Reaching Across Silos: Towards Collaborative Change
Contents

3 List of Programs

4 Director’s Message

6 Leading Research

8 Rising Rates of Diabetes among Young People Inspire International PhD Project
9 National Pharmacare: Connecting with Government to Create a Plan
11 Why a Black Box in the Operating Room is Good for Health Care
12 Guarding Women’s Health: Linking Research and Practice
13 Recognized for Excellence: Five IHPME Vanier Scholars

15 Partnerships and Collaboration

17 IHPME Experts Lead Federal Research Initiative for Lyme Disease
18 De-Siloing Seniors’ Services: IHPME Collaborates Strategically
19 Engaging Patients, Caregivers and the Community
19 Health System Sustainability and IHPME’s Green Committee

21 Programs & Student Experience

22 Shandong University
24 IHPME’s PhD Program adds new concentration
25 Leadership for the World: MSc SLI Students Graduate
26 Combining Health and Artificial Intelligence: A Recognized Program
27 The IHPME Graduate Student Union: A Year in Review
28 Building Bridges and Networks, IHPME Enhances Mentorship Supports
29 2018 Doctorates

31 Awards & Achievements

32 Patient Portals and Practicums that Spark Innovation
32 Making the Connections: Raisa Deber’s Fellowship-Worthy Research
33 Medically Active: Allan Detsky’s Order of Canada
34 Awards
36 Events

37 Donate Apply Connect
Building Bridges...

Deepening expertise and increasing specialization can create silos. At IHPME, we believe in bridging the gaps. Connecting discrete areas of knowledge and capability offers significant opportunities for improving health care management, delivery and outcomes across the system.
Towards Real Benefits

IHMPE highlights for 2018 include its strong record of engaging in transformative collaborations with governments, partner organizations and individual scholars across Canada and around the world. Whether working with researchers in China to combat rising diabetes rates worldwide, federal research initiatives to address pharmacare and tick-borne diseases, or community hospitals and organizations to improve the integration of care, IHPME has been at the forefront of innovative collaborative projects offering the promise of breaking down barriers and delivering healthcare benefits.
Institute of Health Policy, Management and Evaluation offers Academic and Professional Graduate Degree Programs rich in intellectual diversity, meaningful practice and career-enhancing mentorships.

<table>
<thead>
<tr>
<th>Graduate Degree Programs</th>
<th>Research Degrees</th>
<th>Professional Degrees</th>
</tr>
</thead>
<tbody>
<tr>
<td>PhD</td>
<td>Master of Science (MSc)</td>
<td>Executive Master of Health Informatics (EMHI)</td>
</tr>
<tr>
<td></td>
<td>• Clinical Epidemiology and Health Care Research (CECHR)</td>
<td>• Health Informatics</td>
</tr>
<tr>
<td></td>
<td>• Health Professions Education Research (HPER)</td>
<td>• Health Informatics</td>
</tr>
<tr>
<td></td>
<td>• Health Services Research (HSR)</td>
<td>• Health Informatics</td>
</tr>
<tr>
<td></td>
<td>Emphases</td>
<td>System Leadership and Innovation (SLI)</td>
</tr>
<tr>
<td></td>
<td>– Health Services Outcomes and Evaluation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Health Informatics Research</td>
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<td>– Health Policy</td>
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<td>– Health Economics</td>
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<td>– Organization &amp; Management</td>
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<td></td>
<td>– Health Technology Assessment</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practicum Placements</th>
<th>29 (MSc QIPS)</th>
<th>18</th>
<th>36</th>
<th>40</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>69 (MSc SLI)</td>
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WELCOME TO IHPME’S 2018 ANNUAL HIGHLIGHTS REPORT. This is a wonderful way to recognize all the successes of our amazing faculty, students, stakeholders and alumni. But please note—for every story that is included in this document, there are many others that could just as easily have been highlighted. I truly believe that we are making significant contributions to improving health care and health systems through the talent, dedication and hard work of our many partners; evidence of which is readily available in this report.

This year also marks the end of my tenure with the Institute of Health Policy, Management and Evaluation; a relationship that has spanned more than thirty years. I have felt very privileged to work at the University of Toronto and, more specifically, the Institute. I started as a research associate with the Health Care Research Unit, in the Department of Health Administration which then grew into the Institute of Health Policy, Management and Evaluation. I think my personal teaching story in many ways echoes the changes over the years. I have always taught “decision making under uncertainty”, also known as statistics, to our professional program MHSc students. In the early days, it was definitely a didactic experience, with the students trapped in small desks, likely bored (or lost) as I explained the amazing properties of the normal curve and how its patterns allowed us to make conclusions with known probabilities. I’m sure some benefited from the instruction, but I would likely be flattering myself to say it was much more than half. Fast forward to today’s class—with the pre-class Readiness Assessments, in-class theory bursts and large chunks of time devoted to groups working with actual research articles—I am confident that all graduate with an appreciation of evidence informed decision making. While I definitely contribute, it is the students, with their wealth of experience and talent, working and learning from each other which ensure the experience is a success.

This is how I see the Institute of Health Policy, Management and Evaluation. We are a multi-disciplinary group with experiences in all sectors of the health care and health services delivery system. Some of us are new scholars and some have significant experience. We are learners and teachers, policy makers, health care providers and family caregivers. We come together in IHPME to solve problems together. And it is in the strength of working together, and being respectful of the diverse range of skills and backgrounds that we all bring, that make the Institute the success that it is.

So, read and enjoy this year’s Highlight document! And continue to tell us about your contributions and your successes so that we can build on our many strengths.

Rhonda Cockerill
Interim Director,
Institute of Health Policy, Management and Evaluation
“We come together in IHPME to solve problems together. And it is the strength of working together, and being respectful of the diverse range of skills and backgrounds that we all bring, that make the Institute the success that it is.”
Without Borders

LEADING RESEARCH

IHPME researchers are looking into some of the most pressing issues in Canadian health and healthcare. Often in collaboration with external partners, they are reaching out across disciplinary, institutional and geographical boundaries to find answers that matter.
Rising Rates of Diabetes among Young People Inspire International PhD Project

CLINICAL EPIDEMIOLOGY PHD CANDIDATE CALVIN KE is taking an unconventional approach to his doctoral research. He is conducting a three part international PhD project looking at the rising rates of diabetes in South and East Asian populations in Toronto—the world’s most multicultural city—and in India and Hong Kong. This unique approach combines data from international partners to develop new insights into the management of the disease.

“The diagnosis of diabetes in young people under the age of 30 is becoming an increasingly common and global phenomenon,” said Ke. “As we learn more about what happens to young people who develop Type 2 diabetes, we also urgently need to develop better solutions.”

In India, Ke worked with renowned epidemiologist and Dalla Lana faculty member Prabhat Jha to determine how diabetes increases the risk of mortality from heart disease and stroke. While in Hong Kong, Ke studied the rising rates of hospitalizations among young people with diabetes. Data from Hong Kong has also shown that hospitalizations among young people are often a result of further complications of the disease including kidney disease and heart attacks, and more recently various forms of mental illness. Each hospitalization costs the health system and economy, while also having an impact on families and caregivers.

“We assume that youth confers good health, but this is not true for young people with diabetes,” said Ke. “Their overall risk of complications is much higher because they are exposed to this chronic disease for a greater length of time.”

From rapid economic development, genetic predisposition and food abundance, there are many factors contributing to the rates of earlier onset diabetes. Combine this with a sedentary lifestyle and the conditions are ripe for the development of this chronic disease.

Studying diabetes with a clinical epidemiology and global health focus as Ke has done, has revealed unique aspects about the disease’s complexity and provided important insights in lessons learned from one country’s intervention strategies.

“I didn’t know coming into my graduate studies that my research would follow this path, but to see it come together is quite amazing.”
Gregory Marchildon, professor at IHPME and also Director of the North American Observatory on Health Systems and Policies, provided his expertise to the national advisory council on pharmacare formed to set in motion the creation of a universal plan. A professor at IHPME and also Director of the North American Observatory on Health Systems and Policies, Marchildon’s recommendations bring his considerable health policy expertise to bear on Medicare’s unfinished business.

The goal is to ascertain the best administrative structure and determine the breadth and depth of coverage a national plan should provide. “National Pharmacare,” says Marchildon, “promises not only improved access to medications for the working poor and part-time workers but also lowered drug costs and increased mobility for workers looking for jobs in other provinces. These individuals would no longer be limited, in terms of career movement, by their drug coverage in a particular region or employment benefit plan.”

Marchildon sees a national plan potentially fitting one of two models: a single-payer system implemented by the provinces and territories under a set of federal standards similar to our current Medicare coverage, or a federal program regulated, financed, and administered by the federal government and provided to Canadians directly. The most difficult decision is likely to involve funding. Will certain medications be free at the point of access or will they require co-payments or deductibles? A tiered system might even be discussed, with different classes of drugs—some free, some needing a minimal payment, and others a more substantial co-payment.

Other challenges include persuading pharmaceutical companies, who will face pricing pressures but also gain access to larger markets, to support the plan. And what of meeting the expectations and gaining the support of Canadians already living with fairly good private or public coverage?

Although managed variously, national drug coverage plans are already the norm in countries like Australia and New Zealand. “Now is the time,” Marchildon contends, “to develop a comprehensive structure for Canadians, as the differences in federal, provincial and territorial coverage plans grow and as the breadth and depth of coverage in private, employment-based drug plans continues to decline.” A national pharmacare plan would be a serious step in the right direction.
Leading Research

Why a Black Box in the Operating Room is Good for Health Care

BLACK BOXES ARE NOT JUST FOR THE AVIATION INDUSTRY ANY LONGER, these audio and video recording devices have now appeared in operating rooms across Ontario. The brain child of St. Michael’s hospital’s Dr. Teodor Grantchov, these devices are used during minimally invasive surgeries, like a laparoscopic surgery, where a small camera is inserted into a patient’s body. Patients must provide consent before being recorded, and videos are erased after a period of 30 days, but the data captured has proven integral in helping to improve patient safety and quality of care in our hospitals.

Associate professor Patricia Trbovich currently leads a team of researchers who review tapes of data captured by the OR Black Box® including video of surgical procedures, conversations among healthcare workers, room temperature and decibel levels. Her team codes and analyzes the data looking for uncertainty variables or human factor elements implemented during surgery, from tools to the environment, technological malfunctions or short staffing.

“The OR Black Box® is not meant to be a punitive measure for surgeons,” stressed Trbovich who is also the Badeau Family Research Chair in Patient Safety and Quality Improvement at North York General Hospital, where the device is being used as part of the Steinberg Family Surgical Safety Program. “We want to be able to determine whether standard operating procedures are being followed and if not, why this may be the case.”

During coding, Trbovich’s team also identify factors that ensure surgeries run smoothly despite unforeseen challenges. For example, surgical team members may delegate tasks to manage workload or have back-up instrumentation prepared if there is a malfunction. These events are mapped into an event matrix where analysts like Trbovich look for patterns of behaviour that can be changed to better support surgical teams in the future.

“The OR Black Box® also records creative ways that a surgical team conducted a procedure despite an uncertainty,” said Trbovich. “This is revolutionizing the way we study safety, and creating a reliable record of data.”

To support more automated coding processes, Trbovich’s team have received both NSERC and Ontario Centre for Excellence grants.

“Training the system to detect events automatically will allow the OR Black Box® to proactively identify where risks exist, allowing hospitals to implement interventions before they lead to an adverse event for patients,” said Trbovich.
FOR WOMEN WITH BRCA1 OR BRCA2 GENETIC MUTATIONS, which are associated with a high risk of ovarian cancer, surgical removal of the ovaries can be a lifesaver. But what if preventative surgery carries its own serious risks? Through research recognized with a 2018 Women’s Health Scholars Award from the Council of Ontario Universities, IHPME’s Maria Cusimano is exploring the issue.

Cusimano is a Master’s student in our clinical epidemiology and health care research program and a resident physician in U of T’s Department of Obstetrics and Gynecology. Her research focuses on non-cancer health outcomes for women who have undergone BRCA-related oophorectomies (i.e., removal of the ovaries). “This procedure may take place early in a woman’s lifetime, sometimes at 35 to 40 years of age,” says Cusimano. “Early removal of the ovaries triggers early menopause, and in studies this has been linked to health problems later in life. We want to explore that in more depth, specifically in women with BRCA mutations.”

Analyzing data from over 17,000 women from across Ontario who have had BRCA1/2 genetic testing in the last decade, Cusimano’s study will assess possible impacts of an oophorectomy on the heart, brain and bones. It will examine, in particular, associations with heart disease, osteoporosis, and neurodegenerative diseases such as Alzheimer’s. The aim is to inform earlier monitoring and prevention strategies and ensure that an oophorectomy does not lead to further complications.

As Cusimano explains, “It is important that we piece together the entire picture by looking at what happens after we remove the ovaries. Heart disease is another leading cause of death in women, and if women who have had an oophorectomy are susceptible, we need to consider prevention strategies.” On a broader scale, there is also hope that this study will advance our understanding of the effects of early menopause and its role in non-cancerous diseases.

Cusimano is one of 10 distinguished researchers to receive a Women’s Health Scholars Award, which aims to support transformative research that will improve the health and well being of women. “It is an honour to be chosen,” says Cusimano. “It brings together my clinical work with patients and my research, which makes it especially meaningful and motivating.”
there are tremendous fiscal, mental health and social consequences for these caregivers that we need to understand,” says Stall. Using large administrative databases, Stall is seeking to quantify the problem and provide a baseline to inform the creation of strategies for caregiver support.

Michael Lebenbaum is evaluating how people’s mental health impacts their social capital—factors such as friends, support networks and even sense of belonging. “This area of research,” Lebenbaum explains, “involves many disciplines, from health economics to epidemiology. It is part of the reason why I chose to focus on it, as well as the challenge it offers considering there are strong reciprocal effects between your mental health and social capital.”

Helene Retrouvey is conducting qualitative research on barriers to breast reconstruction surgery in Ontario. “Research has shown,” says Retrouvey, “that women who undergo reconstruction have improved quality of life but that many women who are eligible for reconstruction are not receiving it.” The aim is to determine causes and design interventions to optimize a patient’s cancer journey.

Martin Urner’s research aims to improve the mortality rates of patients in the ICU who need mechanical ventilation. The pressure delivered by these breathing machines can cause potentially harmful distension of the lungs resulting in additional injury and inflammation. Investigating different ventilation strategies, Urner hopes, will improve survival among patients suffering from catastrophic lung failure.

THE EXCELLENCE OF IHPME RESEARCH can be measured by the recognition it receives from external bodies. This year, no fewer than five IHPME PhD candidates received Vanier Canada Graduate Scholarships (CGS). Vanier scholarships are among the most competitive and prestigious in Canada. “Most Departments are delighted to receive even one,” comments Rhonda Cockerill, Interim Director of IHPME. “To receive five is a true testament to the strengths of the Institute and its ability to attract top students.”

Kieran Quinn is examining the quality of life and care of patients who have advanced non-cancerous diseases and are near end of life. He is hoping to improve the care they receive by taking an evidence-based approach to evaluating and measuring the impacts of existing palliative practices. “Not only is this research meaningful to patients,” says Quinn, “it is also valuable to policy makers and taxpayers as we continue to assess the value received from the health system, while trying to provide patients with the care they need at the right moment.”

Nathan Stall is researching the physical and mental health impacts experienced by the caregivers of people with dementia and the ability of our health system to support these caregivers. “The vast majority of caregiving in dementia care is informal, and...
We are always stronger together. Working with others to meet common health and healthcare challenges universalizes impacts. In 2018, IHPME contributed to significant system improvements collaborating with a host of valuable partners.
IHPME Experts Lead Federal Research Initiative for Lyme Disease

In 2018, IHPME researchers aimed to tackle tick-borne illnesses. Associate professor Beate Sander took on a leading role as Co-Scientific Director of the first-ever Pan-Canadian Lyme Disease Research Network (CLyDRN). Under Sander’s co-direction, this vast multi-disciplinary network is bringing together patients, public health experts, community representatives and researchers from over 40 universities across Canada to address gaps in the prevention, treatment and diagnosis of this serious tick-borne infection.

Lyme disease is a bacterial illness transmitted to humans via the bite of an infected black-legged tick. In a warming climate, tick populations have spread and infection rates have spiked.

Dr. Theresa Tam, Canada’s Chief Public Health Officer, has commented that “the public health impact of Lyme disease in Canada” should not be “underestimated.” As Professor Sander explains, “One of the major challenges with Lyme disease is that it presents with unspecific symptoms” with the result that “diagnosis and treatment . . . may be delayed.”

In recent years, advocacy groups have expressed their concern about the lack of information available for patients who feel unwell or have symptoms but continually test negative. This lack of knowledge and the public health risk associated with the disease has prompted the federal government to develop a framework of which CLyDRN is a part. It has outlined four key areas of focus: diagnostics, prevention and risk reduction; clinical science and health services research; patient and community engagement; and training and knowledge translation.

Financed by a $4 million government investment, CLyDRN will use data from patient cohorts and health administration to learn about the disease’s trajectory. “The patient cohort and bio bank are the foundational pieces for the research network,” Sander reports, “and will help improve diagnostics, prevention and treatment strategies by identifying things like risk factors for contracting or developing complications.” A self-registry of patient cohorts will be made available for those who have persistent symptoms of Lyme disease but who may not have received a positive diagnosis. “It is important for us to include all patients in our cohort as we try to quantify the health and economic burden of disease for Lyme disease patients,” adds Sander.

Determining the burden of disease and its impact on clinical management, including diagnosis and treatment, will help inform future targeted intervention strategies. According to Adalsteinn Brown, Dean of the Dalla Lana School of Public Health, “It is important for the public health of all Canadians that we continue to address the growing threat from tick-borne diseases like Lyme disease and find preventative measures to improve health outcomes.”
De-Siloing Seniors’ Services: IHPME Collaborates Strategically

TORONTO’S SENIORS STRATEGY BENEFITS FROM IHPME LEADERSHIP. In 2018, city council unanimously passed the Toronto Seniors Strategy 2.0, which articulates 27 high-impact recommendations to improve the health, wellness and quality of life of seniors in our city. This second iteration of a senior-focused strategy was put forward by the Toronto Seniors Strategy Accountability Table, co-chaired by IHPME associate professor Samir Sinha. In his role, Sinha is collaborating with seniors and caregivers as well as researchers from the University of Toronto, the United Way, the Wellesley Institute, Age Well NICE and the Toronto Central LHIN.

The Toronto Seniors Strategy 2.0 builds on an initial 2012 strategy that saw Toronto recognized as an Age-Friendly City by the World Health Organization. It proposes ambitious new measures based on consultation with over 10,000 people, including seniors from every ward, those in women’s shelters, and members of the 519 and Senior Pride Network, who helped identify prevalent issues for LGBTQ2S seniors.

Age-inclusivity—keeping seniors out of long-term care and socially connected—was identified as the next big step. The primary concerns are access to housing and being able to live independently for longer. While numerous city services already help meet these concerns, not all seniors can access them. The lead recommendation of the new strategy acknowledges a lack of coordination among the 47 services available to Torontonians and the absence of any municipal division to oversee them. Services remain in silos across five local health integration networks and, as a result, amplify additional vulnerabilities older Torontonians face associated with age, gender, sexual orientation, status and income.

Sinha sees the new strategy as involving “deep recommendations” that “require more funding and organizational commitment” but offering clear rewards: “Taking a communitarian approach to support our seniors living independently will benefit society as a whole. We are all eventually going to be older Torontonians, and it is in the best interest of us all to take action now.”
Engaging Patients, Caregivers and the Community: Co-Designing What the Future Holds for IHPME

**IN TODAY’S HEALTHCARE SYSTEM**, there is a profound need to engage patients, caregivers and their families in co-designing system solutions that improve health and health care. In an effort to address this integral need, IHPME hosted a Patient Engagement Symposium on June 7, 2018, at the University of Toronto Faculty Club. The event included over 60 participants from the Institute and beyond, with a goal of fostering greater awareness and understanding of the need for collaborative exchange amongst faculty, patients, caregivers and the community.

The event included a keynote address by Martha Gaines, Director of the Centre for Patient Partnership at the University of Wisconsin, and Rachel Grob the Director of National Initiatives, as well as patient and caregiver perspectives from Allies Maybee and Francine Buchanan. Group-mediated discussions throughout the day gave early insight into what a program of work at IHPME could look like with patients as partners.

“This was a fabulous day, and we owe our gratitude to both of our keynote speakers and all of the participants,” said Susan Law, an associate professor at IHPME and a co-lead for this event. “From this initial conversation about the why, what, and how we should be working together with patients at IHPME, it was clear that the passion, commitment and talent exists to secure a path forward.”

Given the success of the day, and enthusiasm generated by the symposium, a working group involving IHPME faculty and community partners has been established to build capacity and explore directions for patient and stakeholder engagement. This will include the development of ideas around curriculum and research training for students, faculty and community partners, engagement in research initiatives, education on engagement and co-design, as well as exploring the philosophical and epistemological tensions that underpin patient engagement, such as power dynamics, culture and representation.

“Over the next five years, I would love to see IHPME become a knowledge hub for best practices in patient and stakeholder engagement, with state of the art curriculum and resources to support researchers, practitioners and policy planners. In doing so, IHPME can be a leader in building a health system that truly works for patients and families,” said Kerry Kulski, also a co-lead of this event, and an assistant professor at IHPME. “It’s important for IHPME students and faculty to be supported in this endeavor, we have a lot of partners in the community who are doing this work and it will be important to leverage their expertise.”

A summary of priorities distilled at the Symposium, categorized under education, organizational culture, partnerships and research, will be available on the Institute of Health Policy, Management and Evaluation website in 2019.

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**Health System Sustainability and IHPME’s Green Committee**

**JUST OVER TWO YEARS AGO**, IHPME faculty members Fiona Miller and Christine Shea launched the Committee on the Environment, Climate Change and Sustainability fostering the Institute’s commitment to working towards more sustainable health systems. This included a strategic plan categorized by four pillars: education, research, operational activities and crosscutting work. In June of 2018, the Committee published its first Annual Report outlining completed goals and those still in progress.

Operationally, the Institute has made great strides in its efforts to promote environmentally and socially sustainable behavior empowering staff and encouraging sustainable practices when purchasing goods, working with facilities—including the installation of energy efficient light fixtures—or engaging with off-site personnel such as caterers.

In terms of education, a unique project to identify a set of core competencies for the graduate curriculum related to the environment, climate change and sustainability has been completed and will be disseminated throughout the Institute within year two of the strategic plan.

“We are impressed with the level of engagement and enthusiasm from committee members and faculty at the Institute who are working to bring these competencies into all of IHPME’s programming,” said Shea.

Beyond the walls of IHPME, sustainability issues remain a concern for many health system actors, including patients, clinicians, policy makers, researchers and health system administrators. However, there is a significant gap in the current ability of health systems to connect the dots and socialize knowledge about these issues - to make them a part of everyday governance and operations.

Fiona Miller recently authored a report for Health Canada that included qualitative key informant interviews with individuals from organizations within and outside of health care, to gauge their level of engagement in addressing climate change and sustainability. Findings from the report showed a clear consensus among health system leaders in Canada that climate change is not a priority concern.

“I think there is a risk that environmental sustainability is seen as a fringe issue, and as tangential to the core mission of health care,” said Miller. “But the more you explore these issues, the more you see that the quest for environmental sustainability is aligned with the future-oriented, patient-engaged, responsive, and socially accountable health system that members of the IHPME community are striving to achieve. IHPME has an important role to play as a connector across the health sector. If our faculty, staff, alumni and system partners are engaged in this mission, then we can be the ones to move the needle in the right direction.”
Learning Connections

PROGRAMS & STUDENT EXPERIENCE

Breaking down barriers and building bridges can make for exceptional teaching and learning experiences. Our year included notable progress bringing people, knowledge and cultures together to deliver innovative educational opportunities.
Shandong University Partnership

TO BROADEN OUR INSTITUTE’S INTERNATIONAL student outreach and maintain the School’s strategic focus on global health, a new two-way educational exchange program has been developed in partnership between IHPME at the Dalla Lana School of Public Health, and China’s Shandong University.

As part of this five-year agreement, Master’s students from Shandong University will be eligible to apply and if selected, complete a Master’s degree at IHPME with a focus on health policy and management studies. Upon graduation, they will return to Shandong University to complete the final year of their Master’s degree at their home institution.

Students from IHPME and the wider DLSPH community will also be eligible for a travel stipend allowing them to visit Shandong University over the summer term to conduct research in focused topic areas such as antimicrobial resistance, elder care, hospital quality improvement, or cancer treatment, while supervised by faculty members at both institutions.

“This program provides an opportunity to carry forward the branding of both universities, and enables us to admit more quality assured candidates into our programs,” said Xiaolin Wei, an associate professor at IHPME and the Dalla Lana Chair in Global Health Policy at the Dalla Lana School of Public Health.

The development of this partnership agreement led by Wei who is also an alumnus of IHPME, is a first for both the Institute and the Dalla Lana School of Public Health. He attributes the agreement’s success to the support and interest of Interim Director Rhonda Cockerill and Dean Adalsteinn Brown.

“One of the mandates of serving as a faculty member is to bring more of an impact to the Institute at the global level,” said Wei when explaining what inspired his decision to coordinate this partnership.

“This exchange enhances our international reach and reputation while also acting as a pilot for possible future programs with other established international universities.”

For IHPME students the program provides an additional platform to engage with different cultures and perspectives, while gaining off campus experience and illustrating the connections between global health initiatives.

“We are tremendously excited about our new relationship with Shandong University,” said Interim Director Rhonda Cockerill. “We welcome the opportunity this partnership provides at both a faculty level and a student level—for us to learn from one another.”

“We are tremendously excited about our new relationship with Shandong University,” said Interim Director Rhonda Cockerill. “We welcome the opportunity this partnership provides at both a faculty level and a student level—for us to learn from one another.”
The first cohort of IHPME’s new unique PhD concentration began their studies in September 2018 under the guidance of program director Maria Mylopoulos. The five students hail from the areas of natural and life sciences, social sciences and the humanities. The Health Professions Education Research concentration is a collaborative program with The Wilson Centre providing opportunities for PhD students to engage in multidisciplinary research to advance and transform health professions education and practice. All in an effort to contribute to the quality of health care in Canada and internationally.

“We have seen there is a need for change in how we educate health professionals and how we think about what that education means for patients in the health systems they are a part of,” said Mylopoulos. “The objective of the HPER program is to provide an opportunity for students to learn from the synergies between theory, practice and diverse methodologies to improve the education of health professionals and in turn affect how changes in health systems and health care delivery are made.”

For over 22 years, The Wilson Centre has been focused on exploring health care education and practice, with many of its scientists cross-appointed as faculty members with IHPME. The creation of this doctoral concentration within IHPME seemed to be a natural way of formalizing the relationship and providing students with greater opportunities for collaborative interdisciplinary research and instruction from leading faculty experts in the field. It also provides a foundational grounding in research, theory and methodologies to support student research.

Victoria Boyd, one of the five students in the first cohort of the HPER concentration, says she knew right away that this program was meant for her.

“The PhD in HPER is perfectly aligned with what I have been doing for the past four years, which was working as a research associate in the field of health professions education research. Once I visited the website, I knew this was definitely the place for me,” said Boyd.

“The five of us in this cohort may come from different backgrounds and are using a variety of theories and methodologies to conduct our research, but our end goal is the same,” said Boyd. “We want to improve the education of health professionals and ultimately our health system as whole.”
Leadership for the World: First Cohort of MSc SLI Students Graduate

This year’s accomplishments included graduating our first cohort of students in our MSc in System Leadership and Innovation (SLI). Our unique program aims at preparing emerging physicians, residents and fellows for roles as innovative leaders in today’s health system. Among the program’s strengths are its international connections. It sometimes sends students out into the world to learn from international examples and brings students in from around the world to acquaint them with Canadian experiences.

Designed to accommodate a physician-in-training’s work load, the program offers practicums that serve as mini consulting projects providing real deliverables. For MSc SLI graduate Ali Damji, a practicum that took place in Jönköping Sweden stands out. For seven weeks, Damji was able to work as a clinician, network with quality improvement leaders from around the world, and see first-hand the Swedish health care system in operation. “These practicums have positioned me to take on opportunities in my career as both a clinician and leader,” says Damji “and I’ve been given a diverse set of skills . . . and an understanding about global health that make me adaptable to the changes taking place in health care.”

The practicum that stood out for Saudi national and emerging cardiac surgeon Maryam Alomair was a review of career challenges faced by female surgeons in leadership roles in Ontario. “When I return to Saudi Arabia,” Alomair explains, “I will be one of the first female trained cardiac surgeons, and, as I anticipate some challenges, I wanted to ensure I had strengthened my leadership skills and ability to advocate for women in leadership.” While surprised to learn of gender bias in Canada, she gained a better appreciation of how to tackle such issues in her future career.

Addressing gaps in medical leadership training, the MSc SLI aims to make a world of difference.
Combining Health and Artificial Intelligence (AI): A Recognized Program

CROSSING BOUNDARIES AND LINKING distinct pools of knowledge and expertise is essential to everything we do. IHPME’s rapidly growing Master of Health Informatics (MHI) program aims to bring the fields of healthcare and Artificial Intelligence (AI) into the same orbit. In 2018, we were pleased to learn that our program has been recognized as an AI-related graduate degree by the Vector Institute of Canada.

Subjecting curricula to rigorous evaluation, the Vector Institute provides accreditation to graduate degree programs deemed to equip students with the skills and competencies sought by the industry and thereby deepen the nation’s talent pool. The benefits of accreditation include rendering students eligible for a Vector Scholarship in Artificial Intelligence, a merit-based award given to high achievers nominated by their respective programs.

Our program’s Vector recognition was resolutely sought after by its director, IHPME’s Julia Zarb. It illustrates our Institute’s leadership in AI-based learning and the expertise of our faculty in preparing students to lead AI-based change. Students learn competencies linked to innovation and knowledge-based implementation, and are required to complete an AI-based capstone project led by Zarb.

Zarb comments: “Health informatics is very much about leading adaptive change in the system, and our profession translates well to addressing this rise of AI interest in healthcare. We have learned a lot about what to do, and not to do, in assimilating technology-based transformation. Our students are working in academic and applied settings to understand how best to bring digital technologies and AI into play. With the demand for AI skills in the healthcare workforce growing rapidly, this relationship with the Vector Institute will help our students access expanded resources and networks that will prepare them well to contribute to the field upon graduating.”
The GSU can boast many accomplishments in 2018. It has continued to work in close partnership with students and faculty, but also increasingly with programs across the University of Toronto in order to seek out expertise and resources to better meet the needs of students. The biannual GSU Course Union Survey shed light on many student issues, and we are delighted to report that we have addressed and continue to address many of them.

Alongside the Institute, the GSU worked to create a new conference stipend providing more opportunities for flex-time and full-time PhD research students to participate in and attend conferences. This initiative helps to facilitate access to research dissemination forums and network building, which both the GSU and IHPME recognize as essential for student career development.

In continuing to prioritize student mental health and well-being, the GSU collaborated with Student Life at UofT and the School of Graduate Studies in the fall of 2018 to offer workshops focused on financial stressors and mental health within a graduate studies context. The GSU also piloted a series of Writing Circles, bringing together a community of peers who work on their writing skills.

For a second year, the GSU continued its Student Seminar Series, which have proven to be an excellent model in providing students with oral presentation practice and constructive feedback in a supportive setting.

The GSU also proudly continues to strengthen its student mentorship programs including the Peer Mentorship Program which has expanded to include both MHI and MHSc and the Alumni-Student Mentorship Program which has continued into its second year.

Finally, Research Day 2018, “Connecting to the Future: Leveraging Big Data and Artificial Intelligence to Transform Healthcare” was a tremendous success. The Research Day committee capitalized on its numerous healthcare partnerships in order to receive a record number of funding pledges from sponsors, nearly doubling the amount of funds ever received. Students from all streams participated, sharing original research and practicum reports, which included over 100 oral and poster presentations.

The GSU would like to acknowledge the many efforts of its student executives who have worked tirelessly to make all of these initiatives possible. It is thanks to their time and dedication that the GSU continues to be successful!

“Student engagement during graduate studies is an excellent way to build a community of peers and develop a sense of departmental belonging. IHPME takes great pride in its unique and talented group of students whose diverse backgrounds and experiences relative to health and healthcare contribute to its dynamic learning and research environment.”
Building Bridges and Networks, IHPME Enhances Mentorship Supports

The urge to give back to the community that supported them through their graduate school years is as strong as ever. Several mentorship programs have been launched since 2017, including the Alumni Mentorship program which began as an initiative through IHPME’s Graduate Student Union.

“One of the great things about this program is that I also get to maintain my connection to the University and IHPME,” said Shannon Sibbald, an alumnus of IHPME, assistant professor at Western University, and one of the mentors in the program. “I’m very drawn to new programs and when this opportunity came up, I was eager to be involved,” recalled Sibbald. “It’s a perfect fit, that allows me to give back in ways that are not just monetary.”

Though Sibbald is located off U of T’s campus, the mentorship program provides flexibility in that mentors and mentees can engage in the program online via Skype. It has given her a way to engage meaningfully with emerging leaders, like her mentee Jennifer Gutberg, and help them develop tools to navigate the transitional period between completing graduate school and embarking on a career.

“I think many of us will end up with hybrid careers that involve both academic research and industry leadership and collaboration,” said Gutberg, who is a fourth year PhD student in the HSR program. “It was motivating for me to hear from someone else like my mentor Shannon, about how they also chose to move through these different paths, including ways to develop strategies for publication, or leveraging existing professional networks.”

IHPME’s mentorship offerings are intended to support student transitions and to support the employment and advancement of students from diverse backgrounds including Indigenous persons, LBGTQ2S persons, newcomers and persons of colour.

In 2018, IHPME sought to expand its offering of programs with the establishment of the Committee on Student and Alumni Mentorship Programs, which includes representation from students across all of its programs, the GSU, program directors as well as alumni and senior fellows. The committee is working to establish a foundation to promote the delivery of effective mentorship and professional development across the Institute which includes providing among others, an online inventory of all IHPME mentorship programs currently offered and reports on mentorship best practices.

“Our committee is eager to bring together the needs and perspectives of all IHPME stakeholders to support the mentorship needs of students and alumni,” said Wendy Nelson, a senior fellow and alumnus of IHPME’s MHSc program. “IHPME’s strong focus on mentorship supported my career transition into the field of healthcare management, and I’m delighted to be able to give back to current students and alumni through my work on this committee.”
2018 Doctorates

Kazuyoshi Aoyama
Rob Fowler (Supervisor)
Maternal Critical Illness in Canada: Temporal and Geographic trends, Predictors of Outcome, and an Examination of the Variability in Provision of Critical Care

Amy Behman
James Wright (Supervisor)
The Effects and Outcomes of Simple Bone Cysts

Ramy Behman
Avery Nathens (Supervisor)
The Management of Adhesive Small Bowel Obstruction: A Population-based Analysis of Practices and Outcomes

James Paul Byrne
Avery Nathens (Supervisor)
The Influence of Prehospital Times on Trauma Mortality

Sarah Elizabeth Carsley
Patricia Parkin (Supervisor)
Using Electronic Medical Records to Examine Childhood Obesity Outcomes in Community-based Primary Care

Ghazal Sanam Fazli
Gillian Booth (Supervisor)
Ethnic Variation in Prediabetes Incidence and Outcomes among Immigrants and Long-Term Residents

Gayathiri Jeyathevan
Susan Jagal (Supervisor)
An Exploration of Support Needs of Family Caregivers of Individuals with Spinal Cord Injury: A Qualitative Study

Claudia S. W. Lai
Aviv Shachak (Supervisor)
Engaging Patients in Health and Health Care Processes: The Role of Patient Platforms

Daniel Lane
Damon Scales (Supervisor)
The Identification and Management of Sepsis in the Prehospital Setting

Shaheena Mukhi
Prof. Raisa Deber, Prof. Janet Barnsley (Supervisors)
Primary Health Care Performance Measurement and Accountability in Ontario

Katherine Nelson
Astrid Guttmann (Supervisor)
Patient-Centered Interventional Outcomes for Children with Severe Neurologic Impairment

Robert A. Paul
Zubin Austin (Supervisor)
one Hundred Twenty Years of Canadian Academic Medicine: How Michael Porter Became the New Abraham Flexner

Ramanjeet Sohal
Onil Bhattacharyya (Supervisor)
Scaling Up Health Services Delivery for Bottom of the Pyramid Populations in Lower-and-Middle-Income Countries

Zhuolu Sun
Peter Coyte (Supervisor)
Temporal Trends in Home-based Palliative Care: Evidence from Ontario, Canada

Vidhi Thakkar
Raisa Deber (Supervisor)
Primary Care Patients’ Preferred Roles in Treatment Decision-making in an Era of Increased Health Information

Dylan David Walters
Audrey Laporte (Supervisor)
Economics of Maternal and Child Nutrition: Food Fortification with Vitamin A in Tanzania
Confirming Excellence

AWARDS & ACHIEVEMENTS

Outside recognition is the strongest confirmation of effectiveness we can receive. This past year, we took particular pride and pleasure in the quality, range and number of awards garnered by IHPME students and faculty. Their work is making a difference.
Patient Portals and Practicums that Spark Innovation

KEY TO FOSTERING INNOVATION, practicum projects help inspire and develop the skills of IHPME’s emerging health informatics professionals. “Working on my practicum took me away from being alone with a computer and databases, and gave me the opportunity to talk to people about their experiences navigating the health care system,” said Kevin Leung, a Master of Health Informatics student.

Leung was recently awarded a grant from the Canadian Institutes of Health Research (CIHR) for his integral practicum work on patient portals which he studied alongside IHPME faculty member Gillian Strudwick.

The grant will allow Leung to travel to Victoria B.C. in 2019 for the Information Technology & Communications in Health (ITCH) conference, where he will present on the findings of his practicum work. Leung has been examining access and barriers to patient portals specifically within a mental health care setting. A digital health technology, patient portals provide patients and family members with access to their own medical notes and health records including diagnostics and lab results.

“By providing this access the anticipated outcome is that patients and their family members will be more educated and empowered in their own health and health care,” said Leung.

However, though widely available in acute care settings, patient portals have been less prevalent in mental health care. Throughout the study, which included the engagement of patients and their families, Leung found that there were mixed perspectives on the use of patient portals that highlighted the risks of using this kind of technology in mental health care. This included the potential of eliciting a negative response from patients or family members when they viewed their medical notes on their own.

Making the Connections: Raisa Deber’s Fellowship-worthy Research

THERE WAS A TIME WHEN the province of Alberta considered moving to a system of medical savings accounts (MSAs), a model of healthcare financing based on the premise that individuals will be more efficient purchasers of health resources if they must pay for it themselves. But when, in his famous “Report on the Future of Health Care in Canada,” Roy Romanow cited IHPME’s Raisa Deber on the distribution of health-care expenditures and MSAs, the province chose to change course. Professor Deber’s research demonstrated definitively that this model not only risks increasing health care costs but also leads to worse health outcomes for the population.

In part for work such as this, which broke out of the academic silo to connect with politicians and make a real contribution to public life, Deber was last year elected as one of 89 new Fellows to the Royal Society of Canada (RSC). It is one of the highest honours an individual can achieve in the Arts, Social Sciences and Sciences. Elected to the Division of Social Science, she joined a distinguished group of over 2000 scholars from across the country who have been recognized for their remarkable contributions to the nation.

“It is really an honour to have people recognize your work and think it deserves attention,” Deber says of her recent election;
Awards & Achievements

“Presenting health information without much context can be dangerous,” said Leung, “when notes are written on a patient’s file, they are usually there to communicate between health care providers, with medical jargon thrown in, and are not always written with the patient in mind.”

Patient reluctance related to privacy and access concerns were an additional barrier that Leung uncovered in his research. Not all patients have access to computers and smartphones, and obtaining consent or maintaining confidentiality about who has access to their medical notes were additional factors.

“Proper and meaningful use of patient and health information will be a concern going forward, because there are always these risks embedded in the development and implementation of technology,” said Leung.

Despite the challenges of integrating technology and machine learning into healthcare, Leung also sees tremendous potential for systems like patient portals to transform care and enhance communication between providers and patients, something he will continue to focus on in his research.

“but it is even better to see that your work has done something useful to help people and lead to evidence-based change.” Deber sees her influence on policy, based on providing policy makers and the public with the best data and evidence, as among her greatest accomplishments.

Today, she continues to teach, collaborate with colleagues, and reach out to the public through her writing. She recently published *Treating Health Care: How the Canadian System Works and How it Could Work Better* with U of T Press. Her book has been described as an accessible guide for all Canadians to unpack the key concepts that define our health system.

Last November, she joined Patricia O’Campo and Prabhat Jha, two other faculty members within the Dalla Lana School of Public Health, at the Celebration of Excellence and Engagement in Halifax, where they were all formally inducted into the RSC.

Medically Active: Allan Detsky’s Order of Canada

THREE DECADES AGO, IHPME’S ALLAN DETSKY JOINED Ontario’s drug quality and improvement committee, a body advising the government on how best to pay for drugs under Ontario’s health program. At the time, there was little consideration of the cost-effectiveness of drugs and few guidelines to assess the value of pharmaceutical products being delivered. “I had not participated in something this broad-based before,” Detsky recalls; “we required extensive consultation from the academic community around the world as we sought to establish Ontario’s guidelines.”

By 1994, Ontario had become only the second jurisdiction worldwide to publish prescriptive rules for the pharmaceutical industry. These rules helped ensure more efficient and effective deployment of health resources. The province would only purchase products that offered good value and could demonstrate improved patient outcomes.

After Detsky co-authored a national document outlining the principles for common drug review, the pioneering work of the Ontario committee was adopted at the federal level and came into force nationally.

For this and other contributions to national life in Canada, Professor Detsky was recently named to the Order of Canada, an order of merit bestowed on Canadians who make extraordinary contributions to the nation. “Of course it is a big honour any Canadian would be proud of,” says Detsky. “My grandparents, who immigrated from Poland, would have never imagined in a million years that their grandson would receive this kind of recognition.”

The order’s motto, “they desire a better country,” reflects perfectly the motivating force behind Detsky’s work and career. As well as being a valuable contributor to the world of public policy, he has also, for many years, been a very active physician and general internist, as well as a teacher.

Over the course of his career, he has taught over 4,000 students, encouraging his charges to develop a strong clinical focus. “I know a lot of MD’s who have had successful careers in research who have left medicine,” Detsky observes, “but I think it is important for clinical leaders to participate in direct patient care.” His commitment to serving the public with immediacy and impact makes him a deserving winner of one of Canada’s highest civilian honours.
Awards reflect the hard work of our annual recipients, and the strong support of teams and leaders that surround them.

We appreciate your donations as we set our sights on making contributions to student development, high achievement programs in health care, and to growing bodies of knowledge.

To support IHPME visit our site: ihpme.utoronto.ca/donate

Robert Wood Johnson Award
An award for outstanding graduate students in Health Administration programs in Canada.

2018 Winner: Terrance Patterson
(MHSc)

Claire Bombardier Awards
These awards are given to outstanding students at IHPME whose field of research is clinical epidemiology and health care research.

2018 Winners:
Abhijat Kitchlu – MSc
Nicholas Howell – PhD – Gold Award
Lauren Lapointe-Shaw – PhD – Platinum Award

Ted Goldberg Award
An award for academic excellence and promise for doctoral candidates in Health Services Research.

2018 Winner: Andrew Mendlowitz

Eugenie Stuart Faculty Awards
Awards for excellence in teaching for faculty/preceptors/tutors.

2018 Winner:
Best course preparation – Mark Dobrow
Best Mentor – Jan Walker
Best Thesis Supervisor – Simone Vigod and Fiona Webster
Best Instructor – Paula Blackstein-Hirsch

Thomas and Edna Naylor Memorial Award
An award for best paper on a thesis in Health Services and Health Care Research.

2018 Winner: Victoria McCredie

Harry and Rose Perlstein Award
An award for the best MSc QIPS paper or project that supports quality and safety in long-term or post-acute care settings.

2018 Winner: Rene Turner
Awards & Achievements

Peggy Leatt Knowledge and Impact Award
An award made possible through the support of several donors and Longwoods Publishing. This award recognizes one recipient annually for achievements in developing transformative evidence on ways and means to improve health care and health systems.

2018 Winner: Robyn Tamblyn

Esta Wall Award
An award for students who have provided outstanding leadership and made the most significant contributions in the field of geriatrics, gerontology or long-term care. This is a merit-based award.

2018 Winner: Husayn Marani

Comparative Health Systems Award in Honour of Les Boehm
Third year PhD student Matthew Farr is IHPME’s inaugural winner of the Comparative Health System Award in honour of Les Boehm. Co-supervised by Women’s College Hospital’s Dr. Danielle Martin and by NAO co-founder and director Gregory Marchildon, Farr’s dissertation looks to examine the low rates of polypharmacy among seniors in Scotland, in comparison to the alarmingly high rate among their Canadian counterparts.

2018 Winner: Matthew Farr

Arbor Awards
Presented by the University of Toronto Alumni Association, these awards recognize the contributions of alumni and exemplify the University’s values and mission to “meet global challenges and prepare global citizens.”

2018 Winner: Wendy Nelson and Valerie Rackow

Gordon Cressy Awards
Recognizing outstanding contributions to student life.

2018 Winners: Vinusha Gunaseelan Vidhi Thakkar Stephanie Zhou

Health Equity and Social Justice Award in Honour of Diana Moeser
An award presented to a student whose work is guided by the goal of health equity and social justice.

2018 Winner: Crystal Milligan

Kevin J. Leonard Award
An award for students who engage and empower patients through the use of technology to become partners in their own health care.

2018 Winner: Patrick Ware

Harold Livergant Award
An award for an outstanding student in the field of complex continuing care management and/or policy.

2018 Winner: Ryan McGuire

Louise Lemieux-Charles Health Systems Leadership Award
This award recognizes health systems leaders who are passionate about improving health care decision-making and management. This year’s winner, IHPME faculty member Dr. Sacha Bhatia is a health system innovator. He is the FM Hill Chair in Health Systems Solutions and the Founding Director of the Institute for Health System Solutions and Virtual Care (WHIV) at Women’s College Hospital, and the national evaluation lead of the Choosing Wisely Canada campaign.

2018 Winner: Sacha Bhatia

Research Day Awards

Maureen Dixon Memorial Award
2018 Winner: Melissa Roy

Robert Duff Barron Award
2018 Winner: Nicholas Howell

The Jack V Tu Memorial Award for Excellence
This award recognizes an IHPME student who demonstrates Jack’s relentless commitment to excellence, innovation and impact, particularly in measuring and improving the health and quality of care for all. Preference will be given to those who demonstrate academic excellence. The inaugural winner will be announced in 2019.

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IHPME is a catalyst for new thinking, evidence, and leadership that reaches across sectors. Our alumni are ambassadors, contributors, and life-long learners and reflect the diversity of the health ecosystem. The IHPME Alumni Association amplifies the Institute’s impact by strengthening our professional and learning networks. We are excited to work closely with IHPME faculty to enhance and promote systems-focused solutions through new opportunities for mentorship, continuing education, and involvement.

— Taylor Martin, President, IHPME Alumni Association
Donate

Help us to help all of us. We have our sights set on making contributions to student development, to rewarding high-achievement programs in health care, and to growing bodies of knowledge.

www.ihpme.utoronto.ca/donate

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Apply

Visit our academic pages online to review our research and professional areas of study.

www.ihpme.utoronto.ca/community/students/apply

Individual IHPME programs provide notes and guidelines as to who is best suited to apply.

Connect

We want to hear from you. Join the IHPME community of students, alumni and faculty on the IHPME LinkedIn Group and follow us on Twitter, Facebook and Instagram @ihpmeuoft

Receive our monthly IHPME Connect newsletter by emailing ihpme.events@utoronto.ca

Visit ihpme.utoronto.ca/community/connect to learn more about our community.