



INTRODUCTION

Living our Professional Values: Essentials for Faculty Development Guide

Developed by: The Faculty of Medicine Professional Values Faculty Development Group

Welcome to the *Living our Professional Values: Essentials for Faculty Development Guide*.

Background

The Faculty of Medicine's (FOM) 2018-2023 Academic Strategic Plan emphasizes to an unprecedented extent the importance of professional values and healthy academic environments in supporting excellence and innovation, highlighting the interdependence of these three pillars. More recently the Black Lives Matter movement has once again highlighted for Canadian society as a whole - and more specifically for our Faculty of Medicine community - the importance of actively ensuring that Black, Indigenous, and People of Colour (BIPOC) feel valued, welcome and supported in their education and work environments. Non-BIPOC individuals play an essential role in committing to allyship and advocacy for structural change, such that all groups who have previously experienced structural marginalization and exclusion, experience genuine and authentic inclusion in their day to day lives and within our Faculty of Medicine campuses.

The bi-directional impact of respect, inclusivity, and psychological and cultural safety on mental health within society's work and educational environments and specifically within the FOM's academic environments, has also been highlighted for us in recent years by surveys of learners and faculty within the FOM, and supported by research by the Mental Health Commission of Canada on mental health in the workplace (see appendix 5 for reference).

Finally, the research literature continues to show us that equitable and inclusive practices within health care and post-secondary institutions enhances excellence in scholarship, research, and teaching, while at the same time creating better health outcomes for all, and particularly for those who have suffered the greatest health disparities in our communities.

To cite a recent Institute for Healthcare Improvement paper, “There can be no quality without equity”. (see appendix 5 for reference).

The Academic Strategic Plan therefore includes the following calls to action:

- Optimize our learning environments to deepen the integration of wellness, respect and resilience (focusing on optimizing our learning environments), including the promotion of professional values.
- A learning environment that is welcoming and supportive across the continuum is integral to learner/trainee health and wellbeing.
- Consider and address where possible how curricular structures and wellness/resiliency programming can enable and support the health and wellbeing of learners/trainees, faculty and staff.
- Ensure there is clarity (and, where possible, harmonization/ integration) regarding relevant mistreatment policies, procedures, reporting practices/expectations, and corresponding supports.
- Develop an integrated encounter/record information system.
- Provide training/development opportunities to faculty, staff and students that is tailored to principles, roles and responsibilities.

This Guide to our academic community’s renewed professional values was developed by a group of Faculty of Medicine experts in faculty development, teaching and learning, and professional values. Group members are drawn from medical clinical departments, rehabilitation sciences, and basic science departments and research institutes.

Purpose of this Guide

This guide is meant to be used in a variety of ways to engage faculty members in discussions about the critical role that professional values play in teaching and learning contexts, as well as the evolution of how we articulate and support these values today. The Guide has been designed to be integrated into the core educational activities and materials in your specific departmental or program context.

Content

The Guide itself includes a power point and accompanying facilitator notes that elucidate the Faculty of Medicine's Professional Values and the behaviours expected of its faculty members; a Tips sheet on creating psychologically safe learning environments; an interactive online module that defines and gives examples of behaviours that do and do not support the FOM's Professional Values, as well as introduces faculty to relevant FOM and University policies, processes, and resources; materials on conducting difficult conversations with colleagues relevant to when professional values are perceived to have been breached. This content has been designed to be delivered online and/or in person.

Process & Coaching

Throughout the Guide we invite faculty developers and educators to engage in a parallel process of:

- 1) Engaging with the professional values content
- 2) Embodying professional values in their facilitation

We are also delighted to provide coaching support to facilitators. Contact information is provided at the end of this Guide.

Acknowledgements

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LAND ACKNOWLEDGEMENTS

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The Faculty of Medicine is committed to living up to the spirit and specific recommendations of the Truth and Reconciliation Commission with regard to healthcare environments and healthcare professional education.

One aspect of respecting the Indigenous heritage and contributions of Indigenous Peoples to our current context is the Land Acknowledgement where our institutions acknowledge that they are built on Indigenous land that was appropriated by settlers.

Please see below for Faculty of Medicine's Land Acknowledgement:

We acknowledge the land on which the Faculty of Medicine operates. For thousands of years, it has been the traditional land of the Huron-Wendat, the Seneca, and most recently, the Mississaugas of the Credit. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

However, our Office of Inclusion and Diversity has joined others in emphasizing the importance of Land Acknowledgements not being made in a tokenistic fashion and engaging both the giver of the acknowledgement and the audience in a meaningful discussion of its content. We therefore encourage workshop facilitators – whether conducting in person or online workshops – to contact the Faculty of Medicine; Office of Indigenous Medical Education (<https://md.utoronto.ca/office-indigenous-medical-education>) for discussion on how to invest your land acknowledgement with greater meaning.

The following resources provide some recommendations:

<https://locallove.ca/issues/land-acknowledgements-uncovering-an-oral-history-of-tkaronto/#.X1ZrvWdKiEt>

<https://opentextbc.ca/indigenizationinstructors/chapter/understanding-territorial-acknowledgement-as-a-respectful-relationship/>

<https://nativegov.org/a-guide-to-indigenous-land-acknowledgment/>

<https://thevarsity.ca/2019/03/16/to-properly-acknowledge-indigenous-territory-go-off-script/>



PLANNING YOUR SESSION

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Now that you're ready to plan your session, here are some questions to consider.

1. Who are your learners?
2. How many learners will there be?
3. How well does the group know each other? (including the session leader)?
4. How much time do you have?
5. Will the session be in person, online or a blended session?
 - a) What space will you need or what electronic format is best to meet your needs?
 - b) What additional materials / handouts do you need?

The Essentials have been designed to be delivered either in person or online. In both contexts, interactivity is essential, as is delivering a learning environment that supports the Professional Values articulated in the content of the session. It is also worthwhile considering a co-facilitation model (particularly if you are planning an online session)

The following Tip Sheet on ***Creating Psychologically and Culturally Safe Learning Environments*** describes best practices for optimizing your learning environment - whether in person or online - while providing effective education. We also provide resources specific to inclusive teaching and virtual learning in the Appendices.

The *Tip Sheet on Creating Psychologically and Culturally Safe Learning Environments* is designed for all faculty involved in teaching and also provides an important guide for your own session on Professional Values.

The Essentials include a menu of materials ranging from primarily didactic (powerpoint) to highly interactive (scenarios and discussion). Considering the questions above will allow you to consider which of these materials you may wish to include. Generally, a short introductory session with a large audience of individuals who are strangers to one another may lend itself to a more structured, didactic approach. A longer session with fewer individuals who have known each other for some time may be more conducive to open discussion and debate. However, neither of these statements is true for all educational sessions. Other relevant considerations are your style and comfort level as a teacher, your goals for the session, and whether or not you will be able to schedule more than one session.

We encourage you to seek consultation with our consultants if you are unsure what approach is best suited to your session (see appendix 6 for contact information).



CREATING PSYCHOLOGICALLY & CULTURALLY SAFE LEARNING ENVIRONMENTS

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The Faculty of Medicine (FOM) is committed to providing all its members (learners, staff, and faculty) with psychologically and culturally safe learning and work environments that demonstrate and support the Faculty’s Professional Values. A psychologically safe environment is one where all members feel comfortable asking questions, taking risks, making mistakes, and asking for help; they feel respected, and that their efforts and skills are valued (Edmonson, 1999). The FOM expects behaviour from all its members that supports these values – mutual respect, civility, integrity, courtesy, humility, supporting one another’s wellbeing, and actively contributing to equitable, diverse and inclusive settings.

What can you do to help? Please review and reflect on the following list of “Dos” and “Do Nots”. They are not exhaustive. Please add your own and share and discuss with colleagues.

DOs	DO NOTs
<ul style="list-style-type: none"> ▪ <i>Be a role model</i> ▪ Act with courtesy, respect, and professionalism ▪ Demonstrate insight into your behaviour and seek to improve when not meeting standards of behaviour. ▪ Maintain an acceptable standard of appearance and hygiene ▪ Work collaboratively ▪ Encourage critical thinking and participation. ▪ Be available and approachable ▪ Recognize and observe boundaries ▪ Communicate effectively in response to others’ needs for information and answers ▪ Respond promptly to all communications 	<ul style="list-style-type: none"> ▪ <i>Create a hostile environment</i> ▪ Use intemperate language ▪ Make inappropriate remarks or jokes ▪ Circulate inappropriate pictures or written materials ▪ Make disparaging public remarks about colleagues or learners ▪ Resist others’ efforts to work collaboratively ▪ Use ridicule or shame ▪ Deny appropriate opportunities for learner-focused experience ▪ Inconsistently respect learners’ boundaries ▪ Practice favouritism

<ul style="list-style-type: none"> ▪ Maintain work-life balance, health, and well-being 	
<p>DOs</p>	<p>DO NOTs</p>
<ul style="list-style-type: none"> ▪ <i>Adhere to the Ontario Human Rights Code and relevant CPSO and University policies and expectations.</i> ▪ Be sensitive to and accepting of social identities in patients, colleagues, and learners ▪ Support culturally safe communication and relationships. ▪ Be aware of the Truth and Reconciliation Commission’s calls to Action. ▪ Display notices and symbols that convey inclusiveness. ▪ Demonstrate allyship with those who face any type of intimidation, harassment, or discrimination in the workplace. ▪ Make appropriate accommodations for learners and colleagues, with disabilities. 	<ul style="list-style-type: none"> ▪ <i>Use intimidation or abuse power</i> ▪ Discriminate or display micro or macroaggressions. ▪ Engage in any form of sexual harassment or sexual violence ▪ Engage in harassing behaviour ▪ Use verbal and physical intimidation ▪ Inhibit and/or coerce others in order to prevent them from exercising their rights or desire to report improper conduct, (e.g., by threats of reprisal ▪ Inhibit others from carrying out their appropriate duties ▪ Engage in acts of retribution ▪ Assign inappropriate duties to influence behaviour or as a punishment
<p>DOs</p>	<p>DO NOTs</p>
<ul style="list-style-type: none"> ▪ <i>Recognize when professional values are relevant outside the workplace:</i> ▪ Recognize that your conduct beyond work and educational settings and after hours should also reflect the Faculty’s Professional Values ▪ Use the internet, social media, and other electronic communication in a professional manner ▪ Recognize, disclose, and manage Conflicts of Interest. 	<ul style="list-style-type: none"> ▪ <i>Consistently fail to meet professional obligations to learners, colleagues, and staff</i> ▪ Be unavailable for scheduled obligations, including teaching, supervision, assessments ▪ Be chronically late and unprepared ▪ Not fulfill academic supervisory obligations



FACILITATOR NOTES

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The Essentials Guide provides a power point template designed for medical clinical faculty. We strongly recommend that each department adapt the images, media and academic references, and relevant policies and resources for its own members.

However, we request that the remainder of the PowerPoint not be modified without consultation with the Guide's developers. We have included identification of which slides should be delivered intact in the facilitator guide with the statement: *Please do not adapt this slide.*

The facilitator notes provided in the Notes Section of the PowerPoint are not meant to be restrictive or adhered to rigidly. They are an invitation to consider how you may wish to discuss the content of the slides with your own setting and group.

Discussion of Professional Values Module

It will be up to you whether or not you wish participants in your faculty development activity to complete the module prior to attending the session. We have found it helpful to provide some sort of incentive for its completion, for example, continuing education points or a need to provide evidence of its completion within the past three years during annual performance reviews.

N.B. As with the powerpoint, there is currently a single version of the module designed for Medical Clinical Faculty which may or may not feel like a good fit for your Department. [The module in its current form focuses on a key document in the Faculty of](#)

Medicine: *The Standards of Professional Behaviour for Medical Clinical Faculty* (see appendix 1), which articulates both desirable and unacceptable behaviours for physicians with Faculty of Medicine appointments. While the Standards are not directly relevant to other faculty, the document clearly lays out what the Faculty's expectations are for its appointees, together with the processes for addressing alleged breaches of its professional standards. This content will be highly relevant for all Faculty of Medicine faculty members. We are currently working to adapt the module for Rehab Sciences and Basic Science Departments.

The module in its current form can be accessed by clicking on this link:

<https://rise.articulate.com/share/4FF1CYiihTTtSq8dLgcJAwcbYJk8Fwsr#/>

The goal of the discussion of the module is not to review the content but rather to ask participants about their response to it. Potential cues may be:

- Did anything surprise you about the module?
- Did you learn anything new from the module?
- Did you find anything missing from the module?
- Did anything in the module make you uncomfortable?
- Did you find the scenario(s) authentic? Could you relate to the scenarios? If yes, why? If not, why not?
- How will you change your behaviour in any way as a result of completing the module?
- How can you apply this content to your teaching practice and your environment?

Difficult Conversations

Living our Professional Values necessitates our having difficult conversations – with ourselves, with colleagues, with staff and learners – when breaches of those values occur. Most of us have had the experience of wanting desperately to avoid such conversations, and certainly hope not to be their recipient. However, allyship and

professional relationships require us to receive feedback, however challenging, and to respond to support learners, staff, and colleagues when we see situations where professional values have been ignored.

Like many teaching skills, learning how to have these difficult conversations – both as recipients and as initiators – may minimize our avoidance, and perhaps contribute to these conversations reaching resolutions that support the professional values of psychologically and culturally safe work and learning environments, and wellness.

We highly recommend the following tools suggest by the Faculty of Medicine’s Office of Inclusion and Diversity:

<https://medicine.utoronto.ca/oid-statement-solidarity-resisting-anti-blackness>

<https://medicine.utoronto.ca/message-covid-19-allyship-and-edi-supports>

<https://diversity.ucsf.edu/sites/diversity.ucsf.edu/files/Tools%20for%20Department%20Chairs%20and%20Deans.pdf>

We also strongly recommend the following faculty development online tools created by the Office of Faculty Development in the University of Toronto’s MD Program:

An Adventures in Teaching Interview with Dr. Arno Kumagai and Dr. Jana Lazor on addressing sensitive topics in educational environments:

play.library.utoronto.ca/play/qTKv6ZHj_CTJ

Scenarios & Facilitation Tips

You may wish to invite your attendees to submit scenarios before or during the workshop. If this is not appropriate – for example, if the audience all work together and the scenarios may reference members of the group – we have created some brief scenarios here that the group can flesh out and use for the purpose of role play simulations.

We caution that scenarios and related simulations – particularly those that evoke past or current challenges for participants – may be psychologically difficult. We have therefore included below some tips and reference for conducting safe and effective role play simulations.

The tips below focus primarily on timing and logistics. Keep in mind that individuals have differing levels of comfort with participating in role play simulations. You can accommodate these by emphasizing that there are a variety of active roles that participants can take on to contribute – note taker, timekeeper, observer, provider of feedback post simulation are all examples.

Decide whether to use the scenarios provided or, if you prefer to choose an example from your own practice (briefly describe this to your group). Be mindful of the need to preserve the privacy of your colleagues and learners, and where relevant patients, and change identifying details accordingly.

We recommend the following time frames:

- 3-5 minute role play
 - o Teacher/Faculty member
 - o Learner(s)
 - o Observer/time keeper
 - o “Time out” for help!

- Debrief in your groups (use tip card as a guide)
 - o “Teacher” debriefs first, then other roles:
 - § How did that go for you?
 - § What went well?
 - § What would you do differently?

- Repeat:
 - Modify based on feedback or, try a different scenario

We recommend the following Small Group Debriefing Process:

Debrief with the most anxiety provoking role first (i.e. teacher), then go on to the learners. Start with asking them about their reactions and feelings to the role play simulation. Allow the actors, especially the teacher, time to emotionally decompress by starting with the general questions first.

	<i>Teacher</i>	<i>Learner</i>
<i>Effectiveness and Alternatives</i>	1. How did that go for you 2. What went well? <i>(**important**)</i> 3. What would you do differently 4. Share your role with the class	5. Ask learners to share their roles
	6. What were you thinking 7. What were you trying to accomplish 8. How do you think it worked? 12. What else could you have tried (how could you have done it differently)	9. How do you think it worked? 10. Was it effective for that purpose 11. What effect did the teacher's action (i.e. behavior) have on you? 13. What else could the teacher have done (what other behaviours can you suggest)

	<p>14. Do you think that would have worked?</p> <p>15. Would it have been effective?</p> <p>16. What effect would that have had?</p>	
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Please see two articles at the end of this section on establishing safe and effective role plays/simulations. While the Joyner Young article references teaching medical students it includes broadly applicable recommendations.

Scenarios

(Please note that these suggestions for scenarios, which can be fleshed out with more complete scripts, either ahead of your workshop or in the workshop, have been designed to be adaptable to physician, non-physician clinician, and scientist groups.) N.B. Some of the scenarios focus on relationships between individuals, others on potential systemic breaches of professional values. Our recommendation is to include both types given the interdependent nature of institutional and individuals' professional values.

1. As Educational Coordinator in your Department, you are aware that a colleague in your department is known to provide persistently poor supervision. This individual is widely known to be brusque, to berate learners in public settings, to raise their voice, and to use language such as "This proposal is useless; you're going to have to start again", without providing detailed constructive feedback to the learner on how to improve. In the past several months, you have been approached by multiple learners with concerns, asking to transfer supervisors.
2. Your department hosts a social event for new learners and new faculty every year at a local pub. Alcohol tends to flow freely. A recent faculty recruit raises at a

department meeting that they are concerned this may be off putting to individuals who chose not to drink for health/religious/cultural reasons and suggests a change of venue.

3. You observe that a colleague engages in persistent conflict with other clinical services/faculty regarding consults, clinical differences, transfers in view of learners and other staff, research approaches, evaluations of learners.
4. As Educational Coordinator in your Department, you are aware that a colleague is routinely unavailable for supervision. You are also aware that concerns have been raised about a possible substance use disorder. At least two trainees and several faculty members have described smelling alcohol/cannabis on your colleague.
5. A group of learners come to you in your role as a departmental educator and raise the fact that their academic schedules do not allow time for daily religious observance and prayers.
6. You observe that a senior colleague persistently engages in sexist and/or flirtatious behaviour with trainees and or early-career faculty.

(Ref. <https://www.svpscentre.utoronto.ca/about-the-centre/>)

7. An early career faculty member asks for your support in addressing the issue of departmental meetings occurring at 8 am, which interferes with getting children to daycare and school for them and a group of similarly positioned faculty.
8. You observe and hear from others (including learners) that a colleague engages in what are perceived to be discriminatory behaviour towards international and/or racialized trainees, while demonstrating favouritism towards others trainees by offering with invitations for afterhours socializing and athletic activity.

9. A senior faculty member routinely sends after hours emails and texts and phone calls about non-urgent issues to trainees and early career faculty, with the expectation of a prompt response.

10. A faculty member in your department reduces an administrative staff person to tears after discovering that the wrong link was sent in the flyer for an online educational event and belittling the staff member's competence and intelligence in a public setting.

11. It is brought to your attention that a senior colleague persistently demands first authorship on papers by junior team members citing seniority, having made relatively little or no academic contribution.

(ref. <https://www.authorshipethics.com/>)



APPENDICES

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Appendix 1: Standards of Professional Behaviour

Standards of Professional Behaviour for Medical Clinical Faculty (Faculty of Medicine University of Toronto)

As noted previously, the Standards articulate both desirable and unacceptable behaviours for physicians with Faculty of Medicine appointments. While the Standards are not directly relevant to other faculty members, the document clearly lays out what the Faculty's expectations are for its appointees, together with the processes for addressing alleged breaches of its professional standards. Therefore this content will be highly relevant for all Faculty of Medicine faculty members.

<https://medicine.utoronto.ca/sites/default/files/standardsofprofessionalbehaviourformedicalclinicalfaculty-05132020.pdf>

Appendix 2: Resources for Graduate Student Supervisors

University of Toronto Guidelines for Graduate Student Supervision

This is an excellent resource for clarifying the obligations of both supervisor and supervisee, and identifies resources and supports.

<https://www.sgs.utoronto.ca/resources-supports/supervision-guidelines/>

The following is an interesting resource on promoting a healthier research culture:

<https://www.weforum.org/agenda/2018/09/7-ways-to-promote-better-research-culture/>

The following is a tool to assess leadership in creating psychologically safe environments in your educational workplace:

<https://www.workplacestrategiesformentalhealth.com/psychological-health-and-safety/psychologically-safe-leader-assessment>

Appendix 3: Tips for Effective Online Teaching

Inclusive teaching:

<https://teaching.utoronto.ca/teaching-support/strategies/inclusive-teaching/>.

Setting up and Optimizing the Virtual Learning Environment

Set up your physical environment¹:

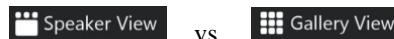
- Set up the camera so that your face and upper body are visible and you are looking up towards it
- Direct lighting towards your face, and minimize backlight wherever possible
- Choose an appropriate background (i.e. neutral, tidy, or appropriate virtual background)
- Minimize noise and distractions (i.e. turn off notifications, your phone)

Start by introducing yourself and allowing participants to introduce themselves. Remind participants to communicate in a professional manner throughout the session (e.g. chat conversations (which are not private despite being labelled as such and can be downloaded post session) and recordings)

Set **Expectations**:

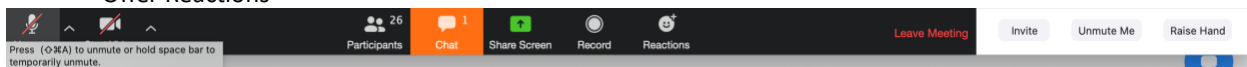
- Mute your mic, but get ready to jump in and participate
- Try to leave your camera on when speaking if comfortable for you
- There might be technological difficulties
- A reminder to adhere to the standards of professionalism set by the FOM

Move between speaker and gallery views (top right):



Orient yourself and the students to Zoom Features that encourage interactivity:

- Press space bar to unmute temporarily
- Raise Hand
- Use the Chat Box
- Offer Reactions



Share your screen on zoom by clicking on “Share Screen”:

- Watch this video for more instructions: <https://www.youtube.com/watch?v=YA6SGQIVmCA>
 - Tip: Ensure you are able to share your screen ahead of time by changing privacy settings to allow for screen recording.

Engage participants early and often¹

- Ask good questions, reward student for building on the points of others, set bounds for questions and discussions, and be enthusiastic!¹

Assign participants to their breakout rooms (as below), after orienting them to the activity. Remind them to take note of their group number and to select one student to report back to the larger group. You have the option in zoom to visit each breakout room to listen to the students.

Using Breakout Rooms in Zoom

1. Click BREAKOUT ROOMS
2. Select the number of rooms you would like to create (2), and how you would like to assign your participants to those rooms (Automatically).
3. Click CREATE ROOMS
4. Click OPEN ALL ROOMS
5. Set a timer or click CLOSE ALL ROOMS when time is up.

Watch this video to see how it works:

- <https://support.zoom.us/hc/en-us/articles/206476313-Managing-breakout-rooms>

Create a psychologically safe environment

- A psychologically safe environment is one where learners feel comfortable asking questions, taking risks, making mistakes, and asking for help. They feel respected, and that their efforts and skills are valued.²
- A supportive and safe environment MUST be created to allow students to feel comfortable participating. Encourage critical thinking while validating student responses, gently correcting misconceptions, and avoiding shaming.

References

1. Schiano, Bill and Espen Anderson. "Teaching with Cases Online." Harvard Business Publishing. May 25, 2017. https://s3.amazonaws.com/he-product-images/docs/Article_Teaching_With_Cases_Online.pdf
2. Edmondson, Amy. Psychological Safety and Learning Behaviour in Work Teams. Administrative Science Quarterly. Vol. 44, No. 2 (Jun., 1999), pp. 350-383. http://web.mit.edu/curhan/www/docs/Articles/15341_Readings/Group_Performance/Edmondson%20Psychological%20safety.pdf

Additional Resources for online teaching:

PIVOT MedEd - Faculty Resources

- <https://sites.google.com/view/pivotmeded/home>

CFD Online Education

<https://www.cfdresources.ca/online-learning-teaching/>

OISE also has some great resources:

- <https://wordpress.oise.utoronto.ca/teachingonline/2020/06/04/centering-equity-in-remote-learning/>
- https://www.oise.utoronto.ca/online/Instructors/Instructor_Resources/index.html

Appendix 4: Tips for Simluations

Beres Joyner & Dr Louise Young (2006) Teaching medical students using role play: Twelve tips for successful role plays, *Medical Teacher*, 28:3, 225-229, DOI: 10.1080/01421590600711252

To link to this article: <https://doi.org/10.1080/01421590600711252>

Yvonne Steinert (1993) Twelve tips for using role-plays in clinical teaching, *Medical Teacher*, 15:4, 283-291, DOI: 10.3109/01421599309006651

To link to this article: <https://doi.org/10.3109/01421599309006651>

[N.B. The University of Toronto's Standardized Patient Program is a great resource for creating simulations. Please note it works on a cost recovery model.](https://spp.utoronto.ca/simulation-services)

<https://spp.utoronto.ca/simulation-services>

Appendix 5: Resources to Prompt Discussion

These resources are a combination of online blogs, videos, popular media and academic articles that can be used to promote discussion in your group. Please contact the authors of the Essentials Guide (see appendix 6 for contact info.) in order to add your own resources so we can share these with our colleagues across the Faculty of Medicine.

Grey literature and popular references

- <https://abimfoundation.org/profile/power-and-professionalism-in-health-care>
- <https://www.mentalhealthcommission.ca/English/what-we-do/workplace/national-standard>
- [https://www.youtube.com/watch?v=9cEWQJ32nqU&feature=youtu.be.\(microaggressions\)](https://www.youtube.com/watch?v=9cEWQJ32nqU&feature=youtu.be.(microaggressions))
- White Academe Do Better
- BikiniMed#. <https://www.nytimes.com/2020/08/02/us/women-doctors-medbikini-professional-gender-bias.html>
- <https://www.kevinmd.com/blog/2020/06/medicine-vs-racism-white-coats-for-black-lives.html>
- <https://www.insightintodiversity.com/reconstructing-the-stem-hierarchy/>
- <http://erc-online.eu/gendertoolkit-etuc/initiative/athena-swan-charter-women-science/>
- <http://www.ihl.org/resources/Pages/Publications/there-can-be-no-quality-without-equity.aspx>
- <https://www.queensu.ca/gazette/stories/talking-about-race-stem>

- <https://rehabinkmag.com/previous-issues/rehabink-summer-2019-volume-1-issue-7/racialization-and-racism-uncovering-the-implicit-in-rehabilitation-sciences-and-research/>
- <https://www.catalyst.org/research/women-in-science-technology-engineering-and-mathematics-stem/>
- <https://www.newyorker.com/news/news-desk/cowboys-and-pit-crews>

Academic references:

- Bryden P, Ginsburg S, Kurabi B, Ahmed N. *Professing professionalism: are we our own worst enemy? Faculty members' experiences of teaching and evaluating professionalism in medical education at one school.* **Acad Med.** 2010;85(6):1025-1034. doi:10.1097/ACM.0b013e3181ce64ae
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