Vision 2025 - Strategic Plan Development

Engagement, Facilitated Refinement & Design Phases (April 2020-Feb 2021)

- Activities included retreats, Conversation with the Dean events, and forums for online feedback.
- Suggestions were received and incorporated from hundreds of faculty, staff, learners, and alumni, as well as key partners from health foundations and the communities we serve.
- We identified our vision, mission, core values, and five focus areas.
- Our plan highlights our five-year vision, three-year picture, and some of the activities we will undertake to get to where we want to be.

This isn’t my plan. It’s Our plan. – Dean Brenda Hemmelgarn
Vision
Health and wellness of all through excellence in education, discovery, and clinical care.

Mission
To serve the public with social accountability through partnerships, leadership and innovation in education, research and health care.

We are for the North. Our mandate is to Northern Alberta and beyond, through social justice, anti-racism, and serving communities that continue to experience health inequities.
OUR VALUES: “We Proceed”

Well-being: Committing to caring for the physical and mental health of each other and the communities we serve

Excellence: Striving for results in research, education, and clinical care for the greatest impact

Professionalism: Approaching all aspects of research, education, and clinical care with integrity, respect and social accountability

Curiosity and Creativity: Encouraging a culture of discovery and innovation

Engagement for Collaboration: Seeking and integrating meaningful input from each other and our partners in communities

Equity, Diversity and Inclusion: Investing in an inclusive environment that recognizes and respects the dignity and humanity of individuals and communities
# Teaching and Learning

### Possible Activities to Help us Deliver on Vision 2025

1. Conduct environmental scan of all teaching and learning across the FoMD to determine optimal organization structure.

2. Develop a multifaceted evaluation tool to capture multiple aspects of the student experience.

3. Identify specific areas for improvement related to learner harassment and intimidation.

4. Improve communications between clinical and non-clinical teaching faculty and programs at the University.

5. Needs assessment conducted with educators and learners to identify professional development needs related to all aspects of teaching in the FoMD.

6. Revise course evaluations to capture multifaceted feedback for educators; separate evaluation of course content from evaluation of teaching effectiveness.

7. Evaluate whether faculty development has offerings for all educators in FoMD (clinical, basic sciences, research, graduate studies).

8. Create baseline report on engagement and satisfaction in both clinical and non-clinical teaching faculty.

9. Where appropriate, patients, family, and community members are invited to be part of FoMD education committees.

10. Work with FoMD Communications to develop an intentional and targeted approach to sharing educational innovations and accomplishments.

11. Assess feasibility for a Simulation Centre and related virtual teaching programs.

12. Create a plan and process to track employment of graduates from all programs at 1 and 5 years.

13. Establish a systematic approach to identifying the current and anticipated needs of the community and industry.

14. To identify needs, create partnerships with communities, especially those that are underserved (rural, Indigenous, inner city).

15. Examine current report card on making changes to meet the TRC and the AFMC Joint Commission on Indigenous Health expectations to identify areas to target.

16. Establish a rebuilt Indigenous Health Initiatives Program (IHIP) to meet above needs.

### 3-Year Picture [31Dec2023]

1. Organizational structure established to support teaching and learning across the FoMD programs.

2. Pathway programs (including support during training) are in place to ensure that the learners in our training and education programs reflect the diversity needed for the FoMD to fulfill its social accountability mandate.

3. Bursaries and financial assistance increased by 20% to support under-represented learners and those in financial need.

4. Learner feedback about curriculum, instructional delivery, and assessment is regularly reviewed by a panel of educators and learners to ensure a safe, welcoming, and supportive learning environment.

5. Reports by learners of intimidation and harassment continually addressed, with establishment of a positive learning environment, where students feel safe to speak up and there is no room for student mistreatment.

### 5-Year Vision [31Dec2025]

1. Optimal governance structure and configuration exists for effective operation of educational programs in the FoMD that are aligned with our commitment to social accountability by meeting the needs of the communities that we serve.

2. Our diverse student population is provided with relevant competency-based training/education in a positive and safe learning environment, which prepares them for success.

3. 80% of all teaching faculty report engagement and satisfaction.

4. All programs (virtual and/or in person) are responsive and adaptable to meet the needs of learners, communities we serve, and employers.

5. The research and health-care needs of communities we serve (particularly rural and Indigenous) guide program planning for the FoMD.
## Research and Innovation

### Possible Activities to Help us Deliver on Vision 2025

1. Establish a working group to review existing institute reports and define institute purpose, expectations, & shared objectives for institutes with a focus on support for members, multidisciplinary research, funding, sustainability & value-added.
2. Forward recommendations to DEC and senior leadership regarding the number and composition of institutes.
3. Review the need for a research institute in population and health services research.
4. Work with institutes and establish plans to operationalize, including governance.
5. Develop an approach to recruitment with institutes and departments.
6. Define approach to institute membership; faculty members identify faculty members who do not align.
7. Review all research activities in departments, groups, and centers, for synergies with existing institutes and/or need to develop new institutes.
8. Review of partnerships of institutes with communication, branding, and advancement; partner institutes with charitable foundations where possible.
9. Identify the data requirements and process, and ensure faculty maintain an up to date research profile.
10. Develop an approach to integration of precision health, AI in health, population health (including Indigenous and rural health), and health services research in the FoMD research plan.
11. Review allocation of existing research intensive and non-research intensive faculty for alignment with overall strategic goals and research across all pillars.
14. Review the need and support for new cores and clinical research support platforms including bioinformatics (panfaculty) and research computing.
15. Assess the feasibility of centralization of HSLAS.
16. Renew NACTRC joint venture to align with the academic mission of the FoMD and University, and address integrated/coordinated clinical trial support.
17. Review opportunities to improve research operational processes with the University, VPRI, RSO, and AHS in alignment with the service excellence transformation (SET) initiative.
18. Review the ranking system used and the modifiable contributions in research to our success.
19. Identify activities to undertake that will increase the FoMD’s reputation.
20. Review intellectual property and innovation strategy with the University innovation office.
21. Modify and improve the commercialization section in the ARG and highlight the importance of this area at FEC.
22. Define a path to commercialization through apprenticeship and mentorship (e.g. pre-phase 1 program at CCI - UAlberta Health Accelerator).
23. Review existing training programs and their organizational structure for alignment with strategic goals, new proposed department structure, and institutes.
24. Review current funding support for graduate training.
25. Review the need for new or revised training programs with a focus on identifying community needs, industry employment requirements, and evolving areas like precision health or AI in health.
26. Review training needs and programs for resident clinicians pursuing a future clinician scientist career.

### 3-Year Picture [31Dec2023]

1. Precision Health woven into the fabric of each of the research institutes with improved clinical outcomes and research impact.
2. Number and types of viable research institutes are established with clear sustainability plans.
3. Institutes meet the stated expectations and shared objectives and have begun to demonstrate added value.
4. Approach to measurement of institutes’ research impact is clearly defined and operationalized including but not limited to research metrics, and community and patient engagement.
5. Connections enhanced between FoMD Institutes and AHS including SCNs.
6. Resources allocated, sustainable business model developed for support of pan-faculty and pan-University cores and platforms.
7. Faculty demonstrating increased research impact will receive increased protected time for research.
8. Process for evaluation of research outputs for research-intensive faculty between FEC and institute input is defined and integrated in FEC (including consequences if expectations are consistently not met).
9. Supports or platforms enhanced or developed for non-research intensive faculty and clinicians with a focus on enhancing opportunities for collaboration with research intensive faculty and training to contribute meaningfully to research and innovation.
10. Grant development support enhanced including addressing needs for inclusion of sex and gender, Indigenous health, knowledge translation, and research impact.
11. Mechanism for appropriate attribution of credit in collaborative research.
12. Shared support mechanisms developed for innovation and commercialization with the University and external stakeholders, including for example the VPRI office and School of Business.
13. Better ways of tracking innovation & commercialization efforts developed.
14. FEC and ARG altered to value commercialization activities.
15. Training programs are integrated and aligned with department structure and institutes.
16. New and revised research training programs for post-graduate and resident clinicians developed and approved.
17. Increase in graduate student and post-doctoral fellow funding.
18. Number and types of viable research institutes are established with clear sustainability plans.
19. Institutes meet the stated expectations and shared objectives and have begun to demonstrate added value.
20. Approach to measurement of institutes’ research impact is clearly defined and operationalized including but not limited to research metrics, and community and patient engagement.
21. Connections enhanced between FoMD Institutes and AHS including SCNs.
22. The FoMD has increased in national rank related to research metrics.
23. 10 new processes and 10 new commercial entities with an impact on care and/or have generated revenue. Focus on translation of innovations into care; precision health; and new viable companies.

### 5-Year Vision [31Dec2025]

1. We have well-defined and sustainable and impactful research institute(s).
2. The FoMD has increased in national rank related to research metrics.
3. 10 new processes and 10 new commercial entities with an impact on care and/or have generated revenue. Focus on translation of innovations into care; precision health; and new viable companies.
4. Enhanced and inclusive training for all our research-focused trainees to meet the needs of our community and partners including industry, health system, precision health, rural, and Indigenous health.
### Possible Activities to Help us Deliver on Vision 2025

<table>
<thead>
<tr>
<th>People</th>
<th>3-Year Picture [31Dec2023]</th>
<th>5-Year Vision [31Dec2025]</th>
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<tbody>
<tr>
<td><strong>- Recruitment, renewal, retention and engagement of faculty (academic and clinical)</strong></td>
<td><strong>1. Communicate the establishment of the oversight for departmental faculty recruitment.</strong></td>
<td><strong>1. Recruitment committee ensures alignment and coordination of identified recruitment needs across departments, institutes, and faculties.</strong></td>
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<td><strong>- Optimized HR and EDI principles in all areas</strong></td>
<td><strong>2. Communicate the adoption of transparent and accountable EDI hiring practices by search and selection committees.</strong></td>
<td><strong>2. Number of faculty using phased retirement process increased by 50%.</strong></td>
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<td><strong>- Wellness for all</strong></td>
<td><strong>3. Socialize the supports and information for retirement for mid- and late-career individuals.</strong></td>
<td><strong>2. The diversity of the communities (population within Central and Northern Alberta) that we serve is represented in our leaders, faculty, staff, and students.</strong></td>
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<tr>
<td><strong>- Professional development at all stages</strong></td>
<td><strong>4. Reinforce through communications with department chairs, the implementation of EDI principles as part of recruitment practices.</strong></td>
<td><strong>1. Renewal of faculty is optimized to meet the Faculty's and institution's goals and objectives.</strong></td>
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#### Recruitment, renewal, retention and engagement of faculty (academic and clinical)

- Recruitment, renewal, retention and engagement of faculty (academic and clinical)
- Optimized HR and EDI principles in all areas
- Wellness for all
- Professional development at all stages

### 3-Year Picture [31Dec2023]

1. Communicate the establishment of the oversight for departmental faculty recruitment.
2. Communicate the adoption of transparent and accountable EDI hiring practices by search and selection committees.
3. Socialize the supports and information for retirement for mid- and late-career individuals.
4. Reinforce through communications with department chairs, the implementation of EDI principles as part of recruitment practices.
5. Establish baseline diversity in leadership roles and set a diversity target.
6. Conduct an environmental scan of clinical and academic faculty to determine where they require support so that they feel valued and engaged.

### 5-Year Vision [31Dec2025]

1. Recruitment committee ensures alignment and coordination of identified recruitment needs across departments, institutes, and faculties.
2. Number of faculty using phased retirement process increased by 50%.
3. Indigenous and rural representation increased, expertise incorporated within FoMD committees.
4. Changes in diversity examined using baseline metrics regarding recruitment and retention.
5. Diversity in leadership roles increased.
6. Opportunities for faculty development in the areas of education and research help clinical faculty feel valued and engaged.
7. Routine onboarding process established for new and current faculty around FoMD psychological safety, anti-racism, and well-being principles.
8. Administrative processes (department & Faculty) aligned around dealing with professionalism issues, racism, and mistreatment.
10. Regular leadership reviews established through the lens of workplace psychological safety and workforce well-being.
11. Structure established for growing leader skills in building psychological safety, dealing with mistreatment, anti-racism, and well-being.
12. Environmental scan completed of widespread mentorship programs established for faculty throughout the FoMD.
13. Mentor training accessed by the majority of FoMD mentors.
14. Competencies and structure developed for growing faculty and staff leadership and maximizing career impact.
15. Administrative and research support-staff committees connect staff to central university resources for career progression.

### 5-Year Vision [31Dec2025] (continued)

1. Recruitment committee ensures alignment and coordination of identified recruitment needs across departments, institutes, and faculties.
2. Number of faculty using phased retirement process increased by 50%.
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4. Changes in diversity examined using baseline metrics regarding recruitment and retention.
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## Partnerships

### Possible Activities to Help us Deliver on Vision 2025

1. Establishment of an external, community driven Dean’s Advisory Council for philanthropic purposes / community relationships including steward connections, strategic operations, government relations, commercialization, and entrepreneurship.
2. Develop relationships between departments, institutes and the FoMD to create a coordinated list of investment priorities across FoMD.
3. Continued engagement and identification of foundation and partners priorities which are aligned with FoMD.
4. Bi-directional communication between the FoMD (department and institutes) and the Office of Advancement to identify areas of opportunity for storytelling with our partners to showcase impact and outcomes to our investors and other stakeholder groups.
5. Determine the proportion of collaborative interactions between university researchers and healthcare delivery providers (AHS, SCNs, AH) as a baseline.
6. Connect with the Vice-Provost Indigenous and encourage recruitment of Indigenous scholars.
7. Align with IHIP program.
8. Identify network and society participation within the FoMD.
9. Meet with and establish the needs of remote and rural providers and other Clinical Academic Colleagues.

### 3-Year Picture [31Dec2023]

1. Identified key philanthropy groups to work with and MOUs signed for five years.
2. “Ambassadors” identified and an inventory of academic expertise to map the SCNs within the FoMD to participate with healthcare delivery partners to increase integration by 25%.
3. Initiatives built that will improve Indigenous health.
4. Network and society participation increased within the FoMD by 25%.

### 5-Year Vision [31Dec2025]

1. Our philanthropic community is championing health outcomes that benefit patients and families, accelerating impact in areas of strategic importance to us and our closest partners.
2. Trusted relationship between academics and healthcare delivery system to provide research, education, and evidence-based care, and promote a learning health network.
3. Increase joint initiatives (e.g health system impact fellow, joint appointments) with partners (e.g. AHS, AH, other universities) by 50%.
4. Interdisciplinary centre established for Indigenous partnerships (includes teaching, health research, and clinical care).
5. FEC evaluation metrics for engagement/partnerships with community stakeholders are accepted and implemented.
6. National and international leadership in research, education and clinical care networks and societies increased by 20%.
7. FEC evaluation metrics for national/international leadership are accepted and implemented.
8. Communities of practice and learning are created with diverse and inclusive educational offerings.
## Financing

### Possible Activities to Help us Deliver on Vision 2025

1. Plan for reduction in the cost of administrative services through restructuring and improved efficiency.
2. Plan for infrastructure maintenance and repairs of prioritized areas.
3. Understand the cost vs impact of all units/programs within FoMD.
4. Establish priority areas for investment and reductions/divestment.

5. Develop a business plan by unit to support revenue generation (new and existing).

6. Develop a plan to increase student enrolment.
7. Develop international student/learner partnerships.
8. Develop new educational offerings.
9. Advocate with Advanced Education and Alberta Health for fully funded student enrolment in MD and DDS programs with a focus on rural and Indigenous health.

10. Fill 100% endowed chair positions.
11. Use $30,000 per year for research support per new endowed chair; balance to support salary.

12. Create opportunity for professorship endowments/positions (partial salary funded for existing faculty).

13. Differentiate between philanthropic dollars and foundation research grants.
14. Develop clear guidelines for the flow of research philanthropic dollars within the Faculty.

### 3-Year Picture [31Dec2023]

1. Budget is balanced.
2. Restructuring of administrative services fully implemented with improved efficiency and cost reduction.

3. Newly identified revenue generation strategies implemented.
4. Number of international and domestic non-degree granting programs (e.g. international PGME) increased.

5. Exceptional tuition increase (ETI) considered for relevant programs.
6. Financial assistance provided to students with demonstrated financial needs.
7. Calendar and other administrative changes completed to allow for increased enrolment, new programs, and tuition targets.

8. Total number of endowed chair positions aligned with the research and teaching priorities of FoMD increased by 5% (2 new), including external recruits.

### 5-Year Vision [31Dec2025]

1. Budget is sustainable.

2. Operating budget is 40% funding by provincial grants (Campus Alberta grant); 60% by other sources of funding.

3. Tuition revenue increased by 60% through increases in Alberta and international student enrolment and tuition increase for particular programs to align with national average.

4. Total number of endowed chair positions aligned with the research and teaching priorities of FoMD increased by 10% (5 new), including external recruits.

5. 5 professorship endowments created.

6. Philanthropy increased, named Faculty supports research activities and research trainees.