

2018 New Faculty Orientation

Department of Medicine
University of Toronto



Medicine
UNIVERSITY OF TORONTO

WELCOME



Initial appointment @ UofT





Orientation Overview

| | |
|-------------|--|
| 8:00-8:15 | <i>Registration & light breakfast</i> |
| 8:15-8:30 | University of Toronto & Department of Medicine 101 – Gillian Hawker |
| 8:30-8:50 | Mentor-ship & Mentee-ship – Sharon Straus |
| 8:50-9:50 | The Academic Life Cycle – Gillian Hawker |
| 9:50-10:00 | <i>Break & Move to Groups by Position Description</i> |
| 10:00-10:45 | Group Discussion by Position Description (Invited Faculty & Vice Chairs) |
| 10:45-11:15 | Telling your story (writing about CPA) – Ed Etchells & Brian Wong |
| 11:15-11:45 | Teaching in the DoM – Umberin Najeeb |
| 11:45-12:00 | Q & A |
| 12:00 | Lunch with Departmental Leaders |





2018 New Faculty Orientation

A LITTLE HISTORY



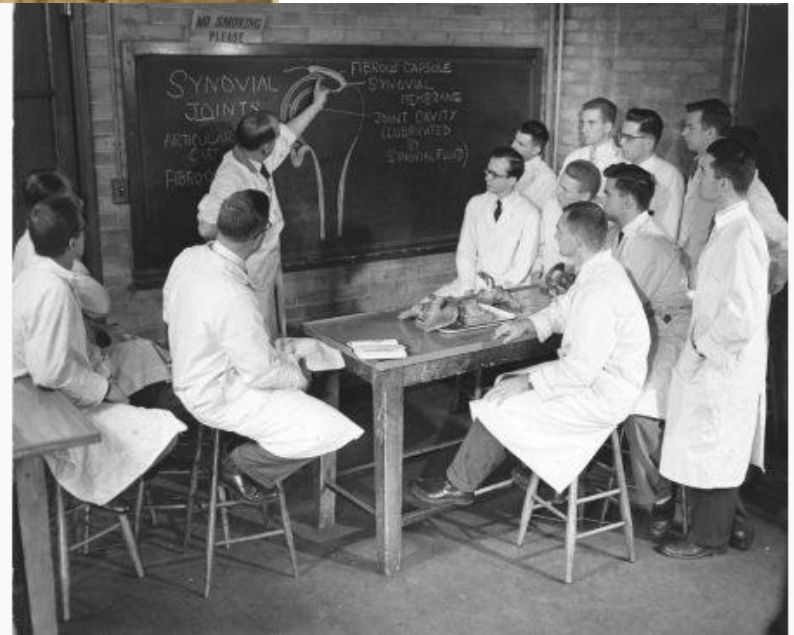
University of Toronto

Founded as King's College 1827



Faculty of Medicine
1843

Department of Medicine
1887



Fully Affiliated Teaching Hospitals

- Toronto General Hospital (1819)
- Woman's Medical College (1883)
 - Women's College Dispensary 1891
- St Michael's Hospital (1892)
- Toronto Western Hospital (1896)
- Toronto Jewish Old Folks Home (1918)
 - Baycrest Centre for Geriatric Care (1967)
- Mt Sinai Hospital (1922)
- Sunnybrook Veteran's Hospital (1946)



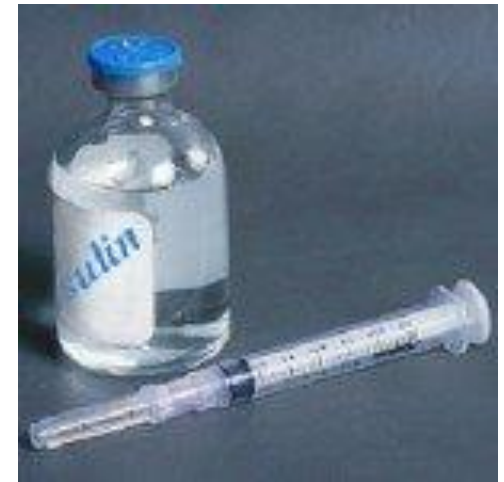
100 YEARS 1919-2019

**SIR JOHN AND LADY EATON
PROFESSOR AND CHAIR OF MEDICINE**



Major discoveries & milestones

- 1921** Insulin (Banting & Best)
- 1930** Pablum (Tisdall, Drake & Brown)
- 1936** Purification of Heparin (Scott & Charles)
- 1936** First Mobile Transfusion Unit (Noman Bethune)
- 1951** First Electronic Heart Pacemaker (Bigelow)
- 1961** Discovery of Stem Cells (Till & McCulloch)
- 1981** The Glycemic Index (David Jenkins)
- 1981** First Single Lung Transplant (Pearson & Cooper)
- 1984** T-Cell Receptor Gene (Tak Mak)
- 1988** First Nerve Transplant (Hudson & MacKinnon)
- 1989** The Cystic Fibrosis Gene (Lap-Chee Tsui)
- 1991** Cell Receptor Discoveries Enable Development to New Cancer Drugs (Pawson)
- 1995** Discovery of Genes Responsible for Early-onset Alzheimer's (St. George-Hyslop)
- 2010** Stem Cells Restore Sight to Blind Mice (van der Kooy)
- 2015** Opening the Blood-Brain Barrier (Mainprize)



SAVE THE DATE

The 100th Anniversary of
University of Toronto's
**Discovery of Insulin:
A Scientific Celebration**

Scientific Meetings
The Westin Harbour Castle
Toronto, Canada
**Wednesday, April 14 -
Saturday, April 17, 2021**

Gala Dinner
Thursday, April 15, 2021



UNIVERSITY OF TORONTO
FACULTY OF MEDICINE



Medicine
UNIVERSITY OF TORONTO



New Faculty Orientation 2018

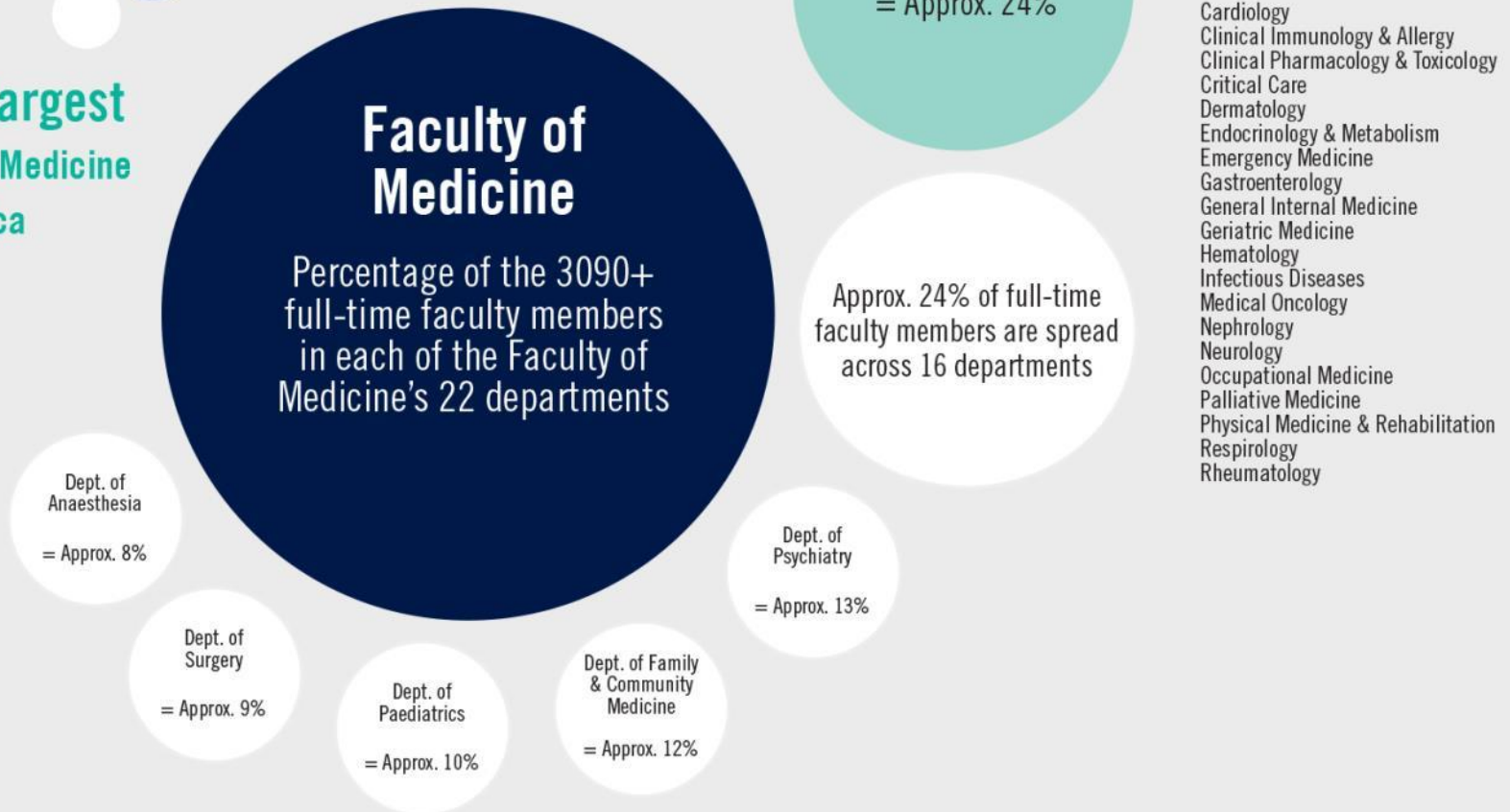
DEPARTMENT OF MEDICINE 101



The *Toronto* Advantage

We're the largest
Department of Medicine
in North America

Rank 6th world-wide
for clinical medicine



DoM Vice Chairs



Sharon Straus

Vice Chair, Mentorship,
Equity & Diversity



Michael Farkouh

Vice Chair, Research



Kaveh Shojanian

Vice Chair, Quality
& Innovation



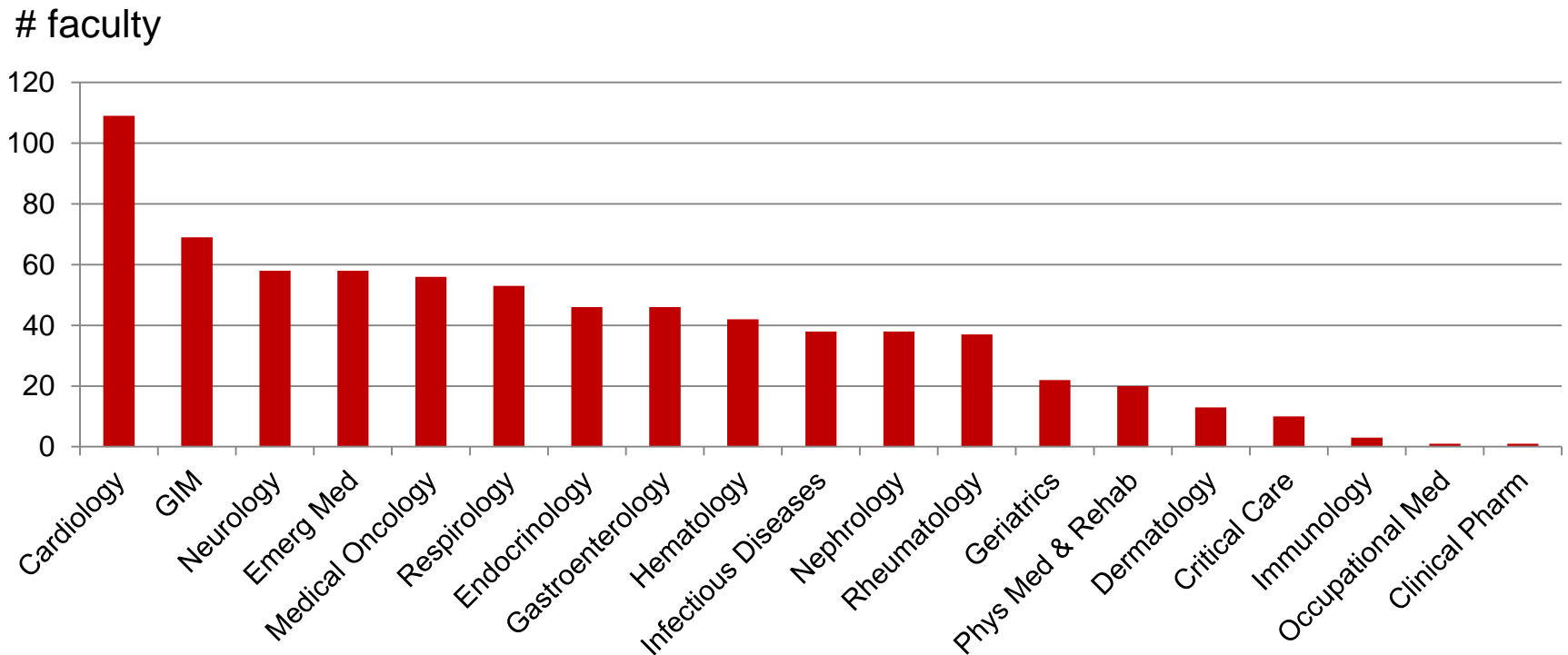
Arno Kumagai

Vice Chair, Education



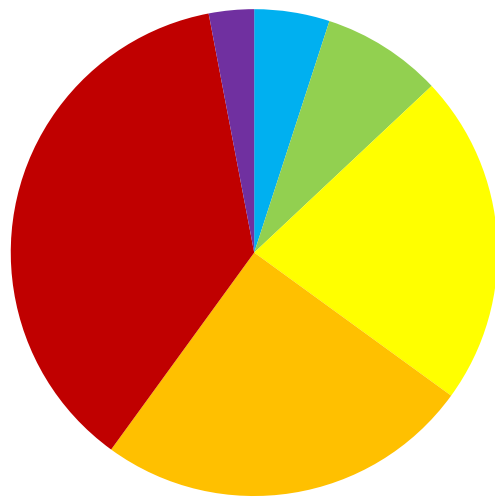
The Department of Medicine at U of T

- ~ 1,400 faculty members (~ 800 full-time)
- 20 specialties (divisions)



Distribution of DoM Academic Position Descriptions (APD)

% full-time faculty



- clinician administrator
- clinician educator
- clinician investigator
- clinician scientist
- clinician teacher
- clinician quality innovation

<http://www.deptmedicine.utoronto.ca/academic-position-descriptions>



Department of Medicine Educational Footprint

- ~ 1,000 postgraduate trainees (core residents, sub-specialty residents, clinical fellows)
- > 350 fellowships (~ 450 post residency trainees)



Department of Medicine Priorities

Guiding Principles

1. Patients & their experiences drive our work
2. Promoting equity, diversity & professionalism
3. Social accountability
4. Training to meet *population needs*
5. Generation & translation of new knowledge to *impact health*
6. Inclusiveness (we are better together!)
7. Mentorship across the academic lifespan
8. Raise funds to achieve our goals



DoM Staff





DoM Mentorship Program

Sharon E. Straus MD MSc FRCPC
Tier 1 Canada Research Chair
Vice Chair, MED



What is mentorship?

- The mentoring relationship is *‘one of the most complex and developmentally important’* in a person’s life.
- The mentor will act as teacher, sponsor, guide, exemplar, counselor, moral support--but most important is to *‘assist and facilitate the realization of the dream’*
 - Levinson DJ: “The Seasons of a Man’s Life”.
New York, Alfred A Knopf, 1978



Mentorship...

...a process whereby an experienced, highly regarded, empathetic person (the mentor) guides another (usually younger or more junior) individual (the mentee) in the development and re-examination of their own ideas, learning, and personal and professional development

STANDING COMMITTEE ON POSTGRADUATE MEDICAL AND DENTAL EDUCATION. SUPPORTING DOCTORS AND DENTISTS AT WORK: AN ENQUIRY INTO MENTORING 1998.



Mentor

- ≠ role model:
 - Passive, observational learning model in which an individual attempts to emulate observed, desirable behaviours and qualities'
- ≠ coach:
 - Provide guidance around a specific task/performance/achievement'
- ≠ sponsor:
 - 'Senior person who uses influence to help obtain promotions, opportunities...'
- ≠ ally:
 - Someone joined to another for a common purpose'



Why should we care about mentorship?

- Academic clinicians who got mentored reported greater career satisfaction
 - Academic clinicians who were mentored received more research grants
 - Academic clinicians who were mentored reported more protected time for scholarly activities and produced more publications
-
- Acad Med 2004;79:865-72; Acad Med. 1998;73:318-323; Am J Surg 2011;201:260-3; J Gen Int Med 2007;22:210-4; JAMA 2006;296:1103-15



Why should we care about mentorship?

- Academic clinicians who were mentored were promoted more quickly
- Academics who were mentored were more likely to stay at their academic institutions
- It impacts mentors as well
 - BMC Med Educ 2011;11:13; Med Teach. 2002;24:550-557; J Obstetr Gynecol Can 2004;26:127-36; JAMA 2006;296:1103-15



Mentorship: Results of 2017 Faculty Survey

- 47% had a formal mentor & 76% an informal mentor
 - Women, early career > men, later career
 - Difficulty establishing/maintaining a mentorship relationship
- 66% satisfied with quality of mentorship (vs. 45% in 2015)
- Satisfaction with mentorship ~ level of career satisfaction



Choosing a Formal Mentor

- Find the successful people *from any field* who have failed at least once
- 10-15 years your senior (too close and they may be threatened)
- Choose a *good citizen* with wide experience (not just papers and grants)
- Not your boss or people you're dependent on for resources
- Ask people you trust who might be a good mentor
- Meet with their mentees
- Speak to the potential mentors



Role of the Mentor

- Be a “safe place” for you to share concerns and issues
- Assist you with work-life integration and wellness!
- Introduce you to leading lights/networking
- Create/facilitate opportunities (open doors)
- Advocate on your behalf (recognition, promotion, participation in reviews and panels, access to resources/support, e.g. protected time)
- Help you learn to say no & when you should say “yes’
- Be available for (encourage) regularly scheduled meetings
- Provide timely feedback on work in progress, grants, manuscripts
- Give you honest, constructive feedback & advice
- Pose the right questions to you



Role of the Mentee

- Be clear what you need & come to meetings prepared
- Drive the relationship
- Be open to feedback, criticism
- Follows-up and checks in with the mentor (at least 2-3 times per year before CFAR)
- When problems arise, develop possible solutions to present to the mentor
- Be respectful of mentors (their time, experience)
- Be honest



What if the relationship isn't working for you?

- Ideally, discuss with the mentor ...maybe tweaks are needed
- If that doesn't work, go to your Divisional Mentorship Facilitator or DDD for suggestions (do NOT just stop going)

Liz Tullis

Lead, Mentorship Facilitators



How do we become mentors in the #MeToo era?

- What behaviours good mentors did:
 - Demonstrated exemplary professional behaviour during and outside work, never compromised by alcohol consumption or flirtatious interactions
 - Behaved comfortably but as if others are watching, demonstrating integrity
 - Refrained from physical touch except in larger social settings where they may give hugs in greeting
 - Never mentioned anything about appearance of mentee or others
 - JAMA 2018;319:1199-1200.



How do we become mentors in the #metoo era?

- Never shared things that the mentee wouldn't share with partner or the mentor's partner
- Spoke up to support women while other men chose to sit quietly or worse, offend
 - Be a sponsor
 - JAMA 2018;319:1199-1200.





Mentorship in Academic Medicine

의학에서의 멘토링

Sharon E. Straus · David L. Sackett 지음

정욱진 · 박귀화 · 안석배 옮김



Toolkit

- Mentorship toolkit
 - '1 minute mentor' (adapted from M. Feldman)
 - Checklist for mentors/mentees
 - Individual development plan
 - Mentorship cases
 - Top tips for mentors
 - Book – Mentorship in Academic Medicine, Straus and Sackett. Wiley Blackwell 2014.



Questions?





2017 New Faculty Orientation

ACADEMIC LIFE CYCLE



You have two appointments

- University faculty appointment
 - Rank (Lecturer to Full Professor)
 - Academic Position description
 - License to practice medicine (CPSO)

Departmental / Hospital Division Heads

- Affiliated hospital appointment
 - Clinical appointment (e.g. Courtesy, Active staff)
 - Credentialing (CPSO/COMPA, resource impact)
 - Practice plan (income, resources)

Chair's office

PIC's office



Academic position description (APD)

- Faculty expected to contribute to clinical & academic mission of their Division / Department in accordance with their APD
 - Clinical work, e.g., on-call, coverage of inpatient MRP / consult services, as appropriate for the Hospital and Division
 - Teaching (formal, informal clinically-based)
 - *Your role as a member of your division*
 - Protected time for scholarship
 - Administrative service to hospital / University (**not during probationary period**)
- Role of PIC/Chief or delegate to ensure sufficient resources to meet these expectations (letter of offer)



Your Academic Plan

- What you said you would do... it really matters
- Formal mentor – still makes sense?



Annual Review

| Faculty Member's Name: | | Academic Year: | |
|--------------------------------|------------|-------------------|--------------|
| Academic Position Description: | | Reviewers' Names: | |
| Discussion Item | Discussed? | Comments | Action items |
| Highlights (past year) | | | |
| Challenges (past year) | | | |
| Goals (next year) | | | |
| Work-life integration | | | |
| Academic position description | | | |
| Teaching effectiveness | | | |
| Mentorship | | | |
| Professional development | | | |
| Career Milestones | | | |
| Professionalism | | | |
| Citizenship | | | |
| Finances | | | |
| Hospital Policies | | | |
| University Policies | | | |
| Planned career changes | | | |
| Eligibility awards & honours | | | |

Preparation for Review

- What are your priorities for discussion?
- Review your academic plan and expectations of your APD *ahead of time* – are you meeting on track? If not why not?
- Review & reflect on quantity & quality of teaching evaluations
- What is going well and where might adjustments be required?

The First Years (the probationary period)

- New appointments are *probationary* for **three to five years**
- Continued appointment beyond this time is contingent upon a successful *Continuing Faculty Appointment Review (CFAR)*



Check-in at 1.5 Years **NEW!**

(DoM Vice-Chair and/or Chair)

- Academic Plan – are you on track?
- Proactively identify issues
 - Balance of time (time management)
 - Teaching – type, quality, quantity
 - Completion of graduate training / MTP?
 - Research – focus, grants, publications, etc.
 - CPA statement – what is your story?
 - Mentorship
- Determine timing of initial Continuing Faculty Appointment Review (CFAR) – after 3 years
 - *CS, CE and CI may defer to year 4*



CFAR Process

- Candidates notified – fall
 - PIC may request waiver of review to subsequent year if extended leave
 - Workshops held
- Prepare & submit documents - winter
- CFAR Committee Review – spring
 - May request additional information or clarifications
 - Recommendation to Chair
- Decision – late spring



<http://www.deptmedicine.utoronto.ca/continuing-faculty-appointment-review-cfar>



CFAR: Required Documents

- Online Template – reflection
- Curriculum Vitae *since initial appointment*
- Teaching & Education Report (generated by WebCV)
 - Quality & Quantity of Teaching
 - Look at your teaching evaluations (POWER, MEDSIS)... address concerns
- Teaching evaluations *since initial appointment*

Keep your CV up to date...



Your CV

- Continuing to use WebCV until further notice
- Teaching philosophy required by ALL
- CPA* & Research statements PRN
- CV development and management
 - APD specific (breakout group discussions + future faculty seminars)

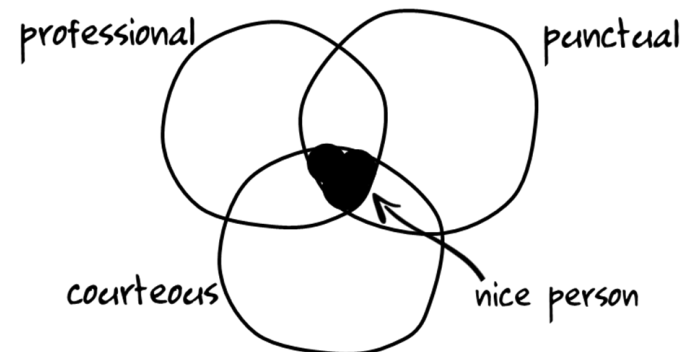


*Creative Professional Activities



CFAR: What are we looking for?

- Advancing as expected?
 - If not why not, e.g. wrong APD, mentorship, insufficient protected time, poor time management?
- Demonstrated teaching effectiveness?
 - Sufficient # evaluations
- Behaviour consistent with codes of conduct?



Two for One...



Initial
appointment

CFAR

Senior
Promotion

0

3-5 years

6-10 years



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9/25/2018

Senior Promotion (Associate & Full Professor)

- CFAR committee may make recommendation
- Criteria for senior promotion
 - Excellence in *at least one* of:
 - Research
 - Creative professional activities (CPA)
 - Teaching (*everyone must be at least competent*)
- For research & CPA, ‘excellence’ defined as:
 - National reputation (Associate Prof)
 - International reputation (Full Prof)

You are welcome to attend a *Senior Promotion Workshop*



Questions?



**KNOW THE
RULES!**



2018 New Faculty Orientation

POLICIES & EXPECTATIONS



Policies

- Ethical Research Conduct
- Codes of Conduct (University, hospital, CPSO)
 - You are required to inform Chair if you receive a CPSO complaint
- Relationships with Industry
 - Expectations of the FoM (2013) <https://medicine.utoronto.ca/about-faculty-medicine/education-vice-deans-medical-education-related-policies#ethics>
 - Annual Disclosure of Relationships to assess potential for & manage:
 - Conflict of interest (financial, intellectual, etc.)
 - Conflict of commitment (time)

Clinical Faculty Advocate:

Supports physicians in disputes over University/academic matters



Courtesy of: Jeannette Goguen, MD, FRCPC

RELATIONSHIPS WITH INDUSTRY



| Pros | Cons |
|--|---------------------------|
| Scientific advances | Conflict of interest |
| Physician education | Conflict of commitment |
| Patient advocacy | Undermines societal trust |
| Access to unaffordable medications (samples) | Inappropriate prescribing |
| | Behaviour role modelling |



Types of interactions

- CME talks (Speakers Bureau)
- Advisory board membership
- Medical-legal assessment
- Expert witness
- Patents
- Spin-off companies (e.g. new devices)
- Research
- Provision of clinical services (people, equipment)
- Others...

2017: 17% of full-time faculty (range 0-40% across divisions) disclosed ≥ 1 financial relationship with industry partners (pharmaceutical, device, information technology and other companies) – mainly consultancy, honoraria, research grants



Canadian Medical Association

- As physicians & leaders, we are always expected to *“...maintain professional autonomy, independence and commitment to the scientific method”*
- Conflict of interest *“...exists when the MD’s primary responsibility to the patient is influenced by secondary competing considerations such as personal gain”. ...*



Why should you care?

- Self-regulated profession, accountable to patients, funders, society
- Gifts (no matter how small) influence our behaviours
- Research has convincingly demonstrated that:
 - We are easily persuaded by people that we like (**liking**)
 - If we commit, orally or in writing, to an idea or goal, we are more likely to honour that commitment (**commitment; consistency**)
 - We will do things we see others doing (**social proof**)
 - We tend to obey authority figures (**authority**) and,
 - When perceived, scarcity generates demand (**scarcity**)

Industry draws on this evidence to market their products Pharma funds CME through their marketing budgets!



It works!

- Research funding – publication & outcome-reporting biases (implicit & explicit)
 - Suppression of negative or unwanted findings
 - Inclusion of biased papers in systemic reviews
 - Development of guidelines
- Samples
 - A goal of drug/device detailing is to develop a market for the product
 - Marketing budgets correlate with new drug uptake mainly due to drug detailing



Drug Detailing

- Impact on physician behaviour
 - ↑ formulary requests for medications
 - non-rational prescribing behaviour
 - increasing prescription rate
 - prescribing fewer generics
 - prescribing more expensive, newer meds at no demonstrated advantage



What should you ask about the product if you are meeting a rep?

- How does Lastwo compare with Furosemide that I usually prescribe?
- What are the medication's adverse effects?
- What is the cost per month?
- Does a well-controlled study compare it to standard therapy?





Relationships with Industry

- Acceptable (*standardized disclosure slide*):
 - Unrestricted educational grants (clear accountability for spending; no strings attached re use)
 - Scientific collaborations
 - Meetings with reps by appointment in your admin office/space (value?)
- Unacceptable:
 - Gifts (e.g. dinner, travel, fellowships)
 - Speaking engagements organized by/funded by industry where you do *not* have control of topic, slides, audience
 - Industry reps in clinical space (ONLY if demonstrating equipment use)
 - Providing trainee emails to industry reps
 - Industry reps interacting with residents / trainees *without faculty present* (even then ...)
 - Marketing related work for/with industry, including CME and potentially advisory boards

Reputational risk – is it worth it? (patients, medical community)



Questions?



Acknowledgement of UofT Affiliation



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- Provide hospital & University of Toronto affiliation on all manuscripts / posters & at beginning of all presentations
 - <http://www.deptmedicine.utoronto.ca/communication-resources>



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Institute of Health Policy, Management & Evaluation
UNIVERSITY OF TORONTO

WCHI
WOMEN'S COLLEGE HOSPITAL
Health care for women | REVOLUTIONIZED

Be an Ally

Hmmm...I'm not comfortable with what just happened...can we discuss this offline?

4. Ally is a verb.

Not a badge of honor. It works in the present.



Inaction sends a message





Integration vs. Balance

- Work-life balance may not be possible or even desirable
 - Implies that ‘work’ and life are distinct with time allotted to each, but the academic medicine workday is ill-defined & work generally does not end when you leave the clinic or hospital
- Work-life integration means you incorporate the things that are important to you while not losing sight of personal fulfillment
 - Takes flexibility, organization & planning





Achieving Work-Life Integration

- Plan the week – schedule time for you, your friends, family, e.g. take time to attend a sporting event for your child and then head back into work mode later in the day
- Take some time to get unplugged (from technology), e.g. go device-less, silence it... dinnertime?
- Take advantage of activities at or near work, e.g. University fitness centres, take a walk during the day
- Take vacation (stay-cation)
- Do what you love and what is meaningful to you... that may include your work!



Faculty Perks

- Hart House
- Athletic Club
- Faculty Club
- UofT courses
- Scholarship program for dependants



Be a good citizen



Attend Rounds
DoM Annual Day
Professors' Days



Financial Planning

- Get advice from an expert
- Get disability insurance
- Pay taxes
- Start saving for retirement



Who to contact for what

- To get me: dom.chair@utoronto.ca
- Research: joanna.king@utoronto.ca
- Appointments/CPSO/Junior promotion: dom.academicappts@utoronto.ca
- Senior promotion: dom.srpromotion@utoronto.ca
- CFAR: dom.cfar@utoronto.ca
- DoM Administration: clare.mitchell@utoronto.ca
- Fund-raising: chris.Adamson@utoronto.ca
- Communications: dom.communications@utoronto.ca



Where to find us

- 190 Elizabeth St. R. Fraser Elliot Building Suite 3-805 Toronto, ON M5G 2C4 (Toronto General Hospital)
- www.deptmedicine.utoronto.ca



@uoft_dom

@uoftdomchair



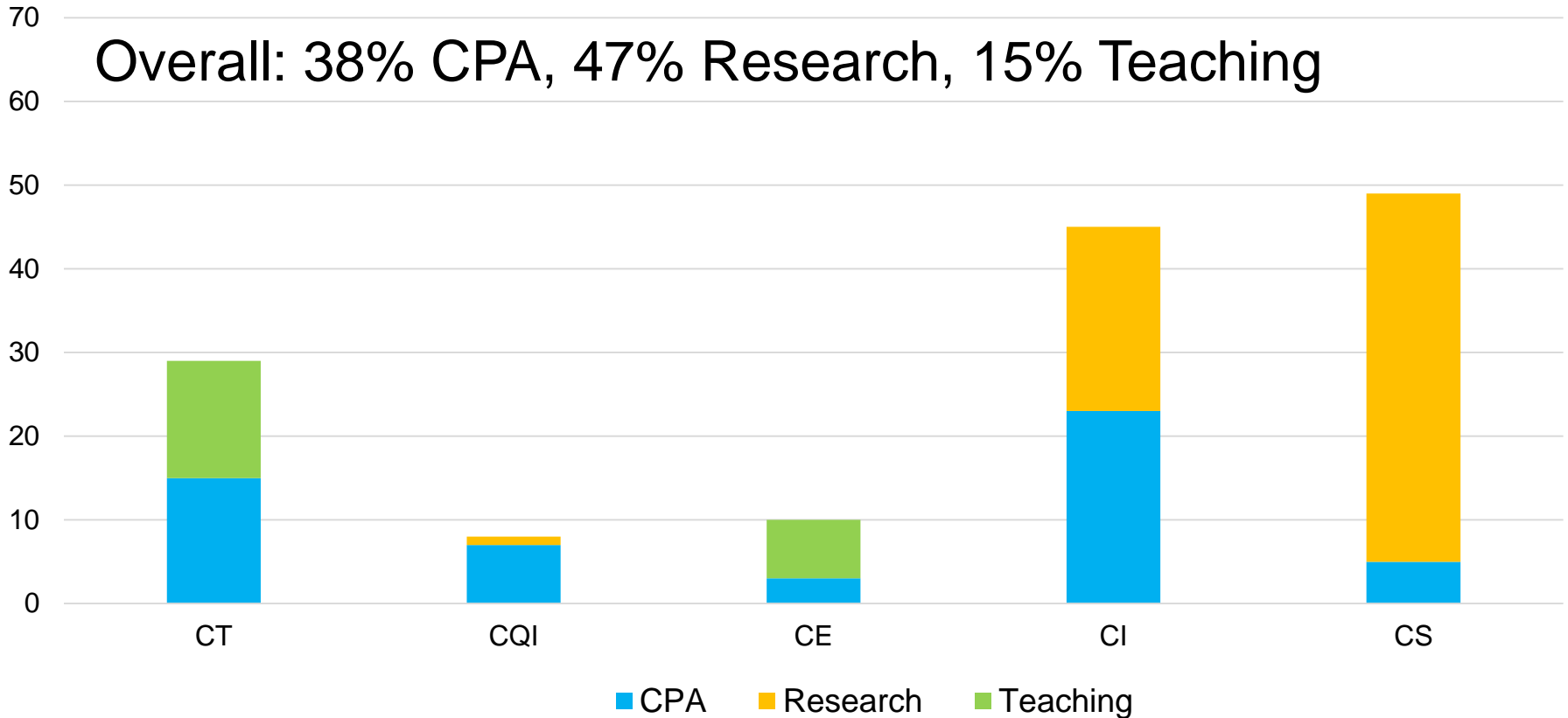
Break – Move to APD Tables

Discussion by Position Description 10:00-10:45 am



Promotion Criteria

Number of Faculty (n=141)



WHAT'S YOUR
STORY



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Crafting your CPA Story

DoM New Faculty Orientation | September 20, 2018

Brian M. Wong, MD FRCPC

Director, Continuing Education and Quality Improvement
General Internal Medicine, Sunnybrook HSC
Department of Medicine, University of Toronto

Edward Etchells, MD FRCPC MSc

Senior Mentor, CQUIPS
General Internal Medicine, Sunnybrook HSC
Department of Medicine, University of Toronto



Learning Objectives

- By the end of this workshop, participants will be able to:
 - Define creative professional activity (CPA)
 - Articulate their CPA focus
 - Describe the (anticipated) impact of their CPA activities



Creative Professional Activity (CPA)

- Working group on CPA established by U of T Provost in 1983
- “...essential to recruit and reward faculty members with strengths and expertise in professional or clinical practice...but who lack the usual...publications in refereed journals.” – Hollenberg Report



Charles H. Hollenberg
Chair, Department of
Medicine, University of
Toronto (1970-1981)



CPA – Major Categories

- **Professional Innovation and Creative Excellence**
 - i.e., invention, new techniques, conceptual innovations, educational programs
 - **Contributions to the Development of Professional Practice**
 - i.e., leadership in the profession that has influenced standards or enhanced effectiveness of the discipline
 - **Exemplary Professional Practice**
 - i.e., represents an exemplar or role-model for the profession, such that students and peers should be exposed to them and encouraged to emulate them
-



CPA – Major Categories

- Professional Innovation and Creative Excellence

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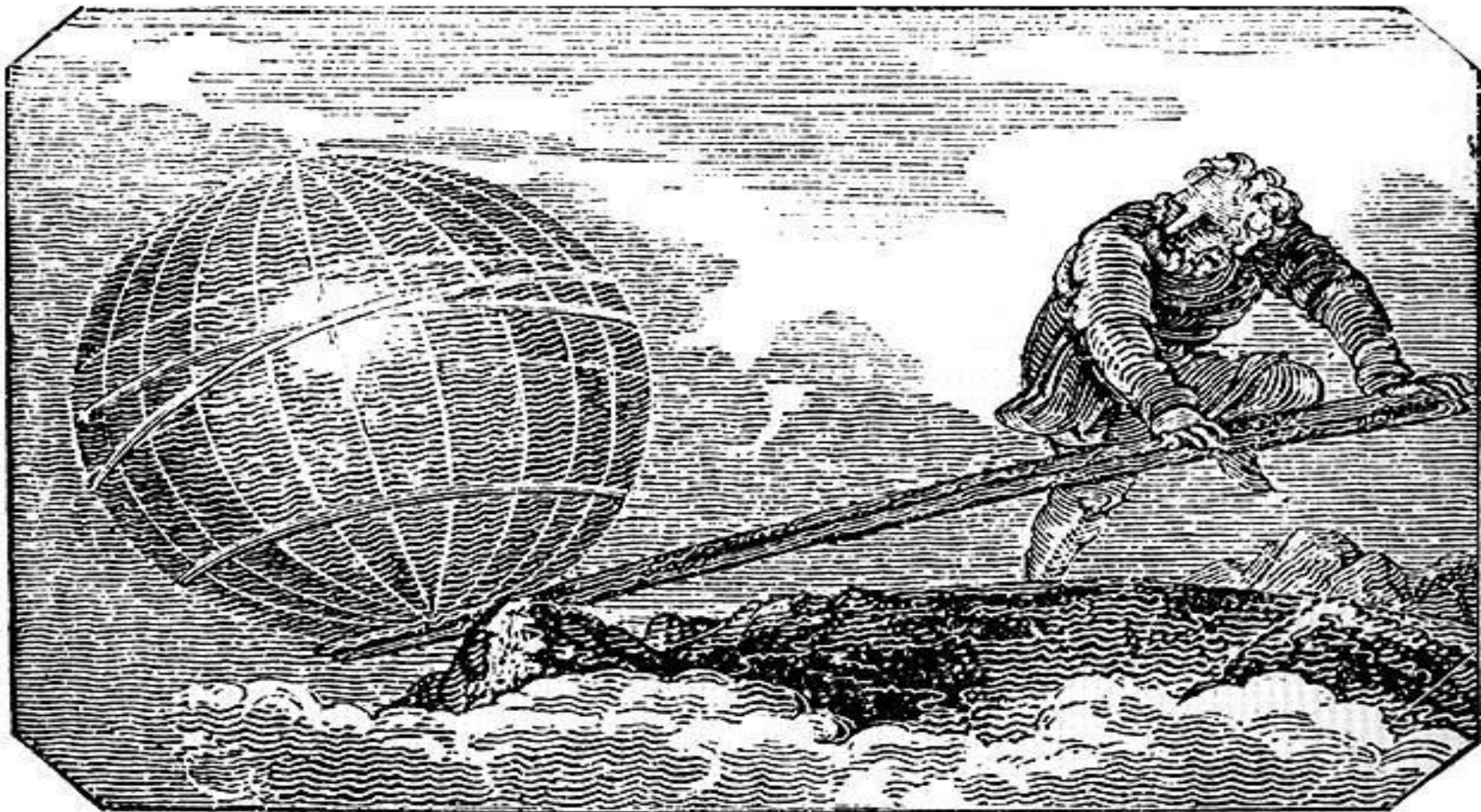
You do **NOT** need to describe CPA under these 3 headings – the University provides these headings as examples of the types of activities that CPA would encompass

effectiveness of the discipline

- Exemplary Professional Practice

- i.e., represents an exemplar or role-model for the profession, such that students and peers should be exposed to them and encouraged to emulate them





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CPA – What is your focus?

- Critical to be able to clearly articulate the main focus of your CPA
- In general, less is more (i.e., try to have 1-2 main themes)
- Make sure that people who are not in your field can understand the importance of your CPA focus



CPA focus – Example from education

“My goal is to optimize health care delivery in diabetes care by helping patients, providers and health care teams apply clinical practice guidelines into practice, using educational and technologic innovations. In order to achieve this, I am targeting several levels of intervention: patients, health care providers (at various stages of training: undergraduate, postgraduate and practising), health care teams, and systems.”

Adapted from Catherine Yu’s CPA dossier



Focus

- Implementing diabetes guidelines.



CPA focus – Example from QI

“My goal is to promote appropriate use of resources through leadership, research and education.”

Adapted from Christine Soong’s CPA dossier



Focus

- Reducing unnecessary blood tests and benzodiazepine prescribing



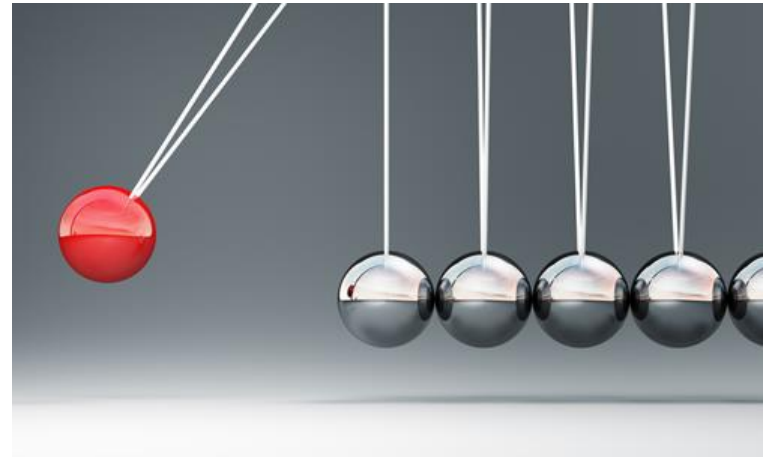
Breakout Activity #1

- Spend the next 3-5 minutes and write down your CPA focus – you should be able to articulate this in 1-2 sentences
- Share with a partner to get feedback
 - Is the CPA statement clear?
 - Does the statement clearly relate the importance/relevance of the CPA focus?



CPA – What is your impact?

- Impact means that your work has improved care or education in some tangible way
- Often requires demonstration of leadership
- Work recognized as exemplary by peers or emulated by others
- Impact of CPA should have a thematic connection (i.e., focus!!)



CPA Impact – Education Example (Catherine Yu)

| Area of professional innovation and creative excellence | Impact | Evidence |
|---|--|---|
| a) Led the national dissemination and implementation of the Canadian Diabetes Association 2013 Clinical Practice Guidelines | i) Increased international and national awareness of existence of CDA 2013 CPG | <ol style="list-style-type: none">1) Number of media impressions (list)2) Website usage statistics (e.g. total usage, use by country)3) Number of app purchases4) User testimonials5) National survey results (list)6) Invited international/national presentations (list)7) Non-peer-reviewed publications (list)8) Peer-reviewed publications (list) |



CPA Impact – QI Example (Christine Soong)

| Focus | Impact | Evidence |
|---|---|--|
| <i>My goal is to promote appropriate use of resources through leadership, research and education.</i> | Led Choosing Wisely Canada (CWC) initiatives locally, nationally and internationally to reduce unnecessary use of tests and treatments (e.g., daily blood work, sedative hypnotics) | <ol style="list-style-type: none">1) Co-chaired the creation of the CSIM and CSHM CWC lists2) U of T Division of GIM grant to support QI project to reduce unnecessary blood work (\$20,000)3) QI project on reducing unnecessary sedative hypnotics featured in HQO report on CWC (1 of 4 projects)4) Created a toolkit for the CWC website to support other institutions seeking to reduce BZD use in hospital (downloaded x times)5) Visiting professor and grand rounds presentation at Johns Hopkins University |



Documenting your CPA

(For full list, see page 17, U of T Manual for Academic Promotion)

- Scholarly publications: papers, books, chapters, monographs
- Non peer-reviewed and lay publications
- Invitations as a visiting professor or scholar
- Guidelines and consensus conference proceedings
- Development of health policies
- Evidence of dissemination of QI/educational innovation through adoption or incorporation either within or outside the university
- Evidence of leadership that has influenced standards and /or enhanced the effectiveness of health professional education
- Leadership roles in professional organizations
- Contributions to editorial boards of peer-reviewed journals
- Unsolicited letters
- Awards or recognition for CPA role by the profession or by groups outside of the profession



Breakout Activity #2

- Spend the next 3-5 minutes and reflect on how you have (or will) demonstrated impact through your CPA
 - How do you know that you have had an impact? What evidence do you have?
 - Have you had an impact outside of Toronto? How do you know?
- Share with a partner to get feedback



Learning Objectives

- By the end of this workshop, participants will be able to:
 - Define creative professional activity (CPA)
 - Articulate their CPA focus
 - Describe the (anticipated) impact of their CPA activities



Thank you

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Teaching in the DoM

September 20th, 2018

Dr. Umberin Najeeb



Objectives

- Discuss how to write an effective teaching and education philosophy statement
- Enhance understanding of expectations from the faculty members in the Department of Medicine
- Identify key features of learners supervision



Teaching/Education Philosophy

“A set of values, beliefs, and/or principles which guide one’s teaching, one’s learning, and one’s educational and programmatic decision making.”

Inferred from Lorraine Zinn



Teaching/Education Philosophy

Why?

- Provide insight into relationships between:
 - ✓ teacher and learner
 - ✓ learner and subject matter (content)
 - ✓ content and the world at large
- Clarify how the teacher's/educator's work relates to important problems of individuals and society
- Help the teacher/educator to ask better questions and answer questions better, about teaching and education

J.W. Apps



Teaching/Education Philosophy

Why?

- Develop methods of critical thinking
- Expand vision and enhance personal meaning in the teacher's /educator's life
- Assist in recognition and resolution of conflicts within personal life philosophy and between beliefs and actions
- Provide guidelines for making decisions and policy
- Help separate what is worthwhile from what is trivial

J.W. Apps



Teaching/Education Philosophy

Purpose of Adult Education

Learners

Content/Subject Matter

Learning Process



Teaching/Education Philosophy

Purpose of Adult Education: Why

Learners : Who

Content/Subject Matter: What

Learning Process: How

Beliefs/Values



Teaching/Education Philosophy



Personal Connection:

- Different Backgrounds affect educational philosophies
 - What background did you enter medical school with?
 - Did it affect your approach to your medical training?
- Did your progress through medical education acculturate you?
- Did it make you value or reject certain learning or teaching styles or methods?



Teaching/Education Philosophy



Professional Connection:

- What are your current medical teaching and educational activities?
- Are you happy with your current teaching and educational responsibilities?
- How might they expand further in your career?
- What additional activities exist? (Teaching dossier)
- Do you have a teaching/education mentor?
 - ✓ What are their educational activities?





Teaching/Education Philosophy

Resources:

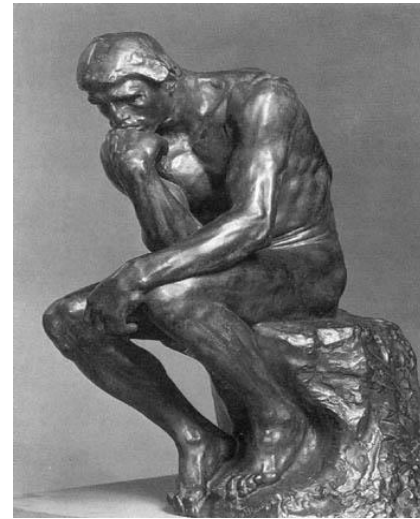
- Dan Pratt UBC
- Teaching Perspectives Inventory:
www.teachingperspectives.com
- Online survey that illuminates your beliefs about teaching
- You will get an email printout of your results



Teaching/Education Philosophy

Reflection:

- Experience
- Evaluation/Feedback
- Philosophies should be
 - ✓ Flexible
 - ✓ Dynamic



Example

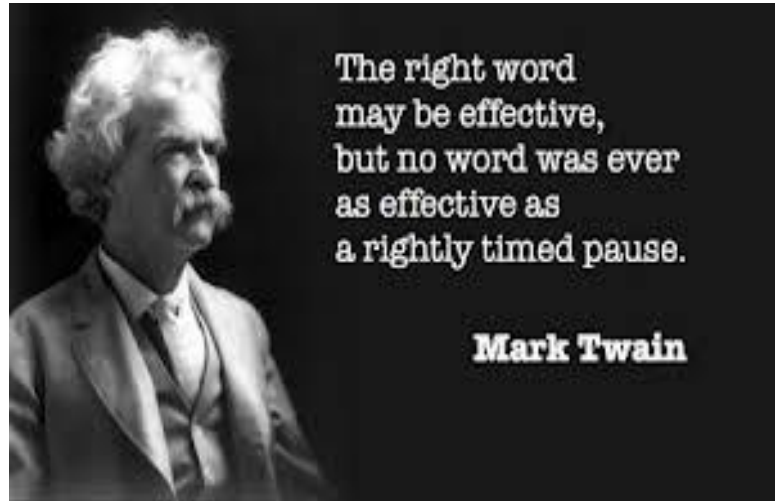
“I always have considered my teaching philosophy to be dynamic and in a state of evolution. It is continually informed by and evolves as a result of personal reflection upon new knowledge and experience in teaching and education. In this respect, it has certainly been developmental and growing; I hope it never remains static in the future.”



Example

“My education and teaching practices are significantly influenced by Kolb’s experiential learning model and social constructivist learning theory. These paradigms accentuate the need for learners to build on authentic experiences that situate their learning in its relevant settings. The concepts of active learning, reflection, and collaboration are also central to my philosophy of education”

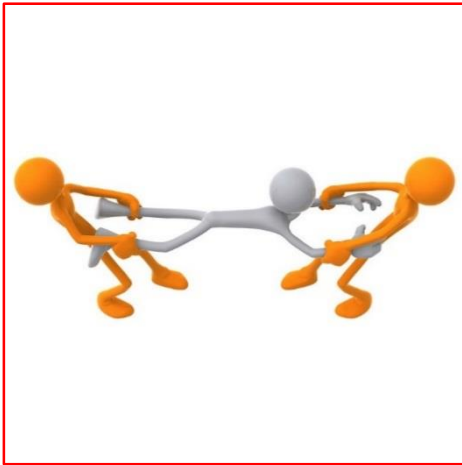




Interacting with Learners



MODERN TIMES...GREATER DEMANDS



- MORE PATIENTS
- GREATER COMPLEXITY
- SHORTER HOSPITAL STAYS
- FEWER RESIDENTS
- SHORTENED DUTY HOURS
- GREATER EXPECTATIONS FOR DIRECT OBSERVATION AND OVERSIGHT



***What are the expectations of
Department of Medicine's Faculty with
respect to learners?***



Categories of Expectations

- Teaching
 - Collegial behaviour
- } Identified through individual complaints
- Supervision
 - Clinical load
- } Identified on the Internal medicine internal review



Expectations

In regard to providing supervision of patient care, the faculty member must:

- Provide the learner with an appropriate level of clinical and procedural supervision to ensure safe patient care
- Arrive for scheduled meetings on time
- Answer calls and pages promptly/ be available
- Assume primary care for patients when the clinical workload exceeds what learners can safely manage



Expectations

In regard to providing supervision of patient care, the faculty member must:

- Adhere to rules and policies related to the time learners spend at work, including:
 - ✓ Duty hour restrictions (frequency of being on-call; duration of time spent on-call)
 - ✓ Appropriate end-of-shift/end-of-day dismissal, in accordance with PARO rules and the program's policies



Role Modelling Professional Behaviour

The faculty member must:

- Demonstrate appropriate and respectful relationships with patients, colleagues, and other health professionals
- Behave with honesty and integrity
- Treat learners with respect
- Treat all learners equally. There must be absolutely no bias or discrimination based on gender, race, ethnicity, sexual preference, or any other group identities



Role Modelling Professional Behaviour

The faculty member must:

- Demonstrate appropriate self-management
- On-service, faculty members must ensure they are readily available to take part in patient-care activities with learners
- Limit the scheduling of other activities such as out-patient clinics, meetings, etc.



Learners Supervision

Supervision is defined as: ‘The provision of guidance and feedback on matters of personal, professional, and educational development in the context of a trainee's experience of providing safe and appropriate patient care.’



Learners Supervision

- Work place observation/assessment: CBD
- Feedback
 - ✓ Timely
 - ✓ Constructive
- Learners with Difficulty
 - ✓ Seek help/Advice
 - ✓ Site director/Clerkship Leads
 - ✓ Wellness Issue
 - ✓ College complaint



Resources: Supervision

- At the level of the CPSO
 - Professional Responsibilities in Undergraduate Medical Education
 - <http://www.cpso.on.ca/Policies-Publications/Policy/Professional-Responsibilities-in-Undergraduate-Med>
 - Professional Responsibilities in Postgraduate Medical Education
 - <http://www.cpso.on.ca/Policies-Publications/Policy/Professional-Responsibilities-in-Postgraduate-Med>
- At the level of the University of Toronto and Department of Medicine
 - Standards of Professional Behaviour for Medical Clinical Faculty
 - <https://medicine.utoronto.ca/sites/default/files/standards2.pdf>



Resources: Supervision

- Dr. Subha Ramani & Sam Leinster (2008) AMEE Guide no. 34: teaching in the clinical environment, Medical Teacher, 30:4, 347-364, DOI: [10.1080/01421590802061613](https://doi.org/10.1080/01421590802061613)
- Sue Kilminster, David Cottrell, Janet Grant & Brian Jolly (2007) AMEE Guide No. 27: Effective educational and clinical supervision, Medical Teacher, 29:1, 2-19, DOI: [10.1080/01421590701210907](https://doi.org/10.1080/01421590701210907)
- PGME: Wellness resources
<https://pg.postmd.utoronto.ca/current-trainees/while-youre-training/access-wellness-resources/>



Resources: online

- Royal College of Physicians and Surgeons of Canada
- Med Ed Portal – AAMC <https://www.mededportal.org/>
- Med Ed World – AMEE
<https://www.mededworld.org/Home.aspx>
- Department of Medicine, U of T, for CBD
<http://cbme.postmd.utoronto.ca/>
- PGME and Centre for Faculty Development, U of Toronto
<https://cfd.utoronto.ca/teaching/programs>



Resources: books

- Curriculum Development for Medical Education: David Kern
- The Reflective Practitioner: Donald A. Schon
- The Adult Learner: Malcolm Knowles
- A practical guide for Medical Teachers: Dent and Harden
- Understanding Medical Education: Tim Swanick
- Teaching in your Office (ACP): Patrick C. Alguire



"Be kind, for everyone you meet is fighting a hard battle"

Plato (427-347 BC)



New Faculty Orientation 2018

SUMMARY



Ingredients for a Successful Academic Career

