

The background of the entire page is a dark teal color with a bokeh effect of light blue and white particles. In the center, two hands are shown in a close-up, holding a glowing blue particle. The hands are slightly out of focus, emphasizing the particle.

**FULFILLING**  
*our* **POTENTIAL**



UNIVERSITY OF TORONTO  
FACULTY OF MEDICINE

# PROCEEDINGS REPORT

**FULFILLING OUR POTENTIAL** | A FACULTY OF MEDICINE STRATEGY RETREAT  
APRIL 2, 2014 | INTERCONTINENTAL TORONTO CENTRAL, 225 FRONT ST. W.  
[www.medicine.utoronto.ca](http://www.medicine.utoronto.ca) | [@uoftmedicine](https://twitter.com/uoftmedicine) | **#FoP14**

## TABLE OF CONTENTS

Introduction	2
Executive Summary	2
Vision, Mission and Goals	4
Opening Plenaries	5
1. Dean Catharine Whiteside	5
2. President Meric Gertler	6
3. Deputy Dean Sarita Verma	8
Morning Panel Discussion	11
Poster Session	13
Breakout Discussions	14
1. Overview	14
2. Summary of group sessions	15
Afternoon Plenary	22
Afternoon Panel	23
Closing Remarks	25
Appendices	26
A. Participants List	
B. Agenda	
C. Morning Plenaries	
i. Dean Whiteside slide deck	
ii. President Gertler full text remarks	
iii. Deputy Dean Verma slide deck and remarks	
D. Morning and Afternoon Panels: speaker biographies	
E. Breakout Groups: complete notes from each session	
F. Lloyd Rang slide deck	

## INTRODUCTION

---

On April 2, 2014 the Faculty of Medicine held a mid-point strategic planning retreat, entitled ‘*Fulfilling our Potential.*’ Hosted by Dean Catharine Whiteside and Deputy Dean Sarita Verma, this invitation-only event<sup>1</sup> was an opportunity for academic, administrative and student leadership to engage in discussion and debate with two main objectives. First, to assess current performance against our stated strategic goals; and second, to determine any required course correction over the remaining two-and-a-half years.<sup>2</sup> This report is a summary of the day’s proceedings.

## EXECUTIVE SUMMARY

---

The retreat agenda covered a range of topics, and over the course of the day, a handful of recurring themes emerged as key issues. These themes, outlined below, will become central as the Faculty implements the pending objectives of our current 2011-2016 Strategic Academic Plan and will also inform subsequent planning efforts.

### *Immediate priorities*

**Internationalization** was a common topic of discussion in four of the seven groups, with three core messages: 1) competitiveness in recruiting and providing proper funding for international graduate students; 2) pursuing research collaborations with colleagues around the world, not only from top-ranked universities or Academic Health Science Centres, but also Non-Governmental Organizations and industry; and 3) preparing our students for an international job market.

**Strategic Collaboration** was a central theme in all sessions, most notably in the two research-themed discussion groups. New project funding models and other similar incentives were suggested with the goal of encouraging projects across disciplines. It would also create more opportunities for graduate students to engage in multi-disciplinary research – another issue that was considered to be a very high priority.

As one of the Faculty of Medicine’s core principles, **integration** was a recurring theme in all the small group discussions - specifically, the integration of our research findings into our curricula. Our researchers generate new knowledge not only in the clinical practice realm, but also health professions education research. This knowledge is acknowledged internationally as being of the highest caliber; we must now apply those findings to our own learners.

### *Medium term*

Network-wide strategic **collaboration** was the most discussed issue for the Faculty’s medium-term future. This applies first and foremost to education and research, as well as at a larger, operational level. Emphasis was placed on the potential for cost savings and efficiencies of joint decision-making based on aligned interests

---

<sup>1</sup> See Appendix A for the complete list of participants.

<sup>2</sup> See Appendix B for the retreat agenda.

including (but not limited to): facilities planning, research directions, educational partnerships and fundraising cooperation between the university and the hospital foundations.

The Faculty's **integration** efforts over the medium and longer-term must be geared towards increasing efficiencies across TAHSN. Creating more network-wide resources would reduce redundancies and provide better large-scale infrastructure, i.e. biobanking, simulation centres, medical imaging, sequencing, genomics resources, clinical trials infrastructure. Practical tools i.e. integrated computer networks that allow data sharing, were also considered necessary to support research collaborations. In a similar vein, the notion of spreading certain common education curriculum content among all health professions (anatomy, mental health interviewing, etc.) could significantly reduce redundancies.

### ***New Priorities***

**Organizational culture** was discussed in some form in both the plenary and small group settings. The expectation of continuous improvement can only be met by first addressing and eliminating barriers to change. As we look towards the Faculty of Medicine's next strategic planning cycle, it was suggested that our community would be better served by fostering among its members a climate that supports creative, disruptive thinking.

Two new **collaborations** were identified as priorities. One is a collective strategy for research across TAHSN including a redefined relationship between the University and affiliated hospital research institutes. The second is a Toronto Global Health Network within TAHSN, comparable to TAHSN-e and TAHSN-r.

### ***Next Steps***

Using this report's recommendations as a guide, the next step is to engage with academic and administrative staff across the Faculty as well as with our hospital partners. The recommendations will be evaluated and refined, along with the associated tactics, and appropriate leads assigned to each. With few exceptions, there are structures already in place to monitor implementation progress on all fronts as well as mechanisms to collect the relevant data and assess performance.

## **FACULTY OF MEDICINE: *Vision, Mission and Goals***

---

### ***Vision***

International leadership in improving health through innovation in research and education.

### ***Mission***

We fulfill our social responsibility by developing leaders, contributing to our communities, and improving the health of individuals and populations through the discovery, application and communication of knowledge.

### ***Goals***

1. Prepare tomorrow's leading scientists and scholars, clinical professionals, and administrators who will contribute to fulfilling the goals of U of T Medicine.
2. Lead research innovation that answers questions of societal relevance.
3. Translate discoveries to improve health, equity and prosperity in our community and around the world.
4. Share our innovations and expertise globally through strategic partnering to advance global health and international relations.
5. Create a collective vision for a shared academic future with TAHSN, University of Toronto Faculties, especially Health Sciences, and community partners.
6. Invest strategically in academic priorities in support of our learners, faculty, and staff to provide for their success.

## OPENING PLENARIES

---

### *Dean Catharine Whiteside*

Dean Whiteside began the proceedings with an overview of the Faculty's current situation in relation to the Strategic Academic Plan<sup>3</sup>. Before outlining the process by which the plan was developed, she reiterated four key questions that emerged from the external review process in 2010.

- What are our core values?
- What are our research foci?
- How do we define excellence?
- What is our role within TAHSN? Within U of T?

The first two questions were answered during the 2011 plan development phase. The core principles of **Integration, Innovation and Impact** were articulated at that time, as was an amendment to the Faculty's mission to reflect the importance of fulfilling our social responsibility. The Research Strategic Plan, written in 2012, presented the Faculty's four research themes: human development, neuroscience/brain health, complex disorders and global/population health. The second two questions continue to demand attention and consideration and were the key components of Dean Whiteside's remarks.

### *Defining Excellence*

The Dean emphasized that we are measuring our performance and demonstrating iterative improvement in: fundraising, research impact, student enrolment, student support and strategic communications. We have embraced the concept of social responsibility, which guides our activities in education and research. She also acknowledged a Faculty-wide shift towards a culture of strategic planning, whereby each unit's effort to set goals has enhanced their ability to measure performance and demonstrate excellence.

### *Our Role within TAHSN and U of T*

Much of the Dean's address focused on the Faculty's role within the Toronto Academic Health Science Network and the University. This, she suggested, is a critical question with most of our students and faculty spending the majority of their time in hospitals and community sites rather than on campus. We are, and must continue to be, the integrators and the facilitators of collaboration. She cited examples of successful synergies that have emerged since the launch of our Strategic Academic Plan: Extra Departmental Units including the Fraser Mustard Institute for Human Development, and the success of emerging networks such as the Toronto Dementia Research Alliance, and the Medical Psychiatry Alliance; national partnerships such as the Canadian Interprofessional Health Leadership Collaborative at the Institute of Medicine ; and international partnerships such as the joint PhD program offered by our Department of Molecular Genetics and the Department of Biochemistry at Hong Kong University.

### *Challenges and Opportunities*

Dean Whiteside concluded her remarks by encouraging the retreat attendees to keep two ideas in mind. 1) We face challenges in research funding, deferred maintenance, infrastructure, flat-lined tuition and decreasing BIU funds. 2) The opportunities, on the other hand, are significant in fundraising, private sector relations and successful optimization of teaching and learning by deploying our full capacity across the network.

---

<sup>3</sup> See Appendix C for Dean Whiteside's PowerPoint presentation

## *President Meric Gertler*

On November 1, 2013, Professor Meric S. Gertler began his term as the 16th President of the University of Toronto. Previously, President Gertler served as the Dean of the University's Faculty of Arts & Science, a position he had held since December 1, 2008. He is a distinguished scholar and one of the world's foremost urban theorists and policy practitioners. His research focuses on the geography of innovative activity and the economies of city-regions. He has served as an advisor to local, regional and national governments in Canada, the United States and Europe, as well as to international agencies such as the Organisation for Economic Cooperation and Development (Paris) and the European Union. In May 2012, he was awarded an honorary doctor of philosophy from Lund University, Sweden for his exceptional contributions to the fields of economic geography and regional development. In the same year, he was made an Academician of the Academy of Social Sciences (UK). Most recently, Gertler received the 2014 Distinguished Alumni Award from the University of California, Berkeley and the 2014 Distinguished Scholarship Honor from the Association of American Geographers (AAG).

President Gertler's keynote address<sup>4</sup> emphasized the role and value of partnerships. The retreat was his first opportunity to address the University's entire health science community and to share his vision for their role in his administration. His key message was that "building strong partnerships is only possible by better leveraging our location in the diverse and magnificently resourced City of Toronto and by deepening our international relationships."

### *Collaboration*

The President noted that today's **health challenges are local and global; our response has to be a collective one**. He further commented that we, as an institution, cannot relax in our responsibility to address pressing health issues across the spectrum of our activities, from basic science research to the student-run Imagine clinic. The University's central offices are meant to facilitate these objectives on the local and international stage.

### *Challenges and Opportunities*

President Gertler's remarks highlighted the challenges and opportunities we face as a Faculty and a University. The challenges are mainly financial ones: ongoing tensions between the institution and its public funders, a weakly differentiated research funding system and provincial allocations (both institutional and student aid) that do not adjust based on cost of living differences. Our partnership, through TAHSN, allows us to speak in one voice, with common purpose and stronger advocacy. He cited the Canada First Research Excellence Fund as a sea change for research funding. This new initiative will allocate \$1.5 billion over ten years for research projects that will redress some of the challenges posed by insufficient indirect costs funding and, most critically, create long term economic advantages for Canada.

### *Recognizing Excellence*

The President concluded his remarks by noting that the excellence of our researchers is well known internationally and is the reason we are sought out by collaborators around the world. He appealed to retreat attendees to do a better job of celebrating our partnerships, paying tribute to what we achieve together and to renew and reinvigorate our partnerships. This, he asserted, is how we will fulfill our potential.

The question and answer period centred on three themes: advocacy, international partnerships and industry partnerships.

---

<sup>4</sup> See Appendix C for the full text of President Gertler's remarks.

### *Advocacy*

The President commented on the occasionally negative perception of academics in popular media suggesting that we can change perception by demonstrating impact. He cited the recent federal budget as an encouraging sign that as our national fiscal condition improves, we will see more widespread recognition of the strategic importance of basic science research. At the provincial level, he remarked that advocacy for our academic differentiation agenda (U of T being the most research-intensive university in Ontario) will be critical in the coming for continued investment in research and education by the province at levels that meet the needs of our faculty and students.

International graduate student recruitment is another high priority for advocacy highlighted by President Gertler. Thousands of highly talented international candidates apply to U of T every year; only 6% are admitted. U of T puts resources into supporting international graduate students, for example the Provost's PhD enhancement fund (matching fund) to support endowments for international students. The President noted that government is reluctant to take a position because of public concern about making space for foreign students when our domestic students are not able to get spaces in graduate school. He advised the attendees that this may not move forward right away, but the University will continue to advocate for this at every opportunity.

### *International Partnerships*

President Gertler reiterated a point of emphasis from his formal remarks – U of T is a highly sought-after collaborator for researchers around the world. While we value the opportunity to form and maintain international partnerships, the university is strategic in who/what organizations it partners with: equally prestigious universities, schools with complementary strengths, and institutions in thriving or up-and-coming city regions, i.e University of São Paulo.

### *Industry Partnerships*

President Gertler was quick to emphasize that in terms of industry partnerships, *more* is not *better*. He suggested that we need to rethink the division of labour between the university and industry. He characterized the current landscape as “blurred,” with governments asking universities to be more like industry (i.e. commercialization) and industry to conduct more research, with mixed results. He further stated that we should focus on what we know we do best – research – both basic and industry-facing. It is also crucial, he remarked, that we encourage government to help industry increase its capacity to work with us - put the spotlight back on industry to raise their game.

## Deputy Dean Sarita Verma

The Deputy Dean's remarks<sup>5</sup> concentrated on the Faculty's Strategic Plan and set up the day's agenda. She outlined the process by which the Plan was shaped into its six strategic goals, all rooted in the core principles of **Integration, Innovation and Impact**. Of the six goals, Deputy Dean Verma encouraged the retreat attendees to pay particular attention to Goal 5: creating a collective vision for our shared academic future.

Several assessment tools are used to track the Faculty's progress towards strategy implementation.<sup>6</sup> In addition to formal publications (i.e. Dean's Reports), we engage in detailed internal tracking of all aims and sub-aims, as well as external assessments, accreditations and University of Toronto Quality Assurance Process (UTQAP) reviews. The Deputy Dean described strategy implementation and performance measurement as the platform upon which our units can align themselves with the Faculty's vision, mission and goals and position themselves for success. Deputy Dean Verma updated attendees on the Faculty's progress towards its overarching performance indicators. These indicators were approved by the Strategic Planning Oversight Committee and regular updates have been provided internally and externally since 2012.

**Figure 1:** *Overarching Performance Indicators 2012-2013*

<p><b>Fundraising:</b> <b><u>towards our \$500 million campaign goal</u></b> CO-LEADS: Executive Director of Advancement, Dean, Unit heads</p> <p>Goal for 2012-13: \$40 million</p> <p>Status: <b>COMPLETE</b> \$69.9 million as at fiscal year-end (April 30, 2013)</p>	<p><b><u>Enhanced alumni relations across all units</u></b> CO-LEADS: Alumni Relations Office, Unit heads</p> <p>Goal for Fall 2013: Progress towards meaningful alumni engagement across all departments.</p> <p>Status: <b>COMPLETE</b> Completed Alumni Relations strategic plan Engaged senior leadership in building an alumni relations culture; integrating principles of alumni relations into unit-level strategic plans; Creation of FoM Alumni Awards</p>
<p><b><u>U of T acknowledgement on research publications</u></b> LEAD: Vice Dean, RIR</p> <p>Goal for Fall 2014: 85% or higher rate of faculty acknowledging U of T on publications</p> <p>Status: <b>IN PROGRESS</b> Because publication cycles are such that papers submitted in 2012/13 will not be fully reflected in publication until well into 2014, it was necessary to allow additional measurement time. Periodic measurement suggests that we are on target to meet this goal.</p>	<p><b><u>Integrated academic data management</u></b> LEAD: Director, Discovery Commons</p> <p>Goal for Fall 2013: An integrated data management system offering secure and accurate quantitative and qualitative information about a wide variety of performance measurements</p> <p>Status: <b>COMPLETE</b> Working group established (August 2012) Non-technical system requirements established, solution designed and user tested (Summer 2013) Data and documents uploaded (Summer 2013)</p>

<sup>5</sup> See Appendix C for Deputy Dean Verma's PowerPoint presentation.

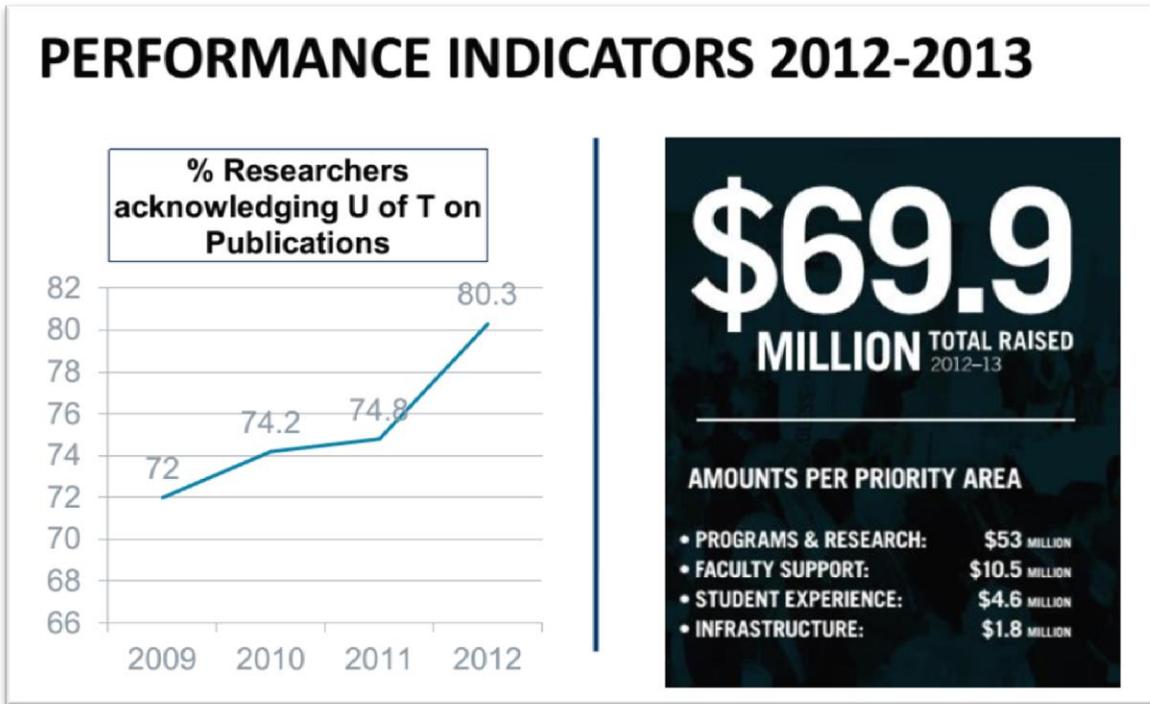
<sup>6</sup> See the Breakout Discussions section for highlights of the Faculty's progress towards our strategic goals, as identified by participants in each of the breakout groups.

**Figure 2:** *Overarching Performance Indicators 2013-2014*

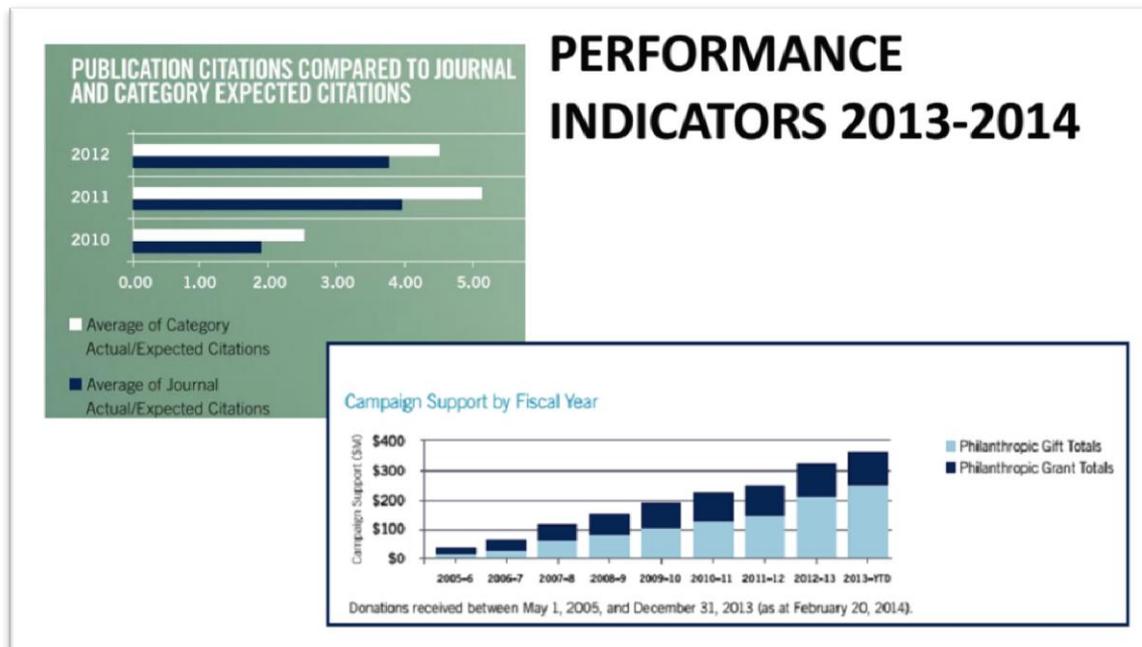
<p><b>U of T acknowledgement on research publications</b>                  LEAD: Vice Dean, Research and International Relations</p> <p>Status: <b>IN PROGRESS</b>, with 82% of Faculty publications identifying U of T                  With our target date of October 2014, we will continue to monitor our 2012-2013 KPI: 85% or higher rate of faculty acknowledging U of T on publications.</p>																													
<p><b>Fundraising</b>                  CO-LEADS: Executive Director of Advancement, Dean, Unit heads</p> <p>Our objective for the 2013-2014 fiscal year was to raise \$50 million, putting us at \$350M overall. Of that total, SPOC has recommended that a minimum of 30% be targeted for on-campus (basic science) research.</p> <p>Status: <b>EXCEEDED</b>  <b>\$55 million raised for a campaign total of \$355</b></p>																													
<p><b>Communications</b>                  LEAD: Executive Director, Office of Strategy, Communications and External Relations</p> <p>Communications metrics focus on social media. The goal is to increase the number of people from key demographics who receive news and information from the Faculty by using a strategic approach to each social media channel.</p> <table border="1"> <thead> <tr> <th></th> <th>October 2013</th> <th>July 2014</th> <th>Target (October 2014)</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>Twitter Followers</td> <td>5,557</td> <td>7,449</td> <td>9,000</td> <td><b>IN PROGRESS</b></td> </tr> <tr> <td>Facebook Likes</td> <td>1,064</td> <td>1,510</td> <td>2,000</td> <td><b>IN PROGRESS</b></td> </tr> <tr> <td>Instagram Followers</td> <td>223</td> <td>573</td> <td>1,000</td> <td><b>IN PROGRESS</b></td> </tr> <tr> <td>YouTube Views</td> <td>7,173</td> <td>21,642</td> <td>20,000</td> <td><b>EXCEEDED</b></td> </tr> </tbody> </table>						October 2013	July 2014	Target (October 2014)	Status	Twitter Followers	5,557	7,449	9,000	<b>IN PROGRESS</b>	Facebook Likes	1,064	1,510	2,000	<b>IN PROGRESS</b>	Instagram Followers	223	573	1,000	<b>IN PROGRESS</b>	YouTube Views	7,173	21,642	20,000	<b>EXCEEDED</b>
	October 2013	July 2014	Target (October 2014)	Status																									
Twitter Followers	5,557	7,449	9,000	<b>IN PROGRESS</b>																									
Facebook Likes	1,064	1,510	2,000	<b>IN PROGRESS</b>																									
Instagram Followers	223	573	1,000	<b>IN PROGRESS</b>																									
YouTube Views	7,173	21,642	20,000	<b>EXCEEDED</b>																									

The Deputy Dean reminded the audience that the retreat’s goal is to look to the future - not only for the next two-and-a-half years, but also beyond. The purpose of the event is to focus or adjust our aims, chart our course, recommend new goals and identify the steps required to achieve those goals.

**Figure 3**



**Figure 4**



## MORNING PANEL DISCUSSION

---

### INTEGRATION IN ACADEMIC HEALTH SCIENCE NETWORK: THE POWER AND THE PITFALLS

**Victor Dzau**

*CEO, Duke University Health System  
Duke University Chancellor for Health Affairs  
President-designate, Institute of Medicine*

**Dermot Kelleher**

*Dean, Faculty of Medicine, Imperial College, London  
Vice President (Health), Imperial College, London*

**Tom Robertson**

*Senior Vice President, University Health Consortium, Chicago*

**Catherine Zahn (Moderator)**

*CEO, Centre for Addiction and Mental Health*

The morning panel discussion<sup>7</sup> highlighted multiple perspectives on the roles and responsibilities of academic health science centres, with a focus on creative collaboration between the Faculty and its network hospitals.

Following introductory remarks from Dr. Zahn, the panelists were asked to describe the structure of their own academic health system, and how the structure/governance enhances their complex and interdependent missions of care, discovery, and education and system leadership.

*Victor Dzau*

Dr. Dzau emphasized the importance of having and believing in a common purpose and the use of collaborative decision-making to ensure a seamless continuum of care delivery. He described his dual role as Duke University's Chancellor for Health Affairs and CEO of the Duke Medical Center as ideal for ensuring alignment and broad consultation in decision making. He suggested that the Academic Health Science Centre's (AHSC) most fundamental role is to improve community health; this means less emphasis on academia and more on improving population health, and focusing on innovations in improving population health.

*Dermot Kelleher*

Before offering his response, Dr. Kelleher provided some context on health research funding situation in the United Kingdom. National Health Service (NHS) hospitals and AHSCs in the UK underwent a rapid evolution following some drastic changes to federal funding of health and related research (£1B pulled out of the health system budget). Funding that was once implicit became a pool of explicit funding with allocation by competition. NHS hospitals quickly began to focus on research and two main types of research institutions emerged. Biomedical research *centres* and biomedical research *units*. *Centres*, i.e. Imperial College London, are large conglomerates whereas *Units* are smaller in size and budgets, with focused areas of expertise. With a funding structure that incentivizes integration, it became essential to form as many partnerships as possible, particularly with Imperial's School of Public Health – a very powerful entity within the institution – which facilitates innovation across the continuum from the omics to population health. Dr. Kelleher described his efforts to partner with two additional universities that specialize in allied health professions to create a health science

---

<sup>7</sup> See Appendix D for speaker and moderator biographies.

academy with coordinated efforts in teaching, research and provision of care. The most essential element, he noted, is to believe in the joint mission; members must have trust in the system, even if it means individual sacrifices along the way. There must also be some seed funding dedicated to realizing the joint mission.

*Tom Robertson*

Mr. Robertson provided a high-level view, across the 115 academic medical centres included in the University Health Consortium. The trend, he observed, is leaning towards the model in place at Duke. A common challenge (regardless of system) is the tension between funding sources; the clinical side is relied upon to cover the shortfall of the basic sciences. Another trend is the effort being made by AHSCs to align themselves with more community-based organizations. He suggested that a major barrier to improving care delivery is the varying degrees of adherence to evidence-based standards.

The debate that followed was prefaced by the panel offering their opinions on the key element that keeps medical schools moving forward. All three highlighted the importance of fostering a sense of common purpose across the network, as well as having adequate resources to fund strategy implementation. Leadership and succession planning were also noted as critical points. Excellence as a researcher and/or clinician is essential, but leadership roles require business and management skills as well as the ability to cultivate and solicit private philanthropic support.

With those points in mind, the panel debated whether the AHSC should drive innovation or simply provide structures for wider health system change, or both. The issue of differentiation arose as a challenge for academic medicine, particularly in a time of increasingly scarce funding coupled with an aging population with more chronic and complex care needs. Given these financial pressures, the care and academic components of the AHSC mandate must strike a balance. Separate but equal governance systems are necessary for universities and their affiliated hospitals and should only overlap where absolutely necessary, i.e. infrastructure, research and training. Governance is fundamentally about understanding accountability, decision making, delegating authority, resolving conflict and gaining success. Clarity in collective decision making is still essential no matter what model is in place.

Following a brief question and answer period as well as some final remarks from Dr. Zahn, Deputy Dean Verma introduced a new Faculty of Medicine video, produced by OSCER that speaks to the theme of Fulfilling Our Potential and will be a highlight on the new Faculty website. The video can be viewed online at: <http://youtu.be/tQ8bYPJWt6g>.

## POSTER SESSION

---

The retreat poster session featured 32 submissions from our Decanal portfolios, Departments and Extra Departmental Units. A call for posters was sent in September 2013, describing the session as an opportunity for FoM units to exchange ideas and best practices in the development and implementation of their strategic plans, or to share successes in one of several other thematic areas such as: research and/or teaching collaboration; interdisciplinary research and/or education; leading edge innovation; or, potential for impact.

Below is a list of participating units:

Continuing Professional Development  
Undergraduate Medical Professions Education (3 posters)  
Graduate & Life Sciences Education  
Postgraduate Medical Education  
Integrated Medical Education  
Research & International Relations (4 posters)  
Heart & Stroke/Richard Lewar Centre for Excellence in Cardiovascular Research  
Department of Anesthesia  
Department of Family & Community Medicine  
Department of Laboratory Medicine & Pathobiology  
Department of Medicine  
Department of Medical Imaging  
Department of Nutritional Sciences  
Centre for Child Nutrition Health & Development  
Department of Physiology  
Department of Psychiatry  
Department of Physical Therapy  
Occupational Science & Occupational Therapy  
Department of Speech Language Pathology  
Department of Surgery  
Department of Radiation Oncology  
Canadian Interprofessional Health Leadership Collaborative  
The Wilson Centre  
Banting & Best Diabetes Centre  
Centre for Faculty Development  
Centre for Interprofessional Education  
Global Health and International Relations

The posters can be viewed online at: <http://www.cpd.utoronto.ca/fom/posters/>

# BREAKOUT DISCUSSIONS

The afternoon breakout session was a core component of the retreat agenda. It was in these small group discussions that participants were asked to provide their recommendations for the Faculty’s near and medium-term future, based on the aims and objectives presented in the Strategic Academic Plan. The groups were determined according to the goals of the Plan as follows:

Group	Name	Facilitators	Pre-reading
1a	Integrated Learning Environment	D. Anastakis, J. Rosenfield P. Tonin (Rec.)	Strategic Plan, Dean’s Report, Lancet Report Slide Deck
1b	Educational Trends: Across the Continuum	A. Gotlieb, S. Spadafora C. Abrahams (Rec.)	Strategic Plan, Dean’s Report, Lancet Report, FMEC-PGME, Dean’s Progress Report
2	Innovation & Knowledge Translation	S. Matthews, M. Mamdani L. Mitchell (Rec.)	Strategic Plan Dean’s Report
3	Integrated Health Initiative	M. Farkouh, E. Grunfeld J. Oldfield (Rec.)	Strategic Plan Dean’s Report
4	Global Reach	L. Wilson, B. Hodges V. Kazakov (Red.)	Strategic Plan, Dean’s Report, GH Road Map
5	Executive Leadership	C. Whiteside, R. Howard L. Rang (Rec.), A. Tharani (Rec.)	Strategic Plan, Dean’s Report, IOM book, TAHSN principles
6	Supporting our Vision	T. Neff, W. Robertson S. Kukaswadia (Rec.)	Strategic Plan Dean’s Report

Facilitators and recorders were selected by the Deputy Dean, in consultation with the Dean and the Vice Dean, Research and International Relations. The Deputy Dean and Strategic Planning Coordinator met with each pair of facilitators (Groups 1A, 1B, 4, 5 and 6) to review the expected outcomes of their respective sessions; the VDRIR hosted one joint meeting for Groups 2 and 3. Facilitators were tasked with engaging the entire group in discussion, challenging assumptions and encouraging bold thinking and collaborative initiatives.

The ideas and recommendations put forward by each group are the foundation upon which we will implement strategies for the second half of the planning cycle and beyond. Breakout groups were asked to do the following:

1. Briefly review the key successes we have achieved in the first half of our current cycle
2. Identify aims and objectives in the implementation plan that we have yet to meet and assess each one based on continued relevance. Of those aims and objectives that are still relevant, prioritize each and recommend an action plan.
3. Are there new priorities or directions that require attention over the next 2.5 years? If yes, provide recommendations for implementation.

The breakout session discussions generated several recommendations for the Faculty’s future. The remainder of this section contains a summary of these recommendations, grouped by strategic goal area and ordered by level of priority<sup>8</sup>.

<sup>8</sup> See Appendix E for complete notes from each session.

## BREAKOUT DISCUSSIONS (*continued*)

---

### **GROUPS 1A AND 1B: EDUCATION**

#### **Immediate Priorities**

##### *Interprofessional Education*

Interprofessional Education must transition from being an “add-on” to an integrated part of our program offerings. Clarification of the role of the Office of IPE (perhaps as part of its five year review) in the short term will, in turn, inform medium term strategies.

##### *Data and Metrics*

The Faculty must make better use of data for measurement and assessment of impact, including the use of these data to tell stories.

##### *Library Access*

Many of our community teachers and preceptors do not have access to U of T libraries. Providing access for all those who are involved in teaching U of T learners will better equip teachers, but also foster a stronger sense of community across a widely spread geographic area.

#### **Medium-term Priorities**

##### *Student Diversity*

Enabling enrolment of a more internationally diverse student population is somewhat constrained by government regulation of MD admissions; however, it is an essential goal for Graduate and Life Sciences Education. It is recommended that more focus be placed on advocating for increasing our international graduate student admissions.

##### *Student Information Systems*

Integration and harmonization of data and other systems across all health professional programs (e.g. the MRS program is on ROSI) will increase efficiency and reduce administrative costs over time.

##### *Simulation*

Identify the nature and type of simulation that is required to support educational objectives and support simulation centres to share, rent, lease, buy and sell simulation equipment.

##### *Integrating Education Scholarship*

Translate education scholarship to inform educational innovation and change.

##### *Community-based Learning*

The significant level of engagement of MD students in community-based projects that operate outside of the formal curriculum was noted and discussed, with the suggestion that attention be paid to how to most effectively harness (and not limit) that enthusiasm.

## Longer-term Priorities

### *Metrics for Graduate Education*

Create measures and metrics to assess effectiveness and quality of basic science education in the Faculty of Medicine as well as the effectiveness and productivity of graduate programs.

### *Integrated Health Sciences*

Melding of all Health Sciences faculties under a single umbrella at U of T would allow for governance and funding aligning with strategic priorities for integration and interprofessional education, as well as shaping a culture shift and eliminating profession-specific and subject-specific silos. It could also facilitate shared core competencies or integrated admissions processes.

### *Measuring Success Using Patient Outcomes*

Working with evaluation experts can help identify how to link patient outcomes to education of health professionals. We should attempt to determine whether clinical outcomes or patient satisfaction measures could prove that learner education (including interprofessional education) is making a positive impact on population health.

### *Training/Educating for the International Market*

Make targeted efforts to train learners to meet the needs and demands of the international market for health professionals and researchers.

## New Priorities

### *Innovation in Education*

Meeting accreditation standards often hinders educational innovation and change. The question of how we can use accreditation as a means to encourage – or, at the very least, not discourage – innovation remains a challenge that requires renewed attention.

### *A Culture of Creativity*

Barriers to change exist internally, in academic and administrative silos that limit collaboration and a culture that discourages risk-taking. Building an internal culture that actively supports creativity and change that is a foundational challenge that requires special attention.

## **GROUPS 2 AND 3: Research**

### **Immediate Priorities**

#### *Addressing CIHR Changes*

Leverage support for graduate students and faculty by exploring how the university and its affiliated hospitals' research foundations can collaborate more effectively and bridge some of the gaps created by CIHR's funding changes.

#### *Student Funding*

Increase student funding to maintain the current level of graduate student enrolment.

#### *Collaboration*

Incentivize cooperation among basic science and clinical/health services researchers.

Shift toward more funding for interdisciplinary group projects, less for individual researchers

Enrich graduate education by offering opportunities to work at the "border zones" of multiple disciplines.

### **Medium-term Priorities**

#### *Supporting Students and Faculty*

Provide better career advice/development opportunities for graduate students and junior faculty members (SickKids' Research Training Centre provides a useful example, as does Nutritional Science Student-Alumni Mentorship Program).

Provide greater support for knowledge translation and commercialization efforts, parallel to the assistance available for CFI grant applications.

Include a knowledge translation specialist on teams that embed translational approaches into their structure.

#### *Measuring Faculty Performance*

Evaluate faculty performance using broader measures, including recognition of the value of developing new products or services that could be commercialized.

#### *Collaboration*

Eliminate silos through more multidisciplinary collaboratives, e.g., the diabetes and heart disease group at the Lewar Centre.

## Longer-term Priorities

### *Funding and Resources*

Devote more funding to the intellectual property/commercialization part of the research cycle.

Revise and improve the current approach to joint fundraising with the hospitals.

Demonstrate the value of sharing resources between the university and the hospital research institutes; evidence of the return on investment should encourage institute leadership to pursue this opportunity.

Leverage the Faculty's fundraising revenue so that the University has more power to partner with hospitals in the creation of shared resources.

## New Priorities

### *Within the Faculty*

Improve our global competitiveness by breaking down silos within our research enterprise.

Stable succession planning that goes beyond simply replacing faculty members after they leave; rather, we must ensure that junior faculty can benefit from a formalized transition process to learn from the experience of those they are replacing.

Create a comprehensive strategy to guide knowledge translation and commercialization initiatives within the Faculty. The guide should fully articulate its direction and support mechanisms as well as coordination between the University, hospitals and MaRS.

Diversify our funding model for international research collaborations, making it less dependent on philanthropy.

### *Across TAHSN*

Redefine the relationships between the University and hospital research institutes to make them sufficiently enabling.

Provide technical infrastructure for greater collaboration within TASHN. A computer network that allows (rather than impedes) data sharing will significantly boost the quality and quantity of collaboration across the network. A system of incentives and rewards is also required to support faculty collaboration.

## **GROUP 4: Global Reach**

### **Immediate Priorities**

#### *Global Health Network*

Establish a Toronto Global Health Network in partnership with the Institute for Global Health Equity and Innovation (IGHEI), with emphasis on an interprofessional, multi-disciplinary and cross-campus engagement.

#### *Global Health Curriculum*

Ensure and accelerate deliberate implementation and integration of Global Health across curricula.

### **Medium-term Priorities**

#### *Global Health Leadership and Development*

Create opportunities for development of Global Health training for faculty and students including: fellowships and scholarship opportunities in Global Health and faculty development opportunities for acquiring or improving Global Health proficiency.

#### *Define Global Health*

Determine if the term Global Health is applied to the categorization and description of different initiatives with relative consistency across the University.

### **Longer-term Priorities**

#### *Academic Promotion in Global Health*

Establish criteria for academic promotion in Global Health.

### **New Priorities**

#### *Growth in Areas of Strength*

Build upon and invest in the long-term continuation of these and other programs and leverage their success in order to expand our efforts and maximize our impact. Global Health initiatives have shown the greatest success and impact when they are long-term, sustainable and include comprehensive engagement. Both the Toronto Addis Ababa Academic Collaboration (TAAAC) and Academic Model Providing Access to Health Care (AMPATH) are good examples of the nature and quality of partnerships we must aspire to develop.

## **GROUP 5: Executive Leadership**

NOTE: Group 5 used a loosely structured format for their discussion at the retreat. As a result, the session notes differ somewhat from the order provided in the pre-circulated recorder template.

What appears below is a list of recommendations, for which the priority levels have not been determined. Also note that some of wording for these recommendations has been inferred based on statements made during the discussion.

- Ensure that EDUs are aligned not only with Faculty and hospital goals, but also government priorities.
- Using the examples of MaRS Innovation and the Toronto Dementia Research Alliance, identify more integrative initiatives through TAHSN.
- Ensure that the smaller, specialty-focused hospitals are well aligned with Faculty priorities in their key areas of strength/specialty.
- Develop a collective strategy for research across TAHSN.
- Use TAHSN to create scaleable projects to pilot, for example, courses that could be spread out among all health professions, creating efficiencies (ie: anatomy, mental health interviewing).
- Implement a system for aggregated data across TAHSN with the university as the focal point of collection: the clinical becomes the research content.
- Gain a factual, empirically based perspective on TAHSN's community impact through a custom-designed economic impact study. This will clearly demonstrate that, combined, we are a huge part of health care delivery in Ontario.

## **GROUP 6: Supporting our Vision**

### **Immediate Priorities**

#### *Strengthen Networks (internal and external)*

Improve and accelerate efforts to introduce OSCER's role, responsibilities and services to faculty, staff and students.

Improve the quality and quantity of alumni engagement through networks such as the Nutritional Sciences alumni-student mentorship program.

### **Medium-term Priorities**

#### *Strengthen Networks (internal)*

Establish a Faculty-wide professional community of strategic planners, comparable to the Group on Business Affairs.

### **Longer-term Priorities**

#### *Finance and Administration*

Drive unrestricted revenue to departments in order to augment budgets/ decreasing funding.

Improve institutional memory through documentation. Record administrative processes, standard operating documents and templates – particularly those processes that involve multiple units, e.g., settling in and orienting new faculty and staff.

#### *Advancement*

Recruit volunteers as fund-raising campaign members; the hospitals have grateful patients to serve as champions and as their public face of philanthropy. We need a parallel model and must activate our alumni more effectively.

Focus on donor relations, not only through the Advancement team, but also within departments. Highest-quality stewardship is critical after a campaign the size of ours.

#### *Facilities Planning*

Determine what research facilities we need in the next ten years to attract and retain high performance faculty members in basic science.

#### *Information Technology*

Make more thoughtful investments on e-learning/educational technology tools. Rather than spending on more technology without considering goals and implications, let us focus instead on matching the best solution for each education objective.

## AFTERNOON PLENARY

---

### ***Vice President and Provost Cheryl Regehr***

Following the breakout sessions, retreat participants gathered for the afternoon plenaries. University of Toronto Vice President and Provost, Professor Cheryl Regehr, offered remarks focused on partnerships and their contribution to the mission of the university as a whole. She described the Faculty of Medicine as central to U of T's attainment of its mission. From a research perspective, the excellence of the Faculty and our TAHSN partners is a powerhouse and a prime example of successful integration across disciplines, institutions, nationally, internationally. This is well-evidenced by the Faculty's achievements in research funding, publications and publication citations. The Faculty is critical to building U of T's global brand in all of our priority regions across Europe, in South America, Africa and China.

Professor Regehr then commented on four areas that are central to her mandate:

#### ***Graduate Education***

Graduate education is key to U of T's differentiation agenda. Only 15% of doctoral graduates are securing university appointments. Our students are calling on us to better prepare them for the spectrum of opportunities that exist in the work force. The Faculty of Medicine enrolls approximately one fifth of U of T's total graduate population, making our efforts to improve the graduate experience a focal point.

#### ***Technology***

Technology enhanced learning should enrich and increase the flexibility of their learning experience. Online education is not an alternative; rather, it is an adjunct. Our partnerships through organizations such as Coursera and EdX allow us to bring our Massive Open Online Courses (MOOCs) to thousands of learners around the world. The University now has seven Gates Foundation grants to look at how this type of education can improve the learning experiences of our students.

#### ***Student Mental Health***

Mental health challenges affect a large number of our students in varying degrees. There is a wide range of student needs, not only major mental illness, but also sub-clinical levels of anxiety and depression. Professor Regehr encouraged the Faculty to focus on prevention, citing her work with Dean Ira Jacobs on the Faculty of Physical Education and Kinesiology's new lab requirement for all students (mindfulness to enhance athletic performance, in other words, a series of stress reduction techniques) as a potential tactic to implement.

#### ***Institutional Differentiation***

The U of T differentiation agenda – also referenced by President Gertler – is one that is noteworthy for the Faculty of Medicine. As the Faculty's graduate student population is a key contributor to the University's overall success in graduate education, it is especially important that our plans and objectives are well aligned with those of the centre.

The Office of the Vice President and Provost published a weblog post discussing the retreat. The post, dated April 17, 2014 is available here: <http://www.provost.utoronto.ca/blog.htm>.

## AFTERNOON PANEL DISCUSSION

---

### THE FUTURE OF RESEARCH INNOVATION

#### **Jane Aubin**

*Chief Scientific Officer, Canadian Institutes of Health Research  
Professor of Molecular Genetics, Faculty of Medicine, University of Toronto*

#### **Gilbert Omenn**

*Professor of Internal Medicine, Human Genetics, and Public Health and  
Director of the Center for Computational Medicine & Bioinformatics, University of Michigan*

#### **Nelson Spruston**

*Scientific Program Director and Laboratory Head, Janelia Farm Research Campus  
(Howard Hughes Medical Institute)*

#### **Alison Buchan (Moderator)**

*Vice Dean, Research and International Relations, Faculty of Medicine, University of Toronto*

The afternoon panel featured presentations from the three speakers<sup>9</sup>, each addressing the topic, ‘The Future of Research Innovation’ from their respective positions. Following introductory remarks, Vice Dean Buchan posed the following questions as a guide for both the panel and the audience to consider: What is the future of health research? How do we best integrate basic science research with other areas of health/medical research?

#### ***Jane Aubin***

Dr. Aubin presented an internal (CIHR) perspective on funding challenges. Canada struggles to provide indirect costs funding yet our institutions are expected to grow its PhD cohorts. Governments want to see socio-economic impact and return on investment from existing research funding. The CIHR has to find balance between priority areas and investigator-driven research.

There are several drivers of change in the research landscape: science is becoming more multi-disciplinary, with increasingly blurred boundaries; more convergence of disciplines; research directions are taking a system-level approach, favoring teams rather than individuals; institutions are interested in big data, globalization; and patients’ (tax-payers) increasing demand for accelerated treatments as well as a democratization of health care (right to information, right to refuse, right to withdraw consent).

Dr. Aubin noted that every health granting agency in the world is undergoing similar changes to CIHR. There are still two big pots: investigator-driven and priority-driven funds. \$10M per year for the next five years is going from the strategic pot to investigator initiated pot. CIHR is being told to grow the strategic pot through industry partnerships. The push is to do more than just create knowledge – researchers must also translate it. Her remarks concluded with her observation that the Faculty’s research themes align well with the federal government’s priorities and that this ideally positions us to be lead innovators.

---

<sup>9</sup> See Appendix D for speaker biographies.

### **Nelson Spruston**

Using the neurosciences as an example, Dr. Spruston emphasized strategic thinking in terms of U of T's global impact in basic research. It is vital, he noted, to integrate programs across an institution that is geographically spread out. Using the example of his employer, Janealia Farms (Howard Hughes Medical Institute), Dr. Spruston suggested that university leaders ought to rethink the way they value research publications in order to spark more creativity, more collaboration and more interdisciplinarity. Universities must also rethink their evaluation of contributions to a paper; at Janealia, less emphasis is placed on number of publications and order of authorship. They are more interested in the quality of contributions made by each scientist to the paper. Finally, he suggested a better web presence that is more hospitable to visitors, graduate students, prospective students and postdoctoral fellows.

### **Gilbert Omenn**

Dr. Omenn's talk focused on opportunities for the Faculty to advance its mission using new technologies and harnessing the power of big data. He cautioned against the notion of tradeoffs; we are not sacrificing education issues for research issues or vice versa. They go together.

There are great opportunities in today's academic medicine: multiple omics technology platforms addressing the complexity and integrated nature of the biology of the systems we study. The scientific community used to say that biomedical research evolves from basic science to clinical application to commercialization to diffusion into general practice; Dr. Omenn characterized this way of thinking as inaccurate and too linear, suggesting instead that these phases are all interconnected. The technology contribution is huge in basic research - it enables experiments and allows academics to think about experiments we might otherwise never be able to conceive. This requires AHSC support, which is very difficult for a researcher to generate him/herself. Big data is another area where AHSCs have an opportunity to make significant progress. Accessing, analyzing and applying big data to our work – turns existing information that currently sits in various types (real and virtual) storage into actionable knowledge.

Dr. Omenn emphasized the idea of "P4 health care:" *predictive, personalized, preventative, patient-centered*. This, he suggested, is the context in which we should teach all our students and the culture we must create among our faculty.

## AFTERNOON PLENARY

---

### *Communicating our Potential*

Goal 6 of the Faculty's Strategic Academic Plan, 'Supporting our Vision,' focuses on the work of our administrative portfolios. A key aim within this goal was the establishment of an Office of Strategy, Communications and External Relations (OSCER) which would be tasked with raising the Faculty's profile and communicating achievements in education and research. Lloyd Rang, Executive Director of OSCER, spoke to the tactics that have been implemented in furtherance of this aim.

The presentation, 'Communicating our Potential'<sup>10</sup>, began with a summary of the three main communications challenges faced by the Faculty: 1) a changed media landscape; 2) fractured audiences and 3) fewer health reporters. The remainder of Mr. Rang's presentation outlined the ways in which OSCER is addressing these challenges.

OSCER's goal is to tell compelling stories in as many ways as possible about the Faculty of Medicine in a way that is true to our vision and mission and true to the Strategic Plan, which underpins everything we do. We have had a number of significant achievements over the past 18 months including the re-launch of *U of T Medicine Magazine*, the revitalization of the Faculty's social media including channel-specific strategies and careful analysis of our follower base, video production capability, and the completely overhauled (front and back end) Faculty of Medicine website (including robust analytic capabilities).

A successful communications strategy requires credibility; the Faculty has plenty of that thanks to a community of outstanding faculty, students, alumni, friends and staff. OSCER will continue to tell the stories about the Faculty and looks forward to continuing to work with the academic units to help fulfill our collective potential.

## CLOSING REMARKS

---

Deputy Dean Verma provided the final wrap-up of the retreat, describing the next steps in relation to the day's discussions about the Strategic Plan. This summary of the day's proceedings will circulate broadly beginning in September 2014, and the Faculty of Medicine community will be engaged in crafting the necessary revisions so that it can be presented to the new Dean in January 2015.

---

<sup>10</sup> See Appendix F for Lloyd Rang's slide deck.