

October 2, 2017

## Wilson Centre Strategic Refresh Plan 2017-2020

To: Cynthia Whitehead, WC Management Team & broader

From: Donald C Cole & Niall Byrne, on behalf of Refresh Group Leaders team - Shiphra Ginsburg, Mahan Kulasegaram, Tina Martimianakis, Lisa Richardson, & Nikki Woods - with the support of Mariana Arteaga

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## **PREFACE**

As a theoretically grounded Research Centre, we are unwavering in our commitment to academic freedom. This foundational principle allows us to produce rigorous healthcare education theory and science (Knowledges Production in the report), and train the next generations of researchers (Scholars' Development in the report, including the successful Fellowship Program – Appendix III). With a strong twenty-year history, the Centre has reached a developmental stage where, in addition to ongoing serendipitous and personal connections, we have the size, reputation, and stability to engage in more formal connections with targeted local, national and international partners (Collaborations section of report). Under the leadership of its former Director, Charlotte Ringsted, the Wilson Centre developed a comprehensive five-year Strategic Plan in 2014. Shortly after the development of the Plan, the Centre experienced a series of leadership transitions. As a result, while many aspects of the 2014 Strategic Plan have been acted upon, there was a collective sense that a Strategic Plan Refresh would be extremely useful to guide the work of the Centre going forward under the leadership of its current Director, Cynthia Whitehead. The Refresh process was designed to pay attention to our history, current strengths, and core business. We also aimed to identify new and/or innovative areas as additional key priorities for Centre activities over the next 3 years. We see this Refresh process as building upon, rather than replacing, the 2014 Strategic Plan. As a Refresh, rather than a full Strategic Planning process, we deliberately did not revisit either the Vision or Mission of the Wilson Centre, which remain:

### **Vision**

The Wilson Centre Vision is to be:

A global leader in advancing healthcare education and practice through research.

### **Mission**

The Wilson Centre will:

- Foster the discovery of theory and new knowledge relevant to advancing healthcare education and practice.
- Promote creative synergies between diverse theoretical perspectives, and between theory and practice.
- Cultivate future research leaders in healthcare education and practice.

Donald Cole graciously agreed to lead us in this Refresh process, and we are grateful that he was willing to embark with us on a quite different process from that of many Strategic Plans. As a group of academic theorists, we chose to draw upon our strength, and create what we hope will prove to be an innovative and analytic process of engagement and action.

Cynthia Whitehead

Director

## **ABSTRACT**

A 2017 Wilson Centre Strategic Refresh plan was completed by the Centre's scientists and fellowship representatives. It focused on the next 3 years to 2020 when a review of the incumbent director is anticipated. The planning process was led by Dr. Donald Cole, Professor, Dalla Lana School of Public Health, University of Toronto. Initially, five core areas were identified based on an analysis of previous Wilson Centre strategic plans, current thinking and the expressed relevant strategic priorities of the Faculty of Medicine and the University of Toronto. These include two new areas, International Collaboration and Indigenous Health Care Education Research. For each of these core areas, working groups brainstormed ideas and generated principles, descriptions and detailed action items (see (Appendices 1-5)). Based upon these working group documents, a cross-cutting set of principles and a strategic conceptual action framework was developed to facilitate an integrated plan of action across all priorities. This framework contains seven strategic action concepts: **Knowledges Production, Scholars' Development, Engagements, Collaborations, Analytics, Good Citizenship** and **Funding**. For each of these, a set of actions was proposed for the Wilson Centre members to move forward a development agenda from 2017-2020.

## INTRODUCTION AND METHODOLOGY

In acknowledgement that a full and comprehensive strategic review is anticipated in 2020, at the end of the five-year term of the incumbent director, the Wilson Centre undertook a Refresh of its existing strategic plan. The Refresh process was viewed as a means to reflect current dominant research discourses in health professions education research, the Centre's level of maturity in its 20<sup>th</sup> year of existence (updated from Hodges 2004), the experience of other research centres both general (Coen et al 2010) and health professions education research specific (Varpio et al 2014), emerging areas of development at the Centre, and the stated relevant strategic objectives of the Faculty of Medicine University of Toronto, and the University Health Network.

Our focus in the Refresh was on new aspects, which emerged from the working groups and conjoint leaders' discussion, rather than the full suite of relevant material in the existing WC strategic plan, i.e. complementary rather than all encompassing. The strategic Refresh process was designed to be cognizant of the core mandate of the Centre regarding knowledge and scholars' production, engagements and collaborations. We also sought to elaborate on two new initiatives (since the last Strategic Plan), Indigenous Health Care Education Research and International Collaboration, each of which has resonance with the Centre's scientists, the Faculty of Medicine and the University of Toronto. Finally, the Refresh aspect of planning was based on the assumption that a review in 2020 will effectively be an evaluation of successes or failures in relation to this 2017 Refresh plan.

In terms of approach, there is no shortage of published models informing strategic planning in both the for-profit (1-3) and non-profit sectors (4-6). The models range from linear (7-8) to organic (9-10) types. The linear models usually focus on the identification of mission, selection of organizational goals, identification of specific strategies followed by specific actions and ending up with a regular updating plan plus a budget realignment to accommodate to the actions specified. The organic models are typically addressed to organizational cultural values, its vision, periodic reviews and continuous adjustments to emergent contingencies. Absent from most models' descriptions are the evidential basis for a) who should lead strategic planning, b) who should be engaged in it, and c) what evaluation outcomes model and measures are deemed appropriate.

Thus, without these evidential handles, the Wilson Centre proceeded to engage in a strategic Refresh planning exercise with the perspective of seeing it as an academic rather than an administrative exercise. On that basis, the Centre opted to a) ask Dr. Donald Cole, Professor and Scientist of Dalla Lana School of Public Health, University of Toronto, to facilitate the planning, and b) co-involve WC scientists together with fellowship representatives. The envisaged sequence of activities is outlined in Figure 1 (after Bibliography).

Steps undertaken included:

1. An analysis of the four previous strategic recommendations (2002-2015) was undertaken to provide a context for the current Refresh plan (see Appendix I). This analysis made evident those activities that are continuous and that form the core of the Centre. It also helps point out the areas of current interest and concern that represented gaps in the overall agenda of the Centre.
2. From this analysis, five areas for exploration emerged as follows:
  - i) Individual and collective growth of scientists
  - ii) Priorities for WC engagement in local collaborations/networks
  - iii) Priorities for the WC engagement in national collaborations/networks
  - iv) Priorities for the WC engagement in international collaborations/networks
  - v) Indigenous health profession education research.

The Wilson Centre scientists and trainees were invited to choose participation in one of the five area working groups. The Centre Director appointed additional members to each working group to broaden and deepen potential perspectives.

3. The leaders of the working groups, together with Drs. Cole, Byrne and Whitehead, initially brainstormed approaches to and relevant resources for a discussion of Centre directions (see Bibliography).
4. Through an iterative process, each working group produced its report (Appendix II) containing
  - i) General principles guiding the area
  - ii) Specific strategic target(s)
  - iii) Action necessary to undertake the achievement of those targets
5. Using group report as data, group leaders and Drs. Cole, Byrne and Whitehead synthesized principles and established the seven conceptual action strategies laid out below.

## PRINCIPLES

Complementing those embodied in the Centre's current mission (as per the Preface):

Individual and collective growth of scientists is a priority. [group 1]

Academic freedom (loosely defined as the ability to ask the kind of questions and do the kinds of research that the scientist wants to do) can be either maintained or eroded. The Wilson Centre leadership should ensure that all scientists have the academic freedom necessary to advance their research and careers. [group 1]

Re Centre-level collaborations [groups 2, 3 & 4]:

- a. Must respect the mission, vision, and core values of the Centre and be executed in accordance with the University of Toronto and the University Health Network policies.
- b. Should begin with explicit articulation of mutual benefit to The Wilson Centre and the partner.
- c. Should be prioritized based on their potential to advance the academic and professional interests of the Centre's core membership (including scientists, researchers, and fellows) i.e. based on their potential to be career building and in service of trainees and scientists.
- d. Must be sustained by active participation from core members, while at the same time maintaining academic freedom and independence of Wilson Centre core members. While institutional priorities can be identified, participation in collaborations should be voluntary/at their discretion.
- e. Align with other elements of the strategic plan.

In particular, for international Centre collaborations [group 4]:

- f. International collaborations will not compromise the capacity of the Centre and individual scientists, researchers or fellows to perform their academic responsibilities

## CONCEPTUAL ACTION STRATEGIES

Seven conceptual action strategies were established, the first of which was *Knowledges Production*. The Wilson Centre is by mandate and definition both a medical school and university education research centre, whose core and fundamental agenda is to produce new knowledge in the field of healthcare education through research. In all of the strategic deliberation, *Knowledges Production* was viewed as the foundation and driving force of the Centre's plan, with a diverse meaning of knowledges - hence the pluralization.

The second, *Scholars' Development*, was seen as an essential counterpart of *Knowledges Production*. The Wilson Centre has assumed the obligation to train new scientists and researchers through its Fellowship Program, by conducting Ateliers and other courses related to specific skill sets, by supporting its Scientists to supervise trainees in various degree programs, and preparing for approval of a PhD program. At the time of the Refresh, the proposed PhD program approval, which is viewed as a potential core component of the Centre, is pending University approval.

The third, *Engagements*, relates to the activities local, national and international in which the Wilson Centre shares its research accomplishments, research ideas and methods. Closely related, the fourth, *Collaborations*, involves activities of the Centre's scientists from colleagues of other organizations and it is usually focused on research and programs enhancing research capacity.

The fifth, *Analytics*, is intended to track and record decisions and their consequences related to each of the conceptual action strategies. The sixth, *Good Citizenship*, addresses the alignment of the WC priorities with those of the Faculty of Medicine and University of Toronto and University Health Network, with the example of Indigenous initiatives. The final, *Funding*, outlines the aim to identify the costs associated with new initiatives and the motivation to seek external funding where appropriate.

We shall address each of these conceptual action strategies in turn.

## 1. **KNOWLEDGES PRODUCTION**

Wilson Centre members already generate substantial, epistemologically and thematically varied knowledge outputs (Appendix IV). This core function of the Centre must continue to be a major focus of attention.

### **Actions**

- i. Maintain and where possible improve the volume and quality of research scholarship production.
- ii. Maintain and where possible increase the volume of grants and peer-reviewed funding.
- iii. Monitor all of the scholarly production.

The new area identified in this Refresh plan is oriented towards the goal of building capacity in Indigenous health care education research and scholarship. An orientation for scholar-practitioners is necessary for those new to this area:

### **Actions**

- iv. Provide guidance to researchers who undertake scholarly projects in Indigenous Health Care Education.
- v. Ensure that all WC scholarly activities in Indigenous Health Care Education follow the Tri-Council Policy Statement related to research with Indigenous peoples (<http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter9-chapitre9/>).

Accompanying this orientation is the need to develop a program of research in Indigenous Health Care Education:

### **Actions**

- vi. Perform literature review and environmental scan of Indigenous health initiatives in health care professions' education in Canada and internationally. The areas of inquiry will include (1) curriculum development and evaluation of educational interventions for health care professionals, and (2) strategies to recruit and support Indigenous trainees in the health professions. These two areas emerge directly from the calls to action of the Truth and Reconciliation Commission.
- vii. Apply for grants with partners outside Wilson Centre to pursue (1 above). The latter will also help to strengthen the informal network of scholars and researchers in the area of Indigenous Health Education.
- viii. By building on the results of (1 above), and on input from community advisors, pursue specific research questions related to Indigenous health education.

## 2. **SCHOLARS' DEVELOPMENT** (ourselves, our fellowship & graduate programs, ateliers, etc.)

### **Scientist development:**

The considerable mentorship required by scientists is currently informal at the WC and can thus be differential across scientists, with the appearance of inequities. Particular areas include: ensuring that new scientists are included on an appropriate number of thesis committees in order to gain enough experience to obtain SGS appointments; ensuring equitable access to fellows and/or visiting scholars; guiding scientists in their negotiations with their affiliated departments to ensure they are protecting their time; and guiding scientists through the three-year review process and promotions.

### **Action**

- i. The WC should create a formal mentorship program for junior scientists.

The stability and academic freedom that comes with adequate remuneration and tenure are potentially at risk at the WC. Additionally, there is a sense that the pay scale at UHN is lower than at comparable centres across Canada, both for starting salaries as well as for advancement. Further, leadership training and opportunities should be made available to scientists and trainees. To this end, the WC must work to encourage personal and professional growth within our own institution(s), including with sabbaticals, recognizing that these currently vary by affiliated departments. While we recognize that issues such as tenure and sabbaticals may be beyond the control of the Centre itself we felt they were critical to our scientists' retention, growth and success and thus they should remain front and centre.

### **Actions**

- ii. Over the next 1-2 years the WC should consider a survey or study of other institutions' policies and practices regarding tenure, salary, sabbaticals and academic freedom. It also might consider a study internally of how "safe" or "vulnerable" scientists here currently perceive themselves and their careers. Such a study could also explore issues of stability (e.g. to what extent shorter contracts and no tenure hinder scientists in their goal of developing programmatic research?)
- iii. The WC should advocate for academic leaves for the scientists and consider raising or reallocating funds to support scientists to take mini-sabbaticals (e.g. have an application process for funding every 5-7 years throughout one's career).

Many scientists wish to evolve as leaders and to have the opportunity to be considered for high level leadership positions. Many (if not all) of the scientists who have left the WC in the last several years are now in major leadership positions elsewhere, including as directors for centres in education research and department chairs.

### **Action**

- iv. The WC should find ways to support scientists who wish to take leadership courses, through fundraising or other activities.

The Centre also has a robust Visiting Scholars program that attracts scientists and graduate trainees from around the world.

### **Actions**

- v. Assess how international collaborations could support individual career paths of Scientists, Researchers and Fellows
- vi. Build the capacity for international exchanges in the Wilson Centre graduate program
- vii. Advocate for Scientists to be allowed international sabbaticals consistent with university policy

## **Scientist, fellow and graduate student development for Indigenous Health Care Education Research and Scholarship**

### **Actions**

- i. Provide opportunities for WC members to learn about Indigenous health, peoples and knowledges through a reading group or other educational activities.
- ii. Provide cultural safety training (online module or similar learning activity) to members of WC leadership team.
- iii. Create a welcoming and supportive environment for Indigenous scholars.
- iv. Recruit trainees with an interest in Indigenous Health Care Education.

### **3. ENGAGEMENTS**

In *international* Engagements, to date the Wilson Centre has formally created opportunities for scientists and fellows that have involved primarily teaching Engagements, though other options exist. Hence:

#### **Actions**

- i. Identify how the Wilson Centre and its members have benefited from international engagement
- ii. Profile on our website and annual report:
  - a. International Engagements
  - b. Keynotes and invited international talks
  - c. International partnerships-collaborations
- iii. Develop a programmatic approach for international engagement and identify what is needed to consolidate current strengths and build capacity for new initiatives

To complement the Centre's manifold existing engagements, and with the goal of creating a network of community members and academics in the area of Indigenous Health Care Education Scholarship:

#### **Actions**

- i. Seek guidance from local community members and leaders to ensure that WC activities are meaningful and respectful. This will include:
  - a. Establish a relationship with an Elder or traditional teacher who would like to be affiliated with the WC. S/he can provide opening addresses for official events, teaching circles with WC members, guidance to leadership team as needed for initiatives related to Indigenous health professionals' education, and will be remunerated for these activities.
  - b. Create an advisory group that comprises Indigenous and non-Indigenous community members, researchers, trainees and health care providers to oversee the WC's Indigenous Health Care Education Program
- ii. Share findings of the program of research in Indigenous Health Care education with Indigenous communities and with the broader academic community.

### **4. COLLABORATIONS**

Fuller than engagements, collaborations involve multiple dimensions of involvement that can range from consultative through to co-creative. They can involve different academic Activities including research, evaluation, CPA/Innovation, administrative & policy, and educational. Lastly, they can vary in degrees of formality including informal and loose relationships to formalized collaborations with accompanying administrative structures.

Collaborations of interest for the Refresh were Centre-level collaborations (as opposed to individual scientist collaborations). These can be in the form of funding arrangements, research collaborations, joint

supervision of fellows, provision of laboratory space, access to research settings etc. The potential benefits of collaboration include: knowledge of the landscape of health professions' education (HPE); the ability to access networks and develop connections; the opportunity to impact HPE locally to globally; demonstrate the presence and relevance of the Centre and its members; advocate for research and scholarship in HPE and related fields; and grow the Centre's membership and human capital. The potential drawbacks of collaboration include: overextension of the human, financial, and logistical resources of the Centre; potential conflicts of interest due to associations with collaborators; loss of academic freedom; loss of focus on members' research programs; brand dilution and over-exposure of the Centre. Hence, Centre-level collaborations should be prioritized based on their potential to advance the academic and professional interests of the members of the Centre. Collaborations should begin with explicit articulation of mutual benefits and potential drawbacks to The Wilson Centre and the partner(s).

Strategic Questions for all collaborations that should be explored and at least partially answered include:

- a) Should the Centre pursue any specific types of collaborations or specific of collaborators? If yes, which?
- b) When is collaboration value added for the Centre?
- c) What makes a collaboration mutually beneficial?
- d) Should the Centre create administrative policy to guide collaborations?
- e) How might the effectiveness of collaboration be assessed?

#### **Action across areas:**

In a prioritization exercise, following documentation of collaborations in each area develop useful answers to the above questions.

*Local* – For the purpose of this Refresh, “local collaborations” are limited to Toronto and surrounding area including hospitals in the GTA (community and TAHSN/UofT affiliates) and external organizations that may be headquartered in the GTA (e.g. Touchstone, CPSO).

#### **Actions**

- i. Identify priorities for Wilson Centre collaboration that align with 2017 UHN Strategic plan and 2017 U of T strategic plan
- ii. Consider possible collaborations with local partners identified as absent or new within the scope of the current membership categories
- iii. Clearly articulate a mutually respectful model of Wilson Centre collaboration locally (to offset the hub/spoke conversation of previous strategic plans)
- iv. Seek out opportunities for Scientist positions within units currently identified as “absent” connections
- v. Engage trainees from other units (OISE) as general members and potential participants in Wilson Centre activities (The Hodges Symposium, etc.)
- vi. Pursue opportunities for joint Fellowships with other EDUs and Clinical Departments through joint fellowships

*National* – Potential Collaborators for the Centre include other Research and Education Centres in HPE, Institutions of Higher Learning, Hospitals, Regulators & Professional Associations as well as national bodies representing professions, Governmental bodies, Public advocacy/special interest groups, commercial organizations and individual researchers or academics.

#### **Actions**

- i. Create a list of national collaborations (formal/informal) at the centre; identify the strengths and weaknesses of current and past collaborations
- ii. Assess the informal collaboration needs of the centre's scientists, researchers, and fellows in order to identify appropriate supports

- iii. Support the project & research based informal national collaborations of individual Scientists, Researchers, and Fellows by
  - a. Identifying Hospital and University resources to aid successful collaboration.
  - b. Creating new resources for national collaboration including a formal policy to protect members and a resource guide to aid in planning. Disseminate these to core Centre members.
- iv. Strengthen selected formal national research collaborations (based on action i. above) and offer support for informal collaborations as specifically requested or required for good citizenship (see below)
- v. Identify gaps in collaboration, and build new relationships with organizations and individuals that can enhance the research conducted at the Centre as well as grow excellence in health care education research with our collaborators

*International* - Recently, the Centre has been formalizing collaborations with other centres and universities such as Addis Ababa University for the co-development and implementation of a Masters in Healthcare Education Program with HOMER, National Health Care Group, Singapore, for the development and delivery of the first Atelier course outside of Wilson Centre, and with Imperial College, London to enable inter-institutional research collaborations. Members of the Centre feel that international engagement is an important part of their academic work and formal collaborations with other Centres and Universities can provide unique educational and career building opportunities. Seeking diverse experiences abroad enhances our learning and generates new scientific and educational insights. To clarify:

- i. International Activities fulfilling our social responsibility mission shall be considered different from academic exchanges
- ii. International consulting that yields revenue shall be considered different than international academic exchanges that are revenue generating

Particularly for international collaborations, we have not explored the strategic use of technology to enhance international participation and engagement with other Centres and organizations. E-learning platforms, teleconferencing, videoconferencing, and other modalities for academic exchanges, empirical research etc.

### **Action**

- iii. Strike a working group to consider strategic use of technology for international collaborations

Further, Centre membership comes from across TAHSN and this broader network of potential collaborators could accentuate and support Centre international work. Hence actions to be taking include:

### **Actions**

- iv. Collect and study relevant documents from networked units to expand our understanding of the potential for international engagement, including how to leverage TAHSN resources and technology to do things internationally
- v. Take an inventory of what organizations locally, nationally and internationally our members are currently engaged, and consider which of these organizations could constitute strategic partnerships for us to expand our international presence (i.e. the Royal College of Physicians and Surgeons of Canada, other TAHSN Hospitals, International Journals etc.).

With the goal of building capacity in *Indigenous Health Care Education Research and Scholarship*

### **Actions**

As the WC, build ties with academic centres that work in the field of Indigenous health education, including:

- i. Aboriginal Studies Program at the University of Toronto.
- ii. Waakebiness-Bryce Institute for Indigenous Health at the Dalla Lana School of Public Health
- iii. Northern Ontario School of Medicine

## 5. ANALYTICS

Envisaged were more regular tracking, analyzing and evaluating of our work, as per the periodic work associated with Centre promotion e.g. Kulasegaram's update of Wilson Centre 20-year data analysis (Summary Graphic) based on anonymized CV extract work (2016). The tracking of *Knowledges Production* and *Scholars' Development* is an essential part of such activity, mandated by the hospital and university. However, particularly highlighted in the Refresh process were activities for *Collaborations*:

- i. Develop a process for collecting data and generate a list of informal and formal collaborations (individual + informal building on what has already been done, formal in a systematic way, as suggested above under *Collaborations*);
- ii. Review formal collaborations on a regular basis (e.g. q 3 years) to document the number of collaborations, to identify the strengths, weaknesses of collaborations, to evaluate the impact of collaborations, and to assess ongoing alignment with Centre strategic goals.

## 6. GOOD CITIZENSHIP

Although cognizant of relevant University Health Network, Faculty of Medicine, and University of Toronto strategic plans and operational priorities, we did not engage in a detailed mapping exercise of these key sponsors' current plans for this Refresh. Nor did we specifically examine the role and scope of educational sciences in a teaching hospital environment and its attendant scientists' obligations and responsibilities. We recognized the need to consider how our Engagements of different types and collaborations at different scalar levels (local, national and international) fit with other relevant strategic priorities. An example in a new area may suffice: the UofT's Response to the Truth and Reconciliation Commission of Canada provides a framework to be considered for the development of the Wilson Centre's relationships and research program in the area of Indigenous Health Care Education.

## 7. FUNDING

Complementary to Centre relationships with existing funders were a set of relevant actions related to funding:

### Actions

- i. Consider raising funds to support scientists to take mini-sabbaticals (e.g., have an application process for funding every 5-7 years throughout one's career). (*Scholars' Development*)
- ii. Find ways to support scientists who wish to take professional development/leadership courses, through fundraising or other activities. (*Scholars' production*)
- iii. Support individual Scientists, Researchers and Fellows by identifying Hospital and University resources to aid successful collaborations (*Collaborations*)
- iv. Create new resources and opportunities for Collaborations, including a formal policy to protect members and a resource guide to aid in planning. (*Collaborations*)
- v. Emphasize growth of Wilson Centre international activities requiring dedicated administrative support, potentially new technology capacities, and human and financial resources, hence secure a budget to support the growth of the Wilson Centre international program (*Collaborations*)
- vi. Develop in particular a funding strategy to support international academic exchanges for Wilson scientists and fellows at strategic points in their career to support their promotion and advancement (*Collaborations*)
- vii. Apply for grants with partners outside the Wilson Centre to develop a program of research in Indigenous Health Care Education Research (*Knowledges Production, Engagements & Collaborations*)

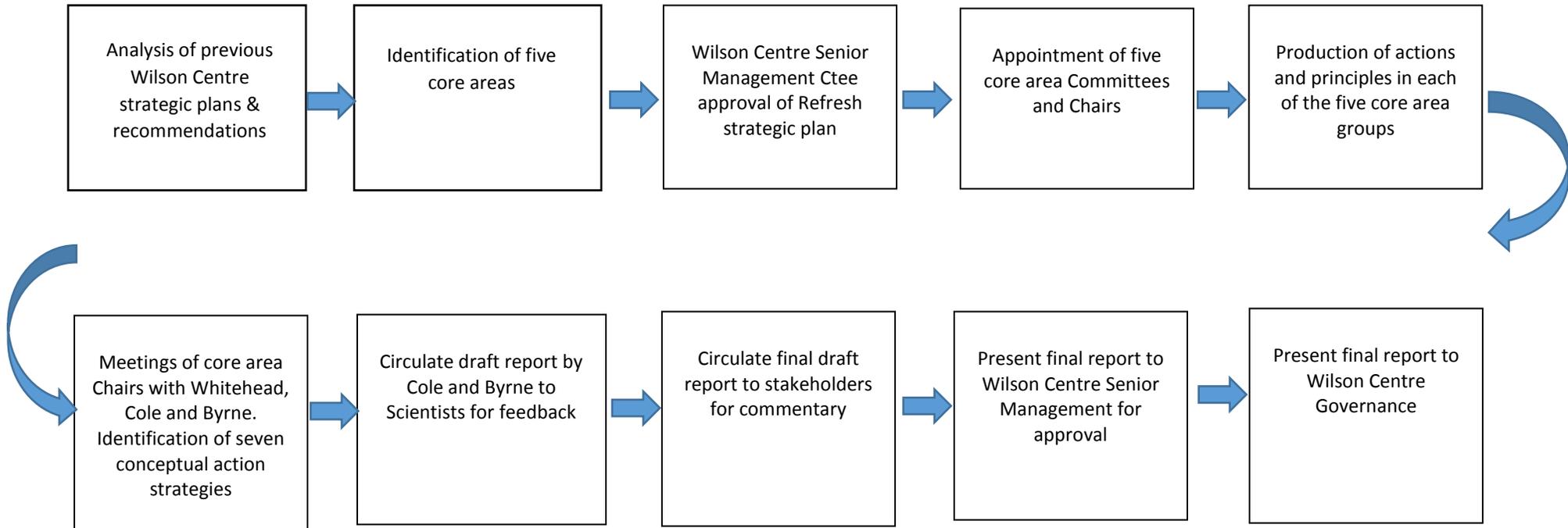
## MOVING FORWARD

This Refresh document provides key material for discussion in various venues in which Centre management, members, trainees, and staff interact among themselves, and with their broader communities. Once discussed, revised and approved (as per the continuing process laid out in Figure 1), it should provide guidance for priority setting, resource generation and allocation, and other actions over the coming three years. Hopefully, it, and the analytics it suggests, will provide a touchstone for the Centre moving forward.

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**Figure 1. Wilson Centre Strategic Refresh Planning Process - 2017**



### Wilson Centre Strategic Plan Recommendations - 2002-2015

#### Review: August 2002

Dr. Gordon Page, Professor, University of British Columbia

Dr. James O. Woolliscroft, Professor of Internal Medicine and Learning Health Sciences, University of Michigan Medical School

1. Develop focused research themes;
2. Grow the Wilson Centre fellowship in term of numbers and breadth of disciplines enrolled;
3. Build academic leadership and infrastructure such as actively seeking endowments;
4. Renew the exiting research facilities and
5. Engage in benchmarking against international standards.

#### Review: June 2008

Dr Robyn Tamblyn, Faculty of Medicine, McGill University

Dr Bernard Charlin, Centre Pédagogie Appliquée Sciences Santé, U de Montréal

6. Identify champions for further expansion of basic science education research through the faculty development program.
7. Create its own degree programs.
8. Sustain exceptional research climate by recruiting and retaining scientists.
9. Establish a unifying governance structure for a distributed network approach that formalizes the positive collegial relationships.
10. Pursue endowed chairs.

#### Review: March 2013

Dr. Charlotte Ringsted, Wilson Centre Director

11. Strengthen Education to Advance the Field of Research in Healthcare Education and Practice
12. Strengthen Research and Promote Translation of New Knowledge by Broadening Research Collaborations and Synergies
13. Enhance the Environment to Nurture and Support a Creative, Engaged and Informed Research Community
14. Develop and Implement a Recruitment, Retention and Career Advancement Program
15. Increase Fundraising Efforts to Help Achieve the Wilson Centre's Vision

#### Review: February 2015

Dr Stan Hamstra, Vice President, Milestones Research and Evaluation, ACGME, Chicago IL

Dr Salvatore Spadafora, Vice Dean, Post Grad MD, Uof T

16. Transition to Graduate Degree-Granting Status
17. Sustain and enhance the positive culture and high morale of the Centre.
18. Ensure service-science Balance
19. Maintain enthusiasm and high regard for Stakeholders and Governance.
20. Plan for succession and openness of leadership and administration
21. Retain current Fellowship Program and excellent mentoring.
22. Find out more about retention and recruitment issues (survey senior scientists who leave)
23. Continue to work towards a graduate program
24. Emphasize opportunities for innovation and scholarship based on local education issues
25. Emphasize the potential for increasing ties to OISE/UT as well as other units at UofT
26. Clarify communication about Terms of Reference, policies and procedures
27. The Director should be knowledgeable about the UofT administrative culture and processes.

<b>Wilson Centre: Areas of Previous Recommendations</b>				
<b>Areas</b>	<b>2002 (Woolliscroft &amp; Page)</b>	<b>2008 (Tamblyn &amp; Charlin)</b>	<b>2013 (Ringsted)</b>	<b>2015 (Hamstra &amp; Spadafora)</b>
i) Graduate Degree Program	-	7	-	16, 23
ii) Scientist Recruitment & Retention	-	8	14	-
iii) Scholarship & Innovation (service and science, Royal College engagement, etc.)	12		11, 12	18, 22, 24
iv) Governance & Stakeholders (cognate centres, Michener, CACE, etc)	-	9	-	19, 25, 26, 27
v) Scientists, Leaders Development (including tenure)	2, 3	6	13	17, 20, 21
vi) Scholarly Engagements (rounds, conferences, seminars)	-	-	13	17, 21
vii) Academic Achievements & Awards (targets & tracking grants, publications, awards, etc.)	5	-	9	-
viii) Funding Plan	3	10	15	-
<b>[NEW for REFRESH 2017]</b>				
ix) International Cooperation (Ethiopia, Imperial College, Singapore, etc.)	-	-	-	-
x) Indigenous Plan (Goals, Partners, Funding, Site)	-	-	-	-

Source: Created by Niall Byrne, January 2017

## APPENDIX II – Working Group Reports

### **Group 1. Promote individual and collective growth of Scientists through recruitment, advancement, retention, and tenure (job stability/academic freedom)**

Participating Members: Shiphra Ginsburg (lead), Mathieu Albert, Walter Tavares, Niall Byrne, Dominique Piquette, Madison Brydges, Jeffrey Cheung, Rob Paul

#### **Principles guiding recommendations**

Individual and collective growth of scientists was seen as a key priority for the Wilson Centre's future. While we recognize that issues such as tenure and sabbaticals may be beyond the control of the Centre itself we felt they were critical to our scientists' growth and success and thus they should remain front and centre. The Wilson Centre leadership should continue to advocate for our scientists in this regard.

We also wish to emphasize that our recommendations are not meant solely as means to avoid scientists leaving the centre. Many scientists are not in a position to leave for "better" opportunities elsewhere, for various reasons, so the WC must work to encourage personal and professional growth within our own institution(s).

The following were discussed as being critical to the recruitment, retention and growth of our scientists as individuals and as a community.

#### 1. Tenure

Many (if not all) other centres for research in education can offer tenure to scientists. The stability and academic freedom that comes with tenure are potentially at risk at the Wilson Centre, and lack of tenure may be a reason that scientists have chosen to leave over the past few years. We understand that tenure is currently considered a "closed" issue at the Dean's level but we strongly feel that the Wilson Centre leadership should continue to advocate for renewed dialogue on behalf of the scientists.

#### 2. Academic Freedom

While obviously linked to tenure there are other ways in which academic freedom (loosely defined as the ability to ask the kind of questions and do the kinds of research that the scientist wants to do) can be either maintained or eroded. If tenure is not possible in this climate the Wilson Centre leadership should ensure that all scientists have the academic freedom necessary to advance their research and careers.

Over the next 1-2 years the WC might consider a survey or study of other institutions' policies and practices regarding tenure and academic freedom. It also might consider a study internally of how "safe" or "vulnerable" scientists here currently perceive themselves and their careers. Such a study could also explore issues of stability (e.g., with shorter contracts and no tenure are scientists hindered in their goals to develop programmatic research?)

#### 3. Salary

There is a sense that the pay scale at UHN is lower than at comparable centres across Canada, both for starting salaries as well as for advancement. Coupled with steadily increasing Toronto real estate prices this is a disincentive for scientists to either come to Toronto or to stay here.

In the next year a survey should be done to confirm or further explore salary issues within Toronto as well as across similar institutions in Canada. There may also be differences (and potential opportunities) for scientists who are cross-appointed, that may also lead to a sense of inequity. This should also be explored.

#### 4. Sabbaticals

Sabbaticals are important for scientists for their own personal and professional growth, and bring new ideas and innovations to their home institutions. The opportunity for WC scientists to take sabbaticals is highly dependent on their affiliated department. Some departments do not offer sabbaticals at all, or only offer them with certain leadership positions.

While it may not be possible for the WC to change policy within other departments, we feel the centre should advocate for similar academic leaves for the scientists. The WC could consider raising or reallocating funds to support scientists to take mini-sabbaticals (e.g., have an application process for funding every 5-7 years throughout one's career).

#### 5. Leadership opportunities

Many scientists wish to evolve as leaders and to have the opportunity to be considered for high-level leadership positions. Many (if not all) of the scientists who have left the WC in the last several years are now in major leadership positions elsewhere, including as directors for centres in education research and department chairs. There is a sense that many leadership positions at U of T are only available for MDs, which is limiting to much of the scientist community.

The WC leadership should advocate for scientists who wish to pursue leadership opportunities within the faculty/university, and/or should seek to create new opportunities. The WC should also find ways to support scientists who wish to take leadership courses, through fundraising or other activities.

#### 6. Mentorship

Junior scientists require significant mentorship in order to ensure successful starts to their careers. This sort of mentorship is currently informal at the WC and thus can appear inequitable. There is a sense of differential treatment and opportunities between scientists.

The Wilson Centre should create a formal mentorship program for junior scientists. Particular issues include: ensuring that new scientists are included on an appropriate number of thesis committees in order to gain enough experience to obtain SGS appointments; ensuring equitable access to fellows and/or visiting scholars; guiding scientists in their negotiations with their affiliated departments to ensure they are protecting their time; guiding scientists through the three-year review process and promotions.

There were several other issues raised that may cross the six priority areas above or that don't fit neatly into any particular recommendation. They are listed briefly here for consideration:

- 1) Concerns about potential effects of the new graduate program on scientists' time and careers
- 2) Lack of clarity regarding the granting of SGS appointments and the difficult road to supervising PhD trainees.
- 3) A sense of inequity between centre scientists and cross-appointed scientists in terms of fellows, leadership opportunities, space and resources, etc.

## Group 2

Participating Members: Nikki Woods, Carol-anne Moulton, Maria Mylopoulos, Arno Kumagai, Marcus Law, Sanjeev Sockalingam

**Goal:** Set strategic priorities and processes for Wilson Centre engagement in **local collaborations/networks**

Scope for this refresh and key definitions:

- While the implications of activity, research and scholarship undertaken at the Wilson Centre may be boundless, the definition/scope of local engagement is limited to Toronto and surrounding area for the purposes of this plan. This includes hospitals in the GTA (community and TAHSN/UofT affiliates) and external organizations that may be headquartered in the GTA (e.g. Touchstone, CPSO).
- For the purpose of this refresh “local collaborations” refer to centre-level collaborations (as opposed to individual scientist collaborations) that can be in the form of funding arrangements, research collaborations, joint supervision of fellows, provision of laboratory space/access to research settings etc.

### Guiding Principles:

1. Recognizing that some local collaborations must be limited in duration (e.g. time-limited program/project partners), priority should be given to partnerships likely to result in sustained research/programming collaborations as opposed to one-off consultation services (e.g. MD program foundation curriculum renewal)
3. Centre-level local collaborations should be prioritized based on their potential to advance the academic and professional interests of the members of the Centre. Collaborations should begin with explicit articulation of mutual benefit to The Wilson Centre and the local partner
4. The current practice of maintaining academic freedom and independence of Wilson Centre scientists must be preserved. While institutional priorities can be identified, participation in local collaborations should be voluntary.

**Current Landscape – Local Collaborations** (\*\*note: we want to identify centre-level collaborations not connections with individual scientists)

<b>Strong Connections</b>	<b>New Connections</b>	<b>Weakening Connections</b>	<b>Absent Connections</b>
Various clinical departments within UofT Faculty of Medicine (DFCM, Medicine, Paediatrics, Psychiatry, Surgery) - maintained through (MOUs/ formal agreements to fund Scientists)	Michener Institute (opportunities for research and programming collaboration)	U of T Departments outside of Faculty of Medicine (Nursing, Rehab, Dentistry) - vacated Scientist	Community Health Organizations (e.g. homecare agencies, community health advocacy groups etc.)

		positions not replaced	
Other Education EDUs( CFD, CACE and CIPE -maintained through shared programming (e.g. BPER), joint annual reporting and ongoing research collaborations	Pharmacy -Newly appointed cross-appointed Scientist, Fellows		Other Healthcare/Research Agencies (e.g. Cancer Care Ontario, Banting & Best (some existing individual collaborations but few Centre level Connections)
Medical Psychiatry Alliance	Ho Ping Kog Centre - ongoing research collaborations		Holland Bloorview
MD program and Post MD program	Community Hospitals (Trillium, NYGH, SJHSC, MGH)		Toronto Rehab
	Palliative Care/Emerg (MSH)		
	Centre for Quality Improvement and Patient Safety		
	IHPME (potential home of Wilson graduate program; several exiting scientist SGS appointments		

**Strategic Questions that should be answered moving forward:**

1. When is collaboration value added for the centre?
2. When is collaboration effective?
3. What makes a collaboration mutually beneficial?
4. Should the Centre create administrative policy to guide local collaborations?
5. Implications of Centre-level vs. individual collaborations?

**Potential Concrete Steps**

1. Identify priorities for Wilson Centre collaboration that align with 2017 UHN Strategic plan and 2017 U of T strategic plan
2. Consider possible collaborations with local partners identified as absent or new within the scope of the current membership categories
3. Clearly articulate a mutually respectful model of Wilson Centre collaboration locally (to offset the hub/spoke conversation)
4. Seek out opportunities for Scientist positions within units currently identified as “absent” connections
5. Engage trainees from other units (OISE) as general members and potential participants in Wilson Centre activities (Hodges Day etc)
6. Pursue opportunities for joint Fellowships with other EDUs and Clinical Departments through joint fellowships

### **Group 3. STRATEGIC PLAN COMPONENT: NATIONAL COLLABORATION**

Participating Members: Mahan Kulasegaram, Ayelet Kuper, Stella Ng, Lynfa Stroud, Clare Hutchinson

National collaboration can advance the growth and impact of the Wilson Centre and its members. To deliver on this promise and to ensure quality collaboration, we propose the following principles:

1. Collaborations must respect the mission, vision, and core values of the centre particularly with respect to academic freedom.
2. Collaborations should serve to advance the academic and professional interests of the Wilson Centre's core membership groups.
3. Collaborations must be sustained by active participation from core members.

These principles frame our Strategic goals for National Collaboration which are to:

1. Strengthen existing formal national research collaborations and offer support for informal collaborations
2. Identify gaps in collaboration, and build new relationships with organizations and individuals that can enhance the research conducted at the Centre as well as grow excellence in medical education research with our collaborators
3. Align national collaborations with other elements of the strategic plan for cohesiveness

These goals frame our strategic recommendations to support collaboration:

1. Systematically identify current formal national collaborations and continue to track these as part of the Centre's activities. Use these collaborations as opportunities for evolving new collaborations
2. Support the project & research based informal national collaborations of individual Scientists, Researchers, and Fellows by identifying Hospital and University resources to aid successful collaboration.
3. Create new resources for national collaboration including a formal policy to protect members and a resource guide to aid in planning.

Targets

1. Create a draft policy and resource guide to disseminate to the core centre members
2. Create a list of national collaborations (formal/informal) at the centre; identify the strengths and weaknesses of current and past collaborations
3. Assess the informal collaboration needs of the centre's scientists, researchers, and fellows in order to identify appropriate supports
4. Review formal collaborations on a regular basis (3-5 years) to document the number of collaborations and to evaluate the impact of collaborations as well as alignment with the strategic goals.

### **Guiding Principles**

1. Collaborations on a national level between the Centre and its members must be conducted in a manner respecting the academic mission & vision of the centre as well as core values including academy freedom
2. Collaborations should advance the academic and professional interests of the members of the Centre
3. National collaborations need to be sustained by active and willing participation of core member groups such as Scientists, Researchers, and Fellows

#### **1. Descriptive Analysis of Collaboration & Relevant Issues**

##### **1.1 A Taxonomy of Collaboration**

Collaborations involve multiple dimensions of involvement within the context of the Centre. In terms of Involvement they can be consultative, collaborative, or co-creative. They can involve

different academic Activities including research, evaluation, CPA/Innovation, administrative & policy, and educational. Lastly, they can vary in degrees of Formality including informal and loose relationships to formalized collaborations with accompanying administrative structures.

## 1.2 Potential Collaborators

At the national level, collaborators for the Centre include: other Research and Education Centres in HPE, Institutions of Higher Learning, Hospitals, Regulators & Professional Associations as well as national bodies representing professions, Governmental bodies, Public advocacy/special interest groups, commercial organizations and individual researchers or academics.

## 1.3. Setting the Stage

We recognize that collaboration can occur between the Centre as an institutional body, between groups of scientists, researchers, and fellows as well as between individuals on the national stage. Currently, there are many successful collaborations across the various dimensions mentioned above that occur at the Centre. The Centre and its members also participate in various collaborations created by the parent organizations (UHN, FacMed) that are aligned with the mission and vision of the Centre as an academic research institution. Analysis of the successful collaborations at the national level can help identify the strategic and tactical decisions to help with setting a strategic agenda for national collaboration.

However, there have also been examples of ineffective or unsuccessful collaborations which the Centre has previously engaged. Members of the Centre also have multiple affiliations and identities through which they engage in national collaboration. These affiliations can create opportunities as well as tensions in collaborations.

## 2. Consequences of Collaboration

2.1 The potential benefits of collaboration include: knowledge of the landscape of HPE; the ability to access networks and develop connections; the opportunity to impact HPE nationally; demonstrate the presence and relevance of the Centre and its members; advocate for research and scholarship in HPE and related fields; grow the Centre's membership and human capital

2.2 The potential drawbacks of collaboration include: over extension of the human, financial, and logistical resources of the centre; potential conflicts of interest due to associations with collaborators; loss of academic freedom; loss of focus on members' research programs; brand dilution and over-exposure of the Centre

### Aspirational & Strategic Questions

1. Should the Centre create administrative policy to guide collaborations?
2. Should the Centre pursue any specific types of collaborations or specific of collaborators? If yes, who?
3. We've discussed that the members do the collaborating – what are the implications for Centre vs. individual collaboration? Or is this a policy issue?
4. What should be the critical priorities for national collaboration?

### Potential Concrete Steps

1. Clearly articulate and adopt the guiding principles for evaluating national collaboration
2. Create a policy on National Collaboration to support members including outlining the institutional resources available to facilitate formal collaboration, steps to protect academic freedom of members, and best practices for formal collaborations. This policy should be detailed enough to help Scientists, Researchers, and Fellows identify the critical issues for any collaboration.
3. The Centre should track formal national collaborations between its members going forward to document its impact and presence at a national level
4. The Centre should create a resource document to identify existing collaborations and opportunities for core members.

#### **Group 4. STRATEGIC PLAN COMPONENT: INTERNATIONAL COLLABORATIONS**

Participating Members: Tina Martimianakis, Niall Byrne, Jerry Maniate, David Rojas, Ryan Brydges, Catharine Walsh

##### **Background**

The Wilson Centre has a strong international profile as a centre of excellence for health professional education research. Its reputation is linked to the academic visibility and activities of its Scientists, Centre Researchers and Fellows, who present and share their work around the world on a regular basis. Institutionally, the Wilson Centre has had informal relationships with other health professions education research centres encouraging academic exchanges, social events for networking such as dinners at conferences, and academic exchanges.

The Centre also has a robust Visiting Scholars program that attracts scientists and trainees from around the world. More recently, the Centre has engaged in formalizing collaborations with other centres and universities such as Addis Ababa University for the co-development and implementation of a Masters in Healthcare Education Program, with HOMER, National Health Care Group, Singapore, for the development and delivery of the first Atelier course outside of Wilson Centre, and with Imperial College, London to enable inter-institutional research collaborations. Members of the Centre feel that international engagement is an important part of their academic work and formal collaborations with other Centres and Universities can provide unique educational and career building opportunities. Seeking diverse experiences abroad enhances our learning and generate new scientific and educational insights.

##### **Guiding Principles**

1. International collaborations involving the Wilson Centre will be pursued in accordance to the mission, vision and core values of the Centre, and will be executed in accordance to University of Toronto and the University Health Network policies.
2. Individual members of the Wilson Centre will have the academic freedom to pursue and/or participate in international activities at their discretion
3. International activities will be career building and in service of learners and faculty
4. International collaborations will not compromise the capacity of the Centre and individual scientists, researchers or fellows to perform their academic responsibilities
5. Growth of Wilson Centre international activities requires dedicated administrative support and resources
6. International consulting that yields revenue shall be considered different than international academic exchanges that are revenue generating and will not be part of this strategic visioning
7. International Activities fulfilling our social responsibility mission shall be considered different from academic exchanges

##### **These principles frame our Strategic Goals for International Collaboration which are to:**

1. Systemically identify current formal and informal international collaborations and continue to track these as part of the Centre's activities.
2. Support individual Scientists, Researchers and Fellows by identifying Hospital and University resources to aid successful collaborations
3. Create new resources and opportunities for International Collaborations, including a formal policy to protect members and a resource guide to aid in planning.

## Targets

1. Clarify purpose of formal inter-institutional and individual international collaborations
2. Develop a process for collecting data and generate a list of informal and formal international collaborations; identify the strengths, weaknesses of current and past collaborations
3. Create a Centre policy, a resource guide and an instructional pathway for pursuing international collaborations
4. Secure a budget to support the growth of the Wilson Centre international program
5. Assess how international collaborations could support individual career paths of Scientists, Researchers and Fellows
6. Identify resources and technologies to support existing and new International activities
7. Review formal and informal international collaborations on a regular basis (3-5 years) to document the number of international collaborations and to evaluate the impact of collaborations as well as alignment with the strategic goals.

## Summary of Emergent Areas of Consideration

### Aspirational and Strategic Questions

1. Why should we engage in international activities and with whom?
2. Should the Centre have a policy governing international engagement?
3. What kind of resources do we need to appropriately support the Centre's international initiatives?
4. What distinguishes individual from institutional collaborations? Do we need a policy for individual collaborations?
5. What are meaningful measures/indicators for our international activity?
6. How can we capture and profile international activity on a regular basis?
7. What types of international collaborations should the Centre pursue formally and/or informally?
8. How can we support scientists and fellows in their international engagement?

### 1. CLARIFYING WHY WE SHOULD COLLABORATE INTERNATIONALLY

International engagement is unquestionably an important part of academic work and international impact is a marker of academic success. As a primary strategic direction, the Wilson Centre should endeavour to maximize its international presence as a leading contributor to the discovery of new knowledge and scientific and educational innovation. In the process, it will support the career development of its scientists, researchers and fellows as leading experts in their chosen subjects and cultivate capacity in the broader scholarly community to engage with theoretically grounded research in the field of health professions education and practice.

To date the Wilson Centre has formally created opportunities for international engagement for scientists and fellows that have involved mostly teaching engagements. The Visiting Scholars Program has brought scientific expertise into the Centre and some of this has resulted in research collaborations. However, most of our experiences to date have entailed us providing education and or mentorship to those visiting the Centre from the broader scholarly community.

#### Action Items:

- Identify how the Wilson Centre and its members have benefited from international engagement
- Create a typology and inventory of existing international collaborations to profile strengths and strategically inform future international activities
- Profile on our website and annual report:
  - International Engagements
  - Keynotes and invited international talks
  - International partnerships
- Develop a programmatic approach for international engagement and identify what is needed to consolidate current strengths and build capacity for new initiatives

## **2. ENHANCING INTERNATIONAL RESEARCH OPPORTUNITIES**

To complement current educational activity abroad, the Wilson Centre should work to identify and establish international collaborations for the explicit purpose of conducting research.

Action Items:

- Develop an international network for health professions education research
- Build research activities around educational development activities currently pursued by scientists and researchers
- Secure funding and resources for the Visiting Scholars Program to support our scientists and trainees who would like to visit other centres for their own learning (see also below)

## **3. LEVERGING TECHNOLOGY**

To date we have not explored the strategic use of technology to enhance international participation and engagement with other Centres and organizations. E-learning platforms, teleconferencing and other modalities for academic exchanges, empirical research etc.

Action Items:

- Strike a working group to consider strategic use of technology for international collaborations

## **4. ALIGNMENT WITH, AND STRATEGIC LEVERAGING OF, LOCAL PARTNERS FOR GROWING INTERNATIONAL COLLABORATIONS**

We need to consider how our local and national partners can facilitate our international engagement. While UHN and UofT are part of our governance structures our membership comes from across TAHSN and this broader network of potential collaborators could accentuate and support our international work.

Action Items:

- Collect and study relevant documents from networked units to expand our understanding of the potential for international engagement, including how to leverage TAHSN resources and technology to do things internationally
- Take an inventory of what organizations locally, nationally and internationally with which our members are currently engaged, and consider which of these organizations could constitute strategic partnerships for us to expand our international presence (ie. the Royal College of Physicians and Surgeons of Canada, other TAHSN Hospitals, International Journals etc).

## **5. FUNDING AND RESOURCING OUR INTERNATIONAL WORK**

Current support for international engagement for Centre scientists and Fellows comes in the form of travel funds for presenting at international conferences and attendance at the Rogano Meeting totalling between \$1500-3000 per annum per scientist/Fellow. Our participation in the teaching of the AAU Masters of Healthcare Education is funded by the Ethiopian government in the form of travel expenses and accommodation (revenue neutral). Participation in delivering the Atelier at Singapore was covered through revenue generated by participant fees. There is no budget line allocated to scientist or trainee development to support international visits to other research centres.

Action Items

- Develop funding strategy to support international academic exchanges for Wilson scientists and fellows at strategic points in their career to support their promotion and advancement
- Develop terms of reference for the spending of funds generated through international activity
- Negotiate support for international engagement in Scientist MOAs
- Advocate for Scientists to be allowed sabbaticals consistent with university policy
- Build the capacity for international exchanges in the Wilson Centre graduate program

## **Group 5. VISION FOR WILSON CENTRE'S STRATEGIC PLAN INDIGENOUS HEALTH EDUCATION**

Participating Members: Lisa Richardson, Fiona Webster, Cynthia Whitehead, Niall Byrne, Arija Birze, Elise Paradis, Umberin Najeeb, Alison Crawford

The following draft document emerged from a talking circle with the Wilson's Centre's Indigenous Health Education Working Group on April 18, 2017. In keeping with an Indigenous methodology, the vision is structured around the four directions of the Medicine Wheel.

### **Physical**

Ensure that the Wilson Centre is a culturally safe space that welcomes Indigenous peoples and knowledges

- a. Provide opportunities for WC members to learn about Indigenous health, peoples and knowledges through a reading group or other educational activities.
- b. Provide cultural safety training (online module or similar learning activity) to members of WC leadership team.
- c. Create a welcoming and supportive environment for Indigenous scholars.

### **Emotional**

Build capacity in health education research and scholarship for Indigenous and non-Indigenous trainees and scientists.

- d. Recruit trainees with an interest in Indigenous health education.
- e. Provide guidance to researchers who undertake scholarly projects in Indigenous health education.

### **Intellectual**

Develop a program of research in Indigenous health education

- a. Perform literature review and environmental scan of Indigenous health initiatives in health care professions' education in Canada and internationally. The areas of inquiry will include (1) curriculum develop and evaluation of educational interventions for health care professionals, and (2) strategies to recruit and support Indigenous trainees in the health professions. These two areas emerge directly from the calls to action of the Truth and Reconciliation Commission.
- b. Apply for grant with partners outside Wilson Centre to pursue (a). The latter will also help to strengthen the informal network of scholars and researchers in the area of Indigenous Health Education.
- c. By building on the results of (a), and on input from community advisors, pursue specific research questions related to Indigenous health education.
- d. Share findings with Indigenous communities and with the broader academic community.
- e. Ensure that all WC scholarly activities in Indigenous health follow the Tri-Council Policy Statement related to research with Indigenous peoples.

### **Spiritual**

Create a network of community members and academics in area of Indigenous health education

- f. Seek guidance from local community members and leaders to ensure that WC activities are meaningful and respectful. This will include:
  - i. Build a relationship with an Elder or traditional teacher who would like to be affiliated with WC. S/he can provide opening addresses for official events, teaching circles with WC members, guidance to leadership team as needed for initiatives related to Indigenous health education, and will be remunerated for these activities.
  - ii. Create an advisory group that comprises Indigenous and non-Indigenous community members, researchers, trainees and health care providers to oversee WC's Indigenous Health Education Program.
- g. Build ties with academic centres that work in the field of Indigenous health education, including:
  - i. Aboriginal Studies Program at the University of Toronto.
  - ii. Waakebiness-Bryce Institute for Indigenous Health
  - iii. Northern Ontario School of Medicine
- h. Recruit Indigenous health education researchers from other centres for cross-appointment at Wilson Centre.

### **The Wilson Centre Fellowship Program**

The Wilson Centre is a world leader in advancing the education and practice of health care professionals through research. We support the education-oriented research programs of eleven full time PhD scientists and many clinician-researchers, addressing topics ranging from the acquisition and evaluation of basic surgical skills to the development and understanding of communication and professionalism.

The scientists and clinician-researchers of the Wilson Centre are strongly dedicated to developing new researchers in this vital and growing field of study, and the Wilson Centre Fellowship Program is designed to support these efforts. Wilson Centre Fellows are given a place to work and learn where they receive intensive mentoring in a community of researchers from many academic disciplines and many health professional backgrounds. The level of mentoring and breadth of interdisciplinary and interprofessional interactions develops scholars who are well prepared to engage in their own program of high quality research, to collaborate with a diverse set of research colleagues, and to train the next generation of researchers into this field. Our Fellows are the future leaders in health professional education.

Applications are normally due by October 31st for a January start or April 30th to begin in September. Late applications may be considered on a case to case basis. Those applicants also applying for a Currie Fellowship should give in their entire application by October 31st regardless of start date.

To apply or for more information please review the Wilson Centre Fellowship Policies and Procedures Manual <http://thewilsoncentre.ca/s/Wilson-Fellowship-Procedures-2013.pdf>

## APPENDIX IV

## Wilson Centre 20-year data analysis (based on anonymized CVs extract work, 2016)

