Agenda

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

Section II
4. McGill Clinical Genomics Program for Personalized Medicine, Dr. Brent Richards
5. Supporting Young Black Students, Lashanda Skerritt, Clement Bélanger Bishinga
6. Language Proficiency, Dr. Leah Moss
7. MDCM Admissions Pathways, Kate Hooton

Section III – Dr. David Eidelman
7. Report from the Steering Committee
8. Report from the Nominating Committee
9. Consent Agenda - Faculty Council Minutes (February 26, 2019)
10. Business arising and updates - Project Renaissance, Space, Budget

Section IV – Dr. David Eidelman
11. Kudos

Section V
12. Open session / Town Hall
Welcome New FC Members

• Dr. Mark Yaffe, Family Medicine CAS representative

• Louisa Mussells Pires, Ingram School of Nursing graduate representative (Robin Grantner is her delegate, as needed)

• Incoming McGill Medical Students’ Society Executive President Rami Habib, effective July 1
In Memoriam

Dr. William Goldsmith
Associate Professor, Dept. of Obstetrics & Gynecology
*

Dr. Edmond Boldizar de Koos
Associate Professor, Dept. of Obstetrics & Gynecology
*

Dr. Antoine Asswad
Associate Professor, Dept. of Obstetrics & Gynecology
*

Dr. Douglas Kinnear
Associate Professor, Dept. of Medicine
McGill Clinical Genomics (McG) Program for Personalized Medicine

Brent Richards, MD, MSc
Division of Endocrinology, Department of Medicine, Jewish General Hospital
Professor of Medicine / William Dawson Scholar / FRQS Chercheur Senior
Lady Davis Institute
McGill University
Clinical Utility?

- Risk Prediction
- Target Identification
- Treatment Response / Non-Response
Celia Greenwood

The Rest of Us
# of Risk Alleles
100 SNPs

# of Risk Alleles
Screening
Population

Reassurance

Recommend Treatment
Screening Step Based on heritable Risk Factors

Population

Not Eligible
Low Risk
Moderate Risk
High Risk

Reassurance
Recommend Treatment
Screening Step Based on heritable Risk Factors

Low Risk

Moderate Risk

High Risk

Recommend Treatment

Reassurance

Not Eligible

Population
Screening Step
Based on heritable Risk Factors

Moderate Risk

High Risk

Population
Genetically Predicted Risk Factors

Low Risk
Not Eligible

Reassurance

Recommend Treatment
Standard of Care
Genetics-Enabled Screening

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<th>CRF FRAX</th>
<th>BMD FRAX</th>
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<td>BMD-FRAX but Reassured</td>
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![Bar chart comparing Sensitivity and Specificity for Standard of Care and Genetics-Enabled Screening]
Standard of Care

Genetics-Enabled Screening

Sensitivity

Specificity

Subjects

BMD Testing

Forgetta, Under Review, JAMA
Lifetime Breast Cancer Risk to Age 80

A Risk According to PRS Percentile

Hunter & Drazen,
NEJM 2019
New Biology
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<th>Year</th>
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<tr>
<td>2012</td>
<td>Amgen acquires deCODE Genetics</td>
<td>$415</td>
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<tr>
<td>2014</td>
<td>Regeneron and Geisinger Health System</td>
<td>&gt;$100</td>
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<td>2015</td>
<td>Genentech and 23andMe</td>
<td>$60</td>
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<tr>
<td>2015</td>
<td>GSK and University of Washington</td>
<td>$95</td>
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<td>2015</td>
<td>Biogen Idec and Columbia University</td>
<td>$30</td>
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<td>2015</td>
<td>Vertex and CRISPR Therapeutics</td>
<td>$105</td>
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<tr>
<td>2015</td>
<td>Bayer and CRISPR Therapeutics</td>
<td>$335</td>
</tr>
<tr>
<td>2016</td>
<td>AstraZeneca and Human Longevity Inc</td>
<td>“100s”</td>
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<tr>
<td>2018</td>
<td>GSK and 23andMe</td>
<td>$300</td>
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“Genetically validated targets have a higher probability of success”

Hal Barron, GSK
Our vision is to improve clinical care through the use of genomics-enabled medicine by harnessing the genome to improve risk-stratification, prediction of drug responses and our understanding of the causes of disease.
Our **vision** is to improve clinical care through the use of genomics-enabled medicine by harnessing the genome to improve risk-stratification, prediction of drug responses and our understanding of the causes of disease.

Our **mission** is to build the pillars required to support hospital-based genomics research which include **ethics & governance**, **hospital-based data warehousing & bioinformatics**, **DNA biobanking** and **genomics technologies**.
Research Initiatives

Pillar 1
Ethics and Governance
Y Joly & A Thorogood

Pillar 2
EHR and Genomic Data
G Bourque, D Buckeridge, P Tonin & MUHC
Bioinformatics Platform

Pillar 3
Genomic Technologies
M Lathrop, J Ragoussis

Pillar 4
Biobanks
G Thanassoulis (MUHC) P Tonin
MUHC BioBank Platform additional leaders, B Richards (JGH)
Participation to Date

T Alcindor  N Jabado  G Rouleau
A Aprikian  Y Joly  A Spatz
D Auld  J Karamchandani  G Thanassoulis
M Basik  A Kristof  C Thomas
G Batist  M Lathrop  A Thorogood
M Behr  J Martin  P Tonin
G Bourque  B Mazer  D Vinh
N Braverman  R McInnes
D Buckeridge  W Miller
A Dascal  J Mitchell
D Eidelman  V Mooser
C Ferrario  I Murawski
W Foulkes  J Quenneville
B Freedman  J Ragoussis
P Gfeller  B Richards
C Greenwood  L Rosenberg
P Gros  D Rosenblatt
Summary

Genetics will likely be able to help in risk prediction, target identification and drug response.

Some of these algorithms are now ready to be tested.

Translating this to the population will require hospital-based studies.

McG aims to try to enable this research.
Summary

McG aims to find synergies across research initiatives by:

1. Enabling common ethics, bioinformatics, genomics and biobanking
2. Reducing costs
3. Attracting funding
4. Positioning McGill as a leader in translational genomics
Supporting Young Black Students (SYBS)

Careers in Health Mentorship Program

Clement Bélanger Bishinga & Lashanda Skerritt
(MDCM Candidates)
Presentation to the Faculty Council
May 21 2019
SYBS - CONTEXT

- Canadian medical students differ from the general population, particularly with respect to ethnic background and socioeconomic status.¹

- 2017: Blacks account for 4.0% of the Quebec population but only 1.7% of the first year medical class at McGill University.²
SYBS - SOLUTIONS

• A mentorship program targeting Black students to provide longitudinal support in striving toward careers in healthcare

• Engage Black students in envisioning themselves in careers in healthcare and provide a “big sibling” with a similar background that can help them to navigate unique barriers along the way.
SYBS - SOLUTIONS

• Promoting inclusivity will hopefully encourage the healthcare professions to be more sensitive to the needs of a diverse population.

• The mentorship program aims to make medicine and other health-related fields accessible to those who have historically not had the same opportunities to succeed in this field.
SYBS - OBJECTIVES

1. Explore different areas of health through various events (e.g. suturing, ultrasound, casting, speaker series, etc.)

2. Develop competencies (communication skills, interpersonal skills, critical thinking)

3. Be supported through the application and interview process of chosen program
SYBS - TEAM

• Medical students from McGill and Université de Montreal from underrepresented groups in medicine
• Uniquely positioned to use our experiences to highlight the importance of mentorship.
• We hope to provide younger students with the life and career support that they might not otherwise have.
TIMELINE 2018/2019

• **Spring 2018:** Discovery and Design of the project.
  • Created resource documents for training and support of our mentors.
  • Built connections with community organizers
    • Jamaica Association of Montreal; Montreal Community Cares Foundation; DESTA Black Youth Network; African Canadian Development and Prevention Network
  • Recruitment of mentees/mentors
    • Mentees = 8; Mentors = 8

• **Summer 2018:** Launch of our program.
  • First official meeting between mentors and mentees
  • Reached out to *Explore! Careers in Health Camp* at McGill to try establishing a channel for mentee participation
TIMELINE 2018/2019

• **Fall 2018: Community Outreach**
  
  • First community Event
  
  • Panel discussion: *Inspiring a New Generation of Black Healthcare Professionals*
    
    • 6 speakers: Mr. Drabo, Dr. Evaristo, Dr. Johnson, Mrs Katahwa, Mrs Nwankwo, Dr. St-Vil
    
    • ~60 attendees
    
    • Feedback surveys: very well received & appreciated by the community, particularly seeing and hearing from accomplished Black healthcare professionals

• **Winter/Spring 2019:**
  
  • Hands-on workshops – introduction to healthcare professions
    
    • Subjects: Ultrasound (in partnership with the McGill Ultrasound Interest Group)
    
    • Informal meet-ups with mentees & mentors (e.g. Escape Room)
MEASURES of IMPACT for 2018/2019

Immediate Measures of Impact:

• Participation of mentees in *Explore! Camp*
• Attendance at activities and community events hosted by SYBS
• Attendee feedback on events (e.g. through surveys)

Long-term Measures of Impact:

• Post-secondary training programs of mentees
FUTURE PLANS for 2019/2020

• **Summer 2019:**
  - Encouraged mentees to apply to *Explore! Camp*
  - Mentors follow-up with mentees over the summer months

• **Fall 2019 and Winter 2020:**
  - Annual community Event
    - Theme TBD (community engagement, or connection organizations with similar goal of supporting youth)
  - Hands-on workshops with invited guests (healthcare professionals)
FUNDING SUPPORT

- **Funding:**
  - CHASM Incubator
  - Social Accountability and Community Engagement (SACE) Office

- **Other resources:**
  - Access to ultrasound machines through McGill Ultrasound Interest Group

- **Expenses:**
  - Workshops and activities with mentees (including food, metro fare)
  - Panel discussion (food, gifts for our invited speakers)
LONG-TERM PLAN for MENTEE/MENTOR

• Ability to increase the number of mentees, without losing the quality of the mentorship
• Build a team of mentors that share the vision of the program
• Support the creation of meaningful relationships for each mentee/mentor pair
• Understand the expectations of mentees and what they hope to get out of the experiences
LONG-TERM PLAN for ACTIVITIES

• Educational field trips
• Parent support and informational meetings
• Public speaking skills development
• Shadowing opportunities
• Youth Summit with mentees poster presentation
• Expanding mentorship outreach through web-based eMentoring
• Transition to post-secondary
POTENTIAL COLLABORATIONS

Source: MERIT, Health Leadership Academy (Baltimore, USA), meritbaltimore.org/program
CONTACT US

- Facebook: SYBS - Supporting Young Black Students - Careers in Health
- Email: sybs.health@gmail.com
- Twitter: @SYBS.HEALTH
THANK YOU!
QUESTIONS?
Report for the Review of French Language Proficiency Requirements and Supports in the Faculty of Medicine

Dr. Leah Moss & Ms. Kate Hooton
Context

• At a meeting of the Alliance of Professional Programs (APP), the topic of French language proficiency requirements, testing and availability of courses for future health professionals was discussed.

• At the request of the Vice-Dean Education, an ad hoc work group was struck.

• The ad hoc work group includes representation from all Schools in areas of Admissions, Clinical Education and Clinical Placements.

• The ad hoc work group met 4 times between November 2018-March 2019.
Issues identified: The status quo is not working

• The current statements of French language proficiency do not prepare students/learners for the reality of their clinical practice affiliations in Quebec.

• Clinical Education: students are often refused at multiple teaching sites based on unmet language requirements (either oral or written) within Quebec.

• Placement coordinators have to go to extraordinary lengths to find placement opportunities for students. These placements may not be ideal.
Issues identified: Harmonized statement

• There is broad consensus that a Faculty of Medicine harmonized statement of language proficiency is desirable in order to assist all potential students in making an informed decision.

• The expectation is candidates will access individual Schools for admission criteria, however this will be in the context of the Faculty’s harmonized statement of language proficiency that reflects the reality of working in Quebec. This statement would respect the requirements of entry that are different for each School.
Issues identified: Defining language proficiency

• In an effort to provide learners with all necessary information and maintain a transparent admissions process, it is suggested that learners have an informed understanding/benchmark of their language proficiency and how this relates to expected standards in practice.

• The issue of terminology was raised: what does FUNCTIONAL mean when referring to the ability to be functionally bilingual?
Issues identified: Support the students/learners

• Of concern to the ad hoc work group is the burden of requiring students to improve their language proficiency in tandem with their primary studies. Suggestions ranged from language boot camps to a more flexible deferral system if the learner takes the time to improve their language competencies.

• Students are stressed by their (lack of) proficiency in French in a clinical setting – which has negative effects on their learning during clinical placements. These negative impacts include their depth of interaction with patients and also the scope of learning opportunities.

• MASH is interested in language Peer Mentoring (funded by Dialogue McGill project) being organized by ISoN and discussions are in progress.

• Lexicons have been created by SPOT and Dialogue McGill – these resources should be shared.
Harmonized statement

French is the official language in Quebec and thus health and social services administered by the Ministry of Health are bound by the Charter of the French Language. In order to provide essential services and safe care to all patients within a Quebec-based healthcare setting, students must achieve an appropriate level of French before entering their respective health profession program's clinical affiliations where they integrate their knowledge, skills and attitudes. This will ensure all students have every opportunity to maximize their learning with all patients, families and fellow healthcare workers they meet during their studies at McGill University.

Potential applicants may wonder whether their current ability in French language proficiency will allow them to meet the linguistic demands of studying in a health profession program at McGill University. Some of the clinical communication competencies learners will exercise during their studies include: listening to a client; responding to questions by patients or their family and asking questions to learn more; explaining a condition in formal and informal terms so a client/patient can understand; speaking with other healthcare professionals (such as doctors, nurses, physiotherapists) about cases. These conversations often occur in a fast-paced or high-stakes environment in-person or on the phone, and may require writing notes in a file that are clear to other professionals.

To assist potential applicants to our health professions programs in the Faculty of Medicine, we are suggesting a free language self-assessment questionnaire developed by the Canadian Language Benchmark (https://clb-osca.ca/home) as a self-assessment tool.** The questionnaire will give students a good sense of the adequacy of their language skills for our programs. Applicants are not expected to send the results of the questionnaire to the program. Candidates are encouraged to visit the websites of their program for further information and resources. In addition, candidates can visit the Faculty of Medicine’s website to access available resources for French and English proficiency (Hyperlink to Faculty of Medicine>Health Science Education>Language Proficiency).

- Ingram School of Nursing
- School of Communication Sciences and Disorders
- School of Physical and Occupational Therapy
- Undergraduate Medical Education & MDCM Joint Programs

We offer support to Indigenous candidates in meeting their language proficiency requirements. Please consult the Indigenous Applicants page for more information.

**The Canadian Language Benchmark self-assessment tool is a placecard until an internal McGill University self-assessment tool is developed.
Administration of language courses

• Group suggests the Office of Vice-Dean, Education.
• Centralize the negotiation of contracts with language course providers to this office.
• Updates of information to a webpage, social media and to the Schools would be the responsibility of this office.
Recommendations

• Programs to consider sending a separate letter, post-letter of acceptance, to students highlighting the language skills they should be working on and providing a list of resources (including classes, lexicons, student groups, etc). Currently UGME sends such a letter; SPOT includes part of the draft statement of language proficiency in the Occupational Therapy program letter to recommend a student to the Master of Science (applied).
Recommendations

• The harmonized statement of language proficiency be linked to admissions letters (either included with admission letters or provide the link to the statement on the Faculty’s website).

• Achieve consensus in the Faculty of Medicine on what FUNCTIONAL means when referring to the ability to be functionally bilingual. The suggestion is a general level 2 or intermediate language proficiency. This would need to be defined, be transparent and communicated to potential students and learners.
Recommendations

• A web page under “Education” dedicated to information of all language courses available, resources (with student ratings or testimonials), apps, student groups, lexicons, etc.

• The Ad Hoc work group will continue to meet twice a year to share experiences and discuss new sources of data that informs this topic, review the list of available resources for students/learners and discuss best practices.

• Explore with Dialogue McGill if a summer language bootcamp can be offered.
MDCM ADMISSIONS

ELIGIBILITY CRITERIA UPDATES & PATHWAY PROGRAM CHANGES

Faculty Council, May 21, 2019
Admissions requirements are established according to the needs of the MDCM program and the following guiding principles:

- **Excellence** (balancing academic and non-academic abilities)
- **Inclusivity** (welcoming to all qualified applicants)
- **Alignment** (with program objectives, accreditation, and Faculty of Medicine mission)
- **Fairness** (treat applicants in a just and respectful manner)
- **Transparency** (principles and selection criteria are clear and available to all)
SUMMARY

1. University-level MDCM applicant eligibility criteria revised:
   - Basic science prerequisite course expiry date removed
   - Full time study definition updated

2. Non-Traditional Pathway MDCM applicants now invited to apply in general university pathway

3. Create Rural and Small Populations MDCM admission pathway
# POLICY REVIEW & APPROVAL PROCESS

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<td>Oct. 2017-2018</td>
<td>Policy review: Non Traditional Pathway ad hoc working group (Best Practices subcommittee), consultation with SACE</td>
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<td>October 2018</td>
<td>Approval, MDCM Admissions Subcommittee on Best Practices</td>
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<tr>
<td>February 2019</td>
<td>Presentation, Faculty of Medicine MDCM Program committee</td>
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<tr>
<td>March 2019</td>
<td>Approval, MDCM Admissions committee</td>
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<td>April 2019</td>
<td>Approval CESA, C-MEG</td>
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11. Section IV – Dr. David Eidelman
11. Kudos

Section V
12. Open session / Town Hall
Report from Steering Committee

• At its April 10 meeting, the Steering Committee:
  • Approved the Feb. 26 Faculty Council minutes (online)
  • Thanked MSS Executive President Léanne Roncière for her enthusiasm, commitment and active contributions to the Steering Committee and to Faculty Council
  • Léanne R. will be replaced by incoming MSS Executive President Rami Habib for the upcoming academic year
  • Approved today’s Faculty Council agenda
Report from Nominating Committee

• At its most recent meeting, the Committee reviewed membership and identified 2 members who will need replacements:
  • 1 elected member to replace Assistant Professor Jill Baumgartner, Institute of Health and Social Policy, (Sabbatical leave)
  • 1 appointed member for postgrad student Zachary Boychuck (Graduating) – new incoming postgraduate student: Caitlin Anderson, PhD2, Human Genetics

➢ The Committee invites Faculty Council to nominate the elected member
  • Mandate: make recommendations regarding members for various Faculty committees, e.g., through calls for “members-at-large”

• Full report and details are available at:
  www.mcgill.ca/medicine/about/governance/faculty-council/committees
Consent Agenda

- Faculty Council Feb. 26 minutes
  - Link was sent to FC members and Faculty at-large following the meeting
  - [www.mcgill.ca/medicine/about/governance/faculty-council/meetings-minutes/2018](http://www.mcgill.ca/medicine/about/governance/faculty-council/meetings-minutes/2018)
Rationale for a change

• The Faculty of Medicine is 200 years old
• It ceased to be a “medical school” long ago
• Biomedical sciences – 1,800+ students without a governance structure
• Medical education – currently without an overarching, independent governance structure

• Seeking balance:
  • Budgetary autonomy vs. resource sharing
  • Academic focus vs. interdisciplinarity/interprofessionalism
  • Identification with a small unit vs. belonging to a large entity
Faculty Reorganization

• Goal is a matrix structure that supports the Faculty’s activities

• Operations are horizontal:
  • Cut across the entire Faculty
  • Generally led by Vice Deans

• Academic programs are vertical
  • Organized into Schools
  • Specific to one set of closely related educational programs
  • Generally led by Associate Deans
Academic Structure & Reporting
School Concept

• Director
• Autonomous entity
  • Budget
  • Recruitment
  • Assignment of duties
• May contain other entities:
  • Institutes, Departments, Divisions
• Teaching programs that do not overlap with other schools
• Supports the research mission but does not limit it
• May have responsibility for core facilities or infrastructure
• Enables interdisciplinarity that currently exists to a very limited extent
Educational Programs Governance

Faculty of Medicine and Health Sciences

- Medicine
- Biomedical Sciences
- Population and Global Health
- Nursing
- Physical and Occupational Therapy
- Comm. Sciences and Speech Language Pathology
Educational Programs Reporting

VP-Dean, Faculty of Medicine and Health Sciences

- AD, UGME
- AD, PGME
- AD, CPD
- AD, School of Biomedical Sciences
- AD, School of Population and Global Health
- AD, Ingram School of Nursing
- AD, School of Physical and Occupational Therapy
- AD, School of Comm. Sciences and Disorders
School of Biomedical Sciences
Rationale – School of Biomedical Sciences

• Educational
  • Graduate Programs need to be more interdisciplinary and adapted to the needs of students who will enter the economy
  • Undergraduate programs need to take more advantage of modern, advanced approaches to pedagogy

• Research
  • Need to be more competitive in large-scale projects and grant applications
  • Need to be able to effectively plug into and lead campus-wide research initiatives

• Facilities
  • Need coordination and leadership for core facilities and platforms
Biomedical Sciences Units

• Departments
  • Anatomy and Cell Biology
  • Biochemistry
  • Biomedical Engineering*
  • Human Genetics*
  • Microbiology and Immunology
  • Pharmacology and Therapeutics
  • Physiology

• Associated Units
  • Genome Centre
  • Goodman Cancer Research Centre*
Biomedical Sciences Organization

• Led by Associate Dean
• Exec Committee
  • Resource management
  • Recruitment
  • Partnerships with other schools and faculties
• Biomedical Council
  • Department heads
  • Student leaders
  • Elected members
  • Cross-cutting graduate programs (IPN, ExpMed, QLS)
  • Biomed Engineering
  • Medical Physics
Biomedical Sciences Administration

• Associate Director

• HR

• Finance

• Student Affairs

• Faculty Affairs

• Research Infrastructure (e.g., grant writing and preparation)

• Education Infrastructure (e.g., educational technologies)
School of Medicine
Rationale – School of Medicine

• Medical educational programs require specific attention
  • Curriculum
  • Learning environment
  • Continuum of education across careers
  • Single trajectory of lifelong learning
  • Facilitate harmonization of strategic planning/priorities

• Clinical departments need to be engaged
  • Medical Education
  • Graduate Education
  • Clear distinction between role of Chair vs. role of Clinical Chief

• Relationships with healthcare providers
  • PEMs
  • Philanthropy
  • Clinical research

• Campus Outaouais
Medicine is large and complex

- 3 Associate Deans responsible for educational programs
- 16 departments
- 48% of the learners in the FMHS
- 53% of the graduate students in the FMHS
- 65% of tenure track professors
- 88% of the CAS professors
- 71% of the research funding
- Campus Outaouais
Clinical Departments

- Emergency Medicine
- Family Medicine
- Human Genetics*
- Medicine
- Neurology and Neurosurgery
- Pathology
- Pediatrics
- Psychiatry
- Oncology
- Radiology

- Anesthesiology
- Biomedical Engineering*
- ENT, Head and Neck Surgery
- Obstetrics and Gynecology
- Ophthalmology and Vision Science
- Pediatric Surgery
- Surgery
- Social Studies of Medicine*
Medical Education Reporting Structure

VP/Dean, FMHS

Associate Dean, UGME
Associate Dean, PGME
Associate Dean, CPD

Vice Dean, Health Affairs
Doyen associé Campus Outaouais

Clinical Department Chairs
Clinical operations
Learning Environment
Government relations
Strengthening Links & Relationships
Forums to promote cross-cutting activities

• Schools bring a community of parts together, strengthening it as a whole.

• Vice Dean mandates encourage cross-talk across all of our Schools through:
  1. Faculty-wide strategic plans
  2. Offices, Centres, and Institutes that support schools
     • Office of Interprofessional Education, Office of Accreditation and EQI
  3. Cross-cutting committees
     • Standing Committee on Research (SCoR)
       Represents all the key institutional research stakeholders
     • Biomedical Science Council (proposed)
       Brings together biomedical researchers from across the FMHS
Faculty Matrix

FMHS

ADMINISTRATION

EDUCATION (Education Strategic Plan, WELL unit, Accreditation & EQI, OIPE, IHSE, IHPP, ELC, etc.)

RESEARCH (Strategic Research Plan, SCoR, Centres, core facilities, competitions, etc.)

ACADEMIC AFFAIRS (Academic Affairs Strat Plan, appointments, promotions, mentoring, etc.)

HEALTH AFFAIRS (Health Affairs Strat Plan, gov. relations, RUIS, clinical teaching, etc.)

Medicine  Biomed  SPGH  ISON  SPOT  SCSD

2019-07-22

FMHS Draft Proposal
What’s in a name?

Faculty of Medicine is a misnomer

Alternatives:

• Faculty of Health
• Faculty of Health Sciences
• Faculty of Medicine and Health Sciences
Comments, questions?
Business Arising / Dean’s Updates (cont.)

• Space
• Budget
Kudos

David Johnston Faculty & Staff Award
McGill Alumni Association
Dr. Don Sheppard

Alumni Event of the Year Award
McGill Alumni Association
Lorne Lieberman (donor)
(A Celebration in Honour of Dr. Alice Benjamin)

Honora Shaughnessy McGill Ambassador Award
McGill Alumni Association
Dorothy Thomas-Edding (alumna)
Kudos

Prix Profession Santé
Partage des connaissances – Médecins
Dr. Guylène Thériault

Canadian Medical Hall of Fame Inductee
Dr. Rémi Quirion

Collège québécois des médecins de famille
2019 Prix de la relève
Dr. Andréanne Lefort
More Kudos

2019 CIHR-ICRH/CTS Distinguished Lecturer Award in Respiratory Sciences
Dr. Dick Menzies

Friends of Canadian Institutes of Health Research
Henry G. Friesen International Prize
Dr. Bartha Knoppers

Canadian Association of Medical Education
Certificate of Merit Award
Dr. Stuart Lubarsky
Dr. Fady Mansour
Dr. Gail Myhr
Still More Kudos

Women’s Y Foundation
Women of Distinction Award
Dr. Reut Gruber

Principal’s Prize for Engagement through Media
Academics (Winner)
Dr. Madhukar Pai

Principal’s Prize for Engagement through Media
Academics (Runner Up)
Dr. Samir Shaheen-Hussain
Kudos to Our Students

2019 Vanier Scholars
Devin Abrahami
Matthew Danker
Kashif Khan
Anastasios Maniakas
Charles Onu
Lauralicia Sacre
Yifan Wang

2019 Banting Fellow
Elena Kuzmin
Kudos to Our Students

Gretta Chambers Student Leadership Award
McGill Alumni Association
Xin Mei Liu
Olivia Monton

McGill Equity and Community Building Award
and winner of the Regional Level OsEntreprendre
Community Health and Social Medicine (CHASM)

Elaine Kilabuk Inuit and Indigenous Health Professions
Student Award
Ève Mailhot-Daye
More Kudos to Our Students

1st Place Dobson Cup, Health Sciences track
nplex biosciences

2nd Place Dobson Cup, Health Sciences track
Gynoteck

3rd Place Dobson Cup, Health Sciences track
LFANT

2nd Place Dobson Cup, Mastercard Foundation Award
3.D.E.
More Kudos to Our Students

4th Annual Surgical Innovation Pitch Presentations
Top Prize for Entrepreneurial Excellence
FemTherapeutics

Principal’s Prize for Engagement through Media
Student Category Runners Up
Jay Olson
Rackeb Tesfaye

Principal’s Prize for Engagement through Media
Special recognition
Brain Reach North
Still More Kudos to Our Students

3-Minute Thesis/Ma thèse en 180 secondes
Zeinab Sharifi (First prize, English)
Mariève Cyr (First prize, French)
Will Joggiar (Second Prize)

Canadian Medical Association Award for Young Leaders (Resident)
Dr. Sheila Wang

Relève étoile Jacques-Genest award of the Fonds de recherche du Québec – Santé (February)
Massimiliano Orri

Congratulations to all!
Open Discussion/Town Hall
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

www.mcgill.ca/medicine/about/governance/faculty-council/topicscomments-questions
Please hand in your name cards!