

# Education Strategic Plan



**2020-2023**

Meeting the Learning Needs  
of a Changing World

2020 - 2023



 **Sunnybrook**  
EDUCATION

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# Message from our Vice President, Education

*“A mind that is stretched by a new experience can never go back to its old dimensions.” - Oliver Wendell Holmes*

## I am delighted to share the new 2020-2023 Sunnybrook Education Strategic Plan.

Our new Sunnybrook Education Strategic Plan arrives during the COVID-19 pandemic, a catastrophic and cataclysmic event which has shaken our health care system and global economy and profoundly disrupted the way we live and work. COVID-19 continues to be the grand challenge of medical science and health-care delivery. It has also exposed the stark social inequities in health and health care. In addition, recent global anti-racism movements have turned our focus – and rightfully so – on structural racism and institutional violence against Black, Indigenous and other people of colour, and mobilized medical and health profession faculties and hospitals to newly commit to anti-racism and justice. Although all of us yearn for a return to normal, as the writer and physician Siddhartha Mukherjee noted, “a resumption of normality would signal a failure to learn.” We need to contemplate not a resumption of normal but a revision in how we deliver health care. We also need to consider the pivotal role that education can play in that health care change process.

Beginning in the fall of 2019, our new Education Strategic Plan was developed over a six-month period. The extensive engagement process involved nine workshops and one retreat attended by 112 Sunnybrook staff as well as a broad set of stakeholders including representatives from peer TAHSN hospitals, University of Toronto health faculty members, patients and learners.

It is an interesting time to be undertaking strategic planning. Our health care and education systems are undergoing significant transformation. Inflections in areas like telehealth and virtual learning, which have been anticipated for the coming decade, have now unfolded over the course of a few weeks. Significant attention is being paid to diversity, equity, inclusion and systemic racism and oppression. Our plan is responsive to these trends, leveraging our current strengths and achievements, including our focus on relationship building. In addition, given how much remains unknown and unknowable, we have developed a rigorous monitoring and review process to support us in being proactive and responsive to emerging opportunities or threats.

I am deeply grateful for the time and contributions of our Strategic Direction leaders and committee members, our Education Coordinator & Events Manager and our consultant, Jane Cooke-Lauder of Bataleur Enterprises, who provided us with wise direction and oversight during this complex process.

Although we are challenged by COVID-19, I am excited by our collective potential to advance education at Sunnybrook and beyond over the next three years.

**Ari Zaretsky, MD, FRCPC**

Vice President, Education  
Sunnybrook Health Sciences Centre





# Executive Summary

## The 2020-2023 Education Strategic Plan builds on the successes of the 2017-2020 Education Strategic Plan, which identified four major education priorities: Patient as Educator, Team-Based Learning, Learner Experience & Culture, and Education Research & Scholarship.

In contemplating the next stage of development for Sunnybrook Education, senior leaders at Sunnybrook, education leaders at the University of Toronto, and other TAHSN hospitals were consulted in July and August 2019. While retention of the four strategic priorities from the 2017-2020 Education Strategic Plan was unanimously endorsed, we also heard the need for even greater integration with Sunnybrook's clinical programs and stronger alignment with quality and patient safety. Through the fall of 2019, groups of subject matter experts and key stakeholders drawn from Sunnybrook's clinical programs, the Office of the Patient Experience, Organizational Development and Leadership, and Quality and Patient Safety were invited to attend a series of eight workshops. This rigorous and inclusive process culminated in a strategic planning retreat in December 2019, attended by education leaders from across Sunnybrook as well as the University of Toronto and TAHSN communities. In February 2020, a subsequent additional workshop was designed to address a fifth strategic direction that arose from the December 2019 retreat pertaining to life-long learning.

During the planning process, we revised the vision and mission statements for Education to be more closely aligned with Sunnybrook's 2018-2021 strategic plan but retained the core values that had been articulated back in 2017. Five strategic directions were identified: **Learner Experience & Culture, Team-Based Learning, Patient as Educator, Life-Long Learning and Education Research & Scholarship**. In the current strategic plan, a goal and an overarching measure of success has been identified for each of the five strategic directions. Objectives are then defined to accomplish these goals in addition to more granular tactics that will advance these discrete objectives over the course of the next three years. Annual work plans will define the milestones for these tactics as they are played out over time as key results, in accordance with John Doerr's highly regarded OKR (Objectives and Key Results) framework.

There are a number of exciting developments in the current strategic plan. The focus of Learner Experience and Culture has expanded to address the psychological needs and well-being of all student learners including those within the Sunnybrook Research Institute (SRI). In addition, special emphasis will be placed on psychological safety and developing educational interventions to address student mistreatment. Team-Based Learning will develop team-based learning "tool-kits" and will focus even greater emphasis on interventions that promote psychological safety and will measure this as a critical outcome. Patient as Educator will expand the involvement of patients and families to provide formative feedback to student learners so that they can enhance their acquisition of communication skills and self-reflect on their professionalism. The recent identification of Life-Long Learning as a strategic direction will ensure that nursing and health professional education is better aligned and integrated with the work that is conducted within Organizational Development and Leadership. Education Research and Scholarship has a much greater capability to deliver impactful research on patients as educators because of the recent recruitment of the ACMS Professor in Education Research, Dr. Csilla Kalocsai.

Moving to implementation, the five Strategic Direction working groups will be engaged in developing and implementing annual work plans to achieve their goal and objectives based on the tactics defined in the strategic plan. A robust monitoring and evaluation process has been defined that includes regular bi-weekly meetings with the Strategic Direction Leads and bi-monthly updates to the Sunnybrook Education Advisory Council and the Education and Human Resources Committee of the Board to ensure all stakeholders are informed as to progress.

# Our Strategy at a Glance



**Vision:**  
Inventing the future of health care through education



**Mission:**  
An extraordinary health care learning experience



**Positioning Statement:**  
We are known for enabling innovative relationship-centred healthcare through teaching excellence and educational leadership





## ■ Strategic Directions

<p>1. <b>Learner Experience &amp; Culture:</b> enabling all learners to grow in a safe, stimulating and compassionate environment</p>	<p><b>Goal Statement:</b> Learners state they are valued and supported.</p> <p><b>2023 Success Measures:</b></p> <ol style="list-style-type: none"><li>1. Learners state that they are valued and supported during their Sunnybrook placement. Target: 95%</li></ol>
<p>2. <b>Team-Based Learning:</b> enhancing interprofessional team performance in service of robust educational outcomes, patient and learner safety, and high-quality care</p>	<p><b>Goal Statement:</b> Team members from diverse professions, roles and organizations work to their full potential through interactive learning and simulation within a positive, culturally safe environment.</p> <p><b>2023 Success Measures:</b></p> <ol style="list-style-type: none"><li>1. Teams learn through simulation. Target 50% of teams learn through simulation</li><li>2. Teams are addressing problems and tough issues on a regular basis. Target: 50% of team members are able to bring up problems and tough issues in the team setting</li><li>3. Two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes (interprofessional education) on a regular basis. Target: 70% of teams indicate that they very often engage in interprofessional education</li></ol>
<p>3. <b>Patient as Educator:</b> partnering with patients and families for the inclusion of their experiences and perspectives in all teaching and learning</p>	<p><b>Goal Statement:</b> “Patient as Educator” is the standard practice in learner development, patient education, and education research activities.</p> <p><b>2023 Success Measures:</b></p> <ol style="list-style-type: none"><li>1. Patient educators are embedded in clinical programs across Sunnybrook. Target: 100% of clinical programs have patient educators</li><li>2. Patient educators will be partners in the development of all new patient education tools. Target: 100% of Patient and Family Education tools will have patient educator input</li></ol>
<p>4. <b>Life-Long Learning:</b> supporting career-long personal and professional growth</p>	<p><b>Goal Statement:</b> Sunnybrook is recognized as a centre of excellence supporting the professional development and continuing education of its diverse employees and physicians.</p> <p><b>2023 Success Measures:</b></p> <ol style="list-style-type: none"><li>1. 75% of health-care professional employees register for courses to improve their professional skills annually</li></ol>
<p>5. <b>Education Research &amp; Scholarship:</b> creating, mobilizing and applying knowledge across the organization and beyond</p>	<p><b>Goal Statement:</b> Education research and scholarship will be enhanced to improve learner, teacher and patient experiences and outcomes.</p> <p><b>2023 Success Measures:</b></p> <ol style="list-style-type: none"><li>1. Sunnybrook will be viewed as a leader in research related to “patient as educator” by TAHSNe partners<ul style="list-style-type: none"><li>• Double the number of “patient as educator” education research publications</li><li>• 15% increase in the number of successful education research grants related to “patient as educator” research</li><li>• 25% increase in number of patient as educator presentations at education conferences</li></ul></li></ol>



# Setting the Context

## ■ Background

Sunnybrook is proud of its role as an academic health sciences centre, with education being seen as foundational to its current and ongoing success. Strategically, education is woven into all four directions outlined in Sunnybrook's 2018-2021 strategic plan, *Inventing the future of health care for Ontario and beyond*.

Our role as the Education Program is to support the development of competent, capable, confident individuals and teams who are willing and able to apply their skills, talents and experience to take care of patients and families when it matters most. This includes the education of health professional students, residents, fellows, international observers, interprofessional staff, as well as the functioning of the Canadian Sunnybrook

Simulation Centre, the Educational Research Unit and Library Services. In addition, working with partners and collaborators within Sunnybrook and beyond, we support the development of an engaged and health literate patient population within a vibrant, quality-focused, learning culture.

The delivery of the Education Program is enabled with the support of the Sunnybrook Education Advisory Council (SEAC), a standing committee consisting of an interprofessional team of educators and leaders who provide advice to senior leadership with direct responsibility for education across Sunnybrook. In addition, the Council is responsible for the planning and implementation of a number of key education activities and awards.



## ■ Education Strategic Plan 2017-2020

The 2017-2020 Education Strategic Plan built on the 2012 Strategic Plan that was subsequently refreshed in 2014. An extensive data gathering and consultation process designed to explore ways to build on existing strengths, overcome internal silos, enhance communication and engage inquiry and scholarship led to the identification of four priorities: Patient as Educator, Team-Based Learning, Learner Experience and Culture, and Education Research and Scholarship. These four strategic priorities, defined in terms of goals, activities and measures, provided us with overall focus and direction, leading to the achievement of a number of important milestones and the delivery overall of a high-quality innovative set of education initiatives.

## ■ Current Situation Assessment – Internal

On an annual basis, Sunnybrook hosts more than 5,000 learners from 45 health professions and 95 countries. Our excellence in such areas as simulation, technology-enabled learning, and innovation in delivering a robust learner experience is widely acknowledged. The process of engaging patients and families on the learning journey is well-regarded and learners evaluate the training received at Sunnybrook very highly. We have captured some of the highlights from the last three years as shown on pages 12 to 14.



### a. Patient as Educator

Our commitment to engaging patients, their families and caregivers (“patients”) in the critical work of educating learners and staff, inspiring hope for other patients, and enhancing the humanism of physicians, health-care professionals and staff alike, has led to the creation of a number of innovative interventions.

The *Out of Darkness* film series was developed to enhance the compassion of learners towards mental health. Engaging bipolar patient volunteers, we have used these short films as a teaching tool with medical students. The series has been adopted by the Faculty of Medicine at the University of Toronto as part of their undergraduate resilience curriculum and has also been offered to other faculties, such as Social Work and Psychology at the University of Toronto Scarborough campus.

Working with three palliative care physicians at Sunnybrook with the intent of evoking deeper understanding among health-care professionals, we explored the provision of palliative care through a series of interviews with patients and experienced physicians. Funding through a SEAC grant enabled the creation of *About Empathy*, a series of well-received podcasts based on the principles of narrative medicine.

The success of a pilot study conducted in 2019 that engaged patients in evaluating the communication skills and professionalism of pre-licensure students has paved the way for the expansion of this innovative practice more broadly across Sunnybrook. Patients reported finding value in their engagement while students both enjoyed the process and found the patient feedback relevant.

### b. Team-Based Learning

Sunnybrook’s strategic focus on high performing teams gave impetus to our development of a competency-based interprofessional team assessment tool designed as an efficient mechanism to take the pulse of teams leading to the identification of development opportunities. We are currently the leader in terms of the number of assessments completed combined with the documentation of tailored learning plans. With 75 teams having completed the assessment, communication and role clarification are identified as relative strengths with interprofessional conflict resolution and the need for team reflection being identified consistently as important gaps to be addressed. This, in turn, has enabled us to develop targeted courses and interventions. Preliminary data suggests that this focused assessment-based learning approach is having a positive impact on how our patients and students perceive their experience at Sunnybrook.

Historically, simulation has been used predominantly for orientation and static skill training e.g., surgical skills purposes. However, because of our expertise in developing team communication and crisis management skills, our simulation activities now include such areas as quality improvement, emergency preparedness, and risk mitigation. We work with teams, practising choreography so that they are ready for stressful high-risk situations, including trauma, Code Blue and Code White emergencies, where the implications of error can be significant. Our introduction of objective tools that incorporate interprofessional team competencies to assess team performance against objectives provides structure and focus to the post-simulation debrief, enabling quicker adoption of new behaviours and practices. More recently, we have been running simulations to upscale the training of nurses redeployed to COVID units. These nurses are from other care areas and need to blend into a situation that is above their normal level of experience. We have also trained University of Toronto residents for redeployment in order to mitigate their stress and their risk of infection.





### c. Learner Experience & Culture

Focused on providing learners with the best possible experience, we have placed special emphasis on enhancing the skills and engagement of Sunnybrook's teachers and preceptors. Regardless of profession, what we learned by surveying this group, is that they enjoy teaching and are rewarded intrinsically in seeing individual learner growth and development. Notwithstanding this finding, we have also introduced more explicit ways of "appreciating" them such as with thank you notes and snacks. Survey findings also identified the need for faculty development support, leading to the design of specific Teacher Master Classes and the introduction of shared interprofessional best practices. Further analysis of the initial survey data is expected to provide ground-breaking insights into the similarities and differences of teacher experience across multiple professions.

Our concern with physician and learner burnout and wellness led to a survey being conducted of Sunnybrook fellows and residents in fall 2018. Results indicated that the preferred support option was anonymous self-referral. This led to the implementation of a unique option within the TAHSN system: an innovative and seamless hotline that residents and clinical fellows in distress can use to access mental health assistance at Sunnybrook. We have also enhanced our website so that all learners in distress can report concerns and receive support.



### d. Education Research & Scholarship

Understanding the importance of developing both capacity and capability in these important disciplines led us to design and implement a number of new and innovative initiatives under the leadership of Sunnybrook Education Research Unit (ERU) working closely with Sunnybrook's Practice-Based Research and Innovation (PBRI) Team. In addition to the well-attended and highly-rated quarterly Education Research Rounds (each targeted to exploring a specific strategic direction), research intensive workshops have also been introduced. The inaugural workshop covered the foundational principles associated with conducting education research. The one scheduled for early 2020 was to have provided four intensive hours on research methodology for education research. We were forced to cancel the event as part of the COVID-19 pandemic closure but not before high levels of interest were expressed.

New education awards have recognized the growing expertise within Sunnybrook. With the introduction of the Innovative Curriculum Award, on an annual basis, we honour an educator or team of educators making new, innovative and creative contributions to teaching and learning for students, staff, clinicians, patients and the community. Dr Natalie Coburn, a general surgeon in the Odette Cancer Centre is a shining example of this innovative quality. Seeing a gap in surgical ability to treat gastric cancer, she developed the first surgical course in Canada on lifesaving D2 Lymph Node Dissection Surgery.

A generous \$5 million gift from the Sunnybrook Academic Clinicians Management Services has enabled us to expand both capacity and capability of education research through the establishment of an education research scientist professorship. The selected academic will develop an independent program of research in an area related to one of our education priorities. Recruitment commenced in late 2019 and start date occurred in late April 2020.



# Snapshot of Current State

(2017 - 2020)

## Patient as Educator



470

# of patient educators across all programs



17,106

# of patients and learners reached by patient educators

## Team-Based Learning

65

Number of teams actively engaged in team development to enhance team performance towards a shared purpose, improvement objectives, and the evaluation of results (2019/2020)

40%

Team members endorse that they are able to bring up problems and tough issues (2019 - 2020)

38%

Teams agree or strongly agree that "time" is dedicated for ongoing team reflection (2019 - 2020)

## Learner Experience & Culture

15

# of students/trainees seeking mental health support from confidential Sunnybrook crisis line (in the last academic year)

123

# of teachers attending Sunnybrook Master Class (2018 - 2019)

21

# of different professions participating in Master Classes (2018 - 2019)

## Education Research & Scholarship

26

# of researchers

29

# of teams receiving research grants



83

# of education research presentations at Sunnybrook Education Conference

## Nursing Education

35

# of critical care nurses that were trained through the new Michener curriculum



## Library Services

6,110

# of cumulative hits to the Trauma Information Portal



8,447

# of cumulative hits to the Cancer Information Portal

## Other

769

# of attendees at the annual Sunnybrook Education Conference

137

# of nominees for the Sunnybrook Education Awards

567

# of attendees at the annual Interprofessional Collaboration Showcase

## ■ Current Situation Assessment – External

From an external standpoint, there are a number of forces and trends that are shaping the delivery of health care and of the education for all who work in the health-care sector. While these are not unique to Sunnybrook, we do need to take them into consideration in both identifying our strategic direction as well as building action plans.

Most evident at the time of writing the plan is the impact of COVID-19, which has served to heighten the significance of such factors as the adoption of new technologies for both the delivery of health care and education, the value placed on innovation, requirements for interprofessional, interorganizational and cross sector collaboration, the use of evidence in making decisions, and the ubiquitous availability of both accurate and fake news in shaping consumer and patient understanding of the situation and compliance with directives. And all of these changes have emerged against a backdrop of increased costs and a ballooning deficit.

Other ongoing trends of note include the drive to personalized medicine, patient engagement, integrated care, quality, safety and continuous improvement, the priority placed on serving and educating Black, Indigenous and other communities of colour, as well as the continuing recognition of the need to serve an aging and vulnerable population, address growing mental health issues (including among health-care providers), and deliver care that is accountable to the needs of our local population.

Informing the design and delivery of effective education interventions is an increasingly sophisticated understanding of adult learning, competency-based education, new teaching modalities and technological enablers, many of which are causing conventional teaching approaches to be questioned. In addition, new learning preferences of those entering the workforce and the focus on learner wellness and psychological safety compel us to adopt new and different approaches.

## ■ Conclusions

In looking forward, we are faced with an unprecedented level of uncertainty. So much is unknown about the course of the COVID-19 pandemic even as some of the societal, individual, and economic costs are becoming more visible. The good news is that much has been achieved and there are significant foundational pieces in place of which Sunnybrook Education can build. We will need to be both vigilant and nimble moving forward as there are factors in the external and internal environment that present both challenges and opportunities.

The current four strategic priority areas will continue to be important, with the significance of ongoing/ life-long learning being highlighted as a future area of focus given the ongoing pace of change. Thus, the task over the next three years is to deepen the education footprint at Sunnybrook, expand the profile of education research, and address the need for additional physical infrastructure. At the same time, we will need to enhance our ability to measure the success of our work and the contribution we make on an ongoing basis to the growth and well-being of learners, staff, and health providers in addition to the experience and health outcomes of patients.



# Developing the Plan

As we considered a refresh of the 2017-2020 plan, we engaged in conversations with Sunnybrook and education leaders who indicated that the foundational premises and priorities of the strategy remained relevant. With this input, we designed an approach that was based on consulting with stakeholders in each of the previous four priority areas to listen and learn to how they described the current situation and what, where, and how Sunnybrook Education could contribute over the next three to five years. Following these sessions, we engaged in a highly interactive format with more

than seventy education experts, learners and patients to obtain guidance as to the future focus of the Education Program. A fifth strategic direction was identified as well as numerous improvements to the initial propositions. Final steps included checking back in with Sunnybrook leaders regarding the proposed changes to the vision, mission, values and strategic directions, as well as receiving feedback regarding the development of the action component of the plan and the associated process and outcome measures.

## ■ Four Phases of the Planning Process



### Phase 1: Summer 2019

1

- Identify Priority and Co-Leads
- Contract consultant support
- Hold kick-off meeting with Priority Leads

### Phase 2: September - December

2

- Gather data:
  - Workshop 1
  - Workshop 2
- Review findings with SEAC
- Hold Stakeholder Retreat

### Phase 3: January - February 2020

3

- Finalize key messages from Retreat with SEAC
- Test draft Plan with senior system leaders

### Phase 4: March

4

- Review consultation input with SEAC
- Finalize the Plan (by April 1): Goals, Objectives and Key Results

# The Way Forward

Education, including formal education of learners, the maintenance of technical proficiency as well as ongoing personal and professional growth, are the responsibility of everyone at Sunnybrook. The purpose of our Sunnybrook Education strategy is to create an envelope or big tent, to provide guidance as well as to energize change and accelerate momentum for all those involved in education initiatives. In addition, the establishment of strategic directions, goals and action plans serves to focus and prioritize the available resources within the Education Program.

Our strategy is summarized below in brief statements of vision: our purpose; mission: the core work that we do; positioning: our value proposition; values: the important beliefs and behaviours that enable our success; and strategic directions: our five areas of focus. Each of these strategic directions is then explored in the subsequent section.

**Vision:** Inventing the future of health care through education

**Mission:** An extraordinary health care learning experience

**Positioning Statement:** We are known for enabling innovative person-centred health care through teaching excellence and educational leadership

## Values:

### We will:

- Promote excellence, accountability, compassion and respect in all the learning and teaching that we do
- Create a learning culture of inclusion that celebrates diversity, enables equity and justice and promotes well-being
- Support interprofessional learning within Sunnybrook and across its partners
- Enable equitable access to knowledge, education and health information
- Foster engagement in inquiry and scholarship
- Collaborate both within Sunnybrook and externally to enable innovation and enhance performance



## ■ Strategic Directions

Each of the five strategic directions is outlined below:

### 1 Learner Experience & Culture: Enabling all learners to grow in a safe, stimulating and compassionate environment

#### a. Overview

An extraordinary learning experience requires great teachers, committed colleagues and an environment where learners feel safe to take interpersonal risks in the work environment. Psychological safety<sup>1</sup> is important to learners' perception of their learning environment (Tsuei, 2019) and is also associated with how learners rate satisfaction with their clinical learning experiences (Karina, 2016). Supportive learning environments are associated with longitudinal relationships free from judgement by peers, mentors, and team members (Tsuei, 2019).

Although there are few studies about learning behaviours in the educational context, there is evidence that psychological safety increases the motivation for knowledge sharing between individuals (Siemsen, 2009). There is also evidence that there is a clear role for teachers in contributing to the creation of an educationally safe learning environment, and that group dynamics and interpersonal relationships influence academic performance (Soares, 2017).

At the core of Sunnybrook's mission is teaching and learning. In recent years, learners have rated Sunnybrook highly (more than 90% satisfaction) in terms of their placement experience and how their learning objectives were met. Well-attended student wellness events and leadership forums, orchestrated by the Student Experience Committee, contribute to these strong results. At the same time, learners have indicated that Sunnybrook, along with all other TAHSN members, needs to address such issues as incivility, especially from patients/family members and clinical staff, and harassment, typically described as disrespect, verbal assaults and bullying.

Sunnybrook's leadership role within TAHSNe resulted in the development and subsequent widespread adoption of policies to address these issues. In addition to adopting these recommendations, the Education Program will introduce more specific evidence-informed actions over the next three years to create a safer and healthier post-

pandemic physical and virtual learning environment. Planned initiatives include strengthening the bonds within the diverse and inclusive learning community, at the clinical team level and also at the cohort or learner community level; and providing additional resources to the individual learner to foster higher levels of individual resilience since resilience is associated with the ability to withstand, adapt to, and recover from stress and adversity. Innovative assessment approaches to foster improved communication, care and teaching skills among learners with respect to patients and families will be introduced as part of including patient partners on care teams.

In addition to the focus on the learner, opportunities have been identified to strengthen the teaching community at Sunnybrook. Medical and other health professionals at academic health centres serve dual roles: both as clinician as well as teacher. Learners have identified three qualities present in effective teachers: knowledge of subject, enthusiasm (including displaying personal interest) and communication skills (Singh, 2013; Soares, 2017). Over the next three years, teachers will be supported in strengthening their ability to create safe and equitable learning environments through the provision of resources and training designed to improve the clarity of their communication, their understanding of equity, diversity, and inclusion principles and their ability to provide feedback. Mentorship opportunities for teachers will also be expanded.

#### b. Goal Statement

**Learners state they are valued and supported.**

#### c. 2023 Success Measures

**1. Learners state they are valued and supported during their Sunnybrook placement<sup>2</sup>**  
**Target: 95%**

<sup>1</sup> Psychological safety is defined as an environment where individuals are able to engage, communicate, and report mistakes or problems without any negative consequence to self, status, or career (Karina, 2016). Barbara Fredrickson at the University of North Carolina has found that positive emotions like trust, curiosity, confidence, and inspiration broaden the mind and help build psychological, social, and physical resources. We become more open-minded, resilient, motivated, and persistent when we feel safe. Humor increases, as does solution-finding and divergent thinking — the cognitive process underlying creativity. When the workplace feels challenging but not threatening, teams can sustain the broaden-and-build mode. Oxytocin levels in our brains rise, eliciting trust and trust-making behavior. <https://hbr.org/2017/08/high-performing-teams-need-psychological-safety-heres-how-to-create-it>

<sup>2</sup> Measures are drawn from the TAHSN Learner Engagement (LE) Survey



## d. Objectives, Tactics and Measures



### **Objective 1:** Build a stronger learning community

**Tactic 1:** Develop strategies for all units to orient learners to their teams

**Tactic 2:** Engage learners in decision-making related to their learning experience

**Tactic 3:** Provide opportunities for increased learner interaction such as a lounge, study space, and social events

**Tactic 4:** Enhance opportunities to celebrate teacher and learner successes

#### **Measures**

- Percentage: “I felt prepared to begin my placement after the orientation”<sup>2</sup>
- Percentage: “I felt welcomed and accepted as part of the team”<sup>2</sup>
- Percentage: “I feel that my teaching contributions are recognized”<sup>2</sup>
- 100% of units conducted orientation for learners

### **Objective 2:** Support learners to improve their well-being

**Tactic 1:** Improve access for all learners (including at SRI) to health and wellness information, resources and supports, including counseling services and library updates

**Tactic 2:** Provide learners with additional infrastructure and resources such as locker space and extended shuttle services

**Tactic 3:** Tackle incivility to learners through robust implementation of TAHSNe Learner Environment Survey recommendations

#### **Measures**

- Percentage of favourable responses to “I received appropriate assistance to address any questions or concerns I had about my placement”<sup>2</sup>
- Percentage of favourable responses to “I was able to access the resources necessary to do the work that was expected of me (e.g., library, inter/intranet, clinical/business systems)”<sup>2</sup>
- Number of student concerns received online via the Student Assistance inbox
- Percentage of favourable responses (never) to “Did you personally experience harassment during your placement?”
- Percentage of favourable responses (never) to “Did you personally experience discrimination during your placement?”
- Number of student well-being initiatives implemented annually

### **Objective 3:** Foster high impact teaching

**Tactic 1:** Improve teacher access to resources and training (such as technology-enabled professional development opportunities covering topics like providing student feedback, and formal equity, diversity, and inclusion training, etc.)

**Tactic 2:** Enhance training in virtual care, virtual teaching and virtual supervision

**Tactic 3:** Expand opportunities for teachers to share expertise, including formal mentorship programs

**Tactic 4:** Strengthen the feedback process for learners by including patient educators on care teams

**Tactic 5:** Promote and support scholarly learner experiences including developing and applying research-informed best teaching practices

#### **Measures**

- Percentage of favourable responses to “I would recommend my preceptor(s)/supervisor(s) for future student placements”<sup>2</sup>
- Number of Sunnybrook staff attending preceptor/supervisor formal training initiatives
- Percentage of favourable responses to “I was supported for teaching by Sunnybrook with development opportunities and resources”<sup>2</sup>
- Percentage of learners receiving feedback from patient educators

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## 2 Team-Based Learning: Enhancing interprofessional team performance in service of robust educational outcomes, patient and learner safety, and high-quality care.

### a. Overview

Sunnybrook is committed to building high performing teams (both intact and ad hoc) that invent the future of health care. High performing teams can have a positive effect on clinical error rates, patient complications and hospital length of stay. Effective collaborative practice is enabled by effective interprofessional education. Fortunately, Sunnybrook has a strong track record in the delivery of interprofessional learning. To optimize the value of this learning and to foster the development of extraordinary team performance, it is important to create structured opportunities for intact teams to learn together, and to do so in their local areas of work using a variety of evidence-informed modes, including simulation. This will have the added benefit of team members being better prepared to function as part of a flexible workforce which can expand, contract or relocate to align with evolving care priorities and staffing requirements.

Learning together across professions and roles helps to enhance role clarity and reduce conflict among caregivers, ultimately creating positive staff outcomes such as enhanced satisfaction, cultural safety and decreased turnover. Over the next three years, to expand capability across Sunnybrook, intact teams will receive resources to enable them to develop a common language and become more proficient in learning together. This will include developing expertise in such important teaming practices as communications, debriefing, and reflection. Tools will be developed with input from experienced members of intact and ad hoc teams – and with the support of library resources – to ensure the toolkit has broad relevance. Other systemic supports will also be provided, including team assessment, coaching, and access to broader forums such as communities of practice, which will provide exposure to role models and best practices.

Collaboration is fundamentally about culture. Organizations that promote diversity and collaboration unlock innovation, creativity, and renewal. To strengthen a team-oriented, collaborative, inclusive, and equitable culture, leaders at every level across Sunnybrook will be offered learning opportunities to equip themselves with the knowledge, skills, and tools to promote equitable, diverse and inclusive interprofessional practice and collaboration systematically both within Sunnybrook and across the system. Further initiatives, designed in response to feedback from the Sunnybrook community, will be rolled out to support team wellness and resilience. This will optimize both the enjoyment and the relevance of interprofessional learning.

Inventing the future of health care requires that teams function seamlessly, offering integrated care to patients and their families. The advent of Ontario Health Teams (OHTs) has hastened a “bending and extending” of current team practice, including the expanded participation of patients and families as team members. Opportunities exist because Sunnybrook's intact teams work increasingly across the continuum of care to support the learning that is taking place at those intersections and to share collaboration tools with OHTs and close partners. The recent pandemic experience has demonstrated the critical importance of these community connections, particularly in dealing with such vulnerable populations as the elderly and those in long-term care homes.

The development and sharing of best practices will be fostered using existing forums such as applied projects linked to team-oriented leadership development courses, as well as targeted submissions to national and international conferences that feature interprofessional education and team-based learning.

## b. Goal Statement

Team members from diverse professions, roles and organizations work to their full potential through interactive learning and simulation within a positive, culturally safe environment.

## c. 2023 Success Measures

1. Teams learn through simulation. Target 50% of teams learn through simulation
2. Teams are addressing problems and tough issues on a regular basis. Target: 50% of team members are able to bring up problems and tough issues in the team setting
3. Two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes (interprofessional education) on a regular basis. Target: 70% of teams indicate that they very often engage in interprofessional education

## d. Objectives, Tactics and Measures



### **Objective 1:** Support teams to develop teamwork competencies with simulation

<p><b>Tactic 1:</b> Expand the capacity for use of simulation in TBL</p> <p><b>Tactic 2:</b> Develop a TBL toolkit that includes tools for reflection, debriefs, huddles, equity, diversity, and inclusion principles, as well as coaching and consultation support</p> <p><b>Tactic 3:</b> Offer continuing education based on Sunnybrook's Core Competencies for Interprofessional Team Collaboration</p> <p><b>Tactic 4:</b> Implement a Team Exchange program</p>	<p><b>Measures</b></p> <ul style="list-style-type: none"><li>• Number of teams utilizing simulation to enhance performance</li><li>• Number of teams actively engaged in team development to enhance team performance towards a shared purpose, improvement objectives, and the evaluation of results</li><li>• Number of nominations for Team-Based Interprofessional Teaching Award</li><li>• Dedicated time for ongoing team reflection</li><li>• Number of educators who participated in faculty development for interprofessional simulation</li></ul>
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### **Objective 2:** Deepen the existing collaborative culture within Sunnybrook and across the system

<p><b>Tactic 1:</b> Provide leaders with opportunities to learn key concepts related to team-building and resilience</p> <p><b>Tactic 2:</b> Offer tailored interventions with learning outcomes to build relationships and foster resilience (e.g., team wellness, self-care, “funterventions,” social opportunity, improv workshops)</p> <p><b>Tactic 3:</b> Introduce team assessments that include intersection with partner teams</p> <p><b>Tactic 4:</b> Support recognition opportunities that encourage team-based collaboration</p>	<p><b>Measures</b></p> <ul style="list-style-type: none"><li>• Number and mix of leaders attending team-oriented leadership development learning opportunities</li><li>• Percentage endorsing “my team works collaboratively together”</li></ul>
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### **Objective 3:** Create communities of practice and partnerships to advance development and adoption of TBL best practices

<p><b>Tactic 1:</b> Design and implement in-person and online formats for sharing TBL best practices, research/scholarship, and emerging questions</p> <p><b>Tactic 2:</b> Champion relevant applied learning projects by attendees at team-oriented leadership development courses (e.g., Collaborative Change Leadership Program and Educating Health Professionals in Interprofessional Care)</p> <p><b>Tactic 3:</b> Fund simulation and education-focused fellowships</p>	<p><b>Measures</b></p> <ul style="list-style-type: none"><li>• Number of abstract submissions for the Interprofessional Collaboration Showcase</li><li>• Community of practice membership/attendance</li><li>• Number of interprofessional research teams</li></ul>
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### 3 Patient as Educator: Partnering with patients and families for the inclusion of their experiences and perspectives in all teaching and learning

#### a. Overview

The importance of providing patient-centred care is well understood across the health system. Sunnybrook has introduced policies, procedures, and practices designed to provide and to reinvent the highest levels of patient care and patient engagement on an ongoing basis. Patients and caregivers are included not only in the design and delivery of clinical care but also in research and, increasingly, education initiatives with the understanding that this inclusive approach will lead to the design of care that is more responsive to patient needs, resulting, in turn, in improved health outcomes.

The adoption of “Patient as Educator” as a strategic direction places Sunnybrook at the forefront of education practice. The Cancer Program is one of the leaders in “patient as educator” where the patient voice is integrated into education workshops, resources, and health-care provider feedback. The education tools developed help to normalize the cancer treatment experience for others and provide insight from a lived experience perspective. In rolling the “patient as educator” model out across Sunnybrook, given the absence of evidence-informed best practices in many areas, there are differences in how it has been adopted, the results obtained, and the impact achieved.

The opportunity over the next three years includes expanding the role of patients, caregivers and families (“patients”) in the development of all patient education materials as well as finding mechanisms to standardize and expand the role of patients as integral partners in the design and delivery of curriculum for learners and for patients so that all formal education at Sunnybrook is informed by the experiences and perspectives of diverse patients. Success will require identifying patients as co-leads and working together to co-ordinate efforts with patients alongside a range of internal partners, including the Office of the Patient Experience, Organizational Development and Leadership, Interprofessional Education and the Peters-Boyd Academy.

Proposed initiatives include the development of robust organizational infrastructure to support the equitable and ethical inclusion of patient partners from diverse backgrounds on care teams. New and different – and a significant culture change initiative – is the inclusion of patients in providing feedback to learners about communication, teaching, and care competencies. This will require the development of training to build the capacity of patient partners to provide credible and action-oriented feedback, as well as the design of appropriate tools and a roll-out process that reflects the needs, interests, and sensitivities of all involved parties.

Given the leading-edge nature of this work, resources will be assigned to the ongoing capture and evaluation of “patient as educator” initiatives to inform the development of best practices for sharing internally as well as provincially and nationally.

#### b. Goal Statement

**“Patient as Educator” is the standard practice in learner development, patient education, and education research activities**

#### c. 2023 Success Measures

1. Patient educators are embedded in clinical programs across Sunnybrook. Target: 100% of clinical programs have patient educators
2. Patient educators will be partners in the development of all new patient education tools. Target: 100% of Patient and Family Education tools will have patient educator input

## d. Objectives, Tactics and Measures

**Objective 1:** Build “Patient as Educator” capacity to inform the design and delivery of all learner and patient education curricula across Sunnybrook



<p><b>Tactic 1:</b> Define patient as educator competencies and best practices</p> <p><b>Tactic 2:</b> Build a pool of patient educator experts who represent diverse cultures and experiences</p> <p><b>Tactic 3:</b> Build capacity and capability for physicians and clinical staff to ethically engage with patients as education partners</p> <p><b>Tactic 4:</b> Develop and launch a digital hub on Sunnybrook.ca for communicating “patient as educator” initiatives and their impact, and a digital toolkit for staff on Sunnynet.ca</p>	<p><b>Measures</b></p> <ul style="list-style-type: none"> <li>• Number of clinical teams that participate in “patient as educator” master course</li> <li>• Number of patient educator experts by clinical program</li> <li>• Number of “patient as educator” initiatives posted on digital hub</li> </ul>
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**Objective 2:** Engage “patients as educators” in enhancing the education of other patients and learners

<p><b>Tactic 1:</b> Support patient educators in providing feedback to learners on their teaching and communication skills</p> <p><b>Tactic 2:</b> Plan and implement the inclusion of patient educators in the development of all patient and family education resources</p>	<p><b>Measures</b></p> <ul style="list-style-type: none"> <li>• Number of clinical teams that implement patient educators as part of the learner feedback process</li> <li>• Number and type of patient education resources developed with patient educator involvement</li> <li>• Percentage of patients satisfied or highly satisfied with patient educator developed education resources</li> </ul>
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**Objective 3:** Capture and share outcomes from patient as educator initiatives

<p><b>Tactic 1:</b> Establish “patient as educator” as a priority in Education Research and Scholarship</p> <p><b>Tactic 2:</b> Create a community of practice across the clinical programs</p> <p><b>Tactic 3:</b> Develop and implement an evaluation framework for the learner feedback initiative</p>	<p><b>Measures</b></p> <ul style="list-style-type: none"> <li>• Number of “patient as educator” papers published</li> <li>• Number of “patient as educator” quality improvement initiatives or other “patient as educator” research occurring at Sunnybrook</li> <li>• Number of active participants in community of practice</li> </ul>
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## 4 Life-Long Learning: Supporting career-long personal and professional growth

### a. Overview

Sunnybrook's long history of supporting continuing education (CE) and professional development (PD) for employees has enabled the development of a rich array of both clinical and leadership development programs delivered collaboratively by Nursing Education, Interprofessional Education, and Organizational Development and Leadership (OD&L) in partnership with clinical care programs and other areas. Educational programming, together with library resources, facilities, and computer services, are available to all members of the Sunnybrook community and are accessed by a diverse group composed of health-care professionals, non-clinical staff and physicians. Sunnybrook aspires to be a learning organization where everyone is both a learner and a teacher. The pace of change in the delivery of health care, the availability of new technologies, and the extension of Sunnybrook's activities and partnerships create both opportunities and challenges.

The commitment to leadership and the many clinical, research, and academic demands placed on health-care professionals make accessibility to top quality CE/PD opportunities ever more important – and also, given time constraints, more challenging. Meeting these continuing education needs likely will require the re-configuration and repackaging of current offerings as well as changes in delivery methodologies to include just-in-time and experiential learning. Learnings from the COVID-19 pandemic also reinforce the importance of continuing to learn new skills, while global anti-racism movements highlighted the importance of critical reflection on our individual biases and structural inequities.

In a climate of fiscal accountability and in order to be good stewards of education funding, systemically a shift has been occurring towards more on-site delivery of learning rather than funding individual conference attendance. The implementation of consistent practice-based needs assessments creates the opportunity to develop a learning curriculum that is relevant to more than one group of health professionals and that is inclusive of all campuses. While the current webcasting technology can be unreliable, rapid improvements in videoconferencing technology since the COVID-19 pandemic are making feasible the virtual delivery of

a range of learning options. The extension of online learning will be facilitated by Sunnybrook's initial foray into e-learning through the development of an online learning platform currently overseen by OD&L. Scaling this capability will require a review of current governance practices and an expansion of skilled resources.

As is often the case with a range of offerings, there can be challenges in terms of navigating the options and determining the most appropriate roadmap at the individual level. Flat clinical structures – which are common across the Ontario hospital system – with the absence of clear succession and/or career planning, can exacerbate this challenge. More recently, Nursing Education has facilitated the development of education pathways, designed to support the successful transition of new nurses into their roles, promote continuing professional development, and guide frontline nurses' learning from orientation onwards. These models and templates could be replicated by other professional groups to provide a more informed approach to navigating course options related to career choices and opportunities.

### b. Goal Statement

**Sunnybrook is recognized as a centre of excellence supporting the professional development and continuing education of all employees and physicians.**

### c. 2023 Success Measures

1. **75% of Sunnybrook health-care profession employees register for courses to improve their professional skills annually**



## d. Objectives, Tactics and Measures

### **Objective 1:** Expand accessibility of CE/PD offerings



<p><b>Tactic 1:</b> Review course offerings to identify opportunities to improve accessibility and embed equity, diversity, and inclusion principles</p> <p><b>Tactic 2:</b> Facilitate the ongoing conduct of needs assessments to enable the development of profession-specific and inter-professional curriculum designed to meet unique and joint needs</p> <p><b>Tactic 3:</b> Formalize education pathways for all health professions</p> <p><b>Tactic 4:</b> Strengthen educator development opportunities by rationalizing and extending current offerings</p>	<p><b>Measures</b></p> <ul style="list-style-type: none"><li>• Number of offerings for all professional groups and Number of interprofessional offerings</li><li>• Percentage increase in number of people taking CE/PD courses</li><li>• Increase in satisfaction of educators with respect to ability to design and deliver more accessible content</li></ul>
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### **Objective 2:** Strengthen CE/PD system

<p><b>Tactic 1:</b> Develop and implement a Sunnybrook mentorship approach</p> <p><b>Tactic 2:</b> Enhance eLearning development capability and capacity</p> <p><b>Tactic 3:</b> Streamline available offerings through enhanced collaboration and integration across the different delivery entities at Sunnybrook</p> <p><b>Tactic 4:</b> Strengthen accountability mechanisms for managers with respect to CE/PD through usage data</p>	<p><b>Measures</b></p> <ul style="list-style-type: none"><li>• Number of mentors/mentees matched</li><li>• Completion rate for mandatory eLearning modules</li><li>• Percentage of employees, health-care professionals, and physicians enrolled in CE/PD programs</li></ul>
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### **Objective 3:** Demonstrate value of CE/PD

<p><b>Tactic 1:</b> Develop a policy framework that enables value creation (e.g., with respect to eLearning, CE funding, conferences)</p> <p><b>Tactic 2:</b> Expand program and course evaluation to demonstrate application of skills</p> <p><b>Tactic 3:</b> Capture and share innovative practices in continuing education/professional development with other organizations</p>	<p><b>Measures</b></p> <ul style="list-style-type: none"><li>• 25% of courses evaluated to assess if training is actually applied</li><li>• Number of related presentations and/or posters at Sunnybrook Education Conference</li></ul>
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## 5 Education Research & Scholarship: Creating, mobilizing and applying knowledge across the organization and beyond

### a. Overview

In 2013, Sunnybrook established the Education Research Unit (ERU) in response to the changes across the system in the way that health education was being delivered. With its unique focus on education research across the spectrum of health providers, the ERU's stated purpose was to provide Sunnybrook with the capacity to help frame, study, and answer practical questions about training and learning in innovative ways.

Much has been achieved since then in building capacity, creating a welcoming interprofessional space for education research and scholarship<sup>3</sup>, contributing to TAHSN-wide collaborations, and encouraging participation in education research and scholarship across all of Sunnybrook's programs. From the grant submissions received, there is evidence of a growing interest in education research and scholarship across Sunnybrook. There is also evidence of a wide range of expertise – from novice to expert.

The recent granting of an ACMS Professorship in Education Research and the successful recruitment of the first full-time education scientist provides the opportunity for major education research and scholarship contributions in the area of engaging patients as educators and examining shifting power relations and access to knowledge and expertise. Patients will be included in ethical and equitable ways across the education research continuum (i.e., generating research ideas to implementing change) in alignment with foundational principles and best practices in patient engagement research (Forsythe et al, 2018; Harrison et al, 2019). In addition, education research and scholarship capacity will be developed more broadly through the hosting of workshops in partnership with other TAHSNe members as well as through the provision of mentorship by the new Sunnybrook education scientist and other seasoned researchers and scholars.

Consistent communication and building awareness of the ERU and education research and scholarship activities will support ongoing relationship and partnership building both locally and across the system, giving rise to an interprofessional community of practice.

Special attention will be paid to education research and scholarship within the other four strategic directions of the Education Program, fostering a culture of innovative critical inquiry to create new knowledge. In the post-COVID-19 world, speeding up the dissemination of knowledge in both traditional and non-traditional ways will be critical. Impact will be demonstrated through narrative, using a modified version of the Most Significant Change Methodology to demonstrate effectiveness beyond the traditional quantitative outcome measures (Dart and Davies, 2003).

### b. Goal Statement

**Education research and scholarship will be enhanced to improve learner, teacher, and patient experiences and outcomes.**

### c. 2023 Success Measures

1. Sunnybrook will be viewed as a leader in research related to “patient as educator” by TAHSNe partners
  - Double the number of “patient as educator” education research publications
  - 15% increase in the number of successful education research grants related to “patient as educator” research
  - 25% increase in number of “patient as educator” presentations at education conferences



<sup>3</sup> Education scholarship is defined as including discovery of knowledge about education scholarship (basic research), integration of education scholarship knowledge (connections and synthesis across disciplines or contexts), application of education scholarship knowledge (to practice), and teaching (dissemination of knowledge) (Boyer, 1990).

## d. Objectives, Tactics and Measures



### **Objective 1:** Foster awareness of education research and scholarship

<p><b>Tactic 1:</b> Continue to enhance awareness of the education research unit (ERU) locally and across the system</p> <p><b>Tactic 2:</b> Develop a Sunnybrook interprofessional community of practice dedicated to education research and scholarship</p> <p><b>Tactic 3:</b> Ethical engagement of patients in education research</p> <p><b>Tactic 4:</b> Embed research and scholarship activities within each of the other four strategic directions of the Education Program</p>	<p><b>Measures</b></p> <ul style="list-style-type: none"> <li>• Number of Sunnybrook staff and Education Research faculty members on the ERU Grid (repeat and new)</li> <li>• Number of hits to ERU web page</li> <li>• Number of education grants at Sunnybrook that include patients in various levels of engagement</li> </ul>
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### **Objective 2:** Strengthen the provision of education research and scholarship services across Sunnybrook

<p><b>Tactic 1:</b> Working with TAHSNe partners, offer formalized training, education, and mentorship</p> <p><b>Tactic 2:</b> Build inter-departmental education research collaborations within and across Sunnybrook's campuses</p> <p><b>Tactic 3:</b> Strengthen existing and create additional intra- and inter-institutional linkages and partnerships, connecting education researchers and scholars</p> <p><b>Tactic 4:</b> In partnership with SRI, create a research office dedicated to supporting education research and scholarship at Sunnybrook</p>	<p><b>Measures</b></p> <ul style="list-style-type: none"> <li>• Number of education grants received with specific collaborations from different departments</li> <li>• Number of appointees on the ERU grid who are involved in inter-departmental education research</li> <li>• Number of Sunnybrook staff and faculty who apply for education research or scholarship grants</li> </ul>
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### **Objective 3:** Implement leading edge recognition and evaluation processes

<p><b>Tactic 1:</b> Implement an evidence-based evaluation framework to demonstrate impact in such areas as patient experience, care, education, and curricula</p> <p><b>Tactic 2:</b> Align education grants and awards to promote innovative and impactful knowledge translation of funded education research</p>	<p><b>Measures</b></p> <ul style="list-style-type: none"> <li>• Number of submissions from Education Research faculty members on ERU Grid to Award for Best Narrative</li> <li>• Number of applicants for Education Research Impact Award</li> <li>• Number of education research publications by Education Research faculty members on ERU Grid</li> <li>• Number of successful education research grants received by Education Research faculty members on ERU Grid</li> <li>• Number of presentations at education conferences by Education Research faculty members on ERU Grid</li> </ul>
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# Strategic Enablers

To enable the attainment of the goals and to support the achievement of all the education initiatives across Sunnybrook, we have identified the following four key enablers, the majority of which will require organizational commitment to address. Specifically, support is needed in the following areas:

## ■ Infrastructure

- a. Although group learning is currently virtual during the COVID pandemic, once physical distancing recedes, medical students and residents will require enhanced **classroom space** for small group learning. Historically, the Peters-Boyd Academy has provided some classroom space for small group learning and lectures for undergraduate medical students. Residents, however, are often learning in clinical settings which does not afford much room for privacy, including for the discussion of patient cases. A centralised and convenient dedicated space for residents to gather would also enhance their learning experience at Sunnybrook.
- b. A safe and inclusive **space for interprofessional learners** to come together informally is also needed. A student lounge is included in the \$8-million Sunnybrook education renovation project planned for completion by June 2021. In addition, to foster interprofessional collaboration and team excellence, space is needed for special ceremonies, mixers between learners and between learners and their supervisors/preceptors.

## ■ Technology

- a. To achieve strategic success, Sunnybrook's basic **digital footprint** for education must be, at minimum, comparable to that of other TAHSNe members. This will require us to invest in smart classrooms with the following type of capabilities: state-of-the-art audiovisual technology, videoconferencing capability, and high resolution smart boards. Enabling the seamless observation of patient/learner interactions with the ability to not only capture and store this interaction safely and privately but also to replay it asynchronously to provide teaching/coaching moments.

- b. As more learning goes online, we will need to be able to offer sufficient bandwidth for **stable internet access** especially as more telemedicine consults will be competing for internet access. Our educators will also require additional support to design engaging and effective online modules.
- c. Our early research in both **augmented and virtual reality** requires further investment. To see beyond what is physically possible and to practice skills in immersive environments will put Sunnybrook at the forefront of technology-enabled learning.

## ■ Stakeholder Engagement

We work collaboratively across a number of systems which requires us to be mindful and proactive in building and maintaining relationships as well as sharing our stories and our resources. Delivery of education across Sunnybrook is made possible by our partnership with a number of key players including, Nurse Education, Interprofessional Education, the Peters-Boyd Academy, Organization Development and Leadership, and Human Resources.

- a. Internally, there are a number of key connections and points of alignment that could be strengthened to enable more effective and efficient administration of education across Sunnybrook including sharing of best practices:
  - i. Relationships with program leads to enable better planning and coordination of education offerings. This could include some form of reporting relationship of education site directors and/or coordinators with the VP Education
  - ii. Stronger coordination between the nurse educators within clinical programs and the Director of Interprofessional Education and Academic Affairs
  - iii. Partnering with Black, Indigenous and other people of colour who work at Sunnybrook to develop staff training that addresses equity, diversity, and inclusion



- b. Externally, our success will be facilitated by retaining our strong relationship with the TAHSNe community and the Faculty of Medicine at the University of Toronto (including the Wilson Centre, the Michener Institute of Education at UHN, the Centre for Faculty Development and the Centre for Interprofessional Education)
  - i. Working with and through the Ontario Hospital Association among others, we will be seeking to expand our influence within the Ministry of Health and Long-Term Care
  - ii. We will also need to strengthen connections with the Royal College of Physicians and Surgeons of Canada and other potential funders of education research
- c. Getting our messages out more powerfully and consistently and celebrating our successes more visibly will be enabled through our relationship with Sunnybrook's Communications and Stakeholder Relations.



## ■ Investment

Our growth and contribution as outlined in this plan requires additional philanthropic and public sector funding:

- a. **Philanthropic support** is enabled by working with the Sunnybrook Foundation, leveraging our recent success in obtaining funding for a full-time Education Scientist, to identify ways to build our investment needs into the Foundation's current priorities
- b. Funding and support for non-medical learners has been overlooked traditionally by the Ministry of Health. In this regard, we will continue to be engaged actively in initiatives such as the formation of a **new Education Committee by the Ontario Hospital Association** in order to advocate for additional education support for academic health centres across Ontario.



# Implementing the Plan

## ■ Introduction

Ultimately, the success of any strategic plan rests on what gets done. Our adoption of an action-focused [Objectives and Key Results (OKR)] methodology to support the development of the work plans provides a solid foundation for success. Having clear roles and responsibilities as well as a process to update and course correct priorities and actions will support us in delivering value to all stakeholders.

## ■ Roles and Responsibilities

The following are the key players involved in the delivery of the plan and in monitoring progress and making the necessary course corrections:

- **Vice President, Education** - leads implementation of the plan; informally and formally provides support and monitors progress on a regular basis; determines deployment of resources; issues annual priorities and reports back to SEAC and the Board on a regular basis.
- **Sunnybrook Education Advisory Council (SEAC)** - is an interprofessional standing committee to enable the implementation of the Education Strategic Plan by providing advice aligned with the strategy to senior leaders with direct responsibility for education initiatives. In addition to the Education strategic directions, SEAC is responsible for the planning and implementation of a number of key educational activities.<sup>4</sup>
- **Education and Human Resources Committee (E+HR Committee)** - on behalf of the Board, meets quarterly and provides oversight to the overall implementation of the plan, monitoring progress against targets and identifying necessary course corrections.
- **Strategic Direction Leaders** - accountable for developing the action plans annually outlining key results, timelines and any resource requests, and for achieving the targets and deliverables as outlined each year. The Leaders meet with the VP on a regular basis to report progress against plan.

- **Sunnybrook Education Coordinator and Events Manager** - accountable for organizing meetings and data collection to review progress in achieving targets and deliverables as outlined within annual work plans. Coordinator meets with VP on a regular basis to review progress.
- **Partners and others involved in Education** - utilize concepts and directions set out in this strategic plan to identify priorities and design and implement education-related initiatives.

## ■ Risks and Contingencies

The successful delivery of the strategic plan is dependent on collaboration, whether working with partners to access resources or aligning with their priorities to implement and/or scale an initiative. SEAC is one forum where this alignment takes place. In addition, the process for developing the plan was designed so that we could engage many other stakeholders to get their input and to develop their support. Communication efforts will be extended both internally and externally with particular attention being paid to the Sunnybrook clinical program leaders and their education coordinators, leaders from TAHSNe, the Faculty of Medicine and the Ministry of Health as well as internally, with Organization Development & Leadership and Nursing Education.

## ■ Monitoring and Implementation Process

Strategic Direction leaders are responsible for creating a **work plan with Key Results on an annual basis**, meeting with the VP, Education on a bi-weekly basis to confirm progress and identify areas where support is needed to remove roadblocks. SEAC also plays an important monitoring role and will report progress against plan to that body on a regular basis. Once a year, SEAC will convene a longer meeting regarding progress to-date and will identify changes in the environment that might affect go forward priorities. These inputs will be reflected in updated versions of the annual work plans.

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<sup>4</sup>These education activities and awards include: Education Week and Conference; SEAC Celebrating Excellence in Education Awards; Interprofessional Collaboration Showcase; Education Annual Report; Corporate Balanced Scorecard Reporting; TAHSNe Reporting; SEAC Patient & Family Education Print Fund; SEAC Education Research Unit Education Research & Scholarship Grant; SEAC Education Research Unit Education Scholar Fund

# Appendix

## Strategic Direction Leads

### 1 Learner Experience & Culture

**Dr. Janet Bodley**

- Staff Physician, Obstetrics and Gynecology

**Sinthujah Santhirasiri**

- Manager, Postgraduate Medical Education and Educational Observers

### 2 Team-Based Learning

**Ekta Bromley**

- Organizational Development & Leadership Associate, Organizational Development & Leadership

**Elizabeth McLaney**

- Director, Interprofessional & Academic Education

### 3 Patient as Educator

**Tamara Harth**

- Program Manager, Patient Education

**Laurie Legere**

- Manager, Engagement & Health Equity

### 4 Life-Long Learning

**Maria Parzanese**

- Nursing Education Lead – Students, Nursing Education

**Jennifer Shaffer**

- Professional and Education Leader, Physiotherapy, St. John's Rehab

**Christopher Townsend**

- Manager, Organizational Development & Leadership

**Bev Waite**

- Nursing Education Lead – Staff, Nursing Education

### 5 Education Research & Scholarship

**Lisa Di Prospero**

- Director, Practice-based Research & Innovation & Education Research Unit

**Dr. Lesley Gotlib Conn**

- Scientist, Tory Trauma Program

**Dr. Kyle Stanyar**

- Organizational Development & Leadership Associate, Organizational Development & Leadership

## SEAC Members

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**Tracey DasGupta**

- Director, Interprofessional Practice

**Lisa Di Prospero**

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**Elizabeth McLaney**

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**Md Farid Miah**

- Manager, Library Services

**Katherine Nazimek**

- Communications Advisor, Communications & Stakeholder Relations

**Maria Parzanese**

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**Dr. Eugenia (Gena) Pilotis**

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**Agnes Ryzynski**

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**Sinthujah Santhirasiri**

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**Jennifer Shaffer**

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**Dr. Jordan Tarshis**

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# Appendix

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- Manager, Organizational Development & Leadership

## **Bev Waite**

- Nursing Education Lead – Staff, Nursing Education

## **Amy Wainwright**

- Manager, Rehab & Bone and Joint Program Development, Holland Centre Rehab Services

## **Kristen Winter**

- Vice President, Human Resources and Organizational Development & Leadership

## **Dr. Ari Zaretsky**

- Vice President, Education & Psychiatrist-in-Chief, Department of Psychiatry

## **Strategic Directions Working Groups and Strategic Plan Retreat Participants**

*\*Role at Sunnybrook Health Sciences Centre unless otherwise stated*

## **Dr. Fahad Alam**

- Anaesthesiologist

## **Leigh Andrews**

- Advance Practice Nurse, Women & Babies Program

## **Dr. Shady Ashamalla**

- Division Head, General Surgery

## **Caroline Assouad**

- Registered Nurse

## **Elaine Avila**

- Clinical Coordinator

## **Dr. Jordan Bawks**

- Co-Chief Resident

## **Dr. Janet Bodley**

- Obstetrics and Gynecology

## **Sharona Bookbinder**

- Art Therapist

## **Ekta Bromley**

- Organizational Development & Leadership Associate, Organizational Development & Leadership

## **Dr. Dan Cass**

- EVP Programs, Chief Medical Executive

## **Monica Cassin**

- Social Worker (student supervisor)

## **Dr. Chien Chen**

- Co-Chief Resident

## **Dr. Ivy Cheng**

- Director, Research and Scholarly Activity, Emergency Department

## **Fiona Cherryman**

- Senior Director, Academic Programs, The Michener Institute for Education at UHN

## **Teeka Chin**

- D3 Clinical Educator

## **Dr. Jane Cooke-Lauder**

- Facilitator, Founder and CEO, Bataleur Enterprises Inc.

## **Dr. Lorne Costello**

- Emergency Services

## **Robert Crawford**

- Director, Decision Support

## **Eleonor Cretu**

- Nursing Student

## **Rigine Cruz**

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**Kullervo Hynynen**

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**Dr. Lianne Jeffs**

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- Respiratory Therapy Student

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- Nursing Student

**Andrea Kenchington,**

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**Dr. Nicole Kester-Greene**

- Staff Physician, and Director, ED Simulation

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# Appendix

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## **Illana Perlman**

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- Director, Peters-Boyd Academy

## **Dr. Linda Probyn**

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## **Catherine Rosebrugh**

- Vice President, Legal, Enterprise Risk & General Counsel

## **Dr. Paula Rowland**

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## **Agnes Ryzynski**

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## **Nadine Singh**

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- President & CEO

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- Independent Scientist and Interim Director of Education, Centre for Addiction and Mental Health (CAMH), and Assistant Professor, Department of Psychiatry, University of Toronto

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