UNIVERSITY OF MANITOBA | Faculty of Medicine

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June 29, 2010

Dr. Barbara Barzansky
LCME Secretary, 2009-2010
Director, Undergraduate Medical Education
Council on Medical Education, AMA
515 North State Street
Chicago, IL 60654

Dr. Nick Busing
CACMS Secretary
President and CEO, AFMC
265 Carling Avenue, Suite 800
Ottawa, Ontario
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Dear Dr. Barzansky and Dr. Busing:

Re: Decanal Transition and Progress Report
University of Manitoba, Faculty of Medicine; Survey Visit April 3-6, 2011

The Faculty of Medicine, University of Manitoba is scheduled for its undergraduate medical education accreditation survey visit from April 3 to 6, 2011.

I assumed the position of Dean, Faculty of Medicine at the University of Manitoba in October 2004 and will be completing my term and retiring as Dean of Medicine, effective June 30, 2010. I am pleased to provide this final, outgoing progress report.

Decanal Transition

Assuming the position of Dean of Medicine, July 1, 2010, will be **Dr. Brian Postl**; announcement with brief bio attached.

Dr. Postl is an alumnus of our Faculty of Medicine, who has built a breadth and depth of experience in provincial and national healthcare. He has worked directly with the Dean's Office on many key endeavours over the past five years and we anticipate a smooth transition for the new Dean and Faculty.

To facilitate decanal transition and to provide for ongoing, seamless accreditation preparation, I have extended the terms of our senior Deanery, whose end date was scheduled to coincide with that of the current Dean's term, to a summer/fall 2011 date beyond the April 2011 LCME survey i.e. for the Associate Deans of Undergraduate and Postgraduate Education, Professionalism, Continuing Medical Education, Clinical Affairs, and the Assistant Deans of Admissions and Student Affairs.

Consultation Visit – March 2010

The preparations for this upcoming accreditation survey have been particularly beneficial in moving the Faculty forward, in part thanks to the ongoing support provided by LCME and CACMS. Most recently, the March 2010 two day, consultation visit by Drs. Dan Hunt and Linda Peterson proved most helpful. In addition to encouraging work in progress, they provided our faculty with real clarity and focus, identifying priorities for a successful accreditation survey visit. The benefit of this LCME and CACMS consultative activity cannot be underestimated and we commend you for providing such a valuable service.

Progress in Standards Compliance Since 2004 Survey

We anticipate full compliance will be achieved in 2011 for those key standards cited in 2004:

1. **ED-2:** *The objectives for clinical education must include quantified criteria for the types of patients (real or simulated), the level of student responsibility, and the appropriate clinical setting needed for the objectives to be met.* The school has not developed quantified criteria and strategies for tracking numbers and types of patients needed to meet its clinical objectives.

   Response: A "logbook" to allow students to track essential clinical experiences during clerkship was developed two years ago. Clerkship Directors are now working to confirm the number and type of experience/student role and setting required. Regular reports will be generated through the OPAL curriculum management system to advise the Clerkship Coordinator and Clerkship Administrator of the status of each students' experiences to identify early enough potential remediation. Clerkship Directors will be asked to ensure there are current paper cases ready each year as a support to the remediation process. Planning has been initiated by the Director of UGME Curriculum with the Director of the Clinical Learning and Simulation Facility to build opportunities to use the CLSF for remediation as appropriate.

2. **ED-24**: *Residents who supervise or teach medical students, as well as graduate students and postdoctoral fellows in the biomedical sciences who serve as teachers or teaching assistants, must be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation.* There is inconsistent preparation of residents for their roles as teachers and evaluators. It is not clear that the residents are consistently familiar with the objectives of the clerkship in which they participate.

   Response: A new Medical Education program with training, communication and evaluation tools was developed through the combined work of the Associate Deans UGME, PGME, CME, their Program Managers, the Department of Medical Education, accreditation leads, with the commitment and support of the PGME Program Executive. Implemented in January 2010, by 2011, we will have a year of lived experience to evaluate and on which to comment.

3. **ED-30:** *The directors of all courses and clerkships must design and implement a system of formative and summative evaluation for student achievement in each course and clerkship.* Students do not consistently received mid-clerkship feedback on clinical performance across disciplines. The NBME subject examinations used as final evaluations do not always relate well to the University of Manitoba's objectives for clerkship.

Response:

A reconstituted Student Assessment and Progress Committee, chaired by a new Director of Student Evaluation appointed in 2006 has the responsibility of overseeing and recommending improvements in continuity of student monitoring and remediation, reporting on student outcomes and acting on satisfaction feedback from students and faculty re: evaluation and assessment.

In Preclerkship, several methods of formative assessment have been added within the various courses e.g. instructional tests, self-assessments, narrative student self-evaluation (qualitative), practice questions, reflective writing, test question banks, and learning portfolios. Clinical Skills formative assessment is provided via the Mini-OSCE, at the end of Medicine I, held in the Faculty's new Clinical Learning and Simulation Facility (CLSF), a state-of-the-art facility that video- and audio-tapes the students as they perform the examination, with immediate feedback provided by preceptors. Summative assessments include end of block exams, aligned with course objectives, as well as a summative OSCE-type examination administered at the end of Medicine II, which assesses clinical skills.

In Clerkship, formative assessment is accomplished chiefly via the mid-rotation self-evaluation "MITER" for any rotation of at least four weeks in duration. The student completes the MITER, and then reviews it with the clerkship coordinator (or designate), who signs off on it. The Medical Students' Interim Accreditation Survey of November 2009 indicated that between 38 – 70% of students reported being satisfied with the timeliness of MITER administration. However, this data was collected via student recall, and participation in the survey overall was below 50%. For these reasons, it is difficult to ascertain the precise percentage of clerkship rotations that actually administered a MITER. As such, a system of central tracking for compliance has been instituted. Informal feedback is also provided by preceptors on an ongoing basis, particularly for rotations less than four weeks in length/without a MITER. This feedback is always provided in writing if significant concerns with student performances are identified.

In Clerkship, there are several methods of summative assessment including a new FITER form that more precisely evaluates clerkship objectives, and uses semantic anchors in order to enhance the richness and validity of the assessment. Written comments regarding student performance are also articulated on the FITERs. Clerkship coordinators are now required to indicate on the FITER (via tick box) whether the MITER was completed, as well as the date of completion, for compliance monitoring. A Clinical Comprehensive Examination (CCE) is an OSCE-type examination that summatively evaluates clinical skills and takes place approximately two thirds of the way through Clerkship.

NBME Examinations are administered after the Clerkship core rotations of Internal Medicine, Surgery, Pediatrics, Psychiatry, and Obstetrics/Gynecology. Sample NBME examinations are now reviewed regularly by all clerkship coordinators to ensure congruence between our clerkship objectives and the corresponding NBME examinations. As an indirect measure of this congruence, student performance on NBME examinations at the University of Manitoba correlates well with the corresponding discipline specific scores that our students obtain on the Medical Council of Canada Qualifying Examination Part I.

4. **ED-33**: *There must be integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum.* While there is overall general compliance with this standard, the anatomy component of the Structure and Function course is not well integrated with other elements of the curriculum. Long standing concerns about teaching in ENT, ophthalmology, radiology, and dermatology have not yet been addressed.

   Response:

   UGME Program governance structure and accountabilities have been reviewed, restructured and formalized. The establishment of two UGME Committees, a Management Committee where all aspects of the UGME Program come together, and a Curriculum Executive Committee where Clerkship and PreClerkship come together, has aided in integration, coordination and communication within and about the Program. A new position, the Director of UGME Curriculum, reporting to the Associate Dean, UGME, was created to manage the day to day responsibilities of the curriculum management and provides the overview and continuity between Preclerkship and Clerkship. Job descriptions for UGME have been updated with accountabilities clarified.

   A key tool in the ability to manage the curriculum and meet standards, objectives and competencies has been the creation and implementation of a web-based Curriculum Management System - Online Portal for Advanced Learning **(OPAL)** in 2009. OPAL provides students, staff and faculty members with an unprecedented web-based platform for all aspects of curriculum management, renewal and evaluation, access to lectures, scheduling and clinical rotations within the Faculty of Medicine.
   Ongoing feedback to date has been very positive as Preclerkship and Clerkship and now PGME have been transitioned into OPAL with a strong evaluation component being built and supported through OPAL. We will have almost two years of lived experience to evaluate and provide feedback on for the survey visit.

5. **MS-8**: *Each medical school should have policies and practices ensuring the gender, racial, cultural, and economic diversify of its students.* A number of very successful initiatives and the good intentions of the Faculty have not met the Faculty's goals in achieving the desired level of diversity with respect to Aboriginal and First Nations enrollment.

Response:

In November 2007, following an interim Faculty progress report, the CACMS indicated the Faculty of Medicine was in compliance with this standard MS-8. Notwithstanding, new changes are intended to still further promote diversity.

The Faculty introduced substantial changes to the Admissions policies and processes in 2008 pursuant to a process of an internal and external review, the latter occurring in October 2007. Broad consultations across the province were undertaken with recommendations approved in 2008.

Rural leadership has been enhanced with the appointment in 2008 of an Assistant Dean, Admissions based in Brandon, and other changes made to the Admissions process to give more weight to rurality attributes of applicants. The goal is to enhance the number of rural and aboriginal candidates admitted to the Faculty of Medicine. We will have almost two years of lived experience to evaluate and comment on the new admissions policy and procedures in April 2011.

Following approval at University Senate in May 2009, for the Class of 2009-2010, a new form "Adult Criminal Records And Child Abuse Registry Information" was added to the admission requirements. As well, two new admissions policy and process documents "The Essential Skills And Abilities (Technical Standards)" and "Accommodation For Students With Disabilities" documents were introduced for the Class of 2009-2010. These policies were particularly timely, as the Faculty welcomed in 2009, the first deaf student into the MD Program.

Regarding Diversity (IS-16 & MS-8), we formalized a Faculty-wide policy **in June 2010.** We will be working to make this policy "real" and "alive" throughout the Faculty.

Institutional Self Study Benefits

Other areas receiving prominence/improvements through the Institutional Self Study, to date:

1. **ER-9:** Faculty Bylaws and affiliation agreements - being updated and completed, with a strengthening of relationships between the Faculty and clinical teaching sites and a recommitment to the shared responsibility to support all learners training at clinical sites.

2. **ED-35:** Curriculum "New" renewal – Term position of Director of Curriculum Renewal reporting to the Associate Dean, UGME, initiated the end of 2009 to seek out new, creative approaches, and refresh the delivery of the curriculum, and provide recommendations for change to be implemented by 2012, ensuring revisions to content and evaluation continue to meet accreditation standards.

3. **ED-1A:** Working relationship, linkages and continuity being strengthened between UGME, PGME, CME, Medical Education and Distributed Medical Education - to enhance continuity across all four undergraduate years and between undergrad and postgrad especially in the achievement of CanMED competencies which have now been adopted by UGME.

   For the past four years, the Associate Deans of Medical Education Group (ADMEG), composed of the Associate Deans UGME, PGME and CME and Medical Education, have been meeting to collaborate, coordinate and provide support for Faculty educational initiatives. This group was reconfigured in May 2010, under the chair of the Associate Dean, PGME, as the "Educational Continuity Working Group". With the addition of the newly minted Associate Dean, Distributed Education, the group will continue to move forward on Faculty education issues including those generated from the Self Study, ensuring continuity across the continuum of learner education

4. **ED-1A, ED-26, ED-30, ED-46**: Evaluation activity and feedback loop improved - Creation of the position of Undergraduate Medical Education Academic Lead, Evaluation, in January 2010, to support evaluation policies, process, and communication and regular feedback to Programs and Departments for improvement; to interpret, communicate and integrate internal data such as medical students survey results and external data e.g. AAMC, CAPER into ongoing quality improvement.

   The Academic Lead has been working with Admissions on the collection of graduate data regarding satisfaction with medical school to feed back into the ongoing process of renewal, to comply with the requirements of standard ED-46. We have compiled results from surveying the graduating classes of 2004 to 2009.

5. **MS-37; ER-5, ER-7:** Space and study resources to support students and residents – site tours with residents and medical students, the Dean, Associate Deans, UGME and PGME, and Director of Operations to the five urban clinical sites are occurring. Policy and procedures have been developed in consultation with the clinical sites to build a better understanding of the shared responsibilities to learners, to achieve compliance and improve Faculty and Site communication.

   Major library renovation improvements at the Bannatyne campus, where students take classes, will be completed by December 2010.

Initiatives Achieved Since 2004

My time as Dean has been characterized by a combination of renewal and growth. This is a time when factors influencing medical education are more dynamic than at any time in the last century, and the breadth of project management and development has been extensive. Our approach has been to take medium term goals to create solid infrastructure rather than short term

workarounds. For example, our comprehensive OPAL curriculum management system covers all aspects of curriculum mapping, learning objectives, learning materials, scheduling and evaluation and feedback for undergrad and postgrad. This takes longer than short term workarounds but is more useful. Similar approaches have been taken elsewhere.

As Dean, my priorities have included the expansion of the Medical School; recruitment and retention of faculty; building relationships with the public and private sector to support faculty growth and development including grants, endowed chairs and professorships; and ongoing quality improvement in all facets of the Faculty. A brief discussion of these areas of growth follows.

1. Increased Enrolment

- Medical Students - In September 2008, the Faculty welcomed its largest class of first year medical students in its history -110 students; a 60% increase from 2002. Appropriate Faculty infrastructure was upgraded to support these changes.
- Launch of the Physician Assistant Education Program, the first University-based graduate level PA program in Canada in 2008, with required faculty infrastructure supports provided.

2. Educational Infrastructure Support

- Development of the Clinical Learning and Simulation Facility (CLSF) – a $4.6 million dollar, 11,000 square foot, multi-disciplinary simulation teaching and learning centre in April 2008. The CLSF is being used for examinations, clinical assessments, training sessions, remediation of learners, Standardized Patient medical scenarios and continuing medical education.
- Interprofessional Education - Establishment of the University of Manitoba as a leader in inter-professional education. The U of M, including the faculties of Medicine, Nursing and Pharmacy is the only Canadian participant in the International Health Professionals Education Collaborative.
- Establishment of the Centre for Aboriginal Health Education (CAHE) in 2006 at the Bannatyne campus to provide supports to promote the success of Aboriginal (First Nations, Metis and Inuit) students in the Health Education Faculties (Medicine, Medical Rehabilitation, Dentistry, Pharmacy, Dental Hygiene and Nursing) at the University of Manitoba.

  In January 2010, establishment of a Section of First Nations, Metis and Inuit Health in the Department of Community Health Sciences, Faculty of Medicine, University of Manitoba. This will bring together the Centre for Aboriginal Health Education (CAHE), the Manitoba First Nations Centre for Aboriginal Health Research (MFN CAHR) and the J.A. Hildes Northern Medical Unit (NMU) under one umbrella. It will strengthen the

leadership in initiatives related to research with First Nations, Metis and Inuit Health peoples, health services for remote communities, and educational initiatives within the Faculty of Medicine.

- Professionalism - Increased emphasis on faculty, student and teaching professionalism, with the appointment of an Associate Dean, Professionalism in 2007, and the development of a foundational document on professionalism for the Faculty in 2008, following broad consultation.

- Distributed Education - Appointment of a new Associate Dean, Distributed Education in January 2010, to manage the development of a growing, critical component of medical education, that of community-based precepting. With the increased enrolment in the medical school and calls from the public for more physicians in rural, northern and remote communities, the Associate Dean will provide medical education leadership and collaboration for the creation of new and innovative educational opportunities for Faculty students outside of the major Academic Health Sciences Centres. Such new programming would include rural physicians' offices, and 'clinical teaching units' with appropriate structures and functions to meet the educational and training needs for medical specialties.

3. **Research** – To increase our research capacity, several new funding, recruitment and program strategies were implemented.

3.1 Research Funding

- Provincial - The Manitoba Health Research Council (MHRC) is the principle health granting agency in the Province of Manitoba. Due to the relentless effort of the Chair of the Council (the Dean of Medicine) and its Board Members, the provincial government agreed to increase the funding of the Council from $2.5 million to $6 million in 2008. The increase in funding will provide researchers in our Faculty with greater opportunity to obtain start-up funds through the operating grants and establishment grants. It will greatly enhance the success of obtaining support for our research trainees.

- The Dean's Strategic Research Fund - First implemented in 2006, with a value of $425,000, the Fund is to support the development of a transdisciplinary, Faculty wide, centrally located research infrastructure or core facility at the Bannatyne campus. The objective of the Strategic Research Fund is to build capacity and enhance the productivity of researchers in the Faculty through collaboration. The proposal for the Strategic Research Fund can be the launch of a new multi-disciplinary group project, the development of a faculty-wide infrastructure or the establishment of a faculty-wide core facility. The proposal should be novel, innovative and multi-disciplinary in nature. Some of the major themes for consideration are: the molecular basis of diseases, clinical and translational research, and research in health services delivery, with an emphasis on the

evaluation of changing management strategy and innovation. The value of the Fund is now $450,000 per year, in 2010 and only one project is awarded each year.

- Director of Research Development – Created in 2009 to develop new strategies to enhance our success in national grant competitions.

3.2 Research Program Development

- Creation of the George & Fay Yee Centre for Healthcare Innovation (CHI) in November 2008. The CHI, a partnership between the University of Manitoba and the Winnipeg Regional Health Authority, serves as a focal point for inter-professional education championing system design, healthcare quality and health informatics through research, pedagogical activities, clinical application, and outreach activities. The CHI is bringing together under one academic umbrella healthcare expertise from the faculties of Medicine, Pharmacy, Nursing and the School of Medical Rehabilitation; experts in Quality Improvement from the I.H.Asper School of Business; system and process design engineers from the Faculty of Engineering; computer and measurement scientists from the Faculty of Science; and health informatics experts

- The Centre for Global Public Health (CGPH) - in the Department of Community Health Sciences in June 2008, was established in collaboration with the Department of Medical Microbiology. CGPH enhances the contribution of the University of Manitoba to the improvement of public health systems, programs and activities in diverse global settings. A cornerstone of CGPH is the design and implementation of international health and development projects in several countries including India, China, Kenya and Pakistan, primarily in the areas of HIV and STI prevention.

- Regenerative Medicine - A faculty wide consultation on the development of this program was carried out in early 2007 and gained the support of the entire Faculty as well as all the hospital affiliated institutes. The University and Faculty have put in considerable resources to the Program with six tenure-track positions, three of which are slots for Canada Research Chairs. $500K was provided for site renovation, and $1 million for start-up funds, with the vision that the University of Manitoba will be recognized as one of the top three Canadian regenerative medicine programs in three years. Currently, the Regenerative Medicine Program is the only program in the prairie region, and also the only program within a 500 km radius of Winnipeg (including the US). In view of new opportunities, and the renewed competition, we must maintain our capacity to remain competitive by retaining our brightest and best researchers, and at the same time, bring in new faculty members.

- Neurosciences Program – The Faculty is developing a new priority initiative, the Neuroscience Research Program, which is aligned with the national priority, university research focus and has tremendous public impact. The program is currently recruiting

five tenure-track faculty positions in the area of neurosciences, mental health and addiction. The new Research Program will stimulate the development of even greater interdisciplinary collaborations between researchers doing high-quality health research, contributing to knowledge translation, in different departments and faculties, and with other universities on a national and international scale, building research capacity at a level of productivity that would not be possible from individual researchers working on their own. Housed in the new Kleyson Institute of Advanced Medicine, at the adjacent Health Sciences Centre, the Neuroscience Research Program will have access to numerous state-of-the-art facilities and expertise including gene targeting, high throughput screening, Province-wide medical databases, RNAi Libraries, Proteomics, cell sorting, and animal modeling, imaging and functional assay systems.

- Director for Advanced Degrees in Medicine – To grow our pool of clinical scientists, the Director position was created in 2007 to enhance and coordinate research training of medical students, including the BSc (Med) program, and also the Faculty-wide MD/PhD program. Under the leadership of Dr. Eisenstat, the MD/PhD program has received the formal recognition and financial support of the Canadian Institutes for Health Research.

  The B.Sc. (Med.) program is unique in Canada and runs during the summer recess between Years I and II and Years II and III of the undergraduate curriculum. The B.Sc. (Med.) degree is awarded upon receipt of the M.D. degree. This degree granting program was established over 60 years ago. 18 Med I students were enrolled in 2008 and 33 new students were admitted in 2009. Another 49 of 110 Med I students applied for admission in 2010 and 46 were admitted.

  The MD/PhD Program is a recognized and nationally funded program. Students concurrently pursue the MD and PhD degrees and must satisfy the degree requirements of both the Faculties of Medicine and Graduate Studies. The program currently has five students and one other Med II student is dually registered in a PhD program. Candidate students may also be derived from a second pool of promising B.Sc.(Med) students.

  The Royal College of Physicians and Surgeons of Canada (RCPSC) sponsors, in collaboration with PGME departments at Canadian Faculties of Medicine, the Clinician Investigator Program (CIP). Participants in the CIP program obtain credit for research training towards their RCPSC accredited residency programs and usually concurrently pursue an advanced degree (M.Sc., Ph.D.). The CIP program is under development at the Faculty of Medicine and expected to launch in 2011-2012.

4. **Post Graduate Initiatives** – these initiatives are included within the context of this UGME report in recognition of the undergraduate – postgraduate continuum and the exciting pathway to a flexible and rewarding profession that this new residency stream offers.

   - Establishment of the two year, Northern & Remote Family Medicine Stream Residency Program within Family Medicine in April 2008, to improve access to physicians in

northern and remote communities while boosting specialized residency training opportunities for new doctors, a permanent provincial government initiative. This made-in-Manitoba response to the health inequities of the North, builds on the long relations that the university has fostered with Northern communities, the work of the Faculty's Northern Medical Unit and others. Academic courses focus on skills required for health-care service in the north such as Aboriginal health policy, obstetrics, psychiatry and advanced trauma treatment.

- Federal funding of $6.9 million for a two year pilot program in 2010 and 2011 to expand the number of Northern and Remote Family Medicine residency positions by five in 2010 and 10 in 2011, to create more needed physician activity in the North of Manitoba. The program also establishes vital information technology supports in rural and remote areas as a teaching and retention tool. The goal is to train people specifically for this role, in the communities and they will hopefully serve, and feel incented to stay and put down roots.

5. Clinical Service – Creation of an Academic Health Science Network with governance provided by our Joint Operating Division (JOD)

In 2009, to enable the best possible continuum of clinical service, education, and research, and support the vision for an Academic Health Sciences Network, the Winnipeg Regional Health Authority (WRHA) and the University/Faculty created a Joint Operating Division ("JOD") to pursue endeavours of mutual interest in an integrated manner, including recruitment and retention of medical staff and faculty and coordination of education and research endeavours.

The JOD is not an independent legal entity, but rather, is a functionally integrated joint Division of both the WRHA and the University. The purpose of the JOD is to support the development of an Academic Health Sciences Network by enhancing patient-centered service delivery, health sciences education and health sciences research in a virtuous circle by enabling integration of the practices of physicians across the continuum of clinical care, teaching, research and administration, within an interprofessional collaborative model.

Essential is the creation of a mutually beneficial accountability and employment structure for academic clinicians, which will move us forward towards compliance with many of the LCME/CACMS Faculty Standards. The JOD will enhance accountability for delivery of health services by articulating deliverables related to clinical services, teaching and research, administration and management within an academic health sciences network environment. Recruitment functions for academic physicians have been integrated between the WRHA and the University through the JOD (Phase1). Functional integration of the contracting and payment functions in planning stage, is pending development of an integrated contractual model (Phase 2).

Coordination of Education and Research Programs through an advisory structure that enables physicians, staff and faculty to collaborate in a strategic and effective manner areas of health

sciences education and research has moved forward and is exemplified by the structure of the Centre for Healthcare Innovation for research and the Clinical Learning and Simulation Facility for education.

The JOD is headed by an Associate Dean, Clinical Affairs who is also the Chief Medical Officer of the WRHA, to support the JOD and advocate for improvements in the work life of academic physicians.

We look forward to the opportunity to discuss the ongoing improvements in the Faculty and Undergraduate Medical Program in April 2011, and to benefit from the experience of the survey team. Please let us know if you would like to discuss any of this information.

My sincere thanks to LCME and CACMS for its leadership in quality medical education and to my many Dean colleagues across Canada who so frequently shared their time and expertise with the Manitoba Faculty of Medicine.

Yours Truly,

J. Dean Sandham, MD FRCPC FACP
Dean

Attach.

JDS/kh

cc. Dr. Bruce Martin
Dr. Brian Postl
Dr. Helmut Unruh

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April 5, 2010

TO: Faculty, Staff and Students, Faculty of Medicine

FROM: Joanne C. Keseman, Vice-President (Academic) & Provost

SUBJECT: **Appointment of a Dean, Faculty of Medicine**

I am pleased to announce that the Board of Governor's Executive and Governance Committee has approved the appointment of Dr. Brian Postl as Professor and Dean, Faculty of Medicine, for a five year term, effective July 1, 2010.

Dr. Postl is a graduate of the University of Manitoba. He received his doctor of medicine degree in 1976 and the Royal College Fellowship in Community Medicine and in Pediatrics in 1981 and 1982, respectively. He is the founding President and CEO of the Winnipeg Regional Health Authority (WRHA), a position that he has held since 1999.

Prior to assuming this position, Dr. Postl served as head of two academic departments in our University's Faculty of Medicine. From 1994 - 1997, he was head of the Department of Pediatrics and Child Health and, for seven years (1987-1994), he led the Department of Community Health Sciences. He has also served as director of the J.S. Hildes Northern Medical Unit and Division of Community and Northern Medicine and as director of the Faculty's Community Medical Residency Program (1984-1991). He has conducted over 30 academic and program reviews throughout Canada, and continues to serve as an appraiser and external reviewer for research foundations/agencies and academic journals.

Dr. Postl's research, published works and professional involvements focus on Aboriginal child health, circumpolar health and human resource planning. His contributions in these areas, combined with his experience as a visiting pediatrician to communities in Northern Manitoba and Nunavut, contributed to him earning the Canadian Association of Pediatric Health Centre's Child Health Award of Distinction (2006) and the Inter-Professional Association on Native Employment's Champion of Aboriginal Employment award (2007).

Dr. Postl has and continues to serve on numerous committees and boards of provincial and national associations, foundations, institutes and other organizations. He is chair of the Canadian Health Services Research Foundation, vice-chair of the Canadian Institute for Health Information, and a member of the Board of Canada Health Infoway. He is a member of the Manitoba Health Research Council and chair of the Council's Finance and Audit Committee, chair of the Provincial Task Force on Maternal and Child Health, and chair of the Manitoba

Centre for Health Policy Advisory Committee, a position that he has held since 1995. He is a founding board member of the Health Council of Canada and of the Canadian Patient Safety Institute, and was a member of the Canadian Institute of Health Research President's Advisory Board (National Strategy on Patient-Oriented Research). In 2005, the Government of Canada appointed him the Federal Wait Time Advisor to the Prime Minister to develop the national report on access to health services, which was released in 2006.

Dr. Postl is a highly respected, recognized leader in academic medicine. I believe that the Faculty of Medicine can look forward to a very promising future under his leadership, and I know that he can count on your support as he assumes this important role. My colleagues and I look forward to working with him to advance the interests of the Faculty of Medicine and the University.

I would like to take this opportunity to thank all those involved in the appointment process, including those serving on the Presidential Advisory Committee and the many individuals who provided valuable input into this process.

JCK/sc

c.c. Presidential Advisory Committee
Dr. Brian Postl