New Faculty Orientation

Department of Medicine, Temerty Faculty of Medicine
We recognize that many Indigenous nations have long-standing relationships with the land upon which the DoM works.

We acknowledge our presence on the traditional territory of many Indigenous Nations, including the Mississauga of the Credit, the Anishnaabeg, the Chippewa, the Haudenosaunee, & the Wendat peoples, and that this land remains home to diverse First Nations, Inuit & Metis peoples.

We are grateful to have the opportunity to live, work and gather on these territories.
CONGRATULATIONS!
Thank you!
44 new full-time faculty members

Dr. X. Y
(Rank), Division of (Specialty name)
Department of Medicine, (Hospital)
Temerty Faculty of Medicine, University of Toronto
University of Toronto

- #1 ranked medical school in Canada and among the best in the world
- Top training programs
- Best residents
Leverage the brand...

• Provide hospital & University of Toronto affiliation on all manuscripts and posters & at beginning of all presentations

• Power-point template
  http://www.deptmedicine.utoronto.ca/communication-resources
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>830-915</td>
<td>Welcome to U of T &amp; the DoM – Gillian Hawker</td>
</tr>
<tr>
<td></td>
<td>• How things work</td>
</tr>
<tr>
<td></td>
<td>• Getting registered – UGME/PGME, Web CV, UTORid</td>
</tr>
<tr>
<td>915-930</td>
<td>Achieving Professional Fulfillment (Mentorship) – Catherine Yu</td>
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<tr>
<td>930-940</td>
<td>Networking BREAK</td>
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<td>940-1010</td>
<td>Teaching Essentials – Arno Kumagai</td>
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<tr>
<td></td>
<td>• Responsibilities of Attending Physicians Supervising Learners</td>
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<td></td>
<td>• Giving &amp; Receiving feedback</td>
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<tr>
<td>1010-1030</td>
<td>Telling Your Story – Ed Etchells</td>
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<tr>
<td>1030-1050</td>
<td>Academic Life Cycle - Gillian Hawker</td>
</tr>
<tr>
<td>1050-1100</td>
<td>Move to Groups by Position Description</td>
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<tr>
<td>1100-1140</td>
<td>Group Discussions by Position Description (Invited Faculty &amp; Vice Chairs)</td>
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<tr>
<td></td>
<td>Ed Etchells to serve as VC QI - CQIs</td>
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<td></td>
<td>Mike Farkouh – CI &amp; CS separately</td>
</tr>
<tr>
<td></td>
<td>Arno Kumagai – CT &amp; CE separately</td>
</tr>
<tr>
<td>1140-1150</td>
<td>Achieving Balance &amp; Wellbeing – Simron Singh</td>
</tr>
<tr>
<td>1150-1200</td>
<td>Closing - Hawker</td>
</tr>
</tbody>
</table>
The department of medicine... in a nutshell
> 900 full time faculty (41%♀)

~27% Temerty FoM
You’ll find us at the **C. David Naylor Building** (Naylor Building) on the University of Toronto campus @ 6 Queen's Park Crescent West (<em>NW corner of Queen's Park and College Street</em>)
<table>
<thead>
<tr>
<th>Responsibilities of a Physician</th>
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<tbody>
<tr>
<td>Well-being of the patient first</td>
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<tr>
<td>Treats the patient with dignity / respect</td>
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<tr>
<td>Provide appropriate care even when cure no longer possible (physical comfort, spiritual &amp; psychosocial support)</td>
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<tr>
<td>Consider the well-being of society in matters affecting health</td>
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<tr>
<td>Practise competently, with integrity &amp; without impairment</td>
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<tr>
<td>Engage in lifelong learning</td>
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<tr>
<td>Resist any influence that could undermine your professional integrity</td>
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<tr>
<td>Contribute to the development of the medical profession through clinical practice, research, teaching, administration or advocating on behalf of the profession or the public</td>
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<tr>
<td>Refuse to participate in / support practices that violate human rights</td>
</tr>
<tr>
<td>Promote and maintain your own health and wellbeing</td>
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</table>
Faculty Expectations and Code of Conduct

Standards of Professional Behaviour for Clinical (MD) Faculty (April 2020)

CPSO’s Professional Responsibilities in Medical Education (June 2021)

Will be sent to you today for review & agreement
Expectations of Professional Behaviour

Breaches of professionalism may include:

- Creation of a hostile work environment;
- Harassment, intimidation, discrimination;
- Failure to disclose and manage conflicts of interest;
- Inappropriate conduct with industry;
- Violations of boundaries;
- Failure to fulfill professional duties, incl. supervision;
- Research misconduct.

Assessed by DoM at CFAR, Awards & Senior Promotion
DoM Strategic Priorities 2020-24

- Create a clinical and academic environment that promotes mutual respect, compassion, integrity and inclusion, and thus fosters the wellbeing of our faculty and learners.

- Innovate in models of learning and care to promote a sustainable, person-centred health care system that meets current and future population needs.

- Promote, sustain and amplify our international status as scholars in basic and clinical research, education, quality improvement and healthcare provision, ensuring that discoveries and new knowledge get to the patients and providers who need them.

- Get Political: Engage in transformational change as leaders, partners and effective followers alongside decision-makers.

Medicine
UNIVERSITY OF TORONTO
Inclusive Excellence

“Diversity and Inclusion Excellence are means to emerge as an Equity-Minded AHC... once an AHC has achieved the 3rd dimension, they will have achieved Excellence.”

Diversity
- Innovation
- Creativity
- Complex Problem Solving
- Prediction Forecast

Inclusion Excellence
- Enhanced Engagement
- Increased Productivity
- Improved Job Satisfaction
- Enhanced Morale
- Talent Optimization (Talent Magnet)
- Increased Trustworthiness
- Community Responsiveness

Equity

...every person is provided the opportunity to attain their full potential...

www.aamc.org
Self-Identity

2019 Faculty Survey, n=419, 54% response rate

- 85% heterosexual
- 64% care for dependents
- 30% equity-deserving groups
- 12% living with a disability
- 21% lower/lower-middle income till age 16

Self Identification Survey-2021
Departmental Executive Committee

NUMBER OF LEADERS BY URM/ORM STATUS

- Male ORM
- Female ORM
- Male URM
- Female URM

<table>
<thead>
<tr>
<th>Year</th>
<th>Male ORM</th>
<th>Female ORM</th>
<th>Male URM</th>
<th>Female URM</th>
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<tr>
<td>2014</td>
<td>18</td>
<td>7</td>
<td>0</td>
<td>4</td>
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<tr>
<td>2019</td>
<td>13</td>
<td>7</td>
<td>4</td>
<td>5</td>
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<tr>
<td>2022</td>
<td>10</td>
<td>10</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>
How things work
New Faculty Orientation
Vice Chairs

Culture & Inclusion
A. Kumagai

Research
M. Farkouh

Education
Sarah.jung@utoronto.ca

Quality & Innovation
K. Shojania

Kristian Galberg
dom.research@utoronto.ca

Christian.base@utoronto.ca
You have two appointments*

- **University faculty appointment**
  - Position Description & Academic Rank
  - Continuing Faculty Appointment Review
  - Senior Promotion
  - Graduate Appointments
  - Learners – MD, Residents & Fellows

- **Affiliated hospital appointment**
  - Hospital Divisions / Programs
  - Practice Plan membership
  - Clinical activities & associated resources
  - Practice management
  - Office space
  - Research institute appointment & resources

* You may acquire additional appointments to other clinical departments, School of Graduate Studies
Graduate Appointments

Required for teaching/supervision in the School of Graduate Studies (SGS)

- Wilson Centre for Research in Education
- Institute for Medical Sciences (IMS) in Faculty of Medicine
  - Basic & Translational Sciences
- Institute for Health Policy, Management & Evaluation (IHPME) @ Dalla Lana School of Public Health
  - Clinical Epidemiology & Health Care Research
  - Quality Improvement & Patient Safety

https://www.deptmedicine.utoronto.ca/graduate-appointments
Academic Position Description (APD)

- Department specific & required for all full-time faculty
- Outline % time & type of scholarship, teaching (formal and informal), clinical activities & administrative service

www.deptmedicine.utoronto.ca/academic-position-descriptions

- Clinician Administrator
- Clinician Scientist
- Clinician Educator
- Clinician Investigator
- Clinician in Quality & Innovation
- Clinician Teacher
The First Years (the probationary period)

• Irrespective of academic rank at appointment, new faculty appointments are *probationary* for **three to five years**
• Continued appointment beyond this time is contingent upon a successful *Continuing Faculty Appointment Review (CFAR)*
Your Academic Plan

- Academic Position Description
- Formal mentor
- Key stakeholders’ support (PIC, DDD, VP Res, etc.)
- Roles & responsibilities for next 3-5 years
- Goals for next 3-5 years (what you hope to accomplish by CFAR)

Look again… is it feasible?
You are Members of a Practice Plan (PP)

- PPs support clinical faculty economically to achieve their academic goals without the constraints of competitive and financially-unrestricted clinical practice.
- A *conforming* practice plan must have:
  - Economic mechanisms to support & reward academic activities
  - A *well understood*, transparent, and equitable mechanism for allocating resources to PP members.
Key Contacts

Kerri Bailey kerri.bailey@utoronto.ca
Business & Admin Director, DOM $$$

Kim Wilson & Rehnuma Rahman
Appointments, Junior Promotion & CFAR
dom.academicappts@utoronto.ca
dom.cfar@utoronto.ca
Rose Langford
• Chair’s Admin dom.chair@utoronto.ca

???
• Senior Promotion dom.srpromotion@utoronto.ca
• Culture & Inclusion dom.cultureandinclusion@utoronto.ca

Taryn Welch
• Communications (website, newsletters, media)
dom.communications@utoronto.ca
Look here first...

https://deptmedicine.utoronto.ca
Online Resources

• Online resources for virtual meetings/teaching (ZOOM & MS Teams) -
  https://act.utoronto.ca/enterprise-video-conferencing-video-meeting-resources/

• UofT Library (access via UTORid)

• Web CV (access via username & password)
If you forget / can’t find, contact
dom.academicappointments@utoronto.ca
WebCV

How to Use WebCV

This page contains the core information on using WebCV.

Reports
How To Generate Reports and Extract Data
The CV View
All Activities View
FAQs
User Guides

If you aren’t registered contact us at dom.academicappointments@utoronto.ca
# Web CV Onboarding

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>CV Received Date</th>
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</thead>
<tbody>
<tr>
<td>Abi</td>
<td>Vijenthira</td>
<td>25-Jul-22</td>
</tr>
<tr>
<td>Jonathan</td>
<td>Mong</td>
<td>13-Jul-22</td>
</tr>
<tr>
<td>Stephanie</td>
<td>Lee</td>
<td>04-Jul-22</td>
</tr>
<tr>
<td>Lisa</td>
<td>Alexander</td>
<td>14-Jun-22</td>
</tr>
<tr>
<td>Danielle</td>
<td>Massarella</td>
<td>08-Jun-22</td>
</tr>
<tr>
<td>Evelyn Ning Man</td>
<td>Cheung</td>
<td>07-Jun-22</td>
</tr>
<tr>
<td>Natasha</td>
<td>Aleksova</td>
<td>27-May-22</td>
</tr>
<tr>
<td>Lisa</td>
<td>Dubrofsky</td>
<td>27-May-22</td>
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<tr>
<td>Jennifer</td>
<td>Rabin</td>
<td>20-May-22</td>
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<tr>
<td>Gita</td>
<td>Bhat</td>
<td>19-Apr-22</td>
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<td>Jenna</td>
<td>Spring</td>
<td>06-Apr-22</td>
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<td>Gillian</td>
<td>Spiegle</td>
<td>22-Feb-22</td>
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<td>Elmar</td>
<td>Jaeckel</td>
<td>14-Feb-22</td>
</tr>
<tr>
<td>Calvin</td>
<td>Ke</td>
<td>11-Feb-22</td>
</tr>
<tr>
<td>Igor</td>
<td>Novitzky-Basso</td>
<td>08-Feb-22</td>
</tr>
</tbody>
</table>
My Research (MR)

• My Research system = online access to research-related administrative activities at UofT

- My Research Applications & Agreements (MRA)
- My Research Animal Protocol (MRAP)
- My Research Human Protocol (MRHP)
- My Research OnLine (MROL)

https://research.utoronto.ca/my-research-system-help-support/project-raise/my-research-applications-agreements-mra-renewal

9/20/2021
@Email Accounts

• Your hospital email is secure (ok to use for patient care)
• Your UofT email is *not secure* *(name@utoronto.ca)*
• In order to ensure you receive important & time-sensitive notices to faculty members’ @utoronto.ca addresses, *please forward your @utoronto email to your hospital email account*
Your finances are your responsibility

• You are NOT an employee of the hospital or the university
• Get advice from an expert re. your finances
• Benefits – check with your PP
• Get disability insurance (OMA)
• Pay taxes (CRA)
• Start saving for retirement now
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

• [https://www.deptmedicine.utoronto.ca/professionalismcode-conduct](https://www.deptmedicine.utoronto.ca/professionalismcode-conduct)
Faculty Perks

• Scholarship program for dependants
  https://future.utoronto.ca/dependants-scholarship-program/
The Culture & Inclusion Team

Simron Singh, Wellness
Catherine Yu, Mentorship
Umberin Najeeb, EDI

Alanna Weisman, Early Faculty Lead
Bourne Auguste, Early Faculty Lead
Eric Cohen, Late Career Transition

Mireille Norris, Diversity Pathways
Arno Kumagai, Humanism in Medicine
Tina Trinkas, Valuing the Clinician Teacher
Early Faculty Leads

DoM Executive Committee

Bourne Auguste
CQI Nephrology SBK

Alanna Weisman
CS Endocrinology Sinai

Early Faculty Town Hall

October 7th, 2022
Culture & Inclusion @ DoM

Excellence through *Equity*
U. Najeeb

Achieving Professional Fulfillment (*Mentorship*)
C. Yu

Achieving Balance & *Wellbeing*
S. Singh
Why does EDI matter?
Proportion of Respondents that Strongly Agreed With the Statement by Gender Identity and Race (2019 DoM Faculty Survey)

- **URM Women**: 56.9%
- **ORM women**: 63.1%
- **URM men**: 58.5%
- **ORM men**: 66.2%

- **Colleagues treat me with respect**
  - URM Women: 56.9%
  - ORM women: 63.1%
  - URM men: 58.5%
  - ORM men: 66.2%

- **I feel excluded from informal social networks**
  - URM Women: 18.4%
  - ORM women: 3.9%
  - URM men: 15.7%
  - ORM men: 2.6%

**URM** = under-represented in medicine
**ORM** = traditionally over-represented in medicine

---

Dr. Reena Pattani, Director of Learner Experience, Temerty Faculty of Medicine
Going Beyond “EDI”

Social Justice
- Intersectionality
- Equity
- Diversity
- Inclusion
- Human Rights
- Indigenous Rights

Colonization
- Power & Privilege
- Accessibility

Oppression
- Neo-liberalism
- Racism, sexism, ableism, homophobia, transphobia, anti-indigeneity & more

Environmental Justice

Neo-liberalism
Equality

Equity

JUSTICE

Unconscious Bias

• An implicit attitude, stereotype, motivation or assumption that can occur without one’s knowledge, control or intention.
• Affects everyone, irrespective of gender, race, religion
  • Examples: gender bias, racial bias, ageism
• Impacts:
  • Recruitment & promotion
  • Physician wellbeing & career satisfaction
  • Faculty engagement
  • Learner experiences
TYPES OF UNCONSCIOUS BIAS

Affinity Bias
Feeling a connection to those similar to us

Perception Bias
Stereotypes and assumptions about different groups

Halo Effect
Projecting positive qualities onto people without actually knowing them

Confirmation Bias
Looking to confirm our own opinions and pre-existing ideas.
What resources are available?

Education Resources and Glossary of terms to enhance knowledge of:

- health equity
- forms of discrimination /oppression

https://deptmedicine.utoronto.ca/educational-resources-anti-racism
https://deptmedicine.utoronto.ca/glossary-terms-equity-diversity-inclusion
How can I contribute?

• Enhance awareness of your biases by completing:
  • Harvard implicit association test
  • e-learning seminar, ‘What you don’t know: the science of unconscious bias and what to do about it in the search and recruitment process’

• Participate:
  • Equity Working Group (coming up)
  • Affinity Groups: WAM: Women in Academic Summit planning group, BIMS, LGBTQ2S Think Tank

• Reach out if you have concerns/questions or innovative ideas/resources in the realm of EDI
Diversity and Inclusion @ DoM

Excellence through *Equity*
U. Najeeb

Achieving Professional Fulfillment (*Mentorship*)
C. Yu

Achieving Balance & *Wellbeing*
S. Singh
Top 5 things you need to know about... Mentorship

- Why does *mentorship* matter?
- How can I make the most of *mentorship*?
- What resources are available to me?
- “What if’s” ... [challenges]
- What are my next steps?
1) Why does mentorship matter?

Progressing on your academic journey... takes a village
1) Why does mentorship matter?

- career satisfaction
- protected time for scholarly activities
- grants & publications
- promoted more quickly
- likely to stay at academic institutions

Acad Med 2004;79:865-72
J Gen Int Med 2007;22:210-4
JAMA 2006;296:1103-15
BMC Med Educ 2011;11:13
2) How do I make the most of mentorship?

PREPARE

What am I doing with my career?

Academic planning document
Getting to know you

MEET

What to cover

Meeting checklist

REFLECT

How did this go?

Feedback:
Mentee→Mentee
Mentor→Mentor
Mentor→Mentee

SUBMIT

Make it count twice!

MAINPort credits

SCHEDULE YOUR NEXT MEETING
3) What resources are available to me?

- **People**
  - Me
  - Site / Divisional Director
  - +

- **“Papers”**
  - Meeting guide
  - Menteeship tips

- **Presentations**
  - “How-to” Troubleshooting
### MENTORSHIP MEETING GUIDE
(to be completed by Mentee with Mentor)

<table>
<thead>
<tr>
<th>Mentee</th>
<th>Mentor</th>
<th>September 17, 2021</th>
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<tr>
<td>Job description</td>
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#### Check in

<table>
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<tr>
<th>Priority Issues?</th>
<th>Other</th>
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<tr>
<td>Coping with COVID</td>
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#### Review Academic Planning Document

<table>
<thead>
<tr>
<th>Clinical (-%)</th>
<th>Teaching (-%)</th>
<th>CPA/Research (-%)</th>
<th>Admin (-%)</th>
<th>Work-Life</th>
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#### Current Activities

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**Advise & Support** – Are activities in line with goals? Are goals well-supported?
4) What if...

• ... I can’t get in touch with my mentor?
• ... I don’t “jive” with my mentor?
• ... I don’t think I’m getting the support I need?
How to find a mentor

1. CONNECT
2. REFLECT
3. MEET
4. FEEDBACK

Contact us
What are you looking for
How did this go?
Make it count twice!

Divisional director
Physician-in-Chief
Mentorship Lead
Getting to know you
Feedback:
Mentee → Mentee
MainPort credits

MEET THE NEXT CHOICE
or
SCHEDULE YOUR NEXT MEETING
5) What are my next steps?
5) What are my next steps?

• Tell us what you need!
  – “Mentorship needs in academic medicine”
    • 30-minute interview (telephone)

  __dom.cultureandinclusion@utoronto.ca

  – Resources?
  – Workshops?
New Faculty Orientation

NETWORKING BREAK (10 MINS)
Teaching Essentials

New Faculty Orientation  Arno K. Kumagai, M.D.
Vice Chair for Education
Teaching at Different Levels

- Pre-clerkship
- Clerkship
- Post-graduate residents
- Post-graduate clinical fellows
- Continuous Faculty Development (CPD)
- Other health care professionals
The Teaching & Learning Climate

We are working to create a community in which all of us—learners, faculty, staff, and patients—can flourish.
CPSO Professional Responsibilities in Medical Education

- Supervision of MD Students & Postgraduate Trainees
- Availability of MRP &/or supervisor
- Involvement in in-patient care
- Professional behaviour
- Violence, harassment & discrimination
- Professional relationships/boundaries
- Reporting responsibilities

Coming SOON:
Optimizing Teaching Effectiveness and the Learner Experience
Department of Medicine, University of Toronto
September 2022

https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Professional-Responsibilities-in-Medical-Education
Expectations – Teaching
(Informal = in context of clinical care; formal = outside of clinical care)

Introduce and Orient
Stating the obvious: learn and use names
Orient to service and expectations
Provide ways to contact MRP, e.g., after hours and on weekends

Be present and available
Provide appropriate level of clinical & procedural supervision to ensure safety in learning and in patient care

Limit other activities (procedures, meetings, etc.) when in-patient attending (consults & ward)

Answer calls / pages promptly
Expectations – Teaching
(Informal = in context of clinical care; formal = outside of clinical care)

Help out when needed
Assume primary care for patients when clinical workload exceeds what learners can safely manage.

Provide constructive, timely feedback

Address learners in difficulty:
Please do so with compassion and understanding. **If you don’t know what to do, seek help.**

Follow PARO rules & policies
e.g., duty hour restrictions, end-of-shift/end-of-day dismissal
Supporting Teachers & Teaching

Master Teacher Program

Masters in Medical Education

Stepping Stones & Education Scholars Program (ESP)

OISE
Dalla Lana SPH
Wilson Centre, UHN
Maastricht, UIC, Dundee, etc.
Evaluations as “Social Capital:"
What’s at stake?

For DoM Leaners
- ITARs
- EPAs
- Specialty CaRMS match
- Fellowships
- Faculty appointment

For DoM Faculty
- Annual Reviews
- CFAR Awards
- Merit $$
- Senior Promotion
Teaching Evaluations

*Teachers* evaluating *Learners*

Through **MEDSIS** for UGME (e.g., clerkships and electives)

Through **POWER** for PGME

  ITERS and ITARS (evaluations of stage-, context-specific performance or performance in CanMEDS roles separate from EPAs)

**Elentra** currently used to for Entrustable Professional Activities (EPAs) in Competence By Design
Teacher Evaluations

Learners evaluating Faculty

**Current form: LACT (Learner Assessment of Clinical Teaching)**

- POWER (postgraduate learners, including fellows)—available quarterly
- MEDSIS (undergraduate learners)—quarterly/biannually
- Must have a **minimum of 3 evaluations** to appear; otherwise, evaluations are aggregated over time.
- To supplement above, you can use MyTE – but please note, evaluations you individually generate & collected will not be considered at CFAR/promotion due to concerns re respondent bias

**Seek feedback on your teaching**

- Review your evaluations (scores, comments)
- Appeal mechanism if you feel the evaluation is retaliatory or otherwise unfair
- Seek help if consistent pattern of feedback indicating need for improvement
Evaluations

Take the time to evaluate your learners and give them time to evaluate you.
Some Challenges with Evaluations...

Not Enough!!!
Some Challenges with Evaluations...

Poor quality...
What if I get a horrible evaluation?

Take a moment to reflect:

*Does this make sense?*
*Is it specific enough to act on?*
*Is it accurate or fair?
Appeals

Possible reasons for appeals:

Filed on the wrong faculty member;
Criticism of rotation rather than faculty member;
Inverted scores: All 1s and 2s out of 5 but with all laudatory comments;
Possible retaliation by learner in response to constructive but critical feedback

To appeal: write to Vice Chair Education (Arno Kumagai)—online form in development.

Process: DoM Appeals Committee—meets quarterly.
Other Department of Medicine Activities for Faculty
Faculty Lead, Valuing the Clinician Teacher

Advocacy and mentorship of clinician teachers
Rethinking evaluation processes
Awards and recognition
Promotions
Enhancing a community of teaching practice

Martina Trinkaus, MD
Faculty Lead, Faculty Development in Ambulatory and Virtual Care

Enhancing and connecting disparate efforts in development of ambulatory care;
Collaboration with groups developing virtual models of ambulatory care;
Wide dissemination of best practices and innovation.

Hemant Shah, MD
Faculty Lead, Black & Indigenous CaRMS Pathway

Specific CaRMS Pathway for Black & Indigenous applicants to the Core IM Residency Program
EDI Guiding Principles for all residency programs.
Enhancing climate of inclusion in DoM

Mireille Norris MD
Other groups...

Equity, Diversity and Inclusion;
Wellness
Competence by Design Implementation;
Alternative methods to assess teaching;
Admissions & Selections
Mentorship
Get Involved!

E. Kyeyune *The Conversation*, 1963
The Learning Climate

We are working to create a community in which all of us—learners, faculty, staff, and patients—can **flourish**.

Arno K. Kumagai, MD

arno.kumagai@utoronto.ca
This is what I do
This is why it’s important
This is what I have done
This is the evidence that it’s had /will have /has potential to have an impact

TELL YOUR STORY
New Faculty Orientation

THE ACADEMIC LIFE CYCLE
Faculty Appointment

Senior promotion

Junior promotion

Annual review (hospital / divisional)

Check in at 1.5 years with DOM

Continuing Faculty Appointment Review

Junior promotion

Senior promotion

Check in at 1.5 years with DOM

Annual review (hospital / divisional)

Continuing Faculty Appointment Review

Faculty Appointment
Timing of CFAR

• Must complete a minimum of 3 full years (36 months) on faculty before review
  – Review conducted in Feb-Mar – appointments up to December 31 will be considered finished three years
  – We notify you Sept of the prior year
  – No fast tracking!

• May be delayed if “clock stopped”, e.g., parental leave, illness, COVID

https://www.deptmedicine.utoronto.ca/process-timeline-and-expectations
What are we looking for?

- Advancing as expected? If not, why not?
- Demonstrated teaching effectiveness?
- Behaviour consistent with codes of conduct?
- Appropriate APD & mentorship?

Career Development: Are we and you doing everything in our collective power to ensure your academic success?
DoM Check-in at 1.5 Years
(DoM Vice-Chair and/or Chair)

• Academic Plan – are you on track?
• Work-life balance – how are you doing?
• 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
## Senior Promotions

<table>
<thead>
<tr>
<th>Position Description</th>
<th>Mean Years to Assoc. Prof.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT</td>
<td>10</td>
</tr>
<tr>
<td>CQI</td>
<td>7 (n=15)</td>
</tr>
<tr>
<td>CE</td>
<td>9</td>
</tr>
<tr>
<td>CI</td>
<td>9</td>
</tr>
<tr>
<td>CS</td>
<td>8</td>
</tr>
</tbody>
</table>

No diff by gender, hospital, specialty  *n<10*
New Faculty Orientation

BREAK & Move to Groups by Position Description (10 MINS)
Group Discussion with Vice Chairs & Invited Faculty

Clinician Teachers & Educators – Arno Kumagai

Clinicians in Quality & Innovation – Ed Etchells

Clinician Investigators & Scientists – Michael Farkouh
Diversity and Inclusion @ DoM

Excellence through *Equity*
U. Najeeb

Achieving Professional Fulfillment *(Mentorship)*
C. Yu

Achieving Balance & *Wellbeing*
S. Singh
Being a physician can be detrimental to your health...
What is wellness?

Stress  Joy In Work

Moral Injury

Burnout  Resiliency

Wellness
But I’m just staring my career....

• You are trying to get a career off the ground
• Finances
  • Toronto isn’t cheap!
• Young families or starting young families
• Major Sources of stress
  • Lack of control
  • Unpredictability
  • Intense sense of responsibility
  • Finances and regulations

WORK LIFE INTEGRATION IS SOMETHING YOU NEED TO WORK ON!!
The Domains of Well Being

EFFICIENCY OF PRACTICE
- Workplace systems, processes, and practices that promote safety, quality, effectiveness, positive patient and colleague interactions, and work-life balance

CULTURE OF WELLNESS
- Shared values, behaviors, and leadership qualities that prioritize personal and professional growth, community, and compassion for self and others

PERSONAL RESILIENCE
- Individual skills, behaviors, and attitudes that contribute to physical, emotional, and professional well-being
What is wellness?

Burnout

Joy

In Work

Moral Injury

Wellness

Resilience

Stress

Workplace stressors
- Workload
- Work hours
- Fatigue
- Emotional interactions
- Cognitive demands
- Restricted autonomy
- Structural and organisational changes to practice

Contextual factors
- Confidentiality issues
- Licensing board responses
- Culture of medicine supporting neglect of self-care and indifference to personal wellness
- Health-care organisations’ failure to provide basic resources for physician wellness

Physician outcomes
- Feelings of stress
- Burnout
- Depression
- Relationship troubles
- Substance abuse
- Risk of suicide

Health-care system outcomes
- Recruitment and retention issues
- Lowered productivity and efficiency
- Suboptimum quality of patient care
- Reduced patient adherence and satisfaction
- Increased risk of medical errors

Physician characteristics
- Indifference to personal wellness
- Neglect of self-care
- Coping by denial and avoidance
- Conspiracy of silence
- Predisposing personality traits

Potential interventions
- Workplace awareness, management, and prevention
- Physician self-care and prevention
- Physician treatment and recovery
- Improved patient care and system outcomes

Figure: A model of physician ill health and the links with health-care system outcomes, and potential interventions to improve physician and system outcomes. Solid lines are empirically supported; broken lines are potential links.
I. Thou shall not expect someone else to reduce your stress.
II. Though shall not resist change.
III. Thou shall not take thyself in vain.
IV. Remember what is holy to thee.
V. Honor thy limits.
VI. Thou shall not work alone.
VII. Thou shall not kill or take it out on others.
VIII. Thou shall not work harder. Thou shall work smarter.
IX. Seek to find joy and mastery in thy work.
X. Thou shall continue to learn.
What can I do?

- Think about your own wellness and how it affects you and your work
  - recognize symptoms of burnout
- Take care of yourself
  - physically and emotionally
- Manage your time
  - guilt of saying no
  - meeting and emails
- Discuss a realistic, manageable workload
- Don’t neglect your support system
  - family, friends, other people
What can I do?

• Take breaks, take your vacations
• Pick your battles
• Talk about how you are feeling
  – peers
  – division heads
  – mentors
  – others
• Give yourself a break
  – We are often our own worst enemies
  – Perfectionism, over-commitment, self-critical
• Try to determine what *fills your bucket* and do it *at least* 20% of the time
We are in this together...

• Talk to each other
  – peer support is important
• Professionalism and civility
• Watch out for social media

• Create a **culture of wellness**
What are we doing at DOM?

- Wellness lead and committee
- Guidance on email communications, meetings
  - Emailing Wisely
- Webinars, rounds, peer support
  - Upcoming Junior faculty forum
  - Sharing your stories
- Trying to make your life easier with CFAR
- Advocating for you at the institutional and system level
- Creating a culture of wellness and EDI

We’ve got your back.....
Where can I go to?

• https://www.deptmedicine.utoronto.ca/covid-19-wellness-resources-faculty-and-trainees

• https://temertymedicine.utoronto.ca/wellness-resources-faculty

• https://www.cmpa-acpm.ca/physician-wellness

• https://php.oma.org/
“It is not our differences that divide us. It is our inability to recognize, accept, and celebrate those differences.”

Audrey Lorde
QUESTIONS?
FEEL FREE TO REACH OUT...

simron.singh@sunnybrook.ca
Alanna and Bourne’s Top Five List

1. Create an e-mail folder & file all e-mails related to CFAR / Promotion / WebCV
   • Manuscripts, Awards, Committees, etc.

2. Have an e-mail organization strategy to avoid being overwhelmed
   • e.g., folder for non-urgent tasks to follow-up on

3. Be selective in what you say ‘Yes’ to
   • You can say ‘No’ immediately but wait 24 hours and reflect before saying ‘Yes’

4. Identify time off for vacation early & stick with it

5. Create boundaries between work & personal life that work for you, e.g., meetings, charting, e-mails
New Faculty Orientation

CLOSING
Our “doors” are open

g.hawker@utoronto.ca

dom.chair@utoronto.ca

dom.academicappointments@utoronto.ca

arno.Kumagai@wchospital.ca

sarah.jung@utoronto.ca

umberin.Najeeb@sunnybrook.ca

catherine.yu@unityhealth.to

simron.singh@sunnybrook.ca

dom.cultureandinclusion@utoronto.ca
I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

Maya Angelou, American author and poet
ENJOY the journey