

**MEETING OF FACULTY COUNCIL  
OF THE FACULTY OF MEDICINE**

A meeting of Faculty Council will be held on **Monday, September 29, 2014**, from 4:00 p.m. to 6:00 p.m. in the **Red Room, Donnelly Centre**, University of Toronto.

**AGENDA**

- |          |  |                               |
|----------|--|-------------------------------|
| <b>1</b> | <b>Minutes of the previous meeting of Faculty Council – May 5, 2014</b>  | Speaker                       |
|          | 1.1 Business Arising   |                               |
| <b>2</b> | <b>Report from the Speaker</b>   | Speaker                       |
|          | 2.1 Report on External Reviews   |                               |
| <b>3</b> | <b>Reports from the Dean's Office</b>  |                               |
|          | 3.1 Report from the Dean's Office  | C. Whiteside                  |
|          | 3.2 Vice-Dean, Research & International Relations  | A. Buchan                     |
|          | 3.3 Vice-Deans, Education  | S. Spadafora<br>J. Rosenfield |
| <b>4</b> | <b>New Business</b>  |                               |
|          | 4.1 Research Committee   | P. Hamel                      |
|          | 4.1.1 <i>THAT the proposal to establish the Graduate Department of Rehabilitation Science as an EDU:B renamed The Rehabilitation Sciences Institute be approved as submitted."</i>                     | A. Kaplan                     |
|          | 4.1.2 <i>THAT the proposal to establish The Centre for Integrative Medicine as an EDU:C be approved as submitted."</i>   | C. Whiteside                  |
| <b>5</b> | <b>Faculty Council Forum</b>   |                               |
|          | What are the limits of reasonable accommodation?   | D. McKnight                   |
|          | Dr. David McKnight will lead a panel discussion with the Chairs of the Boards of Medical Assessors, the PGME Director, Medical Wellness and the UME Associate Dean, Health Professions Student Affairs |                               |
| <b>6</b> | <b>Standing Committee Annual Reports</b>   |                               |
|          | 6.1 MRS Board of Examiners   | A. Brade                      |
|          | 6.2 UME Board of Examiners   | B. Papsin                     |
| <b>7</b> | <b>Adjournment</b>   | Speaker                       |

**NEXT MEETING: February 9, 2015**



UNIVERSITY OF TORONTO  
FACULTY OF MEDICINE

**FACULTY COUNCIL  
FACULTY OF MEDICINE**

Meeting Materials – September 29, 2014

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# UNIVERSITY OF TORONTO

## FACULTY OF MEDICINE

Faculty Council of the Faculty of Medicine  
Minutes of the May 5, 2014 meeting  
4:00 p.m. – 6:00 p.m.  
Red Room, Donnelly Centre

**Members Present:** L. De Nil (Speaker), P. Poldre, R. Cockerill, P. Hamel, A. Cochrane, G. O'Leary, A. Jakubowski, A. Buchan, S. Spadafora, M. Connell, T. Coomber, J. Hall, S. Huynh, E. Yao, H. Jo, L. Murji, M. Zyweil, N. Zilbert, I. Mihailovic, D. McKnight, G. Bandiera, T. Neff, A. Gottlieb, H. Jo, M. Giuliani, L. Manchul, I Witterick, A Martin, R. Forman, J. Rosenfield, G. Fantus, J. Rutka, P. Berger, A Bonnyman, A Rachlis, J. Barkin

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### Call to Order

The Speaker called the meeting to order and noted that there was a quorum.

#### 1. Minutes of the previous meeting of Faculty Council – February 10 , 2014

The minutes of the meeting of February 10, 2014 had been previously circulated. They were approved on a motion from G. Bandiera and seconded by G. Fantus. There was no business arising.

#### 2. Report from the Speaker

##### 3.1 Report on External Reviews

The Speaker noted that, as per the Faculty Council By-Laws, the Executive Committee received and reviewed External Reviews on behalf of Council. Reports were received for the Centre for Quality Improvement and Patient Safety, the Department of Laboratory Medicine and Pathobiology, the Department of Medicine, the Department of Occupational Science and Occupational Therapy, and the Department of Physical Therapy. The reports included both the report of the external reviewers as well as the Chair's and the Dean's responses to the reviews..

##### 3.2 2014-2015 Standing Committee Membership

The Speaker presented the Faculty Council Standing Committee membership list for 2014-2015. He noted that there were still a couple of vacancies and asked any interested members to provide their name to the Faculty Affairs Officer.

#### 3. Reports from the Dean's Office

##### 4.1 Report from the Dean's Office

Dean Whiteside noted the successful retreat recently which featured a number of international speakers. The Dean indicated that a lot work was ongoing with respect to the strategic plan and that most academic units now had their own clear plan. These individual strategic plans will help the Faculty achieve the overarching goals that it has set. Work remains, however, and the final report from the retreat will be available shortly. The Dean emphasized, as one example, the importance of the engagement of the partner hospitals.

#### 4.2 Vice-Dean, Research & International Relations

Vice Dean Alison Buchan noted that there is a new national committee with the goal of increasing the number of high-profile awards received by Canadian researchers. Currently most of these awards go to researchers from the US, UK and Japan. Dr. Buchan noted the larger populations of these nations but also noted that Australia, despite its smaller population, outperforms Canada. This committee has established an office in CIHR in order to help the competitiveness for high-level awards.

Dr. Buchan also noted that International Relations has a high profile in China, South America, Europe and Africa with respect to research. An integrated research initiative is being developed and will be circulated to the Faculty Council Research Committee in the next month or so.

#### 4.3 Vice-Deans, Education

Dr. Jay Rosenfield presented the report that is included beginning on page 6 of these minutes.

### 4. New Business

#### 4.1 Graduate Education Committee

##### 4.1.1 Master of Health Science in Translational Research

The following was moved by R. Cockerill and seconded by A. Gotlieb:

*“THAT the proposal to establish a new Master of Health Science in Translational Research in the Health Sciences be approved as submitted.”*

Dr. Allan Kaplan indicated that the Institute of Medical Science’s (IMS) first strategic plan, which was developed two years ago, had the vision for the IME to become global leaders in the training of translational health research. This program is the first major step toward that goal. This is a professional program with no similar programs in Canada and very few in the US and worldwide. The program fills a void because 80% of graduates from scientifically rigorous PhD programs are unable to get a job in academia. This program aims to create a new kind of health care professional whose knowledge will bridge specialized areas and who has the skills to translate research and knowledge from one context to another. The program will begin with 10 students in its first year but will work toward its full capacity of 20. The students who are to be recruited into this program will be from a variety of backgrounds. This program is not intended for students directly out of their undergraduate degree but rather Master’s and PhD students who have a substantial research background. The program will culminate in a capstone project that will provide an idea to be translated into a product that can be taken out into the world.

Dr. Paul Hamel expressed concerns raised by the Research Committee about the nature of this, and other programs of a similar nature, changing the research environment of the University of Toronto. Dr. Kaplan indicated that this program is not intended as a substitute for rigorous research training and that applicants would be expected to have that training prior to entry. This is seen as an addition to, rather than a substitution, of rigorous research training. Dr. Joseph Ferenbok further emphasized that, although the research aspect to this program may be different, it is still recognizable as research and reiterated that this program will target applicants that have already received research training.

The motion passed.

##### 4.1.2 PhD Collaborative Program in Human Development

The following was moved by R. Cockerill and seconded by A. Buchan:

*“THAT the proposal to establish a new graduate PhD collaborative program in Human Development be approved as submitted.”*

Dr. Helen Rodd indicated that the proposed collaborative program in Human Development is a multidisciplinary program that will allow students to understand the relationship various elements of medicine and society and how they impact young people. He noted that this is not a 'free standing' PhD program but is a course that goes along with existing PhD programs to create a transdisciplinary approach to the early years of life. The first 2000 days of life are critical to the development of human beings and this program will bring together a variety of disciplines.

The motion passed.

## **4.2 Research Committee**

### **4.2.1 Global Institute for Psychosocial, Palliative and End-of-Life Care**

The following was moved by P. Hamel and seconded by A. Gotlieb:

*"THAT the proposal to establish the Global Institute for Psychosocial, Palliative and End-of-Life Care as an EDU:C be approved as submitted."*

Dr. Gary Rodin noted that palliative care refers to the care of patients with life-threatening disease, with a focus on relief of pain and other physical symptoms, and of psychological and spiritual distress. It includes end-of-life care and bereavement and is applicable to patients and families early in the course of a terminal illness. It works in conjunction with other therapies and treatments intended to prolong life. Dr. Rodin noted that palliative care should be a central component of care in patients with progressive or life-threatening disease but that the skills and resources necessary for the delivery of palliative and end-of-life care have not kept pace with other aspects of medicine. The proposal is to establish a Global Institute of Psychosocial, Palliative and End-Of-Life Care (GIPPEC) as an EDU:C devoted to promoting and developing interdisciplinary research that addresses the medical, psychological, social, legal, ethical, cultural and religious problems related the palliative care of people with advanced and terminal disease. The Faculty of Medicine will be the lead faculty and the Institute will draw from the Departments of Medicine, Psychiatry, Paediatrics, and Family and Community Medicine). The other faculties involved are the Lawrence S. Bloomberg Faculty of Nursing, the Factor Inwentash Faculty of Social Work, the Dalla Lana School of Public Health, the Faculty of Law, and the Faculty of Arts and Science (departments of Philosophy, Sociology, Anthropology, and the Study of Religion).

The motion passed.

## **4.3 Executive Committee**

### **4.3.1 Master of Health Science in Translational Research**

The following was moved by A. Gotlieb and seconded by P. Hamel:

*"THAT the proposal to transfer of the Institute of Health Policy, Management and Evaluation from its current home faculty (Medicine) to a new home faculty of the Dalla Lana School of Public Health effective July 1, 2014 be approved as submitted."*

Dr. Adelstein Brown indicated that the transfer of the Institute of Health Policy, Management, and Evaluation (IHPME) from the Faculty of Medicine to the Dalla Lana School of Public Health (DLSPH) reflects the long collaboration between the two but in no way diminishes the relationship IHPME has with the Faculty of Medicine. Dr. Brown noted that the academic mission behind the transfer is to create a centre for health policy and health services scholarship at the University of Toronto but he reminded Council that IHPME remains an EDU:A and will always open to collaboration with the Faculty of Medicine.

The motion passed.

#### 4.3.1 Faculty of Medicine Constitution

The following was moved by P. Hamel and seconded by A. Gotlieb:

*““THAT the proposed amendments to the Faculty of Medicine Constitution be approved as submitted.”*

The Speaker opened the discussion by noting that two of the three proposed amendments are housekeeping items and are not urgent at this time. They represent changes to the composition of the Faculty that have resulted in a change to the make-up of Council (the closure of the Banting and Best Department of Medical Research and the transfer of the IHPME to the DLSPH).

The third amendment is to include Post-Doctoral Fellows as members of Council. This idea was first raised last year during a major revision to the Faculty Council Constitution and By-Laws. At that time, we were advised against including this as an amendment to the Constitution by the Governing Council Secretariat due to ongoing unionization of Post-Doctoral Fellows and the potential impact this amendment could have on the University.

At the request of the Executive Committee of Council, a constitutional amendment to include one PDF representative was circulated to the Standing Committees of Council. Three of 4 Standing Committees did not support the amendment going forward at this time and preferred to wait for further feedback. The Executive Committee opted to have the issue presented to Faculty Council as a whole for consideration.

The Speaker noted that the Secretary of Governing Council, Mr. Louis Charpentier, has advised that this Constitutional Amendment is not likely to be approved by Academic Board and almost certainly would not be ratified by the Executive Committee of Governing Council. During the most recent meeting with Mr. Charpentier, he indicated that there is currently no University –wide definition of ‘Post-Doctoral Fellows’ and this would need to be included in the Constitution prior to expecting approval. This definition would need to be established jointly by the Provost’s Office and the Governing Council.

I want to be clear that an approval of this Constitution at Faculty Council today should be considered a symbolic action due to its likelihood of being ratified but that we continue to work with Governing Council on the campus-wide establishment of PDFs as members of divisional councils.

Dr. Avrum Gotlieb noted that the definition of PDFs likely depends on the current negotiations the University is having with the newly unionized PDFs. The Speaker noted that it was pointed out to Mr. Charpentier that, given the current make-up of Council, the unionization of a group is not a factor that dictates membership. Mr. Charpentier indicated that context for the definition would have to look at the University as a whole rather than just Medicine. Dr. Gotlieb inquired as to how this might impact the PDFs who are located in the hospitals. The Speaker indicated that this would only impact the campus based PDFs. Dr. Paul Hamel indicated that medical residents are represented on Council but are located in the hospitals. He expressed concern that the University’s current position amounts to not allow a specific group of members of the academic community to have a voice on an academic body.

Dr. David McKnight asked the speaker to confirm that Council, should they approve this motion, should not anticipate having the Constitution approved at all the necessary levels. The Speaker confirmed that his understanding was that it would not be likely though confirmed that this did not mean that it was impossible. Dr. McKnight indicated support for approving the Constitution in principle, but that this is not the motion currently on the table. The Speaker indicated that without a definition of PDF, even an approval in principle is somewhat moot.

A comment from the floor pointed out that should the motion be approved as it stands and, at a later date, a definition for PDFs is established, this Council would have tied its hands if it disagrees with the final definition. It was proposed that the item on the inclusion of the PDF representative be removed from the Constitutional amendment.

The Speaker called the current motion to a vote.

The motion failed.

The Speaker suggested that the proposed Constitutional amendments be modified to remove the PDF representative.

The following was moved by A. Gotlieb and seconded by A. Buchan:

*“THAT the proposed amendments to the Faculty of Medicine Constitution be approved as amended.”*

The motion passed.

## **5. Standing Committee Annual Reports**

### **5.1 PGME Board of Examiners**

Dr. Stephanie Brister was not in attendance but submitted the written report which is available on page 18 of these minutes.

Dr. Sal Spadafora, Vice Dean, PGME, noted that the PGME Board of Examiners is a very hardworking board and he wished to express his gratitude for their hard work and dedication.

### **5.2 Education Committee**

Dr. Ian Witterick noted that the Education Committee made recommendations for the approval of proposals on a Longitudinal Integrated Clerkship program, Guidelines for Procedure of the Faculty of Medicine Appeals Committee, and the transfer of the IHPME to the DLCPH which were all approved by Council. He also noted that the Education Committee declined to put forward a motion on the proposed amendments to the Faculty of Medicine Constitution. Dr. Witterick noted that the Education Committee covers UME, PGME, the MRS Program and the BScPA Program. He noted that all have recently gone through accreditation and performed very well.

### **5.3 Research Committee**

Dr. Paul Hamel noted that the Research Committee expressed concerns at some of the program proposals that have recently come forward which were felt to move the University away from its position as a research-intensive institution. The Research Committee feels that there should be a high level discussion within the Faculty regarding the direction of graduate education. Dr. Hamel thanked the Faculty Affairs Officer, Todd Coomber, for the administrative support provided to the Committee.

### **5.4 Graduate Education Committee**

Dr. Rhonda Cockerill noted that the Graduate Education Committee made recommendations for the approval of a proposal on the closure of the Clinical Pharmacology field of study and the opening of a new a new field of study, Applied Clinical Pharmacology. In addition, the Graduate Education Committee made the two recommendations presented at today's meeting.

## **6. Faculty Council Forum**

The Faculty Council Forum was presented on the topic of Natural Justice and the Board of Examiners.

## **7. Adjournment**

The meeting was adjourned at 5:45pm

**Council of Education Vice-Deans  
Faculty Council Report  
May 5th, 2014**

## **Integrative Activities**

### **eLearning Task Force – Update**

In January 2014, the Faculty launched an eLearning Task Force, co-chaired by Professors Dimitri Anastakis, Vice Dean of Continuing Professional Development, and Jay Rosenfield, Vice Dean of Undergraduate Medical Professions Education. Task Force membership continues to grow and spans across all of the portfolios, education units and consists of undergraduate, postgraduate, graduate and adult learners. The Task Force includes representatives from the Ontario Institute of Studies in Education, Biomedical Communications, and the University of Toronto Innovations and Partnerships office.

eLearning encompasses a large breadth of technologies and applications, and so the Task Force will first define eLearning for our Faculty and learners. It will then complete an inventory of eLearning efforts and resources across the Faculty. The Task Force will then conduct an environmental scan of other global leaders in this area. With this information in hand, the Task Force will identify the gaps between where we are today, and where we need to be over the next decade and beyond.

Through the recommendations of the eLearning Task Force, we will further position the FOM as the leader in eLearning (i.e., teaching, learning and scholarship) across the education continuum, and we will lay the foundations to ensure we have the competencies and infrastructure to provide the best education for today's and tomorrow's learners. For additional information regarding the Task Force, please contact [Lindsey.Fechtig@utoronto.ca](mailto:Lindsey.Fechtig@utoronto.ca).

### **Education Achievement Celebration**

The Education Vice-Deans are pleased to welcome all Faculty and Staff to attend the May 13<sup>th</sup>, 2014 Education Achievement Celebration which will recognize our Faculty of Medicine award winners and celebrate excellence in teaching and education. This year's Keynote Address will be delivered by Dean Catharine Whiteside.

#### Details:

Tuesday May 13<sup>th</sup>, 2014

5:00 pm – 7:00 PM

Great Hall, Hart House (7 Hart House Circle)

RSVP: <http://tiny.cc/2014EAC>

Additional information can be solicited from the Office of the Education Vice-Deans ([edudeans@utoronto.ca](mailto:edudeans@utoronto.ca)).



## Undergraduate Medical Education

### Admissions

Interviews of candidates for September 2014 entry are now complete. The interviews were held on January 25th, February 1st & 2nd, March 1st, 2nd, 29th & 30th.

#### MD Program

	September 2014 Entry
Applicants	3463
Files Reviewed	1994
Interviews	600

#### MD/PhD Program

	September 2014 Entry
Applicants	116
Files Reviewed	88
Interviews	43

The table below provides a detailed overview of the projected capacity at Trillium Health Partners for 2014/15 by program:

Program	2014/15 Capacity	Increase Over 2013/14
Anesthesiology	100%	-
Otolaryngology	100%	-
Ophthalmology	56%	-
Emergency Medicine	76%	9%
General Surgery	67%	22%
Surgical Subspecialties	100%	-
Medicine	100%	11%
Obstetrics & Gynecology	61%	5%
Paediatrics	67% *	-
Psychiatry	100%	-
Family Medicine	100%	-
<b>Total Overall:</b>	<b>83%</b>	<b>9%</b>

\*Inclusive of 2 placements (12 total) per rotation at William Osler Health System. Paediatrics capacity within Trillium Health Partners is 44%.

This outstanding growth as we launch the second year of core clerkship at MAM is a testament to the ongoing collaboration and commitment from Trillium Health Partners and our university departments and faculty.

## **UME Program Objectives Review**

The inaugural meeting of the UME Program Objectives Review Steering Committee was held on March 27, 2014. The role of the steering committee is to oversee the development of user-friendly competency-based program “objectives” that can be effectively taken into account in curriculum planning and evaluation in general and readily linked to enabling objectives within individual courses in particular. The review and revision of the existing UME program goals and objectives will be grounded in the CanMEDS 2015 revisions and informed by FMEC recommendations as well as developments at CFPC and MCC. Each CanMEDS role’s objectives will be reviewed and revised by a working group. Leads have been appointed for each of the working groups, and progress is underway to populate the groups. Work on all CanMEDS roles will take place simultaneously over the spring 2014 and 2014-15 academic year, with June 2015 being the tentative timeline for the steering committee to present the final revisions to the appropriate governing bodies. The steering committee will review and provide feedback on working group drafts to ensure integration and limit redundancy as well as facilitate consultation with the wider community. As well, a sub-group of the steering committee will concurrently work on articulating guiding principles intended to inform ongoing curricular planning and learning activities.

## **Longitudinal Integrated Clerkship**

At its February 10, 2014 meeting, Faculty of Medicine Faculty Council approved a proposal to introduce a Longitudinal Integrated Clerkship (LIC) in the MD program. Since that time, work on the project has been progressing nicely and is on schedule.

For the 2014-2015 academic year, eight students from one of our four academy sites (Fitzgerald Academy) applied to and were accepted to complete the LIC. For the 2015-2016 academic year, the LIC will also be made available to 8 students at each of the other three academies (Peters-Boyd, Mississauga Academy of Medicine and Wightman-Berris), for a total of 32 students at the four academies.

Dr. Karen Weyman was appointed as St. Michael’s Hospital (SMH) Faculty Lead, Longitudinal Integrated Clerkship, in Undergraduate Medical Education, effective February 1, 2014 for a three year term. Dr. Weyman is an Assistant Professor in the Department of Family and Community Medicine and Deputy Chief of the St. Michael's Hospital Department of Family and Community Medicine. Dr. Weyman's responsibilities include providing leadership for LIC at SMH in the pilot phase with the site administrator and St. George campus LIC coordinator. She will contribute to the design, development, implementation, and evaluation of the LIC program. Dr. Weyman will chair and provide support to related committees, and will work closely with other Course Directors, the Academy Director, and Clerkship site Supervisors, involved in the teaching of competencies related to LIC.

A LIC site administrator (Jasmine Palaheimo) has also been appointed at St. Michael’s Hospital.

Important next steps include preceptor recruitment. We have been in communication with the clinical chairs of various departments, and have also been engaged with the Fitzgerald Academy faculty and course coordinators to identify potential preceptors.

Work has begun on developing schedules for the eight students for the 2014-15 LIC offering.

## Preclerkship Renewal

Under the leadership of Drs. Pier Bryden, Marcus Law and Martin Schreiber, work has begun on a significant renewal of the MD program's preclerkship curriculum. A formal proposal regarding the preclerkship curriculum renewal will be presented to the Faculty Council Education Committee and, from there, to Faculty Council in the near future. Included below is a summary of the renewal process.

During the summer and fall of 2013, the preclerkship leadership conducted a series of meetings with students, faculty, course directors and faculty leads, Academy Directors, recent graduates, Associate Deans, and stakeholders and partners from the Wilson Centre, the Centre for Faculty Development, all academies, and designated education leads from several TAHSN hospitals and other affiliated teaching sites. The goal of the process was to review the current preclerkship curriculum and identify areas that require or would benefit from further development, enhancement and/or adaptation to innovative curriculum delivery models.

While the strengths of the preclerkship curriculum identified as part of the MD program's most recent accreditation were acknowledged and endorsed as part of the consultation process, certain barriers to necessary change were identified, including: a rigid course structure that makes introduction of new material and teaching methods a challenge; lack of integration between courses; lack of early, relevant clinical exposure; an excessive reliance on lectures and more passive learning; insufficient faculty development; and, a high-stakes, infrequent, exam-based assessment process that was perceived to contribute to a "study to the test" student culture.

A process of preclerkship curriculum renewal was subsequently proposed to and endorsed by the UME Executive Committee and UME Curriculum Committee.

The proposed preclerkship curriculum renewal is founded upon four major pedagogic themes:

- Integration and individualized learning
- Increased clinical relevance
- An assessment model that supports learning and early identification of difficulty
- Teaching of competencies pertinent to developing cognitive capacity

The curriculum model consists of six discrete but integrated components:

- Preparation Phase: A six-week introduction to medical school, during which students will receive instruction to ensure all have a sufficient foundation of competence in biomedical and social sciences pertinent to medicine, together with an introduction to small group work and relevant medical education theory.
- Integrated Clinical Experience (ICE): A one-day per week experience which will elaborate on the current Art and Science of Clinical Medicine courses with early exposure to patient contact and to interactions with the multidisciplinary team.
- Toronto Online Patient-Centered Integrated Curriculum (TOPIC): The largest portion of each week will involve case-based learning with extensively curated online materials supporting small group, faculty-led learning, together with carefully selected large group sessions.
- Portfolio: A program of small-group, faculty-led portfolio meetings every two weeks to promote reflective capacity, and to provide a framework within which repeated formative assessments can take place.
- Health Sciences Research (HSR): The new HSR course will be integrated into the renewed preclerkship curriculum.
- Transition to Clerkship: An expanded program to facilitate the transition into the full-time clinical

setting will be created.

Students entering the MD program in August 2014 will be introduced to a three-week introductory version of the renewed preclerkship curriculum during the existing first year Structure and Function course by means of a new virtual patient case-based module, which emphasizes integration and reflective practice, and is being developed according to the four platforms. In 2015, students in the second year will complete a similar integrated module in the Mechanisms, Manifestations, and Management of Disease course. Both modules will be developed and evaluated in collaboration with the Wilson Centre for Research in Education.

Building upon student and faculty experiences with these initial modules, expansion of an integrated virtual patient case-based curriculum with a longitudinal portfolio assessment model bringing together multidimensional assessments, will occur in an iterative fashion over the course of 2015-16 and 2016-17.

### **Integrated Physician Scientist Training Pathway (IPSTP)**

In 2012, Faculty of Medicine Faculty Council approved the Task Force Report on Physician Scientist Education, which recommended creating an integrated physician scientist educational pathway. In follow up to this approval, a preliminary vision of an Integrated Physician Scientist Training Pathway (ISPTP) has been being designed on the basis of extensive consultations with various stakeholders. To oversee the IPSTP development at the level of guiding principles, objectives and conceptual framework, decision-makers across undergraduate and postgraduate medical education and graduate studies, and physician scientist faculty and students constituted an IPSTP Steering Committee. Currently, the IPSTP Steering Committee is developing a set of priority actions to be undertaken to effectively design and construct all the IPSTP components. The Steering Committee is also finalizing its work on forming working groups that will focus on implementation of specific projects and activities within the proposed IPSTP.

### **Diversity Mentorship Program**

On March 28, 2014 the establishment of a new program in diversity mentorship was announced to students in the MD program. Administered by the Office of Equity & Professionalism, the program will match students with faculty members who identify with the same diversity community. Consistent with the Faculty of Medicine Diversity Statement, three diversity communities have been identified for the initial phase of this program: the indigenous peoples of Canada (First Nations, Inuit, and Métis), people of African ancestry, and people who identify as LGBTQ (lesbian, gay, bisexual, transgender, and queer.) Faculty members from these communities have volunteered as mentors. Early response has been very positive.

### **Summer Mentorship Program: Enhanced Indigenous Component**

Since 1994, the Faculty of Medicine, through the Office of Health Professions Student Affairs and in partnership with several other Faculties (Social Work, Pharmacy, Dentistry, Nursing) has run a 4 week long Summer Mentorship Program (SMP) for students from under-represented communities (African-Canadian and Aboriginal). This coming summer, the SMP will include an enhanced Indigenous component. There has been a 225% increase in the number of Indigenous student applications (to 14) for the summer 2014 offering of the SMP. To support the enhanced Indigenous component, an Indigenous student coordinator and two indigenous student programmers have been hired. The enhanced Indigenous component will include a more meaningful and culturally relevant curriculum that includes unique perspectives on health, Aboriginal medicine practices led by Elders, significant ceremonies and Indigenous physicians, and mentors to match students for their clinical experiences.

## Faculty of Medicine “Fulfilling Our Potential” Strategic Planning Retreat

UME contributed three posters to the Faculty of Medicine “Fulfilling Our Potential” Strategic Planning Retreat held on April 2, 2014. The three posters were:

- UME Future Directions (2014-2017) – This poster includes four high-level priority areas and corresponding strategic directions that represent the program’s vision of how it plans to implement the education goals expressed in the Faculty of Medicine Strategic Plan as well as recommendations found in *The Future of Medical Education in Canada MD Project Report* and *Health Professionals for a New Century*.
- Curriculum Renewal & Interdisciplinary Integration – This poster includes some of the many UME strategic activities that have supported achievement of the curriculum renewal and interdisciplinary integration themes articulated in the Faculty of Medicine Strategic Plan.
- Student Diversity & Social Responsibility – This poster includes some of the many UME strategic activities that have supported achievement of the student diversity and social responsibility themes articulated in the Faculty of Medicine Strategic Plan.

## Governance & Leadership

Dr. **Mark Hanson** has been reappointed **Associate Dean, Undergraduate Medicine Admissions and Student Finances** for a second five-year term beginning on April 1, 2014. Dr. Hanson is an Associate Professor in the Department of Psychiatry at the University of Toronto, a Clinical Associate Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University, and a Staff Psychiatrist at the Hospital for Sick Children. Dr. Hanson’s leadership highlights during his first term include redesigning the admissions processes with an evidence-based lens, increasing the representation of Indigenous students within our applicant pool, and advancing the integration of student financial aid activities and bursaries into the admissions cycle. He has published widely on the innovative changes he is leading.

Dr. **Leslie Nickell** has been reappointed **Associate Dean, Health Professions Student Affairs** for a second five-year term beginning on April 1, 2014. Dr. Nickell is an Associate Professor in the Department of Family and Community Medicine at the University of Toronto, and a Medical Director at Bridgepoint Active Healthcare. Dr. Nickell’s leadership highlights during her first term include significantly increasing the profile of student wellness and resilience initiatives and expanding services for students in all domains; personal, career, and academic counselling. Professor Nickell has provided national leadership of the AFMC Student Affairs committee for the past 3 years, which has evolved into a cohesive, practice group sharing and developing best practices for student affairs in medicine. She is the recipient of teaching awards, and has successfully published in peer reviewed publications.

**Jessie Metcalfe** joined UME on March 13, 2014 as the **Associate Registrar, Enrolment Management**. This new role will provide strategic leadership for all Faculty-led student recruitment initiatives and activities. Jessie will develop and implement strategies aimed at attracting the top students that enter into the Faculty of Medicine’s Undergraduate Medical Education Program, the Physician Assistant Program, and the Medical Radiation Sciences Program. Jessie will develop and implement an information and digital technology strategy to support and lead enrolment management, policy and planning, and communications. We welcome Jessie from the Faculty of Engineering where she has had a great impact on outreach, recruitment, admissions, and the student experience.

## **Medical Radiation Sciences Program**

The Nuclear Medicine and Molecular Imaging stream of the **MRS Program** is undergoing a full curricular renewal and the program is on track to have an intake in September 2014.

The MRS Program is currently mid-admission cycle with applicants due to attend for the Multiple-mini interviews (MMIs) the week of April 28th to May 2nd, 2014. Two hundred (200) applicants are academically qualified and have been invited to attend the MMI.

In January 2013, the MRS Program undertook the University of Toronto Quality Assurance Process (UTQAP). On April 1st 2014 the UTQAP review summary, the Chair's response and the Dean's response were presented to the Committee on Academic Policy and Programs of Governing Council and was favorably received.

## **Physician Assistant Program**

The Inaugural Ontario Physician Assistant (PA) Symposium was held on October 21<sup>st</sup>, 2013 with the purpose to create opportunities for networking, collaboration and planning around PA initiatives in Ontario. The following report has been included to provide an update regarding the PA program, here at the University of Toronto, Faculty of Medicine as well as an overall report of the state of the profession. The perspective provided in the proceedings are particularly pertinent for Faculty Council and all are encouraged to view the report available at the link below.

*Ontario Physician Assistant Symposium 2013, A Think Tank for Networking, Collaboration and Planning: Proceedings and Recommended Next Steps* available here:

[http://capa-acam.ca/wp-content/uploads/2012/04/ON-PA-Symposium-2013\\_Proceedings.pdf](http://capa-acam.ca/wp-content/uploads/2012/04/ON-PA-Symposium-2013_Proceedings.pdf)

## Postgraduate Medical Education

### CaRMS Results, 2014

All 417 PGY1 positions plus one Family Medicine position, sponsored by the Department of National Defence, filled in the first iteration. The University of Toronto was the only medical school to fill all of its positions in the first round. Of the 417 filled positions, 346 were filled by Canadian medical graduates and 71 were filled by International Medical Graduates. The breakdown of our filled positions is below:

#### U of T - 2014 1st Iteration PGME CaRMS Match Results

Discipline	CMG Positions	IMG Positions	Total
Anesthesia	13	4	17
Anesthesia - CIP	2	0	2
Cardiac Surgery	1	0	1
Dermatology	6	1	7
Diagnostic Radiology	9	2	11
Emergency Medicine	7	3	10
Family Medicine - GTA	115	20	135
Family Medicine - Barrie/Newmarket	14	4	18
Family Medicine - Rural	8	0	8
General Surgery	11	3	14
Internal Medicine	56	14	70
Laboratory Medicine	2	4	6
Medical Genetics	1	0	1
Neurology	5	2	7
Neurology - Pediatric	1	1	2
Neurosurgery	4	1	5
Obstetrics & Gynecology	11	1	12
Ophthalmology	4	0	4
Orthopedic Surgery	7	2	9
Otolaryngology	5	0	5
Pediatrics	17	4	21
Physical Med & Rehab	3	0	3
Plastic Surgery	4	0	4
Psychiatry	27	4	31
Public Health and Preventive Medicine	3	0	3
Radiation Oncology	4	0	4
Urology	4	1	5
Vascular Surgery	2	0	2
<b>Subtotal</b>	<b>346</b>	<b>71</b>	<b>417</b>

### **The 346 U of T PGME positions for Canadian Medical Graduates were filled by:**

126 U of T graduates

139 from other Ontario medical schools

74 from other Canadian medical schools

7 from the U.S.

This is the 4th time in the last six years that PGME at U of T has filled in the first iteration.

### **PGME Leadership**

Dr. **Salvatore Spadafora** has been reappointed for a second five-year term as **Vice Dean, Postgraduate Medical Education** starting January 1, 2015. Dr. Spadafora is an Associate Professor in the Department of Anesthesia, serves as a member of the University's Governing Council and holds an appointment at Mount Sinai Hospital.

**Maureen Morris** has been appointed to the newly created position of **Associate Director, Operations**. As the previous Manager of the Postgraduate Medical Education Office at Western University's Schulich School of Medicine & Dentistry, Maureen brings over 15 years of experience and ability in the management of projects and relationships with multiple and varied stakeholders in the PGME world.

### **Global Health**

The first annual PGME Global Health Day will be held on Tuesday May 27th at the Li Ka Shing Knowledge Institute. The purpose of the day is to meet the needs of residents who are increasingly interested in global health by providing a half-day of knowledge and skill-enhancing small group sessions, world-class speakers and mentorship opportunities.

### **PGME Graduation Events**

Building on the very successful Graduation Event launched last year with the Department of Medicine, PGME is working with Advancement to celebrate the completion of training of our residents and fellows in the Departments of Radiation Oncology, Obstetrics and Gynecology, and Paediatrics. These events will take place at various venues chosen by the departments and will include a keynote address, distribution of certificates, and photo opportunities for families of the trainees.



## **Graduate and Life Sciences Education Report for Faculty Council**

### **Undergraduate**

#### **Awards**

- 8 GLSE Summer Undergraduate Research Project Studentships awarded for the first time this summer.
- 3 GLSE Undergraduate Leadership Awards awarded for the first time this academic year.
- 127 Undergraduate Research Opportunity Program Awards.
- 3 Undergraduate Faculty Teaching Awards.
- University of Toronto Excellence Awards, 4 NSERC, 5 SSHRC to undergraduate summer students.

#### **Human Biology Undergraduate Research Day**

On April 4, 2014, the GLSE office worked with the Human Biology Program to organize a research poster day and provide sponsorship.

GLSE has entered into an agreement with the Human Biology Program to commit to three years of funding for the annual research day for 2014-15, 2015-16, 2016-17. The commitment will be renegotiated toward the end of the third year based on the success of the program.

#### **Plans for graduate recruitment**

GLSE will attend the following Graduate and Professional School Fairs for the 2014-15 academic school year, McGill University (returning), University of British Columbia (returning), University of Alberta, University of Calgary, McMaster University and Waterloo University. The University of Toronto fairs (St. George, UTM, UTSC) will be attended by the graduate departments.

#### **Life Sciences Review**

GLSE participated in the external reviews of Physiology and Nutritional Sciences. This year is the first time the Faculty of Medicine and Faculty of Arts and Science collaborated on undergraduate reviews as part of the 5-year medicine review of our Basic Science Departments and Laboratory Medicine and Pathobiology, carried out in compliance with the new University of Toronto Quality Assurance Program (UTQAP).

#### **Graduate**

This spring a number of creative approaches to graduate education have moved from the development stage to governance. In particular, the Faculty Council will consider today the new Master of Health Science in Translational Research in the Health Sciences and the new Collaborative Program in Human Development. Both programs represent innovative cutting edge academic programs that have been developed with expertise within the Faculty of Medicine and across the University at large.

At the Faculty Council meeting in February 2014 the new Applied Pharmacology field of study within the MSc in Pharmacology was approved. This term the graduate courses associated with this new field are being approved and the field is on target to begin in September 2014.

## **Continuing Professional Development is pleased to inform Faculty Council of the following updates:**

The CPD website has been updated to align closer with the University of Toronto brand and reputation and highlights our recent name change to Continuing Professional Development, Faculty of Medicine. The CPD website has been refreshed with new content, design and feature technology adapted to our key users: healthcare professionals who wish to find out about and register for any of the over 300 CPD courses we offer each year, and the Course Directors who create those courses and want to know more about the accreditation, management, services and online tools available through CPD.

A record number of faculty applicants were received for the eight annual Continuing Professional Development Awards that recognize excellence in research, scholarship, innovation, teamwork and long-term commitment to CPD in the Faculty of Medicine. The 2013 recipients will be awarded at the annual Education Achievement Celebration scheduled for May 13, 2014.

A strategic planning retreat is scheduled for June 18, 2014. The agenda for this event will in part address the CACME accreditation standard that was in partial compliance (Standard 1.1) and cited that CPD did not clearly define its target population. CPD will better align its educational programming with Ontario's healthcare system needs.

CPD is proud to support and manage the inaugural Indigenous Health Conference. Directed by Dr. Anna Banerji, CPD Global and Indigenous Health, the conference will be unique in bringing together the voices and direction of Indigenous peoples. The target audience will represent a range of healthcare providers including physicians, nurses, nurse practitioners, midwives, social workers, community health representatives, rehabilitation specialists and other health professionals to facilitate the translation and dissemination of knowledge about Indigenous health issues in Canada. The interdisciplinary Indigenous Health Conference is being held at the University of Toronto's Conference Centre on November 20 and 21, 2014.

# Progress Report: Office of Integrated Medical Education, University of Toronto

February 27, 2014

## Recent key developments:

- **3<sup>rd</sup> Annual OIME Summit:**  
The 3<sup>rd</sup> Annual Office of Integrated Medical Education Summit took place in December of 2013. This year's theme focused on faculty development, and was attended by over 110 participants representing various health professions, clinical departments, and our 25 affiliated hospitals. This IME Summit was delivered in an integrated fashion with our Centre for Faculty Development (CFD) and Health Sciences Education Sub-Committee.
- **TACT: Teaching and Academic Capacity in Toronto**  
With project management services provided by the OIME, the Faculty of Medicine has established a Steering Committee to examine teaching and academic capacity in our affiliated hospitals, public health units, independent offices, and clinics. A report will be completed in late 2014.
- **Preceptor Payment Budget for 2013-2014:**  
We received formal confirmation from the Ministry of Health and Long-Term Care (MOHLTC) that our preceptor payment budget/base allocation has been increased to over \$5.5 million for 2013-2014 onwards. As noted previously, we forecasted increased funding needs primarily due to growth, ROMP's withdrawal from Newmarket and Markham Stouffville and the new clerks at the Mississauga Academy of Medicine (MAM). Although funding for travel and accommodations was also withdrawn by ROMP, the UofT does not currently have funding for learner travel or accommodations.
- **OIME Communications Programs and Reports:**  
The 5<sup>th</sup> edition of the OIME Newsletter was published in November of 2013. As well, our first KPIs for IME Report was published during the fall of 2013, and a "dashboard" was created on the OIME website. The 6<sup>th</sup> edition of the OIME Newsletter will be published in late April 2014.
- **Learner Experience Initiatives:**  
The T-IME Learner Experience working group continues to work on a series of projects to streamline the learner experience (clerks and residents at this time), as they move across our affiliated hospitals, public health units and office-based teaching settings. This year, the implementation of common pagers as well as new process around the pre-distribution of Security/ID badges will be a focus. The group also engages with others on the implementation of ONE Mail, e-orientation and e-registration modules.
- **New Staff, OIME:**  
We hired a new Project Assistant in October of 2013, and we are currently recruiting for a full-time Research Officer.
- **Research Programs, Integrated Medical Education:**  
Our new Research Officer will work closely with the Deputy Dean, Faculty of Medicine, and Manager, OIME to implement a wide range of research programs on IME including a wider range of KPIs, the DME-COFM evaluation studies, and socioeconomic impact studies.

For further details, please contact: Wendy Kubasik, Manager, OIME ([wendy.kubasik@utoronto.ca](mailto:wendy.kubasik@utoronto.ca))

**2013-14 PGME Annual Report – Board of Examiners**  
**Date compiled data: April 25, 2014**

**Board of Examiners**

**The Board of Examiners – Postgraduate Programs (BOE-PG)** is a committee of Faculty and Residents appointed by Faculty Council and currently chaired by Dr. Stephanie Brister. At the request of a Program Director and Vice Dean-Postgraduate Programs, the BOE-PG reviews the cases of residents in academic difficulty to decide the course(s) of action, which may include remediation, remediation with probation, probation or suspension and dismissal. The assessment of a resident’s performance may include the evaluation of the resident’s academic, behavioural, ethical and professional performance in their residency program, or the evaluation/ recommendation from an independent process.

Dr. Susan Glover Takahashi, Director of Education and Research, with the addition of two educational consultants, continues to offer support and educational expertise to programs in the planning of a remedial program. Dr. Glen Bandiera, Associate Dean PGME (Admissions and Evaluation) also provides his support and expertise as needed. The PGME Education and Research Unit provides teaching and assessment resources to assist Program Directors with a remedial program, as well as, direction to communication and professionalism skills coaching resources.

As indicated in the table below, the number of new cases and the volume of reports for review have remained steady this academic year. The rate of successful completion of remediation remains steady.

**Summary of BOE Activity as of April 25, 2014**

<b>BOE ACTIVITY</b>	2010-11	2011-12	2012-13	<b>2013-14</b> (to April 25, 2014)
Meetings	11	11	11	<b>9</b>
Reports reviewed	53	64	47	<b>46</b>
<b>CASE VOLUMES</b>	2010-11	2011-12	2012-13	<b>2013-14</b> (to April 25, 2014)
New Cases	19	19	16	<b>19</b>
Open Cases at year end	12	18	13	<b>21</b>
<b>OUTCOMES</b>	2010-11	2011-12	2012-13	<b>2013-14</b> (to April 25, 2014)
TOTAL Closed Cases	24	24	12	<b>10</b>

▪ Successful Completion	15	22	10	<b>10</b>
▪ Resignation	2	2	2	<b>0</b>
▪ Transfers	0	0	0	<b>0</b>
▪ Dismissal	0	0	0	<b>0</b>
▪ Appeals	0	0	0	<b>0</b>
▪ Other Outcome	1	0	0	<b>0</b>

In the upcoming year the BOE –PG will be:

1. Updating of Terms of Reference
2. Undertaking a detailed review of cases which have come to the Board in an effort to identify predisposing or causative factors.

# **Council of Education Vice-Deans Faculty Council Report**

**September 29, 2014**

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## Office of the Education Vice-Deans, Integrative Activities

### eLearning Task Force – Update

In January 2014, the Faculty of Medicine launched an **eLearning Task Force**, co-chaired by Professors Dimitri Anastakis, Vice Dean of Continuing Professional Development, and Jay Rosenfield, Vice Dean of Undergraduate Medical Professions Education.

Task Force membership **continues to grow**, spanning across all of the portfolios and education units and consisting of undergraduate, postgraduate, graduate and adult learners. The Task Force includes representatives from the Ontario Institute of Studies in Education, Biomedical Communications and the University of Toronto Innovations and Partnerships office.

The eLearning Task Force is **currently conducting** a high-level SWOT and Gap Analysis within the FOM community to identify the gaps between where we are today and where we want to be over the next decade and beyond. The specific methodological steps include:

- Completing an inventory of eLearning efforts and resources across the Faculty,
- Conducting a literature review and an environmental scan of best practices in eLearning,
- Interviewing global leaders in eLearning, and
- Conducting focused interviews with learners, internal and external stakeholders.

The **Task Force's recommendations** will enable us to further position the FOM as a leader in eLearning (i.e., teaching, learning and scholarship) across the education continuum. Their findings will lay the foundation to ensure that we have the competencies and infrastructure to provide the best education for today's and tomorrow's learners.

One of the core strengths of this project is how highly collaborative it is. We want to involve as many of our stakeholders as possible to make this an engaging and participatory process. In addition to gathering information (through completed surveys, data collection and analysis, and focused stakeholder interviews), we will also be sharing information throughout the process. We are currently developing a website to share our findings in real time, and a draft report is scheduled for completion by late October with a final report projected for December 2014.

At this time, we invite you to contribute to this project by sharing the unique eLearning strengths, weaknesses, opportunities and threats that you perceive within your individual portfolio. Your feedback is exceptionally valuable to this project, and we hope that you will **share your perspective** with us through a brief survey: <https://fluidsurveys.com/surveys/dc-N/elearning-swot-analysis/>

If you would like to learn more about the eLearning Task Force, please contact Lindsey Fechtig at [lindsey.fechtig@utoronto.ca](mailto:lindsey.fechtig@utoronto.ca).



## Education Achievement Celebration – Save the Date

The Education Vice-Deans are pleased to announce the date of the 2015 Education Achievement Celebration:

**Tuesday May 12, 2015**

**5:00 pm – 7:00 PM**

**Great Hall, Hart House (7 Hart House Circle)**

## Education Development Fund – List of funded projects

We are pleased to announce the recipients of the 2014 Education Development Fund:

*The Creation of a Web-based Learning Module for Indigenous Health Education*

- Drs. Lisa Richardson and Jason Pennington, Department of Medicine

*Exploring Continuity, Integration, Context and Curriculum during Longitudinal Integrated Clerkship (LIC) Training*

- Drs. Karen Weyman and Maria Mylopoulos, Department of Family and Community Medicine

*Fostering Continued Professional Development in the Workplace: TESCoP (Teaching and Education Scholarship Community of Practice)*

- Drs. Debbie Kwan and Denyse Richardson, Pharmacy and Medicine

*Adapting Theatre Practice to Enhance Role-playing and Communication Skills of Occupational Therapy Trainees*

- Dr. Jill Steir, Occupational Science & Occupational Therapy

*Developing a Lifelong Learning Curriculum to Prepare Psychiatry Residents for Continuing Professional Development*

- Drs. Sanjeev Sockalingam and David Wiljer, Department of Psychiatry

*The Health Advocate Role in Family Medicine and Psychiatry Residency Curricula*

- Drs. Sophie Soklaridis and Carrie Bernard, Department of Family and Community Medicine and Psychiatry

*Development of an Introductory eLearning Course on Clinical Research Methods and Quality Improvement for the Toronto-Addis Ababa Academic Collaboration*

- Drs. Stefan and Neill Adhikari, Medicine (Anesthesia)

*Resource Stewardship Workshop: Teaching Internal Medicine and Pediatric Residents to Communicate Effectively with Patients to Avoid Potential Harm from Unnecessary Diagnosis Tests*

- Drs. Geetha Mukerji and Adina Weinerman, Department of Medicine and Pediatrics

*Implementing a Point-of-Care Ultrasound Curriculum for CCFP-EM Residents*

- Drs. Deborah Leung and Jordan Chenkin, Department of Family and Community Medicine, Division of Emergency Medicine

*Developmental Evaluation of Applied Clinical Pharmacology as a New Field of Study in the Master of Science in Pharmacology Program*

- Drs. Cindy Woodland and Michelle Arnot, Department of Pharmacology and Toxicology

*Evaluation of Short-term Field-based Global Health Training Programs Through Trainee and Host Community Perspectives*

- Dr. Sumeet Sodhi, Department of Family and Community Medicine

*High-Fidelity eLearning to Support Competency-based Residency Training*

- Drs. Meredith Guiliani and Caitlin Gillan, Radiation/Oncology

## Undergraduate Medical Education Faculty Council Update

### CaRMS – 2014 Match Results

- 94% of UofT MD students who applied to Canadian residency positions were matched in the first iteration of CaRMS (national average = 95%)
- 55% of UofT MD students who applied to Canadian residency positions were matched to UofT residency programs (national average = 13%)
- 39% of UofT MD students matched in the first iteration of CaRMS were matched to Family Medicine
- Two UofT MD students matched to residency programs in the United States
- Following the second iteration of CaRMS, 7 of 16 UofT MD students were successfully placed in residency programs

### Admissions – Fall 2014 Entry

#### MD Program

	Fall Entry
<b>Applicants</b>	3463
<b>Files Reviewed</b>	1990
<b>Interviews</b>	600
<b>Offers</b>	336*
<b>Acceptances</b>	268**

\*including 6 deferrals from fall 2013 entry

\*\* including 9 deferrals for fall 2015 entry

#### MD/PhD Program

	Fall Entry
<b>Applicants</b>	116
<b>Files Reviewed</b>	88
<b>Interviews</b>	43
<b>Offers</b>	12*
<b>Acceptances</b>	9*

\*including 2 current MD students

### Update – Longitudinal Integrated Clerkship

At its February 10, 2014 meeting, Faculty of Medicine Faculty Council approved a proposal to introduce a voluntary **Longitudinal Integrated Clerkship (LiNC)** experience that MD students can apply to complete in place of the program's existing third-year Clerkship. Since that time, work on the project has been progressing nicely and is on schedule.

The ultimate goal is to have 50 students (approximately 20% of the class) in a LInC across all four academies on an ongoing basis, starting with the 2016-17 academic year, with the potential of further expansion in the future. A notification of curricular change has been submitted to CACMS.

Implementation of the LInC experience for the 2016-17 academic year will be informed by a LInC pilot program, which is scheduled to run over the 2014-15 and 2015-16 academic years, as follows:

- For the 2014-15 academic year, eight students from one of our four academy sites (Fitzgerald Academy) applied to complete and were accepted into the LInC pilot program. (One of the eight students subsequently decided to pursue a PhD and withdrew from the LInC pilot. The space will not be filled.)
- For the 2015-16 academic year, plans are underway to expand the LInC to some or all of the other academies (Peters-Boyd, Wightman-Berris and the Mississauga Academy of Medicine). Consultation and engagement with and within the academies and their hospital partners is ongoing.

In the spring 2014, faculty, staff and students were provided with an opportunity to vote for their favorite Longitudinal Integrated Clerkship acronym. With almost 50% of the 324 votes, LInC was chosen.

For the 2014-15 LInC pilot, individual schedules, with exam times, have been created for each of the participating students. Enhancements have been made to MedSIS to support the creation of individualized and adaptable timetables.

A critical feature of the LInC experience is that students work longitudinally with a small number of preceptors, which supports the development of a mentoring relationship with these supervisors. Owing to the novel nature of this teaching and mentoring, faculty development has been and continues to be an important priority. A faculty development event was held at St. Michael's Hospital on June 23, 2014. Further events, including sessions being held by clinical departments, are planned for the future.

The **LInC Communications Subcommittee** has been hard at work developing tools to ensure that the LInC model is recognized and understood by health care providers at the participating hospitals. Such tools include one-page information documents, stories in hospital-based newsletters, webinars, an information card that LInC students can provide to patients and health care providers, a LInC wordmark, and a lanyard that clearly identifies LInC students.

Students in the LInC will have as a focus of their clinical learning a panel of patients, which will consist of 50-75 patients who represent various developmental milestones of a person's life and reflect diversity in the population in terms of ethnicity, gender, ability and other attributes. Collaboratively, all clerkship directors devised a list of 34 required panel patients with a variety

of demographic and clinical characteristics to optimally support student learning. Early on in the clerkship year, primary preceptors will help LInC students acquire the required panel patients. Steps have been taken to ensure that adequate technology is in place such that LInC students are able to follow the patients on their panel, log their patient panel activities, and provide reflections on these activities. Information regarding LInC students' patient panels will be stored on secure servers at the participating hospitals. These information storage systems have been (and will be) developed in consultation with hospital-based privacy commissioners, and LInC students will receive extra training on the relevant hospital-based information systems.

Students in the LInC pilot will be required to complete an advocacy project in place of the academic project completed by block clerks. The goal of the project is to engage LInC students in the CanMEDS Advocacy role through scholarly work and proposed or active interventions relating to patients who they identify on their patient panel. A working group was formed to develop learning objectives, format, timelines and evaluation requirements. Dr. Philip Berger, the UME Advocacy Lead, will provide mentoring to the seven LInC students in 2014-15 regarding their projects.

A **Research Subcommittee** has been established. Drs. Karen Weyman and Maria Mylopoulos submitted an Education Development Fund application regarding the LInC, which was awarded in the amount of nearly \$20,000. Four LInC-related poster abstracts were submitted for The Muster Conference in Uluru, Australia. The topics are: students' perspective, patient panel, roadblocks and challenges, and faculty development.

### **Update – Preclerkship Renewal**

Work is well underway on a significant renewal of the MD program's preclerkship curriculum. Consultations regarding the preclerkship renewal, including endorsement of the renewal process by the UME Executive Committee, were initiated the summer 2013 and continued over the 2013-14 academic year. A summary of the renewal process was provided in the April 2014 UME report to Faculty Council.

Full implementation of the new preclerkship curriculum model is planned for the 2016-17 academic year. Development of the new preclerkship curriculum model will be informed by two pilot projects, as follows:

- Students entering the MD program in the fall 2014 will be introduced to a three-week introductory version of the renewed preclerkship curriculum in November as part of the existing first year Structure and Function course. This **Phase 1 curricular change** is constructed around a virtual congestive heart failure case that students currently experience (via Mr. GB), which will be complemented by a COPD case during respiratory week and a hypertension case during cardiovascular week. Further integration will take place in related sessions in the first year Art and Science of Clinical Medicine (ASMC-1) and Community, Population and Public Health (CPPH) courses.

- Planning is underway for a **Phase 2 implementation** for both the first and second students during the 2015-16 academic year.

Both modules will be evaluated in collaboration with the Wilson Centre for Research in Education.

A Concept Organization Group – comprised of 13 members of the preclerkship committee – is working on **i)** identifying the overarching content framework for the curriculum and the sequencing of the concepts for the first two years, **ii)** developing learning objectives, and **iii)** identifying specific cases (including revised versions of existing PBL cases) that can be tied to the concept and curriculum.

Three other working groups – Portfolio and Assessment, Toronto Online Patient-Centered Integrated Curriculum (**TOPIC**), and Integrated Clinical Experience (**ICE**) – that align with major components of the new curriculum model have identified objectives as well as processes for achieving those objectives.

A consulting firm has been retained to provide high-level project management support. The firm has successfully supported undergraduate medical education curricular renewal projects for the UBC Faculty of Medicine and NOSM.

Next steps include presentation of a formal proposal to the Faculty Council Education Committee in October 2014 and, from there, to Faculty Council in February 2015.

### **Update – Academy Membership Framework**

Although the Academy system was identified as a particular strength of the MD program by the accrediting bodies in their October 2012 accreditation report, there are no formal documents that describe the structure and governance of the Academies. Between April and August 2013, Sarita Verma (Deputy Dean and Associate Vice-Provost, Health Professions Education) and Jay Rosenfield (Vice-Dean, Undergraduate Medical Professions Education) led a series of consultation meetings with the Academy Directors and designated education leads of the University's nine fully-affiliated hospitals and four major community-affiliated hospitals. The focus of those meetings was the development of an Academy Membership Framework, including Academy membership type definitions (and corresponding roles and responsibilities) as well as principles and guidelines intended to inform the management and collaborative delivery of the MD program through and within the Academy system.

The designated education leads of the nine fully-affiliated hospitals and four major community-affiliated hospitals who participated in the consultation meetings confirmed that they would like to maintain the existing Academy configurations.

At an Academy Summit held on May 29, 2014, the designated education leads (or their representative) of the University's nine fully-affiliated hospitals and four major community-affiliated hospitals unanimously endorsed the Academy Membership Framework, which had been updated to reflect feedback provided during the consultation process. They also endorsed the development of an Academy Letter of Understanding template. Work on the template letter is in progress, with the goal of presenting a final draft to the TAHSN CEOs in the fall 2014.

### **Summer Mentorship Program – 20th Anniversary Event**

The **Summer Mentorship Program (SMP)** provides high school students from under-represented populations with an opportunity to explore health sciences at the U of T over four weeks in July. It is offered to approximately 50 students each year. An event marking the 20th anniversary of the SMP was held on the evening of July 30, 2014 at the Hart House Great Hall. Over 230 people attended the 20<sup>th</sup> anniversary event, including current SMP students and alumni, parents of SMP students, founders of the program, and faculty and staff from the Faculty of Medicine and other health professions Faculties (Pharmacy, Social Work, Dentistry, Nursing, and Kinesiology). Dr. Leslie Nickell graciously hosted the event and the speakers included Dean Whiteside, Indigenous Elder Jacqui Lavalley and two SMP alumni: Erik Mandawe and Husam Abdel-Qadir. It was an auspicious occasion celebrating the program's continued success.

### **Governance & Leadership**

- Dr. Adelle Atkinson was appointed Acting Associate Dean, Undergraduate Medicine Admissions and Student Finances, effective July 1, 2014 for a six month term while Dr. Mark Hanson is on administrative leave
- Dr. Amy Bourns was appointed as the first Faculty Lead for LGBTQ (Lesbian, Gay, Bisexual, Transgender & Queer) Health Education, effective July 2014
- Dr. Neil Sweezey was appointed Director for Comprehensive Research Experience for Medical Students (CREMS) Programs, effective September 15, 2014
- Dr. Allison Chris was appointed as Course Director for the new Community, Population and Public Health (CPPH) course, effective July 1, 2014
- Dr. Debra Katzman was appointed as Course Director for the new Health Science Research (HSR) course, effective August 1, 2014
- Dr. Heather Sampson was appointed as Course Director for the final offering of the Determinants of Community Health-2 (DOCH-2) course in the 2014-15 academic year

## Physician Assistant Program

### 1. Move to September Start:

The BScPA program had a January start date for student entry since inception (January 2010). For 2014, a cohort began the program in January, but a second cohort also began Sept 2, 2014. Moving forward, all cohorts will start in September. This aligns the program with the Faculty of Medicine programs as well as most of the programs within the greater university. Students will also benefit by completing the program in August, well before the annual national certification examination sitting in October.

### 2. Admissions:

	Jan 2010 Entry	Jan 2011 Entry	Jan 2012 Entry	Jan 2013 Entry	Jan 2014 Entry	Sept 2014 Entry
<b>Applicants</b>	160	152	236	215	259	244
<b>Files Reviewed</b>	117	71	91	90	91	107
<b>Interviews</b>	64	49	59	66	66	66

### 3. Changes to Admissions requirements:

In response to the need to extend the applicant pool, allowing for the best students to have access to the program, and to potentially begin to increase the cohort size, the BScPA Program Admissions & Selection Committee has approved the following changes in the admission requirements:

- 1) 2.7 CGPA is now a required minimum for consideration (previously there was no requirement, although a preference of 3.0 GPA was posted)
- 2) Required health care experience is reduced to 910 hours from 1680 and broadened to include non-direct patient care as well as volunteer (within the last 5 years preferred)

### 4. Curricular review and changes:

The **Curriculum Working Group of the BScPA Program Restructuring and Integration Task Force** has suggested that while the curriculum content of the BScPA program is sound (as evidenced by success rate on the national competency exam as well as employment rate), efficiencies can be found to reduce student cognitive load and staff burdens. Previously, in the second year (clinical year) of the program, students also participated in academic courses throughout the year. Academic courses ran simultaneously with the clinical rotations. Academic courses have now been concentrated into dedicated weeks prior to and between clinical rotations. This allows students to increase their didactic learning prior to their first clinical



rotation and improve focus on daily preparation for clinical rotations as suggested by preceptors.

### **Medical Radiation Sciences Program Updates:**

The newly redesigned Nuclear Medicine and Molecular Imaging (NMMIT) stream of the MRS Program launched in September 2014 with an initial cohort of 16. The main features of the redesigned NMMIT program allow students to build competency as they progress through the program and include:

- Hybrid delivery model in both asynchronous and synchronous learning environments (live, tutorial, simulation and lab work)
- Integrated program design with common content threads and competencies interwoven across courses and learning environments
- Earlier clinical experiences with three 4-day clinical placements being introduced into the 4th and 5th semesters of the program
- Case-based learning to encourage critical inquiry and problem solving abilities

An extensive evaluation plan has been drafted to assess the design and implementation of the new curriculum and the desired outcomes. The plan has been mapped to monitor and capture data over the next four years, with a long term focus for Continuous Quality Improvement.

For the academic year 2014/2015 the Radiation Therapy stream of the MRS Program will be hosting a student from Brazil enrolled in the **Ciência sem Fronteiras (CsF)** Program (formerly Science without Borders). This is the first time that a student from the CsF Program has been placed in the Faculty of Medicine.

### 2014/2015 MRS Program Enrollment:

Total Program Enrollment: 269

- Radiological Technology: 120
- Nuclear Medicine and Molecular Imaging Technology: 16
- Radiation Therapy: 133\*

\*Including the CsF student who will attend for 2 semesters only

## Postgraduate Medical Education Faculty Council Update

PGME Topics/Issues/Events	
<a href="#"><u>PGME Leadership &amp; Annual Report</u></a>	<a href="#"><u>ICRE: PGME Showcase Focusing on CQI and Supporting Best Practices</u></a>
<a href="#"><u>CARMS 2015</u></a>	<a href="#"><u>Internal Review Committee and Accreditation</u></a>
<a href="#"><u>Chief Resident Leadership Workshop</u></a>	<a href="#"><u>Medical Trainee Days Project</u></a>
<a href="#"><u>Global Health</u></a>	<a href="#"><u>MERS-COV Screening</u></a>
<a href="#"><u>Graduation Events</u></a>	<a href="#"><u>PGMExchange</u></a>
<a href="#"><u>Guidelines for Educational Responsibilities in Clinical Fellowships</u></a>	<a href="#"><u>Teaching and Academic Capacity in Toronto (TACT)</u></a>
<a href="#"><u>Gullane Task Force on Best Practices in PGME Program Support</u></a>	<a href="#"><u>Toronto International Summit on Leadership Education (TISLEP)</u></a>

### 1. [PGME Leadership & 2013-14 Annual Report](#)

Dr. Sal Spadafora was appointed to Full Professor this year. He is scheduled to take his administrative leave from January to December 2015 and Dr. Glen Bandiera will serve as Acting Vice Dean during this period.

Dr. Linda Probyn will continue in the position of Director, Education in the PGME Office and Dr. Anne Matlow will continue as Academic Lead for Leadership and Strategic Initiatives.

Maureen Morris joined the PGME Office in April 2014 as Associate Director, Operations. In this capacity, Maureen will manage all activity related to trainee registration, transfers, licensing, and visa operations, central program administration contact, as well as liaison with the accrediting and licensing organizations.

The PGME Annual Report for 2013-14 is posted on the PGME website at <http://www.pgme.utoronto.ca/content/reports-communications>

## 2. CARMS 2015

The number of **CARMS** entry residency positions for 2015 will remain at the 2014 intake number: 417. The Quotas Allocation Committee met in the summer and some program positions were decreased and others increased based on several considerations including program capacity, physician employment opportunities, government priorities and societal need.

## 3. Chief Resident Leadership Workshop

On August 12, 2014, PGME held its **9<sup>th</sup> Annual Chief Resident Workshop**, with opening remarks from the Dean and Dr. Susan Lief as the keynote speaker. Participation in the event was the highest ever, with attendance topping 100. Other sessions presented were Wellness, HealthForceOntario, residents as teachers and a “Chief Resident Primer” presented by the resident’s association (PARO). A panel discussion of former and current chief residents also garnered a great deal of interest.

## 4. Global Health

The first annual **PGME Global Health Day** was held on Tuesday May 27th at the Li Ka Shing Knowledge Institute. Over 175 residents, fellows, and medical students participated in the information sessions with facilitators and mentors such as Colleen Flood, Kelly MacDonald, Doug Sinclair, and Raghu Venugopal. Certificates were also distributed to residents who completed the 2-year Global Health Education program. Guidelines for residents undertaking Global Health electives have been established, and Pre-Departure Training sessions scheduled for November 18, February 5, and May 26 at the PGME Boardroom.

## 5. Graduation Events

PGME partnered with Advancement and departments to host five graduation events for our residents and fellows in the departments of Radiation Oncology, Medicine, Obstetrics & Gynecology, Pediatrics, and Otolaryngology – Head and Neck Surgery. Celebrations included distribution of certificates and awards, reception, photographs, music, and remarks from department chairs.

## 6. Guidelines for Educational Responsibilities in Clinical Fellowships

Following a detailed development and review process, including consultation with legal counsel, the **Fellowship Education Advisory Committee (FEAC)** finalized [Guidelines for Educational Responsibilities in Clinical Fellowships](#). The guidelines are intended to assist programs in dealing with serious educational issues that may arise during clinical fellowship training but require immediate, sensitive and informed response when they occur. The guidelines have been announced by the Vice Dean PGME and posted on the PGME website.

## **7. Gullane Task Force on Best Practices in PGME Program Support**

After the April 2013 Accreditation, the Dean appointed a **Task Force on Best Practices** in PGME Program Support under Dr. Patrick Gullane to review supports to residency program sustainability. The Task Force's report was released in July 2014 and includes recommendations for improved communication, greater transparency and creation of an accountability framework to resource residency programs. The PGME Office will work with all Program Directors and program assistants in 2014-15 to implement the report's recommendations.

## **8. ICRE: PGME Showcase Focusing on CQI and Supporting Best Practices**

The **Royal College International Conference on Residency Education (ICRE)** will be held in Toronto October 24-28<sup>th</sup>. PGME has been invited to present at a special session focusing on Continuous Quality Improvement. The showcase will reflect UofT PGME's evidence-based, centralized processes and educational and technical supports, which have resulted in benchmark-setting across the Faculty's programs and training sites. Topics will include trainee exit surveys, case logs, leadership and resource management curriculum development, best practices in rotation evaluation, admissions and selection, web-based repository for medical education resources, and expansion of global health programming.

## **9. Internal Review Committee and Accreditation**

The Internal Review Committee will start a new review cycle beginning in Fall 2014. Logistical planning is underway to prepare for the 100+ regularly scheduled internal reviews of residency programs. Over the spring and summer several programs prepared follow up accreditation reports to the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada. In Spring 2014, an application for new program status was submitted and approval received over the summer (i.e. General Internal Medicine). In anticipation of revised educational standards, called CanMEDS 2015, the Internal Reviews will be emphasizing HR needs to support educational excellence, guiding programs in implementing the new standards, and employing best practices metrics to monitor outcomes and evaluate improvements.

## **10. Medical Trainee Days Project**

The development work for the **Medical Trainee Days (MTD)** project is almost complete and the Faculty will begin to submit MTD reports to the Ontario Ministry of Health in 2014-15. The project was initiated in response to changes in data collection and implementation of the 275 day cap per learner. A collaborative initiative of the Faculty of Medicine and its affiliated hospitals, the Ontario Ministry of Health, and the Council of Ontario Faculties of Medicine, the new structure will maximize the number of eligible learner days for each hospital. Learner attendance will be based on existing registration and evaluation systems, and the Faculty will

support hospitals in the co-ordination and verification of learner data for annual reporting to the Ministry.

### **11. MERS-COV Screening**

In May 2014, the Dean announced that the Faculty of Medicine would be screening for the MERS-CoV in our trainee community. Communications were prepared and PGME developed an on-line screening questionnaire which was shared with other Faculty offices. Newly arriving trainees from the specified geographic areas received an email and a link to the questionnaire as well as current trainees returning from those areas of the world. No trainees have been reported with the virus to date.

### **12. PGMExchange**

In June 2014, **PGME launched PGMExchange**, a central repository to collect and share learning resources within the UofT PGME community including tools for teaching, assessment, curriculum planning, and workshop development. The resources available in this web-based resource --- OSCEs, journal articles, exam questions, videos --- can be sorted by CanMEDS role, intended audience, program, format, and author and more.

### **13. Teaching and Academic Capacity in Toronto (TACT)**

The **TACT** committee was formed earlier this year, co-chaired by Dr. Glen Bandiera and Dr. Stacey Bernstein. The purpose of **TACT** is to determine the optimal placement of learners for clinical experiences. **TACT** will analyze the results of increased enrolment and complete an environmental scan of current placements. An electronic “capacity dashboard” will be developed to continually assess capacity to achieve consistency, excellence and equity in clinical experiences.

### **14. Toronto International Summit on Leadership Education (TISLEP)**

On October 22<sup>nd</sup>, 2014, the University of Toronto with the Royal College of Physicians and Surgeons will be hosting a **pre-ICRE summit**. This inaugural summit will be co-Chaired by Dr. Adalsteinn Brown (IHPME, U of T) and Dr. Fiona Moss (Editor, Postgraduate Medical Journal, England). The Organizing Committee for the Summit is chaired by Dr. Anne Matlow. The event will bring together an international audience of thought leaders and educators to further articulate the physician leadership competencies and discuss how stakeholders can collaborate to create future physician leaders. The goal is to create guiding principles for developing a physician leadership curriculum to complement implementation of CanMEDS 2015 thereby driving improvement in patient care and of the healthcare system.

# Continuing Professional Development Faculty Council Update

## 1. Continuing Professional Development

### 1.1. CPD Strategic Planning Retreat

The CPD Strategic Planning Retreat has been rescheduled to October 1, 2014. During the retreat we will address the CACME accreditation standard that was in partial compliance (Standard 1.1), which cited that CPD did not clearly define its target population. In addition, we will review and revise our current strategic priorities and initiatives.

### 1.2. CPD Awards 2012-13

The 2012-13 academic year's CE Award Winners are as follows:

#### Colin Woolf Award for Long Term Contributions to CE:

**Dr. Paula Ravitz**, Associate Professor, Department of Psychiatry, Faculty of Medicine, University of Toronto, for the breadth and depth of her contributions to CPD in a relatively short period of time: Leadership, scholarship, research, publications and program development.

#### Colin Woolf Award for Excellence in Course Coordination:

Princess Margaret Cancer Centre Accelerated Education Program

**David Jaffray**, Professor, **Pamela Catton**, Professor, and **Nicole Harnett**, Assistant Professor, Department of Radiation Oncology, Faculty of Medicine, University of Toronto, for developing a broad interprofessional curriculum in radiation oncology that looks at impact on practice as an outcome.

#### Colin Woolf Award for Excellence in Teaching:

**Dr. Miriam Weinstein**, Associate Professor, Department of Paediatrics, Faculty of Medicine, University of Toronto, for her glowing teaching evaluations from multiple course participants over several years.

#### David Fear Fellowship

**Dr. Douglas Wooster**, Professor, Department of Surgery, Division of Vascular Surgery, Faculty of Medicine, University of Toronto, to develop an electronic vascular Ultrasound curriculum.

### **Ivan Silver Award for Innovation in CPD:**

**Drs. Joel Sadavoy**, Professor, **Virginia Wesson**, Assistant Professor, Department of Psychiatry, and **LJ Nelles**, PhD student/Wilson Centre Fellow, University of Toronto, for their train the trainer “CARERS” program designed to educate family members how to care for their relative Alzheimer’s disease with the ultimate goal to allow the Alzheimer’s patient to remain longer in a home environment before becoming institutionalized.

### **Interprofessional Team CE Award:**

**Dr. Michael Pollanen**, Associate Professor, Department of Laboratory Medicine and Pathology, Faculty of Medicine, University of Toronto, for the interdisciplinary interprofessional program for coroners, lawyers and pathologists as well as technologists on suicide.

There were no recipients this past year for the Dave Davis Research or Fred Fallis Online Awards.

## **1.3 CPD Academic**

The new office under leadership of **Dr. Suzan Schneeweiss** was recently established to address the academic needs of our over 500 course directors. Key support services provided include:

- a. Education consulting
- b. CPD leadership development
- c. Resources for best practices in courses design and development
- d. CPD Education Scholarship grants
- e. CPD Awards

## **1.4. Internally managed courses**

The office of CPD works to align our educational programming with the health care needs in our community and across Ontario. We have partnered with several stakeholders to address key issues affecting patient care, quality improvement and patient safety. **Key examples include:**

- a. **Dr. Anna Banerji**, a Paediatric Infectious Disease specialist and Director of Global Health at CPD has established the first interprofessional Indigenous Health Conference which will begin a dialogue about disparities and burden of disease among indigenous people and address issues such as equity, cultural competence, stereotypes and misperceptions.

- b. CPD has successfully partnered with the College of Physicians and Surgeons of Ontario to address needs of Ontario physicians by developing **courses in Medical Record Keeping and Safe Opioid Prescribing**. CPD has also applied innovative teaching strategies with eLearning technology and flipped classroom methodology to enhance learning outcomes.
- c. **Quality improvement** has been identified by the Ontario Ministry of Health and Long-Term Care as a strategic priority to transform healthcare delivery across the province by developing capacity in quality improvement, change management and leadership. Two quality improvement programs, entitled IDEAS (Improving and Driving Excellence Across Sectors) and led by Dr. Adalsteinn Brown, were developed to address these needs; a 9-day advanced and a 2-day introductory program. Over 3 years, 360 participants will complete the 9-day advanced program providing faculty capacity to lead quality improvement projects and programs in their home communities. University of Toronto CPD led in the development of a needs assessment for the 2-day introductory program and collaborated with the 5 other medical schools in the Province of Ontario to support the design and delivery this program across the province. University of Toronto CPD is currently implementing the 2-day introductory program and over the next 2 years will train 360 participants. Collectively, these programs will ultimately reach more than 2500 clinicians and managers building our capacity and sustainability for quality improvement in the province.

## **2. Standardized Patient Program**

### **2.1. Strategic Plan**

We completed our **five-year strategic plan** and have begun implementing the year one priorities. The four goals are: improve operational effectiveness and efficiency, develop an academic mandate, be recognized as a leader in experiential education, and achieve fiscal stability. In 2014, the Standardized Patient Program marks their 30<sup>th</sup> year at the University of Toronto. At a gala event in November we will celebrate this achievement, and officially launch the implementation of our strategic plan.

### **2.2. Notable new and developing projects**

We designed and implemented a licensing OSCE for the College of Denturists of Ontario. Due to this success, we will be coordinating two similar exams for them next year. We are collaborating with Holland Bloorview Kids Rehabilitation Hospital to build simulation scenarios on effective communications skills with clients and families. We are also working with the Peel



Police in training officers to interact effectively with individuals with mental health issues, and are proposing a similar program for Toronto Police Service. We're preparing for the second phase of federal and provincial funding to arrive for the Internationally Educated Health Professionals Project. Our goal for the next three years will be to add to the five open source e-learning modules that we have already created.

### **2.3. International simulation community**

**Diana Tabak** was invited to co-present a **simulation and communities of practice workshop** with Walter Eppich in Poland for the SESAM Conference. She also co-presented a workshop on SP methodology with Turkish and Swiss faculty. **Nancy McNaughton** was invited to conduct a week-long faculty development course on live simulation fundamentals for the Faculty of Medicine at Kuwait University, and simulation training modules and workshops in multiple locations in Australia.

### **3. i+e (Innovations + Education) Office**

The **i+e office** was established in February 2013. Its purpose is to offer business services support that better enable faculty to develop best-in-class educational products and services. The **i+e Office** is finalizing its strategic plan and business case which will see the office achieve self-sustainability within the next 5 years. The office continues to grow its book of business with the addition of 4 new project related to business development, communications, marketing and reputation management.

*Since the last report, some recent activities and accomplishments include:*

#### **3.1. Advanced Clinician Practitioner in Arthritis Care Program (ACPAC)**

i+e is supporting a national program expansion of The Advanced Clinician Practitioner in Arthritis Care Program (ACPAC). Negotiations with educators in Alberta is underway and we anticipate a nationally expanded ACPAC program for 2015/16. ACPAC is a post licensure program designed to enhance the skills and scope of practice of allied health professionals in the management and treatment of arthritis and is funded by the Ontario Ministry of Health and Long Term Care. The Program's academic home is in CPD and financial management, administrative and business development support is provided through i+e.

#### **3.2. CoursePeer Inc. and Eve**

In partnership with CPD, i+e has negotiated a license for the **Events Evolved (EvE)** events management system. EvE is a **full service automated platform** for the management of educational events and learner registration. EvE is being licensed to CoursePeer Inc., a Toronto-

based learning management system (LMS) company ([www.CoursePeer.ca](http://www.CoursePeer.ca)).

### **3.3. Copyright Management**

As part of a suite of business support services i+e offers, the office has developed a “turn-key” solution for Copyright Management. Through consultation with the Dean's office, the Office of Risk Management, the Office of Vice President of Research and Innovation and legal services, i+e has developed a template "**Content License Agreement**" that can be used to manage Copyright-based assets developed by faculty and staff at the FOM. The Content License Agreement represents a significant step towards the development of alternative revenue streams derived from education-based assets for departments and faculty.

## **Office of Graduate and Life Sciences Education Faculty Council Update**

### **1. New Appointed Vice-Dean, Graduate and Life Sciences Education**

**Professor Allan Kapan** has been appointed Vice-Dean, Graduate and Life Sciences Education for a five-year term effective July 1, 2014.

### **2. Undergraduate**

#### **Communication Strategies**

- a)** Third Annual Graduate and Undergraduate Research Information Fair will be held on November 13, 2014, Medical Sciences Building. Exhibitors from our undergraduate, graduate departments, as well as hospitals, student associations, School of Graduate Studies will be attending.
- b)** Second Annual Human Biology Undergraduate Research Day (TBA)
- c)** Monthly google analytic reports for the Graduate and Life Sciences Education website.
- d)** Created a video on How to Find an Undergraduate Research Opportunity.

#### **Data Collection**

- a)** Third annual undergraduate student survey was sent to all life sciences fourth year graduating students. Preliminary 2014 data is similar to last year's survey and will be analyzed by the Life Sciences Planning Curriculum Committee.
- b)** Department/College questionnaire regarding undergraduate life sciences research was compiled by Faculty of Arts and Science. Preliminary data will be analyzed by the Life Sciences Planning Curriculum Committee.

## Undergraduate Faculty Teaching Awards

The Undergraduate Faculty Teaching Awards [competition deadline will be January 30, 2015](#).

Four awards will be adjudicated in three categories.

- Excellence in Undergraduate Teaching in Life Sciences
- Excellence in Undergraduate Laboratory Teaching in Life Sciences
- Excellence in Linking Undergraduate Teaching to Research in Life Sciences

## Plans for Graduate Recruitment

GLSE will be attending UTSC and UTM Graduate and Professional School Fair.

## Life Sciences Undergraduate Research Opportunities Fund

A funding strategy was developed for undergraduate research opportunities. The [donation link](#) is located on the Faculty of Arts and Science and Graduate and Life Sciences Education website. Donations will help support the expansion of critical research opportunities for undergraduate life sciences students in their second, third and fourth years.

## Joint Working Group on Undergraduate Tutorials

[The Joint Working Group](#) was a collaborative initiative undertaken by the University and CUPE Local 3902, Unit 1 and made recommendations designed to enhance the training provided to teaching assistants assigned to tutorials. The Provost accepted the recommendations contained in the Report and the University has committed to offer paid training the first time a teaching assistant's appointment includes facilitating tutorials in any of the four categories of tutorials defined in the Report. The categories are discussion-based sessions, skill development sessions, Q&A and exam/test/assignment review sessions, and laboratories/practical's. The Centre for Teaching Support & Innovation (CTSI) has developed a number of resources to support this initiative, and to enhance tutorial teaching for instructors and teaching assistants.

## 3. Graduate Education

### Graduate Awards

- 25 Faculty of Medicine-wide OSOTF, Expendable and Other Endowed Awards were adjudicated in June and July 2014 with over \$538,000 available for distribution for the 2014-15 academic year.

- 201 OSOTF, Expendable and Other Endowed Awards with over \$14.8 million was distributed to 14 graduate departments, 21 clinical departments, and 7 affiliated hospitals (total 42) for distribution for the 2014-15 academic year.
- A total of \$4,388,735 University of Toronto Fellowships was distributed in June to 14 graduate departments for 2014-15 graduate students funding.
- 68 QEII-GSST (49 doctoral-stream awards and 19 clinician/surgical-scientist trainee awards) at \$15,000 each are to be distributed for the 2014-15 academic year (total \$1,020,000).
- \$440,000 Doctoral Completion Award (DCA) has been allocated to 12 graduate departments for 2014-15 academic year. The DCA is to support full-time PhD students who are beyond the funded cohort and within time-limit for the degree.
- \$276,748 will be distributed to 6 graduate departments with professional masters programs in early-Fall 2014.
- Over 50 graduate studentships, including CIHR CGS D, Vanier and other external doctoral research awards paid through ROSI to doctoral-stream students with Principal Investigators affiliated with the Faculty of Medicine.

### **Graduate Faculty Teaching Awards**

The Graduate Faculty Teaching Award **Competition deadline will be early-December 2014**. Six awards will be adjudicated in three categories:

- Early Career Excellence in Graduate Teaching & Mentorship
- Continuing Graduate Teaching & Mentorship
- Sustained Excellence in Graduate Teaching & Mentorship

Each awardee will receive a framed certificate and \$1,000 cash prize.

### **Postdoctoral Fellowships**

The Faculty of Medicine Postdoctoral Fellowships Review Committee adjudicated the 2014-15 Banting Postdoctoral Fellowships in early-August 2014 and forwarded 8 nominations to the University for submission to the CIHR and NSERC agencies for nation-wide review. Each Fellowship is worth \$70,000 per year for two years.

## Graduate Student Information System (GradSIS)

GradSIS, a web based Student/Supervisor Agreement Form with a mechanism for doctoral-stream students, the supervisors and 13 graduate departments to submit and formally agree upon a student's graduate funding. In our continued effort to make GradSIS easier to use, GLSE invested over \$15,000 in functional changes, in place for 2014-15.

## Office of Integrated Medical Education Faculty Council Update

The **OIME** continues to function at full speed and the clinical preceptor payments are proceeding within the allocated \$6 million /annum MOHLTC budget. We do not anticipate any issues with the IME programs at this time. All major projects including the Learner Affairs projects that support orientation, badges and pagers are proceeding well. The **TACT project (Teaching and Academic Capacity in Toronto Review)** is making early progress in scanning the environment and developing a tool for the ongoing assessment of teaching capacity across all our sites.

**Acknowledging the significant increasing number of community-based teachers to the learning of medical students and residents at the University of Toronto, the Faculty of Medicine (through the Office of Integrated Medical Education) created three awards to recognize excellence in community-based teaching.** Launched during the fall of 2012, the awards carry a cash value of \$1,000 each and are presented at the Faculty of Medicine's Annual Education Achievement Celebration. The awards are open to MDs who are clinical teachers of medical students or residents within the University of Toronto's Faculty of Medicine, and who teach and practice primarily in the community environment, including the U of T's Community Affiliates or community-based office/clinic. In 2014, we received an outstanding forty-nine nominations. Subsequently, forty-five nominees submitted complete nomination packages. A wide range of clinical specialties and community-based hospitals were represented through these stellar nominees. The committee intended to provide three awards in 2014, but a total of four awards and four special commendations were given across the three awards categories.

Please join us in congratulating the 2014 recipients of these awards listed in our OIME newsletter:

<http://www.oime.utoronto.ca/Assets/Root+Digital+Assets/Newsletters/current.pdf?method=1>

This year the **OIME will co-host a summit on Interprofessional Education in collaboration** with the TAHSN Education Committee, the Council of Health Sciences Education Subcommittee, the Center for Interprofessional Education and the Canadian Interprofessional Health Leadership Collaborative. To be held on December 2 2014, this event will bring together high level academic across the affiliated sites, health sciences and in the province to deliberate interprofessional education and its links to practice.

OIME has recently undergone **administrative changes**. Wendy Kubasik, who served as Manager for the OIME for 3 years departed the role early in August 2014 to take on a new adventure and exciting career opportunity at McMaster University. The search for the new Manager is underway. Dr Sarita Verma, Deputy Dean will have oversight of the OIME in the interim.



**UNIVERSITY OF TORONTO**  
**FACULTY OF MEDICINE**

**FOR APPROVAL**

**TO:** Faculty Council

**SPONSOR:** Allan Kaplan, Vice Dean, Graduate and Life Sciences Education

**CONTACT INFO:** Allan.Kaplan@utoronto.ca

**DATE:** September 29, 2014

**AGENDA ITEM:** 4.1.1

**ITEM OF BUSINESS:** The Rehabilitation Sciences Institute

**JURISDICTIONAL INFORMATION:**

The Research Committee of the Faculty of Medicine Faculty Council reviews and recommends to Council for approval the establishment, continuation and termination of Departments and Extra-departmental Units.

**GOVERNANCE PATH:**

1. Research Committee [For approval] – September 4, 2014
2. Graduate Education Committee [For information] – September 9, 2014
3. Faculty Council [For approval] – September 29, 2014
4. Academic Board [For approval] – November 13, 2014
5. Executive Committee of Governing Council [For approval] – December 1, 2014

**CONSULTATIVE PATH:**

Dean's Executive Committee – July 30, 2014  
Provost's Advisory Group – September 2, 2014

**HIGHLIGHTS:**

This proposal is to establish the Graduate Department of Rehabilitation Science (GDRS), currently budgeted and administered in the Faculty of Medicine as a graduate unit, to an Extra Departmental Unit: B (EDU:B) with the new name of the Rehabilitation Sciences Institute (RSI). The new EDU:B will remain in the Faculty of Medicine and will continue to deliver the MSc and PhD degree programs in the Rehabilitation Sciences at the University of Toronto. The Faculty of Medicine will continue to assume active administrative and budgetary responsibility for the RSI. The effective date proposed is January 1, 2015.

The GDRS has been an extremely successful entity, enjoying tremendous growth and repeated excellent external reviews. Indeed, in the last external review, it was noted that while many units claim to be multidisciplinary, GDRS truly is. The unit is now ready to extend the scope of its multidisciplinary nature. Being an EDU:B will afford it that opportunity by ensuring it has the scope and appropriate leadership, structure, and visibility to meet its goals of increasing the breadth and capacity of rehabilitation science training and research to address such mounting societal needs as an aging population and a population living with chronic conditions. The multidisciplinary nature of rehabilitation science permits development of multi-faceted approaches to studying and improving body function and structure, activity engagement and full participation in society.

**PROPOSED MOTION:**

*“THAT the proposal to establish the Graduate Department of Rehabilitation Science as an EDU:B, renamed The Rehabilitation Sciences Institute, be approved as submitted.”*



August 28, 2014

**Proposal To Establish the Graduate  
Department of Rehabilitation Science as an  
EDU:B:  
The Rehabilitation Sciences Institute**

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# 1 Statement of Purpose

This proposal is to establish the Graduate Department of Rehabilitation Science (GDRS), currently budgeted and administered in the Faculty of Medicine as a graduate unit, to an Extra Departmental Unit: B (EDU:B) with the new name of the Rehabilitation Sciences Institute (RSI). The lead Faculty will be the Faculty of Medicine and the new EDU:B will continue to deliver the MSc and PhD degree programs in the Rehabilitation Sciences at the University of Toronto. As the lead Faculty, the Faculty of Medicine will continue to assume active administrative and budgetary responsibility for the RSI. The effective date proposed is January 1, 2015.

The GDRS has been an extremely successful entity, enjoying tremendous growth and repeated excellent external reviews. Indeed, in the last external review, it was noted that while many units claim to be multidisciplinary, GDRS truly is. The unit is now ready to extend the scope of its multidisciplinary nature. Being an EDU:B will afford it that opportunity by ensuring it has the scope and appropriate leadership, structure, and visibility to meet its goals of increasing the breadth and capacity of rehabilitation science training and research to address such mounting societal needs as an aging population and a population living with chronic conditions. The multidisciplinary nature of rehabilitation science permits development of multi-faceted approaches to studying and improving body function and structure, activity engagement and full participation in society.

## 2 Academic Rationale

### Historical Focus

The scope of activity of GDRS has always focused on promoting high quality research and education within the rehabilitation sciences through its doctoral stream graduate programs. It will continue to do so as an EDU:B.

GDRS was established in 1995 to house the doctoral stream programs for the Faculty of Medicine's Department of Physical Therapy (PT) and the then called Department of Occupational Therapy (now the Department of Occupational Science and Occupational Therapy (OS&OT)). The establishment of the GDRS was a joint proposal of these two founding Departments. The MSc in Rehabilitation Science commenced in 1995 and the PhD in Rehabilitation Science commenced in 2004.

### Evolving Multidisciplinary Scope of GDRS

Since their establishment, the graduate programs in rehabilitation science have become increasingly interdisciplinary in terms of graduate student background, curriculum and faculty complement. In 1995, the academic backgrounds of MSc applicants were fairly homogenous. They tended to have undergraduate training in physical therapy or occupational therapy and enrolled in graduate school to earn research credentials that would allow for higher level of work in the clinical sphere. Since that time, applicants' backgrounds and academic goals have become increasingly interdisciplinary. In 2013-14, 36% of MSc students had PT or OT backgrounds while

64% came from different academic backgrounds with BA, BSc, MSc, MEd, and MD degrees from such diverse departments as Biology, Biomedical Engineering, Epidemiology Health Studies, Human Kinetics, Kinesiology, Neuroscience, Public Health and Rehabilitation Science. Of the PhD students in that year, 57% had academic backgrounds in either PT or OT, while 43% came from academic backgrounds in the areas listed above.

When GDRS was founded, students received training to conduct research in two fields of study, physical rehabilitation and psychosocial rehabilitation. In 2006, to accommodate the widening breadth of the rehabilitation sciences, faculty expertise, and student interests, new fields of study were created in the MSc and PhD programs. These were Movement Science, Occupational Science, Rehabilitation Health Services Studies, Rehabilitation Technology Sciences, and Social and Cognitive Rehabilitation Sciences. An additional field, Practice Science, was added to both degree levels in 2008. GDRS has provided further interdisciplinary opportunities for its students through the following graduate collaborative programs: Aging, Palliative and Supportive Care Across the Life Course; Bioethics; Biomedical Engineering; Cardiovascular Sciences; Global Health; Healthcare, Technology and Place; Health Services & Policy Research; Musculoskeletal Sciences; Neuroscience; Resuscitation Sciences; and Women's Health.

### **Vision and Mission**

**Vision:** International leadership in the rehabilitation sciences

**Mission:** Prepare doctoral stream students to be leaders in the rehabilitation sciences by developing excellence in research innovation, knowledge translation and practice.

Rehabilitation is by its very nature a multidisciplinary enterprise, comprised of not only the traditional fields of occupational therapy, physical therapy and speech language pathology<sup>1</sup> but many others. Since the inception of the GDRS, the University of Toronto has enjoyed tremendous expansion in the rehabilitation sciences as evidenced by the breadth and scope of the work being conducted by its faculty and students and the large number of collaborative programs with which the GDRS partners. To capture the full emerging breadth and scope of the field, GDRS has arrived at a new conceptualization of the field that draws on the language of the International Classification of Functioning, Disability and Health (World Health Organization, 2001)<sup>2</sup>, and identifies it as an integrated science. The GDRS defines *Rehabilitation Science as an integrated science dedicated to the study of human function and participation and their relationship to health and well-being*. This definition highlights the imperative that rehabilitation science must not only draw on but integrate the knowledge and methods from multiple disciplines to fully understand human function and participation. This definition, created by the students and endorsed by the governance committees of GDRS, serves to encompass the full breadth of the research conducted by our faculty and students and to unify the focus of the scholarship. This integrated approach to

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<sup>1</sup> A parallel process is underway to transfer the doctoral stream program in Speech-Language Pathology (SLP) from the Faculty of Medicine's Department of Speech-Language Pathology to the new RSI. This move will make the new RSI the home of all doctoral stream rehabilitation sciences programs within the Faculty of Medicine.

the field creates a unique platform for the delivery of excellent rehabilitation graduate training at the University of Toronto.

The mission, to prepare doctoral stream students to be leaders by developing their excellence in research innovation, knowledge translation and practice, is met by offering a core curriculum complimented by courses that facilitate in-depth study in areas of specific student interest, delivered by faculty that are recognized experts in their field. Over the course of its development GDRS has continuously increased its faculty complement both in terms of expertise and number. Since its inception, GDRS has grown tremendously. It now has over 100 graduate faculty members (See Appendix A) distributed throughout the University of Toronto, including teaching hospitals and research institutes, and at other universities, reflecting the inherent interdisciplinary nature of the field of rehabilitation. In addition to occupational therapy and physical therapy, faculty are engaged with rehabilitation science research involving engineering, biomaterials, medical biophysics, computer science, kinesiology, psychology, health policy, surgery, history, nursing and occupational science. The breadth of GDRS faculty assists with accommodating the interests of the growing student body and the expanding field both in terms of course work and thesis foci. This serves to provide a strong foundation for the students' growth and development as leaders in rehabilitation science.

In the fall of 2013, at the strategic planning event, *Rehab 2020: Reconsidering our Graduates' Future*, GDRS faculty and students jointly undertook to envision the leadership paths future doctoral stream graduates may take and to identify the educational mandates to prepare them for the diversity of careers that will be available to them as they enter the job market. Strategic actions were identified to enable GDRS to take full advantage of the educational opportunities afforded by the University, strength of GDRS's faculty, and partnerships in collaborative programs. Establishing the GRDS as an EDU:B will serve to facilitate achieving those strategic directions. The new RSI will be uniquely positioned to market different streams in rehabilitation science and will thereby attract top students and faculty, as well as provide a unified voice regarding doctoral stream research and education in the rehabilitation sciences at the University of Toronto.

RSI's strategic goal is to be the research and education hub for doctoral stream graduate programs in the rehabilitation sciences at the University of Toronto. The dynamic, nimble and transparent structure of the EDU:B will allow the new RSI to consolidate activities and provide a platform for the unit's academic aspirations.

### **3 Consultation**

Consultation has taken place within the units responsible for delivering rehabilitation graduate programs in the Faculty of Medicine including the Departments of Occupational Science and Occupational Therapy, Physical Therapy, Rehabilitation Science, Speech-Language Pathology.

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<sup>2</sup> International Classification of Functioning Disability and Health: ICF. Geneva: World Health Organization, 2001.

Faculty members and graduate students were consulted. Faculty participated in a GDRS strategic planning event, *Rehab 2020: Reconsidering Our Graduates' Future* held on October 21, 2013. The future of GDRS has been discussed at the last two Faculty Retreats as well as at the Strategic Planning Meeting.

There has been extensive consultation with the Dean of Medicine, Vice Dean Graduate and Life Sciences Education Office, Dean of the School of Graduate Studies, and the Vice Provost, Academic Programs.

## **4 Faculty Participation**

Currently GDRS has no primary academic appointments and no budgetary cross-appointments. GDRS grants graduate appointments to faculty with a primary appointment in another department wishing to work with doctoral stream students in the field of rehabilitation science. When seeking a graduate appointment in GDRS, applicants provide a clear description of what they bring to the department and a letter from the Chair of the department where they hold their primary appointment indicating support for, and agreement with, the appointment.

GDRS graduate faculty teach and supervise in either or both the MSc and PhD programs. Their teaching workload is approved by the Chairs of their primary departments in compliance with relevant workload policies. This has proved a very successful process and the attainment of EDU:B status is not expected to change this in anyway. Appointment to GDRS is highly desirable as the large number of GDRS faculty attests (Appendix A provides a list of all current graduate faculty appointed to GDRS, their primary appointment, rank and SGS appointment status.)

## **5 Role of External Institutions / Bodies**

GDRS has no formal relationship with external institutions / bodies related to control and oversight of GDRS activity. The RSI will continue with this approach ensuring that control and oversight of program activity and operations will be maintained within the Faculty of Medicine and conducted in accordance with University of Toronto policy.

All current graduate appointments to GDRS have primary academic appointments within academic units in the University of Toronto. GDRS graduate faculty have scientist appointments in several hospitals which provide students with opportunities to conduct their research. Faculty are employed either by the University of Toronto or at any of the many research institutes associated with the University including Toronto Rehabilitation Institute-UHN, West Park, the University Health Network, Holland Bloorview, SickKids, Baycrest, and the Centre for Addiction and Mental Health. GDRS students have also benefited from funding provided by hospital foundations, such as those at Holland Bloorview and the Toronto Rehabilitation Institute-UHN.

## 6 Administration / Governance Structure

The governance and administrative structures of the RSI will be based on the current GDRS, altered to align with the policies governing the EDU:B, and, importantly, to provide the unit with dedicated leadership; a major driver for its establishment as an EDU:B. To date, the Chair of GDRS has been an added responsibility of either the Chair of OS&OT or PT, on a 2 year rotational basis; the intention being that the Chairs confer on all major decisions regarding the GDRS reporting to the Dean of Medicine. [Presently, the rotating Chair of GDRS is held by Professor Katherine Berg.] This leadership arrangement was most likely a result of the administrative options available at the University of Toronto in the mid-1990s and worked well for several years. However as GDRS grew, the practice of having its leadership be assumed as an additional responsibility of either the Chair of OS&OT or PT, on a rotational basis, became increasingly onerous. In 2012, an Associate Chair position, reporting to the GDRS Chair, was created to provide an expedient short term solution to meet the increasing demands for dedicated leadership created by the tremendous growth of the programs. The first associate chair, Dr. H.J. Polatajko, assumed the three year position in January 2013. While this is a tenable interim solution, establishing the GDRS as an EDU:B would provide continuity in leadership allowing for the dedication needed to build programs, strengthen partnerships, and support the recruitment and retention of top students and faculty. It would also provide direction and strategic planning for the entire sector as the primary doctoral department.

Going forward, a Director for the new EDU:B will be appointed by the Dean of the Faculty of Medicine in line with the [Policy on Appointment of Academic Administrators](#). The Director will report to the Dean. The governance and administrative structure of the RSI (Appendix B), and the roles and responsibilities of the Director, will comply with that policy and the University's EDU Guidelines.

The general committee structure and terms of reference introduced in GDRS in the spring of 2013 will be adopted by the RSI. The Director of RSI will be responsible for all facets of the proposed EDU:B including policies, budget, and administrative operations and will report directly to the Dean of Medicine. The Director of RSI will also have a seat at all relevant tables to provide a voice for the research and educational mandates of RSI on all appropriate committees both internal and external to the Faculty of Medicine.

The Academic Affairs Committee (AAC) is the senior body in the RSI with responsibility to establish and monitor policies and procedures to realize the vision and mission of the RSI. The AAC will receive recommendations from four sub-committees advisory to the ACC (see Appendix B for detailed Terms of Reference) focused on areas of particular importance for the RSI. The Student Affairs Committee (SAC) will address issues related to students including admissions and awards. The Programs and Curricula Committee (PCC) will work to continually develop and refine program curricula, comprehensive exams, and defenses. Supporting relationships with both internal and external stakeholders, the Communications and Community Relations Committee (CCRC) will focus on strategic communications and events as they relate to the broad rehabilitation science community, most specifically the clinical community, donors and alumni. The Faculty and Staff Development Committee (FSDC) will support and monitor faculty development. Its focus will range

from creating educational and mentorship opportunities to recognizing success of faculty, staff and students to planning the annual departmental assembly. The Institute Assembly will focus its activities on creating opportunities for policy input, networking, and faculty development. The Community Expert Advisory Committee (CEAC) will provide input based on its assessment of the rehabilitation environment and contribute advice on future directions.

## **7 Budget**

The budget of GDRS is already in place and is sufficient to deliver the doctoral stream graduate program in the new RSI, EDU:B. The Dean of Medicine will work with the new Director to finalize a revenue/expense budget for this academic unit in keeping with the financial management guidelines and procedures in the Faculty of Medicine. The Director will report to the Dean of Medicine about all financial matters.

## **8 Research Funds**

Research funds will be administered in accordance with University of Toronto Policy, in the most appropriate manner. Currently, GDRS does not hold grant-in-aid funds for research.

## **9 Review**

The existing Rehabilitation Science degree programs have always been subject to quality assurance reviews. In 2008, both the MSc and PhD programs underwent an OCGS periodic appraisal. At that time the external reviewers praised GDRS for its establishment of the doctoral program in 2004 as representing a major accomplishment in the evolution of rehabilitation science. Interdisciplinary research, collaborative opportunities, and leadership were also cited as GDRS strengths. Noting that GDRS had the potential to make significant contributions in Canada and internationally as a world class program, the report recommended aligning the administrative structure and resources to ensure that the research, scientific, and funding potential is maximized: that recommendation is being implemented through this proposal.

As an EDU:B, the RSI will be subject to the [Policy for Approval and Review of Academic Programs and Units](#), and review of its academic programs will be conducted under the University of Toronto Quality Assurance Process (UTQAP). The Dean of Medicine will commission a review of the RSI and its programs. The MSc and PhD in Rehabilitation Science are scheduled to be reviewed in 2015-16.



## APPENDIX A

### GDRS Faculty List, as of July 2014

Name	Primary University Appointment	Rank/SGS Appointment
1. Anne Agur, Ph.D.	Division of Anatomy	Professor/Full
2. Elizabeth Badley, Ph.D.	Dalla Lana School of Public Health	Professor/Full
3. Ana M.F. Barela, Ph.D.	Dept. of Physical Therapy	Assistant Prof./Associate
4. Dorcas Beaton, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Associate
5. Boaz Ben-David, Ph.D.	Dept. of Speech-Language Pathology	Assistant Prof./Associate
6. Katherine Berg, Ph.D.	Dept. of Physical Therapy	Associate Prof./Full
7. Elaine Biddiss, Ph.D.	Institute of Biomat. & Biomedical Engineering	Assistant Prof./Associate
8. Sandra Black, MD	Department of Medicine	Professor/Full
9. Tim Bressmann, Ph.D.	Dept. of Speech-Language Pathology	Associate Prof./Full
10. Dina Brooks, Ph.D.	Dept. of Physical Therapy	Professor/Full
11. Debra Mosnyk (Cameron), Ph.D.	Dept. of Occupational Science & Occupational Therapy	Assistant Prof./Full
12. Jill Cameron, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Full
13. Paolo Campisi, MD	Dept. of Otolaryngology	Associate Prof./Associate
14. Heather Carnahan, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Professor /Full
15. Tom Chau, Ph.D.	Institute of Biomat. & Biomedical Engineering	Professor/Full
16. Joyce Chen, Ph.D.	Dept. of Physical Therapy	Assistant Prof./Associate
17. Lynn Cockburn, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Assistant Prof./Associate
18. Angela Colantonio, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Professor/Full

19. Paul Comper, Ph.D.	Psychology	Assistant Prof./ Associate
20. Cheryl Cott, Ph.D.	Dept. of Physical Therapy	Professor/Full
21. Nora Cullen, MD	Department of Medicine	Associate Prof./Associate
22. Aileen Mary Davis, Ph.D.	Dept. of Physical Therapy	Professor./Full
23. Deirdre Dawson, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Full
24. Luc De Nil, Ph.D.	Dept. of Speech-Language Pathology	Professor/Full
25. Alice Ann Eriks-Brophy, Ph.D.	Dept. of Speech-Language Pathology	Associate Prof./Full
26. Catherine Evans, Ph.D.	Dept. of Physical Therapy	Assistant Prof./Associate
27. Darcy Fehlings, MD	Dept. of Pediatrics	Associate Prof./Associate
28. Geoff Fernie, Ph.D.	Dept. of Surgery	Professor/Full
29. Judith Friedland, Ph.D.	Research Services Office	Professor Emeritus
30. Barbara Gibson, Ph.D.	Dept. of Physical Therapy	Associate Prof./ Full
31. Luigi Girolametto, Ph.D.	Dept. of Speech-Language Pathology	Professor/Full
32. Roger S. Goldstein, M.B., Ch.B.	Dept. of Medicine	Associate Prof./Associate
33. Manuel Gomez, M.D.	Dept. of Surgery	Associate Prof./Associate
34. Sherry Grace, Ph.D.	Dept. of Psychiatry	Assistant Prof./Associate
35. Robin Green, Ph.D.	Dept. of Psychiatry	Associate Prof./Full
36. Luc Hebert, PhD	Dept. of Physical Therapy	Assistant Prof./Associate
37. John Hirdes, Ph.D.	Dept. of Physical Therapy	Prof./Associate
38. Judith Hunter, Ph.D	Dept. of Physical Therapy	Assistant Prof./Associate
39. Michael Iwama, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Full
40. Susan Jaglal, Ph.D.	Dept. of Physical Therapy	Professor/Full
41. Tania Janaudis-Ferreira, Ph.D	Dept. of Physical Therapy	Assistant Prof./Associate

42. Michelle Keightley, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Full
43. Gillian King, Ph.D	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Associate
44. Bonnie Kirsh, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Full
45. Paulo Koeberle, Ph.D.	Division of Anatomy	Associate Prof./Full
46. Pia Kontos, Ph.D.	Dalla Lana School of Public Health	Associate Prof./Associate
47. Michel Landry, PhD	Dept. of Physical Therapy	Associate Prof./Associate
48. Sally Lindsay, PhD	Dept. of Occupational Science & Occupational Therapy	Assistant Prof./Associate
49. Colin MacArthur, Ph.D.	Dept. of Paediatrics	Professor/Full
50. Ellen MacEachen, Ph.D	NCIC Epidemiology Unit	Associate Prof./Associate
51. Bradford J McFadyen, Ph.D	Dept. of Physical Therapy	Professor/Associate
52. Amy McPherson, Ph.D.	Dalla Lana School of Public Health	Assistant Prof./Associate
53. Elina Mainela-Arnold, Ph.D.	Dept. of Speech-Language Pathology	Assistant Prof./Full
54. Avril Mansfield, Ph.D	Dept. of Physical Therapy	Assistant Prof./Associate
55. Rosemary Martino Fernie, Ph.D.	Dept. of Speech-Language Pathology	Associate Prof./Full
56. Sunita Mathur, Ph.D	Dept. of Physical Therapy	Assistant Prof./Full
57. Sara McEwen, Ph.D	Dept. of Physical Therapy	Assistant Prof./Associate
58. Katherine McGilton, Ph.D	Dept. of Nursing Science	Associate Prof./Full
59. William E. McIlroy, Ph.D.	Dept. of Physical Therapy	Professor/Full
60. Alex Mihailidis, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Full
61. George Mochizuki, Ph.D.	Dept. of Physical Therapy	Assistant Prof./Full
62. Cindi Morshead, Ph.D.	Division of Anatomy	Professor/Full

63. Cameron Mustard, ScD	Dept. of Public Health Science	Professor/Full
64. Stella Ng, PhD	Dept. of Speech-Language Pathology	Assistant Prof./Associate
65. Stephanie Nixon, Ph.D	Dept. of Physical Therapy	Associate Prof./Associate
66. Christine Novak, Ph.D	Dept. of Surgery	Associate Prof./Associate
67. Ethne Nussbaum, Ph.D.	Dept. of Physical Therapy	Associate Prof./Associate
68. Kelly O'Brien, Ph.D.	Dept. of Physical Therapy	Assistant Prof./Associate
69. Janet Parsons, Ph. D	Dept. of Physical Therapy	Assistant Prof./Associate
70. Kara Patterson, PhD	Dept. of Physical Therapy	Assistant Prof./Associate
71. Stephen Perry, Ph.D.	Dept. of Physical Therapy	Associate Prof./Full
72. Chetan Phadke, Ph.D	Dept. of Physical Therapy	Assistant Prof./Associate
73. Helene Polatajko, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Professor/Full
74. Milos Popovic, Ph.D.	Institute of Biomat. & Biomedical Engineering	Professor/Full
75. Susan G. Rappolt, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Full
76. Nicholas Reed, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Assistant Prof./Associate
77. Denise Reid, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Professor/Full
78. Rebecca Renwick, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Professor/Full
79. Patricia Rigby, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Associate
80. Elizabeth Rochon, Ph.D.	Dept. of Speech-Language Pathology	Professor/Full
81. Eric A. Roy, Ph.D.	Dept. of Physical Therapy	Associate Prof./Full
82. Frank Rudzicz, Ph.D.	Dept. of Computer Science	Assistant Prof./Associate
83. Stephen Ryan, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Associate Prof./Associate

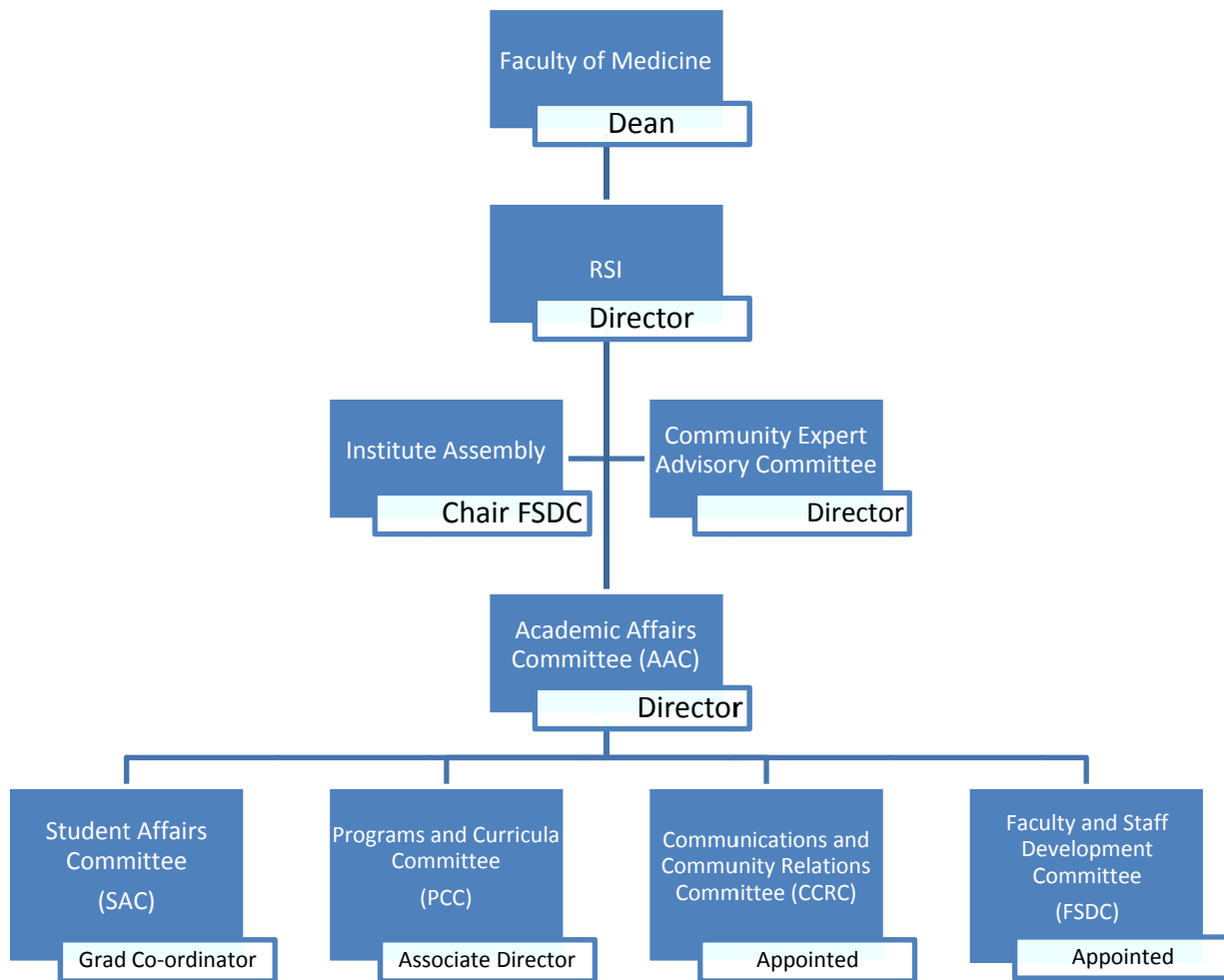
84. Nancy Salbach, Ph.D.	Dept. of Physical Therapy	Associate Prof./Full
85. Barbara Secker, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Assistant Prof./Associate
86. Fraser Shein, Ph.D.	Dept. of Computer Science	Assistant Prof./Associate
87. Catriona Steele, PhD	Dept. of Speech-Language Pathology	Professor/Associate
88. Mary Stergiou-Kita, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Assistant Prof./Associate
89. David Streiner, Ph.D.	Dept. of Psychiatry	Professor/Full
90. Donald T. Stuss, Ph.D.	Dept. of Psychology	Professor/Full
91. Sharon Switzer-McIntyre, Ph.D.	Dept. of Physical Therapy	Assistant Prof./Associate
92. Scott G. Thomas, Ph.D.	Faculty of Kinesiology & Physical Education	Professor/Full
93. Jane Topolovec-Vranic, Ph.D.	Dept. of Occupational Science & Occupational Therapy	Assistant Prof./Associate
94. Barry Trentham, Ph.D	Dept. of Occupational Science & Occupational Therapy	Assistant Prof./Associate
95. Pascal van Lieshout, Ph.D	Dept. of Speech-Language Pathology	Professor/Full
96. Molly C. Verrier, M.H.Sc.	Dept. of Physical Therapy	Associate Professor Emeritus
97. Nicole Woods, Ph.D	Dept. of Surgery	Assistant Prof./Associate
98. Virginia Wright, Ph.D	Dept. of Physical Therapy	Associate Prof./Associate
99. Karen K. Yoshida, Ph.D.	Dept. of Physical Therapy	Associate Prof./Full
100. Nancy L. Young, Ph.D.	Dept. of Paediatrics	Professor/Full
101. Yana Yunusova, Ph.D.	Dept. of Speech-Language Pathology	Associate Prof./Associate
102. Karl Zabjek, Ph.D.	Dept. of Physical Therapy	Assistant Prof./Full

Source: GDRS Administrative Office

## APPENDIX B

### RSI Governance and Administrative Structure

#### A. Organizational Structure



## B. RSI Committees: Terms of Reference

### Academic Affairs Committee (AAC):

CHAIR:	Director
Members:	Associate Director/Chair PCC Grad Coordinator/Chair SAC Chairs of all (other) RSI Committees Chair of member department (OS&OT and PT) Rehab Sciences Sector (RSS) Advancement Officer OSCER Representative Faculty of Medicine 2 members at large 2 student reps (Possibly 1 PhD, 1 who transitioned)
Mission:	Set, plan for, and monitor realization of Vision and Mission; Set policies and procedures and monitor implementation
Meeting schedule:	10 times a year (~monthly)
Secretarial support:	TBA

### Student Affairs Committee (SAC):

CHAIR:	Grad Coordinator
Members:	3 -5 faculty, PhD student, MSc student
Mission:	Deal with all aspects of student affairs, especially Admission, and Awards; develop policies and procedures for consideration by AAC
Meeting schedule:	TBA
Secretarial support:	TBA

### Programs and Curricula Committee (PCC):

CHAIR:	Associate Director
Members:	3 faculty representing: OS&OT, PT, Cross professional, tenure/tenure stream, status,

2 PhD students, 1 MSc student: 1 of the 3 must represent practice science program

Mission: Propose, develop, monitor and evaluate programs; propose, develop, monitor and evaluate curricula; propose, develop, monitor and evaluate program components, e.g., transfers, comprehensives, oral defenses; develop policies and procedures for consideration by AAC

Meeting schedule: 6 times a year (~bimonthly), with additional meetings at the call of the chair

Secretarial support: TBA

### **Communications and Community Relations Committee (CCR):**

CHAIR: Appointed

Members: 7 – 8 members  
3-5 Faculty representing OS&OT, PT, cross professional, Tenure/Tenure-Stream, Status-only;  
2 students (PhD, MSc);  
Rehabilitation Sciences Sector Advancement Officer,  
OSCER Representative, Faculty of Medicine

Mission: Propose, develop, and monitor vehicles for communication with all RSI stakeholders including: students (prospective and actual), faculty, alumni; propose, develop, implement and monitor activities to support relations with external stakeholders; support advancement activities; develop policies and procedures for consideration by AAC

Meeting schedule: 8-10 times a year (~monthly)

Secretarial support: TBA

### **Faculty and Staff Development Committee (FSDC):**

CHAIR: Appointed

Members: 3 faculty  
1 staff  
PhD student, MSc student



Mission: Support and monitor faculty development, including education, mentoring and awards; plan annual departmental assembly; develop policies and procedures for consideration by AAC

Meeting schedule: 10 times a year (~monthly)

Secretarial support: TBA

**Institute Assembly (IA):**

CHAIR: Chair of FSDC

Members: All RSI Faculty  
All RSI staff

Mission: Provide opportunities for: policy input, networking, and faculty development

Meeting schedule: Annually

Secretarial support: TBA

**Community Expert Advisory Committee (CEAC):**

CHAIR: Director, RSI

Members: 8 experts in relevant jurisdictions

Mission: Provide environmental read, advice on strategic future directions

Meeting schedule: Bi-annually

Secretarial support: TBA



**UNIVERSITY OF TORONTO  
FACULTY OF MEDICINE**

**FOR APPROVAL**

**TO:** Faculty Council

**SPONSOR:** Catharine Whiteside, Dean, Faculty of Medicine

**CONTACT INFO:** Catharine.Whiteside @utoronto.ca

**DATE:** September 29, 2014

**AGENDA ITEM:** 4.1.2

**ITEM OF BUSINESS:** The Centre for Integrative Medicine

**JURISDICTIONAL INFORMATION:**

The Research Committee of the Faculty of Medicine Faculty Council reviews and recommends to Council for approval the establishment, continuation and termination of Departments and Extra-departmental Units.

**GOVERNANCE PATH:**

1. Research Committee [For approval] – September 4, 2014
2. Graduate Education Committee [For information] – September 9, 2014
3. Education Committee [For information] – Provided electronically
4. Continuing Professional Development [For information] – Provided electronically
5. Leslie Dan Faculty of Pharmacy Faculty Council [For approval] – September 12, 2014
6. Faculty Council [For approval] – September 29, 2014

**CONSULTATIVE PATH:**

Extensive consultation among the lead Faculties and Departments (Pharmacology & Toxicology, Family and Community Medicine, IHPME)

Provost's Advisory Group – September 2, 2014

Dean's Executive Committee – September 3, 2014

**HIGHLIGHTS:**

The University of Toronto is establishing a new Centre for Integrative Medicine (CIM) as an inter-disciplinary academic unit actively engaging both the Faculty of Medicine and the Leslie Dan Faculty of Pharmacy. The proposed Centre for Integrative Medicine (CIM) will be an inter-disciplinary academic unit of the Faculty of Medicine and the Leslie Dan Faculty of Pharmacy and will have Extra-

Departmental Unit (EDU) Type C status at the University of Toronto. For administrative and accountability purposes the lead Faculty will be Leslie Dan Faculty of Pharmacy.

The use of alternative and complementary medicine, including traditional Chinese medicine, has become highly prevalent in the Canadian population, especially given its holistic and preventative approach. It is currently estimated that more than 70% of Canadians use complementary and alternative medicine (CAM) including herbal medicine and traditional Chinese medicine (TCM). This creates a need for research into the safety and efficacy of these products and therapies. In addition, Canadian health care providers, physicians and pharmacists in particular, need to learn about the benefits and the potential adverse effects of CAM and TCM products as well as their potential interactions with conventional medical treatments in order to guide patients in making evidence-informed decisions about CAM therapy options. As part of its leadership in health care innovation, the University of Toronto is well positioned to mobilize its considerable scientific and clinical expertise to evaluate these approaches by integrating them into the current practice of Western medicine and applying an evidence-based assessment of health outcomes to build on potential benefits.

**PROPOSED MOTION:**

*“THAT the proposal to establish The Centre for Integrative Medicine as an EDU:C be approved as submitted.”*

University of Toronto  
Faculty of Medicine  
Leslie Dan Faculty of Pharmacy

**Proposal to Establish  
The CENTRE FOR  
INTEGRATIVE MEDICINE  
as an EDU:C**

August 28, 2014

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## 1. EXECUTIVE SUMMARY

Leadership in improving health through innovation in education and research is core to our academic vision. It is currently estimated that more than 70% of Canadians use complementary and alternative medicine (CAM) including herbal medicine and traditional Chinese medicine (TCM). This creates a need for research into the safety and efficacy of these products and therapies. In addition, Canadian health care providers, physicians and pharmacists in particular, need to learn about the benefits and the potential adverse effects of CAM and TCM products as well as their potential interactions with conventional medical treatments in order to guide patients in making evidence-informed decisions about CAM therapy options.

The proposed Centre for Integrative Medicine (CIM) will be an inter-disciplinary academic unit of the Faculty of Medicine and the Leslie Dan Faculty of Pharmacy and will have Extra-Departmental Unit (EDU) Type C status at the University of Toronto (U of T). For administrative and accountability purposes the lead Faculty will be Leslie Dan Faculty of Pharmacy. The effective date proposed is September 13, 2014.

The purpose of the CIM is to develop and implement inter-disciplinary collaborative academic agendas in both research and education. Research will focus on the following four areas:

1. **Natural health product discovery** research (in collaboration with the Centre for Collaborative Drug Research);
2. **Clinical trials** to explore effectiveness and efficacy of natural health products
3. **Health services and policy** research exploring models of evidence-informed integration of CAM and conventional medicine;
4. **Interprofessional education** and knowledge translation research as it applies to integrative medicine.

The health professions education focus of the CIM will be to enhance the understanding of health professionals trained in conventional Western medicine about CAM and its role in the holistic approach to evidence-informed, patient-centered care. This will occur across the spectrum of health professions education including undergraduate education, residency training, graduate education, continuing education and faculty development through a variety of courses and initiatives.

The Faculty of Medicine and the Leslie Dan Faculty of Pharmacy are collaborating to ensure the new Centre builds on existing expertise both within the U of T as well as with national and international collaborators. A new collaboration with The Scarborough Hospital, a community-affiliated hospital in the heart of the Asian community in Toronto, is now established to launch a hub for blending CAM and conventional medicine clinical practice.

In summary, the new CIM will engage in natural products discovery science, clinically oriented research and health professions education focused on investigating the blending of evidence-informed CAM and conventional Western medicine to improve health outcomes.

## 2. INTRODUCTION AND VISION

Over 70% of Canadians report using a wide range of health-related products and therapies often called complementary or alternative medicine (CAM) that are not part of the conventional health care system in Canada. There is growing recognition of the importance of evidence-informed integration of safe and effective CAM products and therapies into conventional health care systems in order to optimize patient health outcomes. This practice, termed integrative medicine (IM), has been defined by the Consortium of Academic Health Centres for Integrative Medicine as *“the practice of medicine that reaffirms the importance of the relationship between the practitioner and the patient, focuses on the whole person, is informed by evidence and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing.”*

**Our vision** is to create an interdisciplinary Centre for Integrative Medicine (CIM), which supports internationally recognized research and education in complementary and integrative medicine. Building on existing expertise both within the U of T as well as with national and international collaborators, the Centre will begin with a focus in three areas: 1) Research including natural health product discovery, clinical, health services and education/knowledge translation research streams; 2) Education of health professionals trained in Western medicine to enhance their understanding of CAM and its use by patients; and 3) In collaboration with The Scarborough Hospital, research to evaluate integrative models of clinical care that improve patient health outcomes.

## 3. RATIONALE

The story of artemisinin<sup>1</sup> (a herb used for approximately 2000 years in traditional Chinese medicine to treat malaria before being identified in a plant screening project as having potent anti-malarial properties) highlights the value of rigorous scientific exploration of natural health products used in traditional medical systems. The big question is: how can we enhance the probability that the next artemisinin-like success story comes from the U of T.

One of the key challenges is the lack of communication and cooperation amongst scientists and clinicians in the vast array of fields that are necessary to create a success story like artemisinin. Botanists, pharmacologists, Chinese medicine practitioners, physiologists, medicinal chemists, physicians, pharmacists, clinical epidemiologists, health policy analysts and health economists usually do not interact with each other in this field. Yet engaging bright minds from divergent disciplines is what is needed to stimulate novel ideas and breakthrough discoveries that would not otherwise be possible.

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<sup>1</sup> Artemisinin derivatives in combination with other anti-malarial conventional medicines are currently recommended for the treatment of malaria. Use of the plant alone (or in combination with other agents) is not recommended largely because of the inconsistency of the (and inability to assess) amount of artemisinin found in the plant material in nature. See the WHO guidelines for more information: [http://www.who.int/malaria/position\\_statement\\_herbal\\_remedy\\_artemisia\\_annua\\_l.pdf](http://www.who.int/malaria/position_statement_herbal_remedy_artemisia_annua_l.pdf)

The proposed CIM will create a space to catalyze this kind of breakthrough. The CIM will build on the U of T's strengths in research and interprofessional health education while at the same time taking advantage of the social and political environment in Ontario. An initiative of the Faculty of Medicine and the Leslie Dan Faculty of Pharmacy, the Centre will establish international collaborations with leading Asian academic partners such as the University of Hong Kong (HKU) and the Chinese University of Hong Kong (CUHK).

U of T is one of the largest and most productive health research and education enterprises in the world. It currently provides innovative undergraduate educational programs to more health professional students (i.e., medicine, pharmacy, dentistry, nursing, physiotherapy and more) than any other educational institution in North America. It is located in a province that is leading the country in its regulation of CAM practitioners and home to several of the largest and most well respected Canadian CAM educational and research institutions including the Canadian Memorial Chiropractic College and the Canadian College of Naturopathic Medicine. Toronto is also home to a very culturally diverse population (40% born outside of Canada), providing the optimal environment to build a collaborative education and research centre focused on complementary and integrative medicine.

#### **4. DESCRIPTION OF THE CENTRE**

##### **4.1 Founding Partners at the University of Toronto and Affiliates**

- University of Toronto Leslie Dan Faculty of Pharmacy
- University of Toronto Faculty of Medicine
  - Department of Pharmacology and Toxicology
  - Department of Family and Community Medicine
  - Department of Medicine, Division of Clinical Pharmacology
- Centre for Collaborative Drug Research (an EDU:C in the Faculty of Medicine, with the Leslie Dan Faculty of Pharmacy, Department of Psychiatry and Centre for Addiction and Mental Health)
- The Institute of Health Policy, Management and Evaluation (EDU:A in the Dalla Lana School of Public Health)
- The Scarborough Hospital (Community-affiliate of U of T)

##### **4.2 Research**

The CIM will be the home to internationally recognized research. Research at the Centre will be grouped into four streams: Basic Sciences; Clinical Investigation; Health Systems and Policy; as well as Education and Knowledge Translation. Each research stream will have a lead responsible for ensuring communication between individual research projects within the stream, facilitating collaboration across the research streams and coordinating the integration of students within research projects in each stream.



### 4.3 Health Professions Education

CAM, including TCM and other natural health products, has been a component of health professions education at U of T since the 1990s when the widespread use of CAM by Canadians began to be documented by researchers at the U of T and other universities across Canada.

Since that time, U of T researchers have contributed to our growing understanding of why patients use CAM and how they attempt to integrate it with their conventional medical care. U of T has also become a leader in interprofessional education and innovative curriculum design. The extent of patient use of CAM, and growing number of CAM health care providers that have evolved to meet those needs, clearly necessitates renewed attention on both health professions education about CAM products and therapies within an interprofessional context as well as continued research into the role of CAM within the Canadian health care system.

Building on the core educational programming already existing at U of T, a comprehensive complementary and integrative medicine health professions educational initiative is envisioned to have four distinct components (undergraduate, residency/ fellowship, graduate, and continuing professional education), which will share organizational infrastructure and teaching support to make the best use of available expertise and resources.

### 4.4 Partnerships

Ultimately the CIM will establish a broad network of collaborators from across U of T and its affiliated hospitals, as well as developing relationships with other institutions both nationally and internationally.

To facilitate collaboration the CIM will include:

- Centre Faculty with non-budgetary cross-appointments: whose primary academic appointments are in existing U of T founding faculties, departments or institutes and who, with the support of their Chairs, Directors, and Deans, will devote a proportion of their academic activities to the goals and programs of CIM.
- Participating Faculty Members: with academic or clinical appointments at U of T and whose educational and research interests and activities have the potential to contribute to promoting an evidence-informed, interdisciplinary approach to education and research in complementary and integrative medicine.
- Collaborating Members: will include individuals and programs outside U of T whose educational research interests and activities have the potential to contribute to the CIM's goals.

Potential Collaborators include:

#### University of Toronto

- Centre for Interprofessional Education (IPE) (an EDU:C)
- The Wilson Centre (an EDU:C)
- Centre for Faculty Development (CFD)
- Institute for Clinical Evaluative Sciences (ICES)

#### Canadian

- Interdisciplinary Network for Complementary and Alternative Medicine Research (IN-CAM) (<http://www.incamresearch.ca/>)
- CAM and UME (Undergraduate Medical Education) Project
- Canadian Memorial Chiropractic College (CMCC)
- Canadian College of Naturopathic Medicine (CCNM)
- Acupuncture Foundation of Canada Institute (AFAI)

#### International

- University of Hong Kong (HKU)
- Chinese University of Hong Kong (CUHK)
- International Society for Complementary Medicine Research (ISCMR)
- World Health Organization (WHO)
- Consortium of Academic Health Centers for Integrative Medicine (CAHCIM) (<http://www.imconsortium.org/resources/home.html>)
- Natural health product companies

In the spirit of collaboration, the U of T has recently joined the Consortium of Academic Health Centers for Integrative Medicine<sup>2</sup>, building on the informal relationship that has been established for many years between U of T faculty and leaders of the Consortium. U of T will also continue active participation in the CAM in Undergraduate Medical Education<sup>3</sup> (CAM in UME) Canadian network.

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<sup>2</sup> The Consortium of Academic Health Centers for Integrative Medicine is composed of 55 highly esteemed academic medical centers and affiliate institutions. The mission of the Consortium is to advance the principles and practices of integrative healthcare within academic institutions. The Consortium provides its institutional membership with a community of support for its academic missions and a collective voice for influencing change. The Consortium's mission is accomplished through: supporting and mentoring academic leaders, faculty, and students to advance integrative healthcare curricula, research, and clinical care; disseminating information on rigorous scientific research, educational curricula in integrative health, and sustainable models of clinical care; informing health care policy.

<sup>3</sup> The University of Toronto was a founding partner in the CAM in UME project. The CAM in UME project is a Canadian medical education initiative established in 2003 by a team of conventional and CAM educators. Headed by Dr. Marja Verhoef at the University of Calgary, the overarching objective of the CAM in UME Project is to help medical school instructors impart to students ***the knowledge, skills, and attitudes to discuss complementary***

## 4.5 The Scarborough Hospital

The Scarborough Hospital (TSH) is one of Canada's largest urban acute care community hospitals and is located within Ontario's Central East Local Health Integration Network (LHIN). The hospital provides inpatient and outpatient services to 41% of the LHIN's population in a community of approximately one million people. A key feature of the community is the richness of its cultural diversity, which includes over 25 ethnic groups and 13 different languages. In fact, TSH's local catchment identifies 74.6% of residents as visible minorities, with recent immigrants representing 8.8% of the population<sup>4</sup>. Among the top five ethnocultural groups represented in the community are Chinese, South Asian, and Filipino. Scarborough's multicultural community, and in particular its large Asian community, utilizes TSH for both acute and chronic conditions such as diabetes, cardiovascular and renal disease. Although conventional medical care is widely accepted, it has become evident that there is also a preference by patients for CAM products and practices. There is a unique opportunity to enhance knowledge and improve health outcomes in the context of understanding holistic and preventive alternative medicine practices through research and interprofessional education within the local Scarborough community.

U of T and TSH currently collaborate to enhance the education of students, support research, and promote evidence-informed practice through a long-standing successful academic affiliation. TSH is committed to building on the success of the affiliate relationship with U of T to participate as a CIM partner to support research related to CAM. TSH not only serves a diverse community, but it also has a diverse community of physicians, and the medical residents that do their training at TSH are both Canadian and international medical graduates. This makes it the ideal setting to implement studies and research into CAM.

TSH has recently adopted a Chronic Disease Prevention and Management (CDPM) care delivery model, which provides a framework within which this patient-centered innovation could be nested. The *CDPM Model of Care* is a holistic health system that provides *patient-centered, integrated*<sup>5</sup> and *equitable* healthcare and promotes the pursuit of health for those individuals who experience chronic conditions. Patients are able to access the system through a variety of sources. They receive coordinated, seamless care through system navigation processes and are then transitioned back to their primary care provider with the tools and self-management skills required to maintain and actively engage as full collaborators in improving their own health. The care within these programs and in the many family health teams is interprofessional and an ideal environment to incorporate CAM practitioners and conduct research.

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**medicine with patients in an informed and non-judgmental manner.** For more information see: <http://www.caminume.ca/>

<sup>4</sup> Statistics Canada, 2011 National Household Survey

<sup>5</sup> According to the World Health Organization, *integrated care is a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion.*

## 5. GOVERNANCE

### Executive Committee

The governance of the CIM will be through an Executive Committee. The Executive Committee will consist of a minimum of six to maximum of twelve members (including the Co-Chairs). The Co-Chairs will either be the Dean of Medicine or the Dean of the Leslie Dan Faculty of Pharmacy (or their delegates), and the President & CEO of The Scarborough Hospital President (or delegate).

The inaugural Executive Committee Membership will include:

- Deans of Medicine & Pharmacy (or delegates) (Co-Chair);
- President and CEO of The Scarborough Hospital (or delegate) (Co-Chair);
- Chair of Department of Pharmacology & Toxicology and Director of the Centre for Collaborative Drug Research (or delegate);
- Chair of Department of Family and Community Medicine (or delegate);
- Associate Dean for Graduate Education or Research, Leslie Dan Faculty of Pharmacy (or a Pharmacy faculty member);
- The Scarborough Hospital Chief of Staff;
- The Scarborough Hospital Executive Vice President, Clinical Operations;
- The Scarborough Hospital Chief/Medical Director responsible for Integrative Medicine;
- The Scarborough Hospital Chief of Family Practice;
- Others – as agreed by The Scarborough Hospital CEO and Deans of Medicine and Pharmacy;
- Director of the CIM (ex-officio member).

### Director

The Director will be an ex-officio member of the Executive Committee. The director is appointed by the lead Dean in consultation with the other Dean and the Executive Committee. Under the guidance of the Executive Committee, and reporting to the lead Dean, the Director will be responsible for all policy, academic and administrative activities of the Institute, including appointment and oversight of the theme coordinators. Within the first six months, the Director will prepare a comprehensive five year strategic academic plan that will be approved by the Executive Committee. Annual review of the Director and the Centre will be focused on the fulfillment of the strategic plan. Annual goals will be updated according to new priorities, research findings and opportunities. The Director will sit on the Executive Committee, and will dually report to the Dean of the Faculty of Pharmacy and the Dean of the Faculty of Medicine directly regarding CIM operations.

The Director of an EDU:C is not appointed under the *Policy on Appointment of Academic Administrators*. As a consequence, an EDU:C may not administer research funds or enter directly on its own authority into commitments/agreements/contracts. All monies and

research funding will flow through the lead Dean's Office in line with the Faculty's normal practice. Any research contracts or agreements similarly require approval and signature of the Dean. EDU:Cs may not serve as the administrative home for a research account without the lead Dean seeking the agreement of the Provost. The U of T Office of Research must be informed.

Two Associate Directors, one for Education and one for Research, will be appointed by the Executive through a process that will be chaired by the Director of the Centre. The Associate Directors will report to the Director and will lead the strategic directions and their implementation for the Education and Research streams of the CIM.

There will also be academic leads appointed by the Director and the relevant Associate Director:

- **Education** - two co-leads (one each from the Faculty of Medicine and Leslie Dan Faculty of Pharmacy)
- **Research** - four co-leads (one each for Basic Sciences, Clinical Research, Health Services and Policy and Education/Knowledge Translation research)

### **Academic Advisory Committee**

This committee will be chaired by the Director and made up of a balance of members with expertise in this field from academia, government, health focused non-government organizations, the private sector, and representatives of key stakeholder groups that are engaged in the education, research and clinical care deliverables.

### **Review**

In line with normal practice, an EDU:C is subject to periodic review (normally every five years) by the lead Dean. Any review would normally assess the EDU's sustainability, performance and achievements relative to the goals set out at its establishment. Possible outcomes of the review could include closure.

## **6. RESOURCE REQUIREMENTS FOR THE CIM**

The financial requirements to launch the new CIM are defined by the tripartite mission that includes education, research and development of new models of clinical care. New funding must be obtained from philanthropy and external contractual partnerships to support this broad mission. The Faculties of Pharmacy and Medicine will provide support for the hiring of a Director of the CIM and budget allocations from existing health professional education programs will support core curriculum for pharmacy and medical students. A target for fundraising to further support health professional student teaching and the CIM Associate Director for Education have been identified and the Faculties of Pharmacy and Medicine are jointly engaged in identifying and cultivating donors. The research initiatives will be funded by a combination of contractual arrangements with the private sector, grant funding from tri-

council and other national and international funding bodies, philanthropy and the dedication of departmental operating funds for support of basic science and clinical research as well as support for the CIM's Associate Director for Research.

In collaboration with The Scarborough Hospital, a separate budget for developing and implementing new models of integrated clinical care is being established. The hospital will provide both office and clinical space for the CIM and will fundraise for this project. The details of this arrangement are provided in a separate letter of agreement between the Deans of Medicine and Pharmacy and the President and CEO of the Scarborough Hospital.