2018 New Faculty Orientation
Department of Medicine
University of Toronto
WELCOME
Initial appointment @ UofT
Orientation Overview

8:00-8:15  Registration & light breakfast

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  Break & Move to Groups by Position Description

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)
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
New Faculty Orientation 2018

DEPARTMENT OF MEDICINE 101
Rank 6th world-wide for clinical medicine

Faculty of Medicine

Percentage of the 3090+ full-time faculty members in each of the Faculty of Medicine’s 22 departments

Dept. of Anaesthesia
- Approx. 8%

Dept. of Surgery
- Approx. 9%

Dept. of Paediatrics
- Approx. 10%

Dept. of Family & Community Medicine
- Approx. 12%

Dept. of Psychiatry
- Approx. 13%

Department of Medicine = Approx. 24%

We’re the largest Department of Medicine in North America

We’re the largest Department of Medicine in North America

Department of Medicine = Approx. 24%

Subspecialty divisions in the Department of Medicine
- Cardiology
- Clinical Immunology & Allergy
- Clinical Pharmacology & Toxicology
- Critical Care
- Dermatology
- Endocrinology & Metabolism
- Emergency Medicine
- Gastroenterology
- General Internal Medicine
- Geriatric Medicine
- Hematology
- Infectious Diseases
- Medical Oncology
- Nephrology
- Neurology
- Occupational Medicine
- Palliative Medicine
- Physical Medicine & Rehabilitation
- Respiratory
- Rheumatology
DoM Vice Chairs

Sharon Straus
Vice Chair, Mentorship, Equity & Diversity

Michael Farkouh
Vice Chair, Research

Kaveh Shojania
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’
  
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

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

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

Sharon E. Straus · David L. Sackett

정옥진 · 박귀화 · 안석배 올김
Toolkit

• Mentorship toolkit
  • '1 minute mentor‘ (adapted from M. Feldman)
  • Checklist for mentors/mentees
  • Individual development plan
  • Mentorship cases
  • Top tips for mentors
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)

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

Departmental / Hospital Division Heads

Chair’s office

PIC’s office

9/25/2018
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

**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?

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<th>Discussion Item</th>
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<th>Comments</th>
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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?

![Diagram with overlapping circles labeled professional, punctual, courteous, and nice person]
Two for One…

Initial appointment

CFAR

Senior Promotion

0 3-5 years 6-10 years
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?
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) [link]
  – 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
RELATIONSHIPS WITH INDUSTRY

Courtesy of: Jeannette Goguen, MD, FRCPC
<table>
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<th>Pros</th>
<th>Cons</th>
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<td>Scientific advances</td>
<td>Conflict of interest</td>
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<td>Physician education</td>
<td>Conflict of commitment</td>
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<td>Patient advocacy</td>
<td>Undermines societal trust</td>
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<td>Access to unaffordable medications (samples)</td>
<td>Inappropriate prescribing</td>
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<td>Behaviour role modelling</td>
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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!

Cialdini RB *Influence: The psychology of persuasion* 1993
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

Lexchin J *Canadian Medical Association Journal* 1993;149:1401-1407
Spurling G et al *PLOS Medicine* 2010
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

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

Overall: 38% CPA, 47% Research, 15% Teaching
WHAT'S YOUR STORY
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
  – i.e., invention, new techniques, conceptual innovations, educational programs

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.

• Exemplary Professional Practice
  – i.e., represents an examplar 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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Medicine
UNIVERSITY OF TORONTO
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!!)
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<th>Area of professional innovation and creative excellence</th>
<th>Impact</th>
<th>Evidence</th>
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| 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 | 1) Number of media impressions (list)  
2) Website usage statistics (e.g. total usage, use by country)  
3) Number of app purchases  
4) User testimonials  
5) 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)

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<th>Focus</th>
<th>Impact</th>
<th>Evidence</th>
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| *My goal is to promote appropriate use of resources through leadership, research and education.* | 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) | 1) Co-chaired the creation of the CSIM and CSHM CWC lists  
2) 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
“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

<table>
<thead>
<tr>
<th>Topic</th>
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<tbody>
<tr>
<td>Purpose of Adult Education</td>
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<td>Learners</td>
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<tr>
<td>Content/Subject Matter</td>
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<tr>
<td>Learning Process</td>
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</tbody>
</table>
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”
The right word may be effective, but no word was ever as effective as a rightly timed pause.

Mark Twain
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
  - Identified through individual complaints

- Collegial behaviour

- Supervision
  - Identified on the Internal medicine internal review

- Clinical load
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

• 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

• 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
- Department of Medicine, U of T for CBD [http://cbme.postmd.utoronto.ca/](http://cbme.postmd.utoronto.ca/)
- PGME and Centre for Faculty Development, U of Toronto [https://cfd.utoronto.ca/teaching/programs](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)
Ingredients for a Successful Academic Career