



Faculty of Medicine

#DalMed **Forward**

2016-2020

STRATEGY IN MOTION
Steering Committee-endorsed July•19•16 for Implementation Planning

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 are one of the better medical schools in Canada. That said, we can 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 Strategic Plan Steering Committee (below) has been overseeing development of our strategic direction. The committee's emphasis has been – and will continue to be – on faculty, staff, and learner ownership, and widespread awareness of the emerging strategy.

STRATEGIC PLAN 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 insights from department heads and assistant/associate deans. And a October 2015 retreat further engaged these leaders, generating a high-level planning mandate.

Our revitalized curriculum emphasizes interprofessional education and distributed learning, including rural experience and community outreach.

More than 400 medical students are enrolled in the four-year MD program; over 90% are from the Maritimes.

570 medical residents in family medicine and 53 specialty programs (including 24 subspecialties) train in sites across the region, providing a significant proportion of patient care.

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.

More than 300 medical researchers and 17 collaborative research groups are working on 800+ 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.

The Population Health & Research Unit 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.

INTRODUCTION (cont'd)

Dalhousie Medical School's strategic plan is centred around three areas of focus: research, education, and serving & engaging society. Working groups were created for each of these three areas. Over a five-month period, the groups drove off of the retreat findings and: further scanned the environment for significant issues and trends; developed the rough retreat findings into two or three 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 faculty, staff, and learners throughout the Maritimes.

The product of those stakeholder consultations has added to the clarity, completeness, and richness of the results, which received general endorsement at the June 2016 faculty meeting. The process also informed an update of Dalhousie Medical School's mission, vision, and values.

This report includes goals and component outcomes to convey the directions set for each area of focus. It also includes corresponding priority initiatives to give readers a sense of the early thinking around actions needed for success.

Inside:

1. Mission, Vision, and Values	p. 4
2. The Research Strategy	p. 5
3. The Education Strategy	p. 9
4. The Serving & Engaging Society Strategy	p. 12
5. Next Steps and Critical Success Factors	p. 14

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 serving and engaging 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 Medical Research

Priority Initiatives:

To achieve our goal, we will:

- 1. Identify relative potential** – By October 28th (the dean's 2016 retreat), introduce a coordinated, transparent approach by which teams self-identify according to their near, medium or longer-term potential to help advance the FoM goal by achieving one or more of the component outcomes (to the right):
 - WAVE 1: Teams already recognized nationally and/or internationally for high-impact research findings
 - WAVE 2: Those that could form teams with the potential to make strong contributions to the goal within three-to five years

N.B. Apart from any criteria to be announced in October, all teams advancing in Waves 1 or 2 will be expected to demonstrate outstanding achievement in markers of academic excellence (such as the H-Index, citation index)

ONGOING: Individuals or teams that with support, could develop and commercialize within five years, unique innovations with improved outcomes for patients, health systems, and /or the economy
- 2. Strengthen infrastructure and supports** -- Work with those identified above to determine prerequisites to achieving targeted outcomes. Address gaps in such a way as to strengthen infrastructure and supports for all FoM research programs. Generic examples include:
 - Providing supports needed to generate internationally-competitive research proposals
 - Standardizing processes and financing (as applicable) for:
 - New faculty recruitment
 - Research and business start-up packages
 - Identifying and addressing gaps in a team's ability to

The Goal and Component Outcomes:

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

We'll know we're succeeding when:

- a. The national and international scientific communities are recognizing 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)
 - ✓ An international award (to be determined during implementation planning) (end of Year #)
 - ✓ A Canada First Research Excellence Fund (CFREF)¹ award (end of Year #)
 - ✓ A CERC chair award (end of Year #)
 - ✓ A health care Network of Centres of Excellence (NCE²) or similar national network initiative based at Dal (end of Year #)
 - ✓ # CRC and other research chairs
- 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

¹ <http://www.cfref-apogee.gc.ca/home-accueil-eng.aspx>

² http://www.nce-rce.gc.ca/NetworksCentres-CentresReseaux/Index_eng.asp

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

Priority Initiatives:

To achieve our goal, we will:

2. Strengthen infrastructure and supports (cont'd)

- complete 'non-science' sections of grant applications for large-scale research projects and infrastructure (e.g. CFI, AIF, Genome Canada, NCE, CERC)
 - Supporting high-potential, early-to-mid career researchers to build teams
 - Recruiting and retaining senior scientists to accelerate successful research team growth
 - Providing entrepreneurship training and support, as well as recognizing faculty and trainee research entrepreneurship
 - Delivering outstanding, sustainable CORES (Centralized Operation of Research Equipment and Support) services
- Timely and accurate tracking of FoM research achievements by the Medical Research Development Office

3. Deliver excellent research training programs

- Support excellent research training programs that attract the best graduate students, post doctoral students, and clinician-scientists in training

4. Elevate the FoM profile

- Develop a communications and engagement strategy targeting key audiences (i.e. the public, government, advocacy groups, current and prospective partners) to be informed, involved, and invested
- Leverage the communications strategy for fundraising purposes

The Goal and Component Outcomes:

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 and enhanced
- ✓ Our achievements span the entire continuum (i.e. bench-to-bedside/community) in an integrative way that builds strength
- ✓ Our achievements are attracting:
 - Internationally-recognized scientists with trainee research programs
 - Trainees that then stay, if not pursuing post-doctoral opportunities
 - Consistently high/positive media attention for outcomes, faculty, and trainees

Focus Area 2: Responsive to Health Needs Across the Maritimes

Priority Initiatives:

To achieve our goal, we will:

1. **Partner to establish focus & momentum** -- Develop a strategy for Wave 2, ensuring that meaningful FoM research partnerships will flourish with other faculties, with Maritime health authorities, and ministries of health
 - a. Develop a joint research strategy by building alliances one agreement at a time (with the ultimate intent leading to a Maritime academic health sciences network)
 - b. Co-lead the establishment of evidence-based processes by which partners will collaboratively identify priority health needs across the Maritimes
2. **Strengthen infrastructure and supports**
 - a. Recruit and retain to enhance our patient-oriented research mission
 - Work with clinical departments (particularly CH&E) on strategic recruitment of scientists
 - Support recruitment and retention of scientists with expertise in patient-oriented research
 - b. Ensure that practice plans for our top clinician-scientists protect research time, and systematically monitor compliance
 - c. Identify and harmonize inter-institutional 'bureaucratic' barriers (e.g. multi-centre REBs, legal/insurance, overhead funding, etc.) that impede delivering translational and outcomes-based research
 - d. Get behind the implementation of one patient, one record. Work with partners to identify barriers and change policies to enable patient-based research (e.g. access to patient records; patients opting in/out of anonymized research upon admission)
 - e. Ensure that mentorship programs are in place, including internal peer review of grant applications

The Goal and Component Outcomes:

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

We'll know we're succeeding when:

- ✓ 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

And when:

- ✓ Universities and health authorities function as a true academic health sciences centre/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
- ✓ FoM research focused on improving the health of the Maritimes has achieved international recognition

Focus Area 2: Responsive to Health Needs Across the Maritimes (cont'd)

Priority Initiatives:

3. Elevate the FoM profile

- Develop a communications and engagement strategy targeting key audiences (i.e. the public, government, advocacy groups, current and prospective partners) to be informed, involved, and invested.
- Leverage the communications strategy for fundraising purposes

EDUCATION

Focus Area 1: Building on Educational Excellence

Priority Initiatives:

To achieve our goal, we will:

1. **Deepen our commitment to continuous improvement** – Make continuous quality improvement a focus of our education programs and minimize the need for accreditation-induced activities
 - a. Identify strategies for closing current accreditation gaps across the continuum, while achieving commendation for a critical few
2. **Evolve and focus**
 - a. By the dean's 2016 retreat in October, introduce credible, transparent processes for identifying targeted areas of focus that will differentiate the FoM over the next five-to-ten years
 - b. Enhance curricula to include expanded clinical sciences skills and basic sciences skills (JAMA³) as well as health systems science skills
 - c. Identify gaps, enhance, and where needed, develop new programs (e.g. masters/PhD in health education & research, certificate in health care delivery science, as per Mayo)

The Goal and Component Outcomes:

The goal is to be a great medical school, as demonstrated by the following criteria

Ultimately, we'll know we're succeeding when:

- ✓ We produce excellent undergraduate and graduate scientists, and physicians who:
 - Meet the needs of the Maritimes
 - Are recognized and recruited nationally and internationally

And when:

- ✓ We are recognized for innovative education programs in our targeted areas of focus, including:
 - Clinical skills
 - Learner involvement in research
 - Competency-based education across the continuum
 - (Others to be determined during implementation planning)
- ✓ We meet or exceed the next accreditation cycle's requirements
- ✓ Our strong, innovative education programs attract the best faculty and students
 - Our learning / workplace 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 backgrounds, 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

³ <http://archinte.jamanetwork.com/article.aspx?articleID=1713510>

Focus Area 2: Medical Education Responsive to Health Needs of the Maritimes

Priority Initiatives:

To achieve our goal, we will:

1. **Engage stakeholders as active partners in our mission** -- Differentiate the FoM by how and *how well* we engage partners, communities, and patients to determine targeted health needs
 - a. Use innovative means to consult with Maritime ministries of health, health authorities, and patients/the public about:
 - How health needs that would benefit from accelerated transformation in care delivery will be identified
 - Who decides which needs to target
 - The nature and extent of requisite partnerships
2. **Develop capabilities across the education continuum** to leverage medical education and accelerate the transformation identified in 1(a). Consider:
 - a. A collaborative network for education & research
 - b. Teacher, faculty, and resident preparation and engagement (including an academy of educators)
 - c. Integrated interprofessional education. Partner with education experts, researchers, and innovators beyond the field of medicine (e.g. with the Centre for Learning & Teaching, as well as other with other Dalhousie faculties and universities), and through the CHEB's interprofessional education opportunities, to develop an IPE scholarship to address short-term outcomes and long-term impact on Maritime health
 - d. Develop in the areas of transitions, life-long learning and assessment, and professionalism
3. **Develop leaders in innovation & engagement.** Introduce innovative methods for teaching learners and distributed faculty to:
 - a. Be strong leaders within health systems
 - b. Consult and engage in practice, i.e. teach MSc and PhD students how to talk to clinicians, work in teams, or work beyond their comfort zone (e.g. so a molecular biologist can work with a medical anthropologist)

The Goal and Component Outcomes:

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

We'll know we're succeeding when:

- ✓ Our learners across the education continuum (students, residents, scientists, and practising physicians) have accelerated the transformation needed in healthcare delivery. Across the Maritimes, they:
 - Bring solutions that lead to improved outcomes for targeted health needs
 - Have a real influence where decisions are made that transform health care systems
 - Help address health care spending, figuring out how to do things better and more efficiently as a system
 - Contribute to the appropriate distribution of skill mix and numbers of physicians and scientists because while competent to go anywhere, this is where they want to build their careers
- ✓ We have engaged our community, and partners give energy to this strategy – they are proud of what it is and that they own it
- ✓ Our learners appropriately balance leading and being strong, collaborative interprofessional team members within patient care 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

Focus Area 3: Leadership Through Scholarship in Medical Education

Priority Initiatives:

To achieve our goal, we will:

1. **Focus** – Identify the need for education innovation through purposive environmental scanning, balanced with our educational priorities
2. **Partner** with:
 - a. Dalhousie education experts, researchers, and innovators beyond the field of medicine (e.g. Centre for Learning & Teaching, as well as other faculties within Dal/other universities)
 - b. Collaborators in education scholarship who will enable us to study the impact of the education we offer on the health of the Maritimes (e.g. health services researchers, other health professions, sociologists)
 - c. The ministries of health re: scholarly activities around providing the right number, mix, and distribution of physicians and health care teams throughout the Maritimes
3. **Build capacity** for education research and continuously improve. Continue to develop FoM capacity to engage in education research and other scholarly work, and apply it to our own curricula
 - a. Actively translate knowledge from our research into our curriculum and teaching practices
 - b. Strengthen the masters of education
 - c. Develop a supported academy of educators to increase the perceived value of education scholarship within the Faculty
 - d. Facilitate faculty's pursuit of graduate medical education
4. **Elevate the FoM academic profile.** Promote our reputation using innovative education models we have created and evaluated (i.e. excellent clinical skills, distributed education).

The Goal and Component Outcomes:

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 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 Goal 1)
- ✓ 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 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

SERVING & ENGAGING SOCIETY

Focus Area 1: Catalyzing Systems Change to Improve Health Outcomes

Priority Initiatives:

To achieve our goal, we will:

1. **Take stock** – Identify, celebrate, and learn from what learners, faculty, and staff are already doing as agents of change for Maritime health systems and global initiatives.
2. **De-mystify concepts and language** (i.e. define, describe, explain and contextualize key terms and concepts, including prospective metrics)
3. **Partner.** Build new, and expand upon existing, partnerships. Identify regional and global system and health outcomes for targeted improvement
4. **Enhance our own capacity:**
 - Ensure that our physicians and scientists have the opportunity to acquire skills to be effective leaders at the systems level
 - Faculty-wide, develop, organize, and integrate relevant learning opportunities across the educational continuum
 - Introduce, and gain recognition for, formal training in systems change (i.e. for faculty, staff, and students, the latter as per the CanMEDS leadership and health advocacy competencies)
5. **Build creative spaces that are safe and inclusive.** e.g. explore the introduction of a systems change ‘sandbox’ where faculty, learners, and organizational/systems partners collaborate on shared outcomes
6. **Develop education and research in leaders’ practices** relative to health policy, systems innovation, and quality
7. **Communicate and engage.** Develop a communications and engagement strategy targeting key partners and constituents (i.e. to be informed, involved, and invested)

The Goal and Component Outcomes:

The goal is to be a valuable agent of change for Maritime health systems.

We’ll know we’re succeeding when:

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

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 relationships/ collaborations:
 - Across Maritime jurisdictions, faculties
 - With national and international centres of excellence in systems innovation and change
 - Faculty and staff are recognized for their contributions to systems innovation and change
- ✓ We serve as an active portal into a system innovators career stream
 - We have graduates who are competent re: leadership positions involving systems innovation and change

Focus Area 2: Partnering With Communities to Improve Health Outcomes

Priority Initiatives:

To achieve our goal, we will:

1. **Take stock** – Identify, learn from⁴, and celebrate communities and what learners, faculty, and staff are already doing:
 - How to organize this
 - What it means
 - How to measure/assess impact
 - How to set priorities around it
2. **De-mystify concepts and language** (i.e. define, describe, explain, and contextualize key terms and concepts, including metrics)
3. **Partner.** Build new and expand on existing collaborative relationships with community partners regionally, nationally, and globally. Identify those with which to work and identify health outcomes for targeted improvement
4. **Enhance our own capacity:**
 - Faculty-wide, develop, organize, and integrate relevant learning opportunities across the educational continuum
 - Recognize these activities as being core to the mission
5. **Build creative spaces that are safe and inclusive.** e.g. explore the introduction of a systems change ‘sandbox’ where faculty, learners, and organizational/systems partners collaborate on shared outcomes
6. **Communicate and engage.** Develop a communications and engagement strategy targeting key partners and constituents (i.e. to be informed, involved, and invested)

The Goal and Component Outcomes:

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

We'll know we're succeeding when:

- ✓ Ultimately, we can demonstrate benefits of our work with diverse populations (to be determined during implementation planning) that have recognized poor health outcomes and underrepresented voices in health systems
- ✓ There are sustainable, enduring activities and impacts; we're imbedded in the health system

And when:

- ✓ 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
 - 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

⁴ To start, using the Holland Matrix for Community Engagement as in *Best Practices in Measuring University-Community Engagement*. © 2011 Hanover Research – Academy Administration Practice

CONCLUSION

The stage has been set for implementation planning into the fall of 2016. The consultation will continue, to ensure that we have diverse input regarding how to accomplish the aspirations we've set together. We will continue to pull together *within* the medical school, but feedback has clearly communicated the importance of looking *outward* more than ever before.

Alignment will be a key theme: cultivating meaningful overlap that contributes to transformation across our three areas of focus; listening to external stakeholder organizations across the Maritimes for what they think we should be doing, and aligning with their planning processes; and, of course, strengthening our alignment with the university's strategic priorities.

What's next

1. The Faculty of Medicine's Strategic Plan Steering Committee will:

- a. Continue to provide oversight to the process
- b. Form implementation teams* and provide them with implementation mandates
- c. Create an evaluation plan and monitor progress

2. Between now and the dean's retreat in October:

- a. The products to date will be refined, and more detailed action plans will be prepared with targets, timelines, and monitoring methods for the component outcomes
- b. The organizational, fiscal, and operational supports needed to support implementation will be identified and quantified for budget purposes
- c. The dean will brief and begin to engage senior leaders of current and potential partner organizations (e.g. the Department of Health and Wellness, IWK, NSHA, other Dalhousie leaders) for the purposes of collaborative planning

3. We will sustain the emphasis on engaging faculty and staff, and on consulting with learners and communities as we proceed to implementation. And learning how to communicate not just more, but more effectively, will be key. Everyone's advice on that one is welcome.

*** Implementation Teams**

Research: FoM Research Advisory Committee +

Education: FoM Education Council +
Serving & Engaging Society: Phase I Working Group with refreshed membership

N.B. Efforts will be made to ensure that all teams have voices external to the FoM (i.e. the public and other stakeholders)

CONCLUSION (cont'd)

Critical Success Factors (as generated at the dean's October 2015 retreat)

Successful implementation will require careful attention to and clear accountability for:

1. Sufficient resources
2. Risk tolerance
3. Establishing and sustaining momentum
4. Clear success indicators
5. Innovation
6. Ownership on the part of Faculty
7. Willingness to work differently
8. Clear focus around a manageable number of deliverables
9. Optimal engagement of the right people (including ministries of health, health authorities, communities)