician investigators to conduct meaningful research in a primary care setting. They also help us build capacity to expand research to family physician practices throughout the Greater Toronto Area and southern Ontario. Our donors' gifts also help us as we work with international collaborators to build capacity and expertise in family medicine and primary care globally. Finally, the Department's new and extremely successful efforts to lead quality improvement initiatives for trainees, faculty and beyond have won the support of donors.

LONG-STANDING SUPPORT

The Department is fortunate to benefit from the long-standing backing of donors who provide research and scholarly support through professorships and funds, including the following:

- **The Dr. Barnett and Beverley Giblon Professorship in Family Medicine Research**, held by Dr. Eva Grunfeld, Vice-Chair, Research, DFCM.
- **The Harrison Waddington Fellowship in Family and Community Medicine**, which was received by Dr. Marcus Law and Dr. Danielle Martin in 2011, and Dr. Melissa Nutik and Dr. Marcus Law in 2012.
- **The Bram and Bluma Appel Global and International Health Fellowships Fund**

THE FRIGON BLAU FAMILY MEDICINE RESEARCH CHAIR IN INNOVATION AND QUALITY

In 2013, a major gift to Women's College Hospital led to the creation of the Frigon Blau Family Medicine Research Chair in Innovation and Quality. The new endowed chair is held by Dr. Onil Bhattacharyya who is developing an in-house incubator for new models of integrated care for complex patients, and continuing his work on innovative health service delivery models in low and middle-income countries. He is mentoring and nurturing researchers at Women's College Hospital and the Department of Family and Community Medicine and is acting as a catalyst for multi-disciplinary team-based collaborations across the hospital, the University of Toronto, the DFCM and beyond.

IMPROVING FAMILY MEDICINE MATERNITY CARE TRAINING

According to the National Physician Survey, the percentage of Canadian family physicians offering care for labouring women fell from 20 per cent in 1997 to 10.5 per cent in 2010.

"The low number of family physicians involved in complete maternity care is a serious concern in Canada, and one of the top reasons cited for that is the lack of confidence or concern about adequate training," says Dr. Anne Biringer, a long-time academic family physician at Mount Sinai Hospital.

With \$1 million in funding for a 10-year directorship in maternity care given by Ada Slight and the Slight Family Foundation, Dr. Biringer has been able to undertake a qualitative research study about the best ways to provide maternity care training in family medicine. Educators from across the country will have the opportunity to discuss strategies at the first National Forum on Teaching Competency in Family Medicine Maternity Care—also supported by the Slight donation.

A remarkable opportunity has arisen with an announced \$10 million expansion of the Slight donation which will permit broadening of family medicine maternity care research initiatives, new clinical services for vulnerable pregnant women in Toronto and the consolidation of supports to the DFCM family medicine



IN THEIR WORDS

Words from donors Dr. Barnett and Mrs. Beverley Giblon, who gifted the Department the Dr. Barnett and Mrs. Beverley Giblon Professorship in Family Medicine Research, currently held by Dr. Eva Grunfeld, Vice-Chair, Research, DFCM and Director, Knowledge Translation Research Network Health Services Research Program, Ontario Institute for Cancer Research / Cancer Care Ontario.

THE DONORS

“We feel that the time we spent at the University of Toronto Faculty of Medicine was a significant event that shaped our lives and development—mine as a family physician and Beverley’s as a physical and occupational therapist. We come from a tradition of giving back to the community for what we have received, and our later careers were considerably involved with teaching and research.

When I served as chief of family and community medicine at the Scarborough Hospital, I was the founding chief of the family practice teaching unit at the first group of expansion sites for family medicine teaching at the University of Toronto, and also served as the first director of education and research at my hospital. Beverley continued her education at York University and went on to teach there and is very much aware of the fundamental importance of research associated with universities.

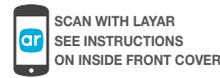
In addition, as a breast cancer survivor, Beverley understands, as do I, how essential the work of Dr. Eva Grunfeld is in cancer research (and to us especially). The work that she and other family physicians are doing has made it possible for our specialty to be considered equivalent to all others. Indeed, there are some areas of research that can best be done by family physicians, and it is my hope that those whom we train today will help provide solutions for the many medical challenges that individuals and society face.”

residency project in Ethiopia. This donation will also provide a pivotal contribution toward building the new labour and delivery unit at Mount Sinai Hospital, which emphasizes interprofessional care and collaboration.

WE THANK OUR DONORS

The Department of Family and Community Medicine gratefully acknowledges all donors. This report lists additional donors who have made gifts of \$1,000 or more to the Department between July 1, 2011, and June 30, 2013. We are grateful for your continued support.

Brian Cornelson
Tamar Ehrlich
Jericho Foundation
Lawrence Park Community Church
Mount Sinai Emergency Associates
Sumit Kumar Oberai
Neil A. Ornstein
Walter W. Rosser
The Counselling Foundation of Canada
The Youssef-Warren Foundation



THE RECIPIENT

“I am proud to hold this professorship and grateful for the Giblons’ commitment to research and family medicine. The Giblon Professorship and the OICR career award form a major partnership for the Department that links community family physicians and cancer care.”



MAKING A DIFFERENCE

Community-level innovations in global settings

Using innovative approaches, the Lablite study is able to build meaningful evidence at the intersection of HIV and primary care in real-world settings.

DR. SUMEET SODHI

Faculty members from the Department of Family and Community Medicine (DFCM) are engaged in community-level innovations with global impact that show promise to improve clinical methods, health policy, social conditions and medical education. Conversely, faculty are also evaluating the potential to adapt other global innovations to the Canadian health care system.

THE LABLITE TRIAL IN MALAWI

Doing real-world research without a controlled setting is not easy, particularly if you are working in one of the world's most disadvantaged countries. But this hasn't stopped Dr. Sumeet Sodhi's research in Malawi. A faculty member with Toronto Western Hospital and the Senior Research Scientist at Dignitas International, Dr. Sodhi is collaborating with an international team on a trial called Lablite. The trial, which ends in 2014, is studying the effectiveness of HIV care provided without the use of expensive laboratory testing but by supporting health care workers instead. It does this by replicating, in a real-world setting, a phase one controlled clinical trial called DART that took place in Uganda and Zimbabwe.

Lablite's clinical method for anti-retroviral treatment takes a 'light' approach to lab-based analysis. Instead of using a laboratory, the trial is reinforcing the clinical skills of health care workers to help them identify, without a lab test, the treatment's progress and outcome. The research team gathers data from clinics in one health district in Malawi without a sophisticated information technology infrastructure, instead using digital cameras and a homemade 'scanner in a box' (complete with power supply). Using these innovative approaches, the Lablite study is able to build meaningful evidence at the intersection of HIV and primary care in real-world settings.

HEALTH REPORT CARDS IN INDIA

Would a health care report card, sent with some relevant evidence-based health policy recommendations, influence the decisions of decision makers? This question was asked in a study that took place in India between 2009 and 2012, led by primary



investigator Dr. Onil Bhattacharyya, an Associate Professor and the inaugural Frigon Blau Chair in Family Medicine Research at Women's College Hospital.

The District Evaluation Study on Health (DESH) was a knowledge translation research study that used this innovative intervention across India's 600 districts, sending 'health report cards' to parliamentarians, bureaucrats, district health officers and local government officials. Each district report card compared their district's performance to others and each district received a customized list of evidence-based actions to help them prioritize the health services to reduce disease burden in their area. The study's outcomes will be measured by the changes in health service use and its findings will be published in 2014.

SAFE MOTHERHOOD

Dr. Rajni Nijhawan, a DFCM faculty member with Toronto Rehab, is empowering girls and women through an innovative program that invests in health education for disadvantaged young women. What started as a sewing class in 2004 in the slum sector of Chandigarh, India—faced with poor antenatal and postnatal care, poor hygiene and malnutrition—is now a well-established peer education initiative (with sustainable funding) that promotes safe motherhood.

The health outcomes from this program are encouraging: in the past five years, the home-to-hospital delivery ratio has fallen from 3:1 to 1:1, ante- and postnatal care have improved and neonatal death and low birth weight babies have fallen.

By providing a space for young women to learn about reproductive health, safe motherhood and child care, they become empowered to help themselves achieve better health outcomes. They are now extending their knowledge to others and at any given time, 20-30 women are taught by three peer educators.

FIRST IN FAMILY MEDICINE EDUCATION

When Ethiopia's first-ever class of family medicine residents graduate from Addis Ababa University (AAU) in 2015 they will become the first family physicians in a nation of 90 million people. The introduction of family medicine is one way the Ethiopian government is addressing the country's health human resource crisis: Ethiopia currently has only 2,000 physicians and the rest of the health care system also vastly underserves the population.

The family medicine residency program was developed by the Toronto Addis Ababa Academic Collaboration in Family Medicine (TAAAC-FM), which is led by the DFCM and AAU. Before writing the curriculum TAAAC-FM first needed to understand the best fit for the family physician in Ethiopia, so in June 2011, they surveyed the current state of primary care, learning who delivered it, how and where. The DFCM-led team of AAU data collectors used tablet computers and purpose-built software to observe and collect data from 46 Ethiopian general practitioners in 10 health facilities across the country.



A peer educator teaching participants in the Safe Motherhood Program in Chandigarh, India.

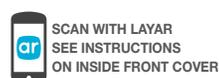


Photo credit: Michael Wong, Women's College Hospital.

STUDYING A THOUSAND GLOBAL INNOVATIONS

The solution to rising health care costs may come from places that can't afford to be as wasteful as we are, says Dr. Onil Bhattacharyya, an Associate Professor in the DFCM who also holds the inaugural Frigon Blau Chair in Family Medicine Research at Women's College Hospital.

In 2012 and 2013, with the Centre for Health Market Innovations, Dr. Bhattacharyya led a study to investigate how 1,000 health care innovations in low- and middle-income countries could potentially be replicated or scaled for use in Canada to improve efficiency without compromising safety or health outcomes.

The literature review and analysis itself took an innovative approach by matching four family medicine residents and four MBA students to conduct the work. The collaboration harnessed the power created by cross-pollinating medicine and business, as well as benefiting from the trainees' fascination with innovation. He is now leading a round table to define the characteristics of 'reverse innovations', ideas from low-resource settings that can be replicated in high income ones like Canada. The group includes academics from management, political science, engineering as well as representatives from GE and Medtronic, who are developing technologies in emerging markets for global spread.

In his 2012 TEDx Stouffville talk, 'Disruptive Innovations to Integrate Health Systems', Dr. Bhattacharyya describes some of what they learned from the literature.

"Technology that simplifies and a business model that helps it spread are demonstrated in the use of mobile and non-mobile technologies, for example, the use of SMS reminders, a mobile midwife application and non-mobile innovations such as the \$35 cataract surgery in India."

Programs, Divisions and Offices



INNOVATION

Undergraduate Education Program

The Faculty of Medicine has been very supportive in addressing concerns and ensuring all specialties are treated with the equal respect they deserve.

LAUREN PAYNE

The Department of Family and Community Medicine's (DFCM) Undergraduate Education Program has strived to increase the visibility of family medicine during the first two years of medical school. The Department's family physicians contribute more than 6,000 hours to the Family Medicine Longitudinal Experience (FMLE) program and more than 4,000 teaching hours to other pre-clerkship courses annually.

INTEGRATING FAMILY MEDICINE

In 2011, to better integrate family medicine into the curriculum, the Undergraduate Program piloted three collaborative teaching lectures in the second-year Mechanisms, Manifestations and Management of Disease course. The lectures model the clinical care process in that they showcase the role of the family physician in the continuity of patient care and emphasize collaboration between generalists and specialists. During the lecture the family physician presents a case study, explains how to diagnose a condition and the steps required to manage it, and indicates when specialist referrals are appropriate. The specialist then discusses what line of treatment he or she might undertake before referring the patient back to the family physician for ongoing care. These lectures are evaluated highly by students and lecturers.

DEVELOPING FACULTY

With the introduction of the Mississauga Academy of Medicine in 2011, the Program needed to recruit even more family medicine faculty members as preceptors. Faculty development for these new teachers has been a major priority and one way it is delivered is through the Undergraduate Program's annual faculty development workshop day. In 2011 the event was awarded the prestigious Innovation in Program Development and Design's Helen P. Batty Award for Excellence and Achievement in Faculty Development, from the Faculty of Medicine's Centre for Faculty Development.



VIRTUAL PATIENT MR. G.B. HELPS FIRST-YEAR STUDENTS INTEGRATE THEIR LEARNING

Since 2012, a virtual patient, Mr. G.B., has been helping first-year U of T medical students to integrate their learning and develop their clinical thinking skills. He is the brainchild of DFCM faculty member and community family physician Dr. Jean Hudson, Credit Valley Hospital and Course Director for the first year Arts and Science of Clinical Medicine course. Dr. Marcus Law, a family physician with Toronto East General Hospital and the Deputy Pre-Clerkship Director and Director UME Academic Innovation, also played an important role in bringing Mr. G.B. to life.

Mr. G.B. is designed to be an aggregation of patients commonly seen in clinical practice and is used in mandatory first-year assignments such as a simulated patient encounter. Learning modules include interviews, a chart summary, video clips and interactive examinations.

The virtual patient is an excellent example of how technology can be used to help students apply their knowledge to simulated, realistic clinical encounters. The success of this project has created a platform for new ideas in medical education that incorporate the role of technology in clinical medicine and clinical teaching.

TRANSITION TO RESIDENCY

University of Toronto students participate in a fourth year course called Transition to Residency which was introduced in 2011–2012. In this course, students complete three clinical placements over nine weeks. In its first year, family medicine filled 100 spots for students who wanted more mentorship, guidance, and experience in family medicine and primary care. In 2012–2013, in response to demand, the Program offered an additional 50 spots.

SCHOLARLY WORK

The Undergraduate Education Committee is always engaged in scholarly work. Research areas include student career choice, family medicine interest groups, the FMLE, Teaching Residents to Teach, academic leadership and evaluation methods.

In 2013 the program released findings based on six years of data collected from medical students since the introduction of the FMLE in 2008. The FMLE is a one-on-one program that matches second-year students with local family physicians to expose them to the day-to-day clinical work of a family physician. The study showed that participation in FMLE led to an increase in medical students' knowledge about family medicine as a career and their perception of the prestige of family medicine. In addition, students were more likely to view family medicine as an evidence-based discipline and there was a significant increase in interest in family medicine as a career choice.



Program Director Dr. Kymm Feldman with award winners honoured at the Undergraduate Education Faculty Development Day.



PUTTING FAMILY MEDICINE ON PAR

University of Toronto medical student Lauren Payne believes in the importance of a robust primary care system in Canada, but during medical school she felt frustrated by the potential of medical education to lead future physicians away from family medicine.

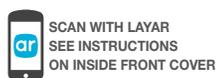
“Everyone knows about the hidden curriculum, the idea that family medicine as a generalist practice is somehow inferior to other specialties. Of course it isn't, but I heard these sentiments in lectures and know that students in other medical schools hear them too.”

Miss Payne has a keen interest in family medicine and has held roles as president of the medical-student run Interest Group in Family Medicine and represented medical students on the executive committee of the DFCM's Undergraduate Education Program. She is passionate about introducing her fellow students to successful family physician role models through social events, mentorship programs and a speakers series. She has also worked with the medical school to address the hidden curriculum.

“The Faculty of Medicine has been very supportive in addressing concerns and ensuring all specialties are treated with the equal respect they deserve.”

Despite challenges along the way, she says she has felt supported in her choice to become a family physician.

“In my final two years of medical school I encountered positive, encouraging attitudes about my decision to pursue family medicine—from both family physicians and sub-specialists alike.”



Postgraduate Education Program

With a career in family medicine I could see the potential to have a positive impact on the biopsychosocial aspects of a patient's life and give a voice to those who are marginalized.

DR. NAHEED DOSANI

The reputation and popularity of the Postgraduate Education Program in the Department of Family and Community Medicine (DFCM) continues to grow. In 2013 the Program was accredited by the College of Family Physicians of Canada (CFPC) and was recognized for its work in curriculum development. In both 2012 and 2013 the Program received a record number of resident applications: 3,468 and 4,073 respectively. In addition to these achievements, the Program upheld its commitment to technical innovation, and its residents consistently rated above the national average on mean scores in the written and oral components of the certification exam in family medicine. All of this took place after the Program introduced a new competency-based curriculum and completed the expansion that added four new family medicine teaching units.

A SUCCESSFUL ACCREDITATION

Being accredited was a major achievement for the Postgraduate Education Program, especially since the evaluation took place using a new set of accreditation standards designed by the CFPC and the Royal College of Physicians and Surgeons. The Program succeeded because of the incredible dedication and collaboration of the Department's 14 residency program directors and the Professional Development Program committee members. DFCM staff also made significant contributions by creating workshops, tools and communications to prepare both residents and faculty. In its feedback, the accreditation survey team noted the many strengths of the DFCM program, both centrally and at its 14 teaching sites.

RECORD NUMBERS OF APPLICATIONS

Over the course of the 2011–2013 academic years, the Program completed phase two of its expansion, with resident intake numbers growing from 152 in 2011 to 161 in 2013. The expansion of DFCM's family medicine training was part of Ontario's strategy to increase the number of family doctors in the province. The Program's intake numbers have now stabilized at 161 family medicine trainees per academic year.

REPLACING TRAVEL WITH ONLINE REAL-TIME ORIENTATION

All family medicine residents must spend two months of their family medicine training in a rural teaching practice. Each year the Teaching Practices Program organizes an orientation event so that residents can meet community family physicians in teaching practices and select a practice where they would like to train. Before 2011, the one-evening event was held in Toronto. In 2011, instead of preceptors travelling from their communities to Toronto, a week of online evening events was held, saving everyone time and saving the Department the cost of travel. The new format has been embraced by both residents and their future teachers.





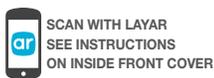
IMPROVING RESIDENT ASSESSMENT AND FEEDBACK

In 2011, the Program developed the “e-Field Note” to assess residents’ performance against the DFCM’s competency-based curriculum in family medicine. Preceptor feedback on residents’ performance, mainly in the clinical setting, is documented within the application, which allows for comprehensive assessment of residents in the context of the DFCM curriculum, the CanMEDS-FM roles and the CFPC’s Six Skill Dimensions. This feedback allows residents to identify their strengths and weaknesses and make any necessary changes to enhance their performance.

The Resident Practice Profile Tool is closely linked to the e-Field Note. This electronic tool enables residents to monitor their clinical exposure to ensure they are receiving broad clinical experience and allows the teacher to identify any assessment gaps in resident learning. Residents use the tool to document patient demographics, the types of cases the resident has seen, and how much competency-based curriculum clinical content has been covered. Since July 1, 2011 the profile has been used at all of DFCM’s 14 academic family medicine teaching sites. It allows for the adjustment of a resident’s practice profile to provide a comprehensive clinical experience.

AN IPHONE APP FOR PROSPECTIVE STUDENTS

The Postgraduate Education Program is always looking for new ways to share program information with future residents. In 2012, under the leadership of Dr. Marcus Law, Toronto East General Hospital, the Program developed a smartphone app that includes maps, videos and a messaging interface. Candidates who have downloaded the app remark on its useful yet concise display of information. Since its launch, it has been downloaded by users in Canada and internationally. To download the free “FamilyMedUT” app from the Apple iTunes Store, search “FamilyMedUT.”



GIVING A VOICE TO THE MARGINALIZED

Family physician and third-year academic palliative care fellow Dr. Naheed Dosani always knew he wanted to work in a field of medicine that had the ability to positively impact the social determinants of health. He is the son of Ugandan parents who came to Canada as refugees, and by listening to his parents’ experiences, he learned of the difficulties that come with being vulnerable and marginalized.

“With a career in family medicine I could see the potential to have a positive impact on biopsychosocial aspects in a patient’s life and give a voice to those who are marginalized.”

One of his family medicine training highlights was joining a St. Michael’s Hospital research team. He was involved in a national study called the At Home Project, which was focused on inner city health and aimed to provide safe and stable housing for homeless people with a mental health condition. Dr. Dosani added scope to the study by suggesting the project investigate whether homeless people who received housing intervention were being successfully retained in primary care. His work earned him first place among the St. Michael’s Hospital residents’ academic projects.

Dr. Dosani says his time at St. Michael’s family medicine teaching unit was life changing, with all his team members fully supporting him in his academic endeavours and advocacy work.

“As a learner it can be frustrating when issues such as homelessness and mental health seem so deeply rooted and systemic: however, St. Michael’s taught me that they can be changed via evidence-based research.”

Global Health Program

I think the world is becoming smaller and we are seeing an increasing amount of reciprocity in our learning.

DR. JANE PHILPOTT

Health equity can be achieved by primary care capacity building, improving education and scholarship and strengthening health systems. The DFCM's commitment to health equity continues to be exemplified by its Global Health (GH) Program, with new Program Director Dr. Katherine Rouleau, St. Michael's Hospital, and Program Coordinator Paula Ruiz, PhD.

The GH Program has continued to build and nurture sustainable relationships with global health partners and is fostering and creating future leaders, scholars and innovators in global health at home. While health inequities continue to exist, by expanding and strengthening its focus across the Department's programs, the GH Program aims to improve the health of vulnerable individuals and populations in Canada and abroad. The Program has already made an impact, for example, with the launch of Ethiopia's first family medicine residency program at Addis Ababa University.

NEW RELATIONSHIPS IN BRAZIL

A successful new partnership in Brazil will open the door for the GH Program's postgraduate third-year fellowship in global health and care of vulnerable populations. The Santa Marcelina University and the DFCM are exploring ways to build on an existing collaboration around education, professional development and scholarship.

Further potential opportunities have become available in Brazil thanks to the new partnership with primary care professionals and academics in São Paulo. The Program has been exploring the possibility of sending teams of faculty and residents for one-month teaching-learning experiences in health centres in São Paulo and discussions with family medicine educators and leaders in Rio de Janeiro have also been initiated to explore educational collaborations.

COLLABORATION WITH OTHER CANADIAN FAMILY MEDICINE DEPARTMENTS

New global health training opportunities became available in 2013 when the Department was invited by the University of Sherbrooke in Quebec to send one of the program's postgraduate



The Department's long-standing ties with Brazil continue with promising educational collaborations on the horizon.

fellows to join a contingent to Uganda. This is the first such collaboration in Canada.

PREPARING PHYSICIANS FOR WORK ABROAD

The DFCM's continued focus on global health means more opportunities are available for faculty and students to work abroad. That work, however, includes unique challenges such as working across cultures and working in low resource settings.

To address this, in 2011 the Pre-Experience Preparation and Post-Return Debrief (PrePPRD) course was developed. Originally led by Dr. Andrew Pinto, St. Michael's Hospital, leadership in 2013 has been taken on by Dr. Eileen Nicolle, Markham Stouffville Hospital and Dr. Praseedha Janakiram, a community family physician.

All residents embarking on global health work are required to participate in this course. Topics covered include personal health, the types of infections and diseases that present regularly in the area they will be working, cultural awareness and ethical considerations.

Since PrEPPRD was launched, eight residents have participated in the course. Feedback has been positive. In 2014 a revised program will incorporate feedback and the program will also be formally evaluated.

TEDx TALKS: SHARING OUR KNOWLEDGE AND LEARNING WITH OUR COMMUNITIES

With its slogan of *ideas worth spreading*, it's no surprise to see DFCM members recognizing value in the global conferences "TED Talks." In 2011, Dr. Eileen Nicolle, Markham Stouffville Hospital, was the recipient of the DFCM's Louise Nasmith Award, and used the opportunity to procure a TEDx licence to help bring global health education and perspectives to a wider audience. The TEDx format consists of a series of short prepared talks, demonstrations and presentations designed to stimulate further discussion. The talks are recorded and available online.

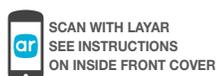
Two TEDx events have been held so far, in March 2012 and June 2013, and both featured talks on health equity from medical and non-medical perspectives. Keynote speakers have included faculty members Dr. Gary Bloch (poverty as a health issue), Dr. Danielle Martin (policy and the public), Dr. Nick Pimlott (health in childhood), and Dr. Onil Bhattacharyya (disruptive innovations). The videos, available at www.TEDxStouffville.com, are used in various ways, for example, to teach social determinants of health and to support advocacy work. Given the success of the first two events, plans are underway to host additional TEDx talks in 2014.



Dr. Danielle Martin



Dr. Eman Zaher



LEARNING FROM OTHERS ABROAD

"I think the world is becoming smaller and we are seeing an increasing amount of reciprocity in our learning," says DFCM faculty member Dr. Jane Philpott. "For example, we go to Ethiopia to share what we know about training family doctors, but while there we learn what they know about delivering great primary care in a less resourced setting. We borrow ideas as we share them."

Dr. Philpott spent more than a decade practising medicine in Africa. Upon her return in 1998, she established the "Give a Day to World AIDS" movement. On World AIDS Day, the public is invited to donate one day's salary to help those affected by HIV/AIDS in Africa. It has been very effective: since 2004, more than \$3.5 million has been raised.

In 2008 Dr. Philpott became chief of the Department of Family Medicine at Markham Stouffville Hospital. In this capacity, she helped open the hospital's first family medicine teaching unit in 2010, which offers a curriculum with a focus on global health.

"I had a real sense that global health was an unfulfilled learning objective for many trainees, and few places in Canada offered it as a special focus. Our city of Markham is an excellent place for a global health program as 72.3 per cent of Markham residents self-identify as a visible minority and 58 per cent were born outside Canada."

"We believe the global health focus in family medicine can help us deliver better care to our patients at home. Our patients are more comfortable because our residents understand different cultural perspectives on health," says Dr. Philpott.

EMPOWERMENT



Quality Improvement Program

The QI Program trained 1,000 health care professionals in two years and plays an active role in advancing quality in primary care for Ontarians.

DR. PHILIP ELLISON

There has been a real sense of excitement and empowerment among the Department of Family and Community Medicine's (DFCM) faculty members, affiliated family medicine teaching sites and residents since DFCM rolled out its Quality Improvement Program in 2011.

This program provides formal training for family medicine residents, family physicians, and primary and community care professionals. An early focus of the program is to equip a new generation of quality-focused professionals with the knowledge, skills and drive to lead quality improvement (QI) initiatives. Interprofessional teams are collaborating on opportunities for improvement and testing methods to create positive and innovative changes for their patients and our health care system.

This work has been led by QI Program Director Dr. Philip Ellison, Toronto Western Hospital; QI Program Manager Patricia O'Brien; Quality Program Committee members from DFCM's 14 affiliated family medicine teaching units; and members of the Professional Development Program.

ESTABLISHING A QUALITY IMPROVEMENT PROGRAM COMMITTEE

In 2011, the Quality Improvement Program's committee (QPC) was established with a mandate to improve patient care by promoting and enabling the integration of quality improvement into all aspects of DFCM education, research and professional development activities. Reporting to DFCM's Executive Committee, the QPC meets once a month to provide advice and overall leadership for the DFCM's quality agenda. All 26 QPC members, representing 14 teaching sites and residents, were nominated as QI leaders by their peers. The QPC has played an integral role in developing and implementing the Program's agenda and curriculum, communicating and promoting QI initiatives throughout the DFCM and helping teaching sites define their local data management requirements for their own quality programs. The QPC also established Program awards and recognition, methods for its own Program evaluation, as well as system measures to help build a robust QI culture at the DFCM and its teaching sites. In April 2013, in partnership with the

Institute of Health Policy, Management and Evaluation (IHPME) and University of Toronto colleagues in the Faculty of Medicine's Continuing Education and Professional Development program, the QPC developed a three-year strategic plan to guide the continued work of the program.

TRAINING THE NEXT GENERATION IN QUALITY

The QI resident training curriculum began in October 2011 with all first-year residents attending a four-day boot camp. After the course, the residents had six months to complete a QI project. Projects explored a diverse range of QI opportunities, measures and processes, including "Enhancement of Pap screening reminders in electronic records," "Improving nurse and physician communication during the walk-in process," and "Improving resident practice referrals to the diabetes team." The QI projects have proven to be an excellent driver for interprofessional integration and collaboration, increasing the involvement of nurses, physicians, allied health and other primary care team members. These also help enforce the message that QI is a team effort and needs everyone's participation.

To date, 515 residents have completed resident QI training. The development and delivery of the curriculum has evolved over time, responding to feedback and aligning with provincial initiatives such as the requirement for primary care team-based models. Overall, evaluation from residents continues to be excellent.

TRAINING PHYSICIANS AND THEIR COLLEAGUES

The QI Program also delivers training to faculty, community physicians and other health professionals. Since the program's inception, approximately 115 faculty members, 163 non-faculty physicians and 227 health professionals from health care teams outside of the Department have attended QI training. Physicians are eligible for Mainpro-C credits for attendance at these courses.

As with the residency quality curriculum, training methods for faculty and community family physicians have also evolved, with a single-day program now available to better suit the needs of community physicians and their teams. The program was

presented to 23 health care professionals in May 2013 at Primary Care Today, Canada's largest continuing medical education conference for primary care.

BEYOND A STAKE IN THE GROUND

The Program is playing an active role to advance quality provincially. Within the broader University of Toronto Faculty of Medicine community, the QI Program has established a course within the Master of Public Health, mentored a student within the IHPME and has engaged in a number of consultative opportunities with the Ministry of Health and Long-Term Care, particularly within its health quality and primary care branches. The DFCM QI Program has also been engaged by local health integration networks in support of their strategies for quality improvement and physician engagement.

In April 2013, the QPC and other invited representatives attended a round table to start planning the next three-year strategic plan, with a focus on four strategic drivers within the realm of scholarship: discovery, application, integration and teaching. Activities and actions were identified, and the Program continues to prioritize its work so that quality improvement remains firmly embedded in the DFCM's culture.



The Program is playing an active role to advance quality provincially.

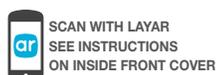


Photo credit: Sharon Navarro.

TACKLING CHANGE WITH QUALITY

The DFCM is fortunate to have QI site leaders who embrace change and are dedicated to quality improvement, like Dr. Tara Kiran from St. Michael's Hospital.

Dr. Kiran has always been interested in quality improvement, in particular, understanding the impact of primary care reform on the quality of care and health inequalities. As a postdoctoral fellow at St. Michael's Hospital from June 2009 to April 2012, she evaluated the impact of financial incentives for primary care physicians on the quality of diabetes and preventive care. For this work Dr. Kiran was recognized with a Canadian Institutes of Health Research Rising Star Award in 2012–2013.

Shortly after joining St. Michael's Hospital Academic Family Health Team (FHT) in 2011, Dr. Kiran assumed the role of physician co-chair for the FHT's quality steering committee. Already an active committee for over a decade, the introduction of the Department's QI Program coupled with the recent expansion of the site's Family Health Team meant it was time to make some changes. Under Dr. Kiran's leadership, the committee undertook a number of reforms to enhance the FHT's capacity to do and to teach quality improvement.

These changes included forming interprofessional QI teams at each practice site; funding a physician QI lead from pooled physician earnings; hiring a quality facilitator to gather and report data for QI activities; and feeding back quality of care data to physicians.

With the commitment shown toward quality improvement from leaders such as Dr. Kiran, the future looks bright for a robust QI culture within the DFCM and beyond.

Research Program

The support I have received from the Department's Research Program over the years has been crucial in allowing me to achieve my aims.

DR. AISHA LOFTERS

Investigators in the DFCM's Research Program continue to support and lead many innovative primary health care, education and quality improvement projects at the local, national and international levels. The DFCM Work and Leadership Survey is an example of a project which uses the information collected to improve the quality of work life and leadership development for DFCM faculty. The findings were presented at the Family Medicine Forum and the North American Primary Care Research Group and are being submitted for publication.

Two examples of large-scale national research projects currently underway are the "BETTER Study: Building on Existing Tools to Improve Chronic Disease Prevention in Family Practice: 2009–2012," and the "CanIMPACT Study: Canadian Team to Improve Coordination of Care for Cancer Patients: 2013–2018." Both are being led by the Department's Vice-Chair of Research, Dr. Eva Grunfeld.

The BETTER study aimed to improve chronic disease prevention and screening for cardiovascular disease, diabetes and cancer in family practice settings. The findings have been presented at national and international venues and have been published. The CanIMPACT study focuses on cancer diagnosis, treatment, survivorship and personalized medicine. The goal of this project is to improve coordination of care, quality of care and patient outcomes in specific vulnerable populations, including those with a low income, older adults, immigrants, or Canadians living in northern, rural or remote settings.



COLLABORATIVE AND INNOVATIVE EDUCATIONAL INITIATIVES

The Research Program has been actively involved in a number of education activities:

- Collaborating on the development of a new Clinical Research Certificate Program which, in September 2013, was accredited by the College of Family Physicians Canada (CFPC). This four-course program provides enhanced training in research methods for DFCM faculty, postgraduate family medicine residents, international fellows and community-based health care professionals who want to improve their ability to effectively use and collaborate on research. The program officially begins in January 2014.
- Collaborating on the development of a website that will provide supplementary resources and an "Ask the Expert" section to help family medicine residents complete their academic projects. The website includes resources for those completing research projects (both qualitative and quantitative), quality improvement projects and other education scholarship projects. This website (fmap.utoronto.ca) will also be helpful to faculty and staff.
- Developing the Clinician Scholar Program (CSP), which received its initial accreditation by the CFPC in 2011, to provide family medicine residents with adequate knowledge, training and experience to pursue careers as clinician investigators. The CSP received a further two-year accreditation in 2013 by the CFPC.
- Involving faculty and staff in teaching numerous undergraduate and postgraduate courses, supervising undergraduate and postgraduate research placements, participating on thesis committees and curriculum development committees.

EXTENDING RESEARCH CAPACITY AND SUPPORTING FACULTY MEMBERS

The Research Program has taken the lead in the development of the practice-based research network called UTOPIAN (University of Toronto Practice-Based Research Network). In 2012, Dr. David White assumed the role of Interim Director, and during that time,

three feasibility projects were funded, committees were established and policies and procedures drafted for selecting projects and working with industry.

The Research Program continues to offer a number of services, including an internal peer-review process for grant applications, research consultations (including study design and statistical analyses), research mentorship, assistance with grant applications and submission, grant administration, advice on funding opportunities and publications, providing interactive Research Rounds accredited by the CFPC and providing useful research resources on the DFCM website.

DEMONSTRATING EXCELLENCE THROUGH AWARDS, GRANTS AND PUBLICATIONS

Several DFCM-funded researchers have been recipients of peer-reviewed external awards. For example, DFCM faculty held the following awards during the 2012–2013 fiscal year:

- Ontario Institute for Cancer Research Clinician Scientist, **Dr. Eva Grunfeld**, DFCM
- Sydney G. Frankfort Chair in Family Medicine, **Dr. June Carroll**, Mount Sinai Hospital
- Canada Research Chair, **Dr. Ross Upshur**, Sunnybrook Health Sciences Centre
- CIHR Fellowships, **Dr. Karen Tu**, Toronto Western Hospital; **Dr. Noah Ivers**, Women's College Hospital
- CIHR Banting and Best Graduate Doctoral Fellowship, **Dr. Nav Persaud**, St. Michael's Hospital

DFCM researchers have also been successful in obtaining grants and awards, and in publishing their research. In 2012, DFCM faculty had 226 peer-reviewed publications and 95 non-peer-reviewed publications. For the 2012–2013 fiscal year, DFCM faculty had 40 peer-reviewed grants as principal or co-principal investigators worth \$5,642,850, and 28 non-peer-reviewed grants worth \$9,122,809. DFCM faculty were also involved in 69 grants as co-investigators (not included in the above data) worth an additional \$9,442,537. More information about our faculty's publications and funding can be found on the Department's website, www.dfcm.utoronto.ca.



Photo credit Yuri Markov, St. Michael's Hospital.

A CAREER IN RESEARCH

In 2004, Assistant Professor and Clinician Scientist Dr. Aisha Lofters started her family medicine residency training. By 2013 she held a post as Clinician Scientist in the DFCM and had received a major junior career award based on the impact of her research findings concerning lower cervical cancer screening rates in migrant populations, particularly for South Asian women in Toronto and Peel Region.

Dr. Lofters, who practices family medicine at St. Michael's Hospital, holds a PhD in clinical epidemiology. She was interested in research even before she entered medical school, and she decided on a research career during a residency elective with DFCM Full Professor Dr. Rick Glazier.

She began her study into cancer screening rates in migrant populations, which eventually became her residency research project and later, the basis for her PhD work. It has since earned her a Career Development Award in Cancer Prevention from the Canadian Cancer Society Research Institute. It provides Dr. Lofters with \$225,000 in funding between 2013 and 2016, allowing her to study ways to increase screening rates for breast, cervical and colorectal cancers among vulnerable immigrant populations.

Dr. Lofters says she couldn't have done it without the Department's organized, step-wise approach to developing researchers.

"The support I have received from the Department's Research Program over the years has been crucial in allowing me to achieve my aims," she says. "It has extended from mentorship to academic opportunity to administrative support as I applied for grants and salary awards."

Professional Development Program

The best part about my role is helping faculty members be recognized for all the amazing work they do.

DR. VIOLA ANTAO

The reputation for excellence enjoyed by the Department of Family and Community Medicine (DFCM) is a reflection of its faculty. And for the faculty to sustain excellence in all facets of their work, support must be provided. That's the work of the Department's Professional Development (PD) Program.

The PD Program offers a suite of programs to help faculty members develop the knowledge and skills needed to become outstanding clinicians, educators and leaders. The offerings include Basics for New Faculty, an annual three-day introduction to teaching; Beyond Basics, a shorter course for all faculty; and the annual Primary Care Today conference, the largest of its kind in Canada and attended by more than 2,500 family physicians, nurses, pharmacists and other health care professionals.

Dr. Barbara Stubbs, a family physician at Toronto Western Hospital, was appointed Program Director in September 2011. She works alongside the professional development committee, a group of faculty representatives from each of the Department's teaching sites.

IDENTIFYING AND NURTURING FUTURE LEADERS

With a mandate to sustain future leadership, the PD Program launched its first Leadership Basics course in April 2013. Senior leaders from the Department and each teaching site invited 50 faculty members to participate in this one-day program led by Cecil Canteenwalla, DFCM's Strategic Plan and Projects Coordinator. Participants included new and emerging leaders who had never received extensive leadership training before. Course topics included qualities of effective leadership styles, change and conflict management, the language of leadership and relationship building. Academic leaders also spoke about their leadership experiences.

With the successful delivery of Leadership Basics under their belts, the PD Program will continue to develop and deliver leadership training modules at future events.

PROMOTING FACULTY MEMBERS

Academic promotion ensures that DFCM faculty members are recognized for their achievements. Junior promotion is the move from the rank of Lecturer to Assistant Professor, while a senior promotion is the step from Assistant to Associate Professor, then Full Professor. Between 2011 and 2013, the PD Program focused on raising awareness about both junior and senior promotions and took steps to share the benefits, the process and methods for identifying candidates for promotion. For junior promotions, a set of videos was created; for senior promotions, annual workshops continue to be held.

The awareness campaigns for academic promotion have shown success. Registrations for the senior promotions sessions have stabilized at 25 attendees. The number of senior promotions in 2012 was five, while in 2013 this number rose to seven.



COLLABORATING ACROSS THE DEPARTMENT TO ENSURE SUCCESS

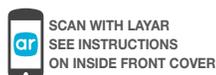
In addition to providing faculty members with professional development opportunities, the PD Program is also mandated to support the Department and its programs. That's why, in April 2013, when the Postgraduate Program was awarded another six years' accreditation, the Professional Development Program could also take a bow.

For more than a year leading up to accreditation, the PD committee member for Women's College Hospital and the newly appointed Education Scholarship Coordinator, Dr. Viola Antao, joined a working group with the Postgraduate Program. The accreditation goal was to ensure that faculty fully understood the new accreditation competencies they would be assessed on and that they also understood all aspects of the Postgraduate Program's new competency-based curriculum.

The collaborative effort delivered innovative tools and resources, held workshops and provided on-the-ground support to each of the Department's 14 academic sites. Accreditation reviewers also commented favourably on faculty development efforts.

GROWING THE MENTORSHIP PROGRAM

The mentorship program grows from year to year, now boasting more than 70 mentors, up from 54 mentors in 2012. The growth is due to a combination of factors. First, mentors who were once specific to the Research Program have joined the broader mentorship network. Second, a communications campaign was initiated to address feedback from a 2011 evaluation that found mentorship was recognized as a valuable resource within the DFCM, but not everyone knew how to access it.



HELPING OTHERS ACHIEVE PROFESSIONAL GREATNESS

"The best part about my role is helping faculty members be recognized for all the amazing work they do," says DFCM Assistant Professor Dr. Viola Antao, the first to hold the new role of Educational Scholarship Coordinator within the Professional Development Program. "I see strong and gifted teachers, leaders, clinicians and mentors, and I can bring their talents to light by encouraging them to apply for scholarships and awards and by meeting their professional development needs."

Dr. Antao, a family physician since 2002, has had close ties with DFCM's PD Program her entire career, having completed her undergraduate, postgraduate, Masters and fellowship studies at the University of Toronto. In 2005 she joined the professional development committee as Women's College Hospital's PD site representative.

While all academics and physicians need to engage in lifelong learning to continue practising in medicine, Dr. Antao says individuals are most likely to seek out the program when they encounter a need.

"We try to address both individualized and departmental needs. We try to address their specific queries by helping them traverse the system and find the right resources and answers. These range from clinical issues to taking the next step with a research idea or finding a mentor."

Dr. Antao says the PD Program recognizes that plenty of tasks, such as teaching, cannot be performed without some form of training or guidance. "We work collaboratively with all of DFCM's programs and are constantly evaluating what support we can offer the DFCM," says Dr. Antao. "Nothing is done simply for the sake of doing it."



HELPING OTHERS

Graduate Studies and Academic Fellowships

Being a clinical educator is one of the most interesting and rewarding academic careers available today. It requires an individual to be creative as well as an intellectual.

DR. HELEN BATTY

For more than 25 years, the Department of Family and Community Medicine (DFCM) has designed and delivered comprehensive faculty development for academic family physicians from across the country and around the world. These efforts continue.

The Academic Fellowship and Graduate Studies (AFGS) Program, which originally began as a range of programs to provide faculty training for new or expanding Toronto family medicine teaching units, has grown steadily. Today it is internationally recognized as a top destination for training leaders in academic leadership.

The DFCM's Masters and academic fellowship programs attract Canadian, international and interprofessional participants at all career stages, creating and providing a stimulating and rewarding learning environment.

The Department's Graduate Studies Program offers a variety of Master's degrees, fellowships and certificate programs that focus on enhancing the participant's clinical, teaching and scholarly skills to prepare them broadly for all aspects of academic leadership across specialities and health professions.

A MASTER'S IN HEALTH PRACTITIONER TEACHER EDUCATION

The most popular Master's course for health professionals who want to become leaders in medical education is the Master of Science in Community Health (MScCH) in Health Practitioner Teacher Education (HPTE). The HPTE stream concentrates on the study of teaching and learning, and is considered a teaching certification for health professionals.

More than half of the programs graduate students are from health specialties other than family medicine. For the past two years, enrolment has stabilized at a number higher than the expected enrolment of 24 graduate students per year, as more health professionals recognize the rewards of a career in clinical education.

THE MASTER OF PUBLIC HEALTH (FAMILY AND COMMUNITY MEDICINE)

The Master of Public Health (FCM) degree, launched in 2009 by the DFCM in collaboration with the Dalla Lana School of Public Health, is the first of its kind in Canada. The program has produced its first graduates and is gaining international interest and receiving high praise from current participants and alumni.

As of June 30, 2013, three participants had graduated from the initial cohort. The MPH (FCM), with 13 graduate students enrolled in 2013, has received a large and growing number of international queries from potential learners. In September 2013, the program welcomed its first two international students, both dentists from India, who travelled to Canada specifically to study full time in the MPH program.

This MPH is the first public health Masters degree designed specifically for primary care practitioners to enhance their impact on the health of the communities they serve by encouraging them to view their patient population through a public health lens. This includes placing more emphasis on the social determinants of health, such as the role poverty plays in a person's health.

The program also provides participants with an understanding of health policy from a local, provincial and federal perspective so they can gain a full understanding of the systems they work in. Such detailed knowledge empowers family physicians to become involved in health policy at a higher level and advocate for meaningful changes to the health care and social system.

Participants also have opportunities to pursue an area of special interest, including health education, research or global health. This innovative program can be completed within 24 consecutive months (full time), or participants can take up to six years to finish the degree on a part-time basis. Interprofessional candidates are welcome as well as physicians; currently there are dentists, nurses and a physiotherapist enrolled in the program.

IN THE WORDS OF MPH (FCM) LEARNERS

Testimonials from health care professionals who have taken the MPH in FCM.

Nirtal Shah

Physiotherapist

David L. Macintosh Sport Medicine Clinic, U of T

The MPH is an internationally recognized degree that allowed me to expand on what I know and what I do—from individual health to health on a larger scale. The degree provides exposure to public health for health care professionals and can help us really make a difference in health policy and health promotion.

Dr. Jane Philpott

Chief of the Department of Family Medicine,

Markham Stouffville Hospital

Assistant Professor, U of T DFCM

Lead Physician for Health for All Family Health Team, Markham

Family Medicine Lead in the Toronto Addis Ababa

Academic Collaboration (TAAAC)

Founder of the “Give a Day to World AIDS” Movement

I’m not aware of anywhere else in the world where a Master of Public Health allows its participants to focus on family and community medicine, global health as well as a special interest, such as health education. The program was fantastic as I could take a wide variety of courses. The number of electives was also a big plus.

Dr. Eman Zaher

Family Physician, Saudi Arabia

The MPH filled a knowledge gap for me with its focus on the health of the population from a local, national and global perspective in a program specifically designed for family and community medicine. This will undoubtedly help me fulfill my role as a family physician more efficiently.

Dr. Baieruss Trinos

Family Physician/Hospitalist, Toronto East General Hospital

I chose to undertake an MPH with the University of Toronto because of the University’s renowned reputation for high quality programs and because the course offered a level of flexibility not available elsewhere. Many students are working full time, so the program allows us to tailor our schedules and courses to match. This ensures I can attend class part time and not miss out on any clinical opportunities in the workplace.

Nirtal Shah



Dr. Eman Zaher



Dr. Baieruss Trinos



Dr. Jane Philpott

Bachelor of Science Physician Assistant (BScPA) Program

It was a unique opportunity for family medicine to develop the program from a primary care perspective and become one of the leaders in physician assistant education.

DR. MAUREEN GOTTESMAN

Though common in the health system in the United States since the 1960s, physician assistants (PAs) have not been widely integrated in Canada. The Canadian Forces has PAs, as does Manitoba. But historically, widespread programs have not been available. The government and the University recognized this growing need, and in 2010 the Department of Family and Community Medicine began offering the Bachelor of Science Physician Assistant (BScPA).

Within the DFCM, the PA Program is led by Medical Director Dr. Maureen Gottesman, North York General Hospital, and Program Manager Elizabeth Whitmell. The Faculty of Medicine, University of Toronto forged a unique relationship with two other institutions—the Northern Ontario School of Medicine and the Michener Institute for Applied Health Sciences—to form the Consortium of PA Education, a collaboration in which each member contributes to the development, administration and delivery of the Program to students from across Ontario.

The mission of the Consortium is to “deliver physician assistant education programs built on a foundation of social accountability, particularly to rural, remote and underserved communities.” To achieve this, the curriculum delivery model of distance and distributed education strives to maximize geographic accessibility for all students throughout Ontario, no matter where they live, thus helping to encourage graduates to work in their own communities. The initiative is proving very successful.

The BScPA Program is a 24-month program. The first year consists of academic courses delivered in a format to support student distribution across Ontario. Face-to-face teaching blocks are strategically placed between online components, which include learning activities such as webinars, group assignments, discussion board forums and virtual case interactions. In the second year, students focus on practical learning through clinical rotations in both their home communities and elsewhere in Ontario.

ACCREDITATION SUCCESS

The BScPA Program successfully achieved full accreditation status at the end of 2012 from the Canadian Medical Association, the body that offers accreditation to physician assistant education programs across Canada.

THE PHYSICIAN ASSISTANT INITIATIVE

The BScPA is a full-time, professional, second-entry undergraduate degree introduced with support from the Ontario Ministry of Health and Long-Term Care. The Ministry identified the physician assistant role as part of its strategy to help improve access to health services and the overall quality of care—putting the right provider in the right setting at the right time.

A PA's scope of practice is defined by the scope of the supervising physician. The clinical duties of physician assistants may include taking medical histories, performing physical examinations and minor procedures, ordering tests and interpreting investigations, writing prescriptions and participating in management plans.

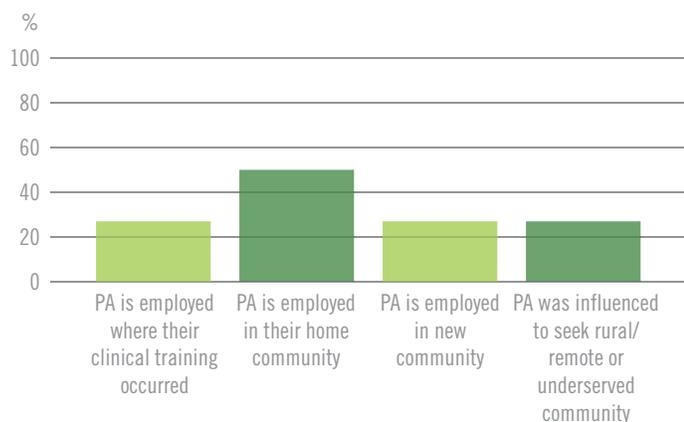
While they can work in any medical specialty under the supervision of a physician, a generalist education best prepares PAs for flexibility so that they can be employed where most needed. Within the university, the DFCM was the obvious choice to house the education and training of physician assistants. The Ontario Health Human Resources Strategy recognized a need in primary care and, as of April 2013, included sustainable funding for PAs within some primary care models, such as Family Health Teams.

EQUIPPING PHYSICIAN ASSISTANTS TO ENTER THE WORKFORCE

Based on 2011 and 2012 results, graduates have achieved great success on the Physician Assistant Certification Council of Canada (PACCC) Certification Exam, with a pass rate consistently higher than the national average.

It is not just on paper that graduates continue to achieve outstanding results. Feedback from preceptors and employers across Ontario have reported our BScPA graduates to be well equipped when entering the workforce. They make valuable contributions in their workplace settings, such as improving availability of home-based care, serving high-risk populations and reducing hospital readmission rates. PAs on surgical teams and in emergency departments have reduced wait times and improved access to care, similar to the results seen in many other jurisdictions nationally and internationally.

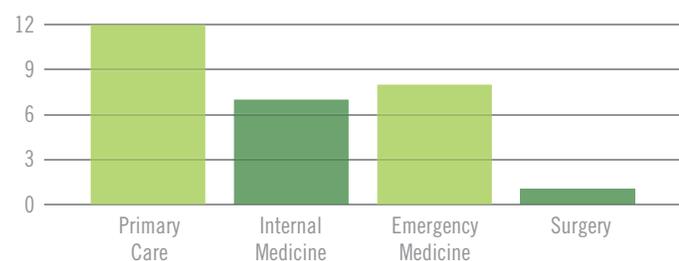
BSCPA GRADUATE EMPLOYMENT



NUMBER OF BScPA GRADUATES



GRADUATE EMPLOYMENT BY SPECIALITY FOR 2011 AND 2012



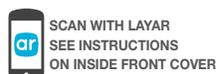
TRAINING A NEW BREED OF CLINICIANS

Many people would be overwhelmed by the job of establishing a whole new medical education degree program, particularly one for a health care profession relatively unknown in Ontario communities. But not DFCM faculty member Dr. Maureen Gottesman—she eagerly took on the role of medical director for the Physician Assistant Professional Degree Program.

“The fact that it was family medicine taking on this challenge and not another medical specialty really excited me,” says Dr. Gottesman. “It was a unique opportunity for family medicine to develop the program from a primary care perspective and become one of the leaders in physician assistant education.”

Dr. Gottesman is extremely proud of the innovative program that the DFCM and partners have created, particularly with its distance learning model and use of the latest tools and resources. However, she says there is no one she is prouder of than her physician assistant students.

“There is a saying in the Jewish Talmud, ‘One is never jealous of their child or their student,’ and I love that because it’s very true. We are so proud of our students and their accomplishments. It is rewarding to see them challenge themselves in this fast-paced program, develop the skills, interview patients, come up with a management plan, and put it all together. It’s incredible what they achieve in two years.”



Division of Emergency Medicine

I see the modern-day emergency department as a sanctuary; we never close and we never turn people away.

DR. HOWARD OVENS

Family physicians provide comprehensive care to Ontarians, including medical care in emergency departments across the province. Recognizing the need to equip these family physicians with the specific skills and knowledge required in this setting, the Department of Family and Community Medicine (DFCM) established the Division of Emergency Medicine in 2007. This Division collaborates with the Divisions of Emergency Medicine in the Department of Medicine and the Department of Paediatrics to promote academic activities. The division comprises highly engaged emergency physicians who deliver high-quality, innovative educational programs and research.

EMERGENCY MEDICINE IN FAMILY MEDICINE

Training in emergency medicine begins in medical school, and DFCM faculty members continue to play an important role in developing, leading and teaching the four-week emergency medicine clerkship rotation. In 2012, Dr. Laura Hans, St. Michael's Hospital, was appointed Clerkship Director. All previous course directors have also been DFCM faculty members.

Community emergency department sites have become increasingly important in undergraduate education. Ten years ago the majority of emergency medicine teaching was done at academic health sciences centres, but with the opening of the Mississauga Academy of Medicine, Trillium Health Partners (which combines Trillium Health Centre and Credit Valley Hospital) has taken on 56 students per year. In addition, the number of students in the rotation continues to grow at other family medicine community sites such as Scarborough Hospital, Toronto East General Hospital, North York General Hospital and St. Joseph's Health Centre.

INCREASED TRAINING CAPACITY IMPROVES CARE FOR PATIENTS

The Division continues to strengthen core emergency medicine (EM) teaching so that residents gain the skills and confidence needed to practise it as part of their comprehensive family medicine careers, especially in small communities where the need is greatest.

Residents who have completed two years of family medicine training can apply for a third year of specialized or "enhanced skills" training in emergency medicine. As part of the government's effort to improve access to health care of Ontarians in rural and remote areas, new funding supported the addition of three additional residency spots in this highly competitive program. The new positions are designated as return-of-service, meaning that upon graduation these residents will work in an emergency department with an identified need for staff. DFCM's recent return-of-service graduates are now practising in two smaller Ontario towns, Georgetown and Brantford.

INNOVATIVE CONTINUING MEDICAL EDUCATION IN EMERGENCY MEDICINE CLINICAL SKILLS

A third year of emergency medicine training is not practical or appropriate for everyone, especially those already in practice. The Division's largest initiative since 2007 is an innovative new program led by Dr. Shirley Lee, Mount Sinai Hospital, designed to address the gap in educational options.



The three-month Supplemental Emergency Medicine Experience (SEME), launched in April 2012, is designed to meet the needs of practising physicians by delivering a shorter, more practical and flexible training scheme—one that allows learners to acquire, enhance or maintain their emergency medicine clinical skills so they can provide emergency medicine with competence and confidence.

Unlike any other continuing medical education available in Canada, SEME's three-month, full-time, remunerated fellowship leads participants through a comprehensive, hands-on EM experience that includes eight weeks of rotations in emergency departments in Toronto and the option of supervised placements in rural or semi-rural hospitals.

The innovative SEME training model is succeeding at meeting the need for staffing and supporting physicians working in emergency departments in smaller communities. The program is funded by the DFCM and the Ontario Ministry of Health and Long-Term Care for four cohorts. Its online learning modules will be available on www.dfcmopen.com, the Department's resource website, in 2014.

SUPPORTING JUNIOR RESEARCHERS

Research, like teaching, is a core activity of many academic emergency physicians. In 2012, the Division of Emergency Medicine created a Young Investigators Award for faculty in their first three years of practice. The award will help foster research activity among new divisional EM physicians in an effort to build the research program. The first set of awards was presented to Dr. Megan Landes, Toronto General Hospital, and Dr. Cheryl Hunchak, Mount Sinai Hospital.

THE FIRST ETHIOPIAN EMERGENCY MEDICINE RESIDENTS GRADUATE

In 2008, the head of the Division of Emergency Medicine, Dr. Eric Letovsky, was invited to Ethiopia by Addis Ababa University (AAU). Since then the DFCM's division has collaborated with the other divisions of emergency medicine to develop an emergency medicine residency program in Ethiopia. The AAU trainees began in 2010, and the first cohort graduated in October 2013.

This initiative is known as TAAAC-EM (Toronto Addis Ababa Academic Collaboration—Emergency Medicine) and is part of a larger collaborative that includes the DFCM, and the Departments of Medicine and Paediatrics.



Photograph courtesy of Mount Sinai Hospital.

IMPROVING EMERGENCY DEPARTMENT CARE

“I see the modern-day emergency department as a sanctuary; we never close and we never turn people away. Much of the work I do hinges on improving access to this care, which means addressing overcrowding and wait times.”

Dr. Howard Ovens, an Associate Professor with the DFCM and the Director of the Schwartz/Reisman Emergency Centre at Mount Sinai Hospital, is a leader in emergency medicine whose 30-plus years' experience has taken him from his first emergency shifts in Orillia, Ontario (an hour and a half north of Toronto), to the role of co-chair on the province's Emergency Room/Alternate Level of Care Expert Panel.

For more than five years the Ontario government has been committed to reducing crowding in emergency departments across the province to improve access, safety and overall patient experience. Dr. Ovens's work has informed and contributed to the success of this endeavour by influencing policy and practice. His contributions have made a discernible impact on the best practices and models for quality improvement in emergency departments across Canada.

The numbers bear witness: since 2008 in Ontario, the ninetieth percentile time from arrival in an ED until a patient first sees a physician has been reduced by 25 per cent province-wide, and the numbers of patients who leave the ED without being seen is 40 per cent lower.

“The government is very responsive to expert advice, and our panel brings the experience of our colleagues and communities to help the province translate their policy into action,” says Dr. Ovens.

Division of Palliative Care

Palliative care is not the opposite of healing. It's simply that the puzzle in palliative care is not the disease, it's the person.

DR. JEFF MYERS

With demographics in Canada shifting toward a larger aging population, family physicians will be faced with patients increasingly in need of quality palliative care. For patients living with progressive and life-limiting illnesses, integrating a palliative care approach has been shown to improve key outcomes and is an essential element to effectively meeting the complex care needs of these patients.

Formed in 2007, the Division of Palliative Care (DPC) is a community of learners, teachers, innovators, researchers and practitioners who work together to improve the quality of palliative care for patients and their families. With more than 120 members, the DPC functions as a community of practice comprising both faculty members and interprofessional colleagues.

A RESOURCE FOR FACULTY

One of DPC's top priorities is to have its members serve as a resource for family physicians addressing complex palliative care-related challenges. To provide this support, the division has developed an authoritative set of palliative care resources for primary care practitioners and made it available on the Department's open access website, DFCM Open. The resources include topics such as introducing advanced care planning, answering questions about dying and providing a list of patient-centred palliative care resources to recommend to patients and their families.

A number of palliative care-related clinical issues remain particularly challenging for family physicians. To address this, each family medicine teaching unit has access to a number of DPC members who focus their clinical practice on palliative care and who are willing to collaborate with family doctors and provide mentorship.

SUPPORTING EACH OTHER

As well as acting as a resource to DFCM faculty, the DPC's continuing professional development committee coordinates quarterly grand rounds for its members, supporting their growth

as palliative care specialists. Topics have included "The Wish to Hasten Death," "The Current State of Palliative Sedation in Our Division," and "Everyday Mindfulness."

To help build community among its geographically dispersed members, the DPC can meet online anytime through the DPC Community Space. In this virtual community members seek and provide input on challenging clinical and academic issues and are provided with up-to-date palliative care-related news. Key documents and presentations are also filed here for members to share with their family medicine colleagues.

PALLIATIVE CARE EDUCATION

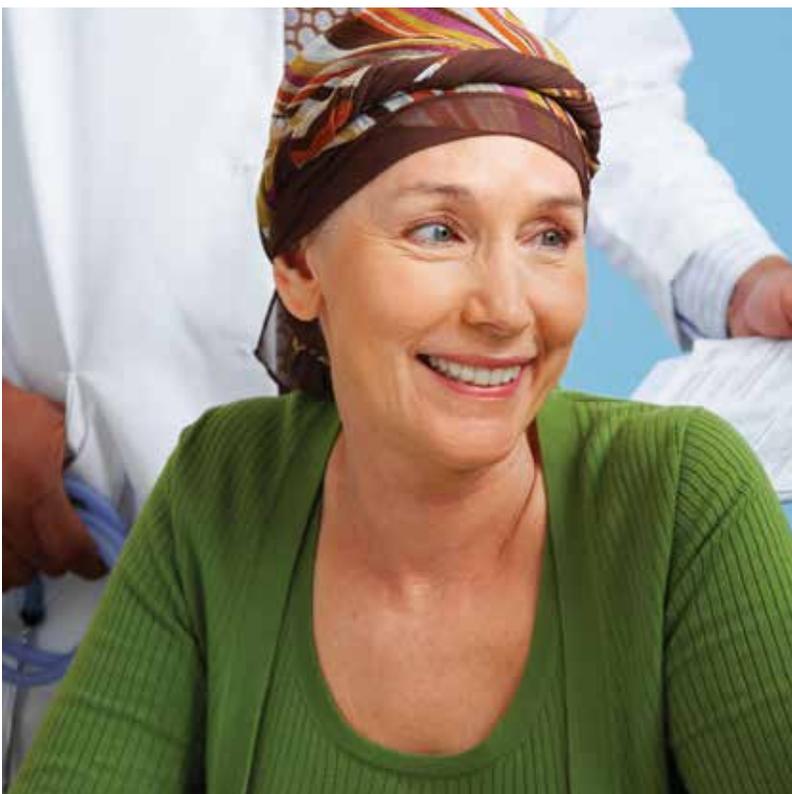
In September 2011, the DPC Education Committee was given an unprecedented curricular opportunity for undergraduate medicine to provide three hours of palliative care content as part of the Transition to Residency clerkship course. An interprofessionally focused case-based small group session was implemented and proved to be popular with faculty members and students alike. More than 70 faculty members offered to facilitate the session, which received exceptionally high ratings by learners.

In February 2013, Program Director Dr. Giovanna Sirianni led the Conjoint Palliative Medicine Residency Program through an extremely successful external review by the Royal College and the College of Family Physicians of Canada. The highly respected program was lauded for its strong, innovative and approachable leadership; its large, motivated and supportive faculty with varied clinical practices; the diversity of clinical teaching sites and training opportunities, including innovative exposure to paediatric palliative care; and a highly functioning interprofessional residency program committee that is flexible and responsive to both resident and faculty input. The reviewers also remarked upon the strong and supportive Division Head's deep understanding of the issues facing the Division and the residency program committee.

INTEGRATING QUALITY IMPROVEMENT

The DPC identified quality improvement as a focus for their activities in 2012. To facilitate this, the Division established the role of quality lead. As the first formal departmental collaboration of its type, the role is not only innovative but also unusual in how it is structured. The DPC quality lead takes the form of two positions, co-leads who are an interprofessional pair. The DPC's inaugural quality leads are Susan Blacker (MSW), St. Michael's Hospital, and Dr. Manisha Sharma, Credit Valley Hospital.

The rapid integration of a quality framework is quickly influencing current and future DPC activities. An example of the commitment to quality is the Division-wide "quality of dying initiative," which has resulted in the implementation of standardized, evidence-based care elements in acute care settings aimed at improving the quality of the dying experience. And in a significant practice advancement at Baycrest, Dr. Daphna Grossman spearheaded the move to replace "code status" with the Physician's Orders for Life-Sustaining Treatment (POLST) process, whereby a patient's goals for their care are reflected in standardized physicians' orders in a more formal and comprehensive way.



IMPROVING THE PERSON-CENTRED EXPERIENCE IN THE FINAL YEAR OF LIFE

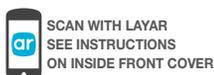
While the Palliative Care Division's main purpose is to be a resource for family doctors dealing with palliative care-related issues, sometimes it is simply a matter of helping physicians see palliative care differently.

"There can be a discomfort with the concept of palliative care on the part of many physicians, as professionally, we are trained to heal," says DFCM Associate Professor Dr. Jeff Myers. "But palliative care is not the opposite of healing. It's simply that the puzzle in palliative care is not the disease, it's the person." Dr. Myers, from Sunnybrook Health Sciences Centre, is an enthusiastic and thoughtful leader who became the head of the DFCM's Division of Palliative Care in 2011.

It is exactly this person-focused approach that he thinks makes a family physician naturally suited to palliative care provision. For example, family doctors can introduce advanced care planning with a patient, answer questions about dying or recommend patient-centred palliative care resources.

"Family medicine teaches us to know our patients as people; who they are, their values and how they learn. And whether we provide comprehensive family medicine care or provide palliative care in a focused practice, we ask the challenging questions about what is meaningful and important in the lives of our patients."

"We understand the quality of one's life can only be improved when we provide the right information about illness at the right time and in the right way. Helping patients understand their illness is a highly individualized process, and effective patient and family education is a critical element to improving the experience of the last year of a person's life."





Office of Educational Scholarship

INVESTING IN THE FUTURE OF FAMILY MEDICINE THROUGH SCHOLARSHIP

The Department of Family and Community Medicine (DFCM) is committed to educational scholarship by teaching, creating and disseminating knowledge in family medicine education.

Educational scholarship is central to the vision, mission and mandate of the Department of Family and Community Medicine and impacts and influences ever-better teaching and learning experiences. The Office of Educational Scholarship (OES) is strengthening the reputation of the department in the academic realm, developing resources to train better clinicians, better educators and better learners, all ultimately with the aim of improving patient care.

THE CREATION OF THE OFFICE OF EDUCATIONAL SCHOLARSHIP

Following a recommendation from the Educational Scholarship Advisory Group, The Office of Educational Scholarship (OES) was established in January 2012 with the dual mandate of coordinating and supporting educational scholarship activities and advancing educational scholarship across the Department's Programs.

Through the leadership of Dr. Cynthia Whitehead, Director of the OES and Vice-Chair, Education, Dr. Fiona Webster, Education Scientist, and Dr. Risa Freeman, Education Scholarship Consultant, the OES quickly established itself as a source of knowledge, guidance and mentorship in scholarly activities related to teaching and education in family medicine. Morag Paton has joined the OES team as the Educational Scholarship Coordinator.

In its first two years of operation, the OES has quickly become an important and integral component of the DFCM. The OES allows for the further building of educational scholarship in individual faculty members and learners and across all of our departmental teaching sites while providing a link to our partners in scholarship both internal and external to the University of Toronto.

INCREASING CAPACITY IN EDUCATIONAL SCHOLARSHIP

The OES-affiliated faculty and staff provide expertise mentorship, and support to DFCM faculty members to help them engage in scholarly educational work.

The OES provides one-on-one consulting services with faculty members, engagement and advice in larger scholarly projects and provides expertise through participation in internal and external committees. Members of the OES also teach faculty workshops locally, nationally and internationally and have published work in leading peer-reviewed journals related to medical education. Another OES offering is support for faculty developing applications for education-related competitions such as the highly competitive Education Development Fund awarded by the Faculty of Medicine.

In addition to this core capacity building work for Departmental faculty, the OES is investing in the future by teaching residents how to develop a scholarly approach to their activities. In spring 2013, OES led a collaborative effort of the Postgraduate Education Program, the Research Program and the Quality Improvement Program to fill a knowledge gap related to the resident academic projects. To better support and serve residents and their supervisors, the team built the Family Medicine Academic Project (FMAP) website (fmap.utoronto.ca). The website contains information, resources and an 'Ask the expert' feature through which the Department's residents and advisors can ask questions and receive answers from Department experts in research, QI and educational scholarship.

Through the improved support of the resident academic project, the OES is helping to increase the volume, capability and quality of the projects produced, thus building educational scholarship capacity at the start of a physician's family medicine training.

In its first two years of operation, the OES has quickly become an important and integral component of the DFCM. The OES allows for the further building of educational scholarship in individual faculty members and learners and across all of our departmental teaching sites while providing a link to our partners in scholarship both internal and external to the University of Toronto.

Strategy

In 2008, the Department of Family and Community Medicine prepared a strategic framework to take advantage of, and deliver successfully upon the opportunities presented by primary care renewal, residency expansion funding from the Ontario Ministry of Health and Long Term Care, undergraduate curricular changes and national changes in Family Medicine from its accrediting body, the College of Family Physicians of Canada.

The framework has six strategies, each with an associated set of goals. Leads are assigned to each strategy and are responsible, each year, for determining and leading the actions that will advance the Department toward its goals. Progress on these activities is tracked quarterly and reported publicly on the DFCM website.

YEAR THREE ACCOMPLISHMENTS

In the third year of our strategic plan, 2011-12, these items were successfully implemented:

1. REVITALIZE OUR RESEARCH MISSION, ENTERPRISE AND IMPACT

Dr. Eva Grunfeld, Dr. Paul Krueger

1. Develop directions for the next phase of the DFCM PBRN.
2. Recruit additional DFCM investigators.
3. Establish a Clinician Scholar Program Committee.
4. Establish a process for the ongoing collection of information to assess research productivity.
5. Revise the DFCM Research website.
6. Develop a plan for promoting and facilitating research across DFCM's Programs.

2. EXPAND AND ENRICH OUR EDUCATIONAL PROGRAMS

Dr. Cynthia Whitehead, Dr. Karl Iglar, Dr. Kymm Feldman

1. Develop 100 Transition to Residency Selectives for fourth year medical students.
2. Establish a Community of Practice Pilot for undergraduate teachers.

3. Establish a Family Medicine Longitudinal Experience Mentorship Program.
4. Complete Phase 2 Residency Expansion.
5. Complete development and promotion of knowledge support program including one-pager, videoconferencing and portal use.
6. Track practices profiles across entire programs in a uniform manner to ensure meeting CFPC standards with respect to Competency-based Triple C Curriculum.
7. Develop and implement the Field Note as a means of evaluating competencies.
8. Initiate and support development of content of new courses for Master of Public Health Degree (MPH) in Family and Community Medicine (FCM) and MScCH (HPTE).
9. Develop a structure to support Educational Scholarship across the DFCM.
10. Conduct an IPE faculty development needs assessment and deliver workshops across DFCM teaching sites.

3. DEVELOP, DISSEMINATE AND EVALUATE INNOVATIONS AND ADVANCEMENTS IN PRIMARY CARE PRACTICE

Dr. Phil Ellison, Mary-Kay Whittaker

1. Implement the QI residency curriculum.
2. Collaborate with the Professional Development Committee to develop a QI faculty development plan.
3. Establish DFCM-wide indicators for the Quality Framework.
4. Develop a program evaluation framework for the Quality Improvement Program.
5. Develop a framework for acknowledgment and rewards for QI activity.

4. ATTRACT, RETAIN AND NURTURE FACULTY FOR LEADERSHIP AND SUSTAINED EXCELLENCE

Dr. Barbara Stubbs, Dr. David White

1. Begin implementation of Academic Leadership Task Force recommendations.

2. Conduct review and implement recommendations for Clinical Teacher Certificate, Academic Fellowship and Masters Programs.
3. Collaborate with Postgraduate Committee to develop faculty development curriculum around competency-based teaching and learning.
4. Implement orientation, pre-departure preparation and on-site support for residents and faculty undertaking global health work in partner countries.
5. Double the number of faculty promoted to Assistant Professor from Lecturer who have been in the rank for greater than or equal to 5 years.

5. STRENGTHEN COMMUNICATIONS AND CONNECTIVITY WITHIN THE DFCM AND COLLABORATIONS WITH STRATEGIC PARTNERS

Dr. Lynn Wilson, Dr. Katherine Rouleau, Danielle Wintrip, Dr. Marcus Law, Dr. Karen Tu, Dr. Sharon Domb

1. Promote and support the creation of e-modules for DFCM's programs.
2. Develop Professional Development portal content including archived meeting materials and faculty development resources in evaluation, feedback and teaching styles.
3. Implement videoconferencing and archiving capabilities to increase connectivity of learners, faculty and administration.
4. Ensure quality and consistency of non-educational communications including promotion and marketing conducted by each program.
5. Trial new methods to deliver information to DFCM audiences.
6. Develop communications material for advancement and alumni programs.
7. Begin media relations effort.
8. Confirm priority partnerships and shared objectives among current global health partners.

9. Increase awareness and knowledge of learners, faculty and staff of each teaching unit about our global health initiative.
10. Implement EMR software modifications in Practice Solutions to better reflect academic practices.

6. REINFORCE OUR INFRASTRUCTURE AND FUNDING BASE

Dr. Lynn Wilson, Caroline Turenko

1. Continue to support DFCM faculty in attracting advancement opportunities.
2. Continue to enhance partnerships with affiliated hospitals, research institutions and external organizations, including global health partners.
3. Explore revenue generating opportunities through DFCM KT initiatives.
4. Secure additional funding to support ongoing strategic plan innovations.
5. Develop plan to implement WebCV.
6. Collaborate to attract funding to support and evaluate development.

YEAR FOUR ACCOMPLISHMENTS

In the fourth year of our strategic plan, 2012-13, these items were successfully implemented:

1. REVITALIZE OUR RESEARCH MISSION, ENTERPRISE AND IMPACT

Dr. Eva Grunfeld, Dr. Paul Krueger

1. Review and revise criteria for evaluating DFCM Investigator Awards.
2. Recruit a Practice-Based Research Network (PBRN) administrator.
3. Hold a UTOPIAN retreat to identify potential research questions.
4. Fund two or three UTOPIAN pilot projects.
5. Create a Clinical Research Certificate program.

2. EXPAND AND ENRICH OUR EDUCATIONAL PROGRAMS

Dr. Cynthia Whitehead, Dr. Karl Iglar, Dr. Kymm Feldman, Dr. Katherine Rouleau

1. Partner with Department of Pediatrics to develop a child health initiative.
2. Respond to Faculty of Medicine undergraduate accreditation recommendations.
3. Help MAM recruit for family medicine-based courses.
4. Develop 70 more One-Pagers.
5. Develop an academic leadership curriculum for PGY3s.
6. Continue to move forward the DFCM competency-based curriculum.
7. Raise awareness among residents of an academic career in family medicine.
8. Continue to implement the Global Health Program's strategic plan.

3. DEVELOP, DISSEMINATE AND EVALUATE INNOVATIONS AND ADVANCEMENTS IN PRIMARY CARE PRACTICE

Dr. Phil Ellison, Trish O'Brien

1. Develop QI PD for Teaching Practices Program.
2. Explore opportunities to link with PBRN.
3. Build program infrastructure by recruiting full-time staff.
4. Explore opportunities for QI with DFCM Undergraduate Program.

4. ATTRACT, RETAIN AND NURTURE FACULTY FOR LEADERSHIP AND SUSTAINED EXCELLENCE

Dr. Barbara Stubbs, Dr. Katherine Rouleau

1. Respond to recommendations from the Graduate Program review.
2. Develop a global health faculty development plan for pre- & post-departure training.

3. Develop and implement leadership offerings.
4. Strengthen faculty and staff recognition and rewards.
5. Continue faculty development on competency based education.
6. Integrate the research mentors with the DFCM mentorship program.

5. STRENGTHEN COMMUNICATIONS AND CONNECTIVITY WITHIN THE DFCM AND COLLABORATIONS WITH STRATEGIC PARTNERS

Dr. Lynn Wilson, Dr. Katherine Rouleau, Danielle Wintrip, Dr. Karen Tu, Dr. Sharon Domb, Dr. Marcus Law

1. Develop and launch DFCM Open.
2. Write a DFCM faculty orientation manual.
3. Pilot departmental use of social media.
4. Provide training to staff in the use of DFCM's communications technology.
5. Consult on communication strategy for the PBRN.

6. REINFORCE OUR INFRASTRUCTURE AND FUNDING BASE

Dr. Lynn Wilson, Caroline Turenko

1. Implement software to ensure accurate faculty and alumni data.
2. Collaborate with WCH in recruiting a faculty for the Frigon Blau Chair in Family Medicine Innovation and Quality.
3. Explore international relations initiatives as revenue generating opportunities.
4. Create an advisory group for advancement purposes.
5. Deliver leadership advancement training for chiefs.

Promotions and External Awards

TO PROFESSOR

- 2013 **Dr. Bernard Le Foll**, Centre for Addiction and Mental Health
- 2013 **Dr. Lynn Wilson**, Women's College Hospital

TO ASSOCIATE PROFESSOR

- 2011 **Dr. Julia Alleyne**, Women's College Hospital
- 2011 **Dr. Monica Branigan**, St. Joseph's Health Centre
- 2011 **Dr. Jocelyn Charles**, Sunnybrook Health Sciences Centre
- 2011 **Dr. Amna Husain**, Mount Sinai Hospital Temmy Latner Centre
- 2011 **Dr. Karl Iglar**, St. Michael's Hospital
- 2011 **Dr. Brenda McDowell**, St. Michael's Hospital
- 2011 **Dr. Rahim Moineddin**, Department of Family and Community Medicine
- 2011 **Dr. Jeff Myers**, Sunnybrook Health Sciences Centre Palliative Care
- 2011 **Dr. Cynthia Whitehead**, Women's College Hospital
- 2012 **Dr. Philip Ellison**, Toronto Western Hospital
- 2012 **Dr. Sidney Feldman**, North York General Hospital
- 2012 **Dr. Albert Kirshen**, Baycrest Centre for Geriatric Care, Palliative Care
- 2012 **Dr. Vincent Maida**, Mount Sinai Hospital, Palliative Care
- 2012 **Dr. Katherine Rouleau**, St. Michael's Hospital
- 2013 **Dr. Arun Sayal**, North York General Hospital
- 2013 **Dr. Dori Seccareccia**, Sunnybrook Health Sciences Centre
- 2013 **Dr. Jeffrey Kwong**, Toronto Western Hospital
- 2013 **Dr. Michelle Naimer**, Mount Sinai Hospital
- 2013 **Dr. Onil Bhattacharyya**, St. Michael's Hospital

AWARDS

Excellence recognized by external awards

AMERICAN MEDICAL WRITERS ASSOCIATION

- 2013 Medical Book Award
Dr. Bart Harvey, Toronto East General Hospital

ASSOCIATED MEDICAL SERVICES

- 2012 Phoenix Fellowship
Dr. Cynthia Whitehead, Women's College Hospital

ASSOCIATION OF FACULTIES OF MEDICINE OF CANADA

- 2013 AFMC May Cohen Equity, Diversity, and Gender Award
Dr. Jane Philpott, Markham Stouffville Hospital
- 2013 CHEC-CESC National Virtual Patient Challenge Award
Dr. Marcus Law, Toronto East General Hospital

ASSOCIATION OF STANDARDIZED PATIENT EDUCATORS

- 2013 Outstanding Educator Award
Dr. Catherine Smith, Department of Family and Community Medicine

CANADIAN HIV/AIDS LEGAL NETWORK

- 2012 Award for Action on HIV/AIDS and Human Rights
Dr. Philip Berger, St. Michael's Hospital

CANADIAN ASSOCIATION OF PHYSICIAN ASSISTANTS

- 2013 Tom Ashman Physician of the Year
Ms. Sharona Kanofsky, Physician Assistant Professional Degree Program

CANADIAN ASSOCIATION FOR MEDICAL EDUCATION

- 2012 Certificate of Merit
Dr. Debbie Elman, Sunnybrook Health Sciences Centre
- 2012 Certificate of Merit
Dr. Jamie Meuser, Mount Sinai Hospital Palliative Care
- 2013 Certificate of Merit
Dr. Shirley Lee, Mount Sinai Hospital

CANADIAN ASSOCIATION OF OCCUPATIONAL THERAPISTS

- 2013 Citation Award
Dr. Mark Nowaczynski, Mount Sinai Hospital

CANADIAN SOCIETY OF PALLIATIVE CARE PHYSICIANS

- 2013 Balfour Mount Champion Award
Dr. Lawrence Librach, Mount Sinai Hospital
- 2013 Eduardo Bruera Award in Palliative Medicine
Dr. Lawrence Librach, Mount Sinai Hospital

CIHR INSTITUTE OF HEALTH SERVICES AND POLICY RESEARCH

- 2013 Prize of Excellence in Research on Aging
Dr. Jeffery Kwong, Toronto Western Hospital
- 2013 Rising Star Award
Dr. Noah Ivers, Women's College Hospital
- 2013 Rising Star Award
Dr. Tara Kiran, St. Michael's Hospital

CBC NEWS

- 2013 One of the Five Heroes of Health Care
Dr. Mike Evans, St. Michael's Hospital

COLLEGE OF FAMILY PHYSICIANS OF CANADA

- 2011 Award of Excellence from the College of Family Physicians of Canada
Dr. Sandy Buchman, Mount Sinai Hospital - Palliative Care
- 2012 Best Original Research Article Award
Dr. Michelle Greiver, North York General Hospital
- 2012 Women's Health Scholarship
Dr. Eileen Nicolle, Markham Stouffville Hospital
- 2012 Donald I. Rice Award
Dr. Ivy Oandasan, Toronto Western Hospital
- 2012 W. Victor Johnston Award
Dr. Walter Rosser, DFCM Central Office
- 2012 Bruce Halliday Award for Care of the Disabled
Dr. William Sullivan, St. Michael's Hospital
- 2012 Reg L. Perkin Family Physician of the Year Award
Dr. Peter Wells, Teaching Practices Division
- 2012 Early Career Development Award
Dr. Sheila Wijayasinghe, Family Medicine Longitudinal Experience
- 2012 C. Robert Kemp Palliative Care Scholarship
Dr. Gina Yip, Markham Stouffville Hospital
- 2013 AMS-Mimi Divinsky Awards for History and Narrative in Family Medicine
Dr. Vivienne Miriam Lemos, Toronto Western Hospital

GOVERNOR GENERAL OF CANADA

- 2012 Queen's Diamond Jubilee Medal
Dr. Larry Librach, Mount Sinai Hospital Palliative Care
Dr. Vincent Maida, Mount Sinai Hospital Palliative Care
Dr. Stuart Murdoch, Royal Victoria Regional Health Centre
- 2013 Queen's Diamond Jubilee Medal
Dr. Philip Berger, St. Michael's Hospital
Dr. Robert Boyko, Credit Valley Hospital
Dr. James Carson, Markham Stouffville Hospital

ONTARIO COLLEGE OF FAMILY PHYSICIANS

- 2012 Family Physician of the Year Award
Dr. Vivien Brown, Mount Sinai Hospital
- 2013 Regional Family Physician of the Year, Region 4
Dr. Carrie Bernard, Community Family Physician
- 2013 Regional Family Physician of the Year, Region 5
Dr. Carol Kitai, Women's College Hospital
- 2013 Regional Family Physician of the Year, Region 6
Dr. James Shaver, Royal Victoria Regional Health Centre
- 2012 Family Practice of the Year Award
South East Toronto Family Health Team, Toronto East General Hospital
- 2012 Award of Excellence
Dr. Carl Clark, Royal Victoria Regional Health Centre
- 2012 Award of Excellence
Dr. John Maxted, Markham Stouffville Hospital
- 2012 Award of Excellence
Dr. Jeff Weissberger, Markham Stouffville Hospital
- 2013 Award of Excellence
Dr. Amy Horvat, Community family physician
- 2013 Award of Excellence
Dr. Christa M. Jeney, St. Joseph's Health Centre
- 2013 Award of Excellence
Dr. Valerie F. Krym, Sunnybrook Health Sciences Centre
- 2013 Award of Excellence
Dr. George Porfiris, Toronto East General Hospital
- 2013 Award of Excellence
Dr. Irene Polidoulis, The Scarborough Hospital
- 2013 Award of Excellence
Dr. Meb Rashid, Women's College Hospital
- 2013 Award of Excellence
Dr. James Ruderman, Women's College Hospital
- 2013 Award of Excellence
Dr. David G. White, North York General Hospital
- 2012 Jan Kasperski Leadership Award
Dr. Patricia Rockman, Toronto Western Hospital

ONTARIO FEDERATION FOR CEREBRAL PALSY

- 2013 Professional Recognition Award in Recognition of Exemplary Service to Persons with Cerebral Palsy
Dr. Christina Fisher, Sunnybrook Hospital Sciences Centre

PROFESSIONAL ASSOCIATION OF INTERNS AND RESIDENTS OF ONTARIO (PAIRO)

- 2012 PAIRO Excellence in Clinical Teaching Award
Dr. Michael Ward, The Scarborough Hospital
- 2013 PAIRO Excellence in Clinical Teaching Award
Dr. George Porfiris, Toronto East General Hospital

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA

2013 Royal College / AMS Donald R. Wilson Award
Dr. Allan Peterkin, Mount Sinai Hospital

RURAL ONTARIO MEDICAL PROGRAM

2012 Larkin Health Professional Award
Dr. Erika Catford, DFCM CENTRAL

ST. JOHN AMBULANCE ONTARIO COUNCIL

2013 Provincial Chair's Commendation
Dr. Robert Boyko, Credit Valley Hospital

TORONTO STAR

2013 One of The Toronto Star's 13 People to Watch
Dr. Danielle Martin, Women's College Hospital

UNIVERSITY OF TORONTO

2011 University Excellence through Innovation Award
Ms. Elicia Ayoub, Ms. Margaret Bucknam, Ms. Natalie Gomes, Ms. Lela Sarjoo, Ms. Margaret Tang (DFCM Central Office) for their Candidate Review Education Application System project.

Ms. Margaret Bucknam, Ms. Margaret Tang, Ms. Lela Sarjoo (DFCM Central Office) for Leadership in Quality Improvement in Family Medicine.

Excellence in Interprofessional Education Award from the University of Toronto Centre for Interprofessional Education; **Dr. Peter Selby** and the (TEACH) Project, Centre for Addiction & Mental Health.

2012 University Excellence through Innovation Award
Ms. Marie Leverman, Ms. Christianne Green (DFCM Central Office) for their Faculty Appointments Communication Strategy.

2013 University Excellence through Innovation Award
Mr. Cecil Canteenwalla, Ms. Caroline Turenko (DFCM Central Office) for their Department Team Building.
Ms. Danielle Wintrip (DFCM Central Office) for DFCM Open.

UNIVERSITY OF TORONTO, FACULTY OF MEDICINE

2013 ASCM Teacher Award, FitzGerald Academy
Dr. Charlie Guiang, St. Michael's Hospital

2013 Anderson Award for Extraordinary Contribution to Health Professional Education, Wightman-Berris Academy
Dr. Marcus Law, Toronto East General Hospital

2013 Citizen of the Year Award, Mississauga Academy of Medicine
Dr. Jean Hudson, Credit Valley Hospital

2013 Excellence in Clinical Skills Teaching, Mississauga Academy of Medicine
Dr. Melissa Graham, Credit Valley Hospital

2013 IMPACT Award for New Staff, Faculty of Medicine
Ms. Patricia O'Brien, DFCM Central Office

2013 Individual Teaching in Undergraduate Medicine, Wightman-Berris Academy
Dr. Peter Tzakas, Toronto East General Hospital

2011 The Innovation in Program Development and Design Helen P. Batty Award for Excellence and Achievement in Faculty Development
Ms. Saimah Baig, DFCM Central Office; **Dr. Kymm Feldman**, Women's College Hospital; **Dr. Rebecca Malik**, Toronto Western Hospital; **Dr. Howard Shiffman**, The Scarborough Hospital; **Dr. Karen Weyman**, St. Michael's Hospital; **Dr. Dave Wheler**, The Scarborough Hospital

2012 The Innovation in Program Development and Design Helen P. Batty Award for Excellence and Achievement in Faculty Development
Dr. Abbas Ghavam-Rassoul, St. Michael's Hospital
Dr. Karen Weyman, St. Michael's Hospital
Dr. Judith Peranson, St. Michael's Hospital
Dr. Yee-Ling Chang, St. Michael's Hospital

2013 Ivan Silver Innovation Award, Office of Continuing Education and Professional Development
Dr. Peter Selby, CAMH

VE'AHAVTA CANADIAN JEWISH HUMANITARIAN AND RELIEF COMMITTEE

2013 Ve'ahavta Tikun Olam Community Award
Dr. Philip Berger, St. Michael's Hospital

WEB HEALTH AWARDS

2012 Gold Medal
Dr. Mike Evans, St. Michael's Hospital

SCHULICH SCHOOL OF MEDICINE AND DENTISTRY AT THE UNIVERSITY OF WESTERN ONTARIO

2011 Community Service Award
Dr. Jane Philpott, Markham Stouffville Hospital

ZOOMER MAGAZINE

2012 Named one of Canada's Top 45 Over 45 by Zoomer Magazine
Dr. Michael Evans, St. Michael's Hospital

FACULTY MEMBERS APPOINTED TO SENIOR NATIONAL AND PROVINCIAL LEADERSHIP POSITIONS—2012

Dr. Sandy Buchman, Mount Sinai Hospital Palliative Care, appointed as President of The College of Family Physicians of Canada (CFPC)

Dr. Francine Lemire, Toronto Western Hospital, Executive Director and CEO of The College of Family Physicians of Canada (CFPC)

Dr. Val Rachlis, North York General Hospital, President of the Association of Family Health Teams of Ontario

Dr. David Tannenbaum, Mount Sinai Hospital, President of The Ontario College of Family Physicians (OCFP)

Core Academic and Administrative Staff

AS OF JUNE 30, 2013

OFFICE OF THE CHAIR

Chair
Acting Chair July 2012 to April 2013

Dr. Lynn Wilson
Dr. Cynthia
Whitehead

OFFICE OF THE CHAIR ADMINISTRATION

Senior Administrative Officer
Information Technology Administrator
Strategic Plan and Projects Coordinator
Educational Multimedia Analyst
Finance and Operations Assistant
Appointments and HRIS Assistant
Clinical Faculty Appointments Coordinator
Financial Assistant and Receptionist
Business Officer
Executive Assistant
Communications and Web Coordinator

Caroline Turenko
Iva Berlekovic
Cecil Canteenwalla
Brian Da Silva
Drew Gill
Christianne Green
Marie Leverman
Shayda Lessan
Chris Meledes
Dianna Tobin
Danielle Wintrip

LIBRARY

Librarian
Library Technician
Librarian

Robyn Butcher
Iveta Lewis
Rita Shaughnessy

OFFICE OF EDUCATIONAL SCHOLARSHIP

Vice-Chair, Education
Education Research Scientist

Dr. Cynthia Wilson
Dr. Fiona Webster

OFFICE OF EDUCATIONAL SCHOLARSHIP ADMINISTRATION

Educational Scholarship Coordinator

Morag Paton

UNDERGRADUATE EDUCATION PROGRAM

Undergraduate Education Program Director
Clerkship Director

Dr. Kymm Feldman
Dr. Azadeh (Azi)
Moaveni
Dr. Anthony D'Urzo

Deputy Pre-Clerkship Director
Family Medicine Longitudinal
Experience Course Director
FMLE Recruitment Coordinator
Electives Coordinator

Dr. Susan Goldstein
Dr. Rahim Hirji
Dr. Amita Singwi

UNDERGRADUATE EDUCATION PROGRAM ADMINISTRATION

Undergraduate Education and
Research Coordinator
Clerkship and Communications Assistant
Special Projects Assistant
Undergraduate FMLE and
Communications Assistant

Cheryl O'Donoghue
Samantha Fortunato
Sharon Lee

Susan Rice

POSTGRADUATE EDUCATION PROGRAM

Postgraduate Education Program Director
ALSO Course Director
Teaching Practice and
Rural Residency Program Director
Rural Residency Program Director
Rural Northern Initiative Coordinator
PGY3 Indigenous Health Coordinator
Residency Recruitment Coordinator
Lead, Educational Technology
and Innovation
Practice Management Course Director
Progress Testing Coordinator
IMG Coordinator
Integrated Medical Education Coordinator
Remediation Coordinator
Counselling Skills Coordinator
Enhanced Skills Coordinator

Dr. Karl Iglar
Dr. Yoel Abells

Dr. Erika Catford
Dr. Jeff Golisky
Dr. Nadia Incardona
Dr. Difat Jakubovicz
Dr. Kimberley Kitto
Dr. Marcus Law

Dr. Marcus Law
Dr. Fok Han Leung
Dr. Alan Monavvari
Dr. Paul Philbrook
Dr. Patrick Skalenda
Lindsay Watson
Dr. Roy Wyman

POSTGRADUATE EDUCATION PROGRAM ADMINISTRATION

Program Manager
Teaching Practices and
Rural Residency Administrator
IMG Administrative Assistant
PGY3 Administrative Assistant
Awards and Admissions Officer
Postgraduate Expansion Consultant
POWER Data Analyst

Margaret Bucknam

Fadia Ayoub
Natalie Gomes
Heather Huckfield
Lela Sarjoo
Mary-Kay Whittaker
Haitao Zhang

POSTGRADUATE ENHANCED SKILLS (PGY3) DIRECTORS

Sports Medicine
Low Risk Obstetrics
International Women's Health

Dr. Julia Alleyne
Dr. Eleanor Colledge
Dr. Katherine
Doukas

Family Medicine Hospitalist,
Hospitalist Medicine
Women's Health
Care of the Elderly
Emergency Medicine
Pain Management
HIV/AIDS
Breast Diseases
Indigenous Health
Palliative Medicine
Clinician Scholar Program
Anaesthesia
Addictions - Centre for Addictions and
Mental Health
Global Poor Health
Addictions – St. Joseph's Health Centre
Conjoint Program in Palliative Care
Medical Oncology

DIVISION OF PALLIATIVE CARE

Head

DIVISION OF EMERGENCY MEDICINE

Head

Emergency Medicine Course Director

GRADUATE STUDIES AND ACADEMIC FELLOWSHIP PROGRAM

Program Director MScCH (HPTE),
Clinical Teacher Certificate Programs
Program Director MScCH (FCM), MPH,
Academic Fellowship Program

GRADUATE STUDIES AND ACADEMIC FELLOWSHIP PROGRAM ADMINISTRATION

Professional Development Program Coordinator

Graduate Studies and Academic Fellowship

Program Administrative Assistant
Teaching and Learning & Professional
Development Administrative Assistant

PROFESSIONAL DEVELOPMENT PROGRAM

Professional Development Program Director
Continuing Education Director
Education Scholarship Coordinator
Primary Care Today Director

PROFESSIONAL DEVELOPMENT PROGRAM ADMINISTRATION

Program Coordinator

Program Assistant

Dr. Phillip Ellison
Dr. Kymm Feldman
Dr. Sidney Feldman
Dr. John Foote
Dr. Allan Gordon
Dr. Charlie Guiang
Dr. Ruth Heisey
Dr. Difat Jakubovicz
Dr. Christa Jeney
Dr. Paul Krueger
Dr. Henderson Lee

Dr. Lisa Lefebvre
Dr. Katherine Rouleau
Dr. Kay Shen
Dr. Giovanna Sirianni
Dr. Carol Townsley

Dr. Jeff Myers

Dr. Eric Letovsky
Dr. Rick Penciner

Dr. Helen P. Batty

Dr. Curtis Handford

Sole Fernandez
Katherine Brown

Diana Kam

Nicole Ryan

Dr. Barbara Stubbs
Dr. John Axler
Dr. Viola Antao
Dr. Art Kushner

Sole Fernandez
Katherine Brown
Laura Surdianu

GLOBAL HEALTH PROGRAM

Program Director

GLOBAL HEALTH PROGRAM ADMINISTRATION

Program Coordinator
Program Coordinator

QUALITY IMPROVEMENT PROGRAM

Quality Improvement Program Director

QUALITY IMPROVEMENT PROGRAM ADMINISTRATION

Quality Improvement Program Manager
Quality Improvement Program
Administrative Assistant

RESEARCH PROGRAM

Vice-Chair, Research
Associate Program Director
Senior Biostatistician
KT-Net Project Scientist

RESEARCH PROGRAM ADMINISTRATION

Project Coordinator
Research Program Coordinator
Biostatistician
Research Program Administrator

PHYSICIAN ASSISTANT PROGRAM

Physician Assistant Program Medical Director

Academic Coordinator
Clinical Coordinator
Course Director

PHYSICIAN ASSISTANT PROGRAM ADMINISTRATION

Physician Assistant Program Manager
Physician Assistant Program Assistant
Admissions Coordinator

FAMILY MEDICINE TEACHING UNIT CHIEFS

St. Michael's Hospital
UHN: Toronto Western Hospital
Southlake Regional Health Centre
Sunnybrook Health Sciences Centre
North York General Hospital

Dr. Katherine Rouleau

Greg Nasmith
Paula Ruiz

Dr. Philip Ellison

Patricia O'Brien

Marisa Boudreau
Schwartz

Dr. Eva Grunfeld
Dr. Paul Krueger
Dr. Rahim Moineddin
Dr. Mary Ann O'Brien

Julia Baxter
Lindy Chan
Chris Meaney
Rachel Thomason

Dr. Maureen
Gottesman
Dr. Sharona Kanofsky
John Shea
(Zaka) Muhammad
Zakaullah Khan

Elizabeth Whitmell
Andrew Van Overbeke
Laura Curiale

Dr. Philip Berger
Dr. Jeff Bloom
Dr. Robert Doherty
Dr. Jocelyn Charles
Dr. Dianne Delva

The Scarborough Hospital
Royal Victoria Regional Health Centre
Credit Valley Hospital, Trillium Health Partners
Markham Stouffville Hospital
Women's College Hospital
St. Joseph's Health Centre
Mount Sinai Hospital
Toronto East General Hospital
Trillium Health Centre, now Mississauga
Hospital, Trillium Health Partners

SITE PROGRAM DIRECTORS – UNDERGRADUATE EDUCATION PROGRAM

Trillium Health Partners: Mississauga Hospital
Mount Sinai Hospital
Toronto East General Hospital
Rural Ontario Medical Program

Trillium Health Partners:
Credit Valley Hospital
St. Joseph's Health Centre
UHN: Toronto Western Hospital

North York General Hospital

The Scarborough Hospital
St. Michael's Hospital
Women's College Hospital
Markham Stouffville Hospital

Sunnybrook Health Sciences Centre

SITE PROGRAM DIRECTORS – POSTGRADUATE EDUCATION PROGRAM

Mount Sinai Hospital
North York General Hospital
St. Joseph's Health Centre
Southlake Regional Health Centre
Royal Victoria Regional Health Centre
Trillium Health Partners:
Credit Valley Hospital
St. Michael's Hospital

The Scarborough Hospital

Women's College Hospital

Markham Stouffville Hospital
Trillium Health Partners: Mississauga Hospital
UHN: Toronto Western Hospital
Toronto East General Hospital

Sunnybrook Health Sciences Centre

Dr. Larry Erlick
Dr. Stuart Murdoch
Dr. Paul Philbrook
Dr. Jane Philpott
Dr. Jim Ruderman
Dr. Patrick Safieh
Dr. David Tannenbaum
Dr. Geordie Fallis

Dr. Michael Kates

Dr. Ruby Alvi
Dr. Melissa Nutik
Dr. Lisa Ilk
**Dr. Leslie Ann
Hutchings**

Dr. Jean Hudson
Dr. Nadine Laraya
Dr. Sabrina Akhtar,
Dr. Andrew Sparrow
Dr. Jordana Sacks,
Dr. Sharonie Valin
Dr. David Wheler
Dr. Karen Weyman
Dr. Dara Maker
Dr. Gina Yip,
Dr. Michael Bartucci
Dr. Sherylan Young

Dr. Erin Bearss
Dr. Perle Feldman
Dr. Navika Limaye
Dr. Gurpreet Mand
Dr. Stuart Murdoch

Dr. James Pencharz
**Dr. Abbas Ghavam-
Rassoul**
**Dr. Jennifer
McDonald,**
Dr. Jackie Ringnald
Dr. Betty Chen,
Dr. Hemen Shukla
Dr. Sumairah Syed
Dr. Bachir Tazkarji
Dr. Diana Toubassi
Dr. Louisa Huband,
Dr. Peter Tzakas
Dr. Anne Wideman

PROFESSIONAL DEVELOPMENT COMMITTEE

Professional Development Program Director
Program Director, MScCH (HPTE) and CTC
Program Director, MPH (FCM), MScCH (FCM)
and AF

Women's College Hospital and
Education Scholarship Coordinator
DFCM Director, Continuing Medical Education
Mississauga Academy Representative
Division: Palliative Care
Sunnybrook Health Sciences Centre
Royal Victoria Regional Health Centre
Toronto East General Hospital
St. Joseph's Health Centre

The Toronto Western Hospital
Southlake Regional Health Centre
St. Michael's Hospital

North York General Hospital
Family Medicine Longitudinal Experience
(UG) PD Rep
Emergency Medicine Division

Associate Program Director, MScCH (HPTE)
and CTC

Mount Sinai Hospital
Teaching Practices
Trillium Health Centre
The Scarborough Hospital
DFCM Professional Program Assistant
Markham Stouffville Hospital

QUALITY IMPROVEMENT SITE REPRESENTATIVES

The Toronto Western Hospital
St. Michael's Hospital and
Division of Palliative Care
North York General Hospital

Professional Development/
St. Michael's Hospital
Summerville Family Health Team

Sunnybrook Health Sciences Centre
Barrie and Community Family Health Team
Royal Victoria Regional Health Centre
The Scarborough Hospital
North York General Hospital

Women's College Hospital
The Scarborough Hospital

Dr. Barbara Stubbs
Dr. Helen Batty

Dr. Curtis Handford

Dr. Viola Antao
Dr. John Axler
Dr. Jana Bajcar
Dr. Monica Branigan
Dr. Alison Culbert
Dr. Robert Gabor
Dr. Rosalie Hooks
Dr. Natascha Crispino,
Dr. Difat Jakubovicz
Dr. Camille Lemieux
Dr. Gurpreet Mand
Dr. Yee Ling Chang,
Dr. Jennifer McCabe
Dr. Allyson Merbaum

Dr. Michael Olah
Dr. Shirley Lee,
Dr. Rick Penciner,
Dr. Sara Pickersgill

**Dr. Abbas Ghavam-
Rassoul**
Dr. Michael Roberts
Dr. Gwen Sampson
Dr. Monica Sethi
Dr. Mruna Shah
Laura Surdianu
Dr. Sheila Yuen

Dr. Lesley Adcock

Susan Blacker
**Dr. Harvey
Blankenstein**

Dr. Yee Ling Chang
Dr. Fran Cousins,
Dr. David Daien
Dr. Debbie Elman
Dr. Brent Eley
Dr. Brent Eley
Dr. Susanna Fung
**Dr. Joanne Laine-
Gossin**
Dr. Susie Kim
Dr. Rosemarie Lall

Division of Emergency Medicine
Southlake Regional Health Centre
Markham Stouffville Hospital
DFCM Resident Reps

Dr. Eric Letovsky
Dr. David Makary
Dr. John Maxted
Dr. Sarah Basma,
Dr. Anthony Di Fonzo,
Dr. Taylor Lougheed,
Dr. Kavita Patel

Credit Valley Hospital
St. Michael's Hospital
Toronto East General Hospital

Division of Palliative Care
Mount Sinai Hospital

Dr. James Pencharz
Dr. Judith Peranson
Dr. Sam Tirkos,
Dr. Tia Pham
Dr. Manisha Sharma
Dr. Yves Talbot



Family Medicine Teaching Units

Alongside dedicated community family physicians in the Greater Toronto Area (GTA) and in teaching practices outside the GTA, DFCM's core family medicine teaching units are an integral part of family medicine training within the Department. In this section, the sites share a few of their significant accomplishments in the last two years.

CREDIT VALLEY HOSPITAL, TRILLIUM HEALTH PARTNERS

Through a primary care quality improvement project called "Achieving the Triple Aim on the COPD Journey" The Credit Valley Family Health Team/ Family Medicine Teaching Unit demonstrated an 80 per cent decrease in ER visits for the same cohort of patients year over year.

At the recent National Canadian Diabetes Association Conference, their diabetes team and physician program presented "The Sweet Success of Integrating Interprofessional Education at the Credit Valley Family Medicine Residency Program". The data was extremely positive. Presenters said, "Changing the way we educate is key to achieving system changes and equipping our professionals with skills, knowledge and attitudes needed for making system changes and evolving care."

And in 2012 and 2013 the CVH teaching unit become more involved in global health initiatives, hosting physician visits from Brazil, China and India.

TORONTO EAST GENERAL HOSPITAL

The Carswell Family Health Centre opened in 2012. The result of a \$1 million donation from the Carswell Foundation, the Centre provides a multidisciplinary team model of primary care to the surrounding community and is a teaching site for Toronto East General Hospital learners.

The Geordie Fallis Award for Mentorship and Advocacy was created in 2013 to honor Dr. Geordie Fallis as he retired from his position as Chief of Family Practice. The award recognizes staff or faculty members who exhibit an exemplary level of leadership and commitment to social responsibility, mentorship, advocacy and medical learner well-being.

Under the Directorship of Dr. Tia Pham, Toronto East General Hospital established a Virtual Ward (VW) with the goal of ensuring that patients are well supported in the community and able to care for themselves in an effort to reduce readmission rates post-hospital discharge. Since its inception the TEGH VW has cared for over 100 patients and has 20-25 patients at any given time.

ROYAL VICTORIA HOSPITAL

This successful expansion site opened a new family medicine teaching unit and participated in the central Department's first accreditation.

The family medicine teaching unit has allowed 13,000 area residents to find or keep a family doctor and attracted 10 family doctors to the community in 2012.

Four resident research presentations were chosen for presentation at the Family Medicine Forum in 2013 in Vancouver.

There has been strong support from the Barrie community, particularly the Barrie Chamber of Commerce who have donated \$30,000 to the family medicine training program since it opened in 2009.

MISSISSAUGA HOSPITAL, TRILLIUM HEALTH PARTNERS

While many of the residents have moved on to careers outside of the unit, two physicians have stayed on.

As the largest Family Health Team (FHT) in their Local Health Integration Network (LHIN), the unit was chosen to be a Health Link early adopter in conjunction with Trillium Health Partners. A steering committee and working groups have been formed, a Health Links coordinator hired and community partnerships are being created. In mid-October 2013, the South East Mississauga Health Link registered its first Health Link patient.

In February of 2012, faculty member Dr. Victoria Chen, led five physicians through the Advanced Access program. At the start, the group had Third Next Appointments, the metric by which Access is measured, ranging from three days to over two weeks. By the fall of 2012 all six physicians had a Third Next Appointment of zero days. As of January 2013 all nine physicians at Summerville FHT Central site have had a Third Next Appointment of zero. The

program was such a success that other Summerville FHT sites adopted the program and, to date, three of the five Summerville FHT sites are working on Advanced Access.

WOMEN'S COLLEGE HOSPITAL

The Family Practice Health Centre moved in September of 2011 to a new location at 77 Grenville St. The new facility provides much improved space and amenities for patient care and academic activity.

In October 2011 the centre switched from paper health records to electronic medical records. This has enhanced its ability to track its patients' needs and to provide new, expanded programs to targeted patient populations.

In spring of 2013, Women's College Hospital announced its first research chair. The Frigon Blau Chair in Family Medicine Research is a University-Hospital Chair. The inaugural chair, Dr. Onil Bhattacharyya, is focusing on quality and innovation in primary care.

MOUNT SINAI HOSPITAL

Thanks to the generosity of the Slight Family Foundation, Ada Slight and Gary and Donna Slight, Mount Sinai's internationally recognized Women and Infants' Health program will strengthen maternity care for the over 6,700 births a year at the hospital. In addition, this gift will allow the hospital to expand its services to address the prenatal and perinatal needs of women from vulnerable populations.

This \$5M for family medicine maternity care includes the extension of the Ada Slight and Slight Family Foundation Directorship in Family Medicine Maternity Care, a \$1M gift that has been supporting Dr. Anne Biringer in this role since 2010. It will support research and education initiatives locally and internationally, including a program in Toronto for marginalized and underserved pregnant women, with a focus on those with mental health problems, and will grow and sustain the DFCM's role in the family medicine and family medicine maternity care training program in Ethiopia.

As the holder of the directorship (a gift of \$3 million), Dr. Anne Biringer will teach maternity care to family medicine physicians as well as lead research in educational strategies to support this area of care. This will extend family medicine-based maternity care benefits to women who live in remote regions with limited access to obstetrical specialists as well as women who wish to maintain continuity of care with family practitioners.

SUNNYBROOK HEALTH SCIENCES CENTRE

The innovative IMPACT-Plus model (Interprofessional Management of Aging and Complex Treatments – Plus specialist participation) was expanded to include community family

physicians through telemedicine at discharge from hospital and through collaboration with the Toronto Central Community Care Access Centre as part of the North East Toronto Health Link.

The development of a coordinated care plan template was recognized by the Ministry of Health and Long-Term Care. David Lamb LLM, Manager, Policy Transformation Secretariat at the Ministry, commented as follows, "This week, I want to highlight some of the work that's happening in Toronto Central LHIN with respect to coordinated care planning. North East Toronto Health Link, through the work of Dr. Jocelyn Charles has developed a Coordinated Care Plan for older adults with complex medical problems. We're happy to say that North East Toronto Health Link has not only managed to expand this to a LHIN-Wide activity but that Dr. Charles has also been a key player in the province wide conception of the Care Coordination Tool. It's the type of idea-sharing that make Health Links work and a great example of the work that's possible and will contribute so ably to the province-wide Care Coordination Tool."

In another initiative, Drs. Rezmovitz and MacPhee are developing a clinical procedures mobile app for resident training. It is planned for release by the 2014-15 academic year.

SOUTHLAKE REGIONAL HEALTH CENTRE

The family medicine teaching unit established its own family medicine obstetrics group of three family physicians who, with their residents, coordinate and provide low risk maternity care and low risk deliveries.

Two of our faculty members are completing their Clinical Teaching Certificates.

Three cohorts of residents have graduated since June 2011 and three are staying to practice in the Newmarket community. One graduate now teaches emergency medicine and family medicine with the unit.



NORTH YORK GENERAL HOSPITAL

The North York General Hospital family medicine teaching unit is a close-knit group of community family physicians. Together they played an important part in the University Department's postgraduate education program accreditation in April 2013.

The group is participating in a Health Link early adopter project with \$1 million in funding with the North York Central Health Link. They are working with coordinating partner North York General Hospital and participating partners such as other primary care providers, the Community Care Access Centre (CCAC), primary care and community agencies.

The unit is hosting UTOPIAN, the DFCM's new University of Toronto Practice Based Research Network. The North York General Hospital will play a pivotal role in the DFCM practice-based research network (PBRN) with the endowed Gordon Cheesbrough Chair in Family Medicine serving as the DFCM's UTOPIAN Medical Director.

MARKHAM STOUFFVILLE HOSPITAL

The QI model has been used to develop a clinical diabetes program that is exemplary in its team-based approach, building on supports that include a robust database, defined care targets, an EMR-supported diabetes flow sheet, patient self-management and group education sessions.

The Global Health program at the Markham site offers a value-added curriculum for the residents. A highlight is the weekly Global Health Lunch rounds. An excellent curriculum has been developed based on the social determinants of health organized according to monthly themes. Sessions are taught in a dynamic, inter-professional environment. Teaching techniques include guest speakers, panel discussions, documentaries and debates.

The site offers excellent programs for continuing education for members of the Department of Family and Community Medicine's faculty at Markham Stouffville Hospital. Breakfast Medicine, one of its CFPC accredited programs, runs twice a year and features relevant and current topics in Family Medicine presented by local experts. The program has been running for more than five years and is well attended by over 60 physicians and allied health professionals for each event.

THE SCARBOROUGH HOSPITAL

The unit recruited nine new community-based preceptors.

A Shared Care Obstetrical Program was created and faculty developed an evidence-based "prenatal manual" using Sunnybrook Health Science Centre's manual template. The manual has been distributed to all community preceptors.

Using a \$400,000 donation to The Scarborough Hospital, the family medicine teaching unit established a new fund called TSH CARES (Community Academic Research and Education Support). The CARES Fund supports academic enrichment, scholarly activities and community based research that will include research questions related to diversity. The fund provides another opportunity for supporters to give to The Scarborough Hospital Foundation and support research that will be used to help people in their own community.

TORONTO WESTERN HOSPITAL

This family medicine teaching unit is one of the participating sites for the Interprofessional Spine Assessment and Education Clinics (ISAEC) Pilot Project. This program is intended to help patients with persistent, sub-acute or chronic low back pain by facilitating timely access to assessment and shared care management emphasizing patient education and self-management strategies. The goals of this program are improved outcomes for the patient, facilitated referral to surgical services (if required), and decreased overall health care resource utilization.

The Newcomer Program (originally known as Young Immigrant Women and Their Children) was officially launched in January 2012. After an extensive review of the needs in the TWH community (immigrants make up 43% of the Downtown Toronto West population), it became clear that such a program would be prudent considering that new immigrants, in particular, face multiple barriers accessing health care services.

Faculty members continue to excel in their research endeavours. Dr. Jeff Kwong is the recipient of a CIHR New Investigator Award and the Prize of Excellence in Research in Aging. Dr. Karen Tu continues her work with electronic medical records and this year rolled out SAFIRE (System for Audit and Feedback to Improve caRE), an interactive web-based dashboard to provide physicians with their performance on quality indicators for chronic diseases.

ST. MICHAEL'S HOSPITAL

With the development of the new family practice clinic site for St. Michael's Hospital at 80 Bond Street, the Department of Family and Community Medicine unit reflected on the needs of its vulnerable population. With this in mind, novel and innovative partnerships and agreements were crafted to bring in Toronto Public Health for dental services and Ryerson University for clinical psychology. With clinical psychology trainees and a staff supervisor, the Family Health Team's ability to provide psychological services, counseling and psychotherapy has dramatically increased. Team members are able to offer these services without disadvantaging those without the ability to pay. Co-location of psychology and dental services at 80 Bond has enabled the unit to create new models of interprofessional care.

Family Medicine at St. Michael's finally made the plunge, converting paper records to electronic medical records, creating preventative care screening toolbars, and is currently implementing the use of patient waiting-room questionnaires on electronic tablets. All of its patient records are now on the EMR; they are completely paperless.

A multi-agency pilot project called “HIV/AIDS Complex Care Pilot Project: Developing a Continuum of Enhanced Care in the Community”, has been funded and is aimed at increasing cross-sector collaboration and partnerships that address gaps in service, care, and support needs of PHAs (people with HIV/AIDS).

ST. JOSEPH'S HEALTH CENTRE

Through the leadership of Dr. Difat Jakubovicz, the Professional Development Program's site representative, St. Joseph's family medicine teaching unit has monthly interprofessional professional development rounds that focus on ways to improve teaching. The rounds are well received and helpful, according to session evaluations.

The unit has been designated as a sub-LHIN Health Link lead in Addictions and Mental Health. Its academic Family Health Team will be very much involved in creating clinical pathways to share with the rest of the LHIN. The unit has been fortunate to have as part of its faculty, present and past, family medicine experts in addictions and mental health, including Drs. Meldon Kahan, Dr. Alice Ordean and Dr. Anita Srivastava.

The unit has revitalized its longstanding home care program for the frail elderly with participation from six family medicine faculty as well as residents.



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