Faculty Council Meeting
& Town Hall

December 5, 2017
Agenda

Section I - David Eidelman
1. Welcoming remarks
2. Approval of agenda
3. In memoriam

Section II - David Eidelman
4. Report from the Steering Committee
5. Consent agenda
6. Business arising / Dean’s update

Section III
7. Indigenous Health Professions Program, Kent Saylor
8. McGill Interdisciplinary Initiative in Infection and Immunity, Don Shephard
9. Education Strategic Plan, Annette Majnemer
10. Accueil Bonneau: Nursing-led clinic, Françoise Filion & Laurin Vroom

Section IV - David Eidelman
11. Kudos

Section V
12. Open session/Town Hall
In Memoriam

Dr. Peter Rosenbaum
Associate Professor
Department of Ophthalmology

*
Report from Steering Committee

• Sept. 26 Faculty Council minutes approved (online)
• New Steering Committee members welcomed
  – Liang Chang, MSS Executive President, representing undergraduate students
  – Behrang Sharif, Graduate Association of Physiology, representing graduate students
  – (Delegate to represent Postdocs pending)
• Renewal of Faculty Council mandate
  – Dean to request Senate to renew
• Today’s Faculty Council agenda
  – Approved
Consent Agenda

• Sept. 26 Faculty Council Minutes
  – Link sent to FC members and Faculty at-large post meeting
  – https://www.mcgill.ca/medicine/about/governance/faculty-council/meetings-minutes
Business Arising

• Project Renaissance
  – Faculty Space
  – Physicians of Tomorrow: Committee for Medical Education Governance (C-MEG)

➢ Terms of reference:
Business Arising

• Bicentennial Planning
  – Faculty liaison: Bernard Brais
  – Preliminary Faculty Executive Committee in place
  – Town Hall held Oct. 24, incl. overview by McGill’s Bicentennial Director, Gérald Cadet
  – 40+ Faculty volunteers to date
  – Next steps: Post presentation, convene volunteers

• Your ideas welcome:
  – https://www.mcgill.ca/medicine/bicentennial-2021-planning
Business Arising

• Launch of Clinical Innovation Competition (CLIC) and Hakim Family Innovation Prize
  – Goal: promote clinical innovation Faculty-wide and wider
  – $50,000: $10,000 as a monetary award + $40,000 to develop proof of concept and prepare for commercialization or implementation
  – $5,000 and $1,000 for 2nd and 3rd place
  – Proposals must aim to improve health outcomes, access for patients, or health care efficiency or effectiveness
  – Thanks to alumnus Ray Hakim’s vision and generosity and Gerry Fried’s expert support

• Inaugural deadline for submissions: Feb. 28, 2018
Inaugural deadline for submissions: Feb. 28, 2018

http://www.mcgill.ca/medicine/about/faculty-awards-prizes/clic-hakim-prize
Kent Saylor
Director and Co-founder
(with Dick Menzies, Assistant Director & Co-founder)
Indigenous Health Professions Program
INDIGENOUS HEALTH PROFESSIONS PROGRAM:

BACKGROUND
INDIGENOUS POPULATION

IN CANADA - ESTIMATED 1.4 MILLION (~4%) 
INDIGENOUS PEOPLE IN CANADA

FIRST NATIONS, MÉTIS AND INUIT ACCOUNT FOR 60%, 33%, AND 4%, RESPECTIVELY. 3% MIXED BACKGROUNDS (STATS CAN)

IN QUEBEC ~1.8% ARE INDIGENOUS

IN THE MCGILL RUIS - 4 LARGE INDIGENOUS POPULATIONS: ALGONQUIN, CREE, INUIT AND MOHAWK
Numerous health discrepancies

- Lower life expectancy
- Higher infant mortality
- Medical conditions
  - Diabetes
  - Cancer
  - Infectious disease
  - Bronchiolitis
  - Many others
Factors contributing to health disparities

- ACCESS TO CARE, EVEN BASIC PRIMARY CARE, IS DIFFICULT AND ACCESS TO SPECIALIST CARE VERY LIMITED
- MANY HEALTH CARE PROFESSIONALS WORK SHORT TERM
- LESS KNOWLEDGE OF INDIGENOUS PEOPLES’ CULTURE, HEALTH ISSUES
- LANGUAGE BARRIERS WHICH MAKES CARE LESS THAN OPTIMAL
- SOCIAL DETERMINANTS OF HEALTH
- VERY FEW INDIGENOUS HEALTH CARE PROVIDERS
- IN QUEBEC: EST. 12 OUT 20,000 DOCTORS ARE INDIGENOUS
Truth and Reconciliation Commission

94 calls to action; 7 in health

Call to Action #23

We call upon all levels of government to:

i. Increase the number of Aboriginal professionals working in the health-care field.

ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.

iii. Provide cultural competency training for all health care professionals.
Historically, McGill has not trained many Indigenous health care professionals

Exact numbers not clear
### 2016 Diversity Survey Data
Report to the WPC

#### DEMOGRAPHICS (IN PERCENTAGES)

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<th>SCSO</th>
<th>Medicine</th>
<th>OT</th>
<th>PT</th>
<th>Dent</th>
<th>Nursing</th>
<th>TOTAL</th>
<th>QUEBEC</th>
<th>CANADA</th>
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<td><strong>Black</strong></td>
<td>3.8%</td>
<td>3.3%</td>
<td>6.9%</td>
<td>0.0%</td>
<td>2.8%</td>
<td>N/A</td>
<td>3.4%</td>
<td>0.0%</td>
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<td><strong>First Nations</strong></td>
<td>0.0%</td>
<td>0.6%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>N/A</td>
<td>0.3%</td>
<td>1.5%</td>
<td>3.8%</td>
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<td><strong>Female</strong></td>
<td>96.2%</td>
<td>54.4%</td>
<td>84.5%</td>
<td>75.5%</td>
<td>61.1%</td>
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<td>66.3%</td>
<td>50.3%</td>
<td>50.4%</td>
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<td><strong>Parent’s income</strong></td>
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<td>$70,000 or less</td>
<td>7.7%</td>
<td>23.9%</td>
<td>25.9%</td>
<td>15.1%</td>
<td>27.8%</td>
<td>N/A</td>
<td>22.1%</td>
<td><em>Not Available</em></td>
<td><em>Not Available</em></td>
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<td><strong>Rurality</strong></td>
<td>15.4%</td>
<td>8.3%</td>
<td>6.9%</td>
<td>7.5%</td>
<td>11.1%</td>
<td>N/A</td>
<td>8.8%</td>
<td>19.0%</td>
<td>19.0%</td>
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<td><strong>Visible Minority</strong></td>
<td>19.2%</td>
<td>25.0%</td>
<td>25.9%</td>
<td>30.2%</td>
<td>47.2%</td>
<td>N/A</td>
<td>27.8%</td>
<td>8.8%</td>
<td>16.2%</td>
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* Census data has individual income broken down by income brackets as well as by province but it does not report household income in a comparable way.
History of IHP Program

- Dr. Menzies had idea to increase the number of Indigenous medical students at McGill

- Indigenous Health teaching curriculum in medicine funded by provincial government

- Met with Indigenous partners in RUIS – Algonquin, Cree, Inuit and Mohawk
Message from Indigenous Partners

• We need more Indigenous health care providers – not just doctors
• Our children lose interest in science/math at an early age
• Mature students interested in health careers need help and guidance getting back to school
• All health care professionals need to learn about Indigenous peoples
• Simplify things at McGill
IHP Program

• About 4½ years in the making
• Proposal to Dean in November 2016; approval from Provost Winter 2017
• 3 years core funding with commitment to make it permanent
• May 1, 2017
Organization - IHPP

IHPP core staff

McGill Partners

McGill Student group

Indigenous Partners
Core staff

- Director – Dr. Kent Saylor
- Assistant Director – Dr. Dick Menzies
- Program Manager – Ms. Jessica Barudin (returning from maternity leave Jan. 2018);

- Ms. Demetra Kafantaris – Senior Advisor to the Dean
Additional staff

• Outreach administrator – to be hired

• Elder in residence – to be hired

• Administrative Assistant – to be hired
McGill Partners

- Medicine
- School of Physical and Occupational Therapy
- Ingram School of Nursing
- School of Communication Sciences and Disorders
- School of Human Nutrition
- School of Social Work
- Faculty of Dentistry
- Student Advisory Group
Indigenous Partners

- Representatives from Departments of Health and Education
  - Algonquin
  - Cree
  - Inuit
  - Mohawk
Other departments, programs

- School of Continuing Studies
- Faculty of Education
- Global Health
- First Peoples House
- Office of Social Accountability and Community Engagement
IHP Objectives

1. INCREASE THE NUMBER OF INDIGENOUS HEALTH CARE PROFESSIONAL STUDENTS AT MCGILL

2. INCREASE THE TOTAL NUMBER OF INDIGENOUS HEALTH CARE PROFESSIONALS IN QUEBEC/CANADA

3. STIMULATE THE CREATION OF INDIGENOUS CURRICULA AT ALL HEALTH PROFESSIONS SCHOOLS AT MCGILL

4. CREATE A CENTRALIZED LOCATION FOR ALL MATTERS DEALING WITH INDIGENOUS PEOPLES’ HEALTH TRAINING AND TEACHING AT MCGILL

5. CREATE A WELCOMING ENVIRONMENT FOR INDIGENOUS STUDENTS IN THE HEALTH PROFESSIONS AT MCGILL
IHPP– Indigenous Student Education Trajectory

Four phases of support

- Early Exposure
- Transitioning Applying
- Retention & completion
- Professional Development
Early Exposure

Eagle Spirit Science Futures
Transitioning/Applying

- Pre-Admission assistance/workshop
- Information sessions
- Others
Retention & Completion
Student Welcoming
Professional development

Currently negotiating with MSSS to ensure future Indigenous physicians can work in an Indigenous communities – currently limited # of PEMs/PREMs
Teaching – How will it work?

- Inventory of what is currently being taught

- Possibilities include:
  - Create inter-disciplinary course
  - Create new course
  - Online course
5-10 YEAR VISION

Long term Goals

• At least 2% of graduates from health professional programs will be Indigenous

• Indigenous health curriculum taught at all schools

• McGill is seen as a leader in Quebec in training Indigenous health care professionals
Future possibilities

- Post-Graduate Medical Education
- Continuing Education – Faculty
- Increase Indigenous Faculty
Niá:wen
Thank You
Merci
Annette Majnemer
Vice-Dean, Education
Strategic Directions in Education for the Faculty of Medicine

Annette Majnemer OT, PhD, FCAHS
Vice Dean Education, Faculty of Medicine
Educational mandate for the Faculty of Medicine

• Purpose
  • Vision: Healthier societies through education, discovery, collaboration and clinical care

Preparing health professionals and scientists to excel
Vice Dean’s mandate

- No roadmap, but some directions provided
  - Several urgent dossiers
  - Advocacy at DOC
  - Education strategic plan (Project Renaissance)

- Reflection on what education is in the Faculty of Medicine
  - ≈7500 students: Health professions and biomedical sciences education programs
  - Educational research
  - International education, professional development, public education
  - Offices and Centres
  - Within vs outside of the university
    - Many silos
Steering Educational Excellence (SEE)

- Rajesh Aggarwal/
  Kevin Lachapelle
- Farhan Bhanji
- Elaine Davis
- Adam Finkelstein
- Terry Hebert
- Demetra Kafantaris
- Saleem Razack
- Yvonne Steinert/
  Don Boudreau
- Aliki Thomas
- Meredith Young
- Maia Yarymowich (admin)

- Collegial, collaborative, open
- Committed to engaging all relevant stakeholders
- Understanding that this is a faculty-wide education strategic plan
Engagement of stakeholders
May 2016 ➔

• SWOT analysis Education Leadership Council (May/2016)
• Online survey
  • Faculty (July/2016) and students (Sept/2016)
• Basic Science focus group (Nov/2016)
• 3 brainstorming sessions
  • One per goal (Feb/2017)
• Consultations with
  • School Associate Deans (May/2017)
  • Basic Science Chairs (June/2017)
  • Clinical Chairs (July/2017)
• SEE 2 half-day retreats (July/2017)
• Feedback of full draft document to
  • ELC and CME (July/2017)
• Dialogue with Centre of Med Ed (Oct/2017)
• Presentation to SSTL (Nov/2017)
Possible strategic areas

**IDENTIFIED BY SWOT**

1) Educational research
2) Learner-centred approaches
3) Interprofessional, interdisciplinary
4) Integration of technologies
5) Assessment & evaluation
6) Lifelong learning
7) Local and global/international education
8) Recognition and value

**WHAT IS STRATEGIC?**

- Areas where we can build national leadership
- Lacking adequate resource support
- Will enhance learning experience for our learners
The Faculty’s Education Strategic Plan:
Let’s ‘C’! Connect, Collaborate, Create

- Learning-centred approaches and student engagement
- Interprofessional and interdisciplinary approaches
- Educational research and scholarship
Goal #1: Connect
With our learners... for our learners
CONNECT: Learner-Centred Approaches

• Students are active participants in the learning process
  • Authentic engagement in education
  • Associated with deep learning

“Engage students in the hard messy work of learning” – Weimer, 2002
CONNECT: Learner-Centred Approaches

- **What is the evidence?**
  - Umbrella review = Benefits of learner-centred approaches
  - Scoping review = Processes within the environment that enhance learning

- **Target**: Health professions programs and biomedical science programs
CONNECT: Students and Spaces
Goal #2: Collaborate

Across professions... across disciplines
COLLABORATE: Interprofessional Education

**INTER-PROFESSIONAL**

- Students across professional programs learn together
  - Collaborative practice for patient-centred care
- Demand from the clinical environment (IPE in situ)
- Office of IPE
  - National IP Competency Framework
COLLABORATE: Interdisciplinary Education

**INTER-DISCIPLINARY**

- Enrich learning experience
  - Across basic science disciplines
  - Basic science + health professions
Goal #3: Create

New knowledge... to influence through innovation
At a Tipping Point

- **Canada** = Highest relative productivity worldwide in medical education research  
  (Doja et al, 2014; #2 Montreal)

- **McGill** = Critical mass of academic experts in health professions education research
  - # PhDs, Masters (education field)
  - International stature growing

- Science to guide implementation (KT) of research -> education practices
CREATE: Educational Research

WHY A PRIORITY?

• Not in the Research Strategic Plan

• KT science to guide greater uptake and use of evidence
  • Advance teaching and learning in the classroom and in the clinical setting

• Foster culture of innovation
  • Bringing together individuals with different perspectives

KNOWLEDGE TO ACTION
Education Strategic Plan: Next steps
Implementation Plan

YEAR ONE

• SEE setting priorities for 2018
• Education champions being identified
• Resources allocation request to the Dean

MEASUREMENT

• Performance measurement strategy being developed
  • Mixed methods
  • For each goal
Strategic Investments

KEY INITIATIVES

• Faculty Development on learner-centred approaches
• Advanced curriculum in IPE
• Interdisciplinary certificate (non-academic career tracks)
• Explore concept of a Learning Institute in Health Sciences Education
Many strengths

- Exceptional leadership in the health professions
- Students leading the way
- A growing interest in basic sciences education
- Quality and scope of education research
- Offices and Centres that support educational excellence
Challenges too

- Silos to bridge
- Equity issues
- Recognition and value
- Wellness of our students
- Need for education champions (basic sciences)
- Space is poor and impedes connection and collaboration, and learner-centred approaches
Online survey

Faculty (n=360)
• 53.9% male
• All ranks well represented
• 53.1% from health care settings
• 48.9% provide graduate supervision

Students (n=568)
• 70% female
• 63.6% first half of program
• 158 UGME, 103 nursing, 34 OT, 28 SLP, 25 residents, 21 PT
• 86 PhD, 49 MSc, 46 BSc, 18 other
Brainstorming sessions: Goal #1

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Role</th>
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<tbody>
<tr>
<td>Antonacci</td>
<td>Nurse Manager, Clinical Teaching Unit, St. Mary’s Hospital (CIUSS-Ouest-de-l’Ille) &amp; Faculty Lecturer, Ingram School of Nursing</td>
</tr>
<tr>
<td>Bhanji</td>
<td>Intensivist, Associate Professor, Pediatrics</td>
</tr>
<tr>
<td>Boudreau</td>
<td>Interim Director, Centre for Medical Education &amp; Associate Professor, Dept. of Medicine</td>
</tr>
<tr>
<td>Chassé</td>
<td>Physiotherapist, CIUSS-Ouest-de-l’Ille (St. Anne’s Hospital)</td>
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<tr>
<td>Côté-Leblanc</td>
<td>Chef du transfert des connaissances et de l’innovation, CIUSS de l’Ouest-de-l’Île-de-Montréal</td>
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<tr>
<td>Davis</td>
<td>Associate Dean, Biomedical BSc, Graduate and Postdoctoral Affairs &amp; Associate Professor, Dept. of Anatomy &amp; Cell Biology</td>
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<tr>
<td>Dhaliwal</td>
<td>Student, Nursing (Graduate Studies)</td>
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<tr>
<td>Finkelstein</td>
<td>Educational Developer, Teaching &amp; Learning Services</td>
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<tr>
<td>Fletcher</td>
<td>Student, Med-3</td>
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<tr>
<td>Honigman</td>
<td>Student, Speech &amp; Language Pathology</td>
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<tr>
<td>Kafantaris</td>
<td>Senior Advisor to Vice-Principal of Health Affairs &amp; Dean, Faculty of Medicine</td>
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<tr>
<td>Labrecque</td>
<td>Chief, Family Medicine Centre, CIUSS-Ouest-de-l’Ille</td>
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<tr>
<td>Lalla</td>
<td>Associate Dean, Continuing Professional Development &amp; Assistant Professor, Dept. of Family Medicine</td>
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<tr>
<td>Mandato</td>
<td>Associate Professor, Dept. of Anatomy and Cell Biology &amp; Associate Member, Dept. of Medicine, Division of Experimental Medicine</td>
</tr>
<tr>
<td>Purden</td>
<td>Director, Office of Inter-Professional Education &amp; Associate Professor, Nurse</td>
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<tr>
<td>Razack</td>
<td>Director, Office of Social Accountability and Community Engagement &amp; Associate Professor, Pediatrics</td>
</tr>
<tr>
<td>Shrier</td>
<td>Professor, Dept. of Physiology</td>
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<tr>
<td>Sivapragasam</td>
<td>Student, MD/PhD program</td>
</tr>
<tr>
<td>Thomas</td>
<td>Assistant Professor, School of Physical and Occupational Therapy</td>
</tr>
<tr>
<td>Trottier</td>
<td>Academic Associate &amp; Education Specialist, Dept. of Microbiology and Immunology</td>
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Don Sheppard
Director, Division of Infectious Diseases
The McGill Interdisciplinary Initiative in Infection and Immunity: MI4

Donald Sheppard
The challenge

• McGill infection and immunity research
  • World class researchers and small-moderate teams
  • Geographically and administratively dispersed
  • Resources fragmented, not centrally planned
  • No McGill wide brand or identity
  • History of competition between units rather than collaboration

• Funding climate is changing
  • Low success rates from traditional sources (i.e. CIHR)
  • Team research critical to success
  • Requires organized, comprehensive teams with established track record of success
A McGill-led Solution....

MI4: McGill Interdisciplinary Initiative in Infection and Immunity

A McGill-wide institute that brings together and supports the infection and immunity community to accelerate the pace and impact of research and training.

....to a Global Challenge
Our Vision

To leverage the power of translational research for the prevention, cure and elimination of major infectious and immune threats to health in the 21st century.

Our Approach

To move past antibiotics and non-selective immunotherapies and develop innovative multidisciplinary solutions for infectious and immune diseases.
Strategic priority areas

1. Antimicrobial resistance
2. Emerging / re-emerging diseases
3. Infectious and immune diseases in vulnerable populations
4. Diseases of altered immunity
Stakeholders

Community of > 200 researchers and clinicians from across all McGill institutions
Expertise across the pillars

- Clinical Research
- Fundamental Science
- Epidemiology & Population Health
- Health Services, Implementation and Policy

MI4

McGill Interdisciplinary Initiative in Infection and Immunity
Key Contributors

- Health Science Departments
- Faculty of Science Departments
- Faculty of Agriculture Departments
- Institute of Parasitology
- Infectious Diseases in Global Health
- Centre of Excellence in Translational Immunology
- Goodman and Segal Cancer Centres
- Stem Cell and Regenerative Medicine Program
- Computational Medicine (C3G)

McGill Centres:
- Complex Traits
- AIDS Centre/Emerging and Complex Viral Infections
- Microbiome and Disease Tolerance
- International Tuberculosis
Key Contributors

• School of Population and Global Health
• Institute of Parasitology
• Centre for Outcomes Research
• Department of Epidemiology
• Department of Biology
• Centre for Clinical Epidemiology (LDI)
• Biostatistics
• Public Health
• Chronic Viral Illness Service
• Center of Excellence in Systemic Autoimmune diseases and Rheumatology
• Respiratory Epidemiology and Clinical Research Unit
Key Contributors

Health Services Implementation and Policy

- Institute for Health and Social Policy
- School of Population and Global Health
- Institute of Parasitology
- McGill International TB Centre
- Faculty of Law
- Centre for Outcomes Research
- Department of Epidemiology
- Department of Public Health
- Chronic Viral Illness Service
- MUHC Clinical Practice Assessment Unit
- J.D. MacLean Centre for Tropical Diseases
Key Contributors

- McGill International Tuberculosis Centre
- McGill AIDS Centre
- Chronic Viral Illness Service
- MISTIC*
- Center of Excellence in Systemic Autoimmune diseases and Rheumatology
- McGill Rossy Cancer Network
- Centre for Innovative Medicine
- MUHC Vaccine Study Centre
- McGill IBD Centre of Excellence
- Respiratory Epidemiology and Clinical Research Unit
- Infectious Disease Susceptibility Program
- Global Health Programs
- McGill C. difficile Study Group
What will MI4 accomplish?

Comprehensive solutions to complex problems:

• **Moving beyond antibiotics:** vaccines, antibodies, proteins, microorganisms and cells that reprogram immune responses to enhance protective activity against pathogens

• **Hacking the immune system:** a platform to develop and implement novel immunotherapies for cancer and inflammatory diseases

• **Disease detection:** point-of-care (POC) and innovative diagnostics for infectious and immune diseases

• **Eradicating infectious diseases:** elimination of TB and Hepatitis C virus transmission in vulnerable Canadian communities as a model for the world
What will MI4 accomplish?

Foster interdisciplinary and inter-institutional research:

• **Training programs:** partner with existing departments and programs to develop co-training models to serve as nodes

• **Seed grants:** small one-time funding opportunities to bring together new teams to tackle priority areas

• **Shared platforms:** personnel support, resource sharing and strategic planning to maximize platform usefulness and lifespan

• **Secure large scale funding:** early identification, project management and identification of co-funding for large scale initiatives (SPORE, NCE, JPIAMR, CERC)
What will MI4 accomplish?

Engage and inspire our students:

- **Attract:** Develop exciting, groundbreaking initiatives that will be a magnet for the best and brightest

- **Interact:** Embrace a philosophy that fosters innovation through cross-discipline training

- **Act:** Help students realize their ambitions to become a global force for change
Progress to date:

Inaugural MI4 Strategic Forum

• Brainstorming meeting of 125 researchers:
  • Priority areas
  • Interdisciplinary projects
  • Training initiatives
• >40 proposals for research programs submitted

Presentation to University Advancement

• Shared our vision with UA team and advisors
• Well-received and greenlighted to move forward as a McGill Grand Challenge
• Next task is preparation of Faculty case for support
Ongoing work

Strategic plan development

• Workgroup established, meeting this week
• Develop a governance plan
• Define science, priority programs and vision
• Determine our needs and draft a budget
• Identify the role for donor support in a comprehensive funding plan

Establish our position

• Build our research teams and programs
• Generate performance metrics and comparator data
• Develop provincial, national and international partnerships
Roadmap to funding

Identify and prepare for team grant and large scale funding opportunities

**Ongoing**
- Large foundation LOI submitted
- JPIAMR initiative shortlisted for funding
- CIFAR in preparation
- Partner in two NCE applications

**Future opportunities**
- CERC and CFREF
- MESI-FACS
- FRQS – Reseau
- European Research Agency partnerships
- JPIAMR network
MI4 Development Timeline

- Faculty case for support completed
- 1st External funding application submitted
- Strategic plan and institute proposal submitted
- Research teams established
- Institute approved internally
- Training programs established
Questions?
MI4 Governance

- **International Scientific Advisory Committee (I-SAC)**
- **Executive Committee, Scientific Director, co-SD**
- **MI4 Steering Committee**
- **Patient Advisory Committee**
- **Partnerships and Sustainability Committee**

**MI4 Themes**
- Anti-microbial resistance
- Emerging and re-emerging Infectious Diseases
- Infections in vulnerable populations
- Diseases of altered immunity

**Admin Support Unit**
- Scientific manager
- Training coordinator
- Communications/events Coordinator
- Finance Coordinator

**MI4 Core Support**
- Clinical trial design
- Statistics
- Regulatory
- Bio-informatics
Françoise Filion & Laurin Vroom
Ingram School of Nursing
McGill-Bonneau Nursing clinic

MCGILL UNIVERSITY - INGRAM SCHOOL OF NURSING AND ACCUEIL BONNEAU COMMUNITY PARTNERSHIP
Overview

• General information about the project
• Agreement signed by the different parties (ISON, FoM, Accueil Bonneau)
• Update to this day about the implementation of the project
• Evaluation of the project
General information about the project

• Description of project
• Relevance to ISON
• Funding
• Safety
• Logistics
• Legality
Description of project

• Accueil Bonneau (AB): homeless shelter, partner with us for the past 5 years for NUR1 432 – Community Health Nursing Project

• April 2017: expressed a need for direct care for their 200 residents (adult single men) of four houses they have (Maison Joseph Vincent; Maison Claire Ménard; Maison Eugénie Bernier; Maison Paul Grégoire)

• Population needs: houses have 50 studio apartments; general assessment needs, vital signs; wound care; chronic disease surveillance and education; disease prevention; health promotion; referral to healthcare system as needed (medical clinic or ER: AB has an accompaniment program in place)

• Clinical site for 4 nursing students per semester
Relevance to ISON

• Strategic objective 3: Initiate, develop and sustain dynamic community partnerships locally, nationally and globally that create mutually beneficial outcomes.

• 3.2: Expand, diversify and support service mandate within ISON

• ISON is situated in the core of downtown Montreal where the homeless population in the city resides. AB is also downtown and tends to this population.
Funding

• The salary of the nurse clinician is part of the operating budget of ISON.
• Accueil Bonneau is providing the space, material and supplies needed to be use on site.
Safety

• Students are always under the supervision of the nurse clinician or an “intervenant” from AB

• Physical space at AB: Secure waiting room, locked access door to the clinic with a secretary present at the front desk, clinic space is set up for us
Logistics

• Accueil Bonneau understands and agrees that the ISON clinical care will be provided only during the 3 academic semesters (Fall, Winter, Summer)

• The agreement signed is for the academic year 2017-18, as it is a pilot project for AB and ISON
Legality

• Scope of practice for a nurse clinician working outside of an institution is covered by his/her OIIQ license and will follow the professional, ethical and legal guidelines outlined in “Pratique infirmière dans le secteur privé”

• The insurance policy will be covered by the OIIQ as per document by La Capitale General Insurance

• Partnership with a GMF (1851 Sherbrooke East)
Update to this day

- 17 patients seen or followed at the clinic
- 43 individual visits
- Various main concerns (Dermatologic issues, pain, foot issues, skin infestation...)

Number of visits per month
Alcohol or drug use (according to the # of patients)
Mental health issues (according to the # of patients)
Referrals (according to the # of visits)

- No: 29
- Hospital: 5
- CLSC: 4
- Family physician: 1
- Other: 4
Evaluation of project

- We worked on an evaluation plan to assess the pilot project by the end of the academic year
- Dr Melanie Lavoie-Tremblay is our faculty consultant on this matter
Questions?

• Thank you very much for your attention!
Kudos

McGill Dean of Medicine Awards of Excellence

Priyabrata “PB” Mukhopadhyay Award
Philippe Laroche
Anne McCormick Award
Jarrod Nichol
Pamela Chase Award
Joseph Dubé

College of Family Physicians of Canada

Family Medicine Researcher of the Year Award
Dr. Pierre Pluye
Ian McWhinney Family Medicine Education Award
Dr. Miriam Boillat
Lifetime Achievement Award in Family Medicine Research
Dr. Yvonne Steinert
Kudos

McGill Faculty of Medicine Prizes

Maude Abbott Prize
Dr. Srividya Iyer
Haile T. Debas Prize
Dr. Robert Carlin
Rosemary Wedderburn Brown Prize
Dr. Nicole Li-Jessen

Senate of Canada 150 Medals
Dr. Alan Evans, Dr. Andrea C. LeBlanc, Dr. Bernard J. Lapointe

Royal Society of Canada’s McLaughlin Medal
Dr. Michel Tremblay

Canadian Medical Hall of Fame Laureate
Dr. Balfour Mount
Kudos

Prix Galien Canada – Research Award
Dr. Ernesto L. Schiffrin

Prix Albert-Jutras de la Société de radiologie du Québec
Dr. Raquel del Carpio

International Society of Quality of Life’s President’s Award
Dr. Nancy Mayo

Canadian Cancer Research Alliance’s Award for Distinguished Service to Cancer Research
Dr. Eduardo Franco

McGill University Lifetime Achievement Award for Leadership in Education
Dr. Linda Snell

Canadian Society for Clinical Investigation’s Distinguished Scientist Award
Dr. Roderick McInnes
Kudos

Cystic Fibrosis Foundation’s Paul di Sant’Agnese Distinguished Scientific Achievement Award
Dr. Gergely Lukacs

Canadian Society of Allergy and Clinical Immunology’s F. Estelle R. Simons Award for Research
Dr. Moshe Ben-Shoshan

Royal College’s Mentor of the Year for Region 4
Dr. Donald Sheppard

CIFAR Azrieli Global Scholar
Khanh Huy Bui
Kudos to Our Students

Dr. Robert and Sharon Francis Canadian Medical Hall of Fame Award
Tianwei (Ellen) Zhou

Étudiants-chercheurs étoiles Award, Fonds Nature et technologies (October)
Olanrewaju Ayokunle

Mitacs Master’s Award for Outstanding Innovation
Justine Behan

Lexy Fellowes Award
Carol-Ann Dom

McGill Rhodes Scholar
Alexander Lachapelle
Kudos to Our Students

Pam and Rolando del Maestro William Osler Medical Students’ Essay Award
Clare Fogarty & André Lametti

Evelyne Rocque Malowany Convocation Prize & Anne Marie Hum Fong Memorial Prize
Vanessa D’Aquila

Pearson Book Prize
Hailey Schwass

Steinberg Global Health Postdoctoral Fellowship
Shaun Cleaver

Congratulations to all!
Open Discussion/Town Hall
Happy Holidays
Joyeuse Fêtes

Photo by D. Eidelman, Architectural detail at 3605 de la Montagne, Montreal, Quebec.
We welcome your input!

Should you have a topic, comment or question you would like to submit to the Steering Committee for consideration at the next Faculty Council, please enter it below.

Name

Your Topic/Comment/Question

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Please hand in your name cards!