

# The Wightman-Berris Academy

## A Five Year+ Review

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UNIVERSITY OF TORONTO  
FACULTY OF MEDICINE

# Preface

This report documents the progress and accomplishments of the Wightman-Berris Academy of the University of Toronto under the leadership of Dr. Jacqueline James in her first term as Academy Director which began in August 2006. It was used in June, 2012 in a Five-Year Review process of her term as Director and to review her personal contributions to the University of Toronto and the anchor hospitals of the Academy, the University Health Network and the Mount Sinai Hospital, in her capacity as Academy Director. Building on an excellent foundation created by her predecessors, Dr. James has led several new initiatives and developments which support students and faculty and keep the Academy striving for excellence.

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This report is divided into four sections:

**Introduction:** Outlines strategic directions, organizational structure and important demographic information.

**Initiatives and Innovations:** Describes new contributions to the learning environment, formal and informal curricula, and communication tools.

**Integration and Collaboration:** Describes interprofessional educational activities, community and specialty collaboration, support for integrated medical education, and external relationships.

**Impact:** Documents effectiveness of teaching, impact of learning and research endeavours by students, student and faculty achievements.

Parts of the report are reproduced here.

Dr. Jackie James acknowledges contributions of Anne Marie Holmes, Joyce Nyhof-Young, Sarah Amato and David Young in helping her prepare this publication.

Published June 1, 2012

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# Introduction

This section includes a brief history of the Wightman-Berris Academy, the strategic direction of the Academy which was developed under Dr. James' leadership, the organization's operational structure, student enrolment and faculty recruitment. As student enrollment increased due to UME expansion, the Wightman-Berris Academy responded with successful faculty recruitment to meet expansion needs and to support several new curriculum changes in preclerkship and clerkship.

The Wightman-Berris Academy was formed in 1997 bringing together Mount Sinai Hospital (formally of the Peters Academy) with the hospitals of the Wightman Academy, Toronto General, Toronto Western and Princess Margaret. This was at the time when the academic hospitals in Toronto were undergoing realignments in affiliation and departmental mergers. The Academy is named for two esteemed educational figures, Dr. KJR Wightman, a Chair of the Department of Medicine and Chief of Medicine at Toronto General, and Dr. Barnet Berris, Physician-in-Chief at the Mount Sinai. The affiliation of these two founding institutions is well established and has enabled the delivery of the Faculty of Medicine's Undergraduate curriculum based at the two anchor sites in a well integrated fashion. Since then, the Toronto East General, the Toronto Rehabilitation Institute, Baycrest, and the Humber River Regional Hospital have become important contributors to the Academy's mission and affiliates. The Hospital for Sick Children and the Centre for Addiction and Mental Health, specialty hospitals which have historically supported all of the Academies, also contribute in major ways to the delivery of the Wightman-Berris Academy's Educational mission. During the period of time when the Mississauga Academy of Medicine was under development, the Credit Valley Hospital provided teaching for Wightman-Berris in

select preclerkship courses and students were placed at Mississauga hospitals for pilot clerkships.

The anchor hospitals of the Wightman-Berris and the University Health Network have a long and proud history of effectively supporting the goals and objectives of both undergraduate and postgraduate programs at the University of Toronto with outstanding teachers, excellent resources, institutional commitment, and leading innovative educational approaches. Recognizing the need for students to have diverse clinical and research experiences, learning contexts and opportunities for career development, together with a meaningful understanding of social accountability, the roles of the generalist and specialist, and the provision of care in acute and chronic settings, the Academy has fostered community and specialty hospital affiliations to complement the complex tertiary care clinical experiences of traditional academic teaching hospitals. The Academy represents a unique collaboration between affiliated teaching hospitals and the University of Toronto in delivering the educational mission in flexible and innovative ways. In addition to teaching and research, the core business of patient care is woven into the mission and vision of the Academy.



**Dr. Jacqueline James**

MD MEd FRCPC,  
Academy Director

# Academy Vision, Mission, Values and Goals

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## Vision

In keeping with an integrated vision of our partner hospitals, our vision as an Academy is to achieve broad educational impact in clinical learning environments which provide the best medical care.

## Mission

Our mission is to deliver exemplary and diverse educational and research opportunities for our students.

## Our values

Reflecting the values of our anchor hospitals, our values include: Excellence, Caring, Innovation, Integrity, Respect, Diversity, Teamwork, and Leadership.

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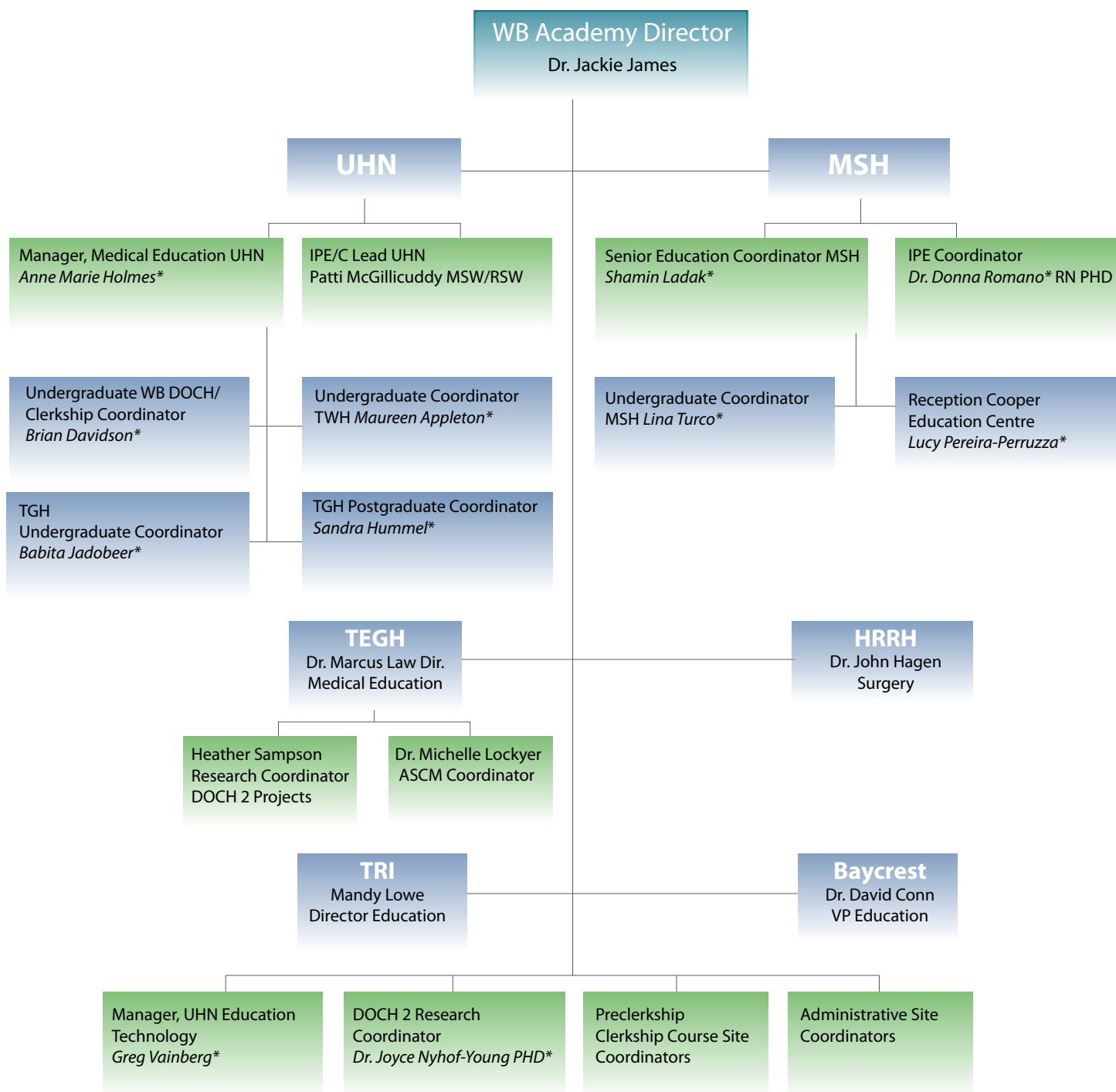
## Our goals

1. To support the University of Toronto's Undergraduate Medical Program's goal of preparing graduates who demonstrate the foundation of knowledge, skills and attitudes necessary to achieve the CanMeds competencies; and to encourage, support and promote the development of future academic health leaders, who will contribute to our communities, and improve the health of individuals and populations through the discovery, application and communication of knowledge. For a detailed view of these goals please refer to the Faculty of Medicine Website.  
<http://www.md.utoronto.ca/program/goals.htm>
2. To lead and innovate in the use of new educational technologies in our educational facilities.
3. To provide students with exposure to the entire spectrum of complexities of clinical problems and contexts ranging from preventive primary care through to transplantation medicine.
4. To provide role models, teaching and mentorship from leaders in their clinical, educational and research fields.
5. To provide positive learning environments and informal curricula for students in which interprofessional, collaborative, patient and family centred care is taught, modelled and exemplified.
6. To foster informal learning opportunities which address and enable individual learning.
7. To encourage, support and value innovation in education.
8. To support, facilitate and recognize the work and scholarship of our teaching faculty.
9. To value and respect the patients in our teaching facilities who enable trainees to learn from them.
10. To foster student involvement and engagement in shaping the role that the Academy plays in their education and student life.
11. To facilitate formal and informal interaction between medical students and learners from other health disciplines.
12. To encourage and recognize students and faculty for their contribution to the overall mission of our Academy and its hospitals.

# Organizational Structure

The Academy Director and full time administrative staff are based at three sites, Mount Sinai Hospital, Toronto General and Toronto Western Hospital. Past academy directors include, Dr. Lynn Russell (1993-2001), Dr. John Bradley (2001-2006) and Dr. George Kutas (Peters Academy until 1997). Dr. Jackie James became interim Academy Director in April 2006, following the tragically sudden death of Dr. Bradley. She was appointed to her current first five year term as of Academy Director in August 2006.

The following organization chart outlines the administrative structure and current staff holding those positions.



\* "Reports" to Academy Director, Others in the Chart are Collaborators at senior levels or indirect reports

# Student Enrolment

## Faculty of Medicine Undergraduate Students

Student enrolment increased as result of UME expansion. Following official opening of the Mississauga Academy, enrolment numbers then decreased. Total enrolment is anticipated to stabilize at approximately 365 in future years.

	Year 1	Year 2	Year 3	Year 4	Total
2005-06	89	94	93	89	365
2006-07	93	92	88	93	366
2007-08	100	99	93	87	379
2008-09	98	103	104	92	397
2009-10	98	100	105	104	407
2010-11	110	98	108	103	419
2011-12	91	110	103	108	412
2012-13	90	91	113	104	398

## Elective Students

The Academy attracts many students from across Canada and around the world for elective opportunities. As the University of Toronto and the hospitals wish to attract the best candidates from across the country for postgraduate programs, it is important that the Academy provides elective career sampling opportunities for U of T as well as non-U of T students. Due to concerns about the adequate capacity for University of Toronto students on clinical rotations and overcrowding of learners, the University of Toronto has limited the total number of international electives to 300 per year. Nevertheless, the hospitals of the WB consider international elective experiences and the exchange of knowledge and training across borders to be important to the global academic mission of the hospitals. The following numbers represent one block elective experiences across a variety of programs.

Year	U of T	Total Non U of T	International	Total Electives
<b>UHN</b>				
2006-7	129	201	143	473
2007-8	128	271	99	498
2008-9	134	233	172	539
2009-10	130	279	65	474
2010-11	100	310	64	474
<b>MSH</b>				
2006-7	78 / 26 UHN/MSH			
2007-8	64 / 25			
2008-9	76 / 20	23	57	176
2009-10	83 / 28	44	27	182
2010-11	46 / 18	91	41	196

## Faculty Recruitment

In 2007, Dr. James streamlined and revised the way teaching faculty were recruited at the Academy, making the process more efficient and effective to insure excellence in teaching. To this end, she created brief descriptions of the preclerkship courses; assigned hourly time commitments for each course; described the specialties or faculty interests which best suit the teaching role; and revised the database of teaching recruitment, organizing and updating it annually. To ensure that tutor recruitment is optimized, Dr. James meets with chiefs and division education leads as required and takes into consideration the fit of the teacher to the teaching role, matching each individual's teaching ability and expertise to the job description.

The Academy is highly responsive to changes in recruitment needs as a result of changes in medical student schedule or curriculum decided centrally by the University. For example, a change in the

scheduling of preclerkship courses to create "Academy Days" was implemented in 2008 in order to minimize travel between the Medical Sciences Building and the Academies and to create additional time at the Academies which may be used for innovative Academy based learning opportunities. This involved rescheduling of Problem Based Learning Sessions and the recruitment of new tutors to facilitate these sessions. To fill teaching assignments for the new course of Portfolio, ideal candidates were identified and recruited for the position of Academy Scholar, which involves a unique set of attributes and skills. The Academy also successfully recruited more tutors to accommodate the undergraduate expansion at the St. George Campus, while awaiting the opening of the Mississauga Campus.

Below are numbers of faculty recruited for Preclerkship and Portfolio Teaching since 2005 .

Department	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Allied Health	11	11	12	12	12	12	13
Anesthesia	15	12	17	20	21	23	22
Emergency Medicine	18	10	11	11	21	23	30
Family Medicine	44	26	25	43	32	35	41
Geriatrics	4	7	6	7	6	5	6
Laboratory Medicine	26	23	24	23	23	16	20
Medical Imaging	1	1	1	1	1	2	2
Medicine	98	99	100	98	98	90	104
Obs/Gynecology	21	21	20	11	15	12	8
Ophthalmology	4	3	1	3	18	21	25
Otolaryngology	15	15	16	17	17	17	15
Pediatrics	21	19	20	20	20	26	26
Psychiatry	35	26	28	24	24	21	22
Radiation Oncology	3	5	3	1	4	6	5
Surgery	119	120	128	129	138	140	149
<b>Totals:</b>	<b>435</b>	<b>398</b>	<b>412</b>	<b>420</b>	<b>450</b>	<b>449</b>	<b>488</b>



# Initiatives and Innovation

This section outlines the many initiatives and innovative approaches taken to improve the learning environment and support for the formal and informal curricula delivered at the Academy under Dr. James' oversight and direction. The education centres Cooper, Helliwell and MedEd West, have been continuously improved; they are places where students feel at home to meet, study, and practice essential clinical skills. The use of educational technologies and resources, which enhance learning through simulation and other means, has increased. The VIP Volunteer Instructional Patient program has been developed and curriculum for the Transition to Clerkship Academy Days has been redesigned and improved. There has been a strengthening of the existing mentorship program and an expansion of opportunities for career sampling and observation for preclerkship students.



## Learning Environment and Facilities

### Cooper Education Centre

The Sydney and Florence Cooper Family Education Centre was planned and officially opened in 2007. This centre was designed to be used by all health professional trainees at Mount Sinai with the WB academy students having priority access for core curricular activities. The Cooper Centre supports multi professional and interprofessional health education and has videoconferencing, teleconferencing, computer labs, simulated clinical rooms and smart boards in every seminar room and a student lounge. In 2011, the Harvey Cardiopulmonary Simulator was purchased for the Centre with funds from the Mount Sinai Hospital. Through a kind donation of the Barnet Berris Family, in addition to centre revenues, a Lung simulator has also been purchased. The Centre has hosted several University wide educational events, undergraduate and postgraduate interview days and OSCEs. As a

conference centre, the facility revenues are generated from external users which help to support upgrades and improvements in educational facilities available in the Centre. The Centre has been able to help support the expansion of clerkship programming into Mississauga by providing small group videoconferencing between student groups at MSH and Credit Valley in pilot clerkships at the Mississauga Academy. Students enjoy 24/7 access to this centre for learning and studying. This centre has not only benefitted WB students, but students from other academies in limited numbers have been permitted 24/7 access. (2007)

This access has greatly benefitted students, enhancing their learning experience and providing an excellent facility in which to study. As one student wrote for a report to the donors:

*"It is my pleasure to rate the Cooper Centre highly as a wonderful area for student learning and education. Over the past two years, the Cooper Centre was like a second home for me and other preclerkship medical students. The seminar rooms were an ideal place where one could work in a quiet and clean environment, while the exam rooms were perfect for practising physical exam skills with classmates. Furthermore, the comfortable student lounge and friendly, supportive staff of the Cooper Centre helped give it a relaxing atmosphere throughout the busy school year. These few examples show why I have greatly valued the facilities at the Cooper Centre during my preclerkship education, and why I am sure it will continue to be a very important place of learning for medical students in the future."*

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## **Helliwell Centre**

The Paul B. Helliwell Centre in the Toronto General Hospital set the standard in Toronto for a student focused medical education centre when it opened in 2003. Since that time, upgrades have continuously been made to ensure that it remains state-of-the-art. These upgrades have included increasing the number of computers in the lab, providing improved internet access, installing wireless access, installing plasma screens for projection of materials, installing an electronic announcement board, new whiteboards and upgrading computers. New projection devices and an improved podium are additionally being installed in the Centre's large classroom and teleconferencing is available in all rooms.

A \$200,000 capital investment has recently been allotted

to upgrade and improve the access and transmission of audiovideo communication between rooms in the centre and for web based videoconferencing purposes. The Academy is currently in the process of producing a request for proposal for this work. The enhancements will improve the ability for student and faculty to communicate with others at remote sites. For example, a student who is at a remote site in clerkship could join the group by video, or a student who misses PBL could view the PBL group proceedings at later time. These improvements will also make it easier for tutors to conduct self or peer assessments of their teaching and obtain digital records of their teaching sessions. It will be easier for groups to record themselves for debriefing and gain feedback on group interactions or simulations.

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## **MedEd West**

In 2008, the existing medical education facility (now named "MedEd West"), was upgraded with new computers to provide speedy access to the internet and other electronic educational tools, as well as audiovisual equipment, including plasma screens, to improve presentation capabilities. Housed in the MedWest Building, it serves the students of the academy when they are participating in educational activities at the Toronto Western Hospital. The upgrade also included student lounge improvements and an augmented security system; and teleconference is now available for students to call in from remote locations during clerkship.

The UHN is currently in the early functional planning phases of building a comprehensive interprofessional educational student centre in the McLaughlin Wing as well as a conference facility in Krembil Discovery Centre

currently under construction at the Toronto Western Hospital. When completed, this new interprofessional education centre will ultimately be home to the medical students. Functional plans have been provided to the planning committee for the needs of the Academy and the medical students as major users of the centre. Dr. James was highly involved in the functional plan and design for a medical educational facility at Toronto Western, which was scheduled to open in 2007. Plans were delayed due a corporate decision to build the Krembil Discovery Centre tower on the land instead. As a result of that decision, space for education has been allocated in the Kremil Centre and McLaughlin Wing of Toronto Western. Dr. James is once again actively involved in plans for the future interprofessional student education centre to ensure that the needs of the Academy are met when that space is built.

These initiatives, which improve the learning environment and support the formal and informal curricula delivered at the Academy, have enhanced the student learning experience. As the Medical Society independent report informing the Medical Academies in 2010 revealed, the majority of students affiliated with the

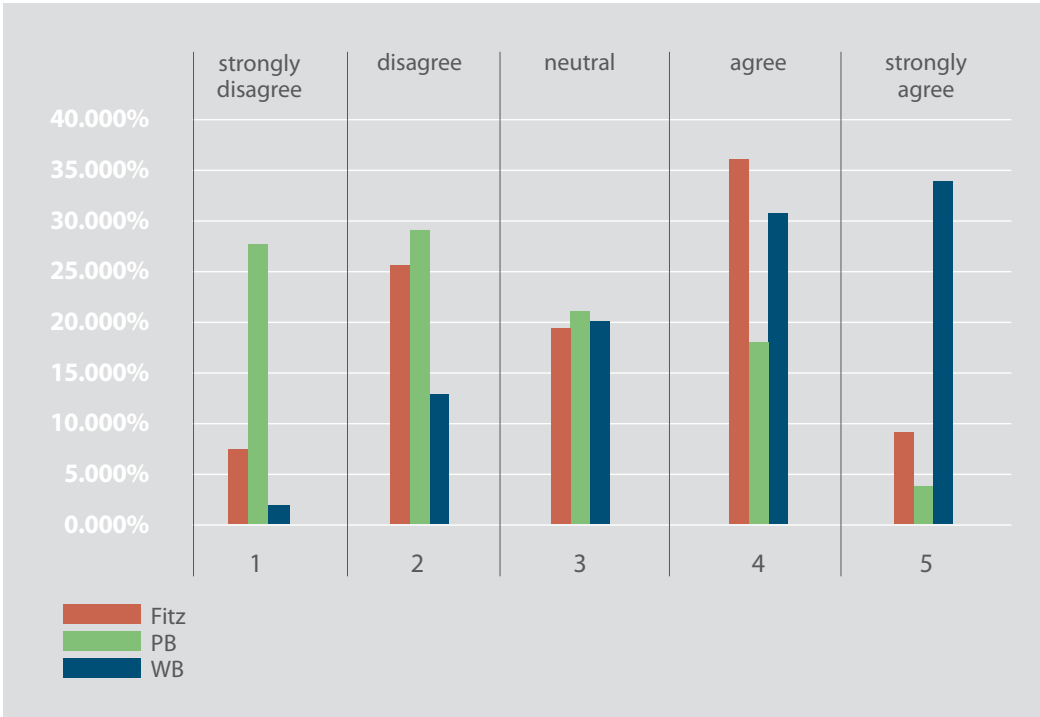
Wightman-Berris are very satisfied with the educational facilities of the Academy in comparison with the other academies at the time of the survey. The results of a survey on educational facilities are recorded in the Figure 1 below.

**Figure 1** taken form Task Force on Medical Academies 2010

Student agreement with the phrase:

“I find the educational facilities within my Academy to be adequate and comparable to those at other sites”

Quoting the Medical Society Report on the Academies, “It can be seen that generally students in Wightman-Berris are very pleased with their facilities.”



## Curriculum Development and Support

### The WB VIP (Volunteer Instructional Patient) Program

Recognizing that inpatients on some of the wards are either too ill or complex to consent to or provide optimal teaching opportunities for pre-clerkship students, the Academy begun a program to recruit ambulatory volunteer patient for teaching and evaluation purposes. The VIP Program was established in 2007 to recruit ambulatory patients for teaching and examinations in ASCM. This involved developing resources for promoting and training volunteer patients, including an instructional video, and launching the program.

Volunteers are given a small stipend (\$25) to cover travel costs. To date there are 40 active patients in the program. This program is mutually beneficial to patients, volunteers and tutors. Dr. James supervised a study of patients performed by Annie Leung as a self- initiated DOCH 2 project entitled “Exploring the Impact of Volunteering in Medical Teaching on Patient Volunteers’ Sense of Social Support” (2011), which is being used to inform further development of the program.

## Passport/Transition to Clerkship

In the Transition to Clerkship period, formally called Passport to Clerkship, the Academies have three (formerly four) full days to provide an orientation. This orientation introduces and prepares students to become clinical clerks in the context of work they will be engaged in clinical teaching units with graded levels of responsibility and are become part of the health care team. Dr. James is responsible for coordinating learning activities on these days and designing new curriculum. The plan is shared with other academy directors and efforts have been made to harmonize approaches across all academies for these days.

This orientation period provides students with information on registration requirements, the use of the electronic patient record, occupational health and safety policies, infection control methods, personal safety practices, order writing, discharge planning

and professionalism standards to prepare for difficult conversions with patients and families. Starting in 2010, this time was used to increase the amount of simulated curriculum for teaching technical clinical skills. During the Clinical Skills Day, students in small groups rotate through 6 stations to learn NG tube placement; venipuncture, intravenous line insertion and handling of sharps; arterial blood gas puncture and knowledge of the types of central lines used in hospital; airway protection and intubation; performance and interpretation of EKGs; and appropriate use of personal protective devices and hand hygiene. This day has been very well received by students and served as a model which has been shared with the other academies. Plans for the 2012 Clinical Skills Day include the development of a teaching module to help students avoid puncture wounds while assisting in or performing procedures.



*Evaluations of Academy Transition to Clerkship Days: See Appendix A*

## Simulation

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### Harvey

Harvey, the cardiopulmonary simulator, is easily accessible at the Helliwell and Cooper Centres and can be booked through the Department of Medicine at Toronto Western. Tutors and students are encouraged to use Harvey during ASCM sessions and clerkship bedside rounds for an enriched learning experience. There is formal curriculum utilizing Harvey in the medicine clerkship, and Harvey at Helliwell is available for use by Peters-Boyd students to complete that curriculum. Members of the UHN/MSH Department of Medicine, including Dr. James, have been engaged in studying the use of simulation in medical education. Tutors are provided with certification and basic training in the use of Harvey by the Academy. Student leaders may also be certified so that Harvey is used appropriately.



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### OtoSim

The WB has recently purchased 6 OtoSim models (2 for each education site) so that students may practice otoscopy as it is well known that they may not get adequate opportunity to do so on real patients. These models will enhance the teaching of examination of the ear and be available for students to use whenever they wish.

## Student Support

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### Mentorship Program

The Wightman-Berris has a formal mentorship program which pairs first year students with faculty members. An attempt is made to match each student with a mentor working in an area that interests them. This provides students with shadowing experiences and the opportunity to develop a mentor relationship with

faculty members. Students are oriented to the objectives of the program by Dr. James. Faculty receive an outline of the program with objectives and guidelines. Approximately 20 new faculty are recruited each year to the mentorship program. There are currently 188 UHN and MSH, and 38 SickKids faculty are registered as



mentors from a wide variety of specialties for a total of 226 in our current mentorship database.

In 2011-12, 83 of 91 first year students signed up for the mentorship program and annually approximately 80-90% of students have done so. A survey conducted to evaluate the mentorship program was sent to first and second year students in 2009; it indicated that 90% of the students made contact with their mentors, and over half remained in contact in the second year of their studies. Contact with mentors helped the vast majority

of students develop a personal and professional vision, as they gained additional clinical exposure/shadowing in pre-clerkship, obtained practical insight and discussed career goals as well as lifestyles in medicine. In the recent accreditation self-study, students identified the mentorship program at WB as useful to their development. The program will be formally reevaluated again in 2012.

*For detailed evaluation of the WB Mentorship Program, see Appendix B.*

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## **WB Doc Talks**

WB Doc Talks is a new initiative hosted by Dr. James, which began in 2011-12 and brings together a small group of second and third year students with a 4-5 faculty members at a time over a light dinner. The faculty members are from different specialties and stages in their careers; they engage students in an interactive discussion about career choices and paths. They share personal experiences about why they love what they

do, unique aspects of their specialties, challenges that they face and how their work affects their lifestyles. This has proven to be a valued opportunity for students to informally network and have frank conversations with very dedicated and engaged faculty. Evaluations of the program indicate that students gained insights into how career choices are made, training required, appreciate the small group setting, and would like more sessions held.

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## **MedLINKS**

The Academy has supported a student initiated peer mentorship project which brings together students across all years of study. WB hosted an evening event for the students this past academic year in the DeGasperi Gallery at TGH.

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## **Mock CARMS interviews**

To help prepare students for interviews which are so important to success in their application to postgraduate programs, Dr. James has provided mock CARMS interviews for fourth year students.

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## **Day of Doctor 2**

In the past 2 years, in response to students request in first year to have additional shadowing opportunities, the Academy has added a second day in which students can be paired with a clinician for a morning to observe and interact with a clinician. This is in addition to the existing ASCM 1 Day of the Doctor for which we provide a shadowing experience for all ASCM 1 students on a

Friday morning. Forty seven students in the first year class participated in the WB Second Day of the April 2012. Two morning options were given to students which they felt would work with their first year timetable. When the program was evaluated, out of 23 students who participated, 100 % agreed or strongly agreed that this observational experience had allowed them to

learn more about the role of the physician in the clinical context and how patient care is delivered. They felt that the WB Academy should continue to offer this Second Day of the Doctor experience to first year students.

Comments from the students indicated that this is a welcome addition to the informal curriculum.

*For detailed evaluation of WB Day of Doctor 2, see Appendix C.*



## Communications

Over the past two years, two initiatives led by Dr. James have greatly improved communication between prospective students, current students, faculty and others in our community.

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### Academy Newsletter

In the fall of 2010, the Academy began publishing WBnews, a periodic newsletter designed to keep students, faculty and others in our community informed about educational developments, social events and profiling initiatives occurring at the Academy. Dr. James is the Editor and chief writer for the newsletter,

encouraging student and faculty to submit articles for the publication. The newsletter is distributed electronically and copies are now posted on the Academy's Website.

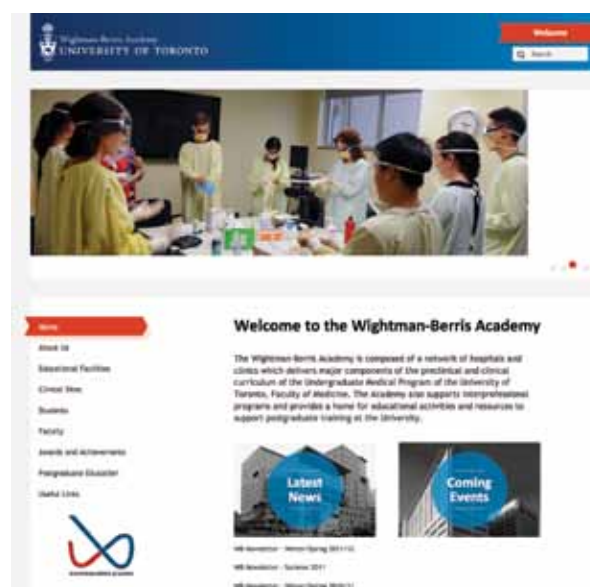
*For copies of WBnews see Appendix E.*

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### Academy Website

In April 2012, the Academy launched a new website to keep the public, students and faculty accurately informed about the Academy's activities, programs and facilities. Dr. James oversaw the design and content. Kathryn Trojan Stelmazynski and Brian Davidson contributed to content preparation, and Mike Clark at Web Services, University of Toronto was the chief web designer. An evaluation of the site and ongoing improvements will be undertaken.

<http://wbacademy.utoronto.ca/>



# Integration and Collaboration

An important goal of the Academy under Dr. James' leadership has been to encourage opportunities for medical students and other health professional learners to learn informally and formally about and from one another in preparation for team based interprofessional care. Dr. James has provided access to educational spaces for other health professional and postgraduate students without any perceived negative effects for the medical students who maintain priority access with increased opportunities for networking. She has

also embarked on a plan to create strong linkages with community and specialty affiliates to optimize the array of options for students of the Academy and ensure well rounded clinical experiences. The Academy also feels it has a global responsibility to facilitate training of foreign elective students. This section will describe interprofessional education programs, the integration of the Academy into the community, and collaborative efforts across the TASHN hospitals that improve the student experience.

## Interprofessional Education

In recognition of the need to increase interaction and integration of students from other health professions with medical students, University of Toronto Rehabilitation Science students, Speech Language Pathology students and Pharmacy students are now being registered at the Helliwell Centre. The Cooper Family Interprofessional Education Centre, in its design, was planned to similarly enable interactions between students in different health care professional training programs.

The Academy supported the development of IPE placements and activities at UHN and MSH. Dr. Donna Romano RN, PHD is the MSH IPE Coordinator, and Patti McGillicuddy MSW coordinates the IPE placements involving Academy students. Dr. James has been an active participant in IPE/IPC efforts at UHN and MSH. She has taken a workshop on facilitation in Interprofessional Education and has Co-facilitated and designed IPE placement activities at Mount Sinai Hospital. She has enabled the recruitment of medical students to these activities at the Academy, and the Academy has provided space and contributed financial resources, such as refreshments for lunch and dinner IPE events.

In the 2007, Dr. James created a video which highlighted the role of the clinical clerk and the roles of various health care professionals on a typical interdisciplinary general internal medicine ward. Featuring the type of interaction a clerk might have with the various



disciplines, the video included interviews with a nurse, physiotherapist, pharmacist, social worker, spiritual care professional and ward clerk. The video accompanied a case study and was used as a discussion piece for Passport to Clerkship introductory Academy Day. As the formal IPE curriculum has developed over the past 5 years, the video has been edited and modified for use.

In 2011, the Academy piloted a new cultural competence session during Transition to Clerkship, whereby small groups of students were led by various health professionals and social workers in a discussion of what is meant by culturally competent communication and ways in which to provide patient and family centered care in hospitals with culturally diverse patient populations. The session was entitled: "Navigating Cultural Differences, Reflection to Action." The session was evaluated, and based on 45 evaluations received, the students unanimously thought that the teaching was relevant to their experience and 29 would want more sessions about this topic. Modifications will be made based on feedback for the next iteration of this curriculum.



## UHN IPE Activities 2007-2012

Seventeen full interprofessional clinical placements occurred at UHN between 2007 and 2012 at 3 UHN sites. The placements occur on site, with learners from different disciplines learning from and about each other in the clinical environment. There was excellent uptake and involvement by the medical trainees. These placements involve 5 to 8 students from different disciplines meeting once a week for 4-6 weeks.

Program	Total Number of Placements	Numbers of Placements in which Medical Trainees Participated	Number of Medical Trainees
Krembil Neuroscience Program and Medical Surgical ICU	8		
General Internal Medicine	5 (TGH 4, TWH 1)	7	8
Peter Munk Cardiac Program	2	2	2
Inpatient Psychiatry	1	0	0
Radiation Oncology	1	1	1
Total	17	15	16

## MSH IPE Activities 2007-2012

In addition to IPE Clinical Placements, 2 IPE journal clubs have been held, involving students from several disciplines including medicine at MSH.

Program	Total Number of Placements	Numbers of Placements in which Medical Trainees Participated	Number of Medical Trainees
Inpatient Psychiatry	3	3	9
Obstetrics/Gynecology	4	0	0
Total	7	3	9



## Community Affiliates

### Toronto East General Hospital

In 2005, the first two groups of students began taking ASCM 1 at Toronto East General. Two full groups of ASCM 1 and 2 have since been established with increasing participation for teaching subspecialty as well as core sessions. Students have been chosen randomly for assignment at TEGH for ASCM, but the travel distance and public transit availability are taken into account in the allocation process. Students generally complete two years of ASCM for continuity of experience and student representatives have agreed with this policy.

Two learning rooms were equipped with furnishings, projection equipment and diagnostic equipment funded by the Academy in 2006, and more recently two new teaching rooms were renovated and equipped with videoconferencing in 2011 to host the ASCM students when at TEGH to replace the original rooms.

Dr. James meets annually and communicates regularly with the educational leads at TEGH to ensure that the

students' experience is optimized and that the teachers who supervise the students are well suited to their roles. Dr. James has met annually with representatives of students completing ASCM at TEGH to debrief and receive feedback about the experience. Students indicate that faculty, TEGH nursing, allied health and administrative staff have been excellent, and the patient population and variety of cases to see very good. Two faculty at TEGH have been nominated for Wightman-Berris Academy Teaching Awards in 2011-12.

Recruitment of teachers at TEGH was initially led by Dr. Marcus Law for ASCM and in the past year by Dr. Michelle Lockyer. Dr. Law has been coordinating involvement by supervisors in clerkship. For 2012-13, 6 new placements in Ophthalmology, one per rotation will be offered in addition to 12 placements in Anaesthesia, and 24 in Emergency Medicine. New placements in ENT will be explored for 2013.



## Humber River Regional Hospital

In recognition of the need to have a full array of opportunities for students to experience both community and tertiary care settings for surgery, the WB has cultivated a relationship with the Humber River Regional Hospital. Starting first with a pilot placing a few students for general surgery in 2010-11, for 2012-13 there will be 24 placements in surgery at HRRH, two at the Finch site and two at the Church site per rotation. Given the more intimate nature of the experience and enthusiasm of the staff at the hospitals, students often have opportunities to be involved in subspecialty surgical care as well as general surgery.

The quality of the experience has been rated very highly, and Dr. John Hagen the Surgery education lead won a WB Academy Teaching award in 2011 for Excellence in Teaching at the Undergraduate Level.

The following represent quotes from student debriefs about their experience:

*"Lots of opportunities to see bread-and-butter surgeries like lap chole and hernia repairs as well as more complex procedures like gastric bypass and Hartmann resection. Many opportunities to practice suturing"*

*"I got to see a variety of surgical procedures including lap chole, hernias, nephrectomy, partial cystectomy, rectal cancer resection with ileostomy, total knee replacement and plastic surgeries (breast augmentation, tummy tuck, breast reduction)"*

*"Able to scrub in for all procedures and assist with lap procedures, suturing and retraction, and even got to intubate twice with the anesthetist!"*

## Specialty Affiliates

### Toronto Rehabilitation Institute

Prior to the recent integration of Toronto Rehabilitation Institute into the University Health Network, the Wightman-Berris had begun to build a relationship between the Academy and the Toronto Rehabilitation Institute (TRI) by seeking DOCH 2 placements, recruiting some teaching faculty and enlisting some patients for teaching in ASCM at the TRI site. Since integration, students in ASCM have been placed on a ward at the TRI

for part of their ASCM 2 teaching experience, allowing these students an opportunity to interview and examine patients in a rehabilitation setting. It is expected that opportunities and teaching support for the Academy will grow at TRI; and, in particular, opportunities to collaborate and create new IPE activities for students will be enhanced by this association.

## Baycrest

For more than a decade, Baycrest has been a source of expert Geriatric teaching for four groups of ASCM 2 students. The Academy intends to build more elective

and selective opportunities for students at Baycrest so that students can be exposed to the health care needs of our aging population.

## SickKids

Although SickKids serves all academies, a special informal relationship exists between SickKids and the Academy which has enabled recruitment of faculty for PBL teaching, mentorship and the Portfolio program. The

Academy has recognized outstanding teachers who have contributed to the teaching mission of the Academy in the past.

## International Relationships

In 2008 a relationship between the University of Toronto and the School of Medicine at Shanghai Jiaotong University was established. Since then, Dr. James has coordinated the clerkship experiences for a very small program for two students from Shanghai, each for two months, one in Medicine and one in Surgery.

## Integrated Medical Education

Dr. James has participated in T-IME Steering Committee and the T-IME Learner Experience Working Group. The Learner Experience Working Group has reviewed policies as they pertain to learners, both post graduate and undergraduate, at the fully affiliated and major community affiliated sites. The group aims to integrate certain site specific registration requirements, as these can become very burdensome for students and residents traversing the many hospitals associated with the University for training. The Wightman-Berris Academy, although created as an undergraduate entity, has begun looking at ways to streamline registration for postgraduates, residents and medical students at the two main anchor sites UHN and Mount Sinai Hospital. A need database for learner registration at UHN has been developed, and once it has been beta tested will be used at MSH. A Privacy module, developed for medical



learners by TASHN privacy officers and designed and housed on the UHN server stands as the first example of a common eLearning module. All medical students and residents will have to complete the eLearning module as a registration requirement rather than having to complete different modules at different sites. This will also enable better knowledge for learners about their obligations in accordance with laws governing privacy and confidentiality of personal health information. Dr. James helped to facilitate approval of this Privacy Module as a proof of concept and this learning will now be tracked by MedSIS and POWER.

# Impact

Since 2006, the Academy has continued to provide a positive and enriching teaching and learning environment. The Wightman-Berris Academy takes great pride in celebrating the achievements of students and

faculty as they provide outstanding patient care and conduct important research. This section outlines the awards, successes and achievements that demonstrate the widespread impact of the Wightman-Berris Academy.

## Student Awards

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### Golden Stethoscope Awards

Golden Stethoscope Awards are given to students who have been nominated by their supervisors based on their performance in third year, recognizing compassionate, high quality patient care by students. These awards were initially supported by a philanthropic donation. When the donor was no longer able to support these awards, the Academy took over responsibility. Eight awards per

year have been given in the past, and we plan to increase this to nine to match the growth of the third year class, which comprises 112 students for 2012-13. A recognition plaque has been installed in the Helliwell and Cooper Centres to honor the students who receive the award.



# Golden Stethoscope Award Recipients

## 2011

Melanie Finkbeiner  
 Stephen Gauthier  
 Mihan Han  
 Jennifer Loo  
 Danielle Rodin  
 Ayaaz Sachedina  
 Alexandra Saltman  
 Lynn Sterling

<b>2010</b>	Kathleen Armstrong Romy Cho Imran Jivraj Ingrid Morgan Julia Sharp Sarah Troster	<b>2009</b>	Margaret Gemmill Edwin Ho Christine Law Danna Li Ian Mayne Davina Morris Dan Petrescu Amandeep Takhar
2008	Tamer Abdelshaheed Daffolyn Rachael Fels Elliott Biniam Kidane Lara Alexander Kuritzky Fahad Razak Nadder Sharif Suraj Sharma Pracha Vatsya	2007	Jeremy Adams Lawrence Aoun Lauren Gerard Nicole Green Laura Jane Henderson Sasha Ming High Shannon Moore Fatima Uddin
<b>2006</b>	Zainab Abdurrahman Naama Bartfeld Amy French Nathan Jowett Neilesh Soneji David Wan	<b>2005</b>	Luke Devine Braden Gammon Patrick Gonsalves Suneil Kalia Jennifer McDonald Carolyn Shiau Diana Toubassi Ryan Van Wert



# Faculty Development

The academy is committed to supporting a community of teachers and valuing their academic contributions. The Academy hosts a number of Faculty Development sessions which are given by course directors and facilitators from the Centre for Faculty Development for courses. The following are sessions which have been provided for tutors.

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## 2006-2007

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DOCH 1	September 19, 2006
DOCH 2	November 7, 2006
PBL	November 16, 2006
PBL	February 19, 2007

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## 2007-2008

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ASCM 1 & 2	August 30, 2007
PBL	November 15, 2007
PBL	January 31, 2008

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## 2008-2009

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ASCM 1 & 2	August 28, 2008
DOCH 1	September 9, 2008
PBL	November 13, 2008
PBL	January 29, 2009

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## 2009-2010

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ASCM 1 & 2	September 2, 2009
DOCH 1	September 15, 2009
DOCH 2	October 5, 2009
PBL	November 26, 2009
PBL	February 18, 2010

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## 2010-2011

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ASCM 1 & 2	September 1, 2010
DOCH 1	September 8, 2010
PBL	October 13, 2010
PBL	December 12, 2011

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## 2011-2012

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ASCM 1 & 2	August 31, 2011
PBL	December 12, 2011

## Tokens of Appreciation

All faculty who teach on behalf of the Academy for preclerkship and Portfolio receive personally signed thank you letters recognizing their contribution to the Academy. In 2007, all those who taught ASCM received a gift of appreciation in the form of the U of T Handbook of Clinical Skills. Any new tutors thereafter, receive a Handbook.



## Teaching Awards

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### Wightman-Berris Academy Teaching Awards

The Wightman-Berris Academy Awards, presented annually, are an important way to recognize teaching faculty and staff for their outstanding contribution to the mission of the Academy and its affiliated teaching hospitals. Teaching, delivery of curriculum, and innovation in educational methods are integral to the success of the Academy. Teaching staff are highly valued by the Academy and documentation of excellence in teaching is important to enable the ongoing work and support of our community of clinical teachers.

The awards include:

- 1) Wightman-Berris Individual Teaching Awards in three categories: Undergraduate Medical (nominees eligible from all sites, anchor and community, where teaching occurs on behalf of the academy, including residents who teach), UHN/MSH Postgraduate Medical, and UHN/MSH Health Professions categories.
- 2) The Anderson Awards, which recognize major contributions, has three categories: Extraordinary Contribution to Health Professional Education, Program Innovation and Development, and the John Bradley Educational Administration.

The WB Awards Committee ensures that recipients of these awards represent the very highest calibre of our clinical teaching staff. The Awards committee consists of the Chair (Dr. Woody Wells for the past several years), the Academy Director, physicians representing different sites, allied health representatives, a reviewer external to the Academy, a medical student and a resident.

Dr. James revised the nomination form by which students nominate their teacher for an individual teaching award. She provided a framework that would allow students to better describe excellent teachers in accordance with the teaching qualities known in the literature, and thereby improve the quality of the nomination letters provided.

The ceremony honoring the award winners includes a brief plenary speech covering a current topic or educational innovation that is of interest to an interprofessional audience. The awards ceremony is well attended by staff, students, department and division heads.



## Anderson Award Winners

2011 - 2012	Extraordinary Contributions	Dr. Wayne Gold
2010 – 2011	Extraordinary Contributions	Dr. John Granton
2009 – 2010	Extraordinary Contributions Program Innovation and Development	Dr. Heather McDonald-Blumer (Medicine) Dr. Claire Middleton (Anaesthesia)
2008 – 2009	Extraordinary Contributions Educational Administration	Jason MacCartney (Respiratory Therapy) Dr. Dori Seccareccia (Palliative Medicine)
2007 – 2008	Program Innovation and Development	Dr. Gareth Seward (Obstetrics/Gynaecology)
2006 – 2007	Extraordinary Contributions Educational Administration	Dr. Wendy Wolfman (Obstetrics/Gynaecology) Dr. Rodrigo Cavalcanti (Medicine) Jane Gracey (Obstetrics/Gynaecology)
2005 - 2006	Program Innovation and Development Educational Administration	Dr. Lori Albert (Rheumatology) Dr. John Kingdom (Obstetrics/Gynaecology) Dr. Lorne E. Rotstein (Surgery)

## Wightman-Berris Individual Teaching Award Winners

	Undergraduate	Postgraduate	Allied Health Professions
<b>2011-2012</b>	Dr. Nadine Abdullah Dr. Robert Cusimano Dr. Paul James Dr. Bohdan Laluck Dr. Bill Mah Dr. Andrew Morris Dr. Carol-Anne Moulton Dr. Sev Perelman Dr. Shane Shapera	Dr. Tulin Cil Dr. David Frost Dr. Jane Heggie Dr. Ali Naraghi Dr. Andrea Page Dr. Sian Rawkins Dr. Andrew Roscoe Dr. Robert Silver	Karen Cameron Francesca Le Piane Donna Lowe Philip Lui Patricia Marr June Wang

*Continued on next page*

	<b>Undergraduate</b>	<b>Postgraduate</b>	<b>Allied Health Professions</b>
<b>2010 – 2011</b>	Dr. Peter Ashby Dr. Mark Bonta Dr. Jaime Escallon Dr. Diego Delgado Dr. John Hagen Dr. Sandra Hazan Dr. Jerome Leis Dr. Andrew Steel	Dr. Dimitri Anastakis Dr. TaeBong Chung Dr. Mojgan Hodaie Dr. Vishal Kukreti Dr. Michael McDonald Dr. Peter Seidelin Dr. Sanjeev Sockalingam Dr. Srikala Sridhar Dr. David Tannenbaum	Ana Lopez Filici Ron Fung Marjorie Imperial Yvonne Kwan Alice Tseng Jason Volling
2009 - 2010	Dr. Stacey Bernstein Dr. Caroline Chessex Dr. Shital Gandhi Dr. Shannon Goddard Dr. Wayne Gold Dr. Jean Hudson Dr. Darryl Irwin Dr. Mary-Helen Mahoney Dr. Yash Patel Dr. Lisa Richardson Dr. Abdu Sharkawy	Dr. Robert Bleakney Dr. Marc Freeman Dr. Todd Lee Dr. Melitta Mezody Dr. Anna Shawyer Dr. Sharon Walmsley	Michal Basch Jennifer Harrison Dr. Howard Holmes Jiao Jiang LeanaMarchand John Marchand John Murdoch Dr. Geary O'Leary Michael Wong
2008 – 2009	Dr. Lisa Bahrey Dr. David Carr Dr. Gail Darling Dr. Gail Gray Dr. Azadeh Moaveni Dr. Robert Silver Dr. Jackie Thomas Dr. Katina Tzanetos Dr. James Wong	Dr. Isaac Bogoch Dr. Stephanie Brister Dr. Rodrigo Cavalcanti Dr. Ron Crago Dr. Rex Kay Dr. Eric Massicotte Dr. John Thenganatt Dr. Wendy Whittle	Marina Aronov Jocelyn Brown Ludwik Fedorko Sara Ingram Ruchi Kumra Anne Kuus Kori Lebland Jill Westlund
2007 – 2008	Dr. Alan Barolet Dr. Rodrigo Cavalcanti Dr. Troy Grennan Dr. Raed Hawa Dr. Thomas Lindsay Dr. Larry Picard Dr. Rowena Ridout Dr. Nic Szecket Dr. Ilan Weinreb Dr. Anna Woo	Dr. Rod Davey Dr. Wayne Gold Dr. Andrea Page Dr. Robert Silver Dr. Annette Vegas Dr. Richard Tsang Dr. Sidney Radomski	Kaye Marie Anderson Marisa Battisella Scott Bowler Carla Coverdale Michael Fehlings Claire Middleton

	<b>Undergraduate</b>	<b>Postgraduate</b>	<b>Allied Health Professions</b>
2006 – 2007	Dr. Marshall Barkin Dr. Isaac Bogoch Dr. RJ Cusimano Dr. Diego Delgado Dr. Linda Dvali Dr. Nick Harton Dr. Sev Perelman Dr. Matthew Sibbald	Dr. Raunjan Chetty Dr. Bernard Cummings Dr. William GEddie Dr. Ellen Greenblatt Dr. Raed Hawa Dr. Sian Rawkins Dr. Gareth Seaward Dr. Lesley Wiesonfeld Dr. Elizabeth Wilcox	Nadia Gad Douglas Ing Ani Orchanian-Cheff Barbara Michael-Richards Ancy Thobani Colina Yim Moissei Zinguer

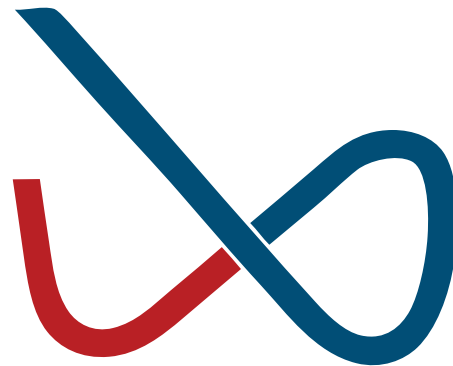
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## Personal Statement —The Academy “Brand” and Vision

One of my major goals during the first term of my directorship was to rejuvenate the Wightman-Berris identity. I wanted to ensure that the Vision, Mission, Values and Goals of the Academy captured the unique learning experiences that students could expect. These are now clearly articulated (see page 3) are based on the academic mission our anchor hospitals, the clinical care provided at the sites, and are aligned with the University’s strategic plans and the UME Goals and Objectives. To provide faculty and patients in our institutions with a better understanding of our institution, I oversaw the launch of the Academy Newsletters and the Academy Website. This helps us to communicate with prospective learners as well as with our community of learners and teachers. The Website already houses postgraduate information, but there is room to build the platform and information for postgrads as we move towards increasing the integration of services for undergraduate and postgraduate learners.

I had planned to engage a logo designer when serendipitously the U of T Academy Challenge produced a fabulous logo for the Wightman-Berris. This logo captures, in so many ways, my vision for the Academy: its stylized letters present our founding heritage, but are contemporary and speak to our modern up to date approach; the colours blue and red are corporate and corporal showing a ribbon of caring and hope, which represents connectivity and collaboration with our partner community and specialty sites. The infinity sign pushes the boundaries of innovation in learning and future relationship building. Though I doubt the students saw all that in the logo when they voted on it, I have to thank them for choosing it! The logo was designed by Avinash Ramsaroop a Wightman-Berris IT3 student who has graciously permitted its use by the Academy.

My vision for the Wightman-Berris is that we are the Academy that leads the way in advancing the goals and objectives of the undergraduate curriculum. We provide not only the highest quality education, but



WIGHTMAN-BERRIS ACADEMY

also innovate beyond what is expected. In the coming years, I envision that the Academy will participate in pilot approaches for new educational models, the use of new educational technologies and innovative teaching techniques. The Academy should also be seen as a living lab in which education research is conducted. I would like to see the Wightman-Berris strengthen its already excellent relationships with community and specialty partners to be the academy which offers every student a menu of choices for clinical placements which optimizes their generalist and subspecialty exposure, provides them with an appreciation for the continuum of care which patients experience, and tailors to the student’s own learning objectives as well as the needs of our local and global communities.

### Dr. Jacqueline James

MD MEd FRCPC,  
Academy Director