

# Department of Medicine – Summary

2014 Strategic Planning

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## INTRODUCTION

The University of Alberta Department of Medicine (DoM) is an integral part of the Faculty of Medicine and Dentistry. Together with the Faculty, the DoM is a critical and multi-faceted component of the overall Health Care System in Alberta. While Education is one of the cornerstones of the Department's mission, its responsibility goes far beyond medical education. What happens within the DoM touches the lives of people in Alberta, across the country and, indeed, the world. How the DoM operates internally affects the community around it – which obligates it to periodically consider its opportunities and challenges and what it must do to rise to meet those opportunities and adjust to address challenges.

Owing to the importance of the task, a busy and prolific faculty and staff from across the Department gathered to engage in strategic planning for the Department of Medicine's next five years.

This strategic planning was approached as an exploration of the Department's challenges and a corresponding effort to find real solutions. This strategic exercise was not a reinvention of the foundational thinking on the direction of the Department, or its overarching Mission, Vision and Values. It was designed to determine what must be accomplished in the immediate term in order to fulfill the promise of that direction over the next few years.

At the beginning of the session, Department Chair Dr. Barbara Ballermann set the parameters for the day's thinking. Given the ongoing changes the institution, faculty and the health system are facing, the Department must be adaptive in its thinking and its proposed actions. Feasible solutions can - and must - be found within the system as it is working today.

In setting their own expectations for the day, Department members referenced the importance of developing new capacities such as stronger networking and an emphasis on collaboration between Department members. Any change affected by strategic planning needs to make the Department more cohesive, stable and reflect a careful balance between the three critical mission areas: Research, Education and Clinical Care.

## STRATEGIC UNDERPINNINGS

While the mission, vision and values of the Department of Medicine were not subject to debate or change in this process, it is nonetheless important that they be stated in order to provide adequate context to the participants' contributions.

### MISSION

*To improve the health and health care of current and future generations, through excellence and innovation in education, research and clinical care.*

### VISION

*To be recognized for innovative education, research and clinical care resulting in better health and healthcare locally and globally.*

### VALUES

*Excellence and innovation in all aspects of our mandate:*

- Leadership – local, regional, national and global
- Integrity, respect and caring as the hallmark of our interactions
- Collaboration, collegiality and teamwork in our approach to teaching, research and patient care
- Partnership, which underpins the basis of our relationships with the organizations and communities we serve
- Transparency and public accountability in our decision-making
- Evaluation and continuous improvement of all we do

## SESSION PURPOSE

The stated outcomes for this session was the development of:

- Concrete *objectives* to meet the existing goals developed for each area of the mission:
  - Clinical Care
  - Research
  - Education
- A set of recommend *actions* to meet each identified *objective* servicing each of these goals;
- An additional set of identified *objectives* and recommended *actions* relating to Faculty and Department optimization, and
- An agreed upon prioritized set of *objectives* to undertake in the immediate term.

## THE STRATEGIC PLANNING PROCESS

The strategic planning process asked Department members to undergo five distinct steps in order to develop an action plan directing the Department in the near future.

This process began with individual input and moved to successively larger group decision-making in order to deliver the most cohesive possible recommendations:

### **1. Broad individual input on how mission areas could succeed**

Prior to the session, all Department staff received a survey asking three questions relating to the goal of each of the Department's mission areas (research, education and clinical care):

- 1. What would success look like in 5 years?*
- 2. What actions need to be taken to reach goals?*
- 3. What are the barriers to success?*

The synthesis of these questions was presented as a starting point for discussions around the mission areas and to frame thinking for the group conversation.

### **2. Determining the “what”: small group discussions, separated by thematic area, to determine the objectives required to make progress on the mission area goal.**

Participants chose the mission group to which they wished to contribute. Through the first of two facilitated group discussions, each mission area group considered a series of objectives and prioritized the three they believed would make tangible progress toward their goal.

### **3. Determining the “how”: small group discussions to determine the priority actions needed to achieve the selected objectives under each mission area.**

Taking the priority objectives from the first facilitated discussion, the second facilitated discussion focused on determining the specific actions required to achieve each of the prioritized objectives.

### **4. Thinking Department-wide: plenary discussion to determine the objectives and actions that will make the biggest difference to the Department's Faculty Members.**

The group gathered as a whole to discuss both the “what” and the “how” of optimizing the Department Members' success – focusing on the individual and on “faculty affairs”.

### **5. Summarizing Priority Objectives.**

The resulting objectives and corresponding actions were placed with those from the previous discussions. These formed a full set of 13 priority objectives.

### **6. Identifying the most important priorities.**

Using a simple dot exercise, the group chose as many as three objectives from the 10 mission area objectives and a single objective from the Department-wide discussion. This identified for each participant the four most important priority objectives for the Department. These four objectives represent the group's view of the most important work.

## SESSION OUTCOMES

What follows are the 13 priority objectives and their separate corresponding actions. The most important objectives, as decided by participants at the session, are listed as the first objective under each mission area, and are outlined. At-a-glance tables of the full set of objectives and actions is contained in the Appendices.

### RESEARCH

**GOAL:** Department members and their research trainees will be internationally known for high impact health research.

#### OBJECTIVES:

##### 1. Develop research infrastructure capacity and access

We work within an environment that boasts world-class *facilities*. Processes and protocols coupled with *training*, as well as improved capacity and access for Department members to effectively use these resources are needed.

In order to deliver increasingly better research, the Department needs an integrated system of access to research technology, communications standards and protocols, along with support for applying for grants and carrying out research projects.

But, creating opportunities to deliver high-impact research is not as simple as having the best systems or equipment – Department members need to be able to make full use of this infrastructure. They need to understand the full suite of resources available to them, they need to know how to use them, and what expert support is available to them, should they run into issues. The strategic planning group believed this capacity building could be most effective with newly recruited Department members as part of a commitment to orientation and in the spirit of “setting ourselves up for success.”

#### ACTIONS:

- 1.a. Take the necessary steps to make clinical data collection systematic and readily accessible to researchers.
- 1.b. Develop an effective orientation and career/faculty development program for all new and continuing Department members.
- 1.c. Further develop and communicate the resources available to investigators through the DOM Office of Research. Reinforce a customer-service focus in Department administration.

## **2. Develop collaborative networks and practices.**

*Collaboration is vitally important in creating high-impact research, but is ultimately contingent on the Department and its faculty members providing rich opportunities and incentives to collaborate.*

Before collaboration can occur, connections need to be made. Often, clinical networks and researchers work in close proximity but do not understand how they can help one another and leverage each other's research. We need to understand what one another is doing, what resources are available to us and whether there are tangible benefits to collaboration.

### **ACTIONS:**

- 2.a. Lead the Faculty and the Institution by demonstrating the Department's focus on collaboration.
- 2.b. Conduct formal and informal workshops and research seminars in order to explore opportunities for collaboration.
- 2.c. Develop and publicize searchable databases which will enable collaboration.
- 2.d. Provide resources and other incentives for collaboration.

## **3. Develop and maintain a researcher pipeline.**

*The quality of research is going to be determined by the calibre of the Department's research personnel. This includes full time Faculty Members, but also graduate students, fellows, research associates, study coordinators and technicians. The Department, therefore, must be strategic about retention and recruitment.*

The DoM will NOT be known for its research if it cannot attract and retain successful investigators, nor if the people already working here fail to develop into successful researchers. Recruitment, retention and research capacity need to be approached strategically to serve the goals of the Department.

### **ACTIONS:**

- 3.a. Develop a strategic recruitment and retention plan – with the appropriate resources to support new recruits and retain valuable investigators.
- 3.b. Fully leverage the current significant research capacity of senior researchers.

## **4. Build greater departmental support for research.**

*Fully integrating research into the culture and resources of the Department will even out the balance between the three mission areas.*

With an understandable focus on teaching and learning and clinical care, it can be easy to downplay the pivotal place of medical research as a key component of Department reputation. However, delivering high impact research depends on full integration and supported access to the clinical and educational resources of the Department. Part of this integration must occur at a relational and cultural level.

### **ACTIONS:**

- 4.a. Encourage relationship building at the Department level between the research, clinical care and education functions.
- 4.b. Create a general resource hub for researchers to access research databases and clinical data.

## EDUCATION

**GOAL:** To graduate highly-trained clinicians with the appropriate skills in education and research to meet societal needs throughout their professional lives.<sup>1</sup>

**OBJECTIVES:**

**1. Emphasize the whole continuum of physician’s participation in the development and implementation of new medical knowledge from medical school through retirement.**

*Instill within DoM Trainees that regardless of the career path they take, that to be a medical doctor is to make a commitment to lifelong participation in the implementation of new medical knowledge and continual improvement in the quality of patient care.*

It has always been true that rapid advances in medical care must be incorporated into clinical practice. This requires not only continuous medical education as a lifelong commitment, it also requires the active incorporation of new medical knowledge into patient care, no matter whether the physician chooses to practice privately, in a group, and/or in the academic setting. Moreover, the physician must be familiar with quality improvement methodology that will enable translation of clinical research into the clinical setting and the incorporation of new guidelines into everyday medical practice. Part of the arc of being a lifelong participant in the medical profession is the ability to show leadership in one’s field, to advocate strongly for quality patient care and its continual improvement, and to train others in this important area of medical care.

Developing the educational program to instill this viewpoint in the Department’s trainees is an opportunity to show leadership and to enhance the quality of physicians this institution produces. However, it represents enough of a change to the current Department approach to programming and curriculum design and development that it will require strategic planning and communication to develop and implement.

Beyond how training programs are structured, the Department should commit to a greater understanding and influence of physician professional development opportunities, particularly as they relate to implementation of new medical practices and quality assurance/quality improvement practices from other organizations.

**ACTIONS:**

1.a. Implement a change management strategy to incorporate a lifelong commitment to participation in the development and implementation of new medical knowledge as well as quality assurance/improvement as a cornerstone of a medical career.

- 1 Include definitions of roles, responsibilities and accountabilities
- 2 Allay concerns and fears about what this change in education approach will entail.

1.b. Develop and nurture external partnerships to aid with demonstrating that the participation in quality improvement has its place in the ongoing professional development of all physicians.

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<sup>1</sup> On the advice of the mission area group, this goal was changed from what was originally presented for the purposes of this discussion

## **2. Lead in competency-based education**

*Define what it means to be a leader in competency-based education and determine what needs to take place in order for the University of Alberta to take this position.*

Competency-based medical education provides holistic learning and maximizes the potential of graduates. Becoming a leader in this area will require change at the Department level, including capacity building for faculty. In turn, this change will also require comprehensive measurement and assessment of educational outcomes and a corresponding coaching and progress support system for trainees.

### **ACTIONS:**

- 2.a. Adapt and operationalize milestones for competency-based education.
- 2.b. Implement necessary faculty development to support this approach.
- 2.c. Provide for more flexible timing of education blocks.
- 2.d. Develop education and research learning experiences for students.
- 2.e. Create a progress, assessment and support system for students.
- 2.f. Develop a robust system for program evaluation.
- 2.g. Develop a communication system to ensure the Royal College of Physicians and Surgeons in Canada is aware and supportive of the medical education approach at the DoM.

## **3. Emphasize leadership at all levels of training.**

*Leadership in educational scholarship should be a foundational value ingrained in everyone throughout the Department's educational continuum.*

Medicine is a profession that emphasizes the importance of lifelong learning and teaching perhaps more than any other. The Department of Medicine must position itself as a leader in educational scholarship, which should be encouraged among trainees and faculty alike. Each should be encouraged to demonstrate leadership according to their individual specialties, interests and skills, particularly if they can have an impact on how the Department is teaching these specialties.

### **ACTIONS:**

- 3.a. Identify Department members who can influence education at this medical school, as well as residency programs and professional development.
- 3.b. Conduct an environmental scan of existing resources to determine strengths and weaknesses.
- 3.c. Promote leadership as a cardinal quality of trainees and faculty members.

## CLINICAL CARE

**GOAL:** Within the existing environment, we will achieve the highest possible quality of clinical care for our patients.

**OBJECTIVES:**

**1. Build an aligned access system with clear metrics across zones**

*Develop an integrated clinical system that gets patients to the most appropriate care resources. This system must be underpinned by a consistent flow of referral and outcome data measured against uniformly accepted benchmarks. Data should be used for ongoing system adjustments and improvements.*

As a means of keeping patients at the centre of the Department's organizational purpose, the Department must improve how patients are accessing the care they require. The clinical referral system must always strive to provide the right patient care from the right professional. The Department's referral system must emphasize collaboration between professionals and seamless transitions for patients.

This system must always be improving. Patient outcomes can be understood through the consistent and systemic capture, reporting and analysis of referral data. Comparing this data to uniformly accepted standards can demonstrate where clinical systems can be improved. Those that demonstrate leadership in how they handle, capture and report referrals should be encouraged to collaborate with administration and Alberta Health Services to help establish new best practices and implement system improvements.

**ACTIONS**

- 1.a. Improve the evaluation of physician and allied health professional capacity: then tailor medical staff resource development accordingly.
- 1.b. Improve the triage system to ensure patients access the clinical services that most accurately reflect their care needs.
- 1.c. Ensure referrals are being made by the right service and in the right way.
- 1.d. Provide a system that allows the capture and reporting of referral data.
- 1.e. Use clinical leaders to establish best practices and drive positive change in clinical service access.

## **2. Take a program-based approach to deliver care collaboratively.**

*Create conditions that will allow every division to contribute to the success of a program-based, collaborative approach to patient care, through internal collaboration and strong external partnerships.*

In order to provide a program-based approach to patient care, clinicians throughout the Department need to have a unified understanding of the approach as being collaborative, both across Department divisions and with external program partners. As part of this change, clinicians need an explicit understanding of each individual's role, necessary protocols and the resources available.

### **ACTIONS:**

- 2.a. Convince each division of the Department to use a unified program approach.
- 2.b. Create unified expectations and protocol to collect data.
- 2.c. Develop an approach to develop relationships with program partners outside the Department.
- 2.d. Define program roles and identify available resources to implement the program-based approach.

## **3. Commit to innovative delivery of care in other communities.**

*Support a changing model of patient care by employing new technology and innovative approaches.*

There is a need to be flexible in the way patient care is delivered. Investing in IT solutions like tele-health and building collaborative and supportive relationships with professionals in smaller communities allows for quality care to be provided across zones while keeping patients in their own communities. Solutions devised to address these issues now will eventually influence AHS 2030 planning.

### **ACTIONS:**

- 3.a. Take a proactive role in AHS 2030 planning.
- 3.b. Support the use of innovative technology like primary physician consultation through tele-health and other technologies.
- 3.c. Remove IT barriers to allow for contact with patients and other professionals beyond Edmonton.
- 3.d. Develop outreach clinics to serve smaller communities.

## FACULTY/ DEPARTMENT OPTIMIZATION

**GOAL:** To optimize each faculty member's ability to advance and excel within a world-class Department and Faculty.

### OBJECTIVES:

#### 1. **Committing to a collegial and harmonious Department.**

*Formalize an annual validated evaluation of the satisfaction and motivation of Department members. Set a workplace satisfaction standard and work actively with staff to ensure that the Department does not fall below it.*

Department Members and all those who work with them as Trainees and Support Staff engage in challenging and important work in clinical and institutional settings. In order to optimize each faculty member's ability to advance and excel within a world-class Department and faculty, the answer seems relatively simple: take care of the many layers of individuals within the Department and keep them satisfied, motivated and happy. This is a broad concern that applies to how the Department treats its staff and students and how they assess their intrinsic value to the Department. Attending to matters of workload levels and how faculty, students and graduate students view their career path realities was described as important.

The Department needs to find ways to formalize the measurement of satisfaction across the Department and operationalize improvements when they need to be made. It is understood that any subjective measurement and the development, analysis and operationalization of a Department "happiness index" will require resources – but this is seen as a worthy investment.

#### **ACTIONS:**

- 1.a. Adopt a validated "happiness" or "satisfaction" index and corresponding metrics for the work environment and implement a system to monitor it.
- 1.b. Undertake an analysis of workloads (relative to the number of FTE's available).
- 1.c. Consider how competency-based training may affect stress and workload levels.
- 1.d. Promote the ethos that trainees are junior colleagues.

## 2. **Align workload demands to minimize stress**

*Attention needs to be paid to the ability of Department Members to cope with workload. Due attention must be paid to the many components of each position description and the increasing workload that is a consequence of the growth and development, as well as increasing demand.*

Paying particular attention to workloads is important given the ebb and flow of faculty and resources in an academic department. Faculty have workload demands beyond their specific area of interest and expertise, which adds pressure to already stressed individuals. Department members need to understand that they have some control over their workload, and that they are able to signal when the demands are too great.

### **ACTION:**

- 2.a. Establish a realistic set of workload expectations.
- 2.b. Support faculty when they decline additional workload to ensure they feel a measure of control over the demands on them.

## 3. **Positive, professional interactions in appropriate spaces.**

*Opportunities for Department members to gather, share information and set standards of professionalism are a key part of optimizing the Faculty and creating a harmonious culture.*

The simple act of bringing people together provides opportunities for Faculty members to engage with the Department and one another. Formal gathering events such as the inaugural lecture and grand rounds provide for regular opportunities to communicate key Department information and set standards across the Department. Informal gathering spaces such as lounges and more lighthearted events promote natural, professional opportunities to interact and share.

### **ACTIONS:**

- 3.a. Provide Department members with a gathering place.
- 3.b. Reinstate the inaugural lecture series.
- 3.c. Hold regularly scheduled cross-divisional meetings that include training, as necessary.
- 3.d. Determine what annual social activities would be the right ones to build collegiality.

## **NEXT STEPS**

The result of this process is a roadmap of 13 priority objectives to focus the efforts of the Department as it works toward meeting the goals it has set out for itself, and a set of recommended actions as to how to meet the objectives. Through the prioritization exercise, the Department has also been given – from these 13 objectives – direction on which are the most important priorities and should be the first to be tackled.

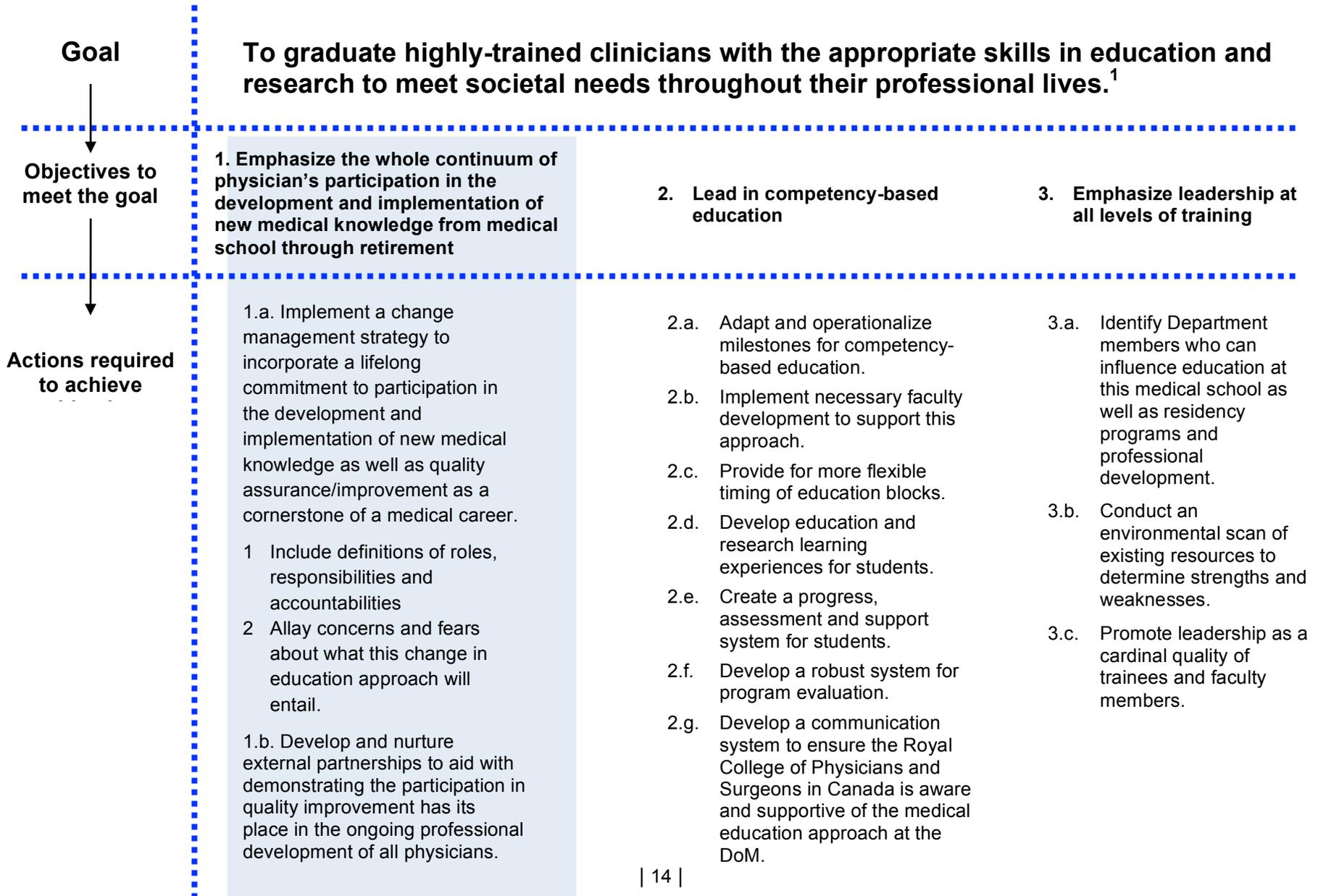
Throughout the session, participants made a point about the importance of implementing strategic planning. A number said that they had been through similar processes before, but without much result. Once the session ended, nothing was done with the work. Addressing these concerns, Dr. Ballermann made the commitment that the work would begin with the development of **implementation teams** made up of relevant department members to move the action items forward.

## Appendices

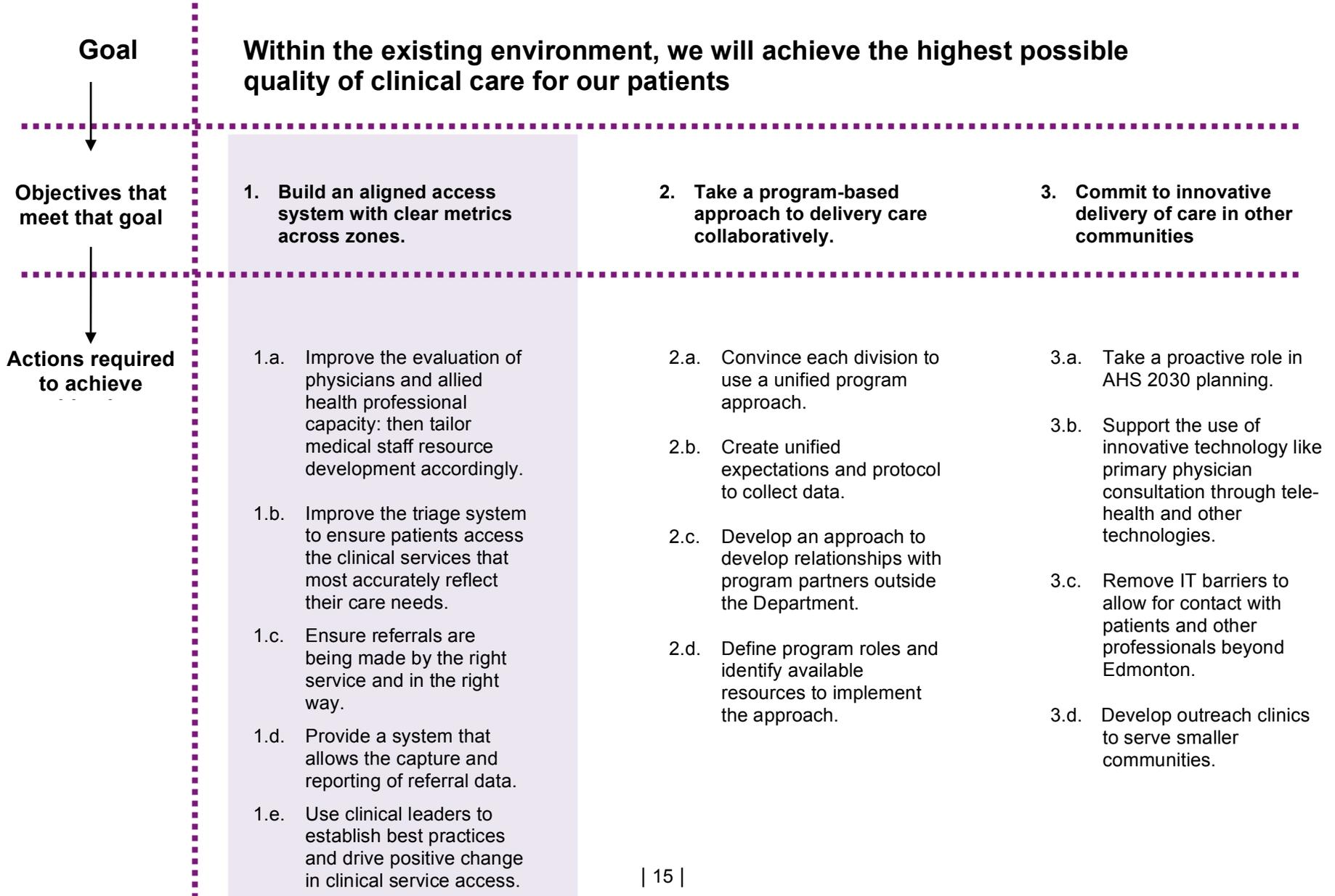
# Research



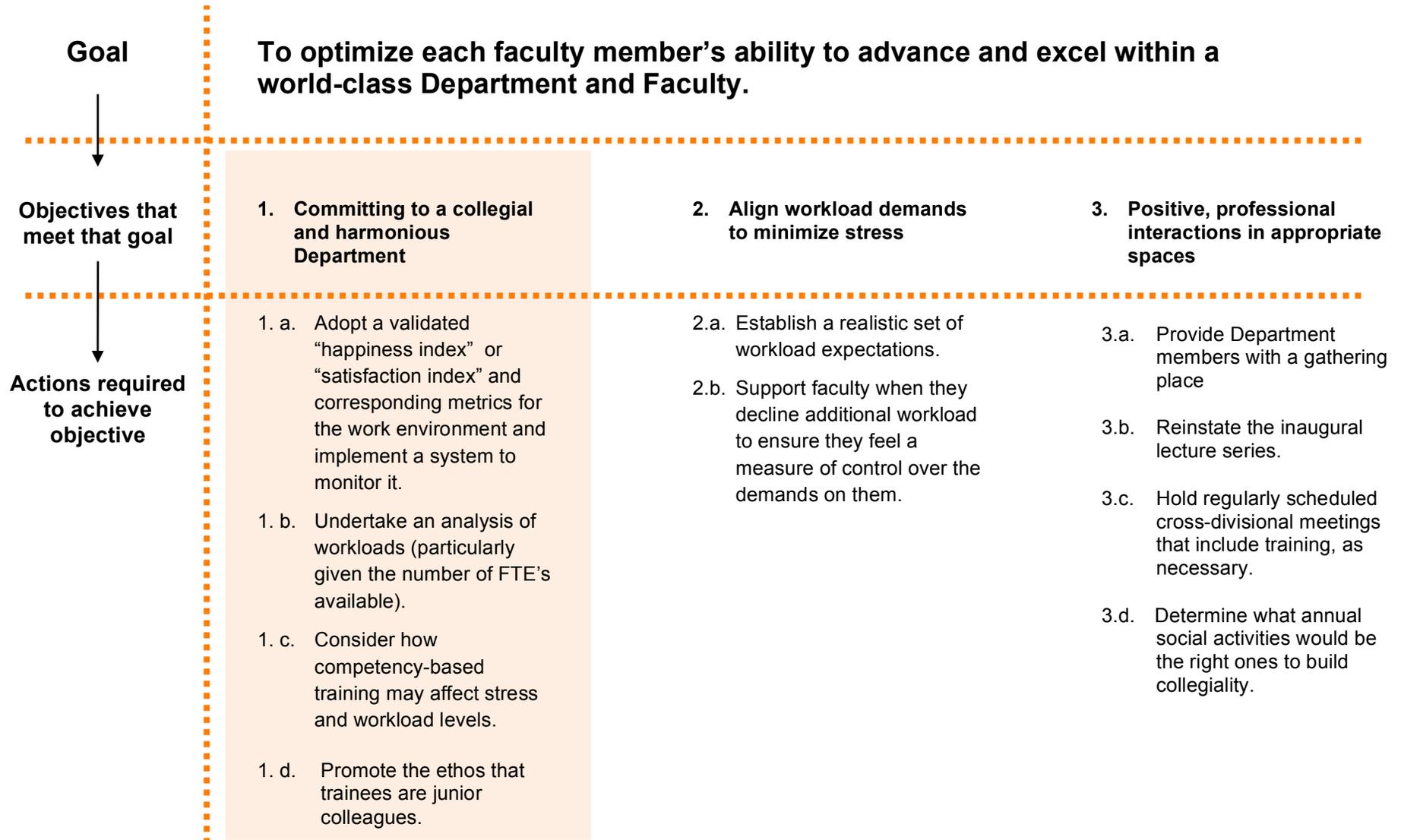
# Education



# Clinical Care



# Faculty/Department Optimization



# Top Priorities at a Glance

	Research	Education	Clinical Care	Faculty/Department Optimization
<b>Objectives</b> 	<b>1. Develop research infrastructure capacity and access</b>	<b>2. Emphasize the whole continuum of physician's participation in the development &amp; implementation of new medical knowledge from medical school through retirement</b>	<b>3. Build an aligned access system with clear metrics across zones.</b>	<b>4. Committing to a collegial and harmonious Department</b>
<b>Actions required to achieve objective</b>	<p>1.a. Take the necessary steps to make clinical data collection systematic and readily accessible to researchers.</p> <p>1.b. Develop an effective orientation and career/faculty development program for all new and continuing Department members.</p> <p>1.c. Further develop and communicate the resources available to investigators through the DOM Office of Research. Reinforce a customer-service focus in Department administration.</p>	<p>2.a. Implement a change management strategy to incorporate a lifelong commitment to participation in the development and implementation of new medical knowledge as well as quality assurance/improvement as a cornerstone of a medical career.</p> <ul style="list-style-type: none"> <li>• Include definitions of roles, responsibilities and accountabilities</li> <li>• Allay concerns and fears about what this change in education approach will entail.</li> </ul> <p>2.b. Develop and nurture external partnerships to aid with demonstrating that the participation in quality improvement has its place of ongoing professional development of all physicians.</p>	<p>3.a. Improve the evaluation of physician and allied health professional capacity: then tailor medical staff resource development accordingly.</p> <p>3.b. Improve the triage system to ensure patients access the clinical services that most accurately reflect their care needs.</p> <p>3.c. Ensure referrals are being made by the right service and in the right way.</p> <p>3.d. Provide a system that allows the capture and reporting of referral data.</p> <p>3.e. Use clinical leaders to establish best practices and drive positive change in clinical service access.</p>	<p>4. a. Adopt a validated "happiness index" or "satisfaction index" and corresponding metrics for the work environment and implement a system to monitor it.</p> <p>4. b. Undertake an analysis of workloads (particularly given the number of FTE's available).</p> <p>4. c. Consider how competency-based training may affect stress and workload levels.</p> <p>4. d. Promote the ethos that trainees are junior colleagues.</p>