



"...the end of the beginning." ~ Winston Churchill

Faculty Council & Town Hall Meeting

May 26, 2010



Agenda

- In Memoriam
- MUHC & MAHN
- LCME/CACMS Accreditation
- Think Dangerously!
- Question & Answer Period



In Memoriam

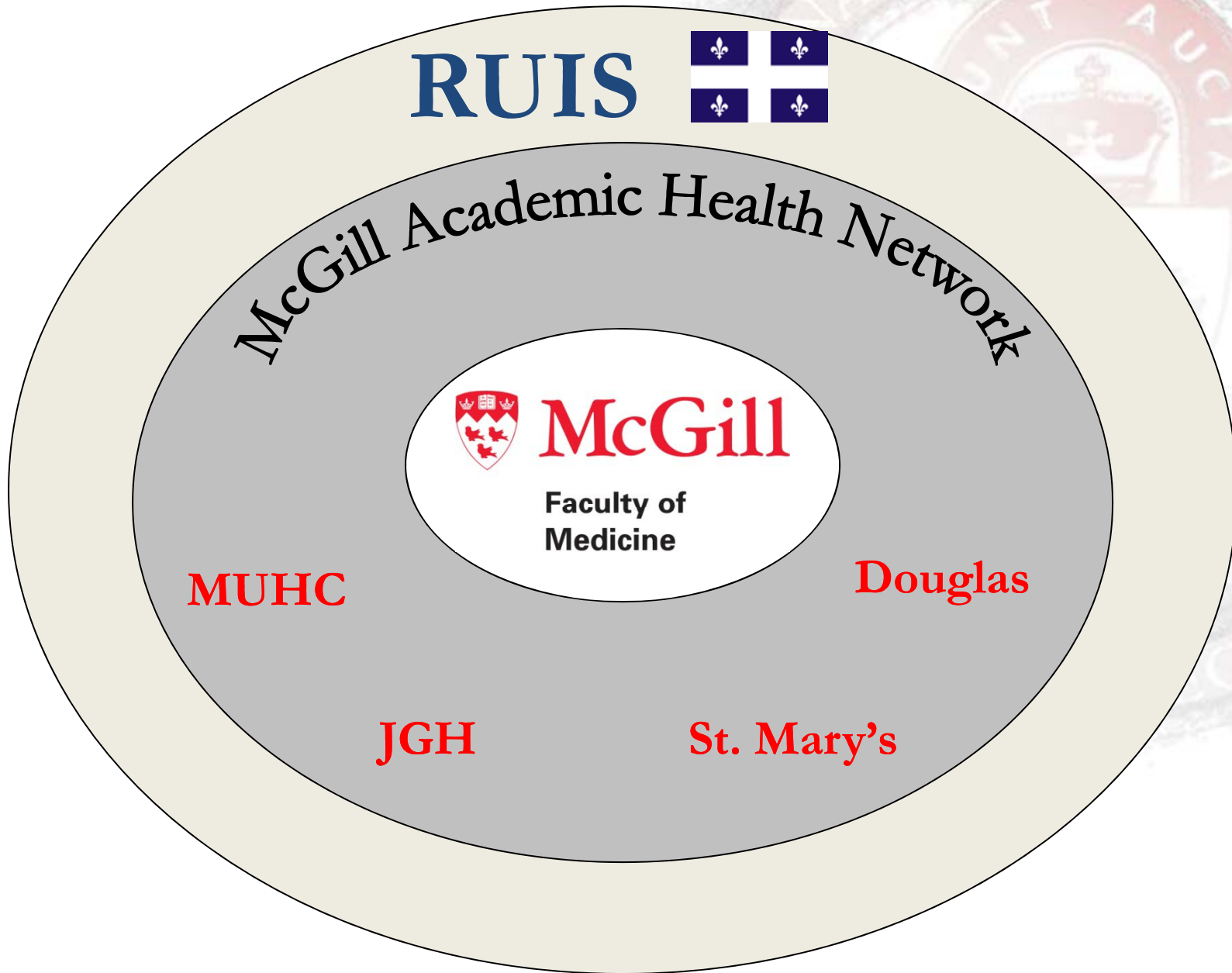
- Dr. Ernst Meyer
 - Department of Neurology and Neurosurgery
- Dr. Alan Thompson
 - Department of Surgery
- Dr. Roberto Estrada
 - Department of Surgery



After a few false starts, the future has arrived



McGill Academic Health Network





In a historic decision, McGill hospital teaching staff (GFTH) are recognized as full-time, non-tenure track faculty.

Accreditation of Faculty of Medicine by LCME & CACMS

Medicine is in non-compliance with 13
accreditation standards

Key Areas of Concern

- Timeline for strategic planning process
- Oversight of clinical conditions encountered by students
- Comparable educational experiences across all alternative instructional sites
- **Midway feedback during clerkships**
- Periodic review of curriculum
- Monitoring of educational objectives
- Student hours during clerkships

Key Areas of Concern

- Increase student diversity
- Possible conflicts of interest among staff that provide counselling services to students
- **Rate of student mistreatment at McGill**
- Feedback to Faculty
- Data on financial resources of medical schools to meet educational objectives
- Instructional facilities at hospitals

- Faculty of Medicine Student and Resident Affairs**
- Physician Wellness
 - Resident Resources
 - Student Resources
 - Director Resources
 - General Resources
 - Survival Guide
 - Professionalism
 - FAQ
 - About Us
 - Contact Us

Student & Resident Affairs

Faculty of Medicine

Welcome to the Student and Resident Affairs website


This online tool has been designed with the unique needs of students and residents in mind. Our goal is to support the wellness of our students and residents throughout their medical education and to ensure that they develop into healthy and resilient physicians. We encourage students and residents to be proactive about their own well-being and to consult the vast list of resources available to them on this website.

When health is absent, wisdom cannot reveal itself, art cannot manifest, strength cannot fight, wealth becomes useless, and intelligence cannot be applied.



—Herophilus, 300 B.C., Greek physician and pioneer of anatomy

EVENTS

JUN. 14, 2010 TO JUN. 25, 2010


 **IMG Orientation**

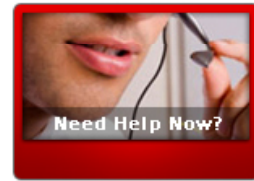
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ANNOUNCEMENTS

Currently there are no listings.

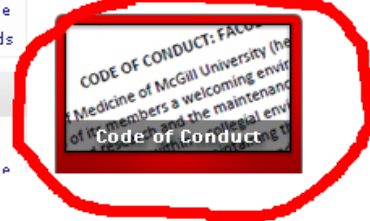
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If you require immediate assistance, please click on the image to the left in order to access a list of 24-hour hotlines.



For additional information, please consult the following attachment: [Decision Tree Supplemental Information](#) [.pdf]



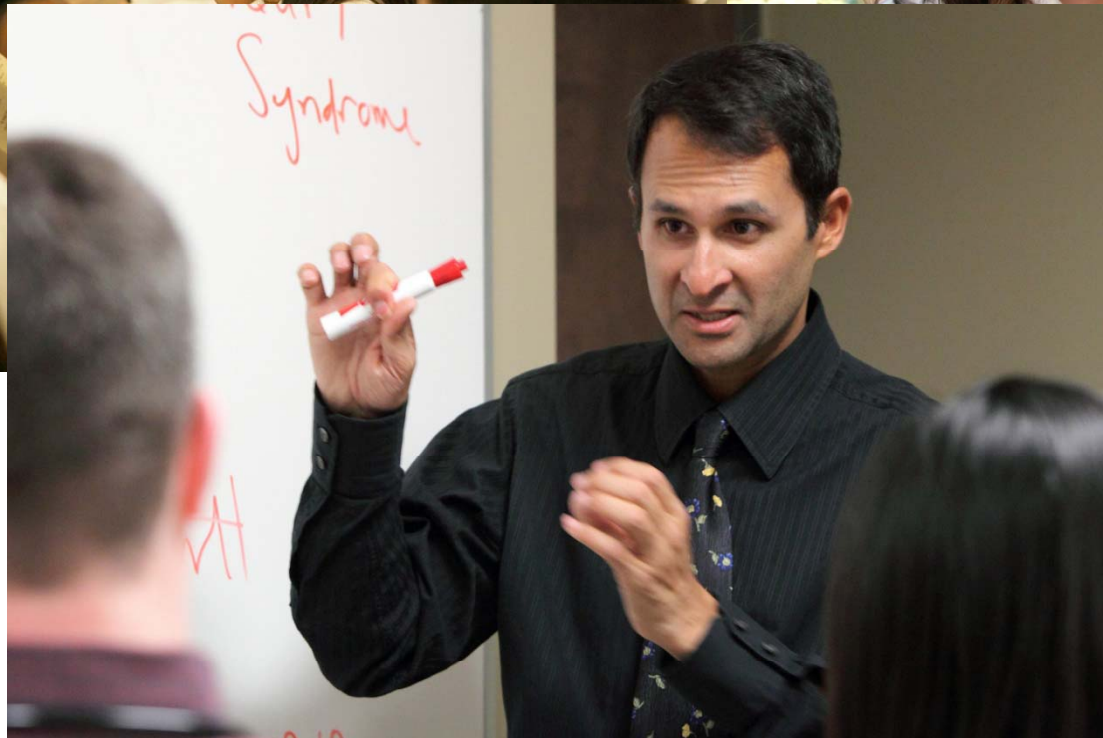
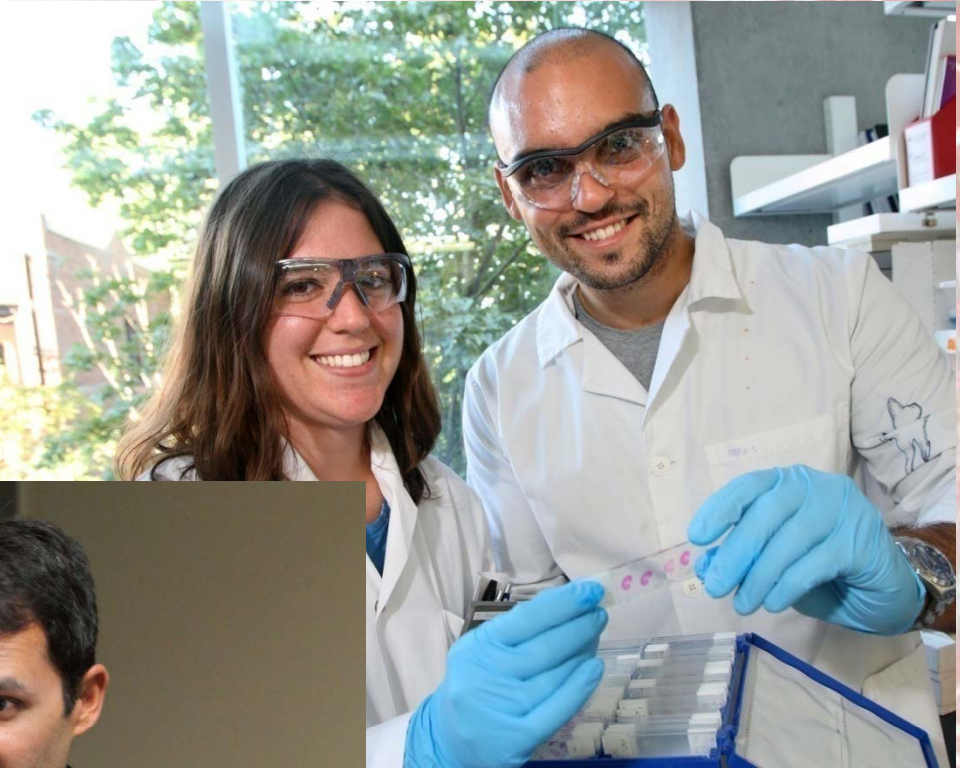
THINK
Dangerously





We are not alone

Education



Research



Faculty Lifecycle



Strategic Planning Education Design Group Report

Chairs:

Joyce Pickering, David Eidelman, John Orlowski
Admin. Support – Melissa Knock

Members:

Basic Science and Clinical
Allied Schools
Students, residents
Hospital (DPS), Ministry of Health
Admin Staff (Curriculum Management)

Education

A very large mandate in our faculty

- 1300 grad students/post docs
- 600 nursing
- 500 P and OT
- 60 in School of Communication Sciences
- 900 residents
- 700 med students
- Teaching for 1700 BSc students
- Continuing medical education
- Public Education (Mini-Med and others)



Proposal for New MD,CM Curriculum

Processes:

- Base our discussions/recommendations on evidence
- Consult widely
- Both subgroup and whole group sessions
 - **Subgroups:**
 1. The Teaching of Basic Sciences
 2. Best Practices in Teaching
 3. Teaching of Family Med, Public Health and Delivery of Health Care
- 3 faculty wide seminars
 - Dr. R. Levin, Dr. Molly Cooke, Dr. Jordan Cohen



McGill

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Proposal for New MD,CM Curriculum

- What is our vision – what should a McGill MDCM graduate look like?
- What are the areas we need to work on?
- What are the strengths we already have?
- What do we propose?

Attributes of the McGill Medical Graduate

A large, faint watermark of the McGill University seal is visible in the background. The seal features a central shield with a crown above it, surrounded by Latin text: 'UNIVERSITATIS MCGILLI' at the top, 'SCIENTIAE' on the left, 'LABORE' on the right, and 'IN OMNIBUS CONFIDO' at the bottom. The shield itself contains a crown and two lions.

Demonstrates:

- Stage-appropriate clinical expertise
- The attributes of Physicianship
- Effective communication skills
- Interprofessional skills and the ability to be part of a team
- Critical thinking and decision-making
- Evidence of the skills necessary to adapt to changes in practice, technology and societal needs
- Understanding of the health care system and the role of public health
- The understanding of scholarship through independent work

Where Do We Fail Currently?

Accreditation:

- Continual revision of curriculum
- Central management of the curriculum
- Mistreatment of trainees

Societal needs:

- Limited number of students choosing family medicine
- Poor understanding of public health and the health care system, as demonstrated on standardized exams

Where Do We Fail Currently?

Evolution of Medical practice:

- **Need to instill skills for life long learning**
 - Scholarship and critical learning are a part of this
 - Currently limited focus on this aspect
- **Need to teach and model interprofessionalism**
 - Particularly relevant in the context of medical error and patient safety issues
 - Currently very limited interprofessional teaching

Where Do We Fail Currently?

Pedagogy:

- Insufficient use of small groups, simulation training, small groups are too large with multiple tutors

Central control of curriculum:

- Clerkships in particular tend to be apprenticeship modeled with limited central designation of tasks
- Too many teachers (each for a short period of time) in courses sometimes leads to lack of cohesion

What Are Our Strengths?

- Our systems based teaching (Units) in the Basis of Medicine.
- Our Introduction to Clinical Medicine component (bridging Basis of Medicine and Clerkship) which allows intensive clinical teaching without responsibility.
- Clerkships with high levels of involvement/responsibility of the students
- Our four year Physicianship program, including our longitudinal teaching/mentoring program of Physician Apprenticeship.

What Do We Propose?

Maintain:

- Systems-based teaching
- An ICM-type phase of the curriculum
- The Physicianship Program

What Do We Propose?

Change:

- Training for Primary Care
- Training for lifelong learning
- Training for Teamwork and Leadership

Training for Primary Care

We recommend the institution of:

- A longitudinal clinical experience beginning in first year with an emphasis on family medicine, integrating clinical experiences with the teaching of basic sciences
- Increased opportunities for integrated clerkships

Training for Lifelong Learning

We recommend:

- Active learning – more simulation and case based learning in the first two years
- Explicit integration of evidence based medicine/critical appraisal into the clinical rotations
- An independent study/research project for all students
- Learning collaboratives – groups of 15 students with one faculty member to work through clinical presentations

Training for Teamwork and Leadership

We recommend:

- Interprofessional learning in all years of the curriculum
- Explicit teaching of leadership skills



Winning Conditions

- **Establishment of core teaching Faculty**
 - Raising the profile of teaching
 - Fewer teachers, but each one teaching more
- **Faculty development**
- **Further centralization of curriculum management**
 - Regular review of curriculum
- **Measurement**
 - Office for Evaluation
 - Link explicitly to our attributes of a McGill medical graduate
- **Extension – PGME, Faculty etc.**

Design Group Membership

Co-chairs

- David Eidelman
- John Orlowski
- Joyce Pickering

Admin Support

- Melissa Knock

Faculty

- Farhan Bhanji
- Mark Blostein
- Miriam Boillat
- Donald Boudreau
- Jim Brawer
- Gilles Brousseau
- Bruce Brown
- Colin Chalk

- Beth Cummings
- Marie Dagenais
- Hélène Ezer
- Lisa Graves
- Mimi Israel
- Nicolas King
- Peter McLeod
- Jay Nadeau
- Michael Rosengarten
- Linda Snell
- Yvonne Steinert
- Melina Vassiliou
- Meredith Young

Ministry of Health Representative

- Louis Dufresne

Staff

- Maryse Grignon

Residents

- Leora Birnbaum
- Robert Sternszus

Students

- Alexander Caudarella
- Marcel Edwards
- Daniel Horspool
- Jennifer Hulme
- Baijayanta Mukhopadhyay
- Carol Nhan
- Maeve Trudeau
- Alice Yang Zhang

Discussion



McGill Faculty of
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Faculty Lifecycle Design Group

Issues Critical to Optimizing Faculty
Recruitment, Retention, Promotion
and Lifecycle



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Faculty Lifecycle

- “Cradle to grave” (Recruitment to retirement)
- Different academic tracks:
 - basic science vs clinical faculty
 - tenure vs non-tenure track
 - GFTU vs GFTH
 - full time vs part time
- Promotion
- Retention issues: “What makes people happy and successful?”



Faculty Lifecycle Design Group

- Co-chairs: Neil Colman, Mara Ludwig, Michel Tremblay, 18 members
- Monthly meetings April – January
- 5 Subgroups
 - Remuneration and Tenure for PhD Faculty
 - Remuneration and Tenure For MD Faculty
 - Promotion Criteria and Recognition for GFTH
 - Work-Life Balance
 - Mentoring

Faculty Lifecycle Design Group

- Background materials, literature review
- William Foster, Associate Provost, Policy and Procedures
- Scott Wright, Visiting Professor: **“Recognizing Clinical Excellence in Academia: The Miller-Coulson Academy of Clinical Excellence at Hopkins.”** March 11, 2010
- Town Hall Meeting: March 22, 2010
- Faculty Leadership Council: April 1, 2010
- Comprehensive Report (many iterations)

Evolution of Tenure Policies

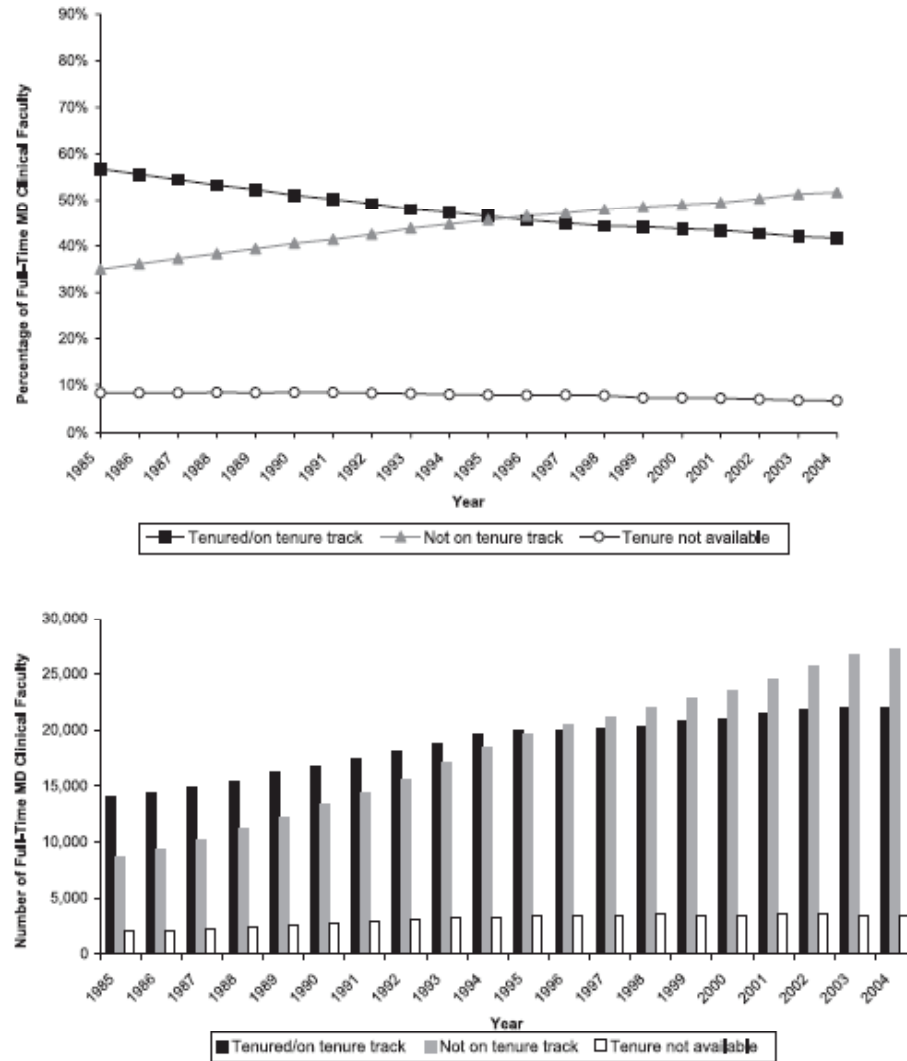


Figure 1 Tenure status for full-time MD faculty in clinical departments at U.S. medical schools, in percentages (top panel) and in absolute numbers (bottom panel), 1985–2004.
Source: AAMC Faculty Roster database.

Sub-Group on Remuneration and Tenure for MD Faculty (GFTU)

- 16% (189) MD Faculty
 - 1/3 Tenured Faculty
 - Academic freedom
- ➔ guaranteed financial security
- Limited number of tenure positions
 - Many qualified MD w/o tenure
 - Discrepancies in level of support
 - Lack of benchmarks, need for re-evaluation of performance
 - Potential changes in career direction



Sub-group on Remuneration and Tenure for MD Faculty: Recommendation

- Tenure should be dissociated from the guarantee of permanent economic support and five year rolling contracts instituted for all new “tenured” positions.
- Financial compensation should be based on individual contributions to scholarship, subject to periodic review with quantifiable metrics, and handled in a fully transparent and equitable fashion
- “Rolling contract” - annual review with 5 year cushion
- Reconsider what “tenure” means in light of the above: academic freedom, recognition by peers
- Issues related to implementation:
 - University level
 - Remuneration Recherche program

Sub-group on Remuneration and Tenure for PhD Faculty: Recommendation

- Limited number of tenure positions
- Tenure to remain the cornerstone of recruitment for PhD scientists
- Development of a non tenure track academic career pathway, with similar privileges and responsibilities (research track)
- “rolling contracts”
- Potential to “track jump”
- Issues related to implementation
- \$\$\$

Sub-Group on Promotion Criteria and Recognition for GFTH

- 83.6% (960) GFTH; 16.4% (189) GFTU
- ~ 60% of “Full-time” Faculty
- Different career streams within GFTH
- Difficulties related to promotion (similar criteria as tenure track)
- Disconnect with the Faculty of Medicine, lack of recognition



Sub-Group on Promotion Criteria and Recognition for GFTH: Recommendations

- Full-time
- Development of a clinical stream: Assistant, Associate, Full Professor (clinical) with appropriate promotion criteria
- Extend employee benefits, including access to a pension plan (administered by University)
- Teaching awards, graduate student supervision, sabbaticals, and so on

Sub-Group on Promotion Criteria and Recognition for GFTH: Recommendation

Change in Promotion Criteria:

1. Teaching
2. Research and/or **other scholarly activity, including professional/clinical innovation and clinical excellence,**
3. Other contributions to the University and scholarly communities

Promotion to Full Professor would still require international reputation

Definition of Clinical Excellence (Wright)

- i. Communication & interpersonal skills
- ii. Professionalism and humanism
- iii. Diagnostic acumen
- iv. Skillful negotiation of the healthcare system
- v. Knowledge
- vi. Scholarly approach to clinical practice



NTT Academic Staff (University level)

- GFTH Task Force recommendations incorporated
- Full-Time
- Clinical Track/ Research Track
- Promotion to Full Professor:
 - i) teaching
 - ii) a) research
 - b) professional and/or clinical innovation that has an influence on the practice of the profession and that is published, publicized or otherwise recognized in a way that makes possible its evaluation by external peers
 - c) sustained creative activity
 - iii) other contributions to the University and scholarly communities

PASSED MAY 19, 2010

Sub-group on Work Life Balance: Recommendation

- The university should formalize the possibility of reduced workload status for researchers and clinicians
- Additional resources required

Sub-group on Mentoring: Recommendation

- Establishment of formal program overseen by Dean's office,
- in collaboration with Chairs
- Faculty oversight: Mentoring "Czar(ina)" or committee
- Need for regular feedback to all Faculty

Faculty Lifecycle Design Group

- Dr. Chantal Autexier
- Dr. Samuel Benaroya
- Dr. James Brophy
- Dr. Liane Feldman
- Dr. Marie Hudson
- Dr. Timothy Kennedy
- Dr. Michael Libman
- Dr. Danielle Malo
- Dr. Michael Rasminsky
- Dr. Julie Ste-Pierre
- Dr. Hershey Warshawsky
(Administrator)

Dr. Jeffrey Barkun
Dr. Gary Colin Bennett
Dr. Neil Colman (Co-Chair)
Dr. Robert Gagnon
Dr. Wassim Kassouf
Dr. Mortimer Levy
Dr. Mara Ludwig (Co-Chair)
Dr. Linda Polka
Dr. Bernard Robaire
Dr. Michel Tremblay (Co-Chair)
Ms. Christine Dolden

Discussion



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Strategic Planning Faculty of Medicine Research Design Group

Variability is the law of life, and as no two faces are the same, so no two bodies are alike, and no two individuals react alike and behave alike under the abnormal conditions which we know as disease.

Sir William Osler (1849-1919)

“Today personalized/preventive Medicine!”

Research Design Group

- 27 committee members from basic and clinical sciences, campus and institutes
- Town Halls (3), Survey to Faculty leadership, 45 white papers (Faculty wide call), draft report submitted to steering committee, outside experts

Chairs :

Marianna Newkirk, David Thomas, Remi Quirion

Sub-committees:

- Big Picture
- Research Excellence
- Multidisciplinary Research
- Research Centres and Networks
- Core Facilities
- Training of HQP
- Partnerships and Innovation
- Infrastructure and Space Management
- Departments and Schools
- Communications

Research in Faculty & Affiliates: Some Data

- *Research in molecular, personalized, population medicine, primary care, medical education...*
- **Highly skilled personnel:** 2,000 investigators, 2,000 graduate students, 400 post-docs, 800 medical residents, undergraduates
- **Geography:** Campus sites (>22 buildings) and affiliated with 5 research institutes [RI MUHC, Lady Davis Institute, Montreal Neurological Institute, Douglas Research Institute, St. Mary's Hospital]
- **Three schools** (Communications, Nursing, P&OT) and 22 basic and clinical departments and >80 centres, networks, teams, institutes, core facilities
- **Many PIs cross appointed** to other Faculties

Vision and Goals

Toward Personalized Medicine: The McGill University Faculty of Medicine aims to be a world leader in patient-oriented health research. Translating our innovative research will lead to improved care and treatment in the context of an optimized, evidence-based system.

Vision and Goals

In partnerships with all our affiliated institutes, hospitals & schools, our goals are:

- To be an internationally-recognized biomedical, psychosocial and clinical research university in all foundation pieces of health research: discovery, clinical, services, behaviour/health promotion, education and implementation in practice and policy
- To be a leader in patient-oriented research
- To pioneer and develop new and emerging research areas
- To value and support knowledge translation, which includes knowledge synthesis, exchange and implementation.
- To encourage innovation in all facets of health research

Research Excellence

- The Faculty is home to world-class researchers
 - **Gairdner and Killam** awardees, RSC memberships, Orders of Canada and Quebec,
 - 60 CRCs, 18 Dawson Scholars, 41 James McGill Professors
- **Established strengths;** based on citations, funding,
 - Neuroscience, cancer, musculoskeletal and mineral disorders, infectious and chronic disease, genetic/environmental determinants of health
- **Emerging Strengths:**
 - Family medicine, global health, medical education orphan/neglected diseases, genomics and systems biology, biomedical engineering, nanomedicine, information technology

Research Excellence

Recommendations:

1. **Promote & Facilitate** collaboration across departments, schools, and faculties along network-like models to ensure research encompasses all facets of health

Prototype: Cancer network-partnership between MUHC-RI, JGH-LDI & Faculty) & Integrated Neuroscience Program

Establish and fund a broad base **clinical resource centre** to support clinician scientists and **integrated knowledge translation**

Multidisciplinary Research

- Health research is increasingly organized by theme (i.e. Cancer) rather than department
- Theme-based research teams are formed ad hoc, and often do not include researchers from across health research spectrum

Recommendations:

1. Broaden support for multidisciplinary research by implementing a best-practices approach that involves cross-platform integration of research projects
2. Integrate Faculty multidisciplinary research with strategic goals of affiliated Hospitals & Institutes

Research Centres and Networks

- Centres and Networks can be nodes of multidisciplinary research excellence
 - Multitude of centres with a confusing nomenclature
 - Centres vary from large “institutes” to small virtual groups
 - No general principles for creation, review, or dissolution of Faculty-affiliated centres

Recommendation:

1. Centres and networks should be accountable to the Faculty:
 - Criteria for the creation of new ones, evaluation of impact, dedicated funding

Core Facilities (Basic Science)

- Core facilities provide research services and support to Faculty researchers
 - Some are small and in-house, others have wider scope
 - Establishment of cores is ad hoc
 - Many cores lack scientific oversight
 - Cost recovery is a challenge for cores

Recommendation:

The Faculty should create mechanisms for:

- establishing and reviewing core facilities based on needs,
- assisting core facilities in the development of sound scientific, financial and administrative foundations

Core Facilities (Clinical Science)

Two (or one fully integrated) new core facilities proposed (prototype-Continuing Medical Education):

1. Clinical Research Core Facility

HQP as the essence

- Include data management platform for long term monitoring
- Creation of a comprehensive cohort of patients
 - Promote pilot studies for clinical projects
- Include biostatistical and organizational support
- **Integrated KT Centre** (including Implementation Science)

Recommendations

- Creation of an **Integrated Clinical & KT Centre**. Partnerships with affiliated institutes & hospitals is key
- Promotion & **targeted investments** into networks/centres-type of structure
- Dedicated support for **Core Facilities** (basic & clinical sciences) but with regular evaluation of impact



Training of HQP

- 2,000 graduate students (25% of McGill total), 400 post-docs
 - Independent, competitive funding widespread
 - 200 trainees hold national fellowships, 700 hold internal
 - Need to work closely with GPS office to develop better performance metrics and outcome tracking
- **Ratio of PhD student to PI is 1.2:** one of the lowest
- ***Training clinician-scientist remains a challenge:***
 - Issues: Protected time for research, “valued” by fellow clinicians, early exposure to research

Training of HQP

Recommendations:

1. Ensure the training of the highest possible number of the most talented trainees and provide them with the highest quality of training (Education Design group)
2. Develop better strategies to increase the numbers and nurture the careers of clinician-scientists. **Clinical research centre** as a mean (See also Lifecycle Design group)
3. Increase the numbers of health professionals (Medical Residents, Physical Therapists, Occupational Therapists, Nurses) in our Graduate Programs (Lifecycle Design)



Partnerships and Innovation

- McGill 1st nationally, 14th globally in translating biotech research into patents
 - At McGill FacMed responsible for 62% of patents issues
 - Rank 3rd in licensing after UBC and U of T
- **Nurture positive, proactive approach to partnerships**
 - Pharmaceutical companies are focusing increasingly on later stages of drug development, creating opportunities for partnering on early stage research

Recommendation:

Establish an **Enterprise Innovation Centre** to encourage and facilitate commercial development of research outcomes

Organization: Departments and Schools

- Three schools, 22 departments; disperse locations
- Combine teaching, training, and research
 - 25% of McGill graduate students
 - Roughly $\frac{1}{2}$ of Faculty of Science's BSc students are taught through Faculty of Medicine Departments (Biochemistry, Physiology, Anatomy/Cell Biology etc) yet little say on selection of students
- Departments: key roles in space allotments, appointments, career paths, accreditation and teaching, but less relevant to research which is more theme-based
- Faculty has no "School" of Medicine responsible strictly for undergraduate medical education

Departments and Schools

Recommendations:

1. Consider a **Faculty of “Health*”** or “Life” Sciences, with the creation of a School of Medicine, School of Life and Social Science etc.
2. **The Faculty should have more influence** on the undergraduate biomedical education

Research Design Group Membership

Co-chairs

- Remi Quirion
- Marianna Newkirk
- David Thomas

Committee Members

- Ann Macaulay
- Armen Parsyan
- Barbara Hales,
- Brian Ward
- Carmen Loiselle
- Constantin Polychronakos

- Eduardo Franco
- Elaine Davis
- Heather Durham
- John White
- Josephine Nalbanoglu
- Louise Pilote
- Maureen Simmonds
- Morag Park
- Nancy Mayo
- Rebecca Fuhrer
- Richard Kremer

- Richard Menzies
- Richard Riopelle
- Rima Rozen
- Robert E Mackenzie
- Samy Suissa
- Susan Kahn

Writing and Editing

- Robert Annan

Administrative Support

- Ilde Lepore

Thanks also to those who took the time to provide helpful comments and suggestions on early drafts of the report

Discussion



McGill Faculty of
Medicine



**Thank you for joining us and
Thinking Dangerously!**