

Charting Our Course

Strategic Priorities of the Department of Medicine
2020–2024

OUR VISION

To prepare future physician leaders, contribute to our communities and improve the health and healthcare experiences of individuals and populations through the discovery, application, translation and communication of knowledge, and promotion of a culture of caring and inclusion.



Medicine
UNIVERSITY OF TORONTO



MESSAGE FROM THE CHAIR

I am pleased to present the Department of Medicine's Strategic Priorities for 2020 to 2024. These priorities have been informed by recommendations from our external five-year review and extensive stakeholder input over the past year from across our department.

We are a department made up of physicians who are committed to providing the very highest calibre of patient care. We are passionate teachers and mentors, and inquisitive and determined scholars. We have the privilege of working with superb learners and colleagues at the University and in our affiliated hospitals. It is truly exhilarating to be in such company! Together, we will generate the culture change to which we aspire. With much excitement and high expectations, I look forward to seeing what we can accomplish together over the next five years.



Dr. Gillian Hawker

Sir John and Lady Eaton Professor and
Chair of Medicine

STRATEGIC PRIORITIES 2020-2024

Our Strategic Priorities are informed by a commitment to ensuring that the health and health care experiences of our patients and their families drive all that we do.

As leaders, partners and mentors, we will pursue this objective by leveraging our academic excellence, collaborative spirit, intellectual curiosity and insatiable drive to accomplish the following:



Create a clinical and academic environment that promotes mutual respect, compassion, integrity and inclusion, and thus fosters the wellbeing of our faculty and learners.



Innovate in models of learning and care to promote a sustainable, person-centred health care system that meets current and future population needs.



Promote, sustain and amplify our international status as scholars in basic and clinical research, education, quality improvement and healthcare provision, ensuring that discoveries and new knowledge get to the patients and providers who need them.



Get Political: Engage in transformational change as leaders, partners and effective followers alongside decision-makers.

Create a clinical and academic environment that promotes mutual respect, compassion, integrity and inclusion, and thus fosters the wellbeing of our faculty and learners.

Over the past five years, the Department of Medicine has made significant impact shaping the evolution of work across the Faculty of Medicine and beyond in equity, diversity and inclusion (EDI), professional behavior, humanism in medicine and, more recently, physician wellness and job satisfaction.

We have a strong desire to continue deepening our existing strengths, while adding an explicit role of advocacy for equity, wellness and sustainability. We have made important steps towards laying the foundation to enable EDI,

promote professional behavior, celebrate accomplishments and engage patients more meaningfully, and we are truly benefiting from a greater diversity of voices and experiences around our departmental leadership table. But we need to consolidate this good work and evaluate uptake and impact.

Put simply, we want to continue to move towards creation of a workplace culture where we look after one another.



PRIORITIES IN FOCUS

Establish a new portfolio, Vice-Chair Culture & Inclusion with three themes of work:

1. Equity, Diversity & Inclusion

- Continue to implement policies and practices to enhance EDI
- Promote broad engagement of faculty with diverse perspectives in all departmental activities

2. Wellness

- Promote QI projects that have potential to improve joy and meaning at work
- Implement strategies to enhance a sense of community
- Improve the experience of late-career transition

3. Mentorship Across the Academic Lifespan

- Develop metrics to assess faculty mentorship
- Champion mentorship as a criterion for academic merit and promotion
- Augment mentorship to mid- and late-career faculty
- Increase opportunities for faculty development and peer support

Innovate in models of learning and care to promote a sustainable, person-centred health care system that meets current and future population needs.

One of our paramount goals is to ensure that our training programs are providing residents and fellows with the skills and knowledge they will need to provide the highest quality care to patients in the future. The world of health and science is rapidly evolving and we need to prepare our trainees for that.

Specifically, do they understand the role of artificial intelligence in health and clinical decision making? What about use of

digital technologies? Will they be equipped to care for a more diverse population than ever before, the widening gaps between the rich and poor, and the overarching impact on mental health that accompany these social determinants of health?

PRIORITIES IN FOCUS

- Develop and implement strategies to improve the quality and quantity of teaching evaluations
- Ensure our training is aligned with RCPSC expectations for equipping learners to practice with empathy, strong communication skills in complex decision making, virtual and distance-based care, use of artificial intelligence in clinical decision making, and integrated primary-specialty care
- Develop and implement a co-learning curriculum with Department of Family & Community Medicine on integrated complex care for multi-morbid patients

Promote, sustain and amplify our international status as scholars in basic and clinical research, education, quality improvement and healthcare provision, ensuring that discoveries and new knowledge get to the patients and providers who need them.

Our scholarship is truly world-class; there is no question that the rising rankings of U of T overall and in clinical medicine specifically are related to the outstanding efforts of our department. With relatively small investments, city-wide inter-disciplinary networks have been established and are thriving. Now is a good time to take a look at where we might want to strategically leverage our collective assets to create new networks.

Our department has done a good job of shifting the perception of scholarship from research alone to a broad array of activities that generate new knowledge that impact health and health care, and that this cannot be sacrificed.



PRIORITIES IN FOCUS

- Incorporate impact on clinician/learner wellness as a goal of QI projects
- Enhance focus on and capacity for translational research to ensure discoveries make their way from bench to bedside and evidence makes its way into practice in a scalable manner
- Leverage TAHSN committees to address research ethics board (QI/non-QI) and contracts issues
- Focus fundraising on sustaining and augmenting the Clinician Scientist pipeline, from training to late-career
- Ensure ongoing success of city-wide platforms, e.g. GEMINI
- Build capacity for using artificial intelligence in scholarly work

Get Political:
Engage in
transformational
change as leaders,
partners and
effective followers
alongside decision-
makers.

Stakeholders have challenged our department to become more active in the political discourse about health care and training. We have individuals in our department who work closely with key decision makers at the Royal College, Ministry of Health and Long-Term Care, Ontario Medical Association, federal government and others,

but as a department we have not had enough of a voice at these tables. How can we use our position to play a more coordinated and active role in health system transformation? What would it mean to fully step into our role as system leaders?

PRIORITIES IN FOCUS

- Use our voices: Ensuring effective representation and advocacy at Ontario Medical Association, Canadian Institutes of Health Research, Ontario Ministry of Health and Long-Term Care and RCPSC
 - Advocate for change on behalf of approaches to transformational healthcare, such as physician payment for complex integrated care provision and research overhead from federal funders
- Establish working groups to explore where the department can advocate and make recommendations on action in the following areas:
 - Climate change
 - Responding to the Truth and Reconciliation recommendations
 - Underrepresented populations in the clinical setting
 - Patient and family voice

ENABLERS

- Launch Request for Proposals for residency scheduling software system
- Reduce unnecessary variability across training programs to reduce workload for administrative staff
- Optimize resident on-call across programs and sites
- Department of Medicine staffing review: optimize support for all portfolios
- Establish Department of Medicine Patient Panel: Vice-Chairs to work with members to enact plans
- Fundraising committee to establish new funding sources for Clinician Scientist support from training through late career
- Faculty engagement





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