



McGill

Faculty of
Medicine and
Health Sciences

Faculté de
médecine et des
sciences de la santé



EDUCATION STRATEGIC PLAN
Project Renaissance
Final Report

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in collaboration with
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I. IMPETUS FOR CREATING A FACULTY-WIDE EDUCATION STRATEGIC PLAN

The Faculty of Medicine and Health Sciences' (FMHS) mission is:

To educate future and current health care professionals and scientists based on our commitment to excellence, social accountability, and lifelong learning, together with the pursuit of novel research and clinical innovation, to improve the health of individuals and populations worldwide.

Education is an essential core function of the Faculty's stated mission and academic activities. Undergraduate, graduate and postgraduate programs as well as life-long learning initiatives for students, trainees and alumni are fundamental elements of the mission of the FMHS. Each department and school undertakes a broad range of educational activities, and many have identified education leaders to provide broad oversight of the quality of their educational programs and to identify, set, and implement strategic priorities for education in their respective units.

In January 2012, the incoming Dean of the Faculty of Medicine recruited a strong leadership team to include academic leads (Vice Deans) for the established positions of Health Affairs, with a focus on external partnerships, Academic Affairs, focusing on faculty members, and Life Sciences Research. In addition, the Dean's team included the Dean's Senior Advisor, an Executive Director of Administration and Operations, and a Director of Communications. The Dean noted the absence of an education voice in his leadership team at the Dean's Operations Committee. A new leadership position of Vice Dean Education was thus created and began in January 2016. The responsibilities included ensuring that the *needs of student learners* were optimally met, that the importance and *quality of teaching* was prioritized, and that scholarly activities and *research in the educational sphere* was of the highest calibre.

As the inaugural Vice Dean Education, I had the opportunity to formulate a strategic vision for the portfolio. My vision was to enable our diverse group of educators to innovate and excel in a stimulating, supportive, and student-centred teaching and

learning environment. We were able to build on our many existing pedagogical strengths, both at the individual and programmatic levels. However, there remained a lack of visibility and recognition of educational excellence, as well as some inequities in access to educational resources and supports. The Vice Dean worked collaboratively with education leaders within the Faculty to foster innovation and recognition, encourage interdisciplinary teaching and learning opportunities, and address challenges that hindered educational and pedagogical excellence. This included additional investment in resources and infrastructure relevant for all constituents of the educational enterprise, and equitable consideration of the needs of the educational programs (i.e. health professions programs and biomedical and health sciences programs). The Vice Dean Education served as an advocate at the Dean's leadership table, and as part of the Provost's academic leadership team.

In addition to managing the ongoing educational challenges and new initiatives that emerged within the Faculty, the Vice Dean Education undertook to develop and implement a Faculty-wide Education Strategic Plan. There were several enablers in support of these strategic directions for our broad educational enterprise. These included:

- The **Dean's** unwavering support for educational innovation and advancement, as articulated in Project Renaissance, which was the integration of all Faculty-wide strategic plans. Project Renaissance was meant to renew and reformulate our conceptualizations and operations of the Faculty at large, to include structure and governance, as well as strategic directions for education, research, academic performance and health affairs. The vision was to prioritize a number of key strategies across all academic domains, which would support the Faculty's vision of *'Healthier societies through education, discovery, collaboration and clinical care'*.
- The **Dean's leadership team** supported the provision of additional funding for dedicated human resources for the Education Strategic Plan. Specifically, the Office of the Vice Dean Education was able to recruit an Assistant Dean Biomedical Sciences Education (0.2 FTE) and an Assistant Dean Health Professions Education (0.2 FTE) to oversee strategic actions related to these constituencies. In addition, there was funding to hire a full-time research assistant to manage all aspects of this project, including data collection, performance measurement, organization of meetings and annual syntheses of accomplishments. A part-time communications manager (0.4 FTE) was also

hired to promote educational accomplishments and enhance recognition of educational excellence through various outlets.

- Creation of the **Steering Educational Excellence (SEE) Committee**, which included nine members representing the biomedical sciences, the health professions, the Faculty's educational offices, and Teaching and Learning Services at McGill University, as well as the Dean's Senior Advisor. There was strong educational research and scholarship expertise among the membership, ensuring that educational research evidence would be utilized to inform the development of new teaching and learning practices. The SEE Committee provided oversight in the development of the Education Strategic Plan, the formulation of action plans, and in the plan's implementation through various working groups.
- The authentic engagement and ongoing collaborations of our **educational leaders** and all of **our stakeholders** within our Faculty and in the clinical sites was critical to our success in the development and implementation of the Education Strategic Plan.

A number of important changes within the Faculty of Medicine and Health Sciences were made that provided the context needed to support and accelerate implementation of the Education Strategic Plan. These include:

- **Words matter:** During this period, as part of Project Renaissance, the Dean undertook an initiative to rename the Faculty of Medicine. The new name, the Faculty of Medicine and Health Sciences (approved 2020), more clearly represents the growth and broader scope of the Faculty since its inception as a medical faculty 200 years ago.
- **Structures matter:** We have shifted from an incongruent structure that included a large flagship medical program, three health professions schools and numerous departments in the biomedical and health sciences, to six Schools:
 - Ingram School of Nursing
 - School of Biomedical Sciences
 - School of Communication Sciences and Disorders
 - School of Medicine (including Campus Outaouais)
 - School of Physical and Occupational Therapy

- School of Population and Global Health

This new structure allows each School to define its own identity, vision and mission, while also benefitting from collaborations with other Schools in education and research.

- **Engagement matters:** With respect to educational activities, the Faculty operated largely in silos. A number of cross-cutting committees were created to enhance collaboration across educational entities, to share best practices, to enhance awareness of existing resources and supports, to be inspired by new innovative initiatives, and to build a community of education leaders. These three committees (Alliance of Professional Programs-APP, Education Leadership Council-ELC, Learning Environment Action Panel-LEAP) were critical in advancing our Education Strategic Plan and are described in detail within Goal #1 actions and accomplishments. Engagement with other Faculties was also encouraged and supported. In the biomedical sciences, many of our departments and units teach undergraduate programs that are part of the Faculty of Science. In the health professions, there is ongoing collaboration with the Faculty of Dental Medicine and Oral Health Sciences and with the School of Social Work and the School of Human Nutrition. At the Institute of Health Sciences Education (IHSE), there is also collaboration with the Faculty of Education.

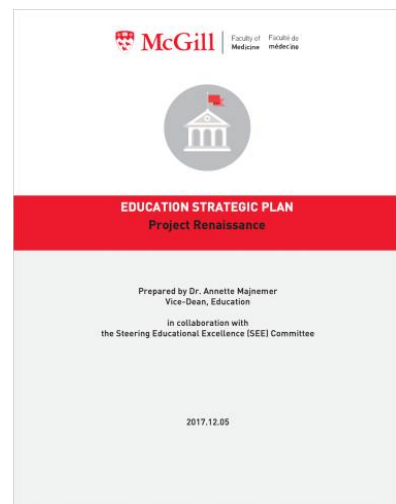
II. DEVELOPMENT OF THE ESP: AN OVERVIEW OF THE PROCESS

Educational excellence is a central tenet of any Faculty of Medicine/Health Sciences. In order to leverage existing strengths and capitalize on emerging opportunities, the Vice Dean Education was mandated to develop a Faculty-wide comprehensive Education Strategic Plan (ESP). The strategic plan sought to generate novel approaches in teaching and learning that resonated with both the health professions and health and biomedical science programs. We anticipated that the ESP would enable us to address current challenges but also allow us to pursue several new innovative directions.

Stakeholder engagement (students, faculty, staff, clinician-educators, researchers, leaders) was considered essential in generating the strategic directions for a Faculty-wide plan. The participatory and evidence-informed process employed

various methods of engagement including: SWOT analysis by the Steering Educational Excellence (SEE) Committee, surveys, focus groups, and written feedback to elicit input. Over 1200 stakeholder representatives were actively engaged in various phases of the development of the ESP. The process was iterative, such that additional steps of engagement were added where more opportunities for exchange might enhance the refinement of any aspects of the strategic plan. Priorities were those identified as being of high importance to potential stakeholders (teachers and learners).

The SEE Committee was responsible for collecting and integrating data, defining the scope of the education agenda, and ensuring that engagement with stakeholders was equitable, dynamic, and transparent. Three cross-cutting strategic priorities were identified: learner-centred approaches and student engagement; interprofessional and interdisciplinary education; and education research, scholarship and innovation. An implementation plan was articulated and a performance measurement framework was developed to optimize accountability and measure impact. The ESP was approved by Faculty Council on December 2017 and the Assistant Deans and the research assistant were recruited in the summer of 2018 to put this plan into action (see full document [here](#)).



Our ESP aims to cultivate skills, spaces and attitudes by: 1) amplifying connections between students, faculty, and community members to set and achieve common goals, and 2) purposefully synergizing educational research with state-of-the-art teaching and learning practices. Wide-ranging, responsive and iterative stakeholder engagement broadened the tent of influencers. This Faculty-wide plan enabled our educational enterprise to pursue innovative directions while nurturing a thriving learning community.

III. ACTIONS AND ACCOMPLISHMENTS

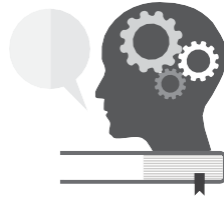
Diverse stakeholders of our educational enterprise (i.e. students/residents, instructors, leaders) informed the creation of three broad Faculty-wide strategic goals as well as a multitude of suggested actions for implementation. The SEE Committee provided the oversight needed to monitor progress and provide ongoing feedback. SEE developed three working groups on i) uptake of educational

research evidence (knowledge translation), ii) capacity-building in educational research, and iii) teaching performance and recognition; to pursue actions in alignment with the third strategic priority. With the leadership of the two Assistant Deans (Health Professions Education, Biomedical Sciences Education) and the Vice Dean Education, and management of the project by the research assistant, multiple initiatives were undertaken to achieve our strategic goals. The communications manager enhanced visibility of these efforts through the Education [website](#) and the Health eNews newsletter. Our Faculty has multiple leaders with essential roles in education, including Associate Deans and Directors of Schools, units, and programs. Attainment of ESP goals was possible due to their collective engagement and collaboration on initiatives driven by the Vice Dean’s Office, and their leadership on educational initiatives central to their own portfolios. To allow for a more complete picture of how education has evolved in the Faculty, actions and accomplishments spearheaded by education leaders outside of the Vice Dean’s Office are also represented in this report when they aligned with one or more goals of the Education Strategic Plan and were facilitated, reinforced and/or supported by the Vice Dean’s Office and the two Assistant Deans.

As part of the stakeholder engagement process, three brainstorming sessions were held in February 2017, with 15-20 participants in each (students, faculty teachers, clinician educators, education leaders and education researchers). Each session focused on a different goal, and a large number of potential concrete actions were generated. The table below highlights how many of these actions were completed, in progress, or pending by year (December of that year). As can be seen, most of the actions generated by stakeholders were indeed pursued (33 in progress, 47 completed) over the last four years.

	Completed				In Progress				To Do			
	2017	2018	2019	2021	2017	2018	2019	2021	2017	2018	2019	2021
Goal #1	0	3	9	19	3	8	6	9	43	34	31	18
Goal #2	2	3	6	12	2	9	13	15	33	25	19	11
Goal #3	0	3	9	16	2	5	10	9	39	33	22	16
Total	2	9	24	47	7	22	29	33	115	92	72	45

Note: 2020 was not recorded (pandemic)



STRATEGIC GOAL 1:

The Faculty of Medicine and Health Sciences embraces evidence based, learning-centred education approaches that foster deep learning and values student engagement in the education mandate.

Actions focused on:



1A. Empowering our learners to invest in our educational mission



1B. Enhancing student-centred learning and well-being



1C. Enabling our teachers to succeed



1D. Promoting a nurturing clinical learning environment

The specific objectives of learner- and learning-centered educational approaches emphasize the importance of:

- Amplifying the learners' voices to inform decisions regarding teaching and learning
- Applying educational research evidence in teaching
- Cultivating and enhancing clinical learning environments
- Supporting learner-driven educational initiatives
- Fostering faculty development that enhances the learning experience
- Optimizing teaching and learning spaces

Key Actions and Accomplishments

1A. Empowering our learners to invest in our educational mission

Educational leaders were encouraged to:

- Enhance student and resident representation on committees relevant to their education.
- Exchange information with learners using multiple formats (e.g., Town Halls, newsletters, surveys, focus groups, student representatives).

During the pandemic, it was particularly important to listen to our learners, to guide our efforts as we pivoted to online and blended learning approaches. Faculty-specific undergraduate and graduate student survey data (quantitative and qualitative) was collected intermittently by the University throughout the pandemic period and data was shared with School Directors, to inform decisions designed to optimize teaching and learning.



Students and residents were empowered to share their learning experiences and their education innovations with the Faculty at large. The Dean has regularly included learners as presenters at Faculty Council meetings, on topics relevant to their learning experience.

1B. Enhancing student-centred learning and well-being

We have created a **Teaching Innovation Award** to highlight the efforts of learners who have developed and implemented novel teaching initiatives. Many learners have taken the initiative to fill perceived educational gaps by creating, designing and implementing new teaching activities. Each year, several learners/learner teams are recognized for these innovations. For 2021-22, learners received awards

for: an ICU bootcamp for residents in family medicine, a Faculty-wide scientific writing initiative, and a surgical skills workshop. Award-winning examples of initiatives from previous years include the World Restart a Heart Campaign, biomedical sciences eLearning, and interprofessional musculoskeletal training.

Student-centred learning focuses on involving students as active participants in the learning process, to enhance a better understanding and application of new knowledge. Teaching approaches such as problem-based or case-based learning, peer teaching, self-directed learning, and experiential learning such as simulation can foster greater learner engagement and deeper learning.

To reflect on current teaching and learning practices, *so as to promote best practices that are student-centred*, three **educational leadership groups** were created:

- i. Biomedical Science Education Champions; one per department in the School of Biomedical Sciences (plus representatives from the School of Population and Global Health, Teaching and Learning Services and the Faculty of Science), who provided department-specific expertise and leadership in education. This group was led by the Assistant Dean, Biomedical Science Education.
- ii. Clinical Education Champions; one from each of the clinical departments in the School of Medicine, who were either the Associate Chair Education for the Department or identified by their Chair as an educational leader. This group was led by the Assistant Dean, Health Professions Education.
- iii. The Alliance of Professional Programs (APP), which included the program directors of our 5 health professions programs (medicine, nursing, occupational therapy, physical therapy, speech language pathology) as well as the medical residency programs. This was led by the Vice Dean Education.

These Education Champions and program leaders met regularly throughout the year, and worked together to develop and share best educational practices, and to identify goals and actions to optimize learner-centred education approaches within their units.

A wide range of activities and outputs were pursued, with several ongoing. Department Chairs in the biomedical sciences were surveyed to assess current educational practices and identify potential gaps and areas in need of improvement

across departments, as well as to facilitate synergies between departments. This and the work of the **Biomedical Science Education Champions** informed several new directions to include:

- Ensuring that the curricula within undergraduate degree programs were structured in thoughtful, cohesive ways that integrate disciplines and promote student learning. A curricular mapping exercise is underway, that will provide an analytic framework to minimize redundancies within a degree program, and will enhance learning standards, integrate discipline-specific perspectives and thematic synergies.
- Discussions have focused on many potential integrative strategies. Examples include: developing shared courses between the Department of Microbiology and Immunology and the Department of Pharmacology and Therapeutics to identify and develop new candidate antibiotic molecules; undertaking efforts to revamp the Biotechnology Minor program to better integrate with departments in the Faculty of Medicine and Health Sciences; and the development of synthetic biology course content based on a student-led iGEM team at McGill.
- Development, with a view towards breaking silos, of a graduate certificate in biomedical science translation (see goal #2, interdisciplinary education), integrating clinical colleagues as mentors and teachers for the biomedical science graduate students. This and the iGEM initiative were both student-initiated, highlighting our commitment to learners.
- Faculty workshops with Teaching and Learning Services on student-centred learning approaches.
- Close collaborations with the Office of Science Education (OSE), Faculty of Science, which has been innovative in the application of student-centred learning. Members of the OSE regularly join the Education Champion meetings. Although our biomedical science undergraduate programs are taught by our faculty, students are registered within the Faculty of Science. This inter-faculty collaboration to promote pedagogical best practices has



been instrumental in strengthening the relationship between these two Faculties.

- A half-day retreat with Teaching and Learning Services, Faculty Development, and the Education Technology office with the goal of better sequencing Faculty Development events to support both new hires and established professors to become better educators. This also involved ensuring that teaching was considered as an important element of hiring decisions. Peer-to-peer training to support and evaluate learner-centred teaching remains an ongoing focus for the future.

The Biomedical Science Education champions have been working closely with the inaugural Director of the School of Biomedical Sciences to create a vision and action plan for education across the School's programs. Other work in progress includes:

- An online teaching resource guide to promote student-centred learning, designed to capture lessons learned about asynchronous and online learning approaches.
- Undergraduate and graduate student handbooks to help track how students identify and use resources to develop skillsets they believe are critical for their future. We will share this information across departments and use it to inform the Faculty and the School regarding unmet curricular needs.



Clinical Education Champions: Creation of this leadership table has encouraged Chairs of clinical departments to designate an education 'champion' in those that did not have this leadership position formalized. Examples of collaborative work included:

- Toolkits for Clinical Departments to encourage and recognize teaching excellence through the Proud to Teach brand and establishing new teaching awards.
- Sharing challenges and successes in implementing Competency by Design (competency-based medical education for residency training).
- Involving the Librarians in teaching residents as part of formal curricula.

- Sharing challenges and successes in enhancing engagement of clinical faculty in residency programs. Brainstorming how existing roles on residency program committees and competency committees can be recognized within the department to promote the value of these activities.
- Sharing lessons learned from the impact of COVID-19 pandemic restrictions on teaching in clinical departments.

Health Professions Programs Champions- Alliance of Professional Programs

(APP): Program leads from our five professional programs (Nursing, Occupational Therapy, Physical Therapy, Speech Language Pathology, and Medicine including Undergraduate Medical Education and Postgraduate Medical Education) meet regularly with the Vice Dean Education and Assistant Dean Health Professions Education to review current challenges and propose collective solutions, and to share tools and innovative student-centred practices. Some examples of discussions leading to the enhancement of learning-centred approaches include:

- Reviewed software to facilitate student engagement in group learning (e.g. Peergrade, Crowdmark), as well as curricular mapping software (e.g. Atlas) to ensure cohesion of the curriculum within a program. Several tools reviewed by APP were subsequently adopted by Schools.
- Provided collective input on the creation of new multi-function interactive teaching spaces in the McIntyre Medical Sciences Building (3rd floor).
- Reviewed methods of communicating and exchanging information with students.
- Clarified processes for student learning accommodation (who does what, when); currently working with the Education Technology office to develop modules to ensure that students and faculty understand when accommodations are needed and what the processes are, so as to optimally support learners.
- Developed French proficiency guidelines and shared resources to ensure learners have adequate proficiency in the clinical learning environment.
- Discussed how best to support instructors in their efforts to incorporate principles of equity, diversity and inclusion into their teaching practice.
- Problem-solving collectively on how best to adapt to the various waves of the pandemic, to ensure all cohorts graduate on time.

The **Education Leadership Council (ELC)** brings together education leaders of our six Schools including Campus Outaouais, our Faculty offices that support education (Faculty Development, Indigenous Health Professions Program, Office of

Accreditation and Education Quality Improvement, Office of Interprofessional Education, Office of Social Accountability and Community Engagement, Steinberg Centre for Simulation and Interactive Learning, WELL Office), the Institute of Health Sciences Education, the Directors of Education at our major affiliated Clinical Sites (MUHC, CIUSSS du Centre-Ouest-de-l'île-de-Montréal, CIUSSS de l'Ouest-de-l'île-de-Montréal) and the Vice Dean Education's team. This forum provides an opportunity to bring all of our education leaders together on a regular basis. Council meetings, held regularly throughout the academic year, have allowed us to inform leaders about new strategic initiatives and new educational opportunities across units, and to promote a spirit of collaboration and collective problem-solving of cross-cutting educational challenges.

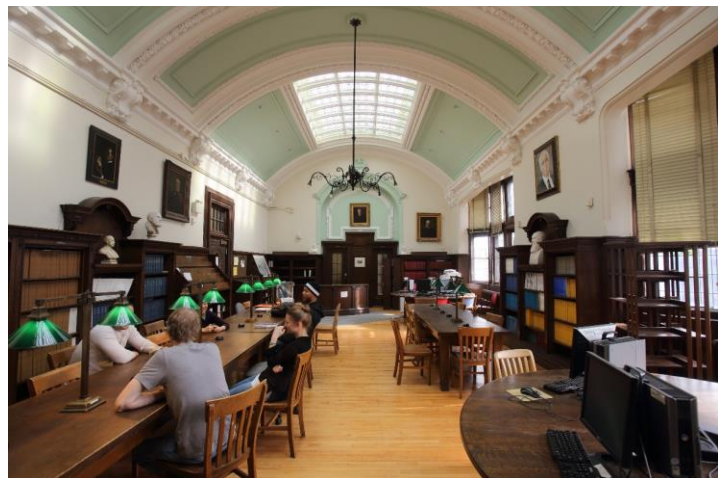
Learner wellness promotion is critical to optimal learning, and is particularly relevant to the stressors associated with the learning context and environment in the health professions programs. The WELL Office significantly expanded over a five-year period beginning 2016 to be able to optimally support students and residents in the health professions, to build resilience and support learner health and well-being. The number of wellness consultants was increased from one to five in order to support learners from all professional programs, and an additional Assistant Dean position was created (Fall 2017) to more equitably support and guide learners that were outside of the School of Medicine. In addition to 1:1 counselling, wellness curricula were upgraded within the undergraduate and postgraduate medical education programs, and were introduced into the Ingram School of Nursing, School of Communication Sciences and Disorders, and the School of Physical & Occupational Therapy. Numerous workshops were developed on a broad range of topics, based on learners' needs.

Discussions are underway to determine what mechanisms and resources are needed to more optimally support the mental health and well-being of students in the health sciences (non-professional). Biomedical Science Education Champions are assisting the Associate Dean, Graduate and Postdoctoral Studies in generating wellness resources for the Faculty's graduate students.

The **space** in which teaching and learning occurs is critical in promoting student engagement and active participation in the classroom environment. Space limitations were noted to be a major challenge by all of our education champion groups. A working group was created in June 2017 to produce an inventory of current teaching spaces for the *Health Professions Programs*, with the aim of highlighting deficiencies and urgent needs. A student survey was conducted to

include learner perspectives on critical space needs for learning. A report was submitted to the Dean in October 2017, which emphasized many inadequacies in teaching space. These included a need for more: i) interactive learning classrooms, ii) small group/breakout rooms, and iii) clinical skills labs. As a result, University funding was allocated to create flexible, interactive learning spaces with modern aesthetics (light, sound) on the 3rd floor of McIntyre (the former library) and included two interactive learning classrooms, two additional small group rooms, and study spaces for learners. At the same time, a new teaching corridor for the Faculty was created within two office towers along Sherbrooke Street (680 Sherbrooke and 2100 McGill College). The Schools of Communication Sciences and Disorders and the Ingram School of Nursing moved to these towers, as did the School of Population and Global Health and the administrative and academic leadership teams of the School of Medicine. The School of Physical & Occupational Therapy is slated to move to this location in the near future as well. The Steinberg Centre for Simulation and Interactive Learning has likewise greatly expanded during this period to meet the teaching needs of the professional programs (e.g., an adapted apartment, ward, and surgery suite were added). These modern facilities more optimally provide an engaging student-centred learning environment.

A second working group was created to focus on the teaching space needs of the *Biomedical Science Programs*. This working group submitted a report to the Dean in December 2017, which synthesized extensive input from stakeholders, to include faculty members from each department and student representatives. The report highlighted the lack of classrooms suitable for active learning and inquiry-based approaches. In addition, teaching laboratories were inadequate in meeting the learning objectives in the undergraduate biomedical science programs. The report emphasized the need for more flexible interactive learning classrooms, shared interdisciplinary wet laboratories, small group rooms, a renovated anatomy laboratory, and informal spaces for students to study, collaborate, and build a sense of community. Although renovations are ongoing in existing spaces (e.g., teaching labs), they are limited by the constraints of the old heritage buildings. A planning group is in progress to construct a new



building (the Powell), which is expected to include upgraded and expanded teaching facilities for the biomedical sciences, comprised of multi-purpose laboratories as well as interactive learning classrooms and small group rooms. Currently, the Biomedical Science Education Champions are working with the Director of the School and graduate students across the biomedical science departments to obtain office space in the McIntyre building.

1C. Enabling our teachers to succeed

The **Faculty Development** office is an invaluable resource to our faculty, that aims to promote excellence in teaching and learning. In support of our Education Strategic Plan, there has been a greater focus on teacher training for both professors and clinical supervisors. Of importance, all teacher training tools and methods integrate educational research evidence, to promote evidence-based teaching practices. Examples of new tools and initiatives that supported our strategic goal of learner and learning-centred teaching included:

- Faculty Development's *Your Teaching Journey* certificate, which includes 7 modules.
- Numerous workshops focused on learning-centred approaches, tailored to different audiences (e.g., biomedical sciences education, clinical supervision, large classroom teaching).
- Teacher training on remote delivery options and videoconferencing tools during the pandemic. In addition to classroom teaching, this included clinical supervision of health professions trainees using remote platforms. There was a web-based Covid Hub which provided numerous resources on remote teaching.
- Education capsules which inform teachers of best practices, based on research evidence, for particular teaching methods.
- Peer Coaching (Ignite) Program is a work in progress, and aims to develop formal coaching of teachers who are either new to teaching or struggling in their role.

Teaching and Learning Services (TLS) provides instructors with supports, training and recognition in teaching at the university. The relationship between TLS and the Faculty of Medicine and Health Sciences was considerably strengthened, with a representative from TLS on the SEE committee (overseeing the Education Strategic Plan) and on ELC. During the pandemic, TLS was highly responsive to the emerging

critical needs of our university instructors who were required to pivot to immediate remote delivery of all courses and program requirements. In addition to generic workshops on the use of videoconferencing technology, engagement of learners using specific tools (virtual breakout rooms, polling, chat, etc.), and online assessment approaches, TLS provided tailored workshops and Q&A sessions with specific departments and Schools within our Faculty to best meet their unique teaching needs. Teacher training focused on how to optimally engage learners virtually, consistent with student-centred learning principles. This was complemented by online teacher training by our Faculty Development Office, with an additional focus on clinical training and supervision of learners in the health professions using telehealth. The pandemic provided the impetus for rapid and extensive ongoing teacher training on remote delivery of course material, and evolved to include flipped classrooms and blended learning, with in-person elements that best meet the learning objectives for learners, while retaining some online components.

Recognizing the greater accessibility to and usability of **educational technologies** for online learning, the Vice Dean Education solicited two separate reports. This first report was completed by a working group that focused on Faculty strengths in online education and future needs. A second report, led by the Associate Director Education, involved a more detailed environmental scan of resources on campus and the specific needs of departments and Schools. The findings supported the creation of an Education Technology Office for the Faculty, situated in the Steinberg Centre of Simulation and Interactive Learning. This new resource aligns with learning-centered approaches using a variety of available technologies to optimize deep learning. The office is now developing a team that will serve to support instructors.

1D. Promoting a nurturing clinical learning environment

The **learning environment** refers to “the diverse physical locations, contexts, and cultures in which students learn” (<https://www.edglossary.org/learning-environment/>). This includes how learners and teachers interact with each other, and the ways in which teachers organize the environment to optimize the learning experience. The learning environment can be positive or negative; it influences student learning in different ways, including motivation to learn, and a sense of belonging, well-being and safety. Ideally, this environment facilitates the acquisition of knowledge and

mastery of skills, and promotes creativity and independence. There are many components of the learning environment:

- The physical environment (space, infrastructure, resources)
- A safe, respectful environment (relational)
- The content/context of the learning (what and how)
- Definition of student roles and responsibilities (active, responsible)
- Support for student wellness (to build personal resilience)

Our goal in the Faculty of Medicine and Health Sciences is to ensure a safe, supportive and stimulating learning environment that promotes learner vitality and recognizes excellence in teaching. Exemplary learning environments prepare, support and inspire all involved in health professions education, research training and health care to work toward optimal health of individuals, families, communities and populations.

A number of ongoing concerns have been raised by learners in the health professions programs and by others with respect to the clinical learning environment (i.e., where health professions learners do their clinical stages or placements). As a result, the **Learning Environment Action Panel (LEAP)** was created as a forum where challenges within the clinical learning environment could be shared and discussed among all relevant stakeholders, and strategies could be proposed and monitored over time. The panel included three Vice Deans (Education, Academic Affairs, Health Affairs), the Associate Deans of the health profession Schools, Faculty Development, the Assistant Deans for Student and Resident Affairs at the WELL Office, the Directors of Education from three primary clinical sites, and learner representatives. The partnerships between the university and clinical education leadership was particularly important to ensure efforts were aligned and mutually supported. This agile strategic body ensured that priority needs were being addressed and operationalized by appropriate individuals/committees, and strategies improved as difficulties presented themselves.

Based on feedback received from participants at previous Faculty-wide retreats, the focus of the third annual half-day retreat of the Academic Health Network held in October 2018 was on the clinical education of health professional trainees. The meeting was organized jointly by the Vice Dean Education and the Directors of Education/Academic Affairs of McGill's major clinical partner institutions (CIUSSS du Centre-Ouest-de-l'île-de-Montréal, CIUSSS de l'Ouest-de-l'île-de-Montréal; McGill University Health Centre).



The Faculty retreat, entitled “Learning in the clinical environment: How can we do better for all?” had the following overarching goal: Generate a safe, supportive and stimulating learning environment that promotes learner vitality and recognizes excellence in teaching. In addition to presentations on the efforts underway in support of an

optimal learning environment, participants were involved in group breakout sessions, discussing three areas needing improvement: i) clinical supervision, ii) teaching performance and recognition, and iii) learner wellness. The ideas proposed at the retreat were shared, documented and synthesized for review by the members of LEAP. The panel created a working grid of potential actions, and determined which groups, committees or individuals should follow up on these actions. A wide range of actions were achieved to include:

i. Clinical supervision:

Non-physicians: Enhanced partnerships between clinical education leads of health profession programs (Occupational Therapy, Physical Therapy, Speech Language Pathology) and clinical education (site) leads with improvements in the transparency in use of stipends for educational benefit; greater commitment to supervision with increased numbers of supervisors for our learners across our health network. Nursing was not included as they apply a different clinical education model that doesn’t include the use of stipends. Physicians: A greater focus on teaching evaluation, teacher training (*Your Teaching Journey*, see above), and microaggressions (see MORE/ORE below).

ii. Teaching performance and recognition:

A specific working group was created by the SEE committee, aligned with Goal #3: promoting educational scholarship and recognizing teaching excellence (see Goal #3 below, for innovation, actions and accomplishments).

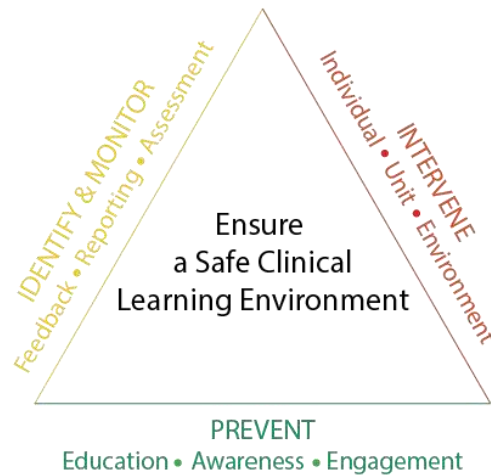
iii. Student wellness:

These efforts continue to be led by the WELL office team, and key accomplishments are described above (*Learner wellness promotion*).

In addition to the work carried out following the retreat, LEAP members suggested that a survey be conducted to better understand the challenges and enablers associated with clinical teaching of health professions trainees. Clinical supervisors have different titles across programs (preceptor, clinical instructor, fieldwork coordinator, attending staff, educator), but are similar in their central role in teaching learners in our health professions programs. We worked with a member of the Office of Accreditation and Education Quality Improvement to develop the **Learning Environment -Teaching and Supervision (LETS) survey**, to be deployed across our clinical teaching network. It is a short, bilingual 12-item survey of supervisors' perceptions of potential enablers and obstacles to clinical teaching excellence. Questions were informed by a literature review of related measures as well as 20 semi-structured interviews of clinical educators from all health professions (i.e., doctors, nurses, occupational therapists, physical therapists and speech-language pathologists), working in different contexts. The survey was to be launched in the spring of 2020, but the pandemic's impact on the clinical learning environment required us to put a hold on this project. The survey was finally launched in May 2022 and data collection is ongoing. The findings will inform targeted (by profession, context) actions to support teaching excellence, to be developed by stakeholders on LEAP.

In addition to the work by LEAP and program leaders, more targeted efforts to minimize mistreatment for health professional learners were needed. Any mistreatment towards learners or other colleagues or patients, whether intentional or unintentional, is unacceptable given its negative impacts on individuals and on the learning environment. Mistreatment can include belittlement, intimidation, humiliation, hostility, as well as physical or psychological harassment and discrimination. The **Mistreatment Oversight for Respectful Environments (MORE) task force** was created to develop a framework to address learner mistreatment in the clinical learning environment. A draft proposal was developed that articulated the roles and responsibilities of all relevant stakeholders in preventing, identifying and monitoring, and intervening when an alleged learner mistreatment incident(s) has occurred. Key stakeholders' roles/responsibilities described in this framework included: Associate Deans of health profession programs, Vice Dean Academic Affairs, Clinical Department Chairs, Program Directors, Assistant Deans WELL Office, Faculty Development, and the

Communications Office. The document involved extensive stakeholder engagement to refine and further clarify these roles.



Framework to include a three-pronged approach

In order to ensure that learners would be able to confidentially report alleged mistreatment incidents, without fear of reprisal, more arm's-length confidential methods of reporting were needed. The **Office for Respectful Environments (ORE)** was created to serve as the online intake location of the mistreatment webform, to triage the entries and to monitor the progress of each incident dossier. This Office tracks mistreatment and ensures appropriate actions are taken by those responsible, thus closing the loop. The Most Responsible Person(s) dedicated to the Office for Respectful Environments will also maintain a dashboard for quality improvement purposes and will produce reports to LEAP and Faculty leadership.

There are also serious learning environment issues that are encountered by our MSc non-thesis, MSc Thesis and PhD graduate students. These include, but are not limited to, challenging interactions with supervisors, microaggressions, racism, and other forms of prejudice towards visible and invisible minority groups. In contrast to our health professions programs, these groups are not served by the FMHS Well Office. However, they do receive significant support from our graduate program coordinators, graduate program directors, local wellness advisors (LWAs) at the Wellness Hub, and Associate Deans within FMHS and at Graduate and Postdoctoral Studies. The graduate student associations have also organized support groups within their individual programs and within FMHS; two new student-led groups were developed in response to wellness and racism concerns. They are the

Graduate Student Health and Wellness Working Group (GSHWWG) and Students Advocating for EDI (SAFE). New initiatives are being developed within FMHS to provide better support for these learners, including a FMHS local wellness advisor for graduate students in non-health professional programs (to start Fall 2022). This local wellness advisor will develop and implement preventative programming for the learners and work with the Associate Dean (Biomedical BSc, Graduate and Postdoctoral Affairs) to provide programming for supervisors to enhance their ability to support students. Projects are underway to provide support for postdoctoral scholars within FMHS, who fall into student or employee categories depending upon the source of funds that pays their stipend/salary.



STRATEGIC GOAL 2:

The Faculty of Medicine and Health Sciences fosters and encourages a culture that supports interdisciplinary and interprofessional partnerships underpinned by a collaborative educational environment.

Actions focused on:



2A. Implementing/evaluating an interprofessional education program



2B. Developing interdisciplinary education initiatives



2C. Creating processes that support collaborations across units



2D. Ensuring equitable access to educational resources

The specific objectives of interprofessional and interdisciplinary educational partnerships are aimed at:

- Implementing and evaluating an interprofessional education curriculum that fosters teamwork, mutual respect and professionalism in the classroom and clinical settings.
- Developing new interdisciplinary educational initiatives in the biomedical and health sciences that respond to learners' needs.
- Creating infrastructure that promotes interprofessional and interdisciplinary collaborations in education.

Key Actions and Accomplishments

2A. Implementing and evaluating an interprofessional education program

Interprofessional education (IPE) initiatives across the five health profession programs (medicine, nursing, occupational therapy, physical therapy, speech language pathology) were initially overseen by an IPE committee within the Undergraduate Medical Education program, with faculty representatives from each of the five health professions programs. The Vice Dean



Education advocated for a dedicated Office of Interprofessional Education (OIPE). A Director was selected, and a new administrative coordinator supported the management of this program. More recently, a second administrator joined the team. Each health profession program designated a representative with dedicated time (10 hours per week) to the Office's programmatic activities, and these individuals formed the Executive of the Office. In addition, course lecturers for each of the four courses were also hired. The OIPE was provided with dedicated office space as well for its staff.

The OIPE conducted a self-study report which underwent external review and also developed a strategic plan. These activities guided the implementation plan of the Office over the last three years. Much was accomplished by the OIPE:

- The courses within the IPE program were aligned with the competencies of the National Interprofessional Practice Framework.
- The number of IPE courses offered doubled from two to four. One course involves team simulation activities with standardized patients in the

Steinberg Centre of Simulation and Interactive Learning. Another course was developed, fully online, on conflict resolution.

- The four courses involved learners from our 5 health profession programs, and was expanded to include students from other health professions across four Faculties (i.e. from genetic counselling, social work, nutrition, and dentistry). Approximately 800 students participate in the four IPE courses offered by the OIPE.
- Approximately 200 facilitators (clinicians and residents) participate in this elaborate program, each providing guidance in small group IPE activities. These facilitators receive extensive faculty development on IPE to include training prior to each session and debriefing following each session.
- Evaluation of each course was carried out to gather feedback from learners. Based on this feedback, the courses underwent some refinement and improvement, to optimize interprofessional practice competencies.
- An environmental scan was conducted to gather data on IPE programs across Canada.
- During the pandemic, all four courses were delivered remotely, with high satisfaction based on student evaluations. This included small group work and virtual simulations with standardized patients.
- A peer-reviewed publication was submitted that compared delivery of the IPE program in-person versus virtually.

In line with its strategic plan, the OIPE is working on developing additional educational opportunities in situ (in the clinical sites). Planning of the Interprofessional Clinical Education program (led by the ICE working group) is now underway. A scoping review is in progress, to learn from research evidence on IPE programs in situ for health professions trainees. Additional efforts to support scholarly research activities are also being explored, with support from the Assistant Dean, Health Professions Education. Finally, a program evaluation approach will be explored, to evaluate the quality of the IPE program more extensively.

An important modification in our Faculty's structure was to bring together several departments across a broad range of disciplines to form Schools, each with a common vision and collective academic mandate. The Undergraduate Medical Education, Postgraduate Medical Education and Continuing Professional Development programs were consolidated to form the School of Medicine. Two

additional new Schools brought together multiple disciplines: the School of Biomedical Sciences and the School of Population and Global Health.

2B. Developing new interdisciplinary education initiatives in the biomedical/health sciences



There has been a growing interest on the part of our Biomedical Science Education Champions to foster greater opportunities for Interdisciplinary Education across biomedical science departments. Discussions have focused on new interdisciplinary courses that may be

prioritized for the new **School of Biomedical Sciences**, of relevance across its biomedical undergraduate degree programs. As part of this process, a curricular mapping project was undertaken, to provide an inventory of current curricular content and to elucidate potential gaps.

Several specific accomplishments with respect to new interdisciplinary educational initiatives in the School of Biomedical Sciences are highlighted below:

- A new interdisciplinary graduate level course was developed, in collaboration with the Department of Family Medicine. The FMED 525: Foundations of Translational Science course provides an overview of multidisciplinary research that bridges significant gaps between basic science and clinical medicine, building in societal concerns and policy decisions where possible.
- Thanks to a student-led initiative, a 15-credit graduate certificate program on biomedical science translation was developed, with students at the lead, and has now been approved by Senate. The Graduate Certificate in Biomedical Science Translational Research we envision will span 1.5 years and enrich basic science training through a mix of medical-style coursework crafted for

graduate students, an immersive clinical experience, and engagement with the broader translational network at McGill. It will initially be run out of the Department of Pharmacology and Therapeutics. The coursework will start in the winter semester with an existing course at McGill: *Foundations of Translational Science* (FMED 525). In the following year, students will enrol in a new year-long *Fundamentals of Disease Therapy* course, PHAR 522, in which clinicians are invited to teach 3-week modules covering one organ system-normal function, associated diseases, and state-of-the-art treatment approaches. Concurrently, students will be paired with a clinical mentor in our other new course- PHAR 524 *Clinical Mentorship* designed for graduate students. They will also take an additional complementary course and will take part in student-led discussion groups where they process their experiences with their peers. Moreover, we will organize seminars and other networking events with clinical mentors, industry partners and MD and MD-PhD students which are essential to fostering a strong interdisciplinary community.

- A Graduate Certificate in Translational Biomedical Engineering was created which brings students together from a variety of undergraduate disciplines (engineering, natural sciences, math, life sciences). Students gain skills to lead the commercialization of medical technologies in industry.
- Some of the Education Champions are involved in designing the building blocks for the educational content for the Graduate Certificate in Biomedical Science Translation and the Graduate Certificate in Stem Cells and Regenerative Medicine (the latter has begun the transition to a graduate program option in the Department of Medicine). This involved the creation of four new courses, all of which focus on interdisciplinary approaches that could be built into the DNA of the School.
- Education Champions participated in the development of the McGill Biomedical Research Accelerator program, a summer 16-week interdisciplinary summer internship program designed to attract top Canadian undergraduate candidates for graduate training in the School of Biomedical Sciences. This competitive program provides summer students with the opportunity to work in different laboratories, and be exposed to different methods and research questions. It is hoped that participants will become interested in pursuing graduate training at McGill's School of Biomedical Sciences and have the opportunity to submit scholarship applications prior to coming to McGill.

- The Education Champions for the Biomedical Sciences have also started a program of curriculum mapping of undergraduate programs to assess points of interdisciplinary contact to help develop programs in the SBMS.

Recently, the **School of Population and Global Health** developed a new undergraduate degree program in Population and Global Health. This broadly focused, interdisciplinary program was co-created and is co-led with the Faculty of Arts. It will be administered in the Faculty of Medicine and Health Sciences but will be a Bachelor of Arts degree. This new program is likely to attract students from across the globe, and graduates will be able to pursue multiple health professional and graduate programs upon completion. This program is now undergoing university approval processes.

There has been a growing interest in offering **innovative health-related interdisciplinary courses and certificates** that encourage students with diverse backgrounds to solve health-related problems together. A number of other interdisciplinary courses have been developed in recent years that bring together students from different departments, schools and Faculties. These initiatives were led by the units themselves, but reinforce strategic efforts to promote interdisciplinary education opportunities for our students. They provide models that may serve to inspire others to develop interdisciplinary courses. Selected examples include:

- Graduate Certificate in Translational Biomedical Engineering - enables students to lead the commercialization of innovative medical technologies, by bringing together industry partners and teachers in biomedical engineering.
- Graduate Certificate in Surgical Innovation – brings together experts in experimental surgery, project management, software design and industry.
- An interdisciplinary course on Design of Assistive Technologies; Principles (POTH-625/ BMDE-625) – brings together students from occupational therapy, physical therapy, biomedical engineering, and other disciplines. Students work on implementation of the conceptual design of an assistive device that addresses a client’s real-world challenges, and they create a final assistive technology to overcome the activity limitation.

Building on the successes of the Centre of Medical Education, the **Institute of Health Sciences Education** was created, following a recommendation made by our SEE committee for the Education Strategic Plan (see Goal #3 for further details

on the creation of the Institute). As an Institute, this unit is now able to offer graduate degree programs. As such, it has created a new **PhD program in Health Sciences Education** that is meant to attract health professionals and health science educators across a broad range of disciplines, to pursue educational research questions as part of their doctoral training. The institute's name is explicitly more inclusive of our entire Faculty.

The Faculty of Medicine formally changed its name on March 26, 2020 to 'the **Faculty of Medicine and Health Sciences**' to better reflect its interdisciplinarity. In particular, the new name is more comprehensive, reflecting its educational scope beyond medical education.

2C. Creating processes and infrastructure that support collaboration

The Faculty of Medicine and Health Sciences is a large and diverse Faculty that, at the time of the development of the Education Strategic Plan, had somewhat limited opportunities to collaborate and exchange best educational practices across units, departments and Schools. Therefore, a number of structures were created by the Vice Dean's team to enable this 'cross-talk', to promote a learning community that supports each other in the attainment of educational excellence. These structures were described above, as vehicles to promote learning-centred education (goal #1). These include:

- **the Alliance of Professional Programs (APP),**
- **the Education Champions in the Biomedical/Health Sciences,**
- **the Clinical Education Champions, and**
- **the Education Leadership Council (ELC).**

The two Assistant Deans, Biomedical Science Education and Health Professions Education, were instrumental in bringing groups together across disciplines/professions and promoting discussions and exchanges in our learning community, with the aim of enhancing educational advancement.

During the strategic planning process, the SEE committee discussed the possibility of creating an interprofessional student association that would bring together student leaders from the respective health profession programs. Within months, the students themselves organized such an association, named the **McGill Association of Students in Healthcare (MASH)**, which provides a platform to

collaborate on advocacy, research knowledge-sharing, networking and socializing. MASH organizes annual interprofessional events and initiatives, and includes students in health-related programs from other Faculties at McGill. MASH also assists our faculty in finding student representatives for Faculty-wide committees.

This effort was mimicked in the biomedical sciences as well. Student leaders across the biomedical departments came together to form the **Biomedical Interdisciplinary Student Association (BISA)**. Still in its infancy, it is hoping to develop cross-departmental initiatives for students and will be poised to serve in the SBMS and to build links with students in professional programs. The two associations, MASH and BISA, have also met to consider activities that can be conducted across the Faculty at large.

2D. Ensuring equitable access to educational resources

The Faculty of Medicine and Health Sciences is fortunate to have several Offices/centres that support educational excellence. These include:

- Admissions Office
- Faculty Development Office
- Indigenous Health Professions Program
- Office of Accreditation and Education Quality Improvement
- Office of Interprofessional Education
- Social Accountability and Community Engagement Office
- Steinberg Centre for Simulation and Interactive Learning
 - Education Technology Office (new)
- WELL Office

At the time that the Education Strategic Plan was first developed, most of these offices either provided educational supports primarily or exclusively to the medical education programs. The Vice Dean advocated for more equitable access to these high-quality resources, and these offices now service the needs of all of our health profession programs. Faculty Development continues to have a broad scope of interest, supporting our teachers across the six Schools of our Faculty. Education Technology is a new office that will support use of technologies in teaching and learning, and has a broad mandate across the Faculty's programs.



STRATEGIC GOAL 3:

The Faculty of Medicine and Health Sciences promotes educational research and scholarship in the health sciences in order to advance our understanding of teaching and learning, and to inform policy and practice within and beyond our University.

Actions focused on:



3A. Facilitating interdisciplinary educational research collaborations



3B. Building capacity in health sciences education research



3C. Recognizing and valuing health sciences education research



3D. Promoting the uptake of evidence-based pedagogical practices

The specific objectives of educational research and scholarship are:

- Facilitating interprofessional/interdisciplinary educational research collaborations, thus strengthening our position as international leaders.
- Building capacity in health sciences education research.
- Recognizing, valuing, and promoting educational research, scholarship, and innovation in the health sciences.
- Promoting the uptake and use of evidence-based pedagogical practices.

Key Actions and Accomplishments

3A. Facilitating interprofessional/interdisciplinary education research collaboration

When the education strategic planning process began, educational research in the Faculty was centralized within the Centre of Medical Education. This research centre, created in 1975, brought together education scholars who directly influenced curricular development and program evaluation. For many years its focus was on medical education research, but over time faculty coming from other disciplines joined the Centre, and the scope of research topics greatly expanded. With our strategic focus on promoting “educational research and scholarship and innovation in the health sciences in order to advance our understanding of teaching and learning and to inform policy and practice within and beyond the University” (goal #3), discussions within the SEE Committee were directed at expanding the Centre of Medical Education’s mandate and scope of research interest. The concept of an **Institute of Health Sciences Education** was proposed by the Vice Dean to



Centre members, and the idea rapidly consolidated into action. In February of 2019, the new Institute was launched. It is the first of its kind in Canada and brings

together education scholars and researchers across health professions and health science disciplines. Emphasizing interprofessional and interdisciplinary collaboration (goal #2), the scope of education research interests is continuously expanding. This health sciences education learning community continues to grow in numbers, productivity, and impact.

The Institute has been able to recruit new tenure-track faculty, and their research laboratories are highly productive and well-funded by competitive, peer-reviewed granting agencies. Numerous frontline clinicians work in collaboration with other members of the Institute to embed scholarly work within their clinical teaching and learning activities. Faculty in the biomedical sciences have also integrated educational research questions within their teaching activities on campus. Publications and awards continue to increase each year, attesting to the rapid growth and success of the Institute.

3B. Building capacity in health science education research

Creation of an Institute of Health Sciences Education afforded the opportunity to be able to offer graduate degree programs, something that was not possible as a Centre. Building capacity in health sciences education is a strategic priority of the Institute. Key graduate training opportunities have emerged:

- A graduate certificate program in Health Sciences Education, developed in collaboration with members of the Faculty of Education.
- Development and implementation of a PhD program in Health Sciences Education.
 - This is currently 'ad hoc', and is undergoing Ministerial approval. As an ad hoc program, there are already 6 PhD students enrolled (Fall 2020 -), with others to be admitted for Fall 2022.

The Assistant Dean, Biomedical Sciences has worked with the Education Champions to facilitate the embedding of educational research questions within biomedical science courses taught by our faculty. This is facilitated by a 3-credit course offered by the Faculty of Science and supported by the Office of Science Education (FSCI 396). This course allows one or more students to do an independent study that supports instructors in conducting of educational research within their course. The scholarly work is carried out by the student(s) under the instructor's supervision. Specifically, this course was designed to introduce undergraduate Science students to pedagogical research, educational assessment, and/or resource design in university-level science education. Examples of research topics have included assessment of course activity effectiveness, research into topic-related misconceptions, and research into and application of innovative teaching and learning strategies. Students are co-supervised by the Faculty of Science Coordinator, who provides advice and access to pedagogical resources, and a Professor teaching the course, who participated in formulating the research proposal, provide context and background information. This enables the teacher to reflect on their pedagogical approaches and improve their teaching through data collection and analysis. Indeed, this elective course has been shared with our faculty more broadly across our six Schools as an opportunity for instructors to incorporate education research projects within their teaching responsibilities.

Individual members of the Institute of Health Sciences Education have collaborated with others in the Faculty of Medicine and Health Sciences (non-Institute members)

to provide specific expertise in education research, thus building capacity. An example of this would be members of the Office of Interprofessional Education consulting with our Assistant Dean Health Professions Education (an Institute member), in the preparation of a manuscript.

There has been growing interest in the pursuit of advanced degrees in education by our faculty members. This is particularly true in the:

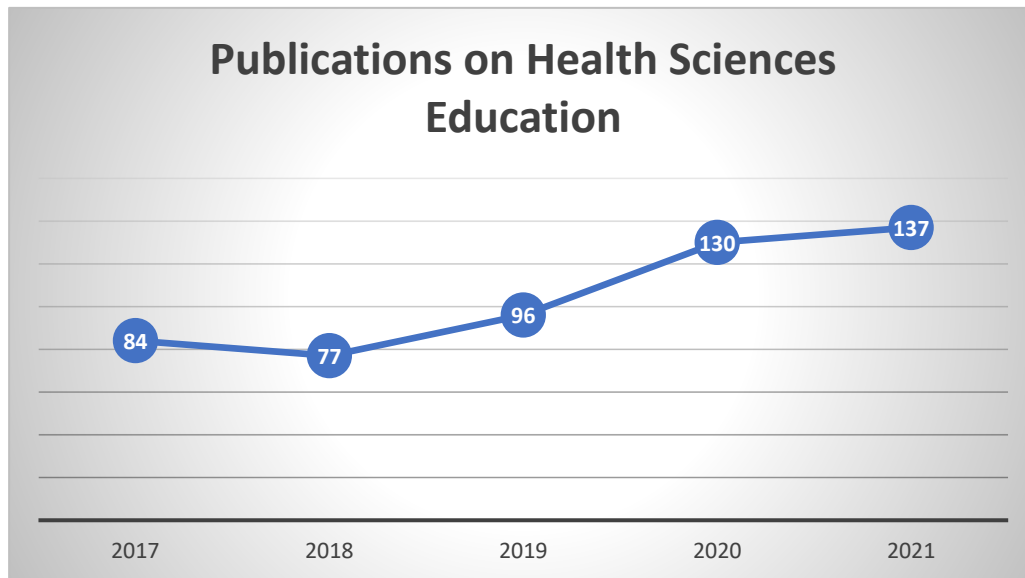
- clinical departments (27 or more individuals with advanced health science education degrees in Medicine, Pediatrics, Surgery, Family Medicine);
- Schools of Nursing and Physical & Occupational Therapy (4 faculty with health science degrees in each School);
- Institute of Health Science Education;
- Office of Accreditation and Education Quality Improvement.

Indeed, there was a 25% increase in advanced degree attainment (mostly at the Master’s and PhD level) by our faculty in programs related to education or health science/professions education.

	2018	2019	2020
Total number of advanced degrees in education:	36	40	46
Total number of PhD	8	9	12
Total number of Master’s	24	26	28
Total number of Undergrad	2	2	2
Total number of other (Diploma, Certificate)	2	3	4

Note: These numbers are based on what was reported by the department chairs and may be an underestimate

Building capacity has resulted in greater productivity. The number of publications on health sciences education has increased more recently, as expertise in this field increases.



3C. Recognizing and valuing health sciences education research

An important objective of the Education Strategic Plan was to increase awareness of educational research outputs and successes within the Faculty of Medicine and Health Sciences. The Vice Dean Education advocated for a dedicated **Communications Associate**, with 0.6 FTE committed to supporting communications at the Institute of Health Sciences Education, and 0.4 FTE to support the Educational Offices and the Vice Dean. The addition of a communications-oriented role ensured that there were weekly stories in the Faculty's Health eNews about educational achievements, research outputs and teaching innovations. The website that features 'Education' in the Faculty was revamped to include the Education Strategic Plan, as well as education success stories.

To enhance recognition of educational excellence, the **Proud to Teach Campaign** was launched. Bilingual stories that highlighted education research, innovations and impacts had the Proud to Teach logo. Twice a year, to correspond with World Teachers Day (in October), and Quebec's Teacher Appreciation Week (in February),

special feature articles recognizing educational excellence across the Faculty (Vice Dean's Message, with impact stories and successes) are prepared for Health eNews.



As part of the Education Strategic Plan, we wanted to ensure that our best educators were appropriately recognized. Our Faculty Development Office annually recognizes outstanding contributions in the areas of teaching, educational leadership and innovation, faculty development, and research and scholarly activity through the Faculty Honour List. However, there were few other awards of recognition for educational excellence. We developed an Awards Toolkit to encourage departments and schools to develop teaching excellence and other education-related awards. In addition to outstanding teaching, we also wanted to recognize innovations in education. We therefore developed Teaching Innovation Awards, both for faculty and for students who created innovative teaching initiatives. The recipients of these awards are announced annually to coincide with Teacher Appreciation Week (described above) in the Health eNews.

3D. Promoting the uptake of evidence-based pedagogical practices

Our Faculty of Medicine and Health Sciences is fortunate to have a dedicated **Faculty Development Office** that supports evidence-based pedagogical practices by providing our instructors with teaching skills through workshops, online modules, education capsules and other resources/materials. A coaching program is also under development and a certificate on My Teaching Journey is currently offered as well. The Faculty also benefits from the support of the University's **Teaching and Learning Services**, which provides a host of teacher training workshops, resources and supports that are evidence-based. Of note, both Faculty Development and Teaching and Learning Services offered a range of workshops and small group sessions on best practices in the use of videoconferencing applications such as Zoom for teaching when faculty needed to pivot to remote delivery of courses during the pandemic.

A subcommittee of our SEE committee was tasked with exploring if our teachers, whether in classrooms or in the clinical setting, were seeking specific additional knowledge from educational research that supports pedagogical best practices. A survey was developed and conducted to identify supports and barriers to implementing evidence-informed health science education practices. While the response rate was limited, the results suggest that faculty are committed to providing high-quality education that draws on best practices, though most do not consult the primary health sciences education literature. This highlights the importance of supporting the Faculty Development Office, which enhances the quality of education through evidence-informed teaching of our faculty. Exploring additional ways to enhance the uptake of evidence-informed educational practices remains an ongoing opportunity.

IV. ACKNOWLEDGEMENTS

Development of a Faculty-wide Education Strategic Plan was an ambitious and dynamic process that involved all relevant stakeholders. Goals and priority actions were identified, and a nuclear team as well as the Steering Educational Excellence Committee were mobilized to enact the Plan. Implementation of the Education Strategic Plan occurred over a period of four years and was meant to be nimble, to allow us to leverage opportunities and reprioritize as new educational challenges arose. Of note, the pandemic brought about profound changes to the teaching and learning environments of our educational programs in the biomedical and health sciences and the health professions. A host of contingency plans were developed to alleviate risk for delayed graduation of program cohorts. I would therefore like to acknowledge the tireless efforts of: i) our teachers who learned and applied new ways of teaching, ii) our learners who adapted rapidly to online learning, and in particular, iii) the leaders of our Schools and educational programs for their resolute commitment to maintaining high quality programs. Remarkably, strategic initiatives continued to be embedded within our educational enterprise during this challenging period.

We had a small but productive and capable team that spearheaded most of the actions of the Education Strategic Plan. This included:

- Assistant Dean Biomedical Science Education (Terry Hebert)
- Assistant Dean Health Professions Education (Jessica Emed followed by Beth Cummings)
- Research Assistant/Project Manager (Leigh Dickson followed by Patricia Antonelli)
- Communications Associate (Matthew Brett)
- Administrative Assistant (Maia Yarymowich)

These individuals were passionate, enthusiastic, and tenacious, and were collectively responsible for the many actions and accomplishments described in this report. I am grateful for their dedication to achieving our strategic goals. It was such a privilege to work with this stellar team, in our efforts to purposefully advance the Faculty's education mission. I am indebted to Dean David Eidelman, who provided me with the opportunity and the supports needed to pursue a Faculty-wide Education Strategic Plan.