



McGill

Faculty of **Medicine** | Faculté de **médecine**

Proposal for an Institute of Health Sciences Education

Research, Innovation and Scholarship in Education

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Background

The Centre for Medical Education at McGill University aims to promote excellence and innovation in health sciences education (HSE) through research and scholarship. More specifically, by bringing together clinicians, educators, and researchers in the Faculty of Medicine, the Centre engages in research and scholarship, education and innovation, and outreach and consultation, seeking to facilitate knowledge translation at every level of HSE.

In the last several years, the Centre has grown significantly in research output (i.e., grants and publications), human capacity and stature. For example, since 2011, the Centre has hired two tenure-track faculty members to work specifically in HSE, and one tenure-track faculty from the School of Physical and Occupational Therapy has made the Centre her research home. All three individuals have been successful in receiving salary awards. In addition, CAS PhDs who were hired for the Assessment and Evaluation Unit (3) and for Curriculum Development in PGME (1) devote one day a week to research and scholarship in HSE. The Centre also continues to be an interdisciplinary, collaborative “home” for clinicians and researchers involved in health sciences education and knowledge translation in the Faculty of Medicine, and it is recognized as a national and international leader in the field.

Catalysts for Change

Despite the success of the Centre (noted above and reflected in our annual reports and on our website <https://www.mcgill.ca/centreformeded/>), we have encountered several significant catalysts for change:

- *Growth and Evolution of the Field:* In the last 10 years, the field of HSE has grown significantly.¹⁻⁵ This growth, marked by a distinct knowledge base related to HSE, has been reflected in a growing number of journals and publications in HSE, the creation of designated units devoted to HSE scholarship both nationally and internationally, and increasing competition for scarce research dollars. While the Centre has been remarkably successful in scholarly output in recent years, we have outgrown our mission and can no longer remain competitive. More specifically, the lack of an HSE doctoral program and the need for more individuals dedicated full-time to HSE research have been highlighted as critical ingredients to success moving forward.
- *Academic Appointments for PhD Researchers in HSE:* The Centre for Medical Education is not a “hiring unit” and is unable to appoint new faculty members to the Centre. As a result, Core Faculty Members with PhDs are appointed to other Departments (e.g., Family Medicine; Medicine). For some, this arrangement has worked well; for others, it has been a challenge to be housed with colleagues in another discipline, especially for annual evaluation or promotion purposes (including mentorship and peer support). Finding a structure that would allow us to appoint faculty members to an HSE unit would help to provide a more well-defined career pathway for PhDs in the HSE; it would also help with the future recruitment of PhD faculty members, especially at a time when a need for additional PhDs dedicated to research and scholarly work in HSE has been identified.
- *Graduate Programs in HSE:* The Centre for Medical Education is currently unable to offer graduate programs because of its status as a “Centre”. To date, we have worked closely with the Faculty of Education to offer a Master’s degree in Educational Psychology, with a focus on the Health Professions. We are also in the process of revamping this Master’s degree and

developing a de-regulated Certificate program. However, given our status as a Centre, we are not perceived as equal partners at the table. We are also not able to offer a PhD in HSE. The ability to offer graduate programs in HSE would enable us to train future leaders in health sciences education and research; it would also significantly increase the Centre's research and scholarly productivity.

- *Educational Strategic Plan:* The new Educational Strategic Plan has identified educational research, scholarship and innovation as a strategic goal for the Faculty of Medicine, emphasizing the need to “create and use new knowledge to influence through innovation,” with a particular focus on increasing the visibility of education and educational research in departments and schools in the Faculty. The Centre for Medical Education has been a key player in moving this goal forward over the last 10 years. However, there is room for significant growth and development in this area (with a particular focus on bringing interprofessional health science educators together, promoting evidence-informed HSE, and stimulating scholarly work at all levels of HSE), and this need may well be better served by a different structural model.
- *Project Renaissance:* In 2016, the Faculty of Medicine launched a new strategic planning exercise – Project Renaissance – to help guide the education, research and health affairs activities for the next five years. The previous strategic planning exercise concluded with the roll-out of a new MDCM program and the launch of a Strategic Research Plan, as well as other improvements, including better recognition of clinician teachers in the hospital network. Current priorities for Project Renaissance include supporting the Faculty's vision of “Healthier societies through education, discovery, collaboration and clinical care,” and major goals for the period 2017 to 2022 include ensuring that our educational programs prepare learners for their roles as health care providers and health researchers in the 21st century. Project Renaissance thus emphasizes a renewed focus on education and discovery, as well as innovation, creativity and collaboration, all of which are pertinent to the advancement of HSE at McGill.

Mandate from the Dean

Given the catalysts for change highlighted above, the Dean mandated the Centre for Medical Education in January 2018 to explore alternative university structures (e.g., Department; Institute), to see which structure, if any, might best address Centre and Faculty needs at this time.

To accomplish this task, the Director of the Centre has spoken to a number of colleagues to better understand possible academic structures at McGill (e.g., the Director of Cyclical Reviews; the Dean of Graduate and Postdoctoral Studies; the Director of the Institute of Parasitology) and to ascertain multiple stakeholder perspectives (e.g., national and international HSE colleagues; Faculty of Medicine Chairs and Directors; Faculty of Medicine Committees, including Deanery, the Education Leadership Council, the Faculty Leadership Commons, and the Steering Educational Excellence Committee).

Appendix A describes whom we consulted outside of the Centre. The Centre Director has also held a series of meetings with Core Faculty and Centre Members to review the Centre's mission and vision, to discuss general principles that would help to guide this process, to examine perceived benefits and limitations of a possible new academic structure (with a particular emphasis on a Departmental and an Institute model), to discuss the content and feasibility of new graduate programs, and to examine possible challenges and opportunities moving forward. A number of “guiding principles” were also articulated in these meetings and are summarized below.

Guiding Principles

- *Provide an academic home for all faculty members involved in HSE:* To date, the Centre for Medical Education has provided an academic “home” for clinicians, educators and researchers involved in HSE research and practice. In fact, in many ways, the active involvement of clinicians and basic scientists has been one of the Centre’s unique features (as compared to other similar units) and critical ingredients of success, as we are often able to translate our research findings into practice and generate research questions of importance to teachers and learners. In all of our internal discussions, the ability to maintain this critical intersection of research and practice has been highlighted as a key principle moving forward.
- *Offer an interdisciplinary hub for collaborative research and knowledge translation:* In line with the above, the Centre has been a “hub” for interdisciplinary and interprofessional collaboration in research and practice (e.g., using MMIs for admission into medicine and other professional schools) as well as knowledge translation and mobilization (e.g., through close collaboration with the Faculty Development Office). With an increasing emphasis on interprofessional education and practice as well as interdisciplinary research, this guiding principle remains critically important.
- *Build on Centre strengths:* The Centre for Medical Education has benefitted from a number of strengths, which include the following: the diversity and commitment of its Core Faculty and Centre Members; the building of a “community” of educators and researchers; a significant involvement in the life of the Faculty of Medicine, with many Core Faculty and Centre Members holding key educational leadership positions at a number of levels; mentorship of colleagues, students and residents; scholarly activity; and knowledge translation in HSE. We must continue to nurture these strengths as we work to increase our productivity, visibility and reach.
- *Adopt a model that is seen as an opportunity for growth and innovation by all stakeholders:* The Centre for Medical Education works closely with the Vice-Dean of Education and members of the Deanery Executive Committee, the Education Leadership Council, and the Faculty Leadership Commons. As a result, we spent a considerable amount of time this past winter consulting with members of each group as well as a number of individuals in the Faculty (e.g., Associate Deans for UGME and PGME; Chairs) and on main campus (e.g., Dean of Education; Director of Teaching and Learning Services) to discuss their views on different structures for the Centre. Interestingly, these discussions highlighted the benefits of an Institute model, including its ability to be seen as “complementary” to (and not competitive with) departmental goals, to “cross silos” and to be viewed as “transversal” and interprofessional in nature.

Recommendation and Rationale

Based on internal conversations and stakeholder consultations, an emerging consensus at the Centre, and the desire to propose a recommendation that would benefit the largest number of internal and external stakeholders (while allowing for growth moving forward), the Centre for Medical Education would like to propose that we become an academic **Institute of Health Sciences Education**. According to university guidelines, there are different categories of Institutes at McGill. We would like to recommend the following: “An academic administrative entity that functions like a School or Department, offering courses or teaching programs, typically at the graduate level.”

The reasons underlying this recommendation include the following:

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- *The ability to offer academic appointments:* An academic Institute can function as a “hiring unit” and would allow us to appoint PhDs to the Institute, thereby providing an academic home and career pathway for PhDs focused on health sciences education and research. It would also allow for joint appointments and the inclusion of clinicians as Faculty or associate members.
 - *The ability to offer graduate programs:* An academic Institute would allow us to offer graduate programs in HSE. For example, it would allow us to be equal partners with the Faculty of Education in revising our Master’s program and in developing the new Certificate program. It would also allow us to offer a PhD in HSE. Becoming a graduate research institute (like the Institute of Parasitology) would allow the Centre to meet this important goal, especially as we do not need to offer undergraduate programs in HSE.
 - *The ability to provide an academic “home” for all members of the Centre:* As mentioned above, one of the strengths of McGill’s Centre for Medical Education is the interplay between clinician educators, basic scientists, and researchers involved in HSE research. After much discussion, it was felt that an Institute model would allow for this interdisciplinary, collaborative model to continue to flourish.
 - *The potential for fundraising:* Stakeholder conversations and discussions with Marc Weinstein, Vice-Principal of University Advancement highlighted the potential for fundraising with an Institute (as compared to a Departmental) model. Given the financial needs of a new structure, including the hiring of new tenure-track faculty members, the development of new graduate courses and programs, funding for graduate and postdoctoral students, and research capacity building, the ability to fundraise successfully is a critical element in the transformation of the Centre into a new model.
 - *The ability to cross silos:* Stakeholder conversations also reinforced the perception that an Institute would be seen as enabling greater interdisciplinary and interprofessional collaborations, which is clearly of increasing importance. It was also suggested that an Institute would be able to function at the intersection of all schools and would not be subsumed into one of the Faculty’s schools; rather, it could be an independent unit that would work with all faculty members.
 - *The ability to be seen as innovative, aligned with Faculty of Medicine goals:* Conversations with Faculty committees (including the Steering Educational Excellence Committee and the Education Leadership Council) underscored the perception that an Institute model would be seen as innovative – in line with the goals of Project Renaissance as well as those of our CIUSSS partners. Becoming an Institute was also seen as having a certain “cachet” that could help to heighten the profile and visibility of HSE, both at McGill as well as nationally and internationally. Interestingly, although there is currently one Department of Innovation in Medical Education in Canada, there is no Institute of HSE in Canada. However, at a recent meeting of Canadian medical educators, the Directors of HSE scholarship units saw real merit in moving to an Institute model.

Anticipated Challenges

No change in structure comes without potential challenges, all of which were discussed at length with Core Faculty and Centre Members as well as with other stakeholders in the Faculty of Medicine and the University. The key challenges noted at this juncture include the following:

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- *Operationalizing the plan for an Institute in a way that it will meet our intended objectives:* One of the concerns expressed by several PhD researchers at the Centre was whether an Institute would be able to “provide a discipline-specific home, with like-minded colleagues, for those with a PhD.” Other questions related to tenure and promotion pathways. The conversations with Dr. Timothy Geary, Director of the Institute for Parasitology, helped to allay some of these concerns. At the same time, if a new structure for the Centre is approved, we will need to devote time to further developing the vision, mission, governance and structure of this new unit.
 - *Securing the necessary resources to deliver a graduate program in HSE:* One of the greatest challenges and costs related to this new structural model is the delivery of a graduate program in HSE. As a result, we have discussed at length what form such a program should take and what resources are required to make it a success. Clearly, our ability to build a new Certificate and Master’s program (with Education) as well as a PhD in HSE will necessitate new academic and administrative hires.
 - *Ensuring appropriate career development, mentorship and support for individuals with diverse roles in HSE:* Given the catalysts for change enumerated above, and the desire for further growth and development, career development, mentorship and support for all Institute members will be a priority. At the same time, the suggestion of developing a Graduate Program Committee that would bring together PhDs in HSE will be considered as a possible strategy to help promote this objective.

In Closing

The chance to transform the Centre for Medical Education into an Institute of Health Sciences Education has been viewed as an opportunity for growth and renewal among Core Faculty and Centre Members as well as educational leaders in the Faculty of Medicine, McGill University, and medical schools across the country. This proposal has been developed to further this conversation and hopefully allow us to move forward with pursuing the Centre vision of “improving health sciences education today for better health care professionals and scientists tomorrow” by expanding our educational programming, research, and scholarship in a number of ways. The mission of McGill University is “the advancement of learning and the creation and dissemination of knowledge, by offering the best possible education, by carrying out research and scholarly activities, and by providing service to society.” The proposed vision for a new Institute of Health Sciences Education supports and promotes this mission.

¹ Albert M, Hodges B, Regehr G. Research in medical education: Balancing service and science. *Advances in Health Sciences Education* 2007; 12:103-115.

² Norman G. Fifty years of medical education research: Waves of migration. *Medical Education* 2011; 45:785-791.

³ Varpio L, Bidlake E, Humphrey-Murto S., et al. Key considerations for the success of Medical Education Research and Innovation units in Canada: Unit director perceptions. *Advances in Health Sciences Education* 2014;

⁴ Varpio L, O’Brien B, Hu W. Exploring the institutional logics of health professions education scholarship units. *Medical Education* 2017; 51:755-767.

⁵ van Enk A, Regehr G. HPE as a field: Implications for the production of compelling knowledge. *Teaching and Learning in Medicine* 2017; doi:10.1080/10401334.2017.1392864.

Appendix A: Conversations with Internal & External Stakeholders

External to McGill

Dr. Brian Hodges, Former Director of the Wilson Centre & Executive VP Education, University Health Network, Toronto, Ontario

Dr. Lara Varpio, Associate Director of Research, Uniformed Services University of the Health Sciences, Bethesda, Maryland & author of several articles on Health Professions Education Units

Dr. Vicki Leblanc, Chair of the Department of Innovation in Medical Education in Ottawa (the only Canadian Department of Medical Education)

At McGill

In the Faculty of Medicine

Dr. Armand Aalamian, Associate Dean, PGME

Dr. Gillian Bartlett-Esquillant, Director, Research and Graduate Program, Family Medicine

Dr. Howard Bergman, Chair, Family Medicine

Dr. Beth-Ann Cummings, Associate Dean, UGME

Dr. Gerald Fried, Chair, Surgery

Dr. Eduardo Franco, Chair, Oncology

Dr. James Martin, Chair, Medicine

Dr. Marc Pell, Director, School of Communication Sciences and Disorders

Dr. Daniel Weinstock, Director, Institute of Health and Social Policy

Deanery Executive Committee (Faculty of Medicine decanal-level members)

Education Leadership Council (Faculty of Medicine educational leadership ~ 30 members)

Faculty Leadership Commons (Faculty of Medicine academic leadership ~ 50 members)

Steering Educational Excellence Committee (Oversight of Education Strategic Plan – Project Renaissance)

Outside of the Faculty of Medicine

Mr. Michael Canavan, Acting Associate Director, Academic Personnel Office

Dr. Timothy Geary, Director of the Institute of Parasitology

Dr. Josephine Nalbantoglu, Dean of Graduate and Postdoctoral Studies

Dr. Dilson Rassier, Dean of Education

Dr. Phillip Smith, Head of Cyclical Unit Reviews

Mr. Marc Weinstein, Vice-Principal, University Advancement

Dr. Laura Winer, Director Teaching and Learning Services