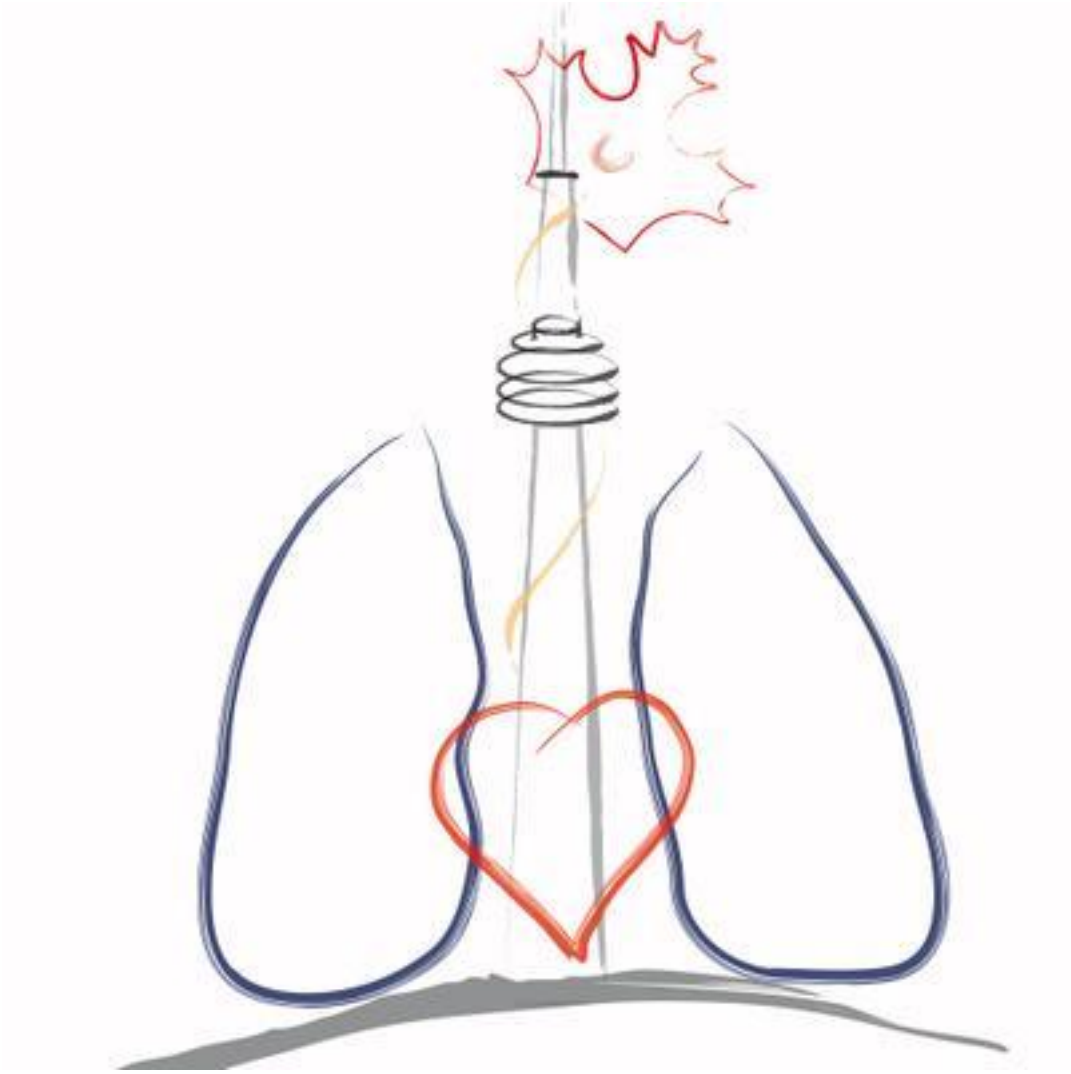
UHN - SHS CRITICAL CARE FELLOWSHIP



INTRODUCTORY (AND ALL-ROUND SURVIVAL) BROCHURE

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Introduction

Welcome to Toronto!

This brochure has been created by previous fellows to share our experiences and help you get ready for starting your fellowship. Please be aware this is based on our personal experience and that you should always check with the program coordinator Kasia Briegmann-Samson or the program directors Drs. Mika Hamilton and/or Maria Jogova if you have any questions regarding the registration process. We hope you find it useful!

Section 1: Clinical Work in the ICU

A) Tips and Tricks for Daily Work in the ICU

1) Typical Day/Night in the ICU

The structure of the day is generally the same across Toronto General, Toronto Western, and Mount Sinai. Morning handover begins at 0700 at TG, 0730 at TW, 0745 at MS during the week. This is generally quick and problem-orientated where new issues from the patients overnight and any new admissions are discussed. This usually lasts 30-40 mins. Formal rounds all start at 0900-0915 so the time between handover and rounds is used to either briefly see some of the patients (divided up with the residents) or there may be allocated teaching. Rounds usually run until 1200 or so but can be even longer if the unit is busy. After that there is usually time for lunch and then divide and conquer the work generated during the rounds. Its good practice to try and do this work during the round itself – particularly the scanning orders, consults etc. Your attending staff may be on call and may have to disappear from time to time to answer "Criticalls" – you will be expected to continue rounds and discuss issues and plans with the staff on their return.

There may be new admissions in the afternoon, so it is good to stay ahead of the ward work. Afternoon handover to the on-call team is 1600 or 1630 depending on the site and is like morning handover with only problem-focused discussions on each patient. The working day usually ends at 1700-1730.

The evening call begins at handover (1600ish) – at TW if you are on call, you may only start your day at 1630 but that is very rota-dependent. At TG and MS all calls are 24 hours. The mix of fellows and residents at night is very site and rota-dependent, with anywhere from 1-3 fellows on and usually a single resident of varying experience. It is best to clarify what everyone is covering at the start of the shift, so the team know their roles for the night. If you are unfamiliar with the patients it is recommended to do a round after handover to become acquainted with the patients so you can trouble shoot any issues in the night as well as chase any results or anything else handed over by the day team.

The rest of the night will involve a mix of trouble shooting patient issues, seeing patients referred by the Emergency Dept and seeing patients referred within the Hospital (CCRT/ACCESS). Most nights there is a small window for a few hours of sleep, but not always. It's advisable to do a 'tuck-in' round around midnight to sort out any issues before attempting to get some rest and again a short morning ward round to see if there are any new issues from the night that need handing over; check important results and to generally prep for the morning handover. 60-90 mins is usually ok for this unless there have been lots of new admissions overnight. Despite everyone knowing their roles for the night, remember you are a team! If you are overwhelmed

with work, you can reach out to the other fellows and residents, and you can always call the staff who will be on-call from home and will be happy to come in as needed.

On the weekends, signover will occur between 0830-0845 depending on the site, and will be immediately followed by rounds. The fellow and the staff may round separately or together, and when all teams have finished rounds there will be another signover. The attending staff who are not on call may go home after this point.

2) When to Call Staff at Night

Staff are happy to be called at night for any issues so don't feel apprehensive about this – they expect to be called! If you haven't worked with them before it is best to **clarify with them up front what they want to be called for**. In general:

- The staff should be informed about unexpected deaths and any unexpected, sudden deteriorations in patients
- Call about any unstable patients you can't stabilize or who are very sick
- If a staff from another specialty is being called, call the ICU staff as well
- If you are anticipating a difficult airway, or the patient required a surgical airway, call the staff
    - Note: you can also call the anesthesia team on call for urgent assistance with airway management
- If the workload is unmanageable (e.g., there are just too many sick patients to attend to simultaneously) call your staff
- If there are conflicts between services or within the ICU (e.g., disagreements between nurses, respiratory therapists, etc. and the nursing team), call your staff
- For any bed flow issues, call your staff
- Obviously, call for clinical advice or uncertainty about anything!

3) How to Hand Over

The recommended format is **IPASS**:

I: Illness severity
P: Patient summary
A: Action list
S: Situation awareness and contingency plan
S: Synthesis by receiver

If the doctor you are handing over to knows the patients, you can skip the patient summary and proceed straight to action list/things to do and state whether patient is stable, you are mildly concerned, or they are a 'watcher'. Anticipating things that may go wrong in the night and what the doctor should do in the event they occur is also helpful – for example antibiotic choice if new sepsis, threshold to repeat imaging, etc.

Example:

Mr. JK is a 42-year-old male with acute pancreatitis and worsening AKI. Please check the afternoon lytes which were sent off and keep an eye on urine output as it has been dwindling and is now only 30ml/hr. If continues to fall he may benefit from a fluid bolus. If he becomes anuric or K starts to rise, have an early discussion with nephrology about dialysis. He will need a Vascath placed if nephrology recommends dialysis. Patient is a watcher.

You will quickly get the hang of this after just a few days of handovers.

4) Day Time Ward Rounds

These start at 0900-0915 and there is usually a large team all armed with mobile computers. Included will be the ICU Staff, a Fellow, 2-3 Residents, the Pharmacist, a Respiratory Therapist, the Nurse for the patient and sometimes the Nutritionist. Each Staff likes things done slightly differently so its best just to ask how they like their ward rounds run. Some like to do the notes themselves, others want to check the results and imaging; some like the fellow to take the lead etc. So just ask. Clarify who in the team will do notes and who will present labs, imaging, and microbiology. Each patient should hopefully have been seen by one of the fellows or residents who opens with a one-liner about the patient example:

For example, 'Mrs. JD intubated and ventilated for ARDS likely secondary to aspiration'.

The nurse then gives a "head-to-toe" (systems examination"), the labs/micro/imaging are presented, the pharmacist goes through the meds and then it's up to the initial presenting doctor to come up with a problem list and plan for the patient. This isn't as daunting as it sounds, and the rounds are usually quite relaxed. As previously mentioned, the work generated for each patient should be done at the time where possible and then move onto the next patient.

One of the skills needed when you are a Fellow is to keep the rounds moving and not lose momentum or get sidetracked; otherwise they can go on forever! It's good to check in with the nurse just prior to moving on, "Is there anything we've missed?"

Generally, the system operates with Fellows acting as the Junior Attending. Your job is to lead rounds, help residents come up with a plan, and hopefully to do a bit of teaching as you settle into your role. The attending is there to support you and will be involved to different extents depending on personal preference and level at which you are functioning (e.g., they are often more involved when you're just starting your fellowship and learning the ropes!).

5) Tips for Success and Awareness

You will realize that some things are different in Toronto from how you usually practice. Here are some tips and things to be aware of:

- Introduce yourself to everyone, and let people know you've just started for the first while so that they can help
- Ask lots of questions (and don't hesitate to ask everyone!) to figure out how to navigate the system and to understand what is happening
- Ask for help if you're not sure about something or if you're worried about a patient. This will earn you respect and trust
- Be clear about what you do and don't know or are able to do. It's ok if you have never performed a procedure before, but you should let your staff know if this is the case so that they can teach/guide/support you
- There are a lot of acronyms used in our medical system. There's a list of some of them here: https://docs.google.com/document/d/1igtul2JniTzHtxqxChbocK5fqsSR5ErkmbydVdFEjyU/edit#heading=h.oihlugjgqk0 but when in doubt, ask what things mean
- We rely a lot on our allied health team to look after patients, so don't be surprised that someone else's job may cover what you would normally do at home. Important differences:
    - There are Respiratory Therapists who manage the ventilator. **Don't touch the ventilator without talking to the RT first!!!** It is not usual for the physicians here to change settings or try different things. If it does happen, make the RTs aware first, and document any changes you make to the final settings in EPIC.
    - There are dieticians who will see the patients and adjust their feeds. This doesn't mean you can't make suggestions or think about nutrition, but be aware that they will come to you with suggestions or discuss what feeds patients must be on. However, you don't need to do the calorie counts. Please do start feeds on newly admitted routine patients for whom there isn't a contraindication to feeding (e.g., going to the OR, bowel obstruction, profound shock, etc.).
    - The nurses will wean and titrate medications and administer medications ordered "as needed". It is extremely useful to speak with them and make sure they are aware of any changes to patient management or care, any STAT orders that are placed, or any imaging you might order. If you don't want a medication to be administered, you must make sure you adjust the orders in the system.
- If there are any conflicts, it's best to get your staff involved
- Be polite, punctual, and professional
- Take responsibility for patient care and treat patients as you would your own loved ones
- Examine your patients! The nurses are excellent, but their exam doesn't replace yours
- Your role is really to function as a junior attending. This means that you will be expected to take charge of rounds (recognizing that this is a process, and you may need more help and guidance when you first start!). You should get to know your patients, know the major issues and plans for each day, keep the team on track, and make sure tasks are completed. Your staff is there to support you, of course!

B) The System

1) Placing Orders and Note-Keeping

TG and TW use the online system **Epic,** where everything from notes to orders to vitals and meds are in the same place. How to use Epic is beyond the scope of this orientation package, but you will need to do many hours of compulsory online training that are tedious and painful before being able to use it (lots of coffee may be required!). It is unwieldly at first, but once you get the hang of it and its shortcomings, it's pretty decent. It also has a dictation function that you can activate that's very useful for making notes. There are also many templates available to write notes and document procedures that save time, so ask your staff and other fellows to recommend and share these with you. Templates are available for procedures, procedural anesthesia, resuscitation, and family meetings, for example.

MS uses **Powerchart** which is for orders, medications, and some notes but most of the notes are hand-written in the patient's file. The system itself is straightforward but the division of the notes is cumbersome.

To check a patient's notes from other hospitals in Ontario requires logging on to '**Connecting Ontario'** which is a central hub where – theoretically – all the patient's notes from all hospitals and GP visits are uploaded to. It is slow and is no-one's favourite but it's the only way to access notes outside of the current hospital. There is usually a simple cursor to click on within both Epic and Powerchart to access Connecting Ontario, so it's not a complicated process.

In terms of notes, there are three kinds of which to be aware:

1. Admission/Consultation Notes
    a. These need to be done for every new patient you see in consultation. They should include the following:
        i. Patient identification and age
        ii. Reason for referral
        iii. Past medical history
        iv. Medications patient is currently taking (or has recently taken)
        v. Allergies
        vi. Social history (living circumstances, any substance use, anything else that is pertinent)- this should include identification of a possible substitute decision maker/family contact if the patient is not capable
        vii. History of presenting illness (HPI)
        viii. Physical examination (vital signs on presentation, during your assessment, and a head to toe with examination of all major systems and then anything specific you are looking for based on your differential diagnosis)
        ix. Pertinent investigations (laboratory, microbiology, imaging)
        x. **Assessment and Plan:**

1. Summarize what you think the most likely problem is and what your differential is
2. An issues-based plan for the patient (e.g., 1) septic shock due to community acquired pneumonia 2) renal failure 3) transaminitis etc.). This should include what investigations you're ordering/have ordered and what treatments you've started.
3. Identification of or any discussions around code status if conducted.
4. Disposition for the patient (are they coming to ICU? Staying in the ED for follow up bloodwork? Staying on the ward? Being referred to another service?)
5. If the patient is being admitted to the ICU, please go through best practices (e.g., GI prophylaxis, DVT prophylaxis, nutrition status etc.) to make sure these things are started.

xi. Start and stop times for patient assessment and consultation

2. <u>Progress Notes</u>
    a. These will need to be written daily on rounds and can be done for the patients you see in follow up in other areas of the hospital. There is usually a template for how these are written that goes as follows:
        i. Events over the past 24 hours
        ii. Systems review (this does **not** need to be a verbatim transcription of what the nursing head-to-toe is, but should make note of important findings and whether various supports are increasing, decreasing, or stable)
        iii. Review of pertinent investigations
        iv. Review of pertinent medication changes
        v. <u>Assessment and Plan</u>
            1. This is again the most important part of the note and should be brief yet capture all important issues
            2. This should be issues-based
            3. If copying and pasting the issues and plan from the previous day's note, <u>make sure you amend dates or words like "today" or "yesterday"</u>- better yet, get rid of these altogether!
            4. It needs to be clear what you are doing **that day**
            5. Include best practices and any updates on goals of care in these notes
    b. Overall, keep these brief and to the point. They are useful on call to figure out what was happening during the day and what the plan has been, so these are a useful communication tool as well as a part of the patient's medicolegal record.

3. <u>Discharge/Transfer Notes</u>
    a. These need to be done for any patients being discharged home/to another hospital or who die in the ICU

b. They should include a summary of what brought the patient to hospital, why they were admitted to the ICU, what issues were managed in the ICU, and what the patient's course and outcome was
c. For transfers to the ward, a summary followed by that day's progress note (particularly the assessment and plan) is typically sufficient
d. Discharge summaries need to be done by the team looking after the patient when they die (e.g., if you're on call, you will be asked to complete this unless it is too busy!).

2) Making Referrals

The process of moving patients to the ward or the 'step-down' (high care) units is similar in all 3 hospitals but there are subtle differences that are ever-changing so it's best to just ask about the process on day 1.

Once a patient is flagged to be able to be discharged from the ICU, the accepting team (usually medicine or surgery) needs to be informed and the patient handed over. During day-time hours this often has to be **staff-to-staff** so as Fellows, we don't do it; however, after 5 pm or so, it requires calling the resident on call for that service and handing the patient over. There usually isn't a problem, but if there is any pushback, please let your staff know. Once the patient has been accepted, transfer orders need to be entered into Epic or Powerchart which is usually ordered a bit like ordering a medication or nursing communication. The various medications that can't be continued on the ward such as the extended electrolyte replacement orders, any vasopressors or IV sedative infusions need to be discontinued. On Epic a short handover summary should be filled in but can be largely copied and pasted from the days rounding notes.

If the patient is being transferred out of the hospital this will always be arranged by the staff. They will then need a full discharge summary with all the details from their ICU stay as well as current meds, pending tests etc. This usually takes a while so get comfortable.

You can find out who is on call for any given service either through '**Webpaging**' on the UHN homepage and page them directly through this system. Alternatively, you can simply call the switchboard (dial 3155 at UHN or 5133 at SHS) and ask them to page the service for you.

3) CCRT/ACCESS

The "**CCRT**" (if you're at TGH/TWH) or "**ACCESS**" (at MSH) team 1) receives new ICU referrals for patients in hospital who are deteriorating and may need critical care services and 2) follows up on patients recently discharged from the ICU. There is usually 24-hour nurse coverage for this service, and the nurses are generally excellent with years of experience, but they obviously need our help with new referrals and admission decisions etc. During day-time hours, there is usually a dedicated Fellow assigned to this service. Fellows should try to see all the patients on this list, but they usually start the day seeing any patients on the list that are problematic or

flagged by the CCRT nurse. If they are entirely stable and about to be discharged off the CCRT list, however, they often don't need to be seen.

Throughout the day, the Fellow and nurse will see any referrals/consults, work the patient up, and then decide if they need an ICU admission or if they can be managed on the ward with treatment recommendations made for their primary care team and continued ICU follow up. The spectrum is everything from a patient who is a little dry and needs 500 mL of fluid to one who is peri-arrest and needs a crash intubation. There is also a dedicated CCRT/ACCESS consultant to contact for any problems or advice or if you think a patient needs admission during day-time hours.

At night, one of the Fellows will be allocated to CCRT (while the other usually covers ED referrals) and will be expected to hand over new referrals from the night and any existing problems for CCRT/ACCESS patients at the morning handover. You are not expected to talk about all existing patients on the CCRT list unless there were issues overnight.

Of note, patients may receive high-flow nasal cannulae in the ward, but if they need BIPAP that can only be done in the ICU (or the ED). It's also worth noting that some services at different hospitals may have step-up units where they can provide certain levels of care (e.g., frequent bloodwork or monitoring, pressors/inotropes), so it is worthwhile asking about this on your first day of service.

Succinct notes by the Fellow should be made in the chart of all patients seen by CCRT during the daytime, and if any suggestions or changes to management are made overnight. The nursing note is not a replacement for the Fellow note.

Finally, note that the ICU team at TGH and TWH do **not** respond to Code Blues. These are run by the Internal Medicine team, with some patients being transferred to the ICU if required. At Mt. Sinai, the **daytime** Code Blues are run by the ICU, so you will need to attend these codes, while the **nighttime** Code Blues are run by the Internal Medicine team.

4) <u>ED Referrals</u>

There will usually be a Fellow allocated to taking ED referrals during the day and one during the night. During the daytime, the same fellow covers both new ED referrals and the CCRT/ACCESS service. There is a quirk here though: if the patient is in the ED but admitted to another service (e.g., medicine) that then asks the ICU to get involved, that patient will be referred to CCRT at TGH and TWH (technically a referral from medicine rather than the ED). At MSH, however, any patient in the ED (regardless of who referred them) goes to the ED Fellow. Usually that's semantics, but it is useful to know.

Disposition decisions in ED are basically:

- Admit to ICU
- Refer to another service

- Inform the current/referring service (if not the ED) that they aren't for ICU
- Manage the patient for a period of time in the ED before making an ultimate disposition decision (e.g., patients with DKA, who might need a short run of Bipap, or a bit of fluid to see which direction they head in)

We cannot refer back to the Emergency physicians, so if we are not going to admit, we need to call the medical or surgical service that we are referring the patient on to once the patient is assessed by our team and stabilized/managed to a point when they are safe for the ward (e.g., off Bipap or pressors, etc.)

All these patients need to be presented on the morning rounds, regardless of disposition, so keep their details and **MRN numbers**.

5) Ethics and Goals of Care

This is an issue that most international fellows struggle with because the Canadian system is very different from what most of us are used to. However, it is currently in flux so maybe by the time you read this everything will be different, and this will all be obsolete.

Goals of care (GOCs) are based in consideration of what treatments will be able to cure, stabilize and/or alleviate pain and distressing symptoms in combination with patient values and in respect of religious and cultural beliefs and practices. This being said, religious and cultural beliefs do not determine what treatments are offered. Treatments including life support and CPR are offered if they have the potential to cure, stabilize and/or alleviate symptoms. Once started, treatment plans and goals can be altered based on response to treatment.

If treatments are not going to be offered, this must be disclosed to the patient and their SDM with explanations as to why. They can ask for second opinions, which we will facilitate. Every time a treatment decision is needed, patients need to have their capacity to make decisions assessed and documented. If they are incapable, decisions will be made with their **substitute decision-maker (SDM).** SDMs must base decisions on previously expressed wishes that apply to the present circumstances and that are not impossible to achieve. If such wishes don't exist, they must make decisions in the patients' best interests.

Communication with patients and SDMs is very important - to build trust and understanding of what may be achieved and what is not possible to achieve.

Of note - we cannot unilaterally withdraw life support interventions that have been initiated if the patient's substitute decision maker does not consent.

If there is a recognized **substitute-decision maker (SDM)** present and they say ICU-level care is not in the patients GOCs, then that is usually straightforward. The patient is referred to the appropriate service for treatment or comfort care. The pitfall here is ensuring that the person

you are dealing with is, in fact, the legal SDM. As per the Health Consent Act the following is the hierarchy of SDMs:

1) Guardian
2) Attorney named in Power of Attorney for Personal Care
3) Representative appointed by the Consent and Capacity Board
4) Spouse or partner
5) Child or Parent
6) Parent with right of access
7) Brother or sister
8) Any other relative
9) Office of the Public Guardian

If you don't feel the patient is a good ICU candidate, discuss this with your staff as what constitutes an ICU candidate here is likely far more liberal than what you are used to. There are 90+ year-olds in all ICUs, so age itself isn't a disqualifying factor. It's always best to talk to the family/SDM and explore the patient's GOCs first. If you feel that they would not benefit from an ICU stay, you must inform the SDM/family of the rationale for this. Sometimes SDMs/families need time to process the situation, so repeated discussions and simply time may be required.

Do not Resuscitate (DNR) orders are also a tricky area. They may encompass any of the following:

- No CPR
- No Intubation (which would include no CPR as this would result in intubation)
- Not for CPR or intubation but for a trial of pressors/medical Rx/BiPAP in ICU
- Not for ICU but for ongoing medical management
- Not for further escalation of care (will not start pressors/dialysis etc.) but will maintain status quo – it is important to make it clear exactly what will not be escalated (e.g., will bloodwork or further investigations be done? Etc.)

If the patient has capacity, these issues should be discussed with them early and their wishes should be documented and honoured. However, these discussions can be handled badly resulting in unhappiness on both sides. The classic quick discussion is often, "If your heart stops beating, would you like us to do everything or nothing?" which almost always results in the patient responding that they are 'Full Code' i.e., for all levels of intervention. Hence, a more nuanced discussion needs to occur, where possible, regarding overall prognosis, likelihood of successful ROSC/extubation if the patient wants CPR/intubation, as well as rehabilitation and quality of life thereafter. These discussions are almost always ongoing and need to be frequently revisited with the patient and updated as their condition progresses or improves, and their goals change because of this.

If the patient lacks capacity and there is no Advanced Directive, the family needs to be consulted. The SDM-hierarchy is the same as for goals of care discussions.

On Epic these need to be **clearly documented and updated** appropriately on the system to avoid any confusion should the patient suddenly deteriorate. At MSH there is a written form that needs to be completed and the patient's status needs to be updated on the 'sign-out' sheet that's printed out at every handover.

These discussions and situations can often be helped by our ICU social workers and spiritual care advisors, so don't be afraid to get them involved. On some occasions you may also need input from oncology, palliative care, surgery etc.

C) Electives and Research

During your first year you will be allowed to take 2-3 separate months for electives of your choice. To be honest, it's usually 2 but you may luck out and get a third (more likely if you have a good plan and good reasoning for a third month!). This is an opportunity to explore a different department or area of medicine. No other ICU Fellowships offer this, so it really is one of the best things about the UHN-SHS Fellowship. Our course conveners are very helpful in this regard and will go to great lengths to accommodate your elective choices – as will the chiefs of the departments you choose to go to. If you have something in mind it's best to talk to Drs. Mika Hamilton or Maria Jogova early about it because these things usually take a bit of time to set up but really you can opt for anything – some electives are also competitive (toxicology for example) so arranging earlier is better! Please note that your desired elective is **not guaranteed**, so some flexibility may be needed.

I would personally highly recommend doing a research elective for one of your blocks, for two reasons. Firstly, the research opportunities at U of T are second to none so it would be a pity to pass up an opportunity to get involved in this. Secondly, the Fellowship year is hard and if you don't pace yourself, you will burn out. A research block allows you a month to 'catch your breath' away from the rigors of daily clinical work. Think carefully before taking on 2 or 3 particularly grueling electives – your elective choices will go a long way to ensuring your mental well-being throughout the year.

For most electives you still must do your calls during your elective; however, these run from 1600-0800 instead of the usual 24 hours. These calls will usually be in the UHN-SHS ICUs, but if you are doing an elective where nighttime experience is paramount (e.g., trauma, PICU, transplant anesthesia) then it can usually be arranged to do a portion of your calls within the department in which you are doing your elective. This is ultimately at the discretion of your current unit, so is not guaranteed. Again – **best to discuss this early so plans can be put in place.**

If you would like to do a research block, it is important to do some work in advance to make the best use of your time. You must identify a supervisor and a project prior to the block so that you have a concrete plan for the block. **It is required that you submit a summary of what you did on your research block to Kasia, Mika, Maria, and your supervisor(s) at the end of the rotation.**

Section 2: Admin

A) Registration and What To Do Before You Start

Here are some tips we find useful for the registration process. Even if your registration process begins before landing in Toronto, there are things that you need to do **in the first week you arrive.**

1. Complete CPSO registration (The final CPSO registration will be achieved when you arrive in Toronto and send them your work permit and criminal record check)

- Criminal Record check- Level 2: Here you have two options:

A. Online - You need a Canadian VPN: https://www.tps.ca/services/background-checks/criminal-record-and-judicial-matters-check/

B. In person - No need for booking an appointment - Toronto Police Headquarters, 40 College St., Toronto, M5G 2J3 (very close to TG and MS).

   a. If you know someone living in Toronto, you can ask them to do it in your name before you come to Canada; you will have to send them your documentation and authorization.

2. Get your Social Insurance Number: Two options:

1. Request it at the airport in Immigration Services (takes weeks by mail)
2. Go to a Service Canada Centre (you receive it immediately) - 559 College St., Toronto, M6G 1A9. There is no need to book an appointment, but you may wait for a couple of hours – bring a book or a podcast!

3. OHIP (Ontario Health Insurance Plan) - Service Ontario, 777 Bay Street Lower Level, Toronto, M7A 2J3. You can either go to the place without appointment, in this case you may have to wait for a couple of hours, or book an appointment online.

Bring with you:

1. Work permit/visa
2. Address proof/residency proof
3. Photo ID (they will take a picture in the office)

Visit their website to make sure you bring the correct documents:
https://www.ontario.ca/page/apply-ohip-and-get-health-card

OHIP will cover all hospital and family doctor/GP fees but does not cover dental, prescription, or eyecare costs. When you receive your package from payroll (discussed below) make sure you are

given the option to sign up for “benefits” – a private health insurance plan which covers these services for a small monthly cost.

4. N95 mask fit - at UHN: http://criticalcaretuoronto.com/education/fellowship-program/fellows/#1488429445219-e432201f-7e0a

5. Complete CMPA registration - This is the organization that covers legal costs and provides you with a lawyer should you ever be involved in a lawsuit. The coverage is **mandatory** and costs approximately $180-200 CAD per month. You can start the registration before arriving in Toronto. The only information that you are not going to be able to fill in is your Canadian address and the Canadian Bank Account number. Once you arrive in Toronto, you fill the gaps in on the online registration form, and you will be done. They won’t charge you any fee until the 25th of the first month of practice.

Ontario has a reimbursement program for the CMPA. Once your registration with the CPSO is completed, you can request to enroll in this program. About 80% of the fees are rebated every three months and are paid back into your bank account.
https://www.health.gov.on.ca/en/pro/programs/ohip/mlp/options.aspx

6. Complete PGME registration- You will have to upload all the documentation that you gather during the first week.

7. Open a bank account: There are many different banks in Canada (Scotiabank, RBC, Bank of Montreal, TD, CIBC, HSBC). It is very easy to open a bank account. You just have to book an appointment and bring with you your passport, proof of address, work permit, and letter of offer to open your account.

Types of accounts- savings and chequing:
Chequing accounts are used for day to day transactions and depositing your money. You do not receive any credit for the amount you have in your chequing account.

Savings accounts provide you with some (small amount of) interest, but, depending on the account setup, transactions done through the savings account may carry a charge (or there may be a limited number of transactions you can make for free from your savings account). Usually, transferring funds to your own chequing account is free. Make sure you clarify this with the bank in advance.

In Canada, transfers of funds can be done through online banking via interac transfer, or else through issuing checks or a bank draft (this last option involves a fee).

As a newcomer (for 5 years from the first day of entry into Canada), you get certain charges waived for a duration set by each individual bank (usually up to 1 year after opening your account). Each bank offers a welcome bonus in the form of cash benefits or gifts.

You have to complete 2-3 steps in first 2-3 months of opening your account:

- Getting onto the payroll.
- Set up preauthorised deposits and preauthorised payments. Some variations exist with each bank for how to do this.
- Get a **credit card** because everything works on your Canadian credit score. It is best to set up separate credit cards for yourself and your partner, because in Canada the credit score is very important. There are many options available to you, and as a U of T student, you may be eligible for a student card. Regardless, try one with minimal annual charges and preferably a cashback option. Usually, the first year is free (if you can get a student credit card, this can be extended as well).

8. Register your Covid vaccine online with Canadian government - so that you are eligible for further booster doses. You will need OHIP to access these.
https://covid-19.ontario.ca/getting-covid-19-vaccine#registering-your-vaccination-if-you-got-it-out-of-the-province

9. Cellphone (mobile phone): Cellphone plans in Canada are not cheap due to a lack of competition – an ongoing area of nationwide discussion! The main providers are Rogers and Bell, but there are some smaller companies worth checking out – Virgin Mobile is a good one, with a very helpful store in the Eaton Centre. Rogers and Bell may also offer a UHN discount – you will need your UHN email and ID to sign up. It's good to shop around!

10. Get ready to start: After this amazing experience of getting all the paperwork done while you tourist around Toronto, you are ready to start! Depending on the site where you are starting the coordinator will contact you with all the details. Just some tips about the badges and scrubs:

- For UHN (Toronto Western and Toronto General): You have to complete the **e-learning modules and registration** before being able to get your badge. You will receive the information by email. **Check to see what the office hours are, and which location is issuing badges on which day!**
- For Mount Sinai Hospital: You have to complete the Nirv System registration before getting the badge. You will also receive an email with all the information.

11. Hospital email: As part of step 10, your registration with the hospitals' Medical Education offices, you will be set up with a hospital email address. Once you have your hospital email set up, you **must use it for all work-related correspondence**, such as sharing patient health information (using personal email for this is a violation of PHIPA – the Personal Health Information Protection Act). This expectation also applies to administrative stuff such as schedules, time off requests, assessments, invitations to learning sessions, etc.

B) Special Situations:

1) Parental leaves: This information is provided by the program; contact the program directors for more information. In general, there is leave provided that is in line with what Canadian trainees receive, as outlined by PARO: https://myparo.ca/pregnancy-parental-leave/

2) Sick leave: The Department of Critical Care follows the guidelines set by UHN for COVID/FLU. These may change by the time you start working, so the one thing you need to do is notify your site supervisor, and they will guide you on next steps. This usually involves contacting Occupational Health. Being proactive in the process helps. Generally, if you are supposed to be on service or on call that day, you should contact the attending you are working with, the site coordinator, and the Program Administrator (Kasia) to notify them of your absence. Please keep them informed as to when you will likely return to work as this can affect the rota and call coverage in particular. Giving more notice is always helpful. If you need a leave for an extended period of time (e.g., due to a foreseeable or unforeseeable personal or family health issue), please contact your program directors as they will help you.

3) Emergencies: Contact the fellowship director and the coordinator of the site where you are rotating.

- Fellowship program and deputy program directors: Mika Hamilton mika.hamilton2@uhn.ca and Maria Jogova maria.jogova@uhn.ca
- TGH: Diana Morales Castro TGHMSICUeducation@uhn.ca
- TWH: Ian Randall Ian.randall@uhn.ca
- MSH: Christie Lee Christie.lee@sinaihealth.ca

4) Absences: Contact the coordinator of each site, especially if a replacement needs to be found for covering call shifts.

C) Wellness

Working in critical care can be stressful and difficult emotionally. We also know that things can happen in our personal lives that are extremely stressful and can make it hard to work, and that many people live with mental health issues as well. The program strives to support its fellows. Below is a list of wellness resources that you can access as a fellow at any time, for any reason.

Interdepartmental Division of Critical Care Medicine Supports

You can reach out to our IDCCM Wellness Lead, Dr. Shelly Dev (shelly.dev@sunnybrook.ca) for support.

Office of Learner Affairs

For anyone experiencing issues ranging from wellness to workplace mistreatment to accessibility issues, this is an important resource where concerns are treated with utmost confidentiality and learner safety is a priority. The Office provides academic, professional, and personal supports.
You can visit their website at https://meded.temertymedicine.utoronto.ca/office-learner-affairs to book an appointment.
Alternatively, you can call them at 416-946-3074 or email ola.reception@utoronto.ca to set up an appointment.
For issues of workplace mistreatment, there is also a Learner Experience Unit staffed my people you can reach out to directly via email: reena.pattani@utoronto.ca and md.patel@utoronto.ca

Office of Resident Wellness, PGME
(For residents and clinical fellows)

The Office of Resident Wellness offers short-term counseling and referral services for currently training Residents and Fellows. This confidential service is free of charge to all trainees.
phone: 416-946-3074, email: pgwellness@utoronto.ca
Services:

- Counseling/Psychotherapy
    - FULLY covered by OHIP
    - Frequency: Up to 1 hour/week
    - Can sometimes see same-day referrals
    - Trained to work with physicians
    - Connecting trainees to OHIP-covered Psychiatry

Physician Health Program - OMA

A confidential service providing assistance on issues, such as stress, burnout, mental health, and substance use issues, to both physicians and their families. They offer expedited referrals

to third party providers with expertise in physician health. Please visit their website for more information or call *1-800-851-6606.*
Confidential help line: 1-800-851-6606

Private Psychotherapy
Private psychotherapy may be provided by your extended health insurance through UHIP. It is best to check with the plan. Note that the Wellness office provides this for free as well!

PHYSICIAN HEALTH EDUCATION WEBSITES
ePhysicianHealth
ePhysicianHealth.com is the world's first comprehensive, online physician health and wellness resource designed to help physicians and physicians-in-training become resilient in their professional and personal lives.

CMA Physician Health & Wellness Centre
The CMA Physician Health & Wellness Centre provides leadership, education, and research to keep Canadian physicians healthy.

CAIR E-Library
The E-Library is a comprehensive repository of documents about CAIR and resident issues. It is also an online resource centre for information about CAIR's stakeholders and other key organizations involved in health care in Canada and around the world.

FeelingBetterNow®
The FeelingBetterNow® website is a collaborative mental health care program designed to help individuals identify emotional and mental health issues as early as possible.
This Website is completely confidential and anonymous. You will be asked to create your own username and password and only you will have access to your username, password, and individual feedback. No one will know that you accessed FeelingBetterNow® or how you responded to the program.

Free(!) On-Line Cognitive Behavioural Therapy Sites Offering Interactive Sessions
- www.livinglifetothefull.com
- www.moodgym.anu.edu.au
- www.ecouch.anu.edu.au
- www.depressioncenter.net
- www.paniccenter.net

Free(!) Cognitive Behavioural Therapy Workbooks
Go to www.comh.ca/selfcare and click on Self Care.
Workbooks include:

- Positive Coping with Health Conditions
- Antidepressant Skills
- Coping with Suicidal Thoughts
- Hope and Healing: A Practical Guide for Survivors of Suicide

My Student Support (My SSP)
Provides University of Toronto students with immediate and/or ongoing confidential, 24-hr support for any school, health, or general life concern at no cost to students.
You can call or chat with a counsellor directly from your phone whenever, wherever you are for a range of concerns. Download the My SSP app: App Store | Google Play

PARO
24-hour helpline, provides crisis intervention as well as referrals for medical students for family doctors, stress management, drug and alcohol counselling and many other services.
1-866-HELP-DOC (1-866-435-7362) – myparo.ca/helpline

Gerstein Crisis Centre
24-hr helpline, service is able to talk about whatever you are going through.
416-929-5200 – gersteincentre.org

Distress Centre of Greater Toronto
Provides emotional support if you are in distress.
416-408-4357 – www.dcogt.com

CAMH Resources for Health Care Workers During COVID-19
www.camh.ca/en/health-info/mental-health-and-covid-19/information-for-professionals

OMA Physician Health Program (PHP):
php.oma.org

Group-Based Support
Pause for Providers - offers 30 min mindfulness sessions for HCPs guided by Canadian HCPs.
Asynchronous sessions: www.pause4providers.com

ECHO coping with COVID

ECHO Coping with COVID is designed for Healthcare Providers and Health Professions Students responding to the COVID-19 pandemic.

Participants are invited to join ECHO sessions virtually through multi-point videoconference technology: camh.echoontario.ca/echo-coping-with-covid

D) Payroll

In Canada you will get paid every two weeks, typically on Thursdays. The biweekly salary is around $2360-2660 CAD after taxes and various deductions for health insurance.

You should expect to be paid in the second week after your start day. Prior to that, you should have been contacted by Human Resources (syedkashif.ali@uhn.ca). They will send you a package to fill out in order to get paid. **If you haven't received an email from HR during the first week of starting work, you must contact Kasia, Mika, and Maria immediately.**

One of the documents that they will send you is the Quick Guide to the TD1 and TDON1 Forms. Some tips about them:

- The TD1 and TDON1 Forms determine how much of a tax credit you get. If you are single or have a working partner, please make sure it says 14,398 in Line 1 of the TD1 form and 11,141 in Line 1 of the TD1ON form.

- If you are here supporting a spouse who is not working, please enter 14,398 in both Lines 1 and 7 of the TD1 form and 11,141 in both Lines 1 and 5 of the TD1ON form.

E) Vacation and Fly-ins:

1. Vacation:

As fellows, we are entitled to 28 days of leave per year (7 days= 5 weekdays + 2 weekends). In addition to this, you will receive 5 consecutive days off around either Christmas or the New Year. Leaves don't carry forward into next academic year and so must be taken during the year of your contract!

It is important to take leaves at regular intervals and one should plan for them ahead of time. **Make sure you use all of your leave!** Summer leaves are in demand, and fellows usually plan summer leaves 2-3 months in advance. Never make any flight / bookings before getting confirmation of your leave. The department is really accomodating and you get the leaves unless there is an unavoidable situation.

There is a vacation request form that needs to be filled out and forwarded to the site-specific administrator:

- Susan Tarnawsk- and Diana Morales Castro for TGH (Susan.Tarnawski@uhn.ca and TGHMSICUEducation@uhn.ca)
- Claire Lauzon for TWH (edu.twhicu@gmail.com)
- Sheila for Mt. Sinai (Sheila.Hu-Owen@sinaihealth.ca)
- Every request must also be CC'ed to Kasia (Kasia.Briegmann-Samson@uhn.ca)

Leaves must be requested at least 4 weeks in advance of the first day of vacation. Please note that you also can't be post-call on the first day of your leave.

If they do not respond within a week, please send a reminder email. In case of any emergency it's best to contact the site cordinators :

- Dr. Ian Randall for TWH
- Dr. Christie Lee for Mt. Sinai
- Dr. Ghislaine Douflé for TGH

We typically are on call 1 day out every 4 days in a block. That's 28/4 = 7 calls maximum per block. For every 4 days of leave, you have 1 less call for that block- which means that if you take a week of leave, you will usually be assigned to 5 calls for that block.

2. Fly-in calls:

Fly-in calls: extra calls for which you get paid. Fly-in call durations are 16 hours (4 pm - 8 am) on weekdays and 24 hours (8:30am -8:30am) on weekends.

As fellows, we are not allowed to do moonlighting (calls in hospitals outside of the Toronto University Hospitals), but we can do **fly-ins** at University of Toronto hospitals, namely **TGH, TWH, MT SINAI, SUNNYBROOK and ST. MICHAEL'S.** However, you have to register at each of these hospitals in order to do fly-in calls. It is generally not advised that you do fly-in calls at a site where you have not worked before.

There is one simple rule: your fly-in call should not interfere with your rotation's clinical duties. For example, if you are supposed to be seeing patients on Thursday during the daytime in the ICU, you cannot take a Wednesday fly-in call at any site. Fellows therefore prefer to do fly-in calls on Fridays and Saturdays if they are not working the next day.

We expect the opportunities for fly-in calls to diminish over the year due to expansion in the number of international fellows entering the program.

Fly-in Call Remuneration:

- UHN : 1500 CAD for 16 hrs , 2000 CAD for 24 hrs.
- Sunnybrook and St. Michael's: 2000 for 16 hrs and 3000 for 24 hours.

No tax is deducted on these amounts, so you get these payments in full. However, you will need to declare these as income when you file your Canadian taxes. Cheques are issued by the UHN, while other hospitals will do direct account deposits. It will take 4-6 weeks for you to get paid.

At UHN, you have to complete a fly-in form after your call is finished and email it to the site specific administrator: Susan Tarnawski for TWH and TGH and Sheila for Mt. Sinai. For the other 2 sites, you will need to email their administrative coordinators.

To get yourself onto the fly-in list to hear about call opportunities, you have to email the site specific cordinators as well. You will need to complete registration at each of the sites independently and complete their orientation and operating system online courses. Again, it is not recommended that you do calls at these sites without having at least done one rotation there before as the units function quite differently, and it can be difficult to jump into doing medicine in a completely new unit with a different medical record system and different policies.

Coordinators:

- TGH: Dr. Diana Morales (TGHMSICUEducation@uhn.ca)
- TWH : Claire (edu.twhicu@gmail.com)
- Mt. Sinai: Sheila (Sheila.Hu-Owen@sinaihealth.ca)
- St. Michael's: Rhoda (rhoda.ajeigbe@unityhealth.to)
- Sunnybrook: Chief fellow for that year

F) Evaluations and PEAP

At the beginning of your fellowship, you will have to pass your Pre-Entry Assessment Program (PEAP) period to demonstrate that you can function at the appropriate level of training. Please do not worry about this, but do make sure you have one of the attendings that you work with every week fill out a PEAP form that they will submit to Kasia. A final evaluation will be done about 12 weeks after you start to ensure you can continue on with your training.

Beyond that, you will be assessed at the end of every block. These assessments are not meant to be stressful but are an excellent opportunity to receive feedback on performance and understand what your strengths and areas of growth are. You can find the completed assessments through the POWER system. Note that these are still taken seriously, and you must pass your rotations to complete the fellowship successfully.

G) Mentorship

It is crucial for your success that you identify mentors in the program. The expectation is that you identify at least one mentor in the department within the first 6 months of your fellowship. Mentors should provide advice and guidance based on your needs on different aspects of your work (e.g., academic, clinical, career guidance) and may also provide personal guidance and assist you through personal or interpersonal difficulties encountered in your training. Let the Program Directors know if there is someone to whom you would like to be introduced and they will help facilitate connections. Also, feel free to approach people you have worked with and get along with to ask them if they would mentor you in particular domains. It is important to note that **mentors are not the same as research supervisors** (although for some people this can be the case).

Ultimately, mentorship is important to growing your career and it's expected that you have at least one mentor within the program.

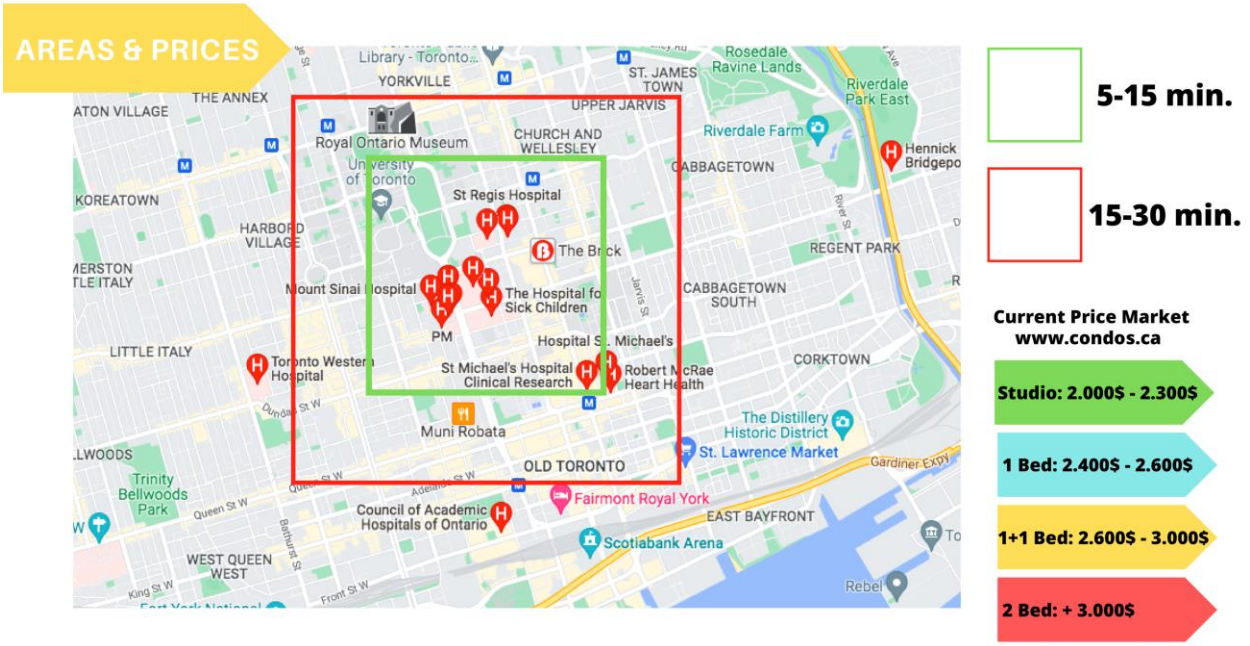
H) Additional Information from PGME/University of Toronto

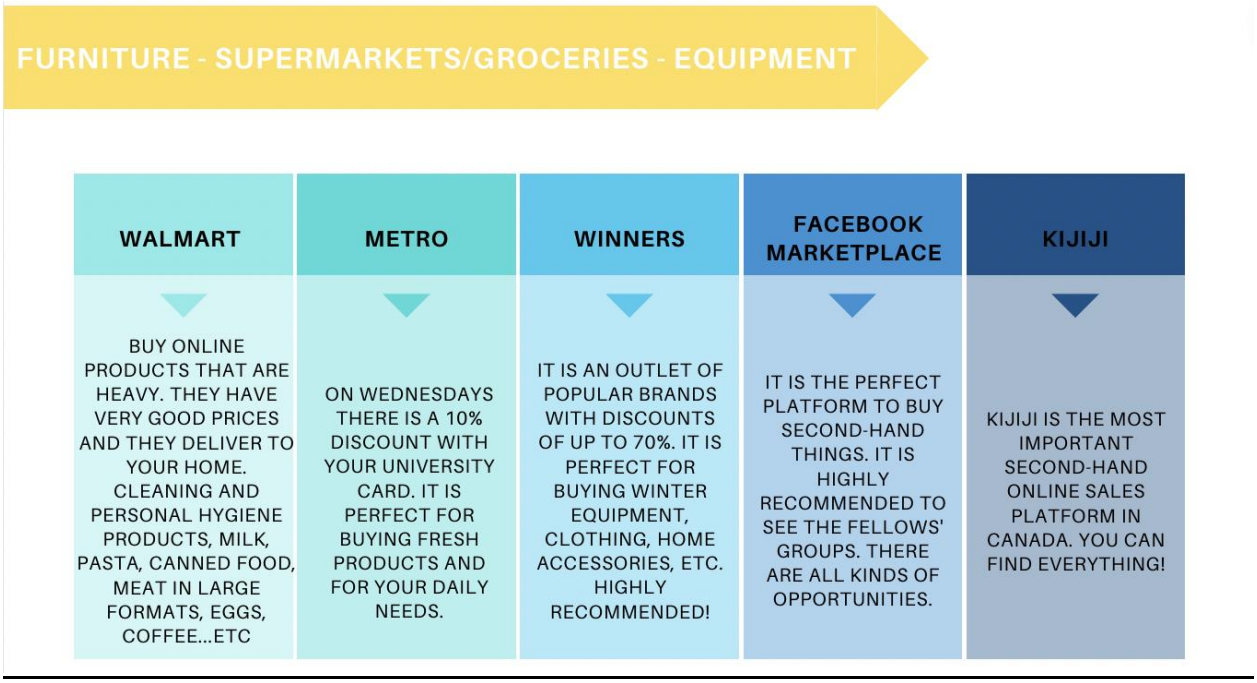
There is a helpful orientation booklet that the university provides that you can access and download here: https://pgme.utoronto.ca/wp-content/uploads/2022/10/Orientation_october2022.pdf

It contains information about your extended benefits, registration, administrative issues, and living in Toronto. It's a great additional resource.

Section 3: Living in Toronto

A) Finding a place to live





IKEA is another great place to purchase furniture. They will provide delivery as well to your home.

Second Hand and Thrift Stores - Value Village, Goodwill, and Salvation Army are shops that sell used items for much cheaper than retail. These are great for finding kitchen items, sports equipment, kids' clothes, winter jackets, etc. Check each shop's website for locations around the city.

B) Setting up with a Family Practitioner

Please contact **MedicalEducation@uhn.ca** and they will assist you. You can also check out this guidance from the Ministry of Health

https://www.ontario.ca/page/find-family-doctor-or-nurse-practitioner

Walk-in clinics are also a good option in the interim – https://www.ontario.ca/page/walk-clinics.

C) Childcare

Many fellows move to Toronto with children, and there are some considerations for finding childcare. In general, childcare in Toronto can be quite expensive. There are licensed and unlicensed daycares in Toronto, and different centres take children of different ages. The City of Toronto has a website that lists all of the licensed daycare centres that are available here: https://www.toronto.ca/community-people/children-parenting/children-programs-activities/licensed-child-care/

There is now a Child Care Fee Subsidy program run by the province of Ontario that helps with relieving childcare costs. Information about the program can be found here: https://www.toronto.ca/community-people/employment-social-support/child-family-support/child-care-support/

There are also unlicensed daycare centers, some of which are excellent. However, it is important to do your research prior to enrolling kids in a daycare, so make sure you look at reviews, visit the daycare, and speak with the providers running it.

Note that it can be hard to find a daycare spot, so it is best to start looking as early as possible. There are emergency daycare services also available, but these are not always a guarantee. There is also a Canadian Child Benefit, which can give you back a certain amount of money per child based on your family income once you are in Canada for more than 18 months. You need to apply for this. Information for how to do this can be found here: https://www.canada.ca/en/revenue-agency/services/child-family-benefits/canada-child-benefit-overview.html

For school aged children, the Toronto District School Board, tdsb.on.ca and the Toronto Catholic District School Board, tcdsb.org are the two publicly funded school boards in the city. Children can be enrolled for free at your nearest school - junior kindergarten (age 4) to grade 12 (age 17).

D) Transportation

You generally do not need to have a car to get around Toronto. In fact, in most cases it will probably slow you down to drive and cost you quite a lot of money as well in parking and insurance. However, if you do plan on driving, steps to acquiring a valid Ontario driver's license can be found here: https://www.ontario.ca/page/exchange-out-province-drivers-licence

Public Transit - Toronto has a decent (relatively speaking… very subpar if compared to Europe and many parts of Asia) public transit system operated by the TTC. You can purchase a Presto card and load it with funds to take transit, or purchase transit passes (though I would do the math before using this option to make sure it's worth your while financially). However, you can get to most places in Toronto via the TTC, whether by subway, bus, or streetcar

Biking - BikeShare, with an annual membership of $99-115 a year, is by far the cheapest option if you use it for daily commuting. (Compare it to cost of TTC or driving). With the membership, you don't have to purchase your own bike, worry about theft, etc. https://bikesharetoronto.com/

If you have your own bike, bike theft is rampant in Toronto. Lock up well, and use the UHN bike cages, accessed with your badge.

There are more bike routes/paths going in around the city every year. If you choose to bike, please wear a helmet and be super cautious of streetcar tracks! It is a lovely way to explore Toronto and is probably one of the fastest ways of commuting. The snow can make it difficult, however, but not impossible for those who are determined!

Travel Beyond Toronto - If you want to visit a destination that's a bit further out from Toronto, consider the GO system, which has buses and trains that service nearby areas that are within the GTA (e.g., Mississauga and Scarborough). This can be useful if you ever do electives at some of the community hospitals.

For trips further afield in Ontario and Quebec (e.g., want to visit Ottawa or Montreal?!), you can either take the Via Rail trains or, in some cases, you can fly out of the Billy Bishop (located downtown) or Pearson (located further away) Airports.

Car Share - Car share is also a useful option for daytrips or when you want to buy large furniture or grocery items. You can rent a car by the hour, with an annual membership. Once you have a membership, you can reserve a nearby car online. Check the website of each company for details: Enterprise Car Share, Zipcar, Communuato.

E) Entertainment

For eating out, the options really are unlimited. Be sure to try some cuisine from around the world you have never tried before while living in Toronto. Below is a list of some of the fellows' favourites, especially in the downtown core near the hospitals.

Breakfast/brunch:

- Lady Marmalade: amazing eggs benedict, nice coffee, relatively kid friendly, queue on weekends after 0830
- Mira-Mira: at the Beaches area, smart diner-style place, good for kids.
- White Lily diner: nice, unfussy food, always pretty full.
- Pasaj: middle eastern food, good coffee, quite a swanky crowd on weekends
- Petit Dejeuner: Belgian brunch, waffles, eggs benedict
- Frans: all day diner breakfast, perfect after a night call!
- Smith: Church Street
- George Street Diner: booths and Irish breakfasts!

Coffee:

- Mercury: amazing coffee, great playlists
- Boxcar Social: also a wine bar in the evening
- Jimmy's: all over the city, usually good but strong coffee
- Neo: Japanese coffee shop, there is one near St. Lawrence Market and one near TG
- Tandem: King East, great coffee and pastries, owned and run by an amazing couple
- Third Wave: knowledgeable baristas and great beans to buy, Front & Church

- Pilot: multiple locations around the city
- Rooster Coffee: great coffee and also non-coffee-based drinks and baked goods
- Balzac's: this series of coffee shops can be found in a few locations in Ontario, with one located in the Distillery District and one inside the public library on Yonge just north of Bloor. They make some excellent coffee and other beverages, as well as some great treats

Bakeries:

- Bakerbots: great cookies and baked goods! Try their ice cream sandwiches made on their cookies… delicious!
- Home baking: a nice café with delicious baked goods
- Rahier: if you'd like some nice French baked goods and are willing to travel a little bit to see a different part of the city, check out this spot on Bayview

Drinks:

- Avalon Brewery: smart craft brewery on Queen East with great beers, food, space
- Eastbound Brewery: good beers, nibbles
- The Comrade: cozy pub with above average food, good vibe
- Bellwoods Brewery: on Ossington Avenue, popular in the summer!
- Black Lab Brewery: Leslieville brewery which is dog-friendly and does food pop-ups at the weekend
- Craft: Yonge Street, HUGE pub with a HUGE selection of craft beers
- Sin and Redemption: great beers from all over the world, including lots of European beers!

Food:

- Gio Ranas Really Really Nice (The Nose): classic East end establishment with good Italian food
- Frankies: unfussy Italian, nice outside area in summer, kid-friendly
- Eastend Social: Fun spot, quite loud, mixed menu
- East End Vine: Wine bar with amazing small plate food
- Maple Leaf Tavern: expensive but great food
- Terroni: for great and slightly more expensive Italian food
- Richmond Station: pricey but fantastic food
- Warehouse: everything on the menu is $5!
- Butter Chicken Factory: on Parliament Street, fantastic Indian food for dine in or take away
- Kensington Market: next to TW, full of restaurants, bars, coffee shops, grocery stores
- Little Italy, Little Portugal, Greektown, Little Korea, Little India, Chinatown, Little Tibet…

Live Music:

- History: packed with good bands every day of the week, owned by Drake
- The Danforth Music Hall: gritty and authentic feel, usually great line up
- Massey Hall: largely seated venue downtown, a classic Toronto venue usually with a good lineup

- Velvet Underground: Queen West, grungier spot with edgier lineup
- Horseshoe Tavern: a Toronto staple, more showcasing new bands
- Cameron House: free music in the front, paid entry at the back – new bands
- Budweiser Stage: Massive outdoor stage
- Echo Beach: outdoor with a nice view of the city but terrible sound and not much of an atmosphere
- Phoenix Hall: never been but meant to be good
- The Opera House: usually a metal lineup but some good acts in the mix
- The Communist's Daughter: snug and hipstery bar with live music on the weekends
- Scotiabank Arena: for the big acts!!
- Koerner Hall: large venue concert hall at the Royal Conservatory of Music often showcasing jazz, classical, and internationally acclaimed world music artists.

Attractions for Kids and Families:

- Ripley's Aquarium – this thing is a kid-mecca. If you have small kids get an annual family pass it will pay for itself 10X over in the winter
- Ontario Science Centre – also amazing for kids with a ton of interactive exhibits that are always changing and a massive kids play area
- Toronto Zoo – massive and sprawling it can easily eat up half a day. Amazing splash pad in summer
- Evergreen Brickworks – nice easy trails to walk with kids and a farmers' market on weekends
- Royal Ontario Museum (ROM) – probably better for older kids but nice fossil and dinosaur exhibits
- Art Gallery of Ontario (AGO) – nice collection of Canadian art and rotating exhibits; monthly family days with kids' activities
- Legoland – never been but it's meant to be the business
- Dagmar – easy ski slope 45 mins from Toronto
- Tobogganing at Riverside or Withrow Parks in winter
- Ice skating – outdoor rinks all over the city in winter
- Wonderland – huge theme park and water park
- Harbourfront – simply stroll by the lake at your leisure or check out the scheduled programing run by the Harbourfront Centre
- Seasonal: there are lots of places where you can go apple picking and visit pumpkin patches in the fall. Google is probably your best bet for picking a destination!

LGBTQ2s+:

- The Village "encompasses Church Street and its neighbouring areas, running from Bloor Street down to Carlton Street. It is a safe space full of queer-friendly bars, clubs, coffeeshops, book shops, clinics, and stores. Take a walk up to see our famous rainbow crosswalks and you may just catch a drag queen bringing her performance out on to the street!" Other queer-friendly areas include Liberty Village, Queen West, Riverdale, The Junction, Leslieville and The Beaches.
  https://juliekinnear.com/blogs/lgbtq-neighbourhoods-toronto

Outdoor Destinations in your Back Yard:

- Ravine system: a short journey north (i.e., to midtown Toronto) brings you to a sprawling ravine system where you can escape the city! Great paths for biking and walking.
- Edwards Gardens: connect to the ravine system, great in most seasons and you can go for a long walk and feel like you're surrounded by nature
- Scarborough Bluffs: a bit of a trek to the east, but you can get beautiful views of the lake
- The Beaches
- Toronto's larger, most popular parks: High Park, Tommy Thompson, Corktown Commons, Riverdale, Christie Pits, Trinity Bellwoods, Dufferin Grove – each has a unique vibe.
- Toronto Islands: take a ferry and go walking or biking or just enjoy the beaches here!
- Distillery District: located just east of downtown, this outdoor destination has lots of little shops, bakeries, pubs, restaurants, and is decorated for the winter holidays! Check out Soma for some great chocolate and gelato, or Balzac's for good coffee.
- All park facilities, including beaches, outdoor BBQs, pools, skating rinks, ping pong tables, washrooms etc., are listed on the Toronto Parks and Recreation website; find everything, from your small neighbourhood park to the larger, popular parks listed above, and see what (free) facilities are offered at each
- https://www.toronto.ca/explore-enjoy/recreation/

Day Trips and Weekend Getaway Destinations:

- Halton Conservation Area: about an hour drive from downtown; nice hiking areas very close to the city
- Niagara Falls: might be overrated, but I guess you have to see it once
- Niagara-on-the-Lake: great for wine enthusiasts or just if you're looking to visit a quaint little town and explore some wineries
- Collingwood and Blue Mountain: a few hours' drive, but they have some skiing and it's a nice Canadian resort town that's very lovely to visit
- Prince Edward County: another place a few hours' drive away where you can enjoy some time on the lake and visit wineries; the place to experience "farm to fork," locally grown and produced food and beverages in Ontario.
- Bruce Peninsula and Tobermory: the scuba diving capital of Canada
- Algonquin Park and Huntsville area: a favourite in Ontario for camping and experiencing wildlife; the hub of Muskoka, our cottage country
- Wasaga Beach or Cobourg: favourite small-town beaches near Toronto; avoid the summer weekends if you can
- Manitoulin Island: the largest fresh water island in the world. Take the ferry, the MS Chi-Cheemaun

Destinations Further Afield:

- Ontario is really beautiful and there are many places you can visit
- The Via Rail train system connects major cities in Ontario and Quebec and allows you to travel relatively cheaply

- Kingston, Ottawa, Quebec City, and Montreal are all accessible by Via Rail trains, as are many smaller towns - though some of the trips do take a while and so you might consider a shorter flight depending on your preferences

Toronto Public Library

- Fact: the Toronto Public Library is the busiest urban public library system in the world. It is excellent and Torontonians are very proud of it. Getting a library card/account is highly recommended if only to be able to access the online materials which include free access to online magazines (in many languages!) and streaming services (not the popular ones like Netflix or Crave, but you can access great independent and foreign films on their platforms Hoopla and Kanopy if you are a fan). torontopubliclibrary.ca

Events Calendar

https://www.blogto.com/events/ is a great resource to find out what events are on every day!