



# **The Wightman-Berris Academy**

## **Five Year Report 2017**

Jacqueline James MD MEd FRCPC, Academy Director



**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 second term as Academy Director, following a successful five-year review and reappointment in 2012. Dr. James became the Wightman-Berris Academy Director in 2006 and has led several new initiatives and developments, which support students and faculty and keep the Academy striving for excellence.

This report is divided into five sections:

## Introduction

Outlines strategic directions, organizational structure and important demographic information.

## Prepare

Describes how the Academy prepares its students to complete the MD Program through contributions to the learning environment, formal and informal curricula, student and faculty support, teaching performance and communication tools.

## Discover

Describes the elective research program that is being developed at the academy.

## Partner

Describes the academy's affiliated sites, international association and interprofessional educational activities.

## Personal Reflection

Contains Dr. Jackie James' personal reflection on the past five year term.

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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.

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 Mount Sinai. The affiliation of these two founding institutions is well established. This 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, now called the Michael Garron Hospital, the Toronto Rehabilitation Institute, Baycrest, and the Humber River Regional Hospital have become important contributors to the Academy's mission and affiliates. In 2015, Mount Sinai Hospital and Bridgepoint Active Healthcare amalgamated to become the Sinai Health System, and Bridgepoint became part of the Wightman-Berris Academy. 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, students of the Mississauga Academy were supported with clerkship placements at Wightman-Berris.

The anchor hospitals of the Wightman-Berris 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, that 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.



# Academy Vision, Mission, Values and Goals

## 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.

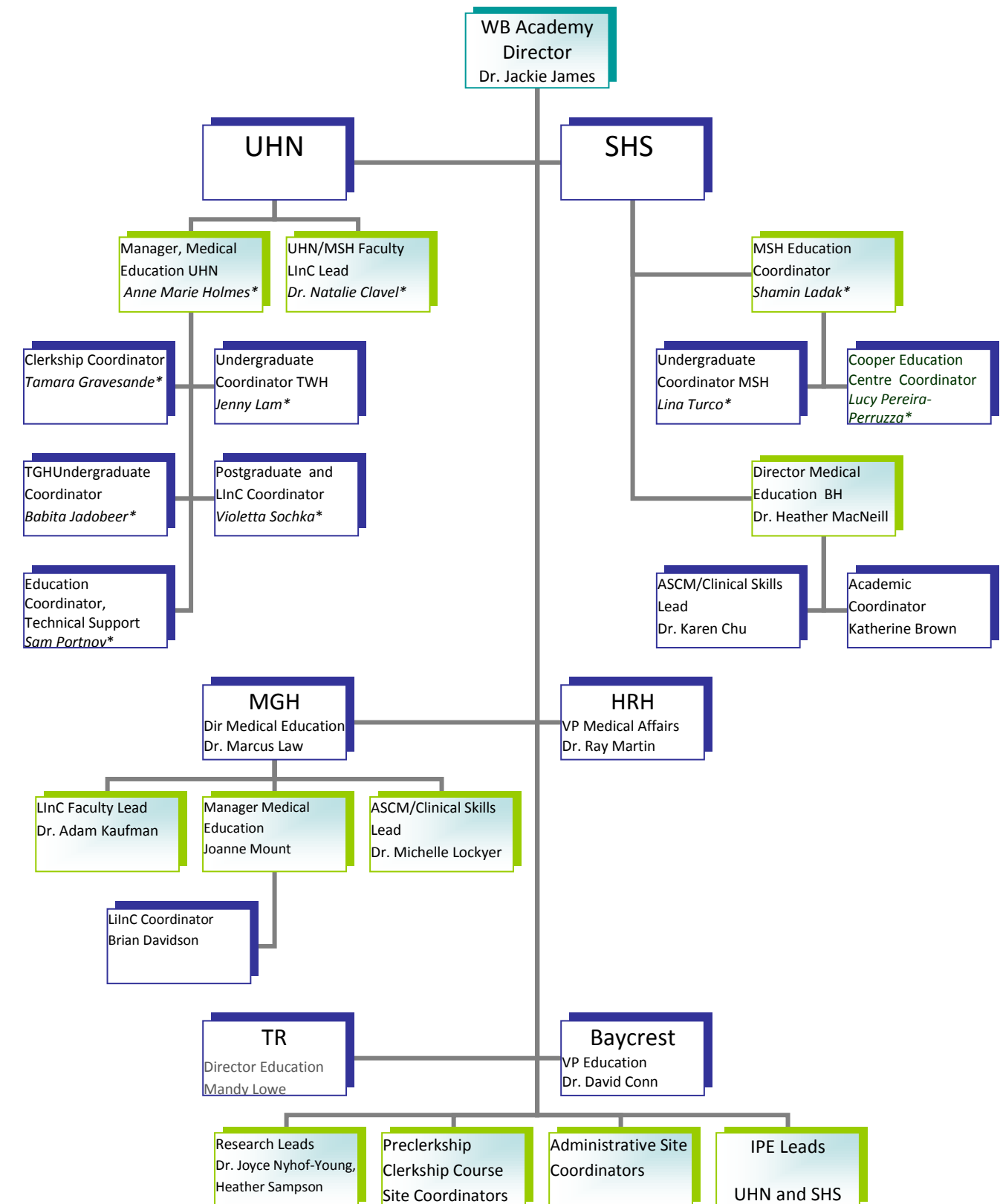
## Our goals

1. To support the University of Toronto MD 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/mdprogramcompetencies>
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's administration is based at several sites including Mount Sinai Hospital, Toronto General Hospital, Toronto Western Hospital, Michael Garron Hospital and Bridgepoint Active Healthcare. 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, and has served two terms beginning August 2006. She will conclude her appointment in May 2017.

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



#### WIGHTMAM-BERRIS ORGANIZATIONAL STRUCTURE

\*“Direct Reports” to Academy Director, Others in the Chart are Collaborators or Associates at senior levels or indirect reports

UHN – University Health Network SHS – Sinai Health System MGH – Michael Garron TR- Toronto Rehab HRH- Humber River Hospital

## Wightman-Berris Academy Advisory Council

Since 2013, Dr. James has chaired the newly constituted Wightman-Berris Academy Advisory Council. This committee is comprised of representatives of the Academy's community and subspecialty associate sites, a senior medical student, a resident and interprofessional education leads from Mount Sinai and UHN. This committee helps the Academy plan educational initiatives which support the MD curriculum, makes decisions about resource allocation and capital investment, and guides student distribution amongst the Academy's teaching sites.

See Appendix A for Terms of Reference and Meeting minutes.

## Student Enrolment

### Faculty of Medicine MD Students

Student enrolment increased temporarily as a result of MD program expansion while we awaited the official opening of the Mississauga Academy. Enrolment numbers then returned to pre-expansion numbers.

	Year 1	Year 2	Year 3	Year 4	Total
2012-13	90	91	113	104	398
2013-14	91	92	91	110	384
2014-15	92	93	95	87	367
2015-16	92	98	90	92	372
2016-17	92	96	98	88	374



## Elective Clerkship Students

The Academy attracts many students from across Canada and around the world for elective opportunities. Because 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 for all of U of T. 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>				
2011-12	139	322	61	522
2012-13	150	299	47	496
2013-14	155	208	67	430
2014-15	134	289	81	504
2015-16	142	282	50	474
<b>MSH</b>				
2011-12	71	211	43	325
2012-13	71	186	31	288
2013-14	68	146	47	261
2014-15	82	154	40	276
2015-16	60	126	28	214
<b>MGH (TEGH)</b>				
2011-12	29	39	17	85
2012-13	23	43	7	73
2013-14	31	44	6	81
2014-15	20	39	0	59
2015-16	18	35	0	53



## Faculty Recruitment

In anticipation of the new Foundations Curriculum launch in the fall of 2016, Dr. James revised the method used to recruit teaching faculty at the Academy for a second time during her tenure. A summary database which contains the names of all full time faculty members at each anchor hospital was created, organized by department and division, and the contribution of each member to the Preclerkship and Portfolio courses noted. This allowed an analysis that provided the mean number teaching hours per faculty member per division, demonstrating which divisions or departments carried relatively heavy teaching hours compared to those who contributed less. Those with lower levels of established commitment were asked to increase their contribution. To launch the new curriculum, Dr. James met with chiefs of staff and went to departmental and divisional meetings to describe the new curriculum and to engage faculty members in the launch. To ensure that tutor recruitment is optimized, Dr. James generally meets annually with chiefs and division education leads to take into consideration the fit of the teacher to the teaching role, matching each individual's teaching ability and expertise to the job description.

The launch of the first phase of the Longitudinal Integrated Clerkship (LinC) at the Wightman-Berris Academy occurred in 2015. This required a targeted recruitment strategy. The process of meeting with departments who would be expected to provide clinical experiences and clinical facilitators began in December of 2014, first focussed at Michael Garron and Toronto Western hospitals , and then at Mount Sinai Hospital.

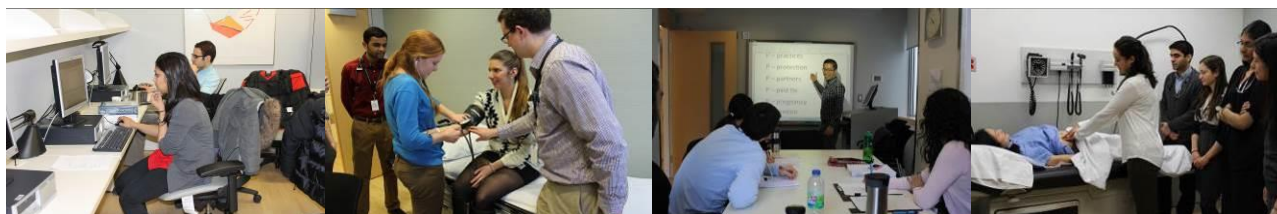
Below are numbers of faculty recruited for Preclerkship and Portfolio Teaching since 2012.

DEPARTMENT	2011-12	2012-13	2013-14	2014-15	2015-16
<b>NON MD HEALTH PROFESSIONALS</b>	11	11	11	11	7
<b>ANESTHESIA</b>	20	17	15	16	16
<b>FAMILY MEDICINE</b>	72	69	71	80	80
<b>PATHOLOGY and LABORATORY MEDICINE</b>	17	17	19	17	17
<b>MEDICAL IMAGING</b>	3	3	3	5	2
<b>MEDICINE</b>	133	114	115	111	102
<b>OBS/GYNECOLOGY</b>	12	14	6	14	15
<b>OPHTHALMOLOGY</b>	29	24	23	20	14
<b>OTOLARYNGOLOGY</b>	14	11	13	13	16
<b>PEDIATRICS</b>	14	5	10	8	6
<b>PSYCHIATRY</b>	33	29	23	22	25
<b>RADIATION ONCOLOGY</b>	1	2	1	3	2
<b>SURGERY</b>	69	71	63	62	62
<b>TOTALS</b>	428	387	373	382	364

Note: Data derived from MedSIS by Department where the Departmental affiliation is noted, numbers may not be complete for each department.

# Prepare

## Learning Environment and Facilities



There are three main educational centres and two satellite facilities that support the MD Program. All main centres are equipped with videoconferencing, teleconferencing, basic diagnostic sets, simulated examination rooms, computers and Wi-Fi.

### Cooper Education Centre – Mount Sinai Hospital

The Sydney and Florence Cooper Family Education Centre at 60 Murray Street opened in 2007 and is used by all health professional learners at Mount Sinai, with the WB academy students having priority access for core curricular activities such as Case Based Learning and Clinical Skills. Students of the WB may have access to the centre 24/7 for group or individual study. It houses the Harvey Cardiopulmonary Simulator and an OTOSim that can be easily accessed by students. The Centre has hosted several University wide educational events, undergraduate and postgraduate interview days and OSCEs.

Clinical skills teaching is provided for approximately 24 students each, from year 1 and year 2, based at Mount Sinai Hospital.

### Helliwell Centre – Toronto General Hospital

The Paul B. Helliwell Centre opened in 2003. Since that time, upgrades have continuously been made to ensure that it remains up to date with learning tools and electronic connectivity. It has a Harvey and two OTOSims and well-equipped, comfortable 24/7 work and study spaces. Its prime location is handy for students and residents, who are encouraged to use the space to learn and interact, and to host large group gatherings, awards and social events.

Clinical skills teaching is provided for approximately 36 students each, from year 1 and year 2, based at TGH.



## MedEd West- Toronto Western Hospital

MedED West is education space exclusively used by medical learners in the MedWest Building next to Toronto Western. The UHN is in the functional planning phases of building a comprehensive interprofessional educational student centre in the McLaughlin Wing. When this interprofessional education centre is constructed, it will ultimately be home to the medical students. Dr. James has been actively involved in plans to ensure that the needs of the Academy are met when this space is built.

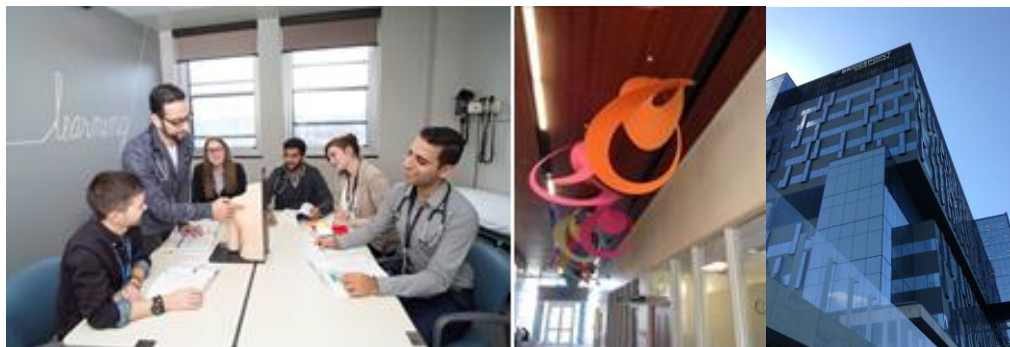
Clinical skills teaching is provided for approximately 24 students each, from years 1 and 2, based at Toronto Western.

The Toronto Western has an excellent case mix of community based medicine and tertiary care for clinical clerks doing core rotations at this site. Clinical clerkship rotations in General Internal Medicine, Family Medicine, Neurosurgery, Orthopedics, General Surgery, Psychiatry, Emergency Medicine and Anesthesia contribute to the choice of placements for WB students in traditional clerkship and the Toronto Western is a home base site for four LInC students.

## Michael Garron Hosptial

Under the leadership of its Director, Dr. Marcus Law, the Medical Education Office at Michael Garron Hospital welcomes and provides support for Academy students in addition to a large number of postgraduate trainees, over 800 trainees each year in all. The Medical Education Office is staffed by four full-time coordinators, who work under the guidance of manager Joanne Mount to ensure that both faculty and learners have the resources and support they need for an exceptional learning experience.

Clinical skills teaching for approximately 12 students in each of year 1 and year 2 is provided at MGH. MGH has an excellent mix of primary to tertiary community based care for clinical clerks doing core rotations at this site. MGH offers all components for four LInC students except for inpatient General Internal Medicine. Students placed at MGH comment on the excellent case mix for learning, the access to resident teaching from those in the Family Medicine program, the friendly and enthusiastic faculty teachers, and the warm and welcoming environment.



## Bridgepoint Active Healthcare

When Bridgepoint became part of the Sinai Health System in 2015, Clinical skills teaching for 6 year 1 students and Geriatrics for 6 students at BH in Year 2 began on behalf of the WB. Bridgepoint offers elective, selective and Transition to Residency placements for Year 4 clinical clerks, numerous weekly IPE lunch hour sessions and structured IPE placements in complexity and rehabilitation medicine.

Bridgepoint is a 464-bed rehabilitation and complex care hospital with an award-winning and cutting-edge campus. Students have the opportunity to work on multiple units, including orthopedic, neurological and medical rehabilitation, as well as specialized units such as palliative care, dialysis and transitional care, either as part of a unit based team or as a consultant service (such as physiatry or internal medicine). Opportunities are also available in our interdisciplinary outpatient clinics and with the family health team. Bridgepoint provides a unique opportunity to see patients across the continuity of care and experience services and care models that may be different to traditional rotations. Bridgepoint operates through highly interprofessional teams and students will have the opportunity to observe and work along with other members of the care team.

## Curriculum Development and Support

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

The VIP Program was established in 2007. Its purpose is to recruit ambulatory patients for teaching and examinations to supplement inpatient recruitment for teaching clinical skills to preclerkship students. Resources are available to prepare volunteer patients for this role including an instructional video and a pamphlet. Volunteers are given a small stipend (\$25) to cover travel costs if required. To date there are 70 active patients in the program.

In the 2015-16 academic year, VIP Patients participated in teaching 30 times at TGH, and 59 times at TWH.

### Transition to Clerkship



In the Transition to Clerkship period, which occurs for three weeks at the start of Year 3, Academy Days are held which orient and prepare students to become clinical clerks in the context of work they will be engaged. Students are placed in clinical teaching units with graded levels of responsibility and become part of the health care team. Dr. James is responsible for coordinating learning activities on these days and designing new curriculum, which may be locally relevant to WB students, as well as a pilot that could then be used more widely.

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 conversations with patients and families. 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. In 2012, Dr. James helped to design and implement the Academy Interprofessional Education Day experience for clerks, in which every clerk shadowed a professional from another health discipline other than medicine and reflected on it in small groups with facilitators who were based at the Academy's hospitals. Dr. James attempts to match students to the type of clinical area they will be starting in for their first rotation or for which the experience will have relevance in their first rotation. In 2013, a session on creating a good discharge summary was created for students by Dr. James and a senior resident, Dr. Zac Feilchenfeld. This was locally presented for three years at the Academy, and in 2016 it moved to be centrally delivered. In 2014, Dr. James added a brief session on coping with a first patient death, and a session on how to construct a progress note. She created a video demonstration of the role of the clerk in daily inpatient assessments with the help of a senior resident Dr. Ariel Lefkowitz.

## Curriculum Renewal and Foundations



Over the past three years, Dr. James, the Academy faculty and staff have been actively involved in developing and supporting the transformation of the MD Program. Structural changes in courses such as the sunseting of the DOCH (Determinants of Community Health) course and the creation of CPPH (Communities, Population and Public Health) and HSR (Health Sciences Research), and then preparations for the launch of the Foundations Curriculum the LInC experience for potentially 12 clerkship students has required detailed planning, coordination and communication in order to ensure adequate learning environments, rooms, learning tools and prepared faculty.

Dr. Joyce Nyhof Young and Ms. Heather Sampson have played major leadership roles in the smooth transition of DOCH 2 into HSR and CPPH both at the Academy level and university wide. They have played integral roles in supporting curriculum development, faculty development and student support for these new components of the curriculum. For their outstanding efforts on behalf of the Academy, Dr. Nyhof-Young won the 2015 Anderson Award for Extraordinary Contribution to the Wightman-Berris, and Ms. Sampson won the Anderson for Program Innovation and Development for her role in the DOCH 2 course.

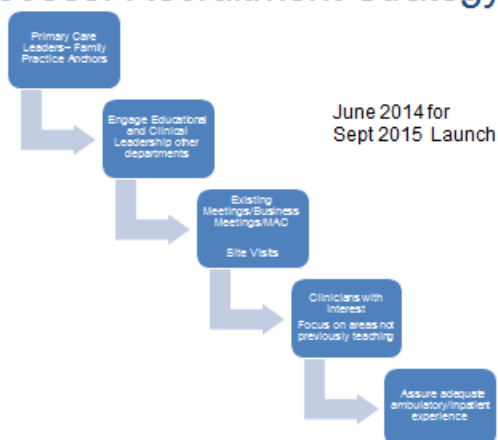
## Longitudinal Integrated Clerkship

Drs. James and Law worked together to use a phased approach to implementing a longitudinal integrated clerkship (LInC) for the Wightman-Berris as part of the MD Program's initiative. Dr. Natalie Clavel, from the Department of Anesthesia (UHN/MSH) and Dr. Adam Kaufman from the Department of Family and Community Health (MGH), LInC faculty leads, together with Ms. Jasmine Paleheimo and Ms. Joanne Mount, administrative leads, were key players in the development and successful launch of the LInC Clerkship at the Wightman-Berris. The program enrolled 7 students (4 at MGH and 3 at TW/MSH) in 2015 and 11 students (3 at MGH, 4 at TWH, and 4 at MSH) in 2016. Clerkship Rotation C was eliminated at the Academy in 2016.

See Appendix B for the abstract presented at the LInC conference in October 2016, which describes the process undertaken.



## Process: Recruitment Strategy



LInC



## Student Support and Development



### WB Mentorship Program

The Wightman-Berris has a formal mentorship program, which pairs first year students with faculty members. An attempt is made to match students 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. Mentors are recruited from a wide range of disciplines and are on staff at UHN, Sinai and Sick Kids. Approximately 15-20 new mentors are recruited each year to fill vacancies that occur or to find specific disciplines a student might be interested in. Faculty members receive an outline of the program with objectives and guidelines. Most students request a mentor, and for all who request, a match to mentor is made.

Year (Class)	Number of Mentors	Number of students matched
2013-2014 (1T7)	210	74
2014-2015 (1T8)	184	80
2015-2016 (1T9)	207	81

There are currently 188 UHN and MSH, and 38 SickKids faculty registered as mentors from a wide variety of specialties for a total of 226 in our current mentorship database.

Surveys are periodically conducted to evaluate the mentorship program. In April 2016, the 1T8 WB class was surveyed, There were 21 respondents, 19 of whom participated in the mentorship program. The survey indicated that for the majority of students contact with mentors happened in person, led to additional clinical exposure/shadowing in pre-clerkship, helped students obtain practical insight into career choices and lifestyles in medicine, and for some to develop their personal and professional vision.

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

### WB Doc Talks

Since 2011, WB Doc Talks has been hosted Dr. James. This event brings together a small group of second and third year students with 3-5 faculty members at a time over a light dinner approximately three times per academic year, based on types of specialties the students indicate they are interested in. 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, and appreciate the small group setting.

## MedLINKS

The Academy has supported a student initiated peer mentorship project that brings together students across all years of study. WB has hosted annual events for the students, providing a comfortable venue and refreshments for activities that the students organize.

## 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 several fourth year students annually.

## Day of Doctor 2

From 2012 to 2016, 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 provided a shadowing experience for all ASCM 1 students on a Friday morning. Approximately 40 students participated each year. With the start of the new Foundations curriculum, which mandated Enriching Educational Experiences and white space for students to accomplish this, both Day of the Doctor 1 and 2 were discontinued.

## Social Events and the Academy Challenge



Every December, the WB Academy hosts a Holiday Party for the Academy, staff and faculty involved in teaching. The venue rotates between Mount Sinai and Toronto General. An annual farewell luncheon for the fourth year class is hosted by Dr. James and she enthusiastically supports the Academy Challenge which brings together students from the four academies for some light hearted fun activities and to raise money for charities.



## 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. Up to nine awards are given out every year, and the awards are formally presented at the Holiday party annually. Students receive a certificate and a gift card to the University of Toronto Book Store. A recognition plaque installed in each of the Helliwell and Cooper Centres honors the students who receive the award. Below are recipients since 2011.

<b>2011</b>	Melanie Finkbeiner Stephen Gauthier Mihan Han Jennifer Loo Danielle Rodin Ayaaz Sachedina Alexandra Saltman Lynn Sterling	<b>2012</b>	Aidin Kashigar Baruch Jakubovic Carol Lam Glenn Kisman Danny Costantini Miranda Boggild
<b>2013</b>	Laura Erdman Ryan Figuera Anthony LaDelfa Fashad Nassiri Russell Ranquinha Linda Wong Ahmad Zaheem	<b>2014</b>	Matthew Adamson Arash Azin Michael Bonares Mostafa Fatehi Hassanabad Jeremy Goldfarb Vishaal Gupta Jesse Myers Ankit Rastogi Yaseer
<b>2015</b>	Eric Coombs Mena Gewarges Keith Gunaratne Megan Himmel Richard Holmes Sandra Huynh Lucy Li Graham Lloyd	<b>2016</b>	Sumedha Arya Aaron Chan David Croitoru Maisam Makarem Jeremy Matlow Anne Mullen Grey Anton Nikouline Marcus Tan Shahob Hosseinpour



## Faculty Support and Development

The Academy is committed to supporting a community of teachers and valuing their academic contributions.

### Faculty Development

The Academy hosts a number of Faculty Development sessions that are given by course directors and facilitators from the Centre for Faculty Development for several courses. With the introduction of LInC and the Foundations Curriculum, Dr. James has taken an active role in the development and the delivery of faculty development sessions targeted at new teaching skills development for LInC preceptors, encouraging and supporting faculty attendance and preparation to be Academy Scholars in the Foundations Portfolio and Case Based Learning components. Dr. Jana Lazor, the MD Program's Faculty Development Director, has been instrumental in helping to prepare CBL tutors for their pivotal role in the Foundations Curriculum in collaboration with Academy lead CBL tutors Drs. Angela Punnett, Tony D'Urzo and Meera Shah in the past two years.

### Wightman-Berris Academy Teaching Awards



The Wightman-Berris Academy Awards, presented annually in the spring, are an important way to recognize and celebrate 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 Professions 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 of Radiation Oncology for several years), the Academy Director, physicians representing different sites, allied health professional representative leaders, a reviewer external to the Academy, a medical student and a resident.

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

2011-12	Extraordinary Contribution	<b>Wayne Gold</b> Infectious Diseases
2012-13	Extraordinary Contribution	<b>Michael Hutcheon</b> Respiriology
	Program Innovation and Development	<b>Timo Krings</b> Medical Imaging
	Educational Administration	<b>Marcus Law</b> Family and Community Medicine
2013-14	Extraordinary Contribution	<b>Lesley Wiesenfeld</b> Psychiatry
	Program Innovation and Development	<b>David Frost</b> General Internal Medicine
	Educational Administration	<b>Sheila Riazi</b> Anesthesiology <b>Karen Cameron</b> Pharmacy
2014-15	Extraordinary Contribution	<b>Joyce Nyhof-Young</b> Family and Community Medicine
	Program Innovation and Development	<b>Lisa Richardson</b> General Internal Medicine
	Educational Administration	<b>Heather Sampson</b> Family and Community Medicine <b>Michael McDonald</b> Cardiology
2015-16	Extraordinary Contribution	<b>Rory Windrim</b> Obstetrics and Gynecology
	Program Innovation and Development	<b>Shirley Lee</b> Emergency Medicine
	Educational Administration	<b>Jean-Pierre Bissonnette</b> Radiation Physics <b>John Thenganatt TGH</b> Respiriology

### Wightman-Berris Individual Teaching Award Winners

	Undergraduate	Postgraduate	Health Professions
2011-12	<b>Nadine Abdullah</b> GIM <b>Robert Cusimano</b> Cardiac Surg <b>Paul James</b> GIM <b>Bohdan Laluck</b> GIM <b>Bill Mah</b> Psych <b>Andrew Morris</b> ID <b>Carol-Anne Moulton</b> Surg <b>Sev Perelman</b> EM <b>Shane Shapera</b> Resp	<b>Tulin Cil</b> Surg <b>David Frost</b> GIM <b>Jane Heggie</b> Anesth <b>Ali Naraghi</b> Med Imaging <b>Andrea Page</b> ID <b>Sian Rawkins</b> Psych <b>Andrew Roscoe</b> Anesth <b>Robert Silver</b> Endocrine	<b>Karen Cameron</b> Pharmacy <b>Francesca Le Piane</b> Pharmacy <b>Donna Lowe</b> Pharmacy <b>Philip Lui</b> Pharmacy <b>Patricia Marr</b> Pharmacy <b>June Wang</b> Pharmacy
2012-13	<b>Irving Bromberg</b> Patho <b>Paul Bunce</b> GIM/ID <b>David Cherney</b> Nephrol <b>Mital Joshi</b> Anesth <b>Dawn Lim</b> EM <b>Reena Pattani</b> GIM <b>Robert Silver</b> Endocrine <b>Peter Tzakas</b> Fam Med <b>Noe Zamel</b> Resp	<b>Howard Abrams</b> GIM <b>Luke Devine</b> GIM <b>Wai Ching Lam</b> Ophth <b>Edward Margolin</b> Ophth <b>Mathew Morton</b> OB/GYN <b>Shane Shapera</b> Resp <b>Lillian Siu</b> Med Onc <b>Peter Slinger</b> Anesth <b>Andrea Waddell</b> Psych	<b>Hina Ahmed</b> Pharmacy <b>Tony Cheung</b> Social Work <b>Cynthia Hocking</b> Diag Imaging <b>Phoebe Lam</b> Anesth Assistant <b>Derek Leong</b> Pharmacy <b>Laura Mark</b> PT <b>Mark McIntyre</b> Pharmacy <b>Gary Wong</b> Pharmacy <b>Andrew Wyllie</b> Pharmacy

<b>2013-14</b>	<b>Alan Barolet</b> Cardio <b>Dennis Di Pasquale</b> Surg <b>Douglas Ing</b> Cardio <b>Jo Jo Leung</b> EM <b>Ozgur Mete</b> Patho <b>Joyce Nyhof-Young</b> Fam Med <b>Fayez Quereshy</b> Gen <b>Michael Reedijk</b> PMH <b>David Rosenstein</b> EM	<b>Philippe Bedard</b> Med Onc <b>Pamela Catton</b> Rad Onc <b>Ki Jinn Chin</b> Anesth <b>Sarah Fleming</b> Fam Med <b>Chase McMurren</b> FM <b>Ravi Mohan</b> Nuclear Med <b>Matthew Sibbald</b> GIM <b>Jeffrey Singh</b> GIM <b>John Thenganatt</b> Resp <b>Gelareh, Zadeh</b> Neuro Surg	<b>Aleesa Carter</b> Pharmacy <b>Karla Dawdy</b> Dietician <b>Linda Dresser</b> Pharmacy <b>Olavo Fernandes</b> Pharmacy <b>Debbie Kwan</b> Pharmacy. <b>Kingsley Lai</b> Radiation Sciences <b>Gordon Nicholson</b> SLP <b>Martin Vera</b> SLP <b>Sue Worrod</b> Social Work
<b>2014-15</b>	<b>Steven Marc Freidman</b> EM <b>Chase McMurren</b> Fam Med <b>Ahstham Niazi</b> Anesth <b>Andrea Page</b> GIM/ID <b>Yash Patel</b> GIM <b>Shane Shapera</b> Resp <b>Telisha Smith-Gorvie</b> EM <b>Richard Ward</b> Hematogy <b>Katina Tzanetos</b> GIM	<b>Rodrigo Cavalcanti</b> GIM <b>James Downar</b> Critical Care <b>Ethan Grober</b> Urology <b>Jon Hunter</b> Psych <b>Supriya Kulkarni</b> Med Imaging <b>Efrem Mandelcorn</b> Ophth <b>Mirek Otremba</b> GIM <b>Fayez Quereshy</b> Surgery <b>Adrienne Tan</b> Psych <b>Kazuhiro Yasufuku</b> Thoracics <b>Toni Zhong</b> Plastic Surgery	<b>Margaret Brum</b> Pharmacy <b>Karyn Brunet</b> Rad Tech <b>Janet Chow</b> Pharmacy <b>Karen Kan</b> Pharmacy <b>Yvonne Kwan</b> Pharmacy <b>Sassha Orser</b> Pharmacy <b>Sandra Porter</b> Pharmacy <b>Jack Seki</b> Pharmacy <b>Miranda So</b> Pharmacy
<b>2015-16</b>	<b>Osman Ahmed</b> GIM Resident <b>Paul Arnold</b> EM <b>Christine Cserti-Gazdewich</b> Hem <b>David Frost</b> GIM <b>Scott Fung</b> GI <b>Azadeh Moaveni</b> Fam Med <b>Shail Rawal</b> GIM <b>Peter Rossos</b> GI	<b>Nadine Abdullah</b> GIM <b>Mark Halman</b> Psych <b>Stephen Lewis</b> Ortho <b>Jacob Moreno</b> Anaesth <b>Natalie Morson</b> Fam Med <b>Robert Silver</b> Endocrine <b>James Teresi</b> Anesth <b>Jacqueline Thomas</b> Ob/Gyn <b>Santhosh Thyagu</b> Hem Onc <b>Eric You-Ten</b> Anesth	<b>Sherry Darling</b> SLP <b>Nesanet Girma</b> SLP <b>Amanda Jacques</b> Pharmacy <b>Vincent Lo</b> PT <b>Jordan Mak</b> Nutrition <b>Sarah Mariani</b> Med Imag <b>Olivia Ng</b> Pharmacy <b>Andrea Ruby</b> PT <b>Naomi Steenhof</b> Pharmacy



# Teaching Quality and Performance

Teachers of the Wightman-Berris have consistently rated very highly by preclerkship and clerkship students.

This section shows performance data for Teaching and Rotation Effectiveness.

## Preclerkship Small Group Teaching

### Overall Mean Teaching Effectiveness Scores (TES) by Course

Year 1	ASCM 1	Art and Science of Clinical Medicine Year 1
Year 2	ASCM 2 Core	ASCM 2 Core Sessions
Year 2	ASCM 2 Spec	ASCM 2 Specialty Sessions
Year 1	BRB	Brain and Behaviour
Year 1	MNU	Metabolism and Nutrition
Year 1	DOCH 1	Determinants of Community Health
Year 2	MMMD	Mechanisms Manifestations and Management of Disease
Year 2	DOCH 2	Determinants of Community Health
Year 1	CPPH	Community, Populations and Public Health 1
Year 2	HSR	Health Science Research
PBL		Problem Based Learning
CBL		Case Based Learning

Course	PBL2011-12		2012-13		2013-14		2014-15		2015-16	
	WB	All Academy Mean	WB Academy	All Mean	WB Academy	All Mean	WB	All Academy Mean	WB	All Academy Mean
ASCM 1 Core Specialty	<b>9.32/10</b> <b>8.75</b>	9.25/10 8.61	<b>9.15</b> <b>8.60</b>	9.17 8.62	<b>4.22/5</b> <b>4.19/5</b>		<b>4.23</b> <b>4.27</b>		<b>4.35</b> <b>4.36</b>	
ASCM 2 Core Specialty	<b>9.22</b> <b>8.82</b>	9.13 8.71	<b>9.06</b> <b>8.87</b>	9.09 8.67	<b>4.07</b> <b>4.17</b>		<b>4.10</b> <b>4.08</b>		<b>4.22</b> <b>4.16</b>	
BRB-PBL	<b>9.22/10</b>	8.79	<b>8.77</b>	8.60	<b>8.45</b>	8.41	<b>8.65</b>	8.51	<b>8.72</b>	8.46
DOCH 1 Tutorial	<b>9.32</b>	9.00	<b>9.32</b>	9.12	<b>8.99</b>	8.95	<b>8.65</b>	8.64		
MNU-PBL	<b>8.64</b>	8.60	<b>8.79</b>	8.66	<b>8.58</b>	8.50	<b>8.64</b>	8.69	<b>8.69</b>	8.83
MMMD-PBL	<b>8.75</b>	8.74	<b>8.71</b>	8.61	<b>8.50</b>	8.45	<b>8.45</b>	8.38	<b>8.58</b>	8.41
DOCH 2 Tutorial	<b>4.14/5</b>	4.14	Not Avail		<b>3.90</b>	4.04	<b>4.22</b>	4.20	-	-
CPPH Tutorial									<b>4.45/5</b>	4.39
HSR Tutorial									<b>4.34</b>	4.13
MMMD-CBLpilot									<b>4.14</b>	4.08

#### NOTE:

1. Academy TES statistics are based on an aggregate of the individual teachers' TES scores.
2. ASCM-2 breakdown by Academy does not include Paediatrics teachers recruited by the Paediatrics Department Education Office
3. Although generally above the mean, WB scores have not been statistically different from the All Academy Mean

## Clerkship Teaching

### Overall Clerkship Rotation Average Teaching Effectiveness Scores (TES) Anchors and Major Community Site

	2011-2012			2012-2013			2013-2014			2014-2015		
Hospital	Mean	# of Evals	Student Dist	Mean	# of Evals	Student Dist	Mean	# of Evals	Student Dist	Mean	# of Evals	Student Dist
<b>All</b>	<b>4.48</b>	421		<b>4.50</b>	332		<b>4.14</b>	732		<b>4.16</b>	607	
<b>MSH</b>	<b>4.64</b>	56	31	<b>4.59</b>	41	27	<b>4.02</b>	58	25	<b>3.95</b>	39	23
<b>TEGH(MGH)</b>	<b>4.36</b>	22	10	<b>4.42</b>	31	12	<b>4.28</b>	40	10	<b>4.26</b>	42	10
<b>UHN</b>	<b>4.30</b>	93	58	<b>4.38</b>	56	62	<b>4.03</b>	175	54	<b>4.10</b>	104	57

The clerkship teaching evaluation forms were revised for 2013-2014 and cannot be compared against the 2012-2013 and earlier scores. This may account for a relative drop in the average TES scores observed for all hospitals. There have been no notable statistical differences between hospital sites or from the mean.

### Overall Clerkship Rotation Average Rotation Evaluation Scores (RES) Anchor and Major Community Site

	2011-2012			2012-2013			2013-2014			2014-2015		
Hospital	Mean	# of Evals	Student Dist	Mean	# of Evals	Student Dist	Mean	# of Evals	Student Dist	Mean	# of Evals	Student Dist
<b>All</b>	<b>4.37</b>	131		<b>4.42</b>	130		<b>4.30</b>	236		<b>4.07</b>	218	
<b>MSH</b>	<b>4.39</b>	18	31	<b>4.33</b>	15	27	<b>4.04</b>	23	25	<b>4.05</b>	20	23
<b>TEGH/MGH</b>	<b>4.20</b>	5	10	<b>4.43</b>	7	12	<b>4.09</b>	11	10	<b>4.44</b>	9	10
<b>UHN†</b>	<b>4.27</b>	33	58	<b>4.23</b>	30	62	<b>4.22</b>	51	54	<b>3.75</b>	44	57

The clerkship rotation evaluation forms were revised for 2014-2015 and cannot be compared against the 2013-2014 and earlier scores. Hospitals marked with † have 2014-2015 means, which are significantly different from the 2014-2015 All Hospitals mean.

The observed drop in UHN overall performance has been noted for 2014-15. Reasons for this are unclear at this point, and the Academy awaits performance for 2015-16 to determine if there is an actual trend that needs further analysis and action to correct.

## **Communications**

### **Academy Newsletter**

Since the fall of 2010, the Academy has published WBnews, a periodic newsletter published 2 to 3 times per year, 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-in-chief/writer for the newsletter, with special articles provided by students and staff. The newsletter has a limited print distribution, and is distributed electronically to staff and students. Copies are posted on the Academy's Website.

For a sample of WBnews see attached Appendix D.

### **Academy Website**

Since April 2012, the Academy's website has been used to keep the public, students and faculty accurately informed about the Academy's activities, programs and facilities. It also contains relevant information for postgraduate learners at UHN and Mount Sinai Hospital.

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

### **WB Housestaff Bulletin**

Dr. James began publishing the Bulletin in 2013 to keep medical trainees, including clinical clerks aware of important hospital related information, policies and tips for successful rotations and patient care. For a sample of the Bulletin see Appendix E.

### **Communication with Students**

Dr. James holds Academy Preclerkship and Academy Clerkship Committee quarterly meetings with student representatives of each major Academy site and faculty representatives. Students are encouraged to raise issues of concern with courses, tutors, or facilities and to bring suggestions for improving their learning environment and experience. They are a great source of important feedback and ideas. Dr. James is easily accessible by email, and will typically see students within a day or two when one-on-one discussion is requested.

For copies of Committee Minutes, see Appendix F.

# Discover

## Student Research Opportunities

When the DOCH 2 course, which contained a mandatory research project for students, ended in 2015, Dr. James and Academy research associates Dr. Joyce Nyhof-Young and Ms. Heather Sampson felt that there would be an opportunity to maintain elective research opportunities for students of the Wightman-Berris. There were several DOCH2 research supervisors willing to continue to offer research experiences electively to students, and it was felt that additional clinical research opportunities could be catalogued and made available to students who wished to pursue research as a co-curricular activity when they had white space time and during the summer months. It is common knowledge that many students pursue research experiences that are not part of formal research programs but some may not know how to access these opportunities. These experiences could also provide material for practical application of knowledge and skills acquired in the new research course HSR for those students wishing to develop their research skills further.

Therefore, the Wightman-Berris Enriching Education Experience in Research (EEE-R) catalogue was created and the program was launched in the fall of 2015. It is meant to act as a way for students to access potential research supervisors opportunities. This program however, needed to be operated with no additional funds to support it. Academy education coordinators maintain the catalogue and Heather Sampson provides support to students in a consultative role. Student research is to be supervised by appropriately trained and credentialed researchers who are faculty members of one of the Academy's member hospitals. There have been 52 projects listed in the catalogue for 2016-2017. Several projects have been taken up by students and the Academy is currently in the process of determining how many students are actively involved in research projects, which were derived from the catalogue, and how might improvements in access to research opportunities and supervision be achieved.

Below is the introduction to the Catalogue.

## Enriching Educational Experiences in Research at the WB Academy

### Goal of the Program

The goal of **EEE-R at WB** is to raise awareness of research opportunities that are available for interested medical students at hospitals associated with the Wightman-Berris Academy and to provide an introduction to researchers interested in having medical students work with them.

Some medical students say they wish to participate in research in a laboratory and/or clinical setting at our Academy sites over the summer or through the academic year when they have "free time" but they don't know who to contact.

Participation in this program by both students and by researchers is entirely voluntary. This is not part of a course.

Any research relationships which develop between the student and the supervisor will be completely up those two individuals. There will be no academy coordinated matching service. Any interviews etc, would be arranged by student and the supervisor.

The Academy does not have any funds to support student stipends. If students are interested in a project outlined in the catalogue, they are invited to contact the researcher.



# Partner



## Academy Affiliated Sites

In the past several years the Wightman-Berris has further developed into a comprehensive network of partnerships between the Academy's anchor hospitals and its community and subspecialty associates, offering students a full array of experiences from primary to tertiary care, acute to chronic complex care, and rehabilitation. These relationships have matured and there is a stable contribution to teaching from each of its sites. It is expected that UHN and MSH faculty will contribute proportionally to the size of each hospital and departmental size, and in a complementary fashion to host core teaching and core rotations. The capacity for contribution by the Academy's major associate community site and subspecialty sites is determined locally depending on the types of clinical programs appropriate for student learning, the availability, interest and support for faculty who teach preclerkship students or supervise clerks. The elective clerkship experiences developed at the Academy's sites are driven largely by personally interested faculty and are organized by individual departments.

## WB Student Clerkship Rotations 1T7 2015-16 Excluding LInC

ANE		ENT		ER		FAM		GES		GEM		OBS/GYN		OPT		PAEDS		PSY	
MSH	23	EGH	12	MSH	18	Barrie	3	HRH	24	MSH	28	MSH	40	MSH	39	HRH	5	CAMH	13
MGH	9	HRH	11	MGH	20	Collingwood	1	MSH	17	UHN	54	SHSC	19	MGH	2	HSC/Comm	49	MSH	34
UHN	49	MKM	8	UHN	43	Markham	4	UHN	41			SJHC	15	UHN	40	MacKenzie	3	UHN	35
		MSH	20			Midland	1					MGH	8			NYG	12		
		MGH	19			MSH	22									RVCH	3		
		UHN	11			Newmarket	2									SJHC	6		
						NYGH	1									TSH	4		
						Orillia	1												
						MGH	11												
						TSH	17												
						UHN	16												
						WCH	3												
TOTAL	81		81		81		82		82		82		82		81		82		82

EGH Etobicoke General, HRH Humber River, SJHC St. Joseph's, SBK Sunnybrook, TSH The Scarborough Hospital, SMH St. Michael's, Comm- various community MD offices, NYGH North York, RVCH Rouge Valley

### Community Experience for 1T7 Clerks(excluding LInC)

	#	%
	students	students
Students with 6 community placements	4	5
Students with 5 community placements	8	10
Students with 4 community placements	10	12
Students with 3 community placements	26	32
Students with 2 community placements	28	34
Students with 1 community placement	6	7
Total	82	100

### WB Student Clerkship Rotations 1T8 2016-17 Excluding LInC

ANE		ENT		ER		FAM		GES		GEM		OBS/GYN		OPT		PAEDS		PSY	
MSH	22	EGH	7	MSH	15	Barrie	4	HRH	20	MSH	28	MSH	43	MSH	39	HRH	5	CAMH	18
MGH	8	HRH	10	MGH	25	Southlake	1	MSH	18	UHN	55	SBK	18	MGH	5	COMM	48	MSH	30
UHN	53	MKM	6	UHN	38	Markham	1	UHN	45			SJHC	12	UHN	39	MKM	2	UHN	35
		MSH	26	SJHC	5	Midland	1					MGH	10			NYG	17		
		MGH	18			MSH	19									RVCH	2		
		UHN	16			SMH	1									SJH	5		
						NYGH	1									TSH	4		
						TEGH	15												
						TSH	19												
						UHN	18												
						WCH	3												
TOTAL	83		83		83		83		83		83		83		83		83		83

EGH Etobicoke General, HRH Humber River, SJHC St. Joseph's, SBK Sunnybrook, TSH The Scarborough Hospital, SMH St. Michael's, Comm- various community MD offices, NYGH –North York, RVCH Rouge Valley.

### Community Experience for 1T8 Clerks (excluding LInC)

	#	%
	students	students
Students with 6 community placements	1	1
Students with 5 community placements	7	8
Students with 4 community placements	19	23
Students with 3 community placements	30	36
Students with 2 community placements	18	22
Students with 1 community placement	8	10
Total	83	100

## Michael Garron Hospital

Michael Garron Hospital (MGH), formerly the Toronto East General Hospital, under the skilled leadership of Dr. Marcus Law and in collaboration with Dr. James, has become the major community academy affiliate site for clinical skills learning in the preclerkship and new Foundations curriculum, and for the clerkship, both as a traditional clerkship rotation site and for the LInC for up to four students annually. MGH now provides a full range of clerkship teaching including pediatrics, surgery, family medicine, and obstetrics and gynecology, emergency medicine, pediatrics, otolaryngology, and ophthalmology. Students report excellent clinical learning opportunities at MGH and an opportunity for learning in a busy community setting. Several faculty members have been nominated and won WB teaching awards.

## CAMH

Faculty members who are based at CAMH participate in some clinical skills teaching for preclerkship students in psychiatry, and support clerkship through providing rotations for the traditional clerkship and faculty preceptors for some LInC students.

## SickKids

Although SickKids serves all academies, a special informal relationship exists between SickKids and the Academy, which has enabled recruitment of faculty for PBL/CBL teaching, mentorship and the Portfolio program. The Academy is fortunate to have several outstanding teachers and educators contributing to its teaching mission. Dr. Angela Punnett leads recruitment of teaching for the undergraduate program at SickKids and is a member of the Academy Advisory Council.

## Humber River Hospital

The contribution of community based surgical rotations provided by Humber River Hospital (HRH) has grown since the first students began surgical rotations there in 2010. There are now 24 placements in surgery which is labeled as General Surgery, but students see many other types of surgical cases at the new facility, led by Dr. John Hagan, who has been recognized as an outstanding teacher. Students rate this experience as one of the best for surgery in the city. For 2017-18, opportunities for students in Obstetrics and Gynecology will be explored. Dr. Ray Martin is a member of the Academy Advisory Council.

## Baycrest

Baycrest has been a stable source of expert Geriatric teaching for four groups of ASCM 2 students based at Mount Sinai. 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. Dr. David Conn VP Medical at Baycrest is member of the Academy Advisory Council and Dr. Shelly Veinisch coordinates preclerkship Geriatrics teaching at Baycrest.

## 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. Although small, this program has great meaning to the students who come to Toronto and the relationship with Shanghai.

## Interprofessional Education

The Academy supports the development of IPE placements and activities at UHN and SHS and partners with other health professional groups to create excellent IPE opportunities for students. Dr. Donna Romano RN, PHD was the MSH IPE Coordinator until 2015 and Ms. Robyn Davies has been the IPE Specialist at Bridgepoint since 2015. Tracy Polenko currently oversees IPE placements at UHN and helps organize the highly successful Academy IPE Day in TTC, along with Academy staff. In August 2016, over 55 health care professionals across a wide variety of disciplines participated at UHN, SickKids and MSH in the Academy IPE day, which enables Year 3 students to shadow them.

Dr. James has been an active participant in IPE/IPC efforts at UHN and MSH. 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 IPE events.

### Structured IPE placements at UHN and MSH

Year	2011-12	2012-13	2013-14	2014-15
TRI/UHN	12	10	12	15
# Med Students participating			1	

**In 2016, 3 medical students participated in a structure IPE activity at UHN.**

Year	2011-12	2012-13	2013-14	2014-15
Mt. Sinai	3	1	4	3
# Med Students participating	4	5	2	2

In 2016 a structured IPE placement was held at Bridgepoint, which involved a medical student. And more are planned for 2017.

TGH placements =	15
TWH placements =	16
TRI-UC placements =	13
MSH placements =	8
HSC placements =	15
PMCC placements =	13

An ongoing challenge for the implementation of structured placements is to involve optimal numbers of medical students during clerkship due to these placements being completely elective for medical students and in competition for their time while on core rotations.

# Five Year Reflection

During my second term as Academy Director, I have been privileged to continue to build on several of the initiatives I began in my first term, aimed at improving the quality of the experience for students of the Academy and its teaching faculty. It has been rewarding to see the Wightman-Berris Academy's programs and profile grow and mature, with the addition of new and enriching associations and partnerships. The Academy continues to be seen as an exemplar of how a collective network of institutions and people can work constructively together despite vast differences in size, structure, organizational priorities and clinical priorities of its members. The Academy's faculty, staff and I have worked to continue to develop the Wightman-Berris Academy's identity as a large academy with a diverse and complementary range of clinical experiences from primary to quaternary, in which students have a choice of placement types and learning environments, and yet feels welcoming despite its size. The relationship with Michael Garron Hospital (Toronto East General) as the Academy's major acute care community associate site was solidified in the past several years and relationships strengthened with our specialty and smaller community hospital associations. In the past two years, with the amalgamation of Bridgepoint and Mount Sinai Hospital to form Sinai Health System, students now have a complete array of learning opportunities through the continuum of care for more complex patients.

I have been privileged to work with my fellow academy directors and colleagues at the university on clarifying and solidifying the Academy Framework, defining its parts, and working out roles and responsibilities of each player. I believe "The Academy" is now better understood by our hospital partners. I have worked with my colleagues to support them in the development of each academy's unique strengths and to overcome challenges. I am also pleased with the use of the TAHSN (Toronto Academic Health Science Network) platform and member agreement, students and residents are prepared to start hospital based learning armed with the knowledge of important occupational health and safety practices and patient care policies, with single source TAHSN e-Modules, rather than repeating training at every different site.

In the last five years, the Wightman-Berris Academy has become a unifying identity for postgraduates as well as students of the UHN and Mount Sinai Hospitals. This has enabled us to leverage educational resources very well across the continuum of MD and postgraduate training programs, and enabled students and postgraduates to have a smoother, more streamlined registration process under the banner of the Academy, using the on-line UMLearns registration system for UHN and MSH which was initiated under my direction.

Over the past several years, I have been successful in collaborating with my fellow academy directors, curriculum designers, course directors and hospital colleagues, to create strategies for enlisting faculty to launch the Portfolio for clerkship, the new longitudinal integrated clerkship, CPPH, HSR, pilots for the new curriculum, and finally the Foundations curriculum itself in 2016.

Five years ago I wrote: "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 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."

I am indeed grateful to see that these aspirations for the Wightman-Berris are being developed and fulfilled. Our students, faculty, patients and communities stand to benefit from the transformation of medical education at the University of Toronto which I have been so fortunate to have been a part of.

The Academy is at a strong point in its own growth and development, the faculty and staff have rallied tremendously well behind the implementation of curricular change. Teaching and the learning at the Academy are excellent. There remain some challenges for the Academy and its new leadership. The Academy has passed through the era where resources were readily available, the education centres were newly constructed, and it was possible to plan the purchase of new equipment and to bring in new technologies and programs to support education at the Academy sites. However, with relatively shrinking budgets and with forecasted cuts to health care and education sectors, it must be anticipated that this will have a trickledown effect on the Academy's operating budgets. It will be important for the Academy to maintain a strong voice at anchor and community hospital tables to ensure adequate funding of medical education. We have presently engaged community physicians in teaching at the Academy especially in the new Foundations curriculum which is well suited for generalist participation, and to cover the transition period. As the funding envelope for further community physician stipends is fixed, the Academy will need to ensure continued engagement and support from specialty and subspecialty teachers who are funded through practice plans, alternative funding plans, and for whom teaching medical students is part of their job descriptions. This will be increasingly important as competition for clinical faculty time will likely increase as a result of the introduction of competency based education for postgraduate programs, and the need for faculty to spend more time directly observing postgraduates. In addition, as the complexity of inpatients continues to increase, faculty may also be expected spend more time in direct patient care.

Another specific challenge for the Academy will be to maintain support for all students who wish to become involved in research. With shrinking research funds for some our scientists, resources to support students may suffer. As well our health professional colleagues who are not compensated directly for teaching medical students, but must give up clinical time if they come to teach students, may have limited ability to do so in the future due to hospital budgetary constraints. We have growing demands to bring outpatients in for teaching purposes but the funds to support travel or parking for these patients is limited.

Despite these and future challenges, the foundations for continued success of the Wightman-Berris are in place. The collaboration between the hospitals which make up the Academy is strong and I have no doubt that MD Program leadership and academy leadership will come up with creative solutions and innovations to continue to engage our faculty and students in exemplary medical professional education.



Jackie James

## Acknowledgements

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