



Faculty of Medicine

#DalMed **Forward**

2016-2020

STRATEGY IN MOTION
October•31•16

INTRODUCTION

Dalhousie Medical School teaches scientific excellence and humanity in medicine, facilitates leading health research, influences social and health policy, and helps drive the regional economy.

An integral part of Maritime Canada since 1868, Dalhousie Medical School's success has always been linked to our relevance to the communities we serve. While most Maritime doctors earned their MDs at Dalhousie, our well-trained, highly skilled graduates can be found caring for people of all ages throughout Canada and around the world.

We can provide evidence to show that we have been one of the better medical schools in Canada. That said, we could do more to build on our achievements, advance our aspirations, and contribute to Dalhousie University's Strategic Priorities.

Strategic Planning Process

For the past year, the Faculty Steering Committee (below) has been overseeing development of our Strategy. Their emphasis has been on Faculty, Staff and Learner ownership and widespread awareness of the emerging Strategy.

FOM STRATEGIC PLANNING 2015-16 STEERING COMMITTEE

David Anderson	Jennifer Hall
Christopher McMaster	David Petrie
Diane Gorsky	Darrell White
Allison Gerrard	Tanya Matheson
Wayne Marsh	Joanne Power

In late 2015, four exploratory surveys captured the Department Heads' and Assistant/Associate Deans' insights. A retreat held in October 2015, further engaged those leaders in and generating a high-level planning mandate.

Our revitalized curriculum emphasizes inter-professional education and distributed learning, including rural experience, community outreach, and a health mentor program.

436 medical students are enrolled in the 4-year MD program; more than 91% are from the Maritimes.

467 medical residents in family medicine and 50 Royal College specialty programs (including 24 subspecialties) train in sites across the region, providing a significant proportion of patient care in health centres.

Dalhousie Medicine New Brunswick, a distributed medical education program based in Saint John, was launched in 2010.

Our School is a major contributor to the world's medical knowledge.

Graduate programs in the medical sciences offer hundreds of exciting, varied, and challenging opportunities.

345 medical researchers and 17 collaborative research groups are working on 849 research projects.

We employ and train over 60 post-doctoral fellows annually, attracting some of the most promising medical research minds.

Innovative initiatives like the Canadian Center for Vaccinology and the Brain Repair Centre lead their fields in Canada and around the world.

We offer invaluable expertise to government and industry leaders, granting agencies, and community partners.

National and international authorities in their fields, faculty provide health policy expertise to government and others on wide-ranging issues, such as the delivery of emergency care and mental health services.

Community Health & Epidemiology research helps government and public agencies make policy decisions on such issues as suicide and child and youth injuries.

Health Data Nova Scotia meets the growing need for health information and data, and lends research support for population health and health services utilization.

Through the Global Health Office, students, residents, and faculty learn first-hand about health beyond Maritime Canada in places like Tanzania, Thailand, and The Gambia.

INTRODUCTION (cont'd)

Working Groups were created for the Research, Education, and Engaging & Serving Society themes respectively. Over a 5-month period, they took the Retreat findings and: further scanned the environment for significant issues and trends; developed those raw materials into 2 or 3 consolidated Areas of Focus for each theme; and proposed Goals, Component Outcomes and Priority Initiatives. Thoughtful reflections in the form of basic planning assumptions, issues and questions, and existing foundations for the work were captured for the implementation phase.

In April 2016, Steering Committee members and Working Group leaders used Town Hall sessions, surveys and written submissions to engage our faculty throughout the Maritimes, our staff and our learners. The process also informed the update of the Faculty Mission, Vision and Values.

Those stakeholder consultations added to the clarity, completeness and richness of the results, which received Full Faculty's general endorsement in June, followed by the Steering Committee's specific endorsement for the purposes of Implementation Planning. Over a 6-week period beginning September 1st, Implementation Planning Groups moved the 7 Focus Areas' broader strategic directions to more specific goals and actionable strategies with milestones.

At the Dean's October Retreat, the Faculty's Department Heads' and Assistant/Associate Deans, along with over 20 invited guests from external partner and stakeholder organizations validated the results of this year-long process. They added valuable insights that will provide significant energy for the journey we've undertaken.

With much thanks to the many who have contributed to date, we offer this report to culminate a very rewarding beginning for the Faculty's Strategy in Motion: **#DalMedForward**.

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Achieving Faculty, Staff & Learner Ownership and Widespread Awareness

- o Various surveys: 166 respondents
- o Town Hall Sessions: 100 participants (est.)
- o 3 Phase I Working Groups: 66 members
- o 7 Implementation Planning Groups: 64 members
- o Strategic Planning Steering Ctee: 9 members

Hear what some participants had to say: https://dal-my.sharepoint.com/personal/video_dal_ca/_layouts/15/guestaccess.aspx?guestaccesstoken=ECxTPgQkmhIFtDvaLKlq7UmaEdR3yFFfQS5NwjbR6c%3d&docid=18bbe75956f874f40b73a73c584cd6a3f&rev=1

The FACULTY'S MISSION, VISION & VALUES

MISSION
(who we are and
what we do)

The Faculty of Medicine inspires and enables excellence in health care through its medical education and research programs, and by engaging and serving society.

VISION
(What we aspire to)

International leadership in medical education and research, responsive to health needs across the Maritimes.

VALUES
(What we stand for)

Excellence, innovation, life-long learning & evidence-based critical inquiry
Relationships that are collegial, collaborative, respectful and professional
Responsiveness to regional, national, and international health needs
Integrity, accountability, transparency and fairness
Social responsibility, diversity and advocacy

RESEARCH

Focus Area 1: International Leadership in Health Research

The Goal is to achieve national/international recognition for accomplishments in important areas of health research.

We'll know we're succeeding in the longer run when ...

- a. National and international scientific communities recognize that we are producing more, high-impact research findings. Markers of progress include:
 - ✓ Increased number of high-impact publications
 - ✓ Increase in national awards (e.g. CIHR)
 - ✓ Teams have collaborative publications/ grants
 - ✓ Teams co-supervise trainees (students/fellows/technicians)
- b. Our achievements attract significantly more funding:
 - ✓ Within the top half of the U15, Canada's group of research-intensive universities
 - ✓ Research funding per investigator (a combination of peer reviewed and other partnership funding) has grown by 25%
 - ✓ Core FoM research funding has increased (Start-up funding is competitive; Bridge funding is available; Facilities have been expanded, enhanced and are well used)
 - ✓ Our achievements span the entire continuum (i.e. bench to bedside/community) in an integrative way that builds strength and generates commercial successes.
 - ✓ Our achievements are attracting: Internationally-recognized scientists with trainee research programs; Increased Grad Student Enrolment (Total recruitment over time and/or Per faculty in teams versus outside teams); Post Doctoral Fellow recruits; and Trainees that then stay, if not pursuing post-doctoral opportunities;
- c. We have more and more collaborative relationships with industry partners leading to more meaningful KT initiatives and commercialization of research.

To get started, our Priority Initiatives are to ...

1.1 Identify Relative Potential & Mobilize, targeting:

Generally, more research opportunities and more ways to grow the funding and support pies. Specifically:

- a. Teams/clusters that can help advance the FoM goal
- b. Consensus around FoM research priorities that emerge from a coordinated, transparent team/ cluster recognition process
- c. Strong, fully-formed strategies with high funding potential for the mid-to-longer term (i.e. involving early & mid career colleagues)
- d. The right FoM players doing the right work at the right time in the right way, efficiently and for accelerated success.
- e. More and better private sector relationships, with spin-off company development, research initiatives with industry-based partnerships, and increased commercialization and uptake of our research.
- f. Case studies/exemplars that can facilitate learning and speed to funding for successive waves.

1.2 Strengthen Infrastructure and Supports, targeting:

- a. Specific, identified barriers addressed effectively.
- b. More investigators motivated, able to try, and satisfied with the process
- c. More investigators that are successful completing the 'non-science' sections of grant applications for large-scale projects
- d. More PIs and trainees using Centralized Operation of Research Equipment & Support (CORES) as measured by total hours, number of protocols, etc.).

Focus Area 1: International Leadership in Health Research (cont'd)

The Path We Can See

1.1 For Identifying Relative Potential & Mobilizing:

Year 1

Introduce a credible approach by which teams self-identify according to their near, medium or longer-term potential to help advance the FoM goal.

- Involve both Focus Areas (this one and FA 2, *Research that is Responsive to Health Needs across the Maritimes*).
- Gather responses to a Wave 1 call that recognizes teams/ clusters based on the quality of their work and their relative preparedness. Ask, “*What are you trying to achieve?*” and, “*How can the FoM help you get better?*” Look for the attributes in the text box to the left.
- Hold a workshop for those who declare, to explore new means of combining their research programs and collaborating¹.

Consider including external experts to offer advice re: real targets, potential achievements, and infrastructure and support goals.

- Based on the workshop:
 - Achieve consensus around FoM research priorities for the near term,
 - Identify Teams/Clusters best prepared to advance the goal and those more suited for Wave 2,
 - Identify case studies/exemplars,
 - Identify significant barriers to be addressed.

Years 2 to 4

At least annually:

- Gather responses to new calls and repeat the workshop cycle as per Wave 1.
- Evaluate the Team/Cluster recognition, workshop and FoM priority-setting approach. Make adjustments as indicated.
- Communicate broadly re:
 - ✓ Team/cluster exemplars,
 - ✓ Barriers addressed,
 - ✓ Supports proven effective.

In Year 3, conduct a more thorough mid-term check-in on each Team/ Cluster:

- vs. original design and goals/ intended progress;
- vs. promised supports and recruits;
- Identifying updated goals and needs;
- Exploring dynamics contributing to demonstrated growth or signaling need for refinement; and
- Provide RAC with a formal report on each Wave.

Year 5

Conduct a formal, overall evaluation of processes and outcomes.

Make major redesign decisions to the overall approach accordingly.

¹ Be sure to canvass for the undeclared, so they can expedite their preparation by learning from the process.

Focus Area 1: International Leadership in Health Research (cont'd)

The Path We Can See

1.2 For Strengthening Infrastructure and Supports:

Year 1

Work with investigators to determine what would motivate them to come together. Recurring examples include:

- Access to experienced Guides i.e. ... Project Manager, Grant Writer, Business/ Government Liaisons (embedded or seconded resources from SPOR or ILI, not just FoM)
- Specifically, help with non-science portions of grant applications
- Coverage for costs including team development, team pilot studies, CORES, technical support, travel, recruitment
- Lobbying and improved protected time, time to chase funding, as well as time to counter bureaucratic needs
- Change faculty appointment and promotion processes to recognize and support team-based research
- Waiving of differential fees for international students
- Leveraging the history of teams' funding to date and committing to new monies should applications be successful. (Could be in-kind dollars like CORE-hours, or more Graduate scholarships aligned with the successful application like 25 stipends worth of money)
- Debriefing after unsuccessful grants, case studies of exemplars that were successful
- Broad-based support to liberate PIs and Technicians from 'administrivia'
- Tools to facilitate networking by making available names, picture, keywords, best paper (e.g. like baseball cards, only ScienceCards)

Years 2 to 4

Assess progress and problems. Redouble efforts as indicated.

Year 5



RESEARCH

Focus Area 2: Research that is Responsive to Health Needs across the Maritimes

The Goal is to leverage the Faculty's research expertise so as to enhance the health of Maritimers.

We'll know we're succeeding in the longer run when ...

- a. Ultimately, we can show:
 - ✓ Measurable impact on health and health systems in terms of targeted outcomes and costs
 - ✓ High-quality, high impact research is being performed that meets academic standards of research excellence
 - ✓ Collaboration across domains of research activity is seamless

- b. And when:
 - ✓ Universities and Health Authorities function as a true Academic Health Sciences Network
 - ✓ Academic investigators are integrated with Maritime Ministries of Health and Health Authorities to address system challenges and opportunities
 - ✓ There is a strong culture of collaborative research across stakeholder domains
 - ✓ Metrics of academic excellence for health services and patient-oriented research demonstrate substantive improvement.
 - ✓ Economic impact can be demonstrated, including substantive growth in research funding

To get started, our Priority Initiatives are to ...

2.1 Partner to establish focus & momentum, targeting:

- a. Effective leadership that oversees alliance building through joint research.
- b. High-quality research that meets academic standards of research excellence
- c. Measurable impact on health and health systems in terms of outcomes and costs
- d. An ability to show where FoM community-based research strengths rank vs. the rest of Canada, leading where it makes sense and partnering otherwise.

2.2 Strengthen infrastructure and supports to help drive the Joint Research Strategy, targeting:

- a. An appropriate number and mix of health researchers relative to the needs identified under Priority 2.1 and within that pool of health researchers:
 - A core of clinician scientists that comply with the protected research time allotted them; and
 - Engaged clinicians across the Maritimes whose nascent research abilities have grown.
- b. Effective infrastructure and support strategies informed by our evolving knowledge of what's working and not working well.
- c. Progress with implementation of one person – one record to enable patient-based research.
- d. Measurable improvement in real support for translational and outcomes-based research and related infrastructure.

Focus Area 2: Research that is Responsive to Health Needs across the Maritimes (cont'd)

The Path We Can See

2.1 For Partnering to Establish Focus & Momentum:

Year 1	Years 2 to 4	Year 5
<p>Form a nimble, Joint Leadership Committee that:</p> <ul style="list-style-type: none"> • Taps other Universities and faculties; Maritime Health Authorities, and Ministries of Health, provincial health research foundations, Dalhousie Medical Research Foundation and the public/ communities; and • Is appropriately supported. <p>Agree on a priority-setting approach that:</p> <ul style="list-style-type: none"> • Merges system-level knowledge of unmet health needs and needs identified through community engagement (e.g. using a micro-research-based method); and • Delivers realistic, measurable, and timely outcomes as priorities. 	<p>Annually, create research agreements informed by Year 1 of this priority and by Priority 2.2 re: current strengths.</p> <p>Adopt joint strategies for funding infrastructure and support needs identified in Priority 2.2</p> <p>At least annually:</p> <ul style="list-style-type: none"> • Evaluate the Joint Leadership approach and make adjustments as indicated; • Provide Joint Leadership with formal evaluation reports on each agreement; <p>Make recommendations concerning regional growth and spread of validated improvement initiatives.</p>	<p>Conduct an overall evaluation against the targeted outcomes, of:</p> <ul style="list-style-type: none"> • The Joint Leadership approach; and • All joint research agreements. <p>Make a renewal decision accordingly.</p> <p>Assess the extent to which progress to date informs the value and feasibility of forming a Maritime Academic Health Sciences Network.</p>
<p>Jointly develop and adopt an evaluation framework.</p>		

Focus Area 2: Research that is Responsive to Health Needs across the Maritimes (cont'd)

The Path We Can See

2.2 For Strengthening Infrastructure and Supports to help Drive the Joint Research Strategy:

Year 1

Identify exemplars functioning in a way that supports this Focus Area:

- Health researchers that are getting great results meeting targeted health needs across the Maritimes
- The protected time they are *supposed* to have vs. what they *are* using

Develop case studies from current examples demonstrating:

- ✓ Positive impact on the health of Maritimers
- ✓ Productive relationships and partnerships
- ✓ Integrated knowledge translation
- ✓ Cost effectiveness/ return on investment
- ✓ Policy impact

Use negative case studies to identify and prioritize the most significant inter-institutional factors impeding translational and outcomes-based research.

Introduce an accessible, core FoM resource (person/function) that is accountable to actively engage and support researchers working in this Focus Area.

Years 2 to 4

Introduce a health researcher recruitment and retention strategy to fill identified gaps

Use innovative approaches to mobilize clinicians across the Maritimes, engaging them at first in basic ways, and gradually advancing their research skillsets.

Ensure that practice plans for our top health researchers protect research time, and systematically monitor compliance.

Address the most significant inter-institutional factors that impede:

- Delivering translational and outcomes-based research;
- Obtaining infrastructure and supports needed to be successful.

Introduce or strengthen mentorship programs, including but going beyond just internal peer review of grant applications.

Year 5

Inform the renewal decision under Priority 2.1 regarding progress and residual issues re:

- Health researcher recruitment and retention;
- Case studies;
- Access to shared data for patient-centred research;
- Inter-institutional factors that impede delivering translational and outcomes-based research; and

Any other infrastructure and supports.

EDUCATION

Focus Area 3: Building on Educational Excellence

The Goal is to continue producing excellent undergraduate and graduate scientists and physicians by building on innovative education programs and targeted areas of focus.

We'll know we're succeeding in the longer run when ...

- a. Ultimately, we can show:
 - ✓ That we are producing excellent undergraduate and graduate scientists, and physicians who:
 - Meet the needs of the Maritimes; and
 - Are recognized and recruited nationally and internationally
- b. And when:
 - ✓ We are recognized for innovative education programs in our targeted areas of focus, including: Clinical skills; Learner involvement in research; Competency-based medical education; Critical thinking; (and others to be determined during implementation)
 - ✓ Our strong, innovative education programs attract the best faculty, learners and staff
 - Our learning / work place fosters learner, faculty and staff health, engagement and respect.
 - We attract and retain faculty who are skilled educators and who seek academic promotion through scholarly work in education. Many are recognized as international leaders.
 - Faculty members from diverse cultural backgrounds, professional experiences, departments and disciplines, see opportunities for themselves in our strategy.
 - ✓ Learners across the continuum have a high-quality experience, seamless where appropriate with regards to teaching approaches, assessment and evaluation.

To get started, our Priority Initiatives are to ...

3.1 Deepen our commitment to continuous improvement, targeting:

- a. All units having met or exceeded the next accreditation cycle's requirements².
- b. In particular, rigorous review and improvement of our undergraduate medical education programs within 5 years.

3.2 Evolve, focus & transform, targeting:

- a. Recognition for our innovative education programs
- b. Effective alignment of our targeted areas of focus with and support for the FoM's other Focus Areas in Research and Engaging & Serving Society
- c. Ensuring that our programs and curricula are up-to-date, and are also effectively aligned with, and have longitudinal themes that support the FoM's other Focus Areas in Research and Engaging & Serving Society
- d. Diversity and inclusion imbedded throughout the educational continuum

3.3 Build capacity for continuous improvement, targeting:

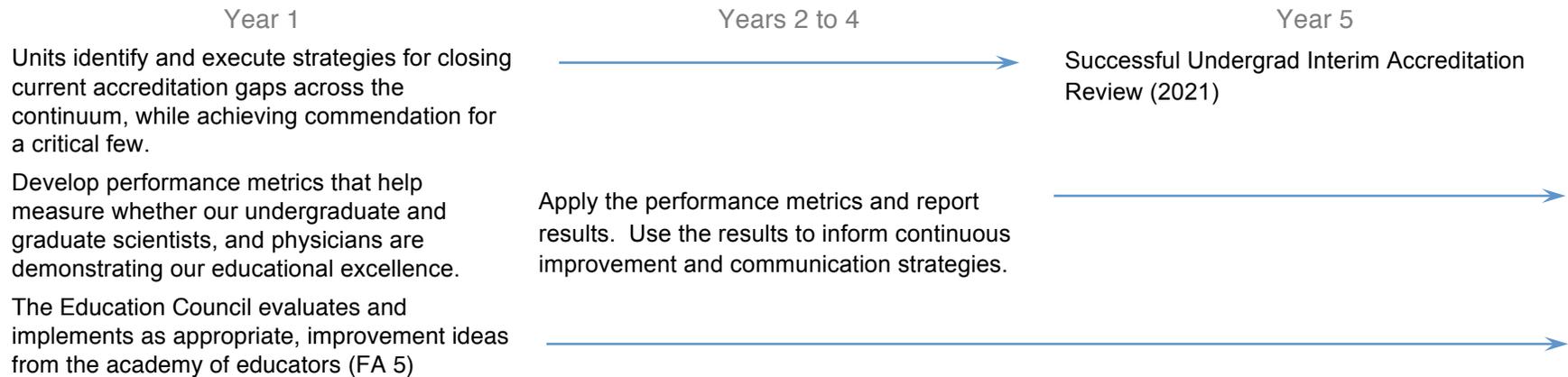
- a. The best educators teaching to their optimal capacity and well supported.
- b. All Faculty having completed Teacher or Master Teacher requirements tailored to their roles.
- c. Faculty in senior education leadership roles being facilitated to achieve Masters-level education preparation (see FA 4)
- d. An accelerated effect of education on the extent to which clinical care providers' decision-making is informed by the most up-to-date evidence

² It is noted that the Medical Sciences are not accredited but experience the same challenges re: quality, Faculty evaluations and development as do the other programs.

Focus Area 3: Building on Educational Excellence (cont'd)

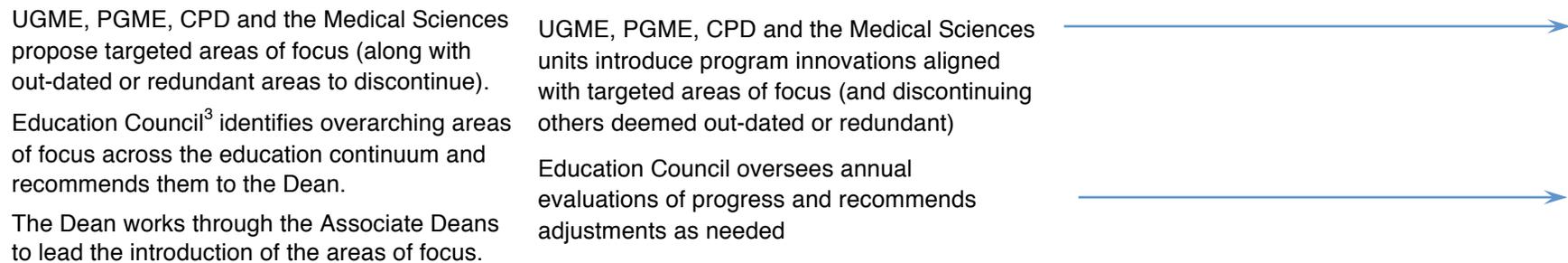
The Path We Can See

3.1 For Deepening our Commitment to Continuous Improvement:



3.2 For Evolving, Focusing & Transforming:

(a) Introduce credible, transparent processes for identifying targeted areas of focus that will differentiate the FoM over the next 5 to 10 years



³ Note: This might require the Education Council Terms of Reference to be revisited and modified or re-interpreted to ensure that such processes and decisions are provided for.

Focus Area 3: Building on Educational Excellence (cont'd)

The Path We Can See

3.2 For Evolving, Focusing & Transforming:

(b) Identify and address curricular gaps and redundancies. Enhance and where needed, develop new programs.

Year 1	Year 2 to 4	Year 5
<p>Educational Units through relevant committees prioritize identified gaps and redundancies across the education continuum and develop strategies for addressing them.</p> <p>Look at what we teach and how we teach it from the perspectives of diversity and inclusion.</p> <p>Explore the value and feasibility⁴ of adding:</p> <ul style="list-style-type: none"> • A Masters/PhD in Health Education & Research (see also FA 4); • A Certificate in Health Care Delivery Science as per Mayo; • An Indigenous Health Education Strategy starting with admissions and across the continuum; and • Expanded clinical sciences skills and basic sciences skills (JAMA⁵) as well as health systems science skills. 	<p>Perform ongoing, focused reviews as the norm.</p> <p>Liberate capacity and resources for re-investment in closing gaps.</p> <p>Secure requisite resources and approvals for those endorsed by end of year 3</p>	<p>Do detailed program development and prepare for implementation</p>

⁴ The Implementation Working Group acknowledged that curricular changes come under the purview of UMECC or Faculty of Science Curriculum Committee (the latter re: Medical Sciences curriculum changes)

⁵ <http://archinte.jamanetwork.com/article.aspx?articleID=1713510>

Focus Area 3: Building on Educational Excellence (cont'd)

The Path We Can See

3.3 For Building Capacity for Continuous Improvement:

Year 1	Years 2 & 3	Year 4	Year 5
<p>Stratify Faculty to differentiate types of roles for the purposes of identifying education CPD requirements.</p> <p>Determine the 20% of all Faculty who, having completed their education CPD requirements, will represent 80% of the strategically significant reach. Consider this training to be mandatory.</p> <p>Develop training modules accordingly, where they don't already exist.</p> <p>Develop an evaluative structure, process, and policy based on evidence-based needs assessment</p>	<p>Introduce developed training modules to the 20% of all Faculty for whom, the education training is considered mandatory.</p> <p>Develop training modules for the remaining 80%.</p> <p>In Year 3, consider tying to promotional criteria.</p>	<p>Introduce developed training modules to the remaining 80% of all Faculty for whom the education training is not considered mandatory.</p>	<p>Evaluate.</p> <p>Improve and repeat the cycle.</p>
<p>Also consider:</p> <ul style="list-style-type: none">• A RIM-type approach, using students to explore clinical problems and advance clinical care providers' understanding of emerging evidence-based care• Using rapid response CPD to promote real time links <i>amongst</i> clinicians. What might we do for <i>groups</i> of clinicians dealing with an uncommon disease or genetic condition throughout the province or the Maritimes? Are there innovative ways to put them together in a clinician disease-learning group? What feedback might they provide about the care and the improvement of those persons' health that could enhance our curricula?			

Focus Area 4: Medical Education responsive to health needs of the Maritimes

The Goal is to enhance the health of Maritimers through excellence in education.

We'll know we're succeeding in the longer run when ...

- ✓ Our learners across the education continuum (students, residents, scientists and practicing physicians) have accelerated the transformation needed in healthcare delivery. Across the Maritimes:
 - They bring solutions that lead to improved outcomes for targeted health needs;
 - They have a real influence where decisions are made that transform health care systems;
 - They help address health care spending, figuring out how to do things better and more efficiently as a system; and
 - While competent to go anywhere, they contribute to the appropriate distribution of skill mix and numbers of physicians and scientists because they choose to build their careers *here*.
- ✓ We have engaged our community and partners give energy to this Strategic Goal and its focus on the Maritimes ... they are proud of what it is and that they own it.
- ✓ Our learners appropriately balance leading and being strong, collaborative inter-professional team members within patient care-networks and health system-networks.
- ✓ Engaged faculty throughout the Maritimes value the FoM for professional development opportunities (that clearly help them enhance the health of Maritimers).
- ✓ We have attracted talented physicians and scientists because of our vibrant academic environment.
- ✓ The numbers and types of physicians graduating from our postgraduate programs match the needs of Maritime communities.

To get started, our Priority Initiatives are to ...

4.1 Engage stakeholders as active partners in our Mission, targeting:

- a. A validated, evidence-based approach to establishing relationships that will result in sustainable health improvement initiatives.
- b. In each Maritime province, 3 completed demonstration projects featuring mutually-agreed, targeted health needs and inter-professional scholarship designed to accelerate transformation in care delivery.

4.2 Develop capabilities across the education continuum to leverage medical education and accelerate the transformation identified in 4.1, targeting:

- a. Increased prevalence across departments and across the Maritimes of IPE activity intended to address short-term health outcomes and long-term impact on health
- b. Residents and other health professionals who feel safe in a hierarchical context, and can respectfully and successfully challenge seniors and peers
- c. Evidence, through focused research on knowledge translation, of the effects of IPE and practice and their benefits for the health of Maritimers.
- d. Great IPE work that has been scaled up, with the experience and benefits extended beyond Halifax.
- e. Increased prevalence amongst distributed faculty of life-long learning & practice-based assessment activity that addresses short-term health outcomes and long-term impact on Maritime health.

4.3 Develop leaders in innovation & engagement, targeting:

- a. Increased prevalence across departments of innovative methods for teaching leadership, engagement and systems thinking to learners and distributed faculty.
- b. ___ % of FoM alumni engaged to help with community/public engagement

Focus Area 4: Medical Education responsive to health needs of the Maritimes (cont'd)

The Path We Can See

4.1 For Engaging Stakeholders as Active Partners in our Mission:

Year 1	Year 2 to 4	Year 5
<p>Establish a strategic context for inter-organizational partnerships (the Dean, collaborating with Maritime health authority CEOs)</p> <p>Develop processes to gather data from community stakeholders and partners to validate community health needs</p> <p>Involve Faculty and Stakeholders not only in projects but also in evolving medical curriculum on an ongoing basis.</p>	<p>Delegate specific partnership development opportunities to the Education Council and other FoM leaders as indicated.</p> <p>Complete in each Maritime province, 3 demonstration projects featuring mutually-agreed, targeted health needs and inter-professional scholarship designed to accelerate transformation in care delivery</p>	<p>Produce an evidence-based, replicable approach for engaging stakeholders as active partners in our Mission</p>

4.2 For Developing Capabilities across the Education Continuum to Leverage Medical Education and Accelerate the Transformation identified in 4.1:

Year 1	Year 2 to 4	Year 5
<p>Identify relevant IPE priorities across the education continuum.</p> <p>Conduct preliminary exploration and design work.</p> <p>Develop performance metrics that help measure whether our work with integrated IPE helps accelerate transformation.</p> <p>Introduce modules measuring inter-professional education solutions (with multiple disciplines each contributing one case, scenario or curriculum)</p> <p>Develop systematic means to track progress and evaluate outcomes.</p> <p>Develop performance metrics for describing the current state of lifelong learning and practice-based assessment re: specific community health needs.</p> <p>Develop systematic means to track progress.</p>	<p>Develop and implement selected, new IPE initiatives across the education continuum.</p> <p>Evaluate processes and outcomes.</p> <p>Demonstrate increased prevalence amongst all faculty (including distributed faculty) of relevant learning & practice-based assessment activity</p> <p>Evaluate processes and outcomes.</p>	<p>Complete initiatives where the primary focus is on scholarship in IPE that accelerates targeted transformation.</p> <p>Assess potential for this evidence-based approach to be used more broadly (i.e. to leverage integrated IPE and accelerate the transformation beyond the health needs targeted).</p> <p>Assess potential for this evidence-based approach to increase prevalence amongst faculty, of life-long learning & relevant practice-based assessment</p>

Focus Area 4: Medical Education responsive to health needs of the Maritimes (cont'd)

The Path We Can See

4.3 For Developing Leaders in Innovation & Engagement:

Year 1

Identify relevant leadership and engagement priorities amongst distributed faculty
Conduct preliminary exploration and design of innovative leadership teaching methods

Year 2 to 4

Implement and demonstrate increased prevalence of leadership and engagement activity amongst distributed faculty
Evaluate processes and learning outcomes.

Year 5

Complete initiatives where the primary focus is on distributed faculty's leadership and engagement.



Focus Area 5: Leadership through Scholarship in Medical Education

The Goal is to continue to be nationally and internationally-recognized for scholarship in education which contributes to the health of the Maritime population and more broadly.

We'll know we're succeeding in the longer run when ...

- ✓ We continue to lead and participate in international and national education research and other scholarly activities, particularly in our targeted focus areas (as per Focus Area 3)
- ✓ The FoM is a leading organization for education knowledge, innovative development, and translation across the continuum:
 - We enhance our scholarly capacity so that we consistently study what we do, why we do it, its impact, and who is helped and hindered;
 - The leadership supports and motivates faculty, staff, residents, and students to lead, transform and enhance important areas of medical education;
 - FoM quality improvement in education is highly valued by basic science and clinical faculty;
 - Education research evaluation, and knowledge translation are embedded in our programs
- ✓ Graduate Studies in Medical Education have been developed and attract international recognition
- ✓ We attract and retain faculty who are skilled educators and education scholars
- ✓ Education scholars in the FoM increase their success in applications for educational research grant funding through national and international agencies

To get started, our Priority Initiatives are to ...

5.1 Focus, targeting:

Needs for education innovation indicated by priorities under all of the FoM Focus Areas, including:

- a. Demonstrated International leadership in medical education scholarship in each of the 'targeted areas' under Focus Area 3, *Building on Educational Excellence*.
- b. Confirmation of our ability to deliberately impact the health of Maritimers through the education we offer (Focus Areas 4 & 7).

5.2 Build capacity for education research and continuously improve, targeting:

Generally, growth in FoM capacity to engage in education research and other scholarly work, and apply it to our own curricula.

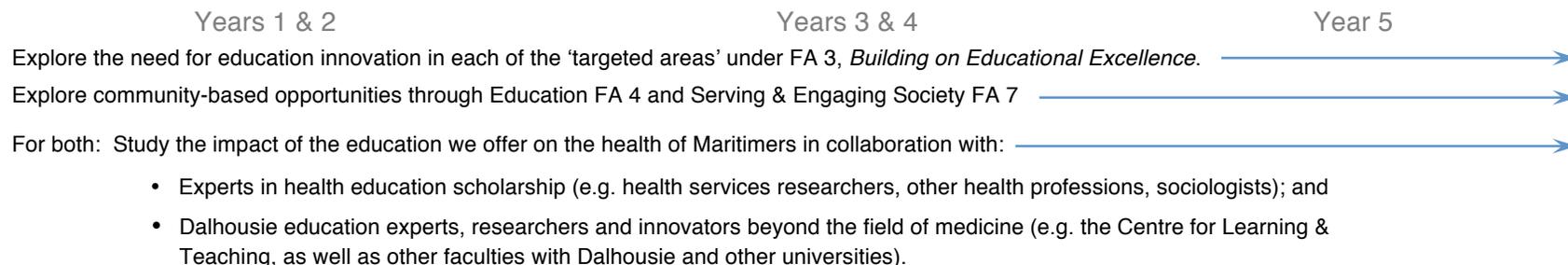
More specifically:

- a. Actively translate knowledge from our research into our curriculum and teaching practices:
 - Continuously enhance medical education across the continuum through active application of the scholarship and innovations we generate.
 - Demonstrate that scholarly approaches to IPE and CPD have contributed positively to Focus Area 4: Medical Education Responsive to Health Needs of the Maritimes
- b. Strengthen the Masters of Education and welcome the 1st Masters in Health Sciences Scholarship student on Day 1 of Academic Year 6
- c. Create a supported academy of educators to increase the perceived value of education scholarship within the faculty
- d. Establish an endowed Chair in Medical Education Scholarship by 2019

Focus Area 5: Leadership through Scholarship in Medical Education (cont'd)

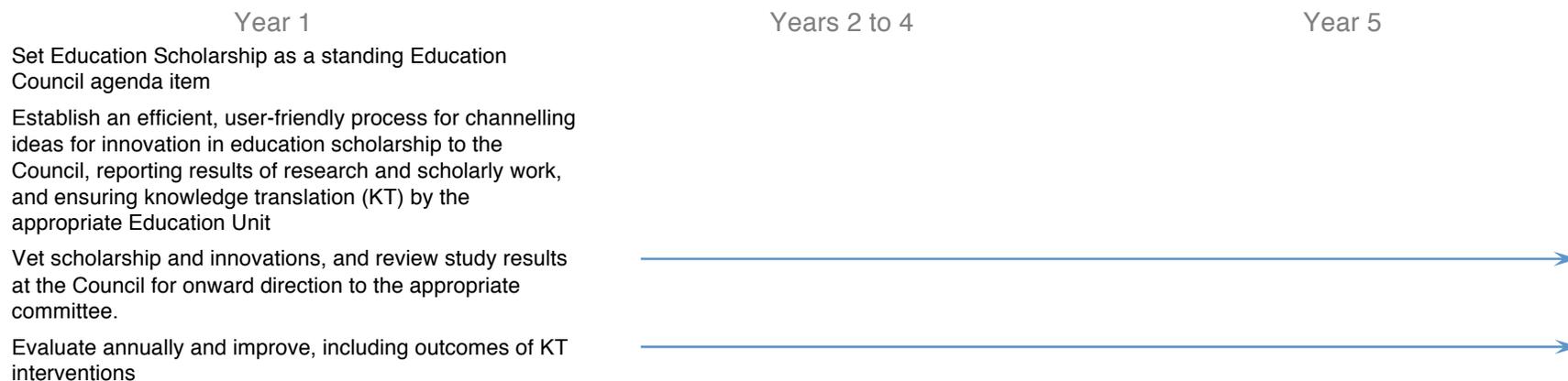
The Path We Can See

5.1 For Focusing the work:

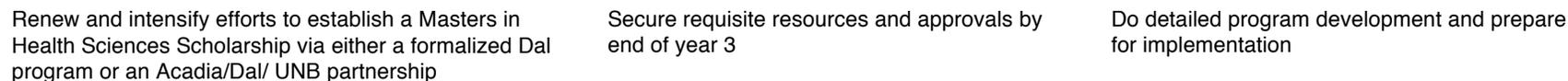


5.2 For Building Capacity for Education Research and Continuous Improvement:

a. Actively translating knowledge from our research into our curriculum and teaching practices



b. Strengthen the Masters of Education



Focus Area 5: Leadership through Scholarship in Medical Education (cont'd)

The Path We Can See

5.2 For Building Capacity for Education Research and Continuous Improvement (cont'd):

- c. Develop a supported academy of educators to increase the perceived value of education scholarship within the faculty

Year 1

Start with an informal network and work toward sustainable critical mass.

Learn from the experiences of other Canadian Centres (e.g. U of C)

Leverage IPE Living Labs. Through the Unit Leads, advance the most promising abstracts to Education Council.

Identify who is already working in the 'targeted areas' under FA 3, *Building on Educational Excellence*. Who else would be interested?

- d. Secure a Chair in Medical Education Scholarship

Define roles, responsibilities and expected outcomes. Examine work to date, develop and launch fund raising strategy

Years 2 to 4

Create Maritime networks of people with targeted interests

Ensure that funds and other supports in place in year 3

Secure and have Chair in place, Year 4

Year 5

ENGAGING & SERVING SOCIETY

Focus Area 6: Catalyzing Systems Change to Improve Health Outcomes

The Goal is to be a valuable agent of socially responsible change for Maritime health systems.

We'll know we're succeeding in the longer run when ... To get started, our Priority Initiatives are to ...

a. Ultimately:

- ✓ We can demonstrate our impact on targeted system and health outcomes (to be determined during implementation planning)

b. And when the Faculty of Medicine:

- ✓ Is both an imbedded partner at health system tables and in decision-making/governance structures;
- ✓ Can point to sustainable, successful relationships/ collaborations:
 - Across Maritime jurisdictions, faculties, and
 - With national and international centres of excellence in systems innovation and change
- ✓ Faculty, learners and staff are recognized for their contributions to systems innovation and change:

6.1 Take stock, targeting:

- a. A clear formulation of the 'engaging and serving problem, with:
 - Key terms and concepts defined, described, explained and contextualized;
 - A better understanding of what system issues fall into the sphere of medicine vs. the spheres and competencies of others; and
 - Ways of thinking about system performance metrics that appear to help measure whether the positive changes we catalyze outweigh the negative.
- b. Energized groups of Faculty, Staff and Learners who want to create change in health systems.

6.2 Partner & Challenge the Status Quo, targeting:

- a. System decision makers in governments and health authorities for example, partnering with the FoM on systems problems, (as opposed to approaching individual faculty members only).
- b. System decisions and innovations that have been catalyzed or informed by evidence/ academic rigor.
- c. System outcomes that are sustainable because they balance the mutual interests of the partners
- d. Partnerships at the systems level that are authentic, sustainable and built on mutual trust

6.3 Enhance our own Capacity, targeting:

- a. A career path for clinical and systems innovation that is open to: Learners (as per the CanMEDS leadership and health advocacy competencies); Faculty and staff; and Community Partners
- b. A cadre of experts in the field of improvement science.
- c. A cadre of experts on the implications of complexity science/ complex adaptive systems for health systems change/transformation
- d. As appropriate, recruitment that acquires systems change leadership competencies.

Focus Area 6: Catalyzing Systems Change to Improve Health Outcomes (cont'd)

The Path We Can See

6.1 For Taking Stock:

Year 1

Discover what is already happening as a minimum, in the FoM that is contributing to systems change.

De-mystify concepts and language (i.e. define, describe, explain and contextualize key terms and concepts, including prospective metrics)

Build case studies around those already leading system change, to facilitate dialogue that helps to formulate the 'serving and engaging' problem and define key terms and concepts.

Look for different forms of scholarship and systems change leadership.

Years 2 to 4

Iterate and add input from other FoM Focus Areas as it becomes available.

Year 5

6.2 For Partnering & Challenging the Status Quo:

Consider hosting or co-hosting conversations with potential partners around a question like: *"How can we change and evolve our education and research to support systems change efforts?"*

Identify early, practical steps for building partnerships with government, health authorities and others. Use both top-down and bottom-up approaches to learn what partnerships:

- Are working and why, so as to build on existing successes (i.e. a positive deviance approach to understanding situations where physicians are collaborating effectively);
- Are not yet working well and need to be iterated for improvement;
- We're blind to and should perhaps pursue; and
- Are taking us in wrong directions and perhaps should be stopped.

To be informed by Year 1 findings but might include:

- Building creative spaces that are safe and inclusive. e.g. introducing a Systems Change 'Incubator' where faculty, learners and organizational/systems partners collaborate on shared outcomes.
- Looking for ways that learners can as part of their training, work on specific, smaller issues that might be scaled up to become systems change

Measure pertinent results from both sides of the ledger, to learn which changes are worthwhile, which harmful, and which a waste of time and effort.

Focus Area 6: Catalyzing Systems Change to Improve Health Outcomes (cont'd)

The Path We Can See

6.2 For Partnering & Challenging the Status Quo (cont'd):

Year 1

Years 2 to 4

Year 5

Learn how to incentivize the kinds of partnerships we want to see.

Take these steps with some rigour, peer review, and intentions around systematic learning about systems science and improving patient/population outcomes.

Agree with partners on a priority-setting approach that:

- Merges system-level knowledge of unmet health needs and needs identified through community engagement (e.g. using a micro-research-based method); and
- Delivers realistic, measurable, and timely system and health outcomes as priorities.

Resource it; consider creating a FoM function that proactively seeks to be present at key tables. Create and maintain a catalogue of expertise (FoM and otherwise); individuals, groups, organizations that can be tapped to help solve system problems.

Jointly develop and adopt systematic means to monitor progress.

6.3 Enhancing our own Capacity:

Discover what other faculties have done to build system innovation into the education continuum, and to develop Faculty and Staff capacity.

Develop performance metrics that help measure the extent to which our capacity is changing

Develop systematic means to track progress.

Explore pragmatic ways to change how this work is valued: e.g. align promotions criteria for all faculty.

Monitor, analyze and report on progress



Focus Area 7: Partnering with Communities to Improve Health Outcomes

The Goal is to see equitable health outcomes for diverse populations with underrepresented voices in health systems.

Success in the longer run means ...

a. Ultimately:

- ✓ We can demonstrate benefits of our work with diverse populations that have recognized, poor health outcomes and underrepresented voices in Dalhousie Medicine and in health systems;
- ✓ There are sustainable, enduring activities and impacts; we're imbedded in the health system

b. And:

- ✓ Relative to Communities with whom we engage:
 - There is mutual trust;
 - There is pride of affiliation;
 - Community-based practitioners value the benefits of relationship with the FoM;
 - Self-organizing, emergent components come from the grass roots; and
 - We are seen as participating effectively in regional, national and global contexts
- ✓ Relative to the Faculty of Medicine:
 - Our faculty, staff and graduates are competent re: leadership positions involving community engagement
 - More key stakeholders perceive us to be "the Maritimes' medical school"

To get started, our Priority Initiatives are to ...

7.1 Get beyond concepts, targeting:

- a. A clearer formulation of the 'engaging and serving' problem/opportunity, with:
 - Key terms and concepts defined, described, explained and contextualized (e.g. what it means to 'partner with');
 - A better understanding of what community engagement issues fall into the sphere of medicine vs. the spheres and competencies of others; and
 - Ways of thinking about community engagement metrics that appear to help measure whether the positive changes we catalyze outweigh any negative.
- b. Energized groups of Faculty, Staff and Learners who want to help create equity in health outcomes.
- c. Partnerships with communities that are authentic, sustainable and built on mutual trust
- d. Faculty, learners and systems/ organizational partners understanding how to collaborate on shared interests, processes and outcomes.
- e. In all three Maritime provinces, equitable health outcomes that:
 - Benefit diverse populations whose uniqueness is understood and central to the successes;
 - Are sustainable because they balance the mutual interests of the partners; and
 - Involve decisions and innovations catalyzed or informed by evidence/ academic rigor.
- f. An increase in the number of communities/ groups approaching the FoM for support or involvement

7.2 Enhance our own Capacity, targeting:

- a. Faculty-wide, relevant learning opportunities across the educational continuum
- b. Practical evidence that we value and respect partners in relationships
- c. Partners who can describe how working together has changed for the better
- d. Clear roles and responsibilities to establish accountability for results under this Focus Area

Focus Area 7: Partnering with Communities to Improve Health Outcomes (cont'd)

The Path We Can See

7.1 For Getting Beyond Concepts:

a. Taking stock and building on strengths

Year 1

Learn from established tools (e.g. the Holland Matrix, IPE2) about how to assess current and future FoM capacity for community engagement.

Build case studies around those already partnering to improve health outcomes. Use those to facilitate dialogue that helps formulate the problem/opportunity and define key terms and concepts.

Design a process evaluation to help inform our understanding of the outcomes.

Year 2

Develop Dal-specific tools for assessing:

- Changes in FoM community engagement capacity;
- The impacts on equity of health outcomes as a result of collaborative work.

b. Partnering for Improvement

Year 1

Identify partners with which to work on health outcomes for targeted improvement. Include community doctors who might not be part of faculty but volunteer a lot of their time and have meaningful connections with their own communities.

De-mystify concepts and language (i.e. define, describe, explain and contextualize key terms and concepts, including metrics):

- Co-host joint, FoM/community symposia to facilitate joint learning and sharing of work;
- Bring in expertise (e.g. Budd Hall, UNESCO Chair)
- Consider how application requirements for the AFMC Charles Boelen Int'l Social Accountability Award⁶ might inform the approach.

Years 2 to 4

Adopt performance metrics that help measure whether our work with targeted, diverse populations has made a positive difference.

Test Dal-specific tools from 7.1 (a) for assessing:

- Changes in FoM community engagement capacity;
- The impacts on equity of health outcomes as a result of collaborative work.

Iterate, and assess outcomes against the adopted metrics.

Use collective learnings to update the case studies on an ongoing basis.

Year 5

Evaluate processes and outcomes

Assess potential for this evidence-based approach to be used more broadly (i.e. to achieve evidence-based, equitable health outcomes beyond the populations studied)

⁶ <https://www.afmc.ca/awards/afmc-charles-boelen-international-social-accountability-award>

Focus Area 7: Partnering with Communities to Improve Health Outcomes (cont'd)

The Path We Can See

7.1 For Getting Beyond Concepts:

b. Partnering for Improvement (cont'd)

Year 1

Build creative, collaborative spaces that are safe, productive and inclusive, e.g.: introduce a Systems Change 'Incubator'.

Explore, design and test new ways of thinking about and doing our part:

- Examine learning across the education continuum: i.e. what and how we're teaching;
- Consider how to make our research more accessible and understandable via community-based micro-research/ action research methods;
- Focus some mandatory, undergrad RIM projects on areas pertinent to engaging and serving society

7.2 For Enhancing our Own Capacity:

a. Begin to shift the Faculty of Medicine culture to receive the necessary changes

Years 1 & 2

Improve our education across the continuum relative to helping physicians to better engage with marginalized communities.

Bring in expertise to advise on the approach (e.g. Budd Hall, UNESCO Chair).

Use Priority Initiative 7.1 assessments and case studies to inform an approach to cultural change.

Address internal inconsistencies and barriers to success. For example:

- How activities will be reported on and valued;
- Promotion and tenure criteria;
- Leveraging relevant activities like Rural Week;
- Implications of close affiliation with tertiary care.

Years 2 to 5

Introduce a career path for continuing appointments

Test changes for validity and usefulness and imbed in Faculty policy and practice.



Focus Area 7: Partnering with Communities to Improve Health Outcomes (cont'd)

The Path We Can See

7.2 For Enhancing our Own Capacity:

- b. Clarify roles and responsibilities to establish accountability for results under this Focus Area.

Years 1 & 2

While building on existing structures and processes, demonstrate firm commitment to ensuring leadership accountabilities that can sustain implementation:

- Designate an Associate Dean to be responsible for this FA, if only for 5 years, to get it well grounded. Provide resources and strong supports.
- Require annual Departmental reports to speak to results in this Focus Area.
- Ensure that surveys administered to all Faculty and Assistant/ Associated Deans include a section asking about community engagement.

Years 2 to 5

Formally assess annually.
Adjust as needed.



CONCLUSION

The stage is set for implementation to start this fall. Consultation will continue to ensure that we have diverse input regarding more specifically how to accomplish the aspirations we've set. We will continue to pull together *within* the School, but feedback has clearly communicated the importance of looking *outward* more than ever before.

Alignment will be key: cultivating meaningful overlap that contributes to transformation across our 3 themes; listening to external stakeholder organizations across the Maritimes for what they think, and aligning with their planning processes; and of course, strengthening our alignment with the University's Strategic Priorities.

We will sustain the emphasis on engaging faculty and staff, and on consulting with learners and communities as we implement our Strategy. And learning how to communicate not just more, but more effectively, will also be key. Everyone's contributions are valued.

Critical Success Factors

The following were generated at the end of the Dean's Fall 2016 Retreat. Participants felt that this Strategy's successful implementation will require careful attention to and clear accountability for:

(in the order generated)

1. Sufficient resources
2. Clear, measurable success indicators
3. Political support
4. Manageable demands and priorities
5. Clear roles and responsibilities
6. Taking seriously, partners' input
7. Sufficient, effective communication
8. Commitment from all sectors
9. Successful translation to mid-level Faculty managers