



Otolaryngology - Head & Neck Surgery
UNIVERSITY OF TORONTO

***Strategic Academic Plan
2013 – 2018***

***Department of
Otolaryngology-Head & Neck Surgery
University of Toronto***

Final Version - Released October 8, 2013



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Chair's Message

I am pleased to present the Department of Otolaryngology-Head & Neck Surgery's **Strategic Academic Plan 2013-2018**. I am indebted to our Strategic Plan Steering Committee who worked hard over the last academic year to engage our community and academic faculty in the strategic planning process. This process culminated in a strategic planning retreat in June 2013 for all faculty in the Department as well as representation from residents and fellows. This plan has been approved by the Strategic Plan Steering Committee and the Departmental Executive Committee.

This strategic academic plan includes the implementation of goals, strategies and metrics over the next 5 years. The new Departmental Vision, Mission and Values are in keeping with the University of Toronto, Faculty of Medicine's Vision, Mission and Values. The six strategic directions detailed in this plan provide an overview of our goals, anticipated outcomes and the implementation and expected timelines by which these goals will be achieved. We will make use of performance indicators to quantify and evaluate the impact of these strategic directions. Our Department remains strongly committed to the core concepts of the *University of Toronto Medicine: Strategic Academic Plan 2011-2016*.

We all work in an ever changing environment so the Department will remain adaptable to change while ultimately enhancing our Department and maintaining its international reputation and leading edge. This strategic plan will be regularly monitored by an *Accountable Lead* in each of the six strategic directions as well as regular oversight by the Departmental Executive Committee. We will remain flexible so that we can respond to unforeseen change and adapt as required.

Executing our strategic plan will require the collective effort from members of the Department as well as the support, resources and leadership from the University and our network of partners. It is my firm belief that the strategic directions and goals outlined in this plan will help chart the best course for the Department of Otolaryngology-Head & Neck Surgery's current and future programs. I hope these directions will inspire all of us to continue to work collaboratively to achieve our vision of international leadership in improving health through innovation and excellence in otolaryngology-head & neck surgical practice, research and education.

Ian J. Witterick
Professor and Chair

Executive Summary

The Department of Otolaryngology-Head & Neck Surgery at the University of Toronto (UofT) went through an overarching strategic planning process in the 2012-13 academic year culminating in the ***Strategic Academic Plan: 2013-2018***. This iterative, transparent and accountable process had broad input from across faculty, residents and fellows in our Department along with the assistance of an external facilitator.

The core concepts of the University of Toronto, Faculty of Medicine's (FoM) Strategic Goals were essential in deriving our strategic academic plan; these are:

- ***Integration*** with our partners to promote new collaborative thinking and to address our strategic directions
- ***Innovation*** that creates value by applying the full scope of our inter-disciplinary capability to answer complex health and biomedical questions
- ***Impact*** of our education and research outcomes that reflects return on investment as we make meaningful contributions to improving health and prosperity

This plan defines an ambitious strategy that includes expansion of education and research platforms, faculty recruitment and development, mentorship, enhancement of alumni relations, global outreach and the development of a world class quality and safety program to lead our specialty. We are committed to maintaining our status as the national and international leader in the discovery, innovation and implementation of the best practices, research, education and clinical care in otolaryngology-head & neck surgery.

Our six strategic directions or themes are outlined on the following two pages. A commitment to advance these themes was confirmed through an extensive consultation process undertaken as part of a comprehensive strategic planning exercise. These themes form the strategic directions that will guide the activities of the Department for 2013 to 2018.

Each strategic direction is divided into a number of goals with implementation strategies, metrics and supports to enable the goals. An *Accountable Lead* for each strategic direction will be appointed and the Executive Committee of the Department will carefully monitor the progress and implementation of the plan. Reporting periods will require the collection and preparation of multiple types of data, including performance indicators across all six major strategic directions.



Strategic Directions

1. Undergraduate Medical Education (UME)

- 1.1 *To establish UME as a priority for faculty*
- 1.2 *To optimize student satisfaction*
- 1.3 *To increase presence of Otolaryngology-Head & Neck Surgery within the UME curriculum at the University of Toronto*
- 1.4 *To engage our Community Academic Faculty (CAF) in UME*
- 1.5 *To contribute to the strengthening of UME across the country*

2. Postgraduate Medical Education (PGME)

- 2.1 *Align the residency curriculum with contemporary practice patterns of recent graduates*
- 2.2 *Develop competency-based evaluation strategies*
- 2.3 *Enhance residency program and resident well-being*
- 2.4 *Raise and maintain funding to support residents enrolled in graduate degree programs*

3. Continuing Education and Professional Development (CEPD)

- 3.1 *Develop world class programming for otolaryngology-head & neck surgery community and academic physicians as well as for family medicine and other specialties*
- 3.2 *Enhance the learners' experience*
- 3.3 *Strengthen the relationship with alumni*
- 3.4 *Contribute net profits to the Department*



4. Research, Knowledge Translation (KT) and Commercialization

- 4.1 *To pursue greater integration across the hospitals and with related entities*
- 4.2 *To recruit strategically and develop talent across the Department*
- 4.3 *To strengthen relationships with hospital based research leaders to grow world class researchers*
- 4.4 *To facilitate the development of the necessary research, KT and commercialization supports and infrastructure*

5. Quality and Safety

- 5.1 *Develop partnerships between hospitals aimed at improving quality and best practices*
- 5.2 *Share best practice and quality improvement initiatives between hospitals*
- 5.3 *Develop an infrastructure to support quality and best practice implementation*

6. Enabling Strategies: Advancement, Finances, Human Resources, Sub-Specialty Distribution, Faculty Recruitment

- 6.1 *To increase revenue*
- 6.2 *To align Department compensation with contribution*
- 6.3 *To maintain and strengthen the world class faculty (including recruitment, compensation, expectations, flexibility and mentorship)*
- 6.4 *To align closely and grow patient services and resources with need and opportunity*
- 6.5 *To raise the profile of the Department at the University and with the TAHSN hospitals*

Setting the Stage

The Department Today

The Department of Otolaryngology-Head & Neck Surgery at the University of Toronto is the premier program (clinical care, education, research) in Canada and one of the top programs in the world (see details in our Annual Reports). To continue our excellence, we need to step back, analyze our successes and challenges and strategize on a path forward to bring our Department to an even higher level of achievement.

Strategic Planning Process Overview

A Steering Committee¹ comprised of hospital chiefs, academic and other leaders from across the TAHSN community provided leadership to the process that began in December, 2012 with a kick off meeting. Six task forces² were chartered to consult across the Department in developing propositions for review by the Steering Committee in each of the areas of undergraduate, postgraduate and continuing education and professional development; research, knowledge translation and commercialization; quality and safety; and advancement, finances, human resources, sub-specialty distribution and faculty recruitment strategies. Further Steering Committee meetings in February and April, 2013 resulted in the development of draft statements of mission, vision and values as well as taglines and statements of strategic direction. These propositions were reviewed and voted upon at a Department retreat held on June 15, 2013.

A draft strategic plan document was developed based on this input and circulated for comment across the Department during September 2013. The Dean and Deputy Dean, Faculty of Medicine, University of Toronto provided input on the draft. The final document was released for implementation on October 7, 2013.

¹ Membership list included in Appendix 1

² Membership of Task Forces included in Appendix 2

The External Context

Development of this strategic plan took place against a backdrop of leadership change within the Department, together with a recent external review whose findings confirmed the world class stature of the Department. Notwithstanding the above, in order to continue to excel and raise the bar, multiple strategic issues and opportunities were identified and are documented under each of the strategic directions. In addition, a number of broader environmental trends, outlined below, were taken into consideration in developing the plan:

- Changing Surgery Practice including more extensive use of technology, the growth of minimally invasive surgery and the use of simulation for training and skill development
- Changing Academic Environment including:
 - Development of UofT FoM Strategic Academic Plan 2011-2016: Innovation, Impact and Integration
 - Engagement of the broader academic enterprise across TAHSN and community affiliates
 - Addition of Mississauga Academy of Medicine (MAM)
 - Educational programs seeing growth in numbers
- Changing Education Environment including:
 - An increasingly diverse Canadian population
 - Attempts to adopt innovative approaches: impact of Future of Medical Education in Canada (FMEC) and other frameworks/studies
 - Introduction of more robust assessment and evaluation strategies, competency-based curricula and non-traditional experiential methods. There is a lack of universal agreement as to the efficacy of a competency-based approach for teaching otolaryngology-head & neck surgery. Further evaluation is required, including the consideration of some form of hybrid model
 - Changing expectations of learners: use of technology, work-life balance, training environment
 - Among the residents, there is a perception of a lack of available jobs. And yet, the statistics indicate that there is in fact a lack of access to otolaryngology-head & neck specialists. It would appear that hospitals are not putting sufficient resources into the delivery of otolaryngology-head & neck surgery services



- Changing Research Environment including:
 - Funding is being allocated to large multi-centre studies and interdisciplinary collaborative teams. The FoM is stressing the importance of translational research
 - Generally, a more competitive funding environment
 - The emergence of new fields of study e.g., genomics, proteomics, gene therapy, stem cells and regeneration
- Changing Healthcare Context including:
 - Integration and patient centredness
 - An expanded focus on accountability, performance measurement and quality
 - Funding shortfalls and an emphasis on efficiency and value
 - The introduction of a new way of funding hospitals according to health outcomes, the health based allocation method (HBAM), has the potential to shift how resources are allocated in the hospitals. It also presents an opportunity to identify quality indicators that could then be shared with the government
 - Focus on the development and use of electronic health records
- Changing Global and International Context with expanded expectations of University Departments to advance an international agenda with research and educational linkages as a means to fulfill social responsibility.

The Way Forward

The Department's strategy is outlined below in the form of statements of vision, mission, values and strategic direction. These, together with a tagline, were developed by the Steering Committee in consultation with members of the Department and were approved at the June, 2013 Department Retreat. Their development was informed by the findings of the external review, an analysis of external forces and trends and by the strategic plans of the University of Toronto's Faculty of Medicine and Department of Surgery and by its Strategic Research Plan.

*Vision*³

International leadership in improving health through innovation and excellence in otolaryngology-head & neck surgical practice, research and education

*Mission*⁴

We prepare head and neck surgical leaders, contribute to our communities and improve the health of individuals and populations locally and globally through discovery, application and communication of knowledge

*Values*⁵

- ▶ Excellence
- ▶ Integrity
- ▶ Compassion
- ▶ Caring
- ▶ Innovation
- ▶ Collaboration
- ▶ Respect
- ▶ Accountability
- ▶ Leadership

³ Visions imagine the future, pointing to where the organization should go, the difference it wants to make in the world

⁴ Mission statements define the mandate, purpose and scope

⁵ Values statements describe the behaviours or guiding principles valued and sought by the organization in fulfilling its Mission and pursuing its Vision

Tagline⁶

Leading Innovation. Achieving Impact

Setting Direction

The mission and vision of the Department are interpreted through six linked strategic directions, including a set of enabling goals related to areas such as financing and resourcing.

Strategic Directions

1. Undergraduate Medical Education (UME)
2. Postgraduate Medical Education (PGME)
3. Continuing Education and Professional Development (CEPD)
4. Research, Knowledge Translation and Commercialization
5. Quality and Safety
6. Enabling Strategies: Advancement, Finances, Human Resources, Sub-Specialty Distribution, Faculty Recruitment

Each of these strategic directions is described in the pages that follow in terms of an overall aspiration statement together with key metrics. The strategic issues and opportunities discussed as part of the development of the strategy are then presented, together with an overview of the strategy and a detailed strategic roadmap.

⁶ A brief and catchy summation of the aspirations of the Department that will be used pervasively with the logo: on individual correspondence, brochures, reports, etc.



Strategic Direction 1 – Undergraduate Medical Education

To provide leadership nationally for undergraduate medical education in otolaryngology-head & neck surgery

Success will be measured by:

- The UofT program being considered a growing model program with strong student satisfaction and faculty engagement including community faculty involvement
- Development of a national curriculum, simulation and educational research program with an annual UME conference hosted by the University of Toronto

Key Issues and Opportunities

In establishing strategic direction, the following strategic issues and opportunities were identified and discussed:

1. Low student satisfaction scores⁷
 - Poor student satisfaction with rotations that have an intensive tertiary care focus and which do not support students in garnering key knowledge and skills about our specialty
 - Lack of an organized second year student longitudinal experience or elective
 - Challenge of managing the large amount of information available on the portal during a short rotation
 - Issues with scheduling, disorganized orientation process, inconsistent supervision of core clinical skills and seeming lack of interest in teaching, and a short clinical clerkship rotation
2. UME currently not perceived as a priority for Faculty
 - This ties into poor student satisfaction scores
 - Poor general attitudes towards UME among faculty and its importance
3. Insufficient presence of otolaryngology-head & neck surgery in the Undergraduate Medical Curriculum
 - We presently have
 - ½ week in the MMMD course, 1 ASCM II seminar in year 2
 - 1 week clerkship course in year 3
 - Limited exposure in ASCM I, DOCH II, Portfolio, PBL, TTR and Fusion courses

⁷ During the CACMS and LCME accreditation of the Undergraduate Medical Education program of the University of Toronto, the Department was cited because of the lower student satisfaction score. The Department scored 2.4 out of 5 (2011 data) with the national average being 2.6 out of 5.



- No formal longitudinal elective program
- 4. Absence of a national curriculum, simulation and educational research program
 - Lack of a common UME curriculum and centralized resource repository among Canadian universities.

Strategy Overview

There is Department agreement to the following broad strategic statements:

1. Undergraduate medical education is confirmed as a priority for the Department. Members of the Department are committed to teaching UG courses and expect this commitment to be taken into consideration for promotion and recognition
2. Additional faculty development opportunities will be provided for faculty at both academic and community sites
3. Consistent observation of Core Clinical Skills will be introduced to strengthen that part of the teaching experience for students
4. Otolaryngology-Head & Neck Surgery presence within the UME curriculum will be expanded given the willingness of members of the Department to extend their teaching responsibilities
5. The engagement of community based faculty in the delivery of UME teaching will be extended to provide students with good exposure to general Otolaryngology-Head & Neck Surgery. Success is contingent upon careful articulation of roles and ensuring that the community faculty members have the skills and the support to provide a sound education experience. The use of residents should also be investigated but additional value to the students is seen in their experiencing a community hospital setting given that is where many of them will practice. Results of the current pilot at the Toronto East General site will provide important input into the final determination of how best to provide this training. In any event, close monitoring and a comparative study will be undertaken looking at results from traditional tertiary centre-based undergraduate studies compared to results from a community-based study opportunity
6. The Department will provide national leadership to UME education across the country through, for example, leading the development of a central repository of educational materials and hosting an annual national UME Otolaryngology-Head & Neck Surgery conference.

Detailed Strategic Roadmap

More detail with respect to specific goals, implementation strategies, metrics and enablers is provided in the following table:

<i>UME Goals</i>	<i>Implementation Strategies</i>	<i>Metrics</i>	<i>Enablers</i>
1.1 To establish UME as a priority for faculty	<ul style="list-style-type: none"> a. Introduce faculty development days and workshops, and include community faculty b. Host Grand Rounds, Visiting Professor Lectures c. Introduce promotion and academic advancement opportunities based on UME d. Educate the Department about the evolution of UME at the University and the importance of showcasing Otolaryngology-Head & Neck Surgery 	<ul style="list-style-type: none"> • Improved teacher effectiveness scores, with a focus on observation of clinical skills • Appointment of new leaders based on UME endeavours 	<ul style="list-style-type: none"> • Funding for annual faculty workshops and for visiting professor • Stipends/honoraria for time intensive teaching activities
1.2 To optimize student satisfaction	<ul style="list-style-type: none"> a. Introduce consistent observation of Core Clinical Skills through, for example, the adoption of encounter cards, the use of physical exam videos and the adoption of exit interviews to ensure goal is being met b. Improve the student experience- e.g., by introducing a community clerkship rotation and improving teaching skills c. Improve scheduling & sense of being welcome e.g. through adoption of software for personalized email; emailing welcoming packages; increased admin support d. Improve portal resources, streamlining and simplifying to ensure the high value items such as the PBL cases are easily accessible 	<ul style="list-style-type: none"> • Improved CGQ scores • Improved End of Rotation scores • Improved teacher effectiveness scores • Improved clerkship marks 	<ul style="list-style-type: none"> • Expand available resources, including admin support

<i>UME Goals</i>	<i>Implementation Strategies</i>	<i>Metrics</i>	<i>Enablers</i>
<p>1.3 To increase presence of Otolaryngology-Head & Neck Surgery within the UME Curriculum at the University of Toronto</p>	<ul style="list-style-type: none"> a. Increase time in the MMMD course in year 2 including OTOSIM mega teaching session b. Increase time in the Clerkship in year 3 c. Increase time in the Fusion course in year 4 d. Engage faculty to increase their participation in other courses, such as: DOCH II, ASCM I and II, Portfolio, PBL, iOSCE, TTR e. Establish a formal longitudinal elective course in year 2 f. Establish relationships with other departments where there is curricular overlap e.g., Pediatrics and OM, Emergency Medicine and epistaxis, Anesthesia and airway management, Surgery with Head & Neck rotation during Surgery Block (only at WB-TGH presently but try and expand program) 	<ul style="list-style-type: none"> • Increased hours of Otolaryngology-Head & Neck Surgery teaching across all years and courses 	<ul style="list-style-type: none"> • Additional resources such as: administrative scheduling support for scheduling and for collating catalogues /organizing information • Ability to influence pre-clerkship committee and MMMD committee • Financial support , e.g. to secure OtoSim units for mega session and for stipends/ honoraria to engage faculty

<i>UME Goals</i>	<i>Implementation Strategies</i>	<i>Metrics</i>	<i>Enablers</i>
1.4 To engage our Community Academic Faculty (CAF) in UME	<ul style="list-style-type: none"> a. Involve CAF in longitudinal course in year 2 b. Introduce CAF clerkship rotation in year 3 c. Provide CAF opportunities for participation in other courses such as: DOCH II, ASCM I and II, Portfolio, PBL, iOSCE, TTR d. Establish academic affiliation for new faculty members e. Conduct research study comparing traditional undergraduate education at tertiary centres vs. community UME 	<ul style="list-style-type: none"> • Increased teaching hours of Community Academic Faculty • Teacher effectiveness Scores • Promotion/ advancement based on UME contribution 	<ul style="list-style-type: none"> • Administrative support around increased scheduling for community sites • Faculty development support • Stipends for time intensive teaching activities
1.5 To contribute to the strengthening of UME across the country	<ul style="list-style-type: none"> a. Provide leadership to the development of a central repository of educational materials b. Host annual national conference to address such topics as developing a national curriculum, establishing a research agenda that might include research into the gap in primary care providers knowledge and skills with respect to Otolaryngology-Head & Neck Surgery c. Continue to foster a robust simulator program d. Develop a strong research program in UME within our specialty 	<ul style="list-style-type: none"> • Central repository of educational materials • Common national curriculum • Increased research opportunities/ publications 	<ul style="list-style-type: none"> • Financial support for annual national conference and for educational research and development of curricular materials and simulators • Summer student scholarships e.g. CREMS (Comprehensive Research Experience for Medical Students) • Masters funding for faculty/residents

Strategic Direction 2 – Postgraduate Medical Education

To lead the future of residency education by creating both community and academic leaders, meeting challenges through innovation

Success will be measured by:

- Resident satisfaction levels
- Stellar accreditation reviews
- Being sought out by other Otolaryngology-Head & Neck Surgery Departments for input into matters related to postgraduate education
- Community and academic Otolaryngology-Head & Neck Surgery leaders across the country are alumni of the University of Toronto's program

Key Issues and Opportunities

In establishing strategic direction, the following strategic issues and opportunities were identified and discussed:

1. Should the focus of training be foundational (general otolaryngology) or subspecialty driven (or both)?
2. Should the Department adopt a competency-based training program?
3. How might the impact of limited resident duty hours impact on our ability to train residents to a competent level within a 5-year program?
4. How should the Department be involved in supporting graduating residents with job placement given how the perceived job shortages has implications for resident morale and wellbeing?
5. How might the Department identify and financially support residents to participate in the Clinician Investigator Program?

Strategy Overview

There is Department agreement to the following broad strategic statements:

1. The Department will develop both academic and community leaders and the program will be adaptive to reflect the practice patterns of recent graduates
2. Competency based evaluation strategies will be introduced gradually taking into account the experiences of other Departments and international jurisdictions, both with respect to outcomes as well as resource intensity



3. The Department will strengthen its connection to the residents in a number of ways, including such possibilities as: mentorship programs, human resource planning, informal job search support, and by increasing the skills of faculty

Detailed Strategic Roadmap

More detail with respect to specific goals, implementation strategies, metrics and enablers is provided in the following table:

<i>PGME Goals</i>	<i>Implementation Strategies</i>	<i>Metrics</i>	<i>Enablers</i>
2.1 Align the residency curriculum with contemporary practice patterns of recent graduates	<ul style="list-style-type: none"> a. Modify the core teaching schedule and rotation schedule to reflect the realities of contemporary practice of recent graduates. b. Compare OHIP billing data of recent graduates to curriculum content for alignment and use evidence to modify the curriculum 	<ul style="list-style-type: none"> • Alignment between OHIP billing data and reported activity of recent graduates with curriculum content 	
2.2 Develop competency-based evaluation strategies	<ul style="list-style-type: none"> a. Adopt gradual approach to competency-based approaches, evaluating progress and being guided by the local and international experiences of others. Initially modify a subset of core lectures to reflect competency-based learning b. Develop and implement surgical STACERS c. Establish training milestones used to determine resident promotion d. Keep track of new measures of competency-based evaluations 	<ul style="list-style-type: none"> • Rate of adoption of competency based approaches • Resident success at Royal College exams 	<ul style="list-style-type: none"> • Administrative support for modification of teaching schedules, organize mentorship program • Faculty 'buy-in' for competency-based evaluations

<i>PGME Goals</i>	<i>Implementation Strategies</i>	<i>Metrics</i>	<i>Enablers</i>
2.3 Enhance residency program and resident well-being	<ul style="list-style-type: none"> a. Develop a resident mentorship program b. Develop a biannual resident retreat c. Collect data on employment patterns of recent graduates d. Drive the human resource discussion provincially and nationally e. Advocate for policy changes that will provide increased job opportunities for graduating residents f. Continue to provide informal support to graduating residents seeking employment g. Support ongoing faculty development h. Provide increased access to local, national and international outreach programs i. Collaborate with other departments and allied health professionals j. Promote education research and simulation 	<ul style="list-style-type: none"> • Resident satisfaction levels • Faculty skill levels • Focus on education research • Subsequent engagement as alumni 	<ul style="list-style-type: none"> • Faculty ‘buy-in’ for mentorship program
2.4 Raise and maintain funding to support residents enrolled in graduate degree programs	<ul style="list-style-type: none"> a. Create and maintain at a fixed level a fund to fully support residents enrolled in the CIP or other graduate degree program b. Raise stable funding for graduate degrees c. Create and maintain fundraising events on an annual basis (e.g. Barberian Dinner Fundraising event) 	<ul style="list-style-type: none"> • Achievement of funding goal • Increased number of supported graduate students 	<ul style="list-style-type: none"> • Available funding • Faculty “buy in” and support • Advancement support

Strategic Direction 3 – Continuing Education and Professional Development

To establish world class continuing education programs under the University of Toronto brand with expansion of current courses and development of innovative curriculum in new areas that will help change the future of Otolaryngology-Head & Neck Surgery.

Success will be measured by:

- Being recognized as a national leader in CEPD courses in Otolaryngology-Head & Neck Surgery
- National and international attendance at courses
- Improved faculty well being and increased faculty development sessions
- Excellent teaching evaluation scores
- Subscription to online programs and grand rounds
- Number of Global Health and international relationships

Key Issues and Opportunities

In establishing strategic direction, the following strategic issues and opportunities were identified and discussed:

1. Establishing focus: who is the key audience for CEPD?
2. What is the fit of CEPD with interprofessional education?
3. What role can CEPD play in fostering stronger relationships with alumni?
4. How should CEPD support the otolaryngology-head & neck surgery community manage the explosion of knowledge?
5. How best can CEPD contribute revenue while also building relationships with alumni and furthering the Department's academic reputation?

Strategy Overview

There is Department agreement to the following broad strategic statements:

1. Programming will be developed for otolaryngology-head & neck surgery community and academic physicians as well as for family medicine and other specialties, and will take into account findings from the needs assessment of family physicians that is currently underway



2. CEPD programming will support professionals in staying current with the vast amount of new knowledge being generated on an annual basis
3. Current courses will be expanded strategically and with a clear understanding of the purpose of the course: whether to build profile for the Department, increase the expertise of faculty, generate revenue, fill a particular identified learning need for family medicine, etc. There is general support for increasing the opportunities for hands-on learning and on-line case studies whereas expanding into areas such as live surgery will be explored with more caution. The Annual Otolaryngology Update will be retained as it is and further faculty development courses will be introduced. Possibilities for international expansion will be explored
4. Opportunities to foster relationships with alumni will be sought out, including ways to strengthen the linkages of the Department with current residents
5. CEPD should provide revenue to the Department. Pricing for different courses will be established based on the tolerance of the marketplace. Different models will be explored such as the video library profit centre created by the American Academy of Otolaryngology-Head & Neck Surgery
6. Work with the Faculty of Medicine's Office of Global Health and International Relations to build capacity and support our global health goals

Detailed Strategic Roadmap

More detail with respect to specific goals, implementation strategies, metrics and enablers is provided in the following table:

<i>CEPD Goals</i>	<i>Implementation Strategies</i>	<i>Metrics</i>	<i>Enablers</i>
3.1 Develop world class programming for otolaryngology-head & neck surgery community and academic physicians as well as for family medicine and other specialties	<ul style="list-style-type: none"> a. Determine learning needs of different audience segments b. Assess current offerings against needs assessment and develop a plan to fill the gaps c. Expand current CEPD program to include new courses, possibly live surgery and innovative course interactivity d. Build interdisciplinary collaboration into all existing and new courses e. Initiate on-line programs and grand rounds f. Determine ways to measure on line participation g. Increase the number of faculty development courses h. Initiate research into CEPD i. Research opportunities in knowledge translation through focus groups and post course surveys 	<ul style="list-style-type: none"> • Attendance, including online • Number and degree of engagement in Global Health and international relationships 	<ul style="list-style-type: none"> • Faculty support to develop new course ideas • Software and admin support to develop online programs and grand rounds • Funding for research opportunities
3.2 Enhance the learners' experience	<ul style="list-style-type: none"> a. Develop and publish a year-round central calendar b. Provide faculty with step-by-step course set up package for ease of planning 	<ul style="list-style-type: none"> • Evaluation scores 	<ul style="list-style-type: none"> • Admin support for collating and organizing calendar of courses

<i>CEPD Goals</i>	<i>Implementation Strategies</i>	<i>Metrics</i>	<i>Enablers</i>
	c. Expand faculty development opportunities including teaching, time management, leadership training, promotion and teaching dossier development		
3.3 Strengthen the relationship with alumni	a. Increased alumni events b. Creation of an annual alumni dinner c. Personalized invitations to events d. Consider ways to strengthen relationship with current residents	<ul style="list-style-type: none"> Improved attendance at courses 	<ul style="list-style-type: none"> Administrative support
3.4 Contribute net profits to the Department	a. Determine opportunities (e.g., online programs and grand rounds; international faculty and venues) where fees could be charged b. Establish revenue projections. Develop business cases when introducing new programs c. Explore new ways to generate revenue, e.g., selling video products	<ul style="list-style-type: none"> Improvement of revenue stream 	



Strategic Direction 4 – Research, Knowledge Translation and Commercialization

To be recognized as an international leader in the identification and dissemination of new knowledge in all subspecialties of otolaryngology-head & neck surgery (head & neck surgery, facial plastic and reconstructive surgery, otology, neurotology, rhinology, laryngology pediatrics and general otolaryngology).

Success will be measured by:

- Impact factor of publications
- Number of peer reviewed publications
- Dollars raised through peer reviewed, tri-council and other grants/funding
- Number of, and dollars derived from, commercialization activities
- Acknowledgement of connection to University of Toronto on publications

Key Issues and Opportunities

In establishing strategic direction, the following strategic questions were identified and discussed:

1. How might the Department support excellence, honour current research performance and position the Department for the future in an environment of constrained resources? Should all of the programs be supported equally or should a tighter focus be adopted by the Department, perhaps on some new area with potential?
2. Given that the Department does not 'own' research in the same way that it does education, how might the Department influence the direction and resource allocation of hospitals and hospital research institutes?
3. How might clinician scientists currently working in silos in their separate institutions, collaborate more extensively, building off the shared databases and shared clinical programs already in place?
4. How might the Department develop more large multi-centre and interdisciplinary collaborative teams, while at the same time, supporting the individual researcher given the serendipitous nature of discovery?
5. How might the Department strengthen its focus on commercialization: intellectual property and innovation?



6. How might the Department raise its profile with the TAHSN research institutes?
7. How might the Department support more faculty members become PIs for peer reviewed grants?
8. How might the Department enable more sustainable funding for its scientists?
9. How might the Department focus on individual strengths and appropriately structure its resources so that, as a collective, the Department delivers on all aspects of its mandate?

Strategy Overview

There is Department agreement to the following broad strategic statements, with additional consultation being needed in some areas as noted below:

- a. Some focus must be adopted by the Department particularly in basic and translational research and, at the same time, sufficient breadth of coverage must be maintained to support excellent clinical teaching. There is general agreement to support research areas where we already have excellence and profile. While there is support for the use of clinical revenue streams to help fund research initiatives, further discussion and consultation is needed in terms of identifying priorities to be supported by limited university based funding
- b. Higher levels of integration across the hospitals will be fostered with respect to conducting research, sharing research findings, KT and commercialization initiatives
- c. Strengthened relationships with the Research Institutes will be sought to align priorities and recruitment efforts and to support the development and productivity of faculty
- d. The Department is viewed as having an important and continuing role to play in training Canadian clinician scientists. In general, it was agreed that Departmental support for graduate level study must be targeted and focused.

Detailed Strategic Roadmap

More detail with respect to specific goals, implementation strategies, metrics and enablers is provided in the following table:

<i>Research, KT and Commercialization Goals</i>	<i>Implementation Strategies</i>	<i>Metrics</i>	<i>Enablers</i>
4.1 To pursue greater integration across the hospitals and with related entities	<ul style="list-style-type: none"> a. Establish common goals and shared objectives b. Facilitate research interaction among Department members and coordinate cross-institutional studies c. Hold regular sessions where research and KT/commercialization efforts can be shared d. Strengthen connection with MaRS e. Develop closer ties with engineering and with industry 	<ul style="list-style-type: none"> • Increase in number of multi-site and other collaborations • Increased number and funding for collaborative projects with industry and government sponsorship • Research integration (eg. international collaborations) 	<ul style="list-style-type: none"> • More secured funding
4.2 To recruit strategically and develop talent across the Department	<ul style="list-style-type: none"> a. Determine strategic resource focus b. Develop an inventory of clinician scientists including all funding sources and terms of career funding c. Develop an HR plan d. Investigate opportunities for hiring biomedical scientists/engineers e. Develop targeted strategies to hire excellent clinician scientists f. Provide more training opportunities for clinical trainees 	<ul style="list-style-type: none"> • Faculty commitment to annual priorities and deliverables • Faculty productivity and satisfaction levels 	<ul style="list-style-type: none"> • More funding

<i>Research, KT and Commercialization Goals</i>	<i>Implementation Strategies</i>	<i>Metrics</i>	<i>Enablers</i>
	g. Provide support to residents and junior faculty wishing to undertake graduate studies		
4.3 To strengthen relationships with hospital based research leaders to grow world class researchers	a. Initiate proactive planning with research leads at each hospital to identify common priorities, including an annual process for identifying and reviewing proposed research positions and new recruits b. Establish annual accountabilities and metrics for researchers and scientists c. In conjunction with Research Institutes, develop mentoring, protected time and appropriate packages to support successful clinician scientist careers d. Pursue innovative funding strategies to support clinician scientists and clinical investigators e. Recruit junior faculty with prescribed deliverables	<ul style="list-style-type: none"> Recruitment of faculty in strategically identified areas 	<ul style="list-style-type: none"> Funding

<i>Research, KT and Commercialization Goals</i>	<i>Implementation Strategies</i>	<i>Metrics</i>	<i>Enablers</i>
4.4 To facilitate the development of the necessary research, KT and commercialization supports and infrastructure	a. Improve functioning of the research committee b. Develop a research database of activity across the Department c. Position the Department to be competitive for major external awards/grants	<ul style="list-style-type: none"> • Higher rate of grant capture • Increased number of citations • Increased number of higher impact publications • Number of new innovations brought to commercialization • >90% of publications acknowledge the “University of Toronto” 	<ul style="list-style-type: none"> • Support for faculty in writing grant proposals

Strategic Direction 5 – Quality and Safety

To be sought after as the leading expert by external stakeholders to advise on quality metrics and performance in otolaryngology-head & neck surgery in Ontario and Canada

Success will be measured by:

- Government and other hospital and health decision makers seeking out the advice of the Department on matters of quality
- The Department being requested to establish /provide significant input into the development of quality and performance metrics used by the hospitals and by the Ministry
- Demonstrable improvements in advancing the quality agenda within the Department

Key Issues and Opportunities

In establishing strategic direction, the following strategic issues and opportunities were identified and discussed:

1. What is the role of the University in “Quality”? No consensus on how much and what the University of Toronto Department of Otolaryngology-Head & Neck Surgery “owns” in Quality Improvement
 - Unequivocal agreement that the University Department has critical value and oversight on the following areas
 - Quality in education
 - Quality in research
 - Building capacity in faculty to lead Quality initiatives
2. Other Challenges:
 - The Department does not have faculty trained in quality program implementation or management
 - Lack of infrastructure/funding to deliver
 - Quality programs already operationalized in the hospitals
 - “The train has already left the station”
 - The Department will be viewed as late comers on this
 - Much of otolaryngology-head & neck surgery outcomes would be qualitative and not quantitative, and thus difficult to measure.

Strategy Overview

There is Department agreement to the following broad strategic statements:

1. The Department has a key role to play in helping define quality standards across the system, sharing best practices and developing measures to support such common objectives as reduced infection rates. This will be accomplished through establishing partnerships with the hospitals since the clinical chiefs are accountable for the actual delivery of quality care
2. To facilitate this sharing of quality best practice information, the Department will develop the appropriate infrastructure which will include a common database or informatics platform and a framework for selecting quality measures as well as human and financial resources to support implementation.

Detailed Strategic Roadmap

More detail with respect to specific goals, implementation strategies, metrics and enablers is provided in the following table:

<i>Quality and Safety Goals</i>	<i>Implementation Strategies</i>	<i>Metrics</i>	<i>Enablers</i>
5.1 Develop partnerships between hospitals aimed at improving quality and best practices	<ul style="list-style-type: none"> a. Conduct landscape survey/environmental scan of current hospital based QI initiatives b. Develop a “sharing of best practice” forum (likely a Quality Improvement Committee) c. Agree on areas of common interest to base QI initiatives (develop 2-3 areas of QI) d. Develop QI implementation and measurement strategy across UofT hospitals with establishment of performance targets 	<ul style="list-style-type: none"> • Process metrics related to the steps to be taken • Quantitative quality improvement measures determined by the initiatives undertaken 	<ul style="list-style-type: none"> • Collaborations with other Quality initiatives, within FOM as well as national and international surgical initiatives
5.2 Share best practice & quality improvement initiatives between hospitals	<ul style="list-style-type: none"> e. Facilitate the use of evidence derived from quality initiatives in decision making 	<ul style="list-style-type: none"> • Clinical practice guidelines for Canada 	
5.3 Develop an infrastructure to support quality and best practice implementation	<ul style="list-style-type: none"> a. Develop common database/informatics platform for data entry and data sharing addressing any issues regarding patient privacy 	<ul style="list-style-type: none"> • Recruitment of hospital-based quality leads 	<ul style="list-style-type: none"> • Funding and other resources

<i>Quality and Safety Goals</i>	<i>Implementation Strategies</i>	<i>Metrics</i>	<i>Enablers</i>
	<ul style="list-style-type: none"> b. Create framework for selecting quality measures c. Develop new faculty trained in quality improvement practices d. Identify quality improvement “champions” in each of the partner hospitals e. Identify potential external partnerships to facilitate implementation f. Identify financial resources to support implementation and operationalization g. Integrate a quality improvement initiative framework into the residency education program through inclusion within formal educational objectives, specific curriculum elements and learner initiatives and projects h. Embed quality improvement in education and research, including the promotion of quality within academic job descriptions, career paths and promotions 	<ul style="list-style-type: none"> • Recruitment of new faculty trained in quality improvement initiatives • Adopted framework for quality measures • Quality embedded in the Department 	



Strategic Direction 6 – Enabling Strategies: Advancement, Finances, Human Resources, Sub-Specialty Distribution, Faculty Recruitment

In order to be successful over the next five years, there is need to pay attention to such areas as advancement, finances and human resource planning including sub-specialty distribution and faculty recruitment strategies.

Key Issues and Opportunities

The following strategic issues and opportunities were identified:

1. Low base budget with increasing demands for operational revenue and research support
2. Limited fundraising capability and capacity within the Department and few relationships with key players in industry
3. Standardized salary support by academic rank for academic full-time faculty
4. Limited human resource planning at the university level
5. Little protected time for academic activity except where there is an institution AFP
6. Limited clinical resources, OR time, clinic space
7. No formal mentorship program for faculty
8. Standardized academic positions that do not take into account the changing demographic within otolaryngology-head & neck surgery; increasing need for flexibility
9. Absence of volume funding for the majority of otolaryngology-head & neck surgery services
10. Aging faculty without established retirement plan or career transition

Strategy Overview

There is Department agreement to the following broad strategic statements:

1. Increase Department revenues through such mechanisms as a focused advancement strategy and increasing revenue from CEPD
2. Members of the Department playing a greater role in the ongoing success of the Department should be compensated accordingly with such changes being

implemented over time following more detailed modeling of options and permutations by the Finance Committee

3. New recruits will be supported in their early years with the Department in order to get on their feet with respect to their academic contribution. The Department's willingness to provide such funding was seen as helpful in working with the hospital departments when recruiting promising candidates. Again, details with respect to an appropriate level of stipend require further analysis and input from the Finance Committee
4. Develop a human resources plan that includes identifying a philosophical approach to retirement planning, building more flexibility into existing positions and transition options and a formal mentorship program. There is general agreement that additional General Otolaryngologists are needed to support teaching of residents and fellows, but more analysis is required with respect to the recruitment of other sub-specialties
5. Advocate for a surgicentre, similar to the Kensington Eye Clinic, for outpatient otolaryngology-head & neck surgery procedures.
6. Work with the Faculty of Medicine's Office of Strategy, Communications and External Relations (OSCER) as a resource/enabler to develop a communications plan to further raise the profile of the Department

Detailed Strategic Roadmap

More detail with respect to specific goals, implementation strategies, metrics and enablers is provided in the following table:

<i>Enabling Goals</i>	<i>Implementation Strategies</i>	<i>Metrics</i>	<i>Enablers</i>
6.1 To increase revenue	a. Increase CEPD revenue b. Develop a robust advancement program including: <ul style="list-style-type: none"> • Make advancement a strategic focus of the Department Executive • Hire an Advancement Officer • Establish targets and programs for funding (clinical, research, education) based on recognized strengths and institutional priorities • Determine approaches to industry partners (e.g., for clinical trial network or intellectual property development program that might include funding for Research Directors and Chairs) • Establish working relationships with Hospital based Foundations • Develop and execute a focused alumni connection strategy • Identify and pursue other non-traditional approaches c. Consider revenue opportunities within the Department	<ul style="list-style-type: none"> • Increased funding from all sources 	<ul style="list-style-type: none"> • Executive focus and mobilization of supporting resources
6.2 To align Department compensation with contribution	a. Request Budget Advisory Committee to review options to introduce variable stipend support based on university program responsibility (e.g., UME, PGME, CEPD, etc.) b. Implement Budget Advisory Committee recommendations	<ul style="list-style-type: none"> • Budget Advisory Committee report • Aligned compensation over time 	<ul style="list-style-type: none"> • Department buy-in



Enabling Goals	Implementation Strategies	Metrics	Enablers
6.3 To maintain and strengthen the world class faculty (including recruitment, compensation, expectations, flexibility and mentorship)	<ul style="list-style-type: none"> a. Develop an HR plan based on subspecialty needs and strategic directions b. Improve balance of clinical activity to academic activity by establishing expectations and developing an aligned reimbursement model c. Develop Departmental philosophy/principles to guide discussions about retirement d. Develop innovative career transition options (e.g., mentorship/job sharing) e. Explore flexible positions (eg. job sharing models either within teaching hospitals or integrating the community, or private practice; or unique practice opportunities for recent graduates such as hospitalist positions) f. Develop formal mentorship program for leadership development and for new faculty with expectations of performance and process 	<ul style="list-style-type: none"> • Average age of faculty reduced • Implementation of innovative transition approaches • Higher levels of faculty satisfaction • Faculty filling more leadership roles at university and institutional levels 	<ul style="list-style-type: none"> • Executive ownership and ongoing attention • Dedicated resources to design and implement
6.4 To align closely and grow patient services and resources with need and opportunity	<ul style="list-style-type: none"> a. Review current services in teaching hospitals and evaluate opportunities for expansion b. Advocate for increased resources through Access to Care c. Expand the role of General Otolaryngology, Facial Plastic and Reconstructive Surgery and Laryngology in teaching hospitals by working with management on recruiting and to find capital and operating resources d. Increase research and clinical involvement in regenerative medicine (inner ear and hearing loss) and transplant e. Establish robotics/MIS and other surgery through 	<ul style="list-style-type: none"> • Expansion of general Otolaryngology and Laryngology in teaching hospitals • Recruitment of regenerative medicine clinician/investigator 	<ul style="list-style-type: none"> • Resources • Time and effort to work with others across the system



<i>Enabling Goals</i>	<i>Implementation Strategies</i>	<i>Metrics</i>	<i>Enablers</i>
	recruitment/retraining approach and by developing an academic program in MIS f. Establish a focused skin malignancy program at a minimum of two teaching hospitals by recruiting a clinician/investigator, collaborating with other interested disciplines, and developing a clinical trials program g. Advocate for the development of outpatient facilities for general otolaryngology-hns (e.g. surgicentres)	<ul style="list-style-type: none">• Active involvement in transplant programs• Increased resources	
6.5 To raise the profile of the Department at the University and with the TAHSN hospitals	a. Develop a communications strategy to profile the achievements of the Department b. Improve website for ease of access	<ul style="list-style-type: none">• Department's successes are better known among formal leaders across the system	<ul style="list-style-type: none">• Resources



Implementing the Plan

Roles and Responsibilities

- ***Executive Committee*** – provides oversight to the overall implementation of the plan, monitoring progress against targets and course correction as necessary on a monthly or bi-monthly basis. The Executive Committee will issue an internal report card every quarter and will also identify the implementation priorities each year
- ***Finance Committee*** – models proposed changes to allocation of stipends and tracks funding against priorities
- ***Chair*** – leads implementation of the plan; informally and formally provides support and monitors progress on a regular basis; recommends deployment of resources to Finance and Executive Committees. Reports back to faculty on a regular basis with respect to progress against plan
- ***Accountable Leads*** – accountable for achieving the targets and deliverables. Executive Committee identifies *Accountable Leads* for each of the strategic priorities or implementation priorities on an annual basis. That individual develops a more detailed work plan that is tabled with the Executive Committee, outlining key deliverables, timelines and any resource requests. Reports progress against plan on a regular basis
- ***Faculty and Staff*** – utilize concepts and directions set out in this plan to prioritize work.

Implementation Priorities

Appendix 3 reorganizes the previously outlined main goals and implementation strategies in each of the six strategic directions. The goals and strategies are prioritized for implantation by years 1, 3 or 5 of the strategic plan.



Monitoring and Implementation Process

Monitoring the implementation of the strategic plan will take place at each regularly scheduled Executive meeting, with three major annual milestones:

1. The implementation of the plan will commence on October 8, 2013. Each year thereafter, on or about the beginning of September, the Executive Committee will issue a retrospective report to the Department, outlining achievements, performance against key metrics, and identifying the priorities for the upcoming year
2. In February, the Executive Committee will issue a progress update to the Department
3. In June, the Executive Committee will hold a longer meeting at which it reviews progress to-date, resource deployment, underpinning assumptions and the emergence of other internal or external factors. A proposed set of priorities for the upcoming year are developed and *Accountable Leads* identified. These individuals are asked to develop work plans and resource requests which then inform the decisions of the Executive Committee at its September meeting



Appendix 1

Steering Committee Members

Chair: Ian Witterick

Hospital Chiefs

- Jennifer Anderson, St. Michael's Hospital
- Joseph Chen, Sunnybrook Health Sciences Centre
- Ralph Gilbert, University Health Network
- Vito Forte, Hospital for Sick Children
- Blake Papsin, Hospital for Sick Children
- Everton Gooden, North York General Hospital
- Rick Fox, St. Joseph's Health Centre
- Oakley Smith, Toronto East General Hospital
- Jeffrey Mendelsohn, Mississauga Academy of Medicine

Other Members

- Paolo Campisi, Director of Postgraduate Medical Education
- Al Chiodo, Director of Undergraduate Medical Education
- Yvonne Chan, Director of Continuing Education and Professional Development
- Jeremy Freeman, Former Chief, Mount Sinai Hospital
- Patrick Gullane, Former University Department Chair
- Peter Adamson, Director, Division of Facial Plastic and Reconstructive Surgery
- Robert Harrison, Chair of Promotions and Research Committees
- Jonathan Irish, Chair, Departmental Appointments Committee
- Molly Zirkle, Director, FitzGerald Academy
- Vicky Papaioannou, Chair, Audiology Committee
- David Pothier, Fellow Representative
- Eric Monteiro, PGY5, Resident Representative
- Eric Arruda, PGY4, Resident Representative
- Meera Rai, Office of Strategy, Communications and External Relations, UofT FoM

Facilitator

- Jane Cooke-Lauder, MBA, CMC, Bataleur Enterprises Inc.

Administrative Support

- Audrea Martin, Business Officer
- Sonia Costantino, Executive Assistant



Appendix 2 - Task Force Leaders and Members

Undergraduate Medical Education

- **Lead:** *Al Chiodo*
- **Members:** *Joel Davies (2nd yr med student U of T), Vinay Fernandes (PGY3), Ryan Figueroa (Clinical Clerk U of T), Eric Lai (Clinical Clerk and Course Student Rep U of T), John Lee, Allan Vescan, Nikolaus Wolter (PGY4), Jonathan Yip (4th yr med student U of T)*

Postgraduate Medical Education

- **Lead:** *Paolo Campisi*
- **Members:** *Al Chiodo, Eric Monteiro (PGY5 Resident Representative), Vicky Papaioannou, Ian Witterick, Molly Zirkle*

Continuing Education and Professional Development

- **Lead:** *Yvonne Chan*
- **Members:** *Paolo Campisi, David Goldstein, Vincent Lin, David Pothier, Ian Witterick*

Research, Knowledge Translation and Commercialization

- **Lead:** *Robert V. Harrison*
- **Members:** *Sharon Abel, Peter Adamson, Jennifer Anderson, Paolo Campisi, Joseph Chen, Al Chiodo, Alain Dabdoub, Mike Daly, Lendra Friesen, Vito Forte, Jeremy Freeman, David Goldstein, Jim Haight, Kevin Higgins, Martyn Hyde, Adrian James, John Lee, Vincent Lin, David Pothier*

Quality & Safety

- **Lead:** *Jonathan Irish*
- **Members:** *Yvonne Chan, Danny Enepekides, Ralph Gilbert, John Lee, Eric Monteiro (PGY5 Resident Representative), Oakley Smith, Ian Witterick*

Advancement/Finances/Human Resources/Sub-specialty Distribution/Faculty Recruitment

- **Lead:** *Ralph Gilbert/Patrick Gullane*
- **Members:** *Jonathan Irish, Oakley Smith, Ian Witterick*

Appendix 3 - Year 1, 3 and 5 Implementation Priorities

Strategic Direction 1	Year 1	Year 3	Year 5
<p><u>UME</u></p> <p>1.1 Establish UME as a priority for faculty</p>	<ul style="list-style-type: none"> • Introduce faculty development days and workshops, include community faculty • Host Grand Rounds, Visiting Professor Lectures • Educate the Department about the evolution of UME at the University and the importance of showcasing Otolaryngology-Head & Neck Surgery 	<ul style="list-style-type: none"> • Introduce promotion and academic advancement opportunities based on UME 	
<p>1.2 Optimize student satisfaction</p>	<ul style="list-style-type: none"> • Introduce consistent observation of Core Clinical Skills • Improve scheduling and sense of being welcome • Improve portal resources, streamlining and simplifying to ensure the high value items such as the PBL cases are easily accessible 	<ul style="list-style-type: none"> • Improved student experience • Improvement in: <ul style="list-style-type: none"> ▪ CGQ scores ▪ End of Rotation scores ▪ Teacher Effectiveness Scores ▪ Clerkship marks 	
<p>1.3 Increase presence within the UME curriculum</p>	<ul style="list-style-type: none"> • Increase time in the MMMD course in year 2 including OTOSIM mega teaching session 	<ul style="list-style-type: none"> • Increase time in the Fusion course • Engage faculty to increase their participation in other courses, such as: DOCH II, ASCM I and II, Portfolio, PBL, iOSCE, TTR 	<ul style="list-style-type: none"> • Increase time in the Clerkship year 3

Strategic Direction 1	Year 1	Year 3	Year 5
<u>UME</u> cont.		<ul style="list-style-type: none"> • Establish a formal longitudinal elective course in year 2 • Establish relationships with other departments where there is curricular overlap 	
1.4 Engage our Community Academic Faculty (CAF) in UME	<ul style="list-style-type: none"> • Introduce CAF clerkship rotation in year 3 • Provide opportunities for CAF participation in other courses such as: DOCH II, ASCM I and II, Portfolio, PBL, iOSCE, TTR • Establish academic affiliation for new faculty members 	<ul style="list-style-type: none"> • Involve CAF in longitudinal course in year 2 	<ul style="list-style-type: none"> • Conduct research study comparing traditional undergraduate education at tertiary centres vs. community UME
1.5 Contribute to the strengthening of UME across the country	<ul style="list-style-type: none"> • Host annual national conference 	<ul style="list-style-type: none"> • Provide leadership to the development of a central repository of educational materials • Continue to foster a robust simulator program 	<ul style="list-style-type: none"> • Develop a strong research program in UME within our specialty • Department is considered the national leader and resource in UME

Strategic Direction 2	Year 1	Year 3	Year 5
<p><u>PGME</u></p> <p>2.1 Align the residency curriculum with contemporary practice patterns of recent graduates</p>	<ul style="list-style-type: none"> • Compare OHIP billing data of recent graduates to curriculum content for alignment and use evidence to modify the curriculum 	<ul style="list-style-type: none"> • Modify the core teaching schedule and rotation schedule to reflect the realities of contemporary practice of recent graduates 	
<p>2.2 Develop competency-based evaluation strategies</p>	<ul style="list-style-type: none"> • Develop and implement surgical STACERS • Keep track of new measures of competency-based evaluations 	<ul style="list-style-type: none"> • Adopt gradual approach to competency-based approaches, evaluating progress and being guided by the local and international experiences of others. Initially modify a subset of core lectures to reflect competency-based learning • Establish training milestones used to determine resident promotion 	
<p>2.3 Enhance residency program and resident well-being</p>	<ul style="list-style-type: none"> • Develop a resident mentorship program • Develop a biannual resident retreat • Collect data on employment patterns of recent graduates • Continue to provide support to graduates seeking employment • Support ongoing faculty development • Provide increased access to local, national & international outreach programs • Collaborate with other departments and allied health professionals 	<ul style="list-style-type: none"> • Drive the human resource discussion provincially and nationally • Advocate for policy changes that will provide increased job opportunities for graduating residents • Promote education research and simulation 	

Strategic Direction 2	Year 1	Year 3	Year 5
<p><u>PGME</u> cont.</p> <p>2.4 Raise and maintain funding to support residents enrolled in graduate degree programs</p>	<ul style="list-style-type: none"> • Create and maintain fundraising events on an annual basis 	<ul style="list-style-type: none"> • Raise stable funding for graduate degrees 	<ul style="list-style-type: none"> • Create and maintain at a fixed level a fund to fully support residents enrolled in the CIP or other graduate degree program

Strategic Direction 3	Year 1	Year 3	Year 5
<p><u>CEPD</u></p> <p>3.1 Develop world class programming for otolaryngology-head & neck surgery community and academic physicians as well as for family medicine and other specialties</p>	<ul style="list-style-type: none"> Determine learning needs of different audience segments Assess current offerings against needs assessment and develop a plan to fill the gaps Initiate on-line programs and grand rounds 	<ul style="list-style-type: none"> Expand current CEPD program to include new courses, possibly live surgery and innovative course interactivity Build interdisciplinary collaboration into all existing and new courses Determine ways to measure on line participation Increase the number of faculty development courses Initiate research into CEPD 	<ul style="list-style-type: none"> Research opportunities in knowledge translation through focus groups and post course surveys Number and degree of engagement in Global Health and international relationships
<p>3.2 Enhance the learners' experience</p>	<ul style="list-style-type: none"> Develop and publish a year-round central calendar 	<ul style="list-style-type: none"> Provide faculty with step-by-step course set up package for ease of planning Expand faculty development opportunities including teaching, time management, leadership training, promotion and teaching dossier development 	
<p>3.3 Strengthen the relationship with alumni</p>	<ul style="list-style-type: none"> Increased alumni events Creation of an annual alumni dinner Personalized invitations to events 	<ul style="list-style-type: none"> Strengthen relationship with current residents as future alumni 	

Strategic Direction 3	Year 1	Year 3	Year 5
<p><u>CEPD</u> cont.</p> <p>3.4 Contribute net profits to the Department</p>	<ul style="list-style-type: none"> • Determine opportunities (e.g., online programs and grand rounds; international faculty and venues) where fees could be charged • Establish revenue projections. Develop business cases when introducing new programs • Explore new ways to generate revenue, e.g., selling video products 		

Strategic Direction 4	Year 1	Year 3	Year 5
<p><u>Research, KT, Commercialization</u></p> <p>4.1 To pursue greater integration across the hospitals and with related entities</p>	<ul style="list-style-type: none"> Establish common goals and shared objectives Facilitate research interaction among Department members and coordinate cross-institutional studies Hold regular sessions where research and KT/commercialization efforts can be shared 	<ul style="list-style-type: none"> Strengthen connection with MaRS Develop closer ties with engineering and with industry Increase in number of multi-site and other collaboration Increased number and funding for collaborative projects with industry and government sponsorship 	<ul style="list-style-type: none"> Successful exploration and engagement of research collaborations with international colleagues
<p>4.2 To recruit strategically and develop talent across the Department</p>	<ul style="list-style-type: none"> Determine strategic resource focus Develop an inventory of clinician scientists including all funding sources and terms of career funding Develop an HR plan 	<ul style="list-style-type: none"> Investigate opportunities for hiring biomedical scientists/engineers Develop targeted strategies to hire excellent clinician scientists Provide more training opportunities for clinical trainees Provide support to residents and junior faculty wishing to undertake graduate studies 	
<p>4.3 Strengthen relationships with hospital based research leaders to grow world class researchers</p>	<ul style="list-style-type: none"> Initiate proactive planning with research leads at each hospital to identify common priorities, including an annual process for identifying & reviewing proposed research positions and new recruits 	<ul style="list-style-type: none"> In conjunction with Research Institutes, develop mentoring, protected time and appropriate packages to support successful clinician scientist careers 	

Strategic Direction 4	Year 1	Year 3	Year 5
<p><u>Research, KT, Commercialization</u> cont.</p>	<ul style="list-style-type: none"> Establish annual accountabilities and metrics for researchers and scientists 	<ul style="list-style-type: none"> Pursue innovative funding strategies to support clinician scientists and clinical investigators Recruit junior faculty with prescribed deliverables 	
<p>4.4 Facilitate development of the necessary research, KT & commercialization supports & infrastructure</p>	<ul style="list-style-type: none"> Improve functioning of the research committee Develop a research database of activity across the Department 90% of publications acknowledge the "University of Toronto" 	<ul style="list-style-type: none"> Position the Department to be competitive for major external awards/grants Higher rate of grant capture Increased number of citations Increased number of higher impact publications 	<ul style="list-style-type: none"> Number of new innovations brought to commercialization

Strategic Direction 5	Year 1	Year 3	Year 5
<p><u>Quality and Safety</u></p> <p>5.1 Develop partnerships between hospitals aimed at improving quality and best practices</p>	<ul style="list-style-type: none"> • Conduct landscape survey/environmental scan of current hospital based QI initiatives • Develop a “sharing of best practice” forum (likely a Quality Improvement Committee) 	<ul style="list-style-type: none"> • Develop QI implementation and measurement strategy across UofT hospitals with establishment of performance targets • Facilitate the use of evidence derived from quality initiatives in decision making 	<ul style="list-style-type: none"> • Collaborations with other quality initiatives, within FOM as well as national and international surgical initiatives • Clinical practice guidelines for Canada
<p>5.2 Share best practice and quality improvement initiatives between hospitals</p>	<ul style="list-style-type: none"> • Agree on areas of common interest to base QI initiatives (develop 2-3 areas of QI) 		
<p>5.3 Develop an infrastructure to support quality and best practice implementation</p>	<ul style="list-style-type: none"> • Create framework for selecting quality measures • Identify quality improvement “champions” in each of the partner hospitals 	<ul style="list-style-type: none"> • Develop common database & informatics platform for data entry and data sharing, addressing any issues regarding patient privacy • Develop new faculty trained in quality improvement practices • Identify financial resources to support implementation & operationalization • Integrate a quality improvement initiative framework into the residency education program through inclusion within formal educational objectives, specific curriculum elements and learner initiatives and projects 	<ul style="list-style-type: none"> • Identify potential external partnerships to facilitate implementation • Embed quality improvement in education and research, including the promotion of quality within academic job descriptions, career paths and promotions

Strategic Direction 6	Year 1	Year 3	Year 5
<p><u>Enabling Strategies</u></p> <p>6.1 To increase revenue</p>	<ul style="list-style-type: none"> • Increase CEPD revenue • Make advancement a strategic focus of the Department Executive • Hire an Advancement Officer • Establish targets and programs for funding (clinical, research, education) based on recognized strengths and institutional priorities • Develop and execute a focused alumni connection strategy 	<ul style="list-style-type: none"> • Determine approaches to industry partners (e.g., for clinical trial network or intellectual property development program that might include funding for Research Directors and Chairs) • Establish working relationships with Hospital based Foundations 	
<p>6.2 To align Department compensation with contribution</p>	<ul style="list-style-type: none"> • Finance Committee to review options to introduce variable stipend support based on university program responsibility • Implement Budget Advisory Committee recommendations 		
<p>6.3 To maintain and strengthen the world class faculty (including recruitment, compensation, expectations, flexibility, mentorship)</p>	<ul style="list-style-type: none"> • Develop formal mentorship program for leadership development and for new faculty with expectations of performance and process 	<ul style="list-style-type: none"> • Improve balance of clinical activity to academic activity by establishing expectations and developing an aligned reimbursement model • Develop Departmental philosophy and principles to guide discussions about retirement • Develop innovative career transition options (e.g., mentorship/job sharing) 	<ul style="list-style-type: none"> • Faculty filling more leadership roles at university and institutional levels • Explore flexible positions

Strategic Direction 6	Year 1	Year 3	Year 5
<p><u>Enabling Strategies</u> cont.</p> <p>6.4 To align closely and grow patient services and resources with need and opportunity</p>	<ul style="list-style-type: none"> Review current services in teaching hospitals and evaluate opportunities for expansion 	<ul style="list-style-type: none"> Increase research and clinical involvement in regenerative medicine (inner ear/hearing loss) and transplant Establish robotics/MIS and other surgery through recruitment/retraining approach and by developing an academic program in MIS Expand the role of General Otolaryngology, Facial Plastic and Reconstructive Surgery and Laryngology in teaching hospitals Establish a focused skin malignancy program at a minimum of two teaching hospitals by recruiting a clinician/investigator, collaborating with other interested disciplines, and developing a clinical trials program 	<ul style="list-style-type: none"> Advocate for increased resources through Access to Care Advocate for the development of outpatient facilities for general otolaryngology-hns (e.g. surgicentres) Recruitment of regenerative medicine clinician/ investigator Active involvement in transplant programs
<p>6.5 To raise the profile of the Department at the University and with the TAHSN hospitals</p>	<ul style="list-style-type: none"> Develop a communications strategy to profile the achievements of the Department Improve website for ease of access 		