New Faculty Orientation

Department of Medicine, Temerty Faculty of Medicine
I wish to recognize that many Indigenous nations have long-standing relationships with the land upon which we provide patient care, teach and conduct scholarly work as academic physicians within the University of Toronto's Department of Medicine. This is the traditional territory of many Indigenous Nations, including the Mississauga of the Credit, the Anishnaabeg, the Chippewa, the Haudenosaunee, and the Wendat peoples. Today, this land is home to many diverse First Nations, Inuit and Metis peoples. We are very grateful to have the opportunity to live, work and gather on these territories and will continue our work to address the underlying inequities and blatant discrimination in the distribution of resources between Canada’s first peoples and settlers.
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker/Leader</th>
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<tbody>
<tr>
<td>8:30-9:15</td>
<td>Welcome to U of T &amp; the DoM – Gillian Hawker, Chair DoM</td>
<td>• How things work</td>
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<td></td>
<td></td>
<td>• Getting registered – UGME/PGME, Web CV, UTORid</td>
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<td>• Academic Life Cycle - CFAR</td>
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<tr>
<td>9:15-10:00</td>
<td>Teaching Essentials – Tina Trinkaus, Lead, Valuing the Clinician Teacher</td>
<td>• Responsibilities of Attending Physicians Supervising Learners</td>
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<td></td>
<td></td>
<td>• Giving &amp; Receiving Feedback</td>
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<tr>
<td>10:00-10:15</td>
<td>Break</td>
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<tr>
<td>10:15-10:35</td>
<td>Culture &amp; Inclusion in DoM – Umberin Najeeb, Vice Chair C&amp;I, &amp; Simron Singh, Lead, Wellness</td>
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<tr>
<td>10:35-11:05</td>
<td>Shaping Your Narrative – Ed Etchells, Head of GIM, Women’s College Hospital</td>
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<tr>
<td>11:05-11:15</td>
<td>Move to Groups by Position Description</td>
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<tr>
<td>11:15-12:00</td>
<td>Group Discussions by Position Description - Invited Faculty</td>
<td>CTs – Tina Trinkaus et al.</td>
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<td>CEs – Umberin Najeeb</td>
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<td>CQIs – Brian Wong, Ed Etchells</td>
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<tr>
<td></td>
<td></td>
<td>CIs - Aliya Gulamhusein, Andrew Ha, Jolene Fisher</td>
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<td></td>
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<td>CS – Michelle Sholzberg, Caroline Kramer, Slava Epelman</td>
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<tr>
<td>12:00-12:30</td>
<td>Closing &amp; Lunch</td>
<td></td>
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</tbody>
</table>
CONGRATULATIONS!
59 new full-time faculty members & 22 part-time & 77 adjunct (n=158)
Temerty Medicine

Toronto Academic Health Sciences Network
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
Nature Index Annual Tables 2023: first health-science ranking reveals big US lead

The Netherlands punches above its weight in the country list, and a Canadian institution demonstrates the strength of its clinical collaborations.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Institution</th>
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<tbody>
<tr>
<td>1</td>
<td>Harvard University, United States of America (USA)</td>
</tr>
<tr>
<td>2</td>
<td>National Institutes of Health (NIH), United States of America (USA)</td>
</tr>
<tr>
<td>3</td>
<td>University of Toronto (U of T), Canada</td>
</tr>
<tr>
<td>4</td>
<td>Johns Hopkins University (JHU), United States of America</td>
</tr>
<tr>
<td>5</td>
<td>University of California, San Francisco (UCSF), United States</td>
</tr>
</tbody>
</table>
Dr. Gillian Hawker
Professor, Division of Rheumatology, Dept of Medicine, Women’s College Hospital, Temerty Faculty of Medicine, University of Toronto

Dr. Gillian Hawker
Professor, Department of Medicine
University of Toronto
The department of medicine... in a nutshell
You’ll find us at the **C. David Naylor Building** (Naylor Building) on the University of Toronto campus @ 6 Queen's Park Crescent West ([NW corner of Queen's Park and College Street](#))
Distribution of Faculty Members by Location of Practice – Numbers Overall and Full-time Faculty

42.0% female and 0.09% non-binary
Self-Identity

2022 Faculty Survey:
- 540 (60%) responded
- 44% self-identified as from a group ‘under-represented in medicine’, URM, based on one or more of gender/sexual orientation (10%), race/religion/ethnicity (20%), or other aspects (2%)
PICs / EM Chief

Sharon Straus
Unity/ St. Michael's

Paula Harvey
Women’s College

Kathryn Tinckam
UHN

Michelle Hladunewich
Sunnybrook

Gary Naglie
Baycrest

Chaim Bell
Sinai Health System

Erin O'Connor
Emergency Medicine
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.
How things work
New Faculty Orientation
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
Your Academic Position Description

- Department specific
- Allocation of professional time to each activity

Patient care

Teaching (clinical, formal)

Scholarship

Administrative service

www.deptmedicine.utoronto.ca/academic-position-descriptions
Your Academic Plan

- Aligned with APD
- Formal mentor
- Key stakeholders’ support (PIC, DDD, VP Res, etc.)
- Goals for next 3-5 years (what you hope to accomplish)

Review again... feasible?
Will be used at continuing faculty appointment review.
You are Members of a Practice Plan (PP)

• PPs pool income/revenue & then redistribute it to support non-remunerative academic activities, e.g., classroom teaching & research
• ~85% $$ come from MOH (billings, AFP)
• 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
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)
Faculty of Medicine Resources

https://temertymedicine.utoronto.ca/concern-and-grievance-pathways-clinical-md-faculty

Clinical Faculty Advocate
- Appointed by TAHSN Medical Staff Associations
- Helps individual physicians interact with administrative & academic leaders, hospitals & the University, in difficult situations.
- Can listen, provide information & advice, help with written submissions, & accompany physicians to meetings

https://temertymedicine.utoronto.ca/social-media-guidelines-faculty
Stuff you need to know

• Your UTORid
  • Access to UofT Library
  • My Research (MR)

• How to access & use Web CV
  • username & password

• How to give & receive teaching evaluations

• Which emails to use & why

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

• Rules regarding relationships with industry

• Conduct expectations – professional behaviour, interactions with learners
WebCV

• Software platform used for CV management & reporting, including:
  – Annual Activity Report (AAR)
  – Continuing Faculty Appointment Review (CFAR)
  – Promotion

http://www.deptmedicine.utoronto.ca/webcv

If you aren’t registered contact us at dom.academicappointments@utoronto.ca
My Research (MR)

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

[link](https://research.utoronto.ca/my-research-system-help-support/getting-started-my-research)
@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
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
Full-time Faculty Perks

• Scholarship program for dependants

https://future.utoronto.ca/dependants-scholarship-program/
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**
Faculty Expectations and Code of Conduct

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

Kim Wilson & Simran Bhamra
Appointments, Junior Promotion & CFAR

dom.academicappts@utoronto.ca
dom.cfar@utoronto.ca
Look here first...

https://deptmedicine.utoronto.ca
New Faculty Orientation

THE ACADEMIC LIFE CYCLE & CONTINUING FACULTY APPOINTMENT REVIEW (CFAR)
Our job is to enable you to thrive.
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)*
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

Since 2018: 199 reviews of 190 faculty - success rate 99%
DoM Check-in at 1.5 Years
(DoM Vice-Chair and/or Chair)

• Academic Plan – are you on track?
• Wellbeing – 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
HERE’S WHAT WE’RE LOOKING FOR?
What are we looking for?

Advancing as expected? If not, why not?
Demonstrated teaching effectiveness?
Behaviour consistent with codes of conduct?

Career Development:
Are we and you doing everything in our collective power to ensure your academic success?
ALL Faculty Members

- **Citizenship**
  - A small division with few CTs may need CS faculty to participate in UGME even though not REQUIRED for CFAR

- **Professional conduct**
  - Consistent with codes of conduct (UofT, CPSO, CMA, etc.)

- **Formal teaching consistent with APD** (see website)
  - Hours per year
  - Level of trainees

- **Informal Teaching consistent with APD** – in context of clinical care

- **Effective teacher striving for excellence**
  - Teaching evaluations – scores and comments
  - Teaching awards
Teaching Effectiveness

*Not a hard and fast rule re numbers of evaluations...* need enough data to show consistently good teacher across trainee levels as appropriate to APD

If there are *insufficient data*, we may ask Program Director to solicit trainees and/or ask for additional information ... or ask for an additional period of observation (e.g., 6-12 months)
Scholarship

Moving along as per academic plan and expectations of APD

Teachers – demonstration of teaching effectiveness
CQI – participating in teaching in QI; engaged in QI projects
CE/CI – demonstration of scholarly output … generally a publication or two…that would not have happened without you
CS – evidence of potential as a PI (grants submitted, papers published or in press)
Teaching Essentials

Tina Trinkaus
Lead, Valuing the Clinician Teacher
The Teaching & Learning Climate

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

Pre-clerkship
Clerkship
Post-graduate residents
Post-graduate clinical fellows
Continuous Faculty Development (CPD)
Other health care professionals
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

https://www cpso.on.ca/Physicians/Policies-Guidance/Policies/Professional-Responsibilities-in-Medical-Education
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.
Clinical teaching & learning is about forming strong, trusted relationships between teachers & learners.
IM program was put on “intent to withdraw accreditation” in the spring of 2021 if we did not adequately address two major concerns:

- Resident feedback without fear of retaliation
- Attending supervision to ensure safe, high-quality care

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**Optimizing Teaching Effectiveness and the Learner Experience**  
Department of Medicine, University of Toronto  
September 2022

**Standard for Supervision of Learners by DoM Physicians**  
University of Toronto, Department of Medicine  
December 2022
Supervision for Optimal Patient Care

• Supervising Physicians **must**
  • **ALWAYS be identified & available** to assist Learners in providing optimal patient care & be available to speak with Learners *at any time* to discuss changes in patient status & provide urgent review of patients with uncertain clinical presentations.
    • Degree & means of availability (phone, pager, in-person) depends on volume & acuity of patients, types/levels of Learners, time of year – *may require in-person patient assessment after hours*
  • **Adjust their schedules when attending** to ensure residents are consistently able to complete their workday **by 6 pm (PARO)**
    • If *for any reason* you cannot be unavailable, designate an eligible **Acting Clinical Supervisor** & ensure Learners are notified / aware.

**Review these principles with Learners at the beginning of all clinical rotations**
**Invite questions like: “What can you expect from me?” “What do I expect from you?”**
Optimizing Teaching Effectiveness & the Learner Experience

Aims to provide transparency & guidance on how we:

• Prepare, support, and recognize teaching excellence
• What we do with learner feedback & how that has evolved over time
• How faculty can access their evaluations
• What faculty can do if they wish to appeal an evaluation
• How we collaborate with TFOM to ensure the safety & well-being of our learners

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
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 Evaluation Platforms

Postgraduate Web Evaluation and Registration (POWER)
• To evaluate *postgraduate medical residents and fellows*
• Used by trainees to evaluate their supervisors.

MedSIS
• Online system for **Undergraduate Medical Education (UME)** trainees to evaluate their supervisors.

ELENTRA
• For faculty & learners to complete assessments related to PGME **Competency Based Education (CBE)** & for learners to evaluate faculty

On *all* platforms, learners use the **Learner Assessment of Clinical Teachers (LACT) tool** to evaluate teaching in clinical environments.
Giving feedback to teachers - LACT

The teacher/faculty provides **effective clinical teaching** that stimulates learners to build knowledge and skills safely while offering graded responsibility for patient care.

The teacher/faculty created **responsive relationships with effective feedback** to support learner and teacher collegiality, collaboration and co-learning.

The teacher/faculty was a **positive role model** for the learner as a clinician, teacher and professional.

The teacher/faculty created an **effective learning climate** providing clear expectations and balancing learning/teaching/assessment effectively.

**OVERALL rating** for this teacher/faculty at this site/location/time

Seek feedback on your teaching

• TFoM releases teaching evaluations for UME ~ 1x/year, & for PGME 4x/year
• Faculty members emailed & invited to view their TES for the time-period
  • If <3 evaluations during that period, evaluations are held to protect learner anonymity.
• Faculty are expected to review their TES/comments
  • Appeal 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.
Reflections on Giving Feedback

What makes it negative? What makes it positive?
Feedback fundamentals

Timely
Appropriate setting
Learner self-reflection
Feedback – specific, observed, and modifiable behavior
Plan for improvement
Some Challenges with Evaluations...

Not Enough!!!

Must have a minimum of 3 evaluations to appear for your review.

To supplement above, you can use MyTE – accessible via MyTE.org (Dr. Esther Bui, Neurology, U of T)
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?
Appealing a Teaching Evaluation

• Several legitimate grounds for appeal of scores / comments, e.g., concern re retaliation for critical feedback to a learner, criticizes the rotation not the teacher, clearly meant for a different teacher, etc.
  • DoM will expunge unprofessional comments e.g., re sex/gender, race/ethnicity/language, etc.; low scores without comments (many other ways to provide feedback!)

• To request an appeal

  https://deptmedicine.utoronto.ca/tes-appeal-form
New Faculty Orientation

BREAK (10 MINS)
Culture and Inclusion Portfolio

Dr. Umberin Najeeb
Vice Chair Culture & Inclusion
Objective

• Provide a brief overview of Culture and Inclusion Portfolio in the Department of Medicine (DoM)
• Share resources to facilitate your journey as an early career academic physician
What’s with the name?

Organizational Culture:

“The shared patterns of feeling, thinking, talking, and accomplishing that underpin local practice”

Russell Mannion & Huw Davies, 2018
CULTURE

**Organizational** - shared assumptions and values that bind individuals within an organization

**Identity** - the power of communal narratives to shape how individuals see themselves within particular cultural worlds

**Practice** - emphasizes what actually occurs in practice - privileging activity and human-material networks or arrangements

CULTURE

Organizational - shared assumptions and values that bind individuals within an organization – Dept. of Medicine

Identity - the power of communal narratives to shape how individuals see themselves within particular cultural worlds – Faculty / Learners

Practice - emphasizes what actually occurs in practice - privileging activity and human-material networks or arrangements – Clinical & Learning Spaces

Governance and Structure

- WELLNESS
- MENTORSHIP
- EQUITY
WELLNESS:
Faculty Lead Valuing Clinician Teacher: Dr. Martina Trinkaus

MENTORSHIP:
Faculty Lead, Late Career Transitions: Dr. Eric Cohen
EARLY CAREER FACULTY REPRESENTATIVES: (advisors)
TBD

EQUITY & MENTORSHIP:
Faculty Lead, Black and Indigenous Resident Application and Mentorship Program: Dr. Mirielle Norris
My major goal is to advance the department’s Culture and Inclusion strategic priorities

To enhance sense of **belonging, fulfillment, and worth** among our faculty – to bring joy back

To create cohesiveness and align the vision and mission of the DoM around the constructs of EDI, mentorship and wellness within our learning and clinical spaces (teaching hospitals)
Culture and Inclusion

Resources and Information on our website:

https://deptmedicine.utoronto.ca/culture-inclusion
“It is not our differences that divide us. It is our inability to recognize, accept, and celebrate those differences.”

Audrey Lorde
Wellness Orientation for New Faculty
Sept 2023

Wellness: Where to start?

Simron Singh, MD MPH
Faculty Lead, Wellness, Department of Medicine
Provincial Head, Person Centered Care, Ontario Health/Cancer Care Ontario
Executive Burnout Task Force, Ontario Medical Association (OMA)

simron.singh@sunnybrook.ca
Being a physician can be detrimental to your health...
What is 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
The ten commandments of physician wellness

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 & committee
- Guidance on email communications, meetings
  - Emailing Wisely
- Webinars, rounds, peer support
  - Early Career 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
- Faculty Survey
- Listening....
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/
Shaping Your Narrative

Dr. Ed Etchells
Division Head, GIM,
Women’s College Hospital
New Faculty Orientation

Move to Groups by Position

Description
Group Discussions with Faculty
Our “doors” are open

g.hawker@utoronto.ca
arno.Kumagai@wchospital.ca
umberin.Najeeb@sunnybrook.ca
Kaveh.Shojania@sunnybrook.ca
Jane.batt@utoronto.ca
dom.chair@utoronto.ca
dom.academicappointments@utoronto.ca
ENJOY the journey