



Medicine
UNIVERSITY OF TORONTO

LEADING CHANGE

Harnessing Academic Medicine
to Transform Health Care

Strategic Plan 2010 to 2015



About the Department of Medicine

The Department of Medicine (DOM) at the University of Toronto (U of T) has a remarkable legacy and is one of the oldest and largest in North America, dating back to the founding of the School of Medicine in 1843. The Department has 610 full-time faculty and 415 part-time or adjunct faculty.

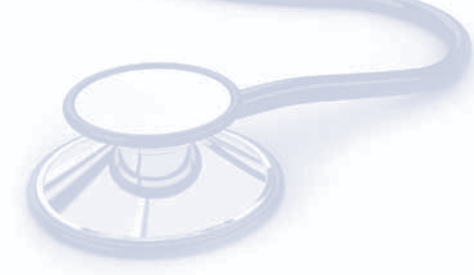
Research to improve understanding of treatment of human disease is one of the primary missions of the DOM. The Department's research program spans the spectrum of biomedical investigation, ranging from basic science to translational research ('bench to bedside' and 'bedside to bench') to epidemiology to clinical trials of novel diagnostic devices and treatment strategies. The number of biomedical investigators in the Department is the largest of any Department of Medicine in Canada, rivalling that of any institution in the United States or Europe. Research faculty includes 155 Clinician Scientists, 135 Clinician Investigators and 25 Research Scientists.

The DOM is a recognized leader in training doctors to meet the increasingly complex health care needs of Canadians and is a major educator at all levels, delivering undergraduate, postgraduate and continuing medical education. It trains the most medical specialists and subspecialists in the country and offers all 19 medical subspecialty programs. In response to the increasing demand for physicians, the program has grown significantly with 205 residents in the Core Internal Medicine Program and 530 subspecialty trainees and fellows. The Department has also increased its commitments to undergraduate medical education and will increasingly expand its involvement with affiliated community partners in undergraduate and postgraduate training. The DOM education faculty includes 210 Clinician Teachers and 60 Clinician Educators.

In recent years the Department has also taken a leadership role in advancing quality of care and patient safety. Building on the success of its Quality Stars Program, the DOM played a key role in working with the Faculty of Medicine, Sunnybrook Health Sciences Centre, and the Hospital for Sick Children to establish the U of T Centre for Patient Safety. The Director and one of the two Associate Directors are members of the DOM, as are many of the Centre's core members. Many members of the DOM have major research programs and externally funded research chairs focused on patient safety or quality improvement.

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MESSAGE FROM THE CHAIR



This is an exciting time for the Department of Medicine at the University of Toronto. We have made significant progress in implementing many of the goals outlined in our previous strategic plan – *Collaborating for Excellence 2005-2010*. The milestones achieved have initiated a process of change that has marked a turning point for the Department.

Over the past five years, collaboration within the Department has increased significantly. By working more closely together, we have gained a much stronger understanding and appreciation of our enormous strengths and capacity to influence change and generate innovative strategies for improving quality, advancing discovery and enhancing academic excellence. Most notably, the Department has made quality of care an academic priority. Our success in building an excellent program in quality/patient safety from the ground up has provided a focal point for integration within the Department and demonstrated our tremendous potential to catalyze change.

Our new strategic plan for 2010 to 2015 – *Leading change: harnessing academic medicine to transform health care* – builds on the solid foundation established over the last five years and defines the steps we will take as we move forward. With a stronger, more strategic emphasis on bridging academic and clinical priorities, the Department will:

- **Deepen the focus on quality and advance new models of patient-centered care**
- **Evolve education to meet changing needs and align with innovations in practice**
- **Reinforce commitment and contributions to cutting-edge biomedical research**
- **Support, sustain and value faculty**

These themes form the strategic directions that will guide the activities of the Department and its respective Divisions for 2010 to 2015. A commitment to advance these themes was confirmed through an extensive consultation process undertaken as part of a comprehensive strategic planning exercise.

Without doubt, caring for a changing and aging patient population, with greater chronic disease, will require innovative new approaches. The challenge is to design new mechanisms to improve the patient experience, overcome fragmentation of care and address all dimensions of quality. This is new territory... just as we encountered in placing a focus on quality of care through the previous strategic plan. As collaborations strengthen, we also see tremendous opportunities for the Department to play a larger advocacy role in more proactively informing system change and influencing the decision-making process guiding change. The underlying question – to which concrete answers will emerge as we implement the new strategic directions – is: what is the Department of Medicine's role in transforming the delivery of care and ultimately contributing to improvements in health?

Awareness is growing that scholarship applied to the clinical agenda can drive integration across the Department, with other university departments and with our teaching hospital partners. Key areas of focus under the new plan will be to advance integrated medical education, strengthen ambulatory care practice and education and truly broaden the emphasis on quality. Our success in research will be reinforced through our strengthened commitment to our Clinician Scientists and working collaboratively with our hospital-based research institutes to attract and support researchers in areas of shared priority.

The new plan will require investments in faculty and infrastructure. It will demand an unwavering devotion to transformation that will equip physicians with new competencies and resilience to meet the challenges of changing practice, to sustain and support Clinician Scientists who can catalyze discoveries from the lab to the bedside and to inspire innovation that will enhance the quality and sustainability of our health system.

This is truly a leadership agenda. It is about deepening previous commitments and relying on partnerships and collaborations with the TAHSN hospitals and research institutes to implement proactive strategies. And it is about setting directions for the future that will help to shape and implement new approaches to caring for the population, addressing quality and providing integrated rather than fragmented care.

Delivering on our strategic directions will require the right type of leadership, the nurturing of existing partnerships to put the right levers in motion, an ability to cultivate new relationships with hospital leaders and hospital-based research institutes, and building new systems with new indicators to benchmark and facilitate better measurement of our performance. This plan sets the bar high, but I am confident we are up to the challenge.

I want to thank the hundreds of people who took the time to participate in our strategic planning process and to share their views on the future. The consultations provided an opportunity to engage new and established faculty members and a broad range of external stakeholders in a dialogue about future directions, goals and priorities for the next five years. I especially extend a sincere thank you to the Strategic Planning Implementation Committee and theme leaders including Charlie Chan, Kevin Imrie, Conrad Liles, Laurie Morrison, Kaveh Shojania, Maureen Todd and Allison Hardisty for their leadership over the last five years. A special thank you to Dante Morra and Tom Stewart – for joining our Strategic Planning Committee and bringing new perspectives to these important discussions – and to our consultants, Helena Axler and Beverley Nickoloff, who helped us create the bridge from Collaborating for Excellence to *Leading change: harnessing academic medicine to transform health care*. Finally, thank you to the many faculty and trainees who shared their insights, concerns and ideas through focus groups, surveys and grand rounds that were conducted over the last year. We heard you and trust you will find your hopes and aspirations for your individual careers, the Department and the health care system reflected in the 2010-2015 strategic plan.

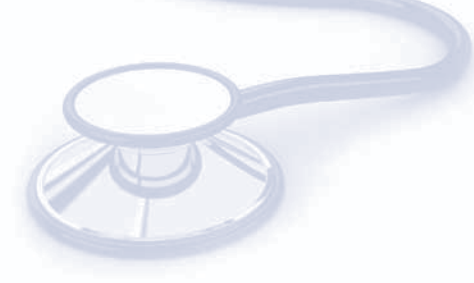
It is my firm belief that the strategic directions and goals outlined in this plan will help chart the best course for the Department of Medicine's current and future programs and inspire us to continue to work collaboratively to achieve our vision of international leadership in health research, education and patient care.

Wendy Levinson MD

Sir John and Lady Eaton Professor and Chair of Medicine

Summary of Strategic Directions for 2010 to 2015

STRATEGIC DIRECTIONS	GOALS
1 Deepen the focus on quality and advance new models of patient-centered care	1-1 Intensify DOM focus on quality measures and improvement 1-2 Establish DOM focus on ambulatory care 1-3 Develop, implement and evaluate systems of care that address the growing needs of chronic disease and increasingly complex care 1-4 Promote, support and embed quality as an academic career path and as core to DOM education and research 1-5 Enhance DOM role as system leader facilitating informed decision-making, enhanced performance and sustainability of the health system
2 Evolve education to meet changing needs and align with innovations in practice	2-1 Develop an Integrated Medical Education (IME) strategy for DOM 2-2 Advance ambulatory care education and inter-professional education across DOM 2-3 Improve teaching and evaluation of all CanMEDS roles at all levels of training 2-4 Leverage new teaching modalities/technologies 2-5 Lead in the teaching of quality and patient safety 2-6 Define and promote the role of Clinician Teachers 2-7 Promote faculty development and educational scholarship 2-8 Enhance benchmarking and performance measurement in education
3 Reinforce commitment and contributions to cutting-edge biomedical research	3-1 Secure sustained funding for high performing Clinician Scientists 3-2 Formalize and enhance the effectiveness of interactions with DOM and hospital-based research institutes to advance shared priorities for research and recruitment 3-3 Engage, recruit and foster a new generation of productive and successful Clinician Scientists 3-4 Build capacity, enable and lead Faculty of Medicine in advancing translational research 3-5 Facilitate and (where appropriate) provide infrastructure support to enable greater research productivity
4 Support, sustain and value faculty	4-1 Define and communicate the value of promotion to all faculty 4-2 Ensure all faculty are well mentored and supported 4-3 Foster leadership skills in individuals for all levels of faculty and provide formal academic leadership training 4-4 Identify, groom and mentor potential academic leaders early in their careers 4-5 Provide retirement support to faculty early and at all stages of their careers 4-6 Develop a deeper understanding of issues related to faculty satisfaction



INTRODUCTION

The Department of Medicine (DOM) at the University of Toronto (U of T) is in the midst of a significant growth and transformation process. Changes unfolding within the Department are reshaping traditional ways of teaching and research in academic medicine and driving the need for new decision-making structures and new partnerships.

Five years ago, the DOM developed a strategic plan – *Collaborating for Excellence*. The plan articulated a series of six strategic priorities to help move the Department toward achievement of its vision: *international leadership in health research, education and patient care*. Significant progress has been made in achieving many of the goals aligned with these priorities.

During this period, the Department has experienced significant growth at a number of levels [see insert]. As well, important gains have been made in strengthening linkages across Divisions and developing a new culture of working relationships with other partners, including hospitals and community-based organizations across the region. These partnerships have created a new tone in the conversations taking place among the faculty and with researchers, hospital colleagues and other partners in the health care system.

Today, faculty and staff within the Department are motivated by the tremendous opportunities that exist to build on the momentum of change under way. However, while Department members remain passionate and deeply committed to achieving excellence, it is clearly recognized that changes unfolding in academic medicine as well as in the broader health care environment must be carefully weighed in setting out new directions to guide the work of the Department over the next five years.

DOM: FIVE YEARS OF GROWTH

Full-Time Faculty: 419 to 610 including the recruitment of 50 Clinician Scientists, 45 Clinician Investigators, 10 Clinician Educators, 70 Clinician Teachers, 5 Clinician Administrators and 10 Research Scientists

Medical Education: 487 to 735 trainees enrolled in our Core Internal Medicine Residency Program and Sub-Specialty Resident/Clinical Fellowship Programs

Research Funding: \$72 million to \$124 million (2008-09)

Promotion: 75 faculty promoted to Associate and 51 to Full Professor

How the Department is Organized

Members of the DOM are organized into Hospital Departments, each led by a Physician-in-Chief (PIC), who is jointly appointed by the Hospital and the University and who is responsible for the delivery of academic and clinical programs within the hospital. Faculty are organized into 18 University Department-wide specialty Divisions, each led by a Department Division Director (DDD) who is appointed by the Chair.

The Faculty of Medicine and its Departments work closely with the Toronto Academic Health Sciences Network (TAHSN); a consortium of our fully affiliated teaching hospitals and the University of Toronto.¹ Increasingly, the Department of Medicine is also engaging with community-based teaching hospitals across the Greater Toronto Area (GTA). Managing and sustaining these complex relationships is critical to the Department fulfilling its academic mandate and strategic vision.

Divisions within the Department of Medicine

Allergy & Immunology	General Internal Medicine	Occupational Medicine
Cardiology	Geriatric Medicine	Oncology
Dermatology	Haematology	Clinical Pharmacology
Emergency Medicine	Infectious Disease	Physiatry
Endocrinology & Metabolism	Nephrology	Respirology
Gastroenterology	Neurology	Rheumatology

A Changing Environment

Changes in the academic environment

Over the past five years, major changes in leadership have occurred within the DOM, including the appointment of four new Physicians-in-Chiefs (PICs) and 11 new Department Division Directors. Thirty-five to 40 new faculty members have been recruited each year. At the same time, undergraduate and postgraduate medical education programs have expanded, increasing demands for clinical teaching opportunities and more formal relationships with community teaching sites.

New research and teaching centres have been created in the U of T Faculty of Medicine including the Dalla Lana School of Public Health and the Centre for Patient Safety. A new mandate has also been confirmed for Women's College Hospital as Ontario's first ambulatory care teaching hospital and, in partnership with U of T, it has established the Centre for Ambulatory Care Education (CACE).

Changes in the health research environment

The Ontario government has introduced new initiatives, such as creation of the Ministry of Research and Innovation, to position the province as a place to collaborate with a highly educated work force in a productive research environment. A barrier to success has been the lack of stable and sustainable mechanisms for career support for established Clinician Investigators and Clinician Scientists. The research climate is also shifting markedly from a traditional focus on investigator-based, single-laboratory research to large multi-centre studies conducted in multiple laboratories by interdisciplinary collaborative teams.

Changes in the health care system environment

Ontario's health care system is undergoing change and reform led by the provincial government through the Ministry of Health and Long-Term Care and 14 Local Health Integration Networks. Action on system-wide priorities includes efforts to: reduce wait times for specific diagnostic and surgical procedures, strengthen primary health care delivery through Family Health Teams, increase emphasis on inter-professional collaborative care teams, enhance scopes of practice for some regulated health professionals and intensify health promotion and disease prevention through the Ontario Agency for Health Protection and Promotion.

¹ The Health Science Faculties at the University of Toronto include: Dentistry, Medicine (including Rehabilitation Sciences), Nursing, Pharmacy, Physical Education and Health, Public Health and Social Work

In addition, new performance standards/criteria have been introduced to increase quality and accountability in health care. For example, the *Excellent Care for All Act* is designed to make health care providers and executives accountable for improving patient care and enhancing the patient experience.²

Meanwhile, worries persist about the ongoing financing of health care and the ability of the province to sustain a high quality, cost-effective health care system. Twenty years ago, 32 cents of every dollar spent on provincial government programs went to health care. Today, it is 46 cents and in 12 years it could be 70 cents if this trend continues.³

Department Strengths & Opportunities

In 2009, the DOM underwent an External Review. The report acknowledged the strengths of the Department: “... *Its quality, as judged by the usual metrics of research support and scholarly productivity, external reviews and accreditation of teaching programs, competitiveness for candidates, width and depth and excellence of patient care programs and strength of leadership compare very well with the top programs internationally.*”

As part of the strategic planning process, an analysis of strengths, weaknesses, challenges and opportunities impacting on the DOM (SWOT analysis) was prepared. It draws on findings from the strategic planning consultations as well as observations from the DOM External Review (see Appendix 1).

Situated within the Faculty of Medicine, the DOM is the largest in Canada, and one of the largest in North America in terms of its size, scope and diversity of program offerings. Its biggest strength lies in its strong and growing group of core faculty. While the size of the Department is considered to be a core strength, it also brings challenges. The large size and dispersion of the DOM across multiple affiliated hospitals and academic practice plans poses challenges for achieving cohesiveness in the academic mission and vision within the Department. Furthermore, the current model of governance depends on the willingness of many partners to work together with relatively few financial incentives to do so.

Awareness is growing that scholarship applied to the clinical agenda can drive integration across the Department, with other departments and with hospitals. Faculty are committed to building on recent partnerships and integration efforts and to leverage these in developing new models of care delivery to improve patient care and enhance the patient experience. In particular, the Department has a keen interest in taking on a more proactive role in driving innovation and change in ambulatory care and chronic disease management practices. As partnerships and collaborations strengthen, the Department is also interested in exploring opportunities to play a larger advocacy role in shaping the future change agenda.

Findings of the SWOT analysis were instrumental in establishing the strategic directions and goals which are outlined in this plan.

² The legislation would require health care organizations, starting with hospitals to: develop and post annual quality improvement plans; create quality committees to report to each hospital board on quality related issues including the public annual quality improvement plan; link executive compensation to achievement of quality plan performance improvement targets; and implement patient and employee satisfaction surveys and a patient complaints process

³ Ministry of Health and Long-Term Care, News Release, May 3, 2010



STRATEGIC PLANNING PROCESS

The strategic planning process leading up to this document began in November 2009. It was led by the Strategic Planning Implementation Group (Planning Team), established by the DOM to monitor and guide implementation of the 2005-2010 strategic plan (see Appendix 2 for membership). The Planning Team developed the following statement of core principles to guide the strategic review process and express the philosophical cornerstone of the Department's work.

The consultation process undertaken as part of the strategic planning exercise involved extensive outreach and provided an opportunity to engage new and established faculty members as well as a broad range of external stakeholders in a dialogue about future directions, goals and priorities to guide the work of the Department over the next five years. One-on-one interviews and group consultations took place with a wide variety of internal and external stakeholders (from January to May 2010).⁴ In addition, the Chair facilitated an interactive dialogue with faculty and trainees at grand rounds. In total, several hundred faculty, staff and stakeholders participated in the consultation process.

These consultations focused on identifying key issues, opportunities and challenges confronting the Department and resulted in an initial series of strategic directions, goals and implementation priorities that were presented for further deliberation at a two-day planning retreat with the Department Executive held on May 7 and 8, 2010. Consensus on key issues and strategies confirmed at the retreat formed the basis for development of the new strategic plan to guide the activities of the DOM for 2010-2015.

PLANNING PRINCIPLES

We respect the VISION, MISSION AND NEW STRATEGIC DIRECTIONS of the Faculty of Medicine and the University of Toronto and will seek to align our goals and priorities with these statements.

We remain committed to ACADEMIC EXCELLENCE in clinical care, teaching and research.

We encourage INNOVATION and will work to proactively invite debate and open dialogue among the members of the Department of Medicine.

We will seek out greater opportunities for INTEGRATION and COLLABORATION in our continued efforts to confirm our research, education and clinical priorities.

We value TRANSPARENCY AND SOCIAL ACCOUNTABILITY and will work to develop BENCHMARKS AND PERFORMANCE TARGETS to measure and improve our success.

⁴ The existing leadership committees responsible for implementation of the six strategic directions identified in the previous strategic plan served as working groups for this process. Department Division Directors (DDD) and Physicians-in-Chief (PIC) were engaged through focus groups. Efforts were also made to engage the senior TAHSN leadership, including CEOs and VPs of Research Institutes, as well as the U of T clinical chairs. Targeted interviews were held with local, national and international experts. A web-based review of leading North American Departments of Medicine was undertaken to support benchmarking efforts.

In the deliberations about the future, the DOM confirmed its commitment to the vision and mission emerging from the 2005 strategic planning process and revised its core values to include social responsibility. Explicit recognition of social responsibility as a core value is rooted in the Faculty of Medicine's belief that social responsibility is an academic responsibility.⁵ The vision, mission and core value statements remain the foundational requirements for the Department as it reinforces existing programs, builds additional capacity and deepens its commitment to quality, research, education and faculty development.

DOM VISION, MISSION AND CORE VALUES

VISION

International leadership in health research, education and patient care.

MISSION

Through the discovery, application and communication of knowledge, we prepare future physician leaders, contribute to our communities and improve the health of individuals and populations locally, provincially and globally.

CORE VALUES

- Innovation, critical inquiry, and self-evaluation
- Respect for diversity in culture and perspectives
 - Integration, partnership and collaboration
 - A supportive and collegial environment
- Accountability to our community of scholars and to the public
- Social responsibility as an academic responsibility

⁵ The DOM's commitment to embracing a social responsibility agenda recognizes that there are key challenges that will need to be addressed. These include:

- Articulating a clear and shared definition of social responsibility and social accountability
- Addressing inherent tensions between managing local issues of health access and engaging in major global health agenda
- Clarifying the skills required by medical students and physicians to engage in social responsibility
- Balancing advocacy and evidence with political posturing and positioning
- Putting in place metrics or rewards to recognize faculty contributions to social responsibility



WHERE WE’VE BEEN

2005-2010 Milestones

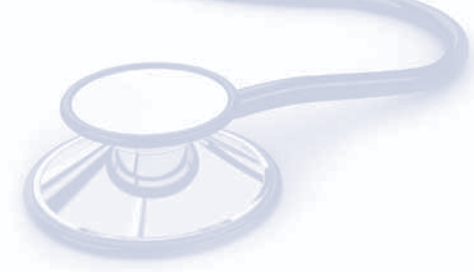
The Department’s 2005-2010 strategic plan “Collaborating for Excellence” emerged from a comprehensive strategic planning process designed to engage the faculty in creating a shared vision and a series of strategic goals to achieve it. The plan has served the Department well. Significant progress has been made in achieving many of the goals articulated in the plan [Figure 1]. This has resulted in greater cohesiveness within the academic environment and a solid foundation for responding to growing research and academic demands and pressures.

Figure 1: 2005-2010 – A Review of Milestones⁶

	PRIORITIES & LEADS	SELECTED MILESTONES
INTEGRATION	<p>Wendy Levinson, Department Chair</p> <p>Accomplishments have focused on achieving greater integration across the Department and increasing collaboration between the hospitals affiliated with the DOM</p>	<ul style="list-style-type: none"> • Enhanced role of city-wide Department Division Directors (DDD) to build collaborative research and teaching programs • Increased collaboration in recruitment of faculty between hospitals • Development of WebCV • Initiation of city-wide grand medical rounds
RESEARCH	<p>Conrad Liles, Vice-Chair Research</p> <p>Accomplishments have focused on enhancing attractiveness, productivity and impact of research through building partnerships between the DOM, hospital-based research institutes and other Departments and developing financial support for junior and established Clinician Scientists and Clinician Investigators</p>	<ul style="list-style-type: none"> • Growth in research funding from \$72 million to \$124 million (2005-10) • Increased endowment funds for the Clinician Scientist and Clinician Educator Training Programs • Initiation of Divisional city-wide research projects
EDUCATION	<p>Kevin Imrie, Vice Chair Education</p> <p>Accomplishments have focused on transforming and enriching teaching programs within the DOM</p>	<ul style="list-style-type: none"> • Significant expansion of undergraduate and post-graduate training into the community • Full approval of all 18 residency programs • Increased support for education budget to support leadership, educational scholarship, postgraduate innovation and professional development

	PRIORITIES & LEADS	SELECTED MILESTONES
QUALITY & PATIENT SAFETY	<p>Kaveh Shojania, Director Quality and Patient Safety</p> <p>Accomplishments have focused on profiling quality as a core strategy within the Department and encouraging the development of benchmarks and systems to support and measure quality</p>	<ul style="list-style-type: none"> • Establishment of the “Quality Stars” program designed to provide faculty development in quality and safety (2006-07) • Creation of an annual U of T Patient Safety and Quality Academic Day • Initiation of curriculum for residents / educational programs for residents through the Core Resident Integrated Scholarly Program (CRISP) and participation in hospital-based training quality projects
FACULTY DEVELOPMENT	<p>Laurie Morrison, Director Faculty Development</p> <p>Accomplishments have focused on retaining, attracting and nurturing faculty</p>	<ul style="list-style-type: none"> • Creation of the “Professor Day” event • Development and implementation of mentoring program • Implementation of faculty-wide career satisfaction survey
FUNDING & INFRASTRUCTURE	<p>Charlie Chan, Vice Chair Finance</p> <p>Accomplishments have focused on reinforcing funding and infrastructure by enhancing coordination and harmonization of policies and procedures across the major hospital practice plans through the creation of a Department Finance Committee and a Department Fundraising Program</p>	<ul style="list-style-type: none"> • Creation of a five year budget plan and a reserve fund • Creation of an Advancement Program • Funding of nine new endowed chairs

⁶ A more comprehensive list of specific accomplishments related to the 2005-10 strategic plan are summarized in Appendix 3



WHERE WE'RE GOING

2010-2015: Perspectives on Future Directions

- 1. Collaboration has increased substantially within the Department, but closer alignment is needed across TAHSN hospitals and hospital-based research institutes.** Stronger collaboration within the Department has generated a better understanding and appreciation of the Department's enormous strengths and capacity to generate innovative strategies to improve quality of care, enhance education, and promote research excellence. The advancement of collaboration is reflected in the level of commitment, sophistication and thinking within the Department, which is significantly more integrated compared to five years ago. However, awareness is growing of the need for (and benefits of) improving alignment across TAHSN hospitals and hospital-based research institutes to pursue shared opportunities for research integration.
- 2. Leadership within the Department has been strengthened by the addition of the three Vice Chairs in Research, Education and Finance, as well as a more defined role for Divisional Directors that enables them to participate more easily and fully in the activities of the Department.** Integration within and across Divisions is increasingly demonstrated by the development of Divisional strategic plans that are closely aligned with the Department's strategic plan.
- 3. The Department has a solid foundation of research excellence that it can build on to meet coming challenges.** The next five years will demand greater innovation, integration and collaboration if the Department is to compete successfully for large-scale national and international research grants, ensure sustained support for Clinician Scientists and respond to growing demands to advance translational research.⁷
- 4. The Department has earned an incredible reputation in education. Future efforts must extend to the community to deliver more integrated medical education, advance early work in education scholarship and address emerging issues.** Priorities should include more emphasis on ambulatory care education, teaching physicians to work more effectively in teams and to expand curriculum in quality and chronic disease management.
- 5. The Department has made quality of care an academic priority that can become a catalyst for change.** The success of the Department in building an excellent program in quality of care and patient safety from the ground up has provided a focal point for integration and showcased the Department's tremendous potential to catalyze change. Academic clinical faculty are interested in building on this success through efforts to demonstrate "scholarship applied to the clinical agenda" as a shared commitment driving innovations through integration.

⁷ Examples: promotion of patient-oriented research by CIHR; adoption of electronic platforms to respond to patient demands for 'personalized medicine'; growing interest in bridging basic science with clinician sciences and collaborations with diverse disciplines.

6. **Appreciation is growing of the enormous strength of the Department and its potential to influence change and assume a stronger, more proactive advocacy role through better linkages and communication with decision-makers.** Work in this area should begin with a focus on profiling and advancing initiatives to address quality improvement, access and funding realities within the academic enterprise as well as in the clinical care environment.
7. **Participation in efforts to sustain the health care system is a critically important issue that the DOM will need to confront over the next few years.** A critical mass of faculty and other groups affiliated with the Department has a keen interest in advancing development of innovative models of care to ensure the highest quality of care for patients in an inevitably constrained environment. Many of the solutions have the potential to generate “win-win” gains to address and improve the multiple dimensions of quality.
8. **The Department must support the Faculty of Medicine in its efforts to “measure and assess” the collective contributions of the Faculty.** The Department is challenged to identify specific metrics (indicators) that will measure the impact of research and education endeavours on the improvement of health.
9. **The Department has launched a number of successful strategies to increase faculty engagement in promotions. However, academic promotion is not well understood by all faculty.** New strategies are needed to engage and prepare faculty for promotion and advancing their academic careers. The Department needs to strengthen its efforts to support Clinician Teachers and Clinician Educators in the promotion process.

In its deliberations about the future, the DOM confirmed its commitment to continue its efforts to integrate and collaborate with partners at the University of Toronto, with TAHSN hospitals and hospital-based research institutes as well as other partners provincially, nationally and internationally to advance specific priorities related to the following four core strategic directions.



These strategic directions provide the platform for guiding the activities of the Department and its respective Divisions for 2010-15. The specific goals and implementation strategies confirmed to advance progress in achieving the strategic priorities are outlined below.



STRATEGIC DIRECTION 1 - Deepen the focus on quality and advance new models of patient-centered care

EXPECTED OUTCOMES

- Build on recent achievements within the Department to advance the quality agenda with demonstrable improvements in the six dimensions of quality (effectiveness, efficiency, equity, patient-centeredness, safety and timeliness)
- Develop new models of care focused on ambulatory care and chronic disease management
- Demonstrate the leadership potential of the DOM in supporting hospitals and health care decision-makers in addressing key problems related to performance and sustainability of the health care system (e.g., increasing implementation of evidence-based practice; developing new models of care delivery)

Perspectives on future goals and priorities

- 1. Individuals are living longer with chronic complex conditions. The health care system is not equipped or designed to deal with the changing and growing implications of this trend. The DOM has a role – and indeed a responsibility – to take on a more proactive leadership role to respond to this challenge.** Roles of the Department should include development of new care delivery models, a renewed focus on advocacy efforts, and continued efforts to build collaborations across professional groups and hospital sites to drive system change.
- 2. New models of care delivery are urgently needed. The traditional model is fragmented and encourages increased volumes of services without regard to appropriateness or value, with no accountability for achievement of desired patient outcomes. New models must address current issues related to quality and performance while also considering the sustainability of the health care system.** Building a sustainable health care system requires meeting the challenge of reducing avoidable hospitalizations and better coordinating the ongoing care of patients with chronic illnesses. Solutions are rooted in strengthening access to ambulatory and community-based models of care.
- 3. Issues related to evidence-based care, cost-effective care, quality and patient safety, and physician competency overlap. The DOM can enhance trainee and faculty skills in these areas. The Department also has enormous opportunities to take on a proactive leadership role in advancing new models of care delivery and extending the learning from these models into education and research.** Work in this area should focus on expanding the DOM's current efforts in quality and patient safety.

New models of care that are based on “a problem rather than a provider” (e.g., readmission rates, access to health care services by specific population groups), integrate across disciplines, professions and sites, and improve integration with primary care and community providers are currently under way. These initiatives position the Department to deepen its focus on quality and advance new models of patient-centered care (e.g., advancement of a city-wide stroke consortium).

4. The teaching of comprehensive chronic disease management must be strengthened through better integration of the ambulatory care experience with the inpatient experience. Opportunities exist to build on successful models currently in place (e.g., rapid response clinics and follow-up clinics). Involvement of the DOM in the development of new models of care delivery (particularly ambulatory care and chronic disease models) should ensure that the models:

- enhance exposure of residents to effective, efficient, and patient-centred ambulatory care;
- build upon evidence and support innovation in chronic disease management;
- foster better coordination and closer linkages to primary care and enhanced communication with all specialties caring for the target patient population;
- encourage rigorous research and evaluation to assess impact of model.

Goals & Implementation Strategies

GOALS	IMPLEMENTATION STRATEGIES
1-1 Intensify the DOM focus on quality measures and improvement	<ul style="list-style-type: none"> • Establish DOM Committee that takes broad approach to quality and includes the six attributes: safe, effective, patient-centred, timely, efficient and equitable • Develop quality projects that can be tested and rolled-out across all sites • Create framework for selecting quality measures with a view to each Division identifying at least one city-wide metric to which it will be held accountable • Advance continuing education and competencies in quality improvement (e.g., Certificate Course in Patient Safety and Quality Improvement offered by the U of T Centre for Patient Safety)⁸ • Collaborate with the Department of Family & Community Medicine’s (DFCM) quality initiative and other partners who are known leaders in advancing quality improvement and measures (e.g., U of T Centre for Patient Safety)
1-2 Establish a DOM focus on ambulatory care	<ul style="list-style-type: none"> • Identify DOM lead in ambulatory care • Establish DOM Task Force on Ambulatory Care • Foster and enable Women’s College Hospital to be city-wide leader in ambulatory care practice and education with a view to educating faculty and trainees (i.e., Centre for Ambulatory Care Education) • Strengthen current PGY1 core internal medicine training in ambulatory care • Facilitate establishment of city-wide, disease-specific, chronic disease management (CDM) ambulatory clinics (e.g., heart failure) • Enhance collaboration and integration between DOM and DFCM to develop, test and implement better models of integrated ambulatory care between specialists and primary care • Encourage a focus on quality projects aimed at identifying areas that are ambulatory care sensitive for patients at high-risk for readmission

⁸ The Department already has didactic sessions for all residents and experiential electives focused on safety/quality that it will continue to develop

GOALS	IMPLEMENTATION STRATEGIES
<p>1-3 Develop, implement and evaluate systems of care that address the growing needs of chronic disease and increasingly complex care</p>	<ul style="list-style-type: none"> • Collaborate with the Ambulatory Care Task Force to develop strategies for advancing models of CDM in the ambulatory setting • Create faculty development in CDM systems • Create resident and student education in CDM • Inform development of guidelines for care of complex medical patients (not disease specific) • Target CDM as an annual theme for Grand Rounds • Provide forums/processes to share and learn from innovative models (e.g., Virtual Ward, Stroke Network)
<p>1-4 Promote, support and embed quality as an academic career path and as core to DOM education and research</p>	<ul style="list-style-type: none"> • Provide concrete academic/financial support to faculty whose focus is quality • Develop mechanism to add quality improvement activity to portfolio dossiers of faculty • Include formal training on quality in residency training (e.g., incorporate into Core Resident Integrated Scholarly Program – CRISP) • Enhance skills teaching in collaboration, communication, shared decision-making with patients, and other CanMeds roles, other than “medical expert”, that directly relate to improved quality of care • Highlight QI projects as the focus of trainee research projects • Collaborate with U of T Department of Health Policy, Management and Evaluation (HPME) and U of T Centre for Patient Safety to develop effective curricula, possibly including rotations in health policy or quality improvement • Develop benchmarks for academic productivity in QI • Examine role of the academic hospital (i.e., consider how best to train and organize; revisit Clinical Teaching Units, how they are organized, opportunities for innovation, leadership role for General Internal Medicine) • Match mix of subspecialists and generalists who are trained with the need for more generalists in practice
<p>1-5 Enhance DOM role as system leader facilitating informed decision-making, enhanced performance and sustainability of the health system</p>	<ul style="list-style-type: none"> • Participate at key planning tables with a view to leading targeted initiatives at the LHIN and/or provincial levels • Facilitate policy level informed decision-making with evidence derived from expanded focus on quality and new models of patient-centred care (e.g. ambulatory care and CDM)



STRATEGIC DIRECTION 2 – Evolve education to meet changing needs and align with innovations in practice

EXPECTED OUTCOMES

- Development of a strategy for integrated medical education
- Implementation of a competency-based ambulatory care experience that is coordinated with the inpatient experience and embedded within all DOM education programs
- Heightened focus on teaching and evaluation of all CanMEDS roles at a higher standard
- Demonstrated leadership in the teaching of quality and patient safety across all DOM programs
- Increased educational scholarship
- Better tracking and reporting of outcomes in education

Perspectives on future goals and priorities

- **Integrated Medical Education (IME) is a key priority for the DOM. Advancing IME will require development of a coherent strategy that includes dedicated leadership within the Department and active engagement of community sites.** Over the past five years, DOM programs have expanded significantly beyond their traditional home in the TASHN hospitals, but most programs remain heavily centered in the teaching hospitals and are not coordinated. This must change. Faculty development will be critical to success.
- **Faculty development and structural changes within education and training programs are needed to better prepare teachers to teach in ambulatory settings and trainees to practice in these settings.** The practice of medicine has changed significantly over the past two decades with increasing availability of alternatives to inpatient admission. Despite this, many of the Department's programs continue to emphasize inpatient over ambulatory care education.
- **The CanMEDS model is now entrenched as the framework for medical education in Canada and around the globe. While DOM programs excel in teaching the medical expert role, they lag behind in the teaching (and evaluation) of the non-medical expert roles.** To close this gap, the Department needs to challenge its programs to develop and implement a multi-faceted matrix of evaluation and improve the capacity of teachers to assess these roles.

- **The DOM is uniquely positioned and is cultivating a critical mass of expertise to advance the quality and patient safety agenda.** While many of the Department's trainees are exposed to this field through didactic teaching sessions, a minority of programs engage trainees actively in projects. With the leadership of the U of T Centre for Patient Safety, the Department has the potential to become a leader in teaching these skills to trainees.
- **The DOM provides outstanding programs across the educational continuum; however, the output of educational scholarship has been relatively low.** In recent years, the Department has devoted resources to recruit and support Clinician Educators. However, additional efforts are needed to better measure outputs and further support educators.
- **It is important to standardize definitions for teaching-volume data in systems such as WebCV and confirm the key metrics that will be used to track and report information related to the quantity and quality of education.** The advent of new electronic registration, evaluation, and database systems such as POWER, MEDSYS, WebCV, and CAPER, provide the Department with increasing amounts of information on the quantity and quality of education being provided by training sites, programs and faculty. Paradoxically, however, the dramatic increase in information may make benchmarking more difficult given the lack of agreed upon performance indicators.

Goals & Implementation Strategies

GOALS	IMPLEMENTATION STRATEGIES
<p>2-1 Develop an Integrated Medical Education (IME) strategy for the DOM</p>	<ul style="list-style-type: none"> • Create leadership position in the DOM to advance integrated medical education • Adopt the term Integrated Medical Education (IME) (i.e., use terminology of IME and include all it implies) • Create and actively promote an integrated IME strategy for the DOM • Engage community-based teachers in planning and implementation process • Create planning/implementation processes focused on ensuring predictable flow of trainees to support community sites in planning
<p>2-2 Advance ambulatory care education and inter-professional education across the DOM</p>	<ul style="list-style-type: none"> • Establish faculty lead in Ambulatory Care Education • Establish Working Group on Ambulatory Care Education comprising members from fully-affiliated and community-affiliated sites to establish best local practices and determine DOM priorities • Ensure all DOM programs embed a competency-based ambulatory experience for trainees • Strengthen ambulatory care experience in Core Internal Medicine Residency Program • Train DOM faculty to teach effectively in ambulatory care settings • Operationalize linkage between DOM and the Centre for Ambulatory Care Education (CACE) • Leverage capacity within the Department to strengthen IP education and engage with the Centre for Inter-Professional Education • Strengthen multi-disciplinary linkages across U of T Health Profession Faculties and beyond • Include IPE topics in DOM city-wide grand rounds

GOALS	IMPLEMENTATION STRATEGIES
2-3 Improve teaching and evaluation of all CanMEDS roles for all levels of training	<ul style="list-style-type: none"> • Make teaching and evaluating all CanMEDS roles a higher priority in the DOM • Develop mechanism for annually cataloguing CanMEDS-based innovation in all programs • Increase awareness of expectations of the RCPSC and benchmarks for the training and evaluation of competencies • Define specific outcome measures to identify the achievement of competencies
2-4 Leverage new teaching modalities/ technologies	<ul style="list-style-type: none"> • Increase use of simulation and new education technologies • Define needs in curriculum that currently exist that can be addressed through simulation and new educational technologies • Promote awareness and ensure access to simulation and new educational technologies as appropriate
2-5 Lead in the teaching of quality and patient safety	<ul style="list-style-type: none"> • Implement a curriculum for teaching and evaluating competencies in quality and patient safety in each DOM program
2-6 Define and promote the role of Clinical Teachers	<ul style="list-style-type: none"> • Formalize linkages between DOM Education and Faculty Development committees • Support faculty development of targeted community-based and teaching hospital-based clinical faculty in programs aligned with educational priorities
2-7 Promote faculty development and educational scholarship	<ul style="list-style-type: none"> • Create a framework for tracking and measuring educational scholarship and research • Make teaching expectations more explicit for all academic job descriptions • Ensure access to faculty development for educational research • Continue to build a community of scholars to foster and support innovation by offering resources and infrastructure • Identify key barriers to educational scholarship in the DOM and develop strategies to overcome them
2-8 Enhance benchmarking and performance measurement in education	<ul style="list-style-type: none"> • Ensure all DOM programs produce an assessment matrix for their activities • Implement one additional method of evaluating teachers • Promote city-wide and multi-disciplinary opportunities to share teaching and evaluation tools • Each DOM program to demonstrate at least one new curricular innovation • Establish a practice-based resident assessment Working Group in the DOM



STRATEGIC DIRECTION 3 - Reinforce commitment and contributions to cutting-edge biomedical research

EXPECTED OUTCOMES

- Secure salary support for high performing mid-career and senior Clinician Scientists
- Increased numbers of applicants to Clinician Scientist Training Program and successful development of new Clinician Scientists
- Proactive planning and joint recruitment of researchers with hospitals and research institutes
- Establishment of mechanisms and processes to increase numbers of translational research projects

Perspectives on future goals and priorities

- **The DOM has achieved significant milestones in strengthening its research agenda.** A number of new strategies are paying returns and exciting new ideas are emerging to address current challenges. Research funding and the number of faculty involved in research have grown. Fifteen faculty members hold Canada Research Chairs and over 30 hold endowed chairs.
- **The biggest conundrum confronting research is that the Department does not independently “own or drive” research in the same way it drives education.** However, the Department has much leverage through its ability to play a key role in the recruitment of excellent clinical researchers. This role needs to be formalized and more effectively connected with the hospital research institutes.
- **The termination of the Canadian Institute for Health Research (CIHR) and MOHLTC career funding awards has created a crisis in career salary support for Clinician Scientists.**
Together with PICs, DDDs, the Vice Chairs Research and Finance, DOM must develop an effective strategy for ongoing career support for its high performing Clinician Scientists. This includes understanding how Clinician Scientists are currently funded, sources and terms of career support funding, developing criteria and terms of eligibility and seeking new sources of support.

Research still needs to have a discovery engine component, but investment is also required in clinical and health services research that fit with hospital strategic priorities... Forging alignment with hospitals requires an open and active relationship with all levels of hospital/ research leadership.

Participant, May 2010 DOM Strategic Planning Retreat

- **Interest in Clinician Scientist careers is declining.** Fewer young people and trainees are attracted to careers as Clinician Scientists. Education and communication strategies must be enhanced to showcase the opportunities and satisfaction in pursuing this career path. Curriculum should be developed for each level of training from undergraduate through the postgraduate levels.
- **The DOM has a fundamental mandate to improve patient care. It must pursue novel and effective ways to bring basic scientists and Clinician Scientists together to use the depth and breadth of their talent to translate discoveries into clinical practice.** DOM faculty should strive to be leaders in translational research while taking advantage of new opportunities with CIHR, the Canadian Foundation for Innovation (CFI) and other granting agencies.
- **Efforts to better integrate the university mission with the research institutes (RI) should allow for a blending of mandates to align priorities and confirm the ability to support priorities with adequate resources.**

Goals & Implementation Strategies

GOALS	IMPLEMENTATION STRATEGIES
<p>3-1 Secure sustained funding for high performing Clinician Scientists (CSs)</p>	<ul style="list-style-type: none"> • Establish metrics/formal process for ongoing career support for high performing Clinician Scientists with transparent eligibility criteria and shared funding commitments by DOM and practice plans • In collaboration with research institutes, ensure appropriate mentoring, dedicated time and appropriate start-up packages to support successful Clinician Scientists careers • Develop an inventory of Clinician Scientists including all funding sources and terms of career funding • Develop process for PICs/DDDs to identify Clinician Scientists requiring funding and put them forward to Research Committee • Charge DOM Research Committee to address specific needs including: <ul style="list-style-type: none"> ○ Publish criteria for assessing performance of Clinician Scientists and those eligible for ongoing career support, including lead time for application and terms of support ○ Review applications and make recommendations with regards to terms and conditions of ongoing funding (e.g., length of time (3-5 years), renewable, amount of funding, etc.) • Confirm sources of funding for DOM career support to be shared between DOM and practice plans. Vice-Chair Research, Vice Chair Finance and PICs to jointly develop funding terms and strategies • Pursue innovative funding strategies to support Clinician Scientists salary commitments including: <ul style="list-style-type: none"> ○ Advocating for joint fundraising with hospital foundations for disease-based chairs ○ Making Clinician Scientists salary a priority for upcoming Alternate Funding Plan (AFP) negotiations (2012) • Continue to advocate with U of T and Faculty of Medicine at federal and provincial levels for ongoing career scientist support • Address career support for Clinician Investigators

GOALS	IMPLEMENTATION STRATEGIES
3-2 Formalize and enhance the effectiveness of interactions with DOM and hospital-based research institutes to advance shared priorities for research and recruitment	<ul style="list-style-type: none"> • Develop a matrix to understand shared priorities of research institutes and DOM, building on environmental scan of current TAHSN hospital and RI priorities • Initiate proactive planning with Vice-Chair Research, VP Research of RI, DDDs and PICs with a focus on: <ul style="list-style-type: none"> ○ Defining an annual process for identification and review of proposed research positions and new recruits ○ Establishing new processes to broker and facilitate a coordinated approach to research recruitment, contract negotiations, strategic planning and priority-setting • Advocate for PIC participation on RI Research Councils/Committees and active participation in strategic planning and priority-setting of RIs • Establish clear accountabilities and metrics for annual review of Clinician Scientists and Clinician Investigators
3-3 Engage, recruit and foster a new generation of productive and successful Clinician Scientists	<ul style="list-style-type: none"> • Develop targeted strategies to attract medical students and trainees to Clinician Scientist career path⁹ • Promote “Science in Medicine” type lectures through city-wide grand rounds • Develop curriculum from undergraduate medical school through PGY1 to PGY5 outlining research training objectives and Clinician Scientist career path • Increase research presence on first-year postgraduate (PGY1) selection committee to ensure candidates with promising Clinician Scientist careers are evaluated and matched appropriately • Initiate an external review/evaluation of Clinician Scientist Training Program • Explore increased utilization of the RCSPC combination clinical education and research residency-training program
3-4 Build capacity, enable and lead the Faculty of Medicine in advancing Translational Research	<ul style="list-style-type: none"> • Empower Research Committee to define priorities and strategies for advancing translational research • Develop mechanisms to take advantage of scientific/technological skills at U of T to advance translational research • Foster opportunities for basic scientists/Clinician Scientists to interact and exchange ideas and experience: <ul style="list-style-type: none"> ○ Host regular forums including social events and “dinner with Chair” to bring researchers and clinicians from different disciplines together ○ Hold city-wide rounds focused on specific diseases, with participants from different departments and disciplines • Position DOM to be competitive for major external awards including CFI grants and CIHR patient-oriented research grants

⁹ Examples: sponsor career nights for undergraduate medicine students highlighting the work of CS's within the Department, during residency training develop Passport (with motivated residents with expressed interest) to visit targeted numbers of labs, Clinician Scientists, incorporate exposure in academic half day

GOALS	IMPLEMENTATION STRATEGIES
<p>3-5 Facilitate and (where appropriate) provide infrastructure support to enable greater research productivity</p>	<ul style="list-style-type: none"> • Support TAHSN initiatives to develop disease databases, biobanks and other infrastructure to support and enable research among all DOM faculty • Advocate with the Faculty of Medicine and TAHSN to achieve a functional, uniform Research Ethics Board (REB) and a single data sharing agreement



STRATEGIC DIRECTION 4 – Support, sustain and value faculty

EXPECTED OUTCOMES

- Increased retention, recruitment and satisfaction of faculty who feel highly valued
- High quality mentoring for all faculty
- Increased support for faculty going forward for promotion
- Increased leadership capacity through training and leadership opportunities
- Address needs of faculty anticipating retirement

Perspectives on future goals and priorities

- **Faculty is the DOM's most valued resource. This is the most important long term investment for the future of each Division, academic practice plan and the Department.** Recruitment and retention are about acquiring potential, retaining the most valued assets and attracting the best individuals who share the core values of the Department.
- **The results of a Faculty Development Committee survey distributed to all full-time faculty in the Fall of 2009 surfaced a number of concerns about faculty satisfaction and a range of related issues (e.g., faculty development and wellness, promotion/mentoring, sense of belonging, etc).**
- **Supporting academic leaders in their roles and engaging the interest of individuals in assuming leadership positions are important goals for the DOM.** Greater clarity is required around the Department's efforts to promote and attract new individuals into academic leadership roles. What are the needs and can these needs be met by established programs? What curriculum needs are essential to train academic leaders? Who are the potential partners to develop a unique training package for our faculty?

More people have the capacity than the desire to participate in leadership... We need to work harder at promoting young people to take on leadership positions... The biggest need is people not identifying themselves as interested and/or wanting to be interested in a leadership role and getting them to the point of even wanting to talk about considering opportunities.

Participant, May 2010 DOM Strategic Planning Retreat

- **Where possible, leadership training should be tied into the execution of the Department's strategic goals.** Leadership training should be merged with leadership opportunities for interested faculty within new strategic directions.
- **The Department should place more emphasis on educating faculty with respect to retirement strategies and options.** Early introduction to retirement and expert coaching is pivotal in helping our faculty plan and execute retirement at the time of their choosing without compromise personally, clinically, academically and financially.
- **There is a perception among some of a lack of transparency and inequity in salaries and benefits across different hospital sites.** Issues related to salary, benefits and infrastructure should be addressed by the DOM's Finance Committee. Priority issues include: revisiting the approach to salary support; outlining expectations for each job description, including implications for practice plans; establishing policies (e.g., male parental leave, elderly parent leave).

Goals & Implementation Strategies

GOALS	IMPLEMENTATION STRATEGIES
<p>4-1 Define and communicate the value of promotion to all faculty</p>	<ul style="list-style-type: none"> • Increase awareness of opportunities for faculty engagement in promotion • Develop a strategy to support Clinician Teachers going forward for promotion • Summarize the DOM new promotions manual, post on website and distribute to all faculty • Recognize promotion to the Associate Professor rank through a city-wide event • Identify promotion coaches in the PIC offices or centrally in the DOM to encourage faculty to seek promotion and provide guidance on process • Engage undergraduate and postgraduate education directors at the university level to improve teacher assessment, identify the best teachers and enable teachers to assemble a meaningful teaching dossier • Increase the number of workshops to help faculty prepare for promotion • Monitor results through DOM Faculty Survey and promotion process
<p>4-2 Ensure all faculty are well mentored and supported</p>	<ul style="list-style-type: none"> • Target mentoring strategies to continue to meet needs of young faculty • Expand mentoring to address needs of mid-career faculty • Target mentoring strategies to support faculty with Clinician Teacher, Clinician Educator and Clinician Investigator job descriptions • Continue to work with Centre for Faculty Development to run workshops for mentors and mentees • Develop communications network for mentors and mentees • Evaluate mentoring penetration across DOM and assess quality of mentoring

GOALS	IMPLEMENTATION STRATEGIES
4-3 Foster leadership skills in individuals for all levels of faculty and provide formal academic leadership training	<ul style="list-style-type: none"> • Confirm approaches to formalizing leadership training for prospective and current DOM academic leaders • Identify options for developing academic leaders, including leadership courses and programs • Collaborate with U of T Centre for Faculty Development to identify educational opportunities for potential academic leaders¹⁰ • Engage and collaborate with the new Deputy Dean to make academic leadership training a priority for the Faculty of Medicine
4-4 Identify, groom and mentor potential academic leaders early in their careers	<ul style="list-style-type: none"> • Engage faculty in leadership opportunities early in their career and create opportunities to practice what they are learning in leadership courses • Demonstrate the value of leadership including profiling DOM leaders and their paths to leadership • Develop models to allow faculty to combine leadership with other academic and family demands • Encourage succession planning amongst all DOM leadership positions
4-5 Provide retirement support to faculty early and at all stages of their careers	<ul style="list-style-type: none"> • Develop a mechanism to support faculty in planning and transitioning to retirement • Develop financial planning session for faculty to promote a better understanding of benefits and pension options
4-6 Develop a deeper understanding of issues related to faculty satisfaction	<ul style="list-style-type: none"> • Build on faculty development survey results beginning with an exploration of issues related to job satisfaction for specific job classifications (e.g., Clinician Teacher, Clinician Investigator and Clinician Educator)

¹⁰ Important issues are the collaborative network across academic departments and building on existing leadership courses.



IMPLEMENTATION PRIORITIES, MEASUREMENT & ENABLING STRATEGIES

The directions and goals outlined in this strategic plan provide a blueprint for the DOM to build on the collaborations developed over the past five years. Several priority actions have been identified for Year 1 of the plan and are outlined below. The Department will charge its Strategic Planning Implementation Committee to oversee implementation of these actions. Short-term goals and implementation priorities for successive years of the plan will be reviewed on an annual basis.

Year 1 – Implementation Priorities Measurement: Benchmarks and Proposed

DOM STRATEGIC PRIORITY	YEAR 1 IMPLEMENTATION PRIORITIES
<p>Deepen the focus on quality and advance new models of patient-centered care</p>	<ul style="list-style-type: none"> • Establish a DOM Committee that takes a broad approach to quality and includes the six attributes: safe, effective, patient-centred, timely, efficient and equitable • Develop quality projects that can be tested and rolled-out across all sites • Create a framework for selecting quality measures with a view to each Division identifying at least one city-wide metric to which it will be held accountable • Identify a DOM lead in ambulatory care • Enhance collaboration and integration between DOM and DFCM to develop, test and implement better models of integrated ambulatory care between specialists and primary care • Develop mechanism to add quality improvement activity to portfolio dossiers of faculty
<p>Evolve education to meet changing needs and align with innovations in practice</p>	<ul style="list-style-type: none"> • Create a leadership position in the DOM to advance integrated medical education • Establish a faculty lead in Ambulatory Care Education • Establish a Working Group on Ambulatory Care Education comprising members from fully-affiliated and community-affiliated sites to establish best local practices and determine DOM priorities • Implement a curriculum for teaching and evaluating competencies in quality and patient safety in each DOM program • Formalize linkages between DOM Education and Faculty Development committees • Support the faculty development of targeted community-based and teaching hospital-based clinical faculty in programs aligned with educational priorities • Create a framework for tracking and measuring educational scholarship and research • Make teaching expectations more explicit for all academic job descriptions • Ensure all DOM programs produce an assessment matrix for their activities • Implement one additional method of evaluating teachers

DOM STRATEGIC PRIORITY	YEAR 1 IMPLEMENTATION PRIORITIES
<p>Reinforce commitment and contributions to cutting-edge bio-medical research</p>	<ul style="list-style-type: none"> • Develop a matrix to understand shared priorities of research institutes and DOM, building on environmental scan of current TAHSN hospital and RI priorities • Initiate proactive planning with Vice-Chair Research, VP Research of RI, DDDs and PICs with a focus on: <ul style="list-style-type: none"> ◦ Defining an annual process for identification and review of proposed research positions and new recruits ◦ Establishing new processes to broker and facilitate a coordinated approach to research recruitment, contract negotiations, strategic planning and priority-setting • Advocate PIC participation on RI Research Councils/Committees and active participation in strategic planning and priority-setting of RIs • Establish metrics and formal process for ongoing career support for high performing Clinician Scientists with transparent eligibility criteria and shared funding commitments by DOM and practice plans • Develop targeted strategies to attract medical students and trainees to Clinician Scientist career path • Promote “Science in Medicine” type lectures through city-wide grand rounds • Increase research presence on first-year postgraduate (PGY 1) selection committee to ensure that candidates with promising Clinician Scientist careers are evaluated and matched appropriately • Initiate an external review/evaluation of Clinician Scientist Training Program • Empower Research Committee to define priorities and strategies for advancing translational research
<p>Support, sustain and value faculty</p>	<ul style="list-style-type: none"> • Increase awareness of opportunities for faculty engagement in promotion • Develop a strategy to support Clinician Teachers and Clinician Educators going forward for promotion • Confirm approaches to formalizing leadership training for prospective and current DOM academic leaders • Develop a mechanism to support faculty in planning and transitioning to retirement

Measurement: Benchmarks and Proposed Metrics

To remain among the top-ranked, DOM must measure its value by creating new indicators that benchmark against the best. Benchmarking refers to the metrics (indicators) that will ultimately be used to determine the success of the Department's vision, mission and values. The chosen benchmarks must have relevance internally to faculty, students and staff as well as to external partners, stakeholders and broad national and international communities.

Identifying the right metrics (indicators) presents both challenges and opportunities. The chosen metrics (indicators) must be aligned with the Department's core values and strategic directions. They must also enable the Department to assess the contributions of all its Divisions by measuring the results of research and education endeavours and the impact of these on improvements in health. In designing the metrics, the following questions must be addressed:

- What are the benchmarks for success that will demonstrate the influence and collective value of the Department?
- What is the contribution of every faculty member to achieving the core mission of improving the health of individuals and populations?
- Are the Divisions and practice plans seizing leadership opportunities to solve key health system problems?

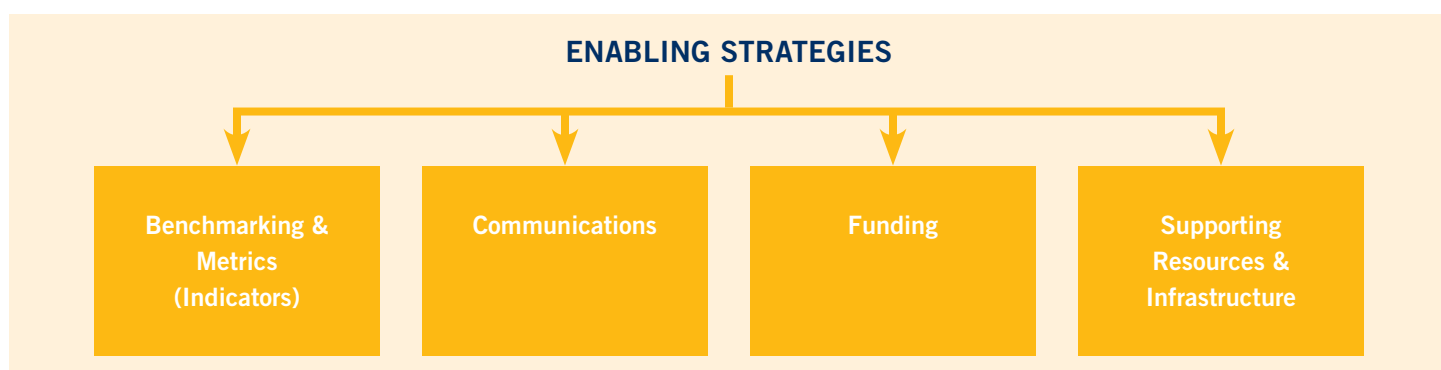
The Department of Medicine has the opportunity to create new indicators that will begin to benchmark academic performance identifying the health impact of both discovery science and innovation in education.

Remarks by Catherine Whiteside, Dean, Faculty of Medicine, University of Toronto, May 2010
DOM Planning Retreat

As a starting point, benchmarking and confirmation of metrics will be included as an enabling strategy to support implementation of the DOM's strategic plan. A preliminary list of proposed metrics for each strategic direction (see Appendix 4) emerged from the strategic planning process and will be confirmed. These will be important for tracking ongoing progress and impact related to achievement of specific goals.

Enabling Strategies

A series of enabling strategies are critical to the Department's ability to deliver on this plan. These underpin the four core strategic directions and require leadership and support by dedicated faculty and administrative staff. Potential actions for each of these enabling strategies are outlined below.



ENABLING STRATEGY	POTENTIAL ACTIONS
BENCHMARKING & METRICS (INDICATORS)	<ul style="list-style-type: none"> • Establish key indicators to validate and confirm top ranked stature of DOM • Enhance benchmarking/performance measurement for all strategic directions¹¹ • Establish long term measures to track and demonstrate impact of goals and implementation actions of 2015 strategic plan • Align with relevant performance measures and indicators being developed by the Joint TAHSN, FOM benchmarking process
COMMUNICATIONS	<ul style="list-style-type: none"> • Develop communications strategy to profile new/continued DOM priorities • Improve user friendliness/'searchability' of DOM website • Fully implement WebCV • Participate in informing aggregate reports arising from WebCV • Utilize WebCV as a tool to monitor and track progress re: implementation of DOM strategic plan priorities
FUNDING	<ul style="list-style-type: none"> • Intensify funding strategies to support DOM priorities including ongoing career support for Clinician Scientists • Pursue diverse funding strategies including funding for endowed chairs; joint fundraising with hospital foundations for disease-based chairs; MOHLTC grant funding related to quality initiatives, new models of care and chronic disease management • Confirm shared principles amongst academic practice plans and work towards greater horizontal integration of practice plans across hospitals
SUPPORTING RESOURCES & INFRASTRUCTURE	<ul style="list-style-type: none"> • Confirm administrative and project management resources to enable priority initiatives for each strategic direction • Facilitate coordination of administrative/clerical support across sites to optimize data collection for quality measurement and improvement initiatives and partner with hospitals to secure these resources • Inform the development of databases from a quality perspective (i.e., inform data to be collected, recruit city-wide database directors)

¹¹ See Appendix 4 for preliminary list of metrics for the four core strategic directions



CONCLUSION

The Department of Medicine has an invaluable contribution to make in leading change in health care and the system that delivers it – a view confirmed by the consultations for this strategic plan. The Department has the expertise and the commitment to rethink new models of care that will improve quality while making the system more sustainable. This reality highlights the need for the Department to forge stronger partnerships with hospitals and research institutes and to do a better job of monitoring progress against established benchmarks. Moreover, it is evident that the Department has the potential and the determination to take a more proactive advocacy role in fostering system change through better linkages with decision-makers.

By increasing strategic clarity, this plan for 2010-2015 will guide the Department of Medicine as it pursues excellence in education, research and patient care. This plan is about leadership – about how the Department can take the lead to bridge the clinical and research agendas, equip physicians with new competencies to serve a changing population, create new models of patient care that will further improve quality in a constrained environment and exert its influence to effect system-wide change. Through this process, the Department will reshape the role of academic medicine and move closer to achieving its vision of international leadership in health research, education and clinical care.

APPENDIX 1

Department of Medicine SWOT Analysis

	STRENGTHS & WEAKNESSES	
	STRENGTHS	WEAKNESSES/GAPS
LEADERSHIP & PARTNERSHIPS	<ul style="list-style-type: none"> • Strong leadership at Department, Division and hospital PIC level • Shared and well understood vision for international leadership in research, education and patient care • Collegial, respectful colleagues, with increased efforts at rewarding and sharing achievements (e.g. Professor Days, Mentorship Awards, Mentor/ Mentee Evening) • Relationship with the Toronto Academic Health Sciences Network (TAHSN) – a unique network of 10 fully affiliated teaching hospitals with strong research institutes and 18 community based teaching hospitals 	<ul style="list-style-type: none"> • Lack consistent job descriptions in some areas, with clear expectations and criteria for compensations and rewards • Promotion is not understood and valued by all faculty; need incentives and supports to guide through process • Limited succession planning; need to attract and develop strong cadre of future academic leaders • Need comprehensive and timely approach to retirement planning
RESEARCH	<ul style="list-style-type: none"> • Recognized areas of international excellence across DOM, with faculty contributing significantly to U of T research achievements • Increased research funding from \$78 million to \$125 million in past 5 years • 15 Canada Research Chairs • 13 endowed chairs (increased by 9 in last 5 years) 	<ul style="list-style-type: none"> • Difficulties in keeping faculty up-to-date on activities, skills and opportunities across the DOM (particularly relevant for research collaborations) • Sustained funding for DOM mid and senior scientists • Increasing difficulty in attracting trainees to Clinician Scientist careers • Faculty with skills to facilitate translational research • Small “I” infrastructure to facilitate researcher productivity
EDUCATION	<ul style="list-style-type: none"> • Major educator at all levels (215 core IM residents, 236 subspecialty trainees & fellows, strong education leaders in undergraduate education) • Eliot Phillipson Clinician Scientist Training Program; Eliot Phillipson Clinician Educator Program; Master Teacher Program; Quality Stars Program 	<ul style="list-style-type: none"> • Ambulatory education, inter-professional education, simulation in teaching procedures, e-learning & coordination need development • Competing/ changing role of teacher • Integrated medical education, how to teach, integrating with subspecialties, undergraduate education

OPPORTUNITIES & CHALLENGES		
	OPPORTUNITIES	CHALLENGES
LEADERSHIP & PARTNERSHIPS	<ul style="list-style-type: none"> • AFP negotiations, 2012 • Increase number of endowed chairs 	<ul style="list-style-type: none"> • Greater and changing expectations of accountability, performance measurement, return on investments • Collaboration between the Department and the hospital practice plans • Successive years of university budget cuts, decreasing DOM financial contribution to faculty & joint hospital initiatives • Organizational structure, with funding largely from practice plans and hospitals; little under DOM control • Increasing move to centres and programs that challenge departmental structure; pressure for DOM to take the lead in more cross Faculty/ University initiatives • Increasing expectation for meaningful benchmarks, targets and functional processes to monitor and measure performance • Need to find effective mechanisms to achieve greater integration across the Department, TAHSN & community hospitals; shared priorities, e.g., Quality
RESEARCH	<ul style="list-style-type: none"> • New CIHR strategic plan; focus on patient-oriented research • CFI infrastructure grant • Translational research, increasing interest across the FOM & University • AHRC presents opportunities for multi-centred clinical trials • Personalized medicine; novel therapeutics, bridging of disciplines • Potential to lead in Canada wide multi-centred trials • New Dalla Lana School of Public Health • Global approach to research collaborations, enabled through technology 	<ul style="list-style-type: none"> • Lack of provincial funding for career support • Lack of laboratory space presently available (new buildings will open in 2010) • Stabilizing support for mid and senior career scientists given the cessation of salary support awards provided previously by CIHR • Lack of an effective university-wide infrastructure to support clinical research (i.e., city-wide REB structure, centralized IT, 'bio-banks', etc.) • Continued efforts to align work with hospital institutes more closely • Relationships with hospital based institutes are challenging; need to establish effective and mutually beneficial relationships, with greater alignment of priorities • Need to formalize joint recruitment, start up packages and infrastructure support for faculty • Need collaborative approaches to sustained funding for mid and senior career scientists • City-wide infrastructure to support clinical research; ARCH represents a start with efforts to coordinate clinical trials; • Need uniform REB and effective data sharing arrangements across all TAHSN hospitals

OPPORTUNITIES & CHALLENGES		
	OPPORTUNITIES	CHALLENGES
EDUCATION	<ul style="list-style-type: none"> • AFMC Future of Medical Education, medical education reform • Cross-department collaboration/teaching • Leadership/innovation in the community • Scholarship-bringing into community practice; educational research • Program assessment • New education technologies; simulation • Increased Royal College resources; new standards of evaluation • Continuing Education and Quality • Linkages with new Faculty of Medicine Education Centres 	<ul style="list-style-type: none"> • Increased size of medical class and number of trainees • Funding model for Clinical Teachers • Continuing education dependency on industry funding • Addressing the distributed education challenge requiring expansion into community affiliated hospitals and ambulatory care settings • Increasing number of students requiring more clinical settings • Lack of sufficient funding for teaching in the community sites • Potential risk of the economic downturn on the endowments that support the Clinician Scientist and Clinician Educator Programs

APPENDIX 2

Strategic Planning Implementation Group Members

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Charlie Chan, Vice-Chair, Finance

Allison Hardisty, Strategic Planning Implementation Officer

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Conrad Liles, Vice-Chair, Research

Dante Morra, Medical Director, UHN Centre for Innovation in Complex Care

Laurie Morrison, Director, Faculty Development and Wellness

Kaveh Shojania, Director, Quality and Patient Safety

Tom Stewart, Physician-in-Chief, Mount Sinai Hospital

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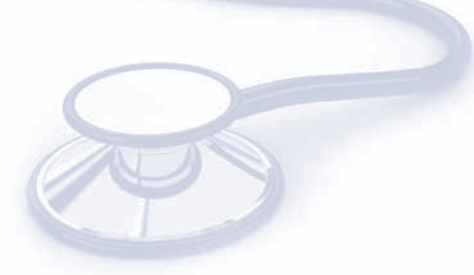
APPENDIX 3 2005 to 2010 Strategic Plan – Selected Milestones

STRATEGIC PRIORITIES	SELECTED MILESTONES
INTEGRATION	<ul style="list-style-type: none"> • Enhanced role of city-wide Department Division Directors (DDD) to build collaborative research and teaching programs • Unified branding of University of Toronto DOM with visual image (logo, slides) • Increased collaboration in recruitment of faculty across the city; joint hospital recruits • Redesign of the DOM website to enhance communication with a variety of audiences (e.g., trainees, faculty, University community and outside visitors), streamline the trainee application process, share education materials and broadcast the Department’s archived grand rounds) • Development of WebCV (a web based curriculum vitae tool) to allow Divisions and/or hospitals to measure overall research and education productivity and to generate electronic reports, and allow faculty members to produce annual activity reports • Initiation of city-wide grand medical rounds, telecommunicated across the city
RESEARCH	<ul style="list-style-type: none"> • Growth in research funding from \$72 million to \$124 million (2005-10) • Development of support for career scientists including a successful request to the Provost of the University to provide transition funding for mid and senior career support program • Major fundraising effort to increase its endowment funds for the Clinician Scientist and Clinician Educator Training Programs • Creation of an internal grant review process to assist junior faculty with preparation of competitive grants • Task Force review of the Clinician Investigator job description • Development of guidelines for support of PhD scientists • Initiation of Divisional city-wide research projects; leveraging larger initiatives
EDUCATION	<ul style="list-style-type: none"> • Significant expansion of undergraduate and postgraduate training into the community • Provincial and national leadership in international medical graduate (IMG) education • Recruitment of new generation of education scholars • Launched U of T/ Addis Ababa University collaboration • Full approval of all 19 residency programs • Completion of the Task Force on Undergraduate Medical Education • Reform of education budget: increased support for leaders; educational scholarship; budgets to support postgraduate innovation and professional development • Successful implementation of computerized R4 match • Deployed trainee awards for excellence in quality improvement

STRATEGIC PRIORITIES	SELECTED MILESTONES
QUALITY & PATIENT SAFETY	<ul style="list-style-type: none"> • Faculty development related to quality improvement and patient safety: <ul style="list-style-type: none"> ◦ Establishment of the “Quality Stars” program designed to provide faculty development in quality and safety (2006-07) ◦ Creation of an annual Faculty Award in Quality to recognize individuals who have made significant contributions in quality and safety • Creation of an annual U of T Patient Safety and Quality Academic Day, jointly sponsored by the Departments of Medicine and Paediatrics (2007) • Support for founding the U of T Centre for Patient Safety – a collaboration between the U of T Faculty of Medicine, Sunnybrook Health Sciences Centre and the Hospital for Sick Children • Initiation of curriculum for residents/educational programs through Core Resident Integrated Scholarly Program (CRISP) and participation in hospital-based training quality projects
FACULTY DEVELOPMENT	<ul style="list-style-type: none"> • Creation of the “Professor Day” event • Development and implementation of mentoring program • Creation of a faculty development program for mentors • Design and implementation of faculty-wide career satisfaction survey • Creation of the mentoring award for DOM
FUNDING & INFRASTRUCTURE	<ul style="list-style-type: none"> • Creation of an integrated finance committee to guide policy • Establishment of a set of principles to guide decision making • Creation of a five year budget plan and a reserve fund • Harmonization of policies across the practice plans i.e., maternity leave • Creation of an Advancement Program • Funding of nine new endowed chairs

APPENDIX 4 Proposed Metrics

QUALITY & NEW MODELS OF PATIENT – CENTERED CARE	<ul style="list-style-type: none"> • Number of quality improvement initiatives • Number of agreed upon quality measures, including city-wide measures to which Divisions are held accountable • Number of new models of care related to chronic disease management and ambulatory care with demonstrable improvements in the six dimensions of quality • Number of faculty pursuing academic careers in quality
EDUCATION	<ul style="list-style-type: none"> • Intake statistics • Trainee numbers • Extent of community engagement • Trainee satisfaction • TES/RES by rotation & site • Accreditation of programs • Success on examinations • Proportion of teaching faculty with advanced training • Faculty engagement in faculty development for teachers • External teaching awards • External leadership positions in education • Presentations at educational meetings • Educational scholarship publications • Education grants (including FOM Education Development Fund)
RESEARCH	<ul style="list-style-type: none"> • Number of research grants • Number of career support awards • Amount of research funding • Number of peer reviewed publications • Number of publications in high impact journals • Number of faculty with career support awards (e.g., Canada Research Chairs, University and Hospital Research Chairs, Career Scientist Awards) • Number of faculty actively engaged in research (Clinician Scientists, Clinician Investigators)
FACULTY DEVELOPMENT & WELLNESS	<ul style="list-style-type: none"> • Number of promotions • Increase in faculty satisfaction (using annual faculty survey baseline) • Increased attendance at leadership programs • Increase in candidates, applications for leadership positions • Increase recruitment and retention of top caliber faculty • Mentorship of greater than 90% for new recruits • Mentorship of greater than 75% for all faculty



SUMMARY OF ACRONYMS

AFP	Academic Funding Plan	GIM	General Internal Medicine
AHRC	Applied Health Research Centre	GTA	Greater Toronto Area
CACE	Centre for Ambulatory Care in Education	HPME	Department of Health Policy, Management & Evaluation
CanMEDS	A framework for medical education that sets clear and high standards for essential competencies expected of physician specialists in Canada	IT	Information Technology
CE	Clinician Educators	LHIN	Local Health Integration Network
CFI	Canada Foundation for Innovation	MOHLTC	Ministry of Health and Long-Term Care
CI	Clinician Investigators	PIC	Physician-in-Chief
CIHR	Canadian Institutes for Health Research	QI	Quality Improvement
CRISP	Core Resident Integrated Scholarly Program	REB	Research Ethics Board
CS	Clinician Scientist	RI	(Hospital Based) Research Institutes
DDD	Department Division Director	TAHSN	Toronto Academic Health Sciences Network
DOM	Department of Medicine	UHN	University Health Network
		U of T	University of Toronto



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