



Queen's
UNIVERSITY

School of Medicine

A photograph of three medical students in white lab coats. The student in the foreground is wearing blue gloves and looking down at something in her hands. The student in the middle is looking towards the right. The student on the left is partially visible, looking towards the center. A thick blue curved line is overlaid on the bottom of the image.

**Strategic
Plan**
2012-2016



Message from the Dean



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Dean, Faculty of Health Sciences
Director, School of Medicine
Queen's University
CEO, Southeastern Ontario Academic Medical Organization
(SEAMO)

The School of Medicine at Queen's University is a remarkable institution, with excellence spanning its mandates of education, healthcare, and research. Our success is the culmination of the initiative and action of our students, faculty, and staff, and of the collaboration across schools, faculties, and our partnering institutions that are the hallmark of our academic health sciences centre.

One of our distinguishing strengths is that we are part of our Faculty of Health Sciences along with the School of Nursing and School of Rehabilitation Therapy. The collaborative culture fostered by this structure is a key contributor to the individual successes of the three Schools, to the collective success of the Faculty of Health Sciences, and to the promotion of the spirit of interprofessionalism in what we do. As such, the three Schools have purposely decided to share a vision and set of values, while each school actively pursues its individual mission.

At Queen's, we aren't satisfied to rest on our achievements. While we celebrate the successes of our past and present, we recognize that it is necessary to envision and prepare for the future. We have done that in this strategic planning process.

We address three major challenges. The first is a matter of focus. We have strength in many areas at Queen's, but to maintain excellence as we move forward in a changing landscape, we will need to make some difficult choices regarding future investments and decide where we are going to prioritize our resources. The second, is a matter of differentiation. We aspire to be a medical school that does things differently; to be bold, but pragmatic in our research initiatives and to forge new ground in models of training. The third, is a matter of preparation. I think it is clear to most of us involved in health care, particularly in this province, that the next few years will see significant changes. No matter through which lens one examines our health care challenges—quality of care, management of chronic disease, spiralling costs, or access to services—the one thing of which we can be certain, is that we are in for some significant changes in the “way we do business.” We need to be prepared for this.





INTRODUCTION: Queen's University Faculty of Health Sciences School of Medicine

Queen's University

Established by Royal Charter of Queen Victoria in 1841, Queen's University is one of Canada's leading universities, with an international reputation for scholarship, research, social purpose, and spirit.

The University's has a proud history. It is built on a strong tradition of leading research, teaching excellence and student engagement. These attributes, combined with a beautiful campus, a relatively small and close-knit community, and an exceptional breadth of co-curricular opportunities for students, provide a transformative learning experience characteristic of Queen's, within a research-intensive environment.

The student body spans 83 different countries, along with every Canadian province and territory. It includes 14,951 undergraduate students, 3,580 graduate students, and 5,352 students from Part-time Studies, Post-Graduate Medicine, and the Schools of Theology and English.

Queen's 1102 full-time and 1441 part-time faculty is drawn from some of the most prestigious institutions in the world. The University enjoys an enviable reputation in the number of external awards and honours bestowed upon faculty including recent recipients of the Killam, Steacie, and Trudeau awards, and fellowships in many prestigious academic societies.

According to the RESEARCH Infosource survey of Canada's Top 50 Research Universities, Queen's is ranked 6th in research intensity. The 2011 Maclean's University rankings, places Queen's #1 in national research awards per full-time faculty, (holding the #1 ranking since 2003), 4th in Medical/Science grants (Queen's has maintained 4th position since 2009) and 7th in total research dollars. (\$163.3 million in 2010/11).

In November 2011, a draft Academic Plan for Queen's University was presented to Queen's Senate. It described an aspirational vision of Queen's as the Canadian research-intensive university with a transformative student learning experience. To achieve this vision, Queen's has recently adopted an Academic Plan focusing on four pillars: The Student Learning Experience, Disciplinarity and Interdisciplinarity, Reaching Beyond (Globalism, Diversity, and Inclusivity) and Health, Wellness, and Community.

The plan is directed towards achieving Queen's Vision... the Canadian research-intensive university with a transformative student learning experience, and it has provided guidance and direction during both development of a strategic framework for the Faculty of Health Sciences and a strategic plan for the School of Medicine.

The Faculty of Health Sciences

Queen's School of Medicine, which for 154 years has been graduating physicians and scientists who serve our country and community, offers undergraduate and post-graduate medical programs, graduate programs in biomedical and population sciences, and undergraduate programs in Life Sciences and Biochemistry, the latter of which are delivered jointly with the Faculty of Arts and Science.

The Faculty of Health Sciences is comprised of three schools: Medicine, Nursing and Rehabilitation Therapy. Collectively, the three schools deliver undergraduate and post-graduate education programs in the fields of Medicine, Nursing, Occupational Therapy and Physical Therapy, as well as Biomedical and Population Sciences. Our strong faculty and staff, consisting of more than 400 full time, 500 adjunct, and 250 other types of faculty, and almost 150 staff, are our most important asset. Through them, we accomplish our respective missions of

educating and training the best students from across the country, conducting extensive research, and in conjunction with our large network of partnering hospitals and community institutions, delivering quality patient centred care. Across the Faculty we educate and train 2,300 students, spanning undergraduate, graduate and postdoctoral education. We contribute significantly to the research mission of Queen's, attracting external funding of \$90 million per annum. Our Faculty enjoys the support and affection of a dedicated group of alumni, who, having trained here, all remain here at Queen's in some way, either through work in this area, or through the spirit of their association.

The Faculty of Health Sciences has adopted a shared vision; set of values, and strategic themes, contained in a new Strategic Direction for the Faculty of Health Sciences that was developed concurrently with the School of Medicine Strategic Plan.





The School of Medicine

Queen's School of Medicine, which for 154 years has been graduating physicians and scientists who serve our country and community, offers undergraduate and post-graduate medical programs, graduate programs in biomedical and population sciences, and undergraduate programs in Life Sciences and Biochemistry, the latter of which are delivered jointly with the Faculty of Arts and Science.

The most sought after medical school in Canada, based on applications per entry positions available, Queen's medical school trains 100 undergraduate medical students in each of four years.

Through its affiliations with partner hospitals, post-graduate programming is offered in 21 Royal College programs and 8 family-medicine-related programs to 438 residents. Our medical education program is delivered locally and in distributed sites throughout Ontario. The School has formal affiliation agreements for clinical education with 3 principal teaching hospitals, 18 regional hospitals and 3 health units. Our School has initiated and will expand international exchange programs at all levels of our mission.

Faculty members participate in seven discipline-based graduate programs (Anatomy and Cell Biology, Biochemistry, Epidemiology, Microbiology and Immunology, Pathology and Molecular Medicine, Pharmacology and Toxicology, and Physiology), the interfaculty graduate program in Neurosciences, and the collaborative graduate programs in Cancer Research and in Biostatistics. The School offers a professional Master's degree in Public Health to 48 students and an MSc program in Anatomical Sciences. Currently we train 143 students in our MSc programs and 95 students in our PhD programs. Additionally, there are approximately 30 graduate students in the Neuroscience graduate program who are supervised by

faculty from the School of Medicine. The School of Medicine is home to 60 Post-doctoral Fellows and supervises 13 Post-doctoral Fellows through the Centre for Neuroscience Studies.

The School of Medicine has approximately 375 core Faculty, consisting of 275 geographic full-time clinicians and 100 basic and population health science researchers. In addition to our core faculty, the School is enriched significantly by 500 adjunct faculty who participate comprehensively in our education and research programs. Our School is fundamentally integrated with part of the Undergraduate program in Life Sciences (total enrolment of 755 students), contributing approximately 40% of faculty teaching time. In addition, our faculty fully support the Undergraduate program in Biochemistry, which accepts 55-65 students per year (total enrolment 180). Combined, these programs represent a significant component of undergraduate education in the Faculty of Arts and Science.

In addition to participating in discipline-based Graduate programs, many of our faculty are members of inter- and trans-faculty research groups/centres (15 in total). This established culture of interdisciplinary approaches to research and graduate education provides excellent opportunities for our Graduate students and Post-doctoral fellows to engage in cross-disciplinary research and educational activities related to their particular fields of interest, and promotes better integration of the basic and clinical sciences. The integration of clinical and research training experiences will be further strengthened with the introduction in 2012 of the combined MD/PhD-MD/Master's program for undergraduate medical students, and the Clinician Investigator Program for medical residents.

The Faculty of Health Sciences has shared goals and values, and a common vision

Together with our partner Schools of Nursing and Rehabilitation Therapy, the School of Medicine shares the Queen's Faculty of Health Sciences Vision:

“Ask questions, seek answers, advance care and inspire change”.

We will achieve our vision by improving the health and well-being of our population and by advancing health sciences through research. Collectively, our outstanding faculty, staff and students conduct high impact research, educate and train exceptional health sciences professionals, and with our partnering institutions, deliver healthcare to our communities.

The pursuit of our vision and these goals, is underpinned by a shared set of values:

Collaborative leadership

Bold innovation

Personalized attention

Genuine respect

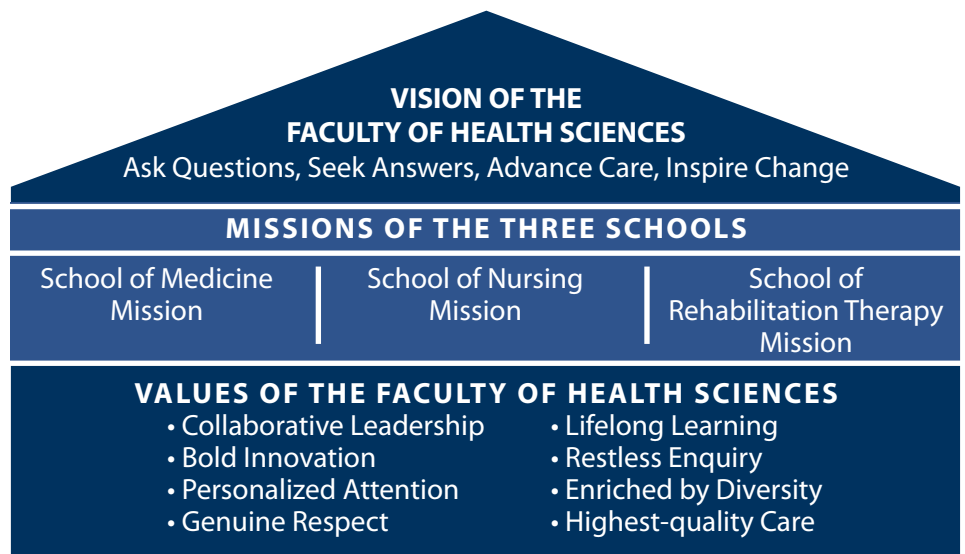
Lifelong learning


Restless enquiry

Embracing of diversity

Highest-quality care

3 Schools: One Vision, One Set of Values – Strategically Aligned





Queen's School of Medicine

Our Vision:

**Ask questions, seek answers,
advance care, inspire change**

Our Mission:

Within the overarching strategic framework
of the Faculty of Health Sciences, the Mission
of the Queen's School of Medicine is to:

**Advance the science and practice of medicine
to benefit the health and well-being of the
population. We do this through excellence
in education, care and research**

Our Values:

**Collaborative leadership
Bold innovation
Personalized attention
Genuine respect
Lifelong learning
Restless enquiry
Embracing of diversity
Highest-quality care**



Our Vision:

WHAT IT MEANS

“ASK QUESTIONS AND SEEK ANSWERS”

Faculty, students, and staff are creators and innovators in research and educational scholarship across the full spectrum of the Health Sciences

Students and trainees understand that learning is a life-long process driven by an endless curiosity that pervades all aspects of their professional endeavours

Our Mission:

“ADVANCE CARE AND INSPIRE CHANGE”

Preparing learners to be healthcare leaders who:

- Uncompromisingly focus on quality of care and patient safety
- Provide effective care across the continuum
- Team with other healthcare professionals to deliver patient centered care
- Give back to the community

Advancing healthcare and championing change through research and knowledge translation

Above all, imbuing learners with a desire to do something special, and to be leaders

WHAT IT MEANS

Our School of Medicine Mission is our commitment to:

- Innovation in training and education
- A culture where scientific inquiry pervades research, patient care and education
- Collaboration across departments, schools, faculties and institutions
- Constantly striving to improve the patient's experience and quality of care
- Developing and adopting novel models of patient care
- Commitment to improving the health of local, provincial, and global populations

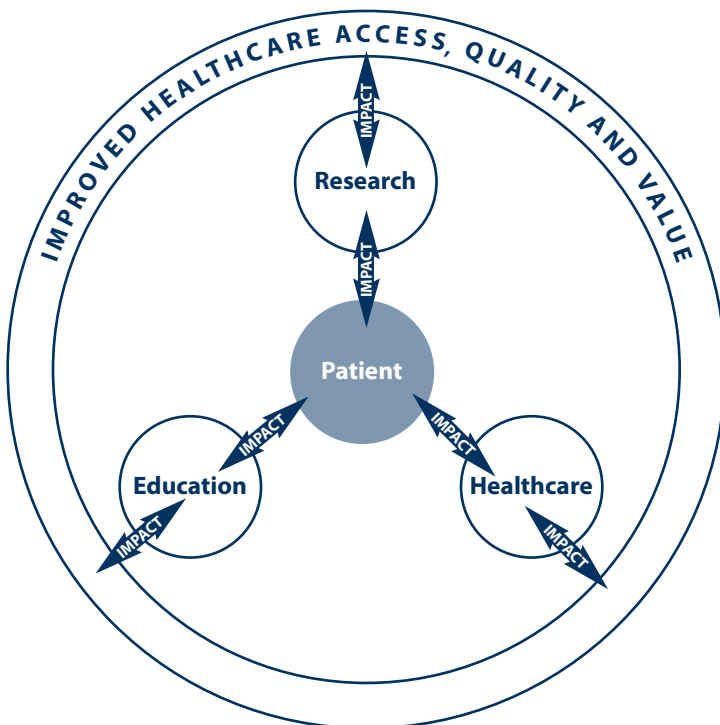
Drivers of Change

In today's evolving healthcare environment, there is a strong focus on further improving access to healthcare, while simultaneously advancing the quality and value of care across the health system. As a consequence, the priorities of our government and healthcare delivery partners are also evolving, and they are increasingly focused on:

- Patient-oriented research
- Disease prevention and wellness promotion
- Chronic disease management
- Evidence-informed healthcare
- Demonstration of positive quality outcomes
- Integration of services across the continuum of care
- Collaborative patient- and family- centred care to improve patient experiences and ultimately patient outcomes

These priorities are actively shaping our research, education and care mandates, and our School of Medicine is focused on fulfilling its social responsibility mandate and advancing the agenda of our delivery partners through:

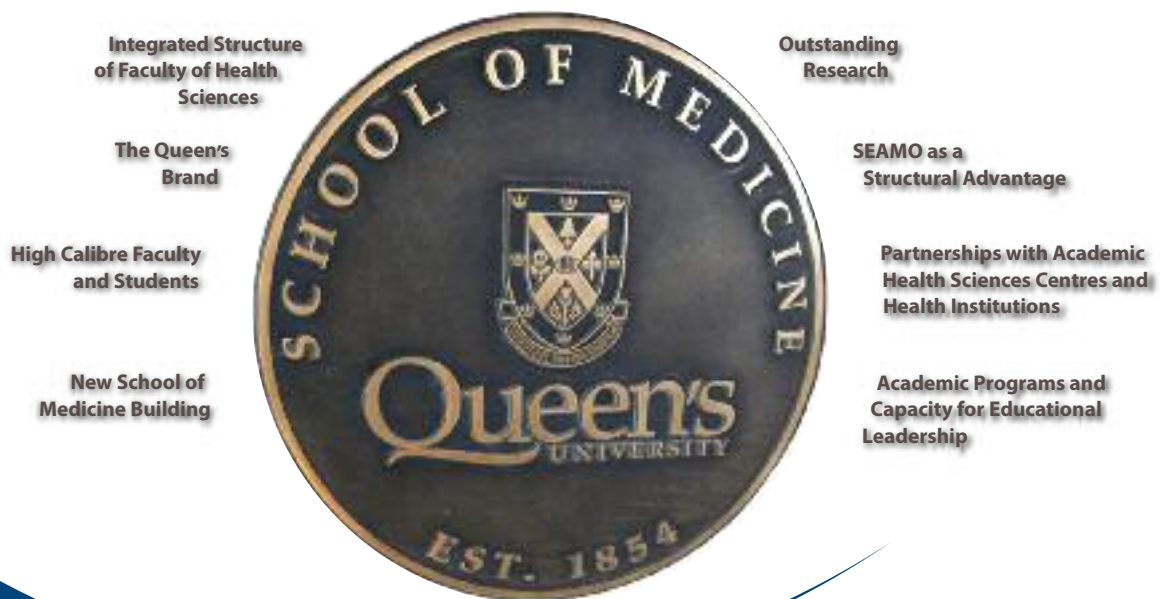
- Increased emphasis on transdisciplinary collaborations and knowledge translation
- Continued excellence in biomedical research (CIHR Pillar 1), and additional emphasis on clinical (Pillar 2), health systems/ service (Pillar 3), and Social/cultural /Environmental/ Population Health (Pillar 4) research
- Preparation of students and trainees for inter-professional collaboration in the care-setting
- Leading the development of novel models of training and practice to address service gaps and evolving models of care
- Preparation of learners to be leaders and advocates of healthcare system change
- Increased focus on competency-based models of training and education
- Adoption of technological advances in medical education such as virtual training, e-learning, and simulation-based learning



Strengths of the School of Medicine

The strengths of our School of Medicine are the foundation on which we will base our efforts to evolve our academic mission to fully address the needs of the healthcare system. Through collaboration with government, our academic health sciences centre partners and others, we achieve our mission and address key drivers of change every day.

One of our truly distinct strengths is the Southeastern Ontario Academic Medical Organization (SEAMO) which is the Alternative Funding Plan (AFP) for academic medicine at Queen's University. The AFP is a funding "envelope" which replaces a variety of traditional sources of funding for academic medicine. SEAMO has five signatories – Clinical Teachers' Association of Queen's University, Queen's three fully-affiliated academic partner hospitals, and Queen's University. This enables consensus-driven decision-making regarding the use of funds, and SEAMO has made investments in a number of initiatives that are of strategic importance. For example, the Strategic Research Development Program, that allocates \$3.6 million annually for new clinician scientist positions, and \$1.8 million (2011) for clinician scientist development within our pool of physicians. Through this unique partnership, SEAMO creates a structural advantage for the School of Medicine in delivering on its mission, vision and strategic directions.



Positioning the School of Medicine for Success

We have identified four cornerstones of the strategy that will position our School of Medicine for continuing success. These cornerstones will focus the efforts of our School, defining how students, faculty, and staff invest themselves at Queen's. They will allow us to establish a well-differentiated value proposition for the School, and will prepare us for the winds of change. Key opportunities for each of our four cornerstones are presented on the pages that follow; a listing of the key initiatives supporting these strategic opportunities is presented in the appendix.

Faculty of Health Sciences
VISION

Our Four Pillars

School of Medicine
MISSION

Make Targeted Investments in Bold and Pragmatic Research

Establish Comprehensive Educational and Research Partnerships, Regionally, Nationally and Internationally

Develop, Initiate and Evaluate Novel Models of Education, Training and Practice for all Learners

Keep the Patient at the Centre of the Academic Mission

Research: Make targeted investments in bold and pragmatic research initiatives

Today, the School of Medicine is well positioned to play a major role in the evolving health research environment, and has demonstrated an ability to be successful in a competitive national research funding arena.

Targeted investments will further enhance the coordination of the research activities of the three Schools and partner institutions, and establish a well-funded, collaborative, patient-focused research program that leverages our foundational strengths in the basic and population health sciences. The strategic opportunities below, and the many initiatives they represent, depict how we will strive to improve research at the School of Medicine

THEME	STRATEGIC OPPORTUNITY TIMEFRAME	INITIATION
Research funding diversity	Proactively attract private sector funding to identify and develop opportunities for health sciences innovation commercialization and research collaboration	Year 1-2
	Maximize funding from public streams by strategically fostering research capabilities that are aligned with funder priorities	Year 3-5
	Adopt innovative means to maintain/grow the basic biomedical, population, and public health sciences departments	Year 3-5
Enhanced research capacity	Enhance research capacity by creating a virtual Institute of Health Sciences Research to unify research efforts of the Faculty of Health Sciences and academic partner hospitals	Year 1-2
	Foster a culture of collaboration across departments, schools, faculties and institutions by actively and preferentially supporting research that is transdisciplinary	Year 1-2
Research value proposition	Adopt a dynamic portfolio approach that recognizes the need to align support for research focus areas with the research lifecycle and with societal needs	Year 1-2
	Establish the foundation of a global research value proposition that fully leverages existing national and international linkages	Year 3-5
	Through the integration of education and research, prepare leaders in research translation	Year 3-5

The dynamic portfolio approach to research focus areas

As we make targeted investments in strengthening our research enterprise, we must balance the need to sustain/grow research focus areas of strength, while making investments in new and emerging research capabilities. To do so, we will adopt a dynamic portfolio approach to optimize our research investments.

This approach is based on the premise that research focus areas can be broadly divided into four categories based on their relative research maturity, and that the level of research maturity is dynamic; at any given time, the research portfolio is a snap-shot of where these research focus areas are on their maturity trajectory.

The four categories that have been identified are:

RESEARCH FOCUS AREA CATEGORIES	DESCRIPTION
New strategic focus areas	These are new research foci identified based on their societal relevance and/or they present a unique opportunity for Queen's to differentiate itself in an impactful manner. New strategic focus areas require start-up funding, the mentorship support of established researchers, the support of partner institutions, and a champion/lead
Emerging strategic strengths	These are burgeoning areas of strength, often with the beginnings of a research group. Targeted efforts are made to identify new funding to accelerate growth and establish the critical mass of researchers that is required to advance these research competencies to the next level of maturity
Established strategic strengths	These are mature, often physically consolidated and senate recognized interdisciplinary research groups which have repeatedly demonstrated the ability to attract substantial funding. Continued targeted investment in these research areas allows these groups to maintain their leadership position
Foundational research strengths	These are focus areas that are foundational research capabilities which are critical for maintenance and development of multiple areas of strategic focus

As focus areas mature and gain momentum, they evolve from one category to another. As a result of this evolution, the type of investment required changes, as do the desired outcomes of the investment.

Therefore, it is necessary that this portfolio and the classification of research focus areas be periodically evaluated and adjusted.

Current research strengths of the School of Medicine are described below

ESTABLISHED STRATEGIC STRENGTHS	Neuroscience			
				Primary Health
	Gastrointestinal Disease			
	Cancer			
	Musculoskeletal			
	Cardiovascular and Respiratory Diseases			
Critical Care				
EMERGING STRATEGIC STRENGTHS	Drug Development and Human Toxicology			
	Reproduction and Developmental Origin of Health, Disability and Disease			
				Chronic Disease Management
				Disease Prevention and Wellness Promotion
NEW STRATEGIC FOCUS AREAS	Vulnerable Populations and Aging Populations			
	Mental Health			
	Military and Veterans Health			
CIHR RESEARCH PILLAR	Biomedical	Clinical	Health systems/services	Social/Cultural/ Environmental/ Population Health
FOUNDATIONAL RESEARCH STRENGTHS	Structural Biology	Molecular Medicine	Research Methodology	Knowledge Translation

“Queen’s is a research intensive university with the heart and soul of a liberal arts college”

—SHIRLEY TILGHMAN, PRESIDENT OF PRINCETON UNIVERSITY, QUEEN’S CLASS OF 1968

One of our near-term objectives is to develop an approach for the periodic review and refresh of the research portfolio. The School of Medicine also aspires to achieve the following near-term and longer-term outcomes.

THEME	NEAR-TERM MEASURES OF SUCCESS (YEAR 1-2)	LONGER-TERM ASPIRATIONS (YEARS 3-5)
Research funding diversity	Industry outreach program designed	Private sector funding increases by 20%
	Alignment of current research with public sector funding priorities reviewed	Strategic investment in research matched to funder priorities
	Strategy to maintain and grow basic biomedical and population sciences developed	New partnerships and sources of private/philanthropic funding identified
	Scope and governance model of virtual research institute defined	Funding for Institute infrastructure in place
Enhanced research capacity	8 new clinician scientists recruited	Year over year 5-10% increase in total research revenues
	5 participants enrolled in clinician investigator program	Year over year 10-15% increase in clinical research revenues
	Inventory of opportunities for international partnerships created based on existing strengths and new priorities	New collaborations and partnerships in research and knowledge translation established locally, nationally and internationally
Research value proposition	Initiatives to increase integration of research and education identified	Increase in trainees engaged in trans-disciplinary and international research initiatives
	Process for the periodic review and refinement of the research portfolio established	New senate recognized interdisciplinary centres/institutes of research strength established
	Research Council created	Structure to consolidate and coordinate population and public health research formalized
	Opportunities for intra- and inter-faculty integration and enhancement of CIHR pillars 3 and 4 research assessed	

Centres of Excellence

Enhancing translational, interdisciplinary health research among our three Schools, other Queen's faculties, and our affiliated academic hospitals, is a fundamental priority.

By identifying specific, thematic research areas and together with the Schools of Nursing and Rehabilitation Therapy, other Faculties and our partner hospitals, we have established centres of excellence in a number of biomedical areas and studies of population health and health services research, including:

Cancer Research Institute (CRI),

Centre for Neuroscience Studies (CNS),

Centre for Health Services and Policy Research (CHSPR)

Human Mobility Research Centre (HMRC)

Gastrointestinal Diseases Research Unit (GIDRU),

Protein Function and Discovery Group (PFD),

Centre for Studies in Primary Care (CSPC)

International Centre for the Advancement of Community Based Rehabilitation (ICACBR)

Canadian Institute for Military and Veterans Health Research (CIMVHR)

Practice and Research in Nursing Group (PRN)

Education: Develop, initiate, and evaluate novel models of education, training and practice for all learners

Our faculty and staff have the expertise and experience in education leadership and development, and have access to the technology and resources required to meaningfully impact health sciences education.

By leveraging these competencies, they will be able to further advance health sciences training and education. They will develop efficiently delivered educational offerings that are competency-based and career-focused, and engender interprofessional and transdisciplinary collaboration.



Clinical Simulation Centre

Excellence in clinical care and patient safety are focal points of the new competency-based Foundations Curriculum for the MD program in the School of Medicine. Our new Medical Building (opened September 2011), with more than 10,000 square feet of surgical skills and simulation laboratories, has been designed around this premise.

Medical students, often working in teams with other Health Sciences students (nursing, occupational and physio-therapists) use the high-tech mannequins and monitoring equipment to test and develop their technical skills in real-life scenarios. With events like cardiac arrest and, epileptic seizures being practiced under state-of-the-art simulated environments, the consequences of error are not so dramatic. Our students now see a treatment, practice it a thousand times until they do it perfectly, before treating a real patient.

THEME	STRATEGIC OPPORTUNITY	INITIATION TIMEFRAME
Innovative models of training and practice	Evolve new models of medical education and training that are competency-based and career-focused	Year 1-2
	Through novel educational and professional development programs, prepare graduate students for emerging health sciences careers	Year 1-2
	Foster transdisciplinarity while enhancing the efficiency of training delivery	Year 3-5
	Adopt alternate channels for the delivery of education	Year 3-5
Emerging clinical practices	Identify and develop training programs to prepare for emerging clinical practices	Year 3-5

The School of Medicine aspires to achieve the following near-term and longer-term outcomes.

THEME	NEAR-TERM MEASURES OF SUCCESS (YEAR 1-2)	LONGER-TERM ASPIRATIONS (YEARS 3-5)
Innovative models of training and education	Competency framework for selected PGME programs developed	Two or more PGME programs will be competency-based
	Implementation plan established for competency-based curricular framework in undergraduate Health Sciences education programs	Novel curricular components devoted to critical thinking, independent learning and student engagement successfully incorporated into each of the Undergraduate Health Sciences programs years two to four
	Framework for integrating interprofessional education components into UGME developed	Ten percent of clinical education delivered in interprofessional teams
	Career and professional development initiatives elaborated for graduate education programs	Ten percent increase in employability of graduate students within four years of graduation
	Plan developed for alternate channels of education delivery	Five percent of education programs delivered via alternate channels
Emerging clinical practices	Environmental scan for emerging practice models completed	At least one new program developed to address emerging practice models

“Education is not just an add-on; it is in the air that is breathed by the faculty at Queen’s.”

—CHAIRS OF ACCREDITATION SITE TEAMS: ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA AND COLLEGE OF FAMILY PHYSICIANS OF CANADA

Partnerships: Establish comprehensive educational and research partnerships—regionally, nationally and internationally

Our School of Medicine has a strong and growing network of partners. Medical education is delivered locally and in distributed sites throughout Ontario, The School has formal affiliation agreements for clinical education with 18 regional hospitals. It has initiated and will expand international exchange programs at all levels of our mission.

A strong focus on further strengthening the partnerships with community, institution and hospital partners will create the connectedness required to accelerate advances in patient care, teaching, and research. Expanded community partnerships will enable clinical experiences in diverse practices settings and prepare learners to effectively coordinate patient care across the continuum, and international exchanges will make students true global citizens.

THEME	STRATEGIC OPPORTUNITY	INITIATION TIMEFRAME
Broad regional and national partnerships	Develop a comprehensive and inclusive strategy for the engagement of institutional and hospital partners	Year 1-2
	Build meaningful partnerships that extend the School of Medicine's academic strengths into the community	Year 3-5
New international partnerships	Extend global reach through strategic alliances with schools with a strong global presence	Year 1-2
	Broaden partnerships to provide service to Canadian and international communities in need while creating learner opportunities for leadership in advocacy and global health issues	Year 3-5

The School of Medicine aspires to achieve the following near-term and longer-term outcomes.

THEME	NEAR-TERM MEASURES OF SUCCESS (YEAR 1-2)	LONGER-TERM ASPIRATIONS (YEARS 3-5)
Broad regional and national partnerships	Strategy for the engagement of institutional and hospital partners established	Research Memorandum of Understanding (MOU) with institutional partners
	Priorities of community physicians, and potential partnership opportunities identified	Greater engagement of community physicians in research and education activities
New international partnerships	Two or more international exchange programs established	Five partnerships developed for research and educational exchanges
	Approach and desired outcomes of international partnerships identified	Established approach for service provision to Canadian and international communities in need



Office of Global Health – Addressing Health Issues that Transcend National Boundaries

The Office of Global Health (OGH) was established in 2010, with the goal of advancing global education, research and outreach for the Faculty of Health Sciences.

The OGH mandate spans both domestic and international health, for example, Aboriginal health, healthcare in prison systems and marginalized populations such as the homeless, immigrants, and refugees

An important component of the OGH is to produce peer-reviewed research activities in Canada and abroad and support global health research projects and critical inquiries within the Faculty of Health Sciences.

The OGH supports our undergraduate medicine curriculum, with curricular and extra-curricular global health education, community based projects, and population health education. The Office also links Queen's faculty and staff to local and international placement opportunities.

Population and Patient Focus: Keep the patient at the centre of the academic mission

Patients need to be at the centre of our academic mission. The adoption of a holistic perspective on patient-centricity allows us to align our academic mission to evolving health system needs. Our learners will be prepared for care setting needs of collaborative care delivery and focus on quality and patient safety and our research efforts and partnerships with social services agencies will meaningfully improve the health of the population.



THEME	STRATEGIC OPPORTUNITY	INITIATION TIMEFRAME
Population and patient focus	Match student learning to health system care delivery needs of enhanced inter-professional care, and a strong focus on quality and patient safety	Year 1-2
	Prepare learners to be effective leaders of health system change by providing them training opportunities in all aspects of health sciences and healthcare	Year 3-5
	Invest in research to improve population health by advancing disease prevention and wellness promotion	Year 3-5
	Actively support inter-professional and transdisciplinary partnerships for healthcare delivery to support comprehensive approaches to community health management	Year 3-5
	Encourage and engage in health system improvement as it relates to access, integration, and quality	Year 1-2

The School of Medicine aspires to achieve the following near-term and longer-term outcomes

THEME	NEAR-TERM MEASURES OF SUCCESS (YEAR 1-2)	LONGER-TERM ASPIRATIONS (YEARS 3-5)
Population and Patient Focus	Comprehensive scan of curricular (UG and PG) content performed with regard to: quality management, health system management and patient safety	Doubling of current amount of quality management, health system management and patient safety
	Linkage opportunities between primary care and social services identified	Two or more linkages established
	Plan for re-vamped organization of patient-oriented research developed	Re-organization completed and operational

Overview of opportunity phasing

The graphic below describes the timeframe for our initial strategic investment of time and effort into this plan, recognizing that additional work will be required in subsequent years to fully operationalize the opportunity.

We are committed to advancing each of our cornerstones during the first two years of the strategic plan.

THEME	STRATEGIC OPPORTUNITY	YEAR 1-2	YEAR 3-5
Research funding diversity	Proactively attract private sector funding to identify and develop opportunities for health sciences innovation commercialization and research collaboration		
	Maximize funding from public streams by strategically fostering research capabilities that are aligned with funder priorities		
	Adopt innovative means to maintain/grow the basic biomedical, population, and public health sciences departments		
Enhanced research capacity	Establish research capacity by creating a virtual Institute of Health Sciences Research to unify research efforts of the Faculty of Health Sciences and academic partner hospitals		
	Foster a culture of collaboration across departments, schools, faculties and institutions by actively and preferentially supporting research that is trans-disciplinary		
Research value proposition	Establish the foundation of a global research value proposition that fully leverages existing national and international linkages		
	Through the integration of education and research, prepare leaders in research translation		
	Adopt a dynamic portfolio approach that recognizes the need to align support for research focus areas with the research lifecycle and with societal needs		
Innovative models of training and education	Evolve new models of medical education and training that are competency-based and career-focused		
	Through novel educational and professional development programs, prepare graduate students for emerging health sciences careers		
	Adopt alternate channels for the delivery of education		
	Foster transdisciplinarity while enhancing the efficiency of training delivery		
Emerging practices	Identify and develop training programs to prepare for emerging clinical practices		
Broad regional partnerships	Develop a comprehensive and inclusive strategy for the engagement of institutional and hospital partners		
	Build meaningful partnerships that extend the School of Medicine's academic strengths into the community		
New international partnerships	Extend global reach through strategic alliances with schools that have a strong global presence		
	Broaden partnerships to provide service to Canadian and international communities in need while creating learner opportunities for leadership in advocacy and global health issues		
Patient focus	Match student learning to health system care delivery needs of enhanced inter-professional care, and a strong focus on quality and patient safety		
	Prepare learners to be effective leaders of health system change by providing them training opportunities in all aspects of health sciences and healthcare		
	Invest in research to improve population health by advancing disease prevention and wellness promotion		
	Actively support inter-professional and transdisciplinary partnerships for healthcare delivery to support comprehensive approaches to community health management		
	Encourage and engage in health system improvement as it relates to access, integration, and quality		



Moving Forward

In this document, we have described where we want to go, how we plan on getting there, and how we will measure our success, and correct our course as necessary. But these are only words on paper until we, the students, faculty and staff of the School of Medicine commit to this plan, and invest ourselves into it.

Appendix A: Strategic Initiatives

During the course of our planning, we identified a long list of strategic initiatives, from which a subset was used in the main document as areas for initial focus. What follows is a complete list of these initiatives which will assist us in our process of constantly analyzing and modifying our 5 year plan.

Research Strategic Initiatives

THEME	STRATEGIC OPPORTUNITY	ACTIVITIES AND OUTCOMES
Research funding diversity	Proactively attract private sector funding to identify and develop opportunities for health sciences innovation commercialization and research collaboration	<ul style="list-style-type: none"> • Innovation commercialization approach defined • Industry outreach program defined • Number of new innovative products / patent applications per year • Year-over-year increase in the number of research publications • Private sector funding opportunities and target funders identified • Marketing plan defined • Increase in private sector funding
	Maximize funding from public streams by strategically fostering research capabilities that are aligned with funder priorities	<ul style="list-style-type: none"> • Assessment of current research capabilities and gaps performed • Inventory of existing/planned projects against funder priorities developed • Number of clinician scientists recruited • Tri-council funding
	Adopt innovative means to maintain/grow the basic biomedical, population, and public health sciences departments	<ul style="list-style-type: none"> • Enhance strong performance in attracting Tri-council funding • Critical/ high-potential programs identified • Faculty to advance critical/high potential programs hired • Number of new faculty (high quality investigators) • % success in national research competitions
Enhanced research capacity	Enhance research capacity by creating a virtual Institute of Health Sciences Research to unify research efforts of the Faculty of Health Sciences and academic partner hospitals	<ul style="list-style-type: none"> • Institute scope and governance model defined • Number of funded projects model defined • Member satisfaction
	Foster a culture of collaboration across departments, schools, faculties and institutions by actively and preferentially supporting research that is transdisciplinary	<ul style="list-style-type: none"> • Number of interdisciplinary funded projects • Number of cross-functional research partnerships
Research value proposition	Adopt a dynamic portfolio approach that recognizes the need to align support for research focus areas with the research lifecycle and with societal needs	<ul style="list-style-type: none"> • Number of funded projects with “relevancy” to communities and/or stakeholders • % Increase in tri-council funding • Year 1 portfolio defined • Approach for the periodic review and refinement of the portfolio established
	Establish the foundation of a global research value proposition that fully leverages existing national and international linkages	<ul style="list-style-type: none"> • Number of international projects (FHS as PI) • Number of trainees in interdisciplinary programs • Number of global health partnership opportunities identified • Goal incorporated into FHS research institute objectives
	Through the integration of education and research, prepare leaders in research translation	<ul style="list-style-type: none"> • Number of new scholars doing trans-disciplinary research projects • Number of clinical investigator program enrollees • New STIHR funding received • Think tank to determine how to add scholarly activity and interdisciplinarity to curricula established

Education Strategic Initiatives

THEME	STRATEGIC OPPORTUNITY	ACTIVITIES AND OUTCOMES
Innovative models of training and practice	Evolve new models of medical education and training that are competency-based and career-focused	<ul style="list-style-type: none"> Number of programs switching from time- to competency- based Draft approach for the development of new programs defined Environmental scan to identify opportunities performed
	Through novel educational and professional development programs, prepare graduate students for emerging health sciences careers	<ul style="list-style-type: none"> % of graduate students employed in relevant sectors within two years Programs that can be enhanced to incorporate career paths such as health policy and potential partners (e.g. policy studies, law, global health) identified
	Foster transdisciplinarity while enhancing the efficiency of training delivery	<ul style="list-style-type: none"> Number of new transdisciplinary courses Efficiencies in budgets and “new” programs (% cost savings, staff reduction) Draft approach for interdisciplinary program development defined
	Adopt alternate channels for the delivery of education	<ul style="list-style-type: none"> Number of distance learning modules Alternate channel opportunities and implementation plan developed
Emerging clinical practices	Identify and develop training programs to prepare for emerging clinical practices	<ul style="list-style-type: none"> Number of new programs available Emerging practice model opportunities program development plan defined

Partnership Strategic Initiatives

THEME	STRATEGIC OPPORTUNITY	ACTIVITIES AND OUTCOMES
Broad regional and national partnerships	Develop a comprehensive and inclusive strategy for the engagement of institutional and hospital partners	<ul style="list-style-type: none"> Change agents identified Number of MOUs Think tank to develop strategy/plan for engagement established
	Build meaningful partnerships that extend the School of Medicine’s academic strengths into the community	<ul style="list-style-type: none"> Number of community programs / partnerships Priorities and potential partnership opportunities identified
New international partnerships	Extend global reach through strategic alliances with schools that have a strong global presence	<ul style="list-style-type: none"> Number of research projects Number of joint educational opportunities / partnerships Existing/planned initiatives inventoried Potential partners identified
	Broaden partnerships to provide service to Canadian and international communities in need while creating learner opportunities for leadership in advocacy and global health issues	<ul style="list-style-type: none"> Number of relevant research projects Number of joint educational opportunities / programs Existing/planned initiatives inventoried Potential partners identified

Population and Patient-Focused Strategic Initiatives

THEME	STRATEGIC OPPORTUNITY	ACTIVITIES AND OUTCOMES
Population and patient focus	Match student learning to health system care delivery needs of enhanced inter-professional care, and a strong focus on quality and patient safety	<ul style="list-style-type: none"> • Programs in health systems developed for all learners • Increased penetration of IPE learning across the Faculty
	Prepare learners to be effective leaders of health system change by providing them training opportunities in all aspects of health sciences and healthcare	<ul style="list-style-type: none"> • Number of programs appropriately enhanced • Programs that can be enhanced to incorporate career paths such as health policy and potential partners (e.g. policy studies, law, global health) identified
	Invest in research to improve population health by advancing disease prevention and wellness promotion	<ul style="list-style-type: none"> • Number of relevant funded projects • Revamped organization of Pillar 3 and 4 research across campus • Opportunities for interdisciplinary collaboration with public health, health geography, etc. identified • Mechanism for the centralized coordination of research activities established
	Actively support inter-professional and transdisciplinary partnerships for healthcare delivery to support comprehensive approaches to community health management	<ul style="list-style-type: none"> • Number of partners • Change agents identified and think tank created • Linkages between primary care (comprehensive) and social services sectors (e.g. COMSOC, housing, education, etc.) identified and established
Encourage and engage in health system improvement as it relates to access, integration, and quality	<ul style="list-style-type: none"> • Number of learners engaged in health system improvement • Number of scholars engaged in health system improvement research • Plan for an annual Queen's Symposium on health system improvement developed 	

Appendix B: Key Survey Findings

As part of strategic planning, the School of Medicine engaged a broad set of stakeholders through consultation, a strategic planning retreat, and online survey. Each component of this stakeholder engagement informed our strategic plan. A summary of the specific highlights from our survey are presented below.

Survey Overview

To further understand the opinions of the broader School of Medicine Community, an online survey was developed and administered. This survey was designed to gain a perspective on some of the themes that came up during stakeholder consultations and to gain additional insights to inform School of Medicine strategic planning.

The survey closed on the 1st of November, and 323 stakeholders responded to the survey. A breakdown of the types of stakeholders that responded is presented below:

STAKEHOLDER GROUP		NUMBER OF RESPONDENTS	% OF TOTAL RESPONDENTS
Learners	Undergraduate medicine	105	33%
	Residents and fellows	55	17%
	Total	160	50%
Faculty	Full-time clinical faculty (Physicians)	62	19%
	Full-time faculty (PhD)	27	8%
	Adjunct or visiting faculty	15	5%
	Part-time clinical faculty (Physicians)	4	1%
	Other (clinician-scientist, Professor Emeritus, PhD, full-time adjunct)	4	1%
Total	112	35%	
Staff		47	15%
Other stakeholders (Hospital staff, FHS staff, Professor Emeritus)		4	1%
Total Stakeholders		323	100%

A summary of key findings from the survey is presented over the next two pages, followed by more detailed survey results.

Summary of Key Findings

Two areas of key findings are summarized below. The first relates to stakeholders' views on the key priorities for the School of Medicine to address in our next strategic plan. The second presents highlights of stakeholder input through the survey, distilled across seven themes.

Prioritization of Broad Areas of Emphasis

When asked to prioritize School of Medicine broad areas of emphasis, 39% responded that the first priority of the strategic plan should be to attract and retain talent

For the **School of Medicine Strategic Plan**, four broad areas of emphasis identified were:

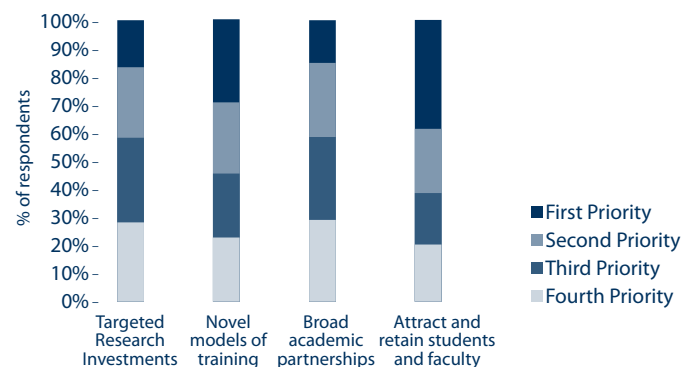
- 1 **Targeted** investments in **bold, but pragmatic research** initiatives.
- 2 Develop, pilot test, and initiate **novel models of training**.
- 3 Broadening the **strength** of educational **partners, regionally** and **internationally**.
- 4 Enhancing the **School's ability to attract top talent**, both students and faculty.

Within each individual group (learners, faculty, staff), respondents indicated that attracting and retaining talent needed to be the top priority of the strategic plan

- 42% of students and 43% of staff identified talent retention as the top priority

- 32% of faculty identified talent retention as the top priority

Prioritization of broad area of emphasis (n=323)



Survey Highlights by Theme

In addition to the key priorities identified above, stakeholders consistently highlighted the following themes for consideration in our strategic planning:

THEME	FINDING
Research Partnerships	<ul style="list-style-type: none"> • 33% of respondents felt that research was conducted through strong inter- and intra- faculty research collaborations • However, 57% of those who provided a definitive answer felt that there was potential for enhancing research collaborations with academic hospitals • 70% of those who provided a definitive answer felt that there was potential for better defining the strategy for partnership with the private sector
Research Commercialization	<ul style="list-style-type: none"> • 57% of those who provided a definitive answer felt that there was potential to further embed the imperative to commercialize research into the School's research strategy
Research Infrastructure	<ul style="list-style-type: none"> • 58% of respondents felt that there was an opportunity to further strengthen research infrastructure
Research Support	<ul style="list-style-type: none"> • 45% of respondents felt that additional support was needed for the development of grants, and 35% felt that research support processes required further streamlining and automation • 43% of respondents felt that additional resources were needed for researcher professional development
Inter-professional Education and Care	<ul style="list-style-type: none"> • 60% of respondents felt that inter-professional education for common curriculum elements was a key enabler of inter-professional practice • 44% of those who provided a definitive answer felt that School's academic partners were at the forefront of the delivery of collaborative, team-based inter-professional care
Education Infrastructure	<ul style="list-style-type: none"> • 44% of those who provided a definitive answer felt that available education infrastructure (e.g., simulation labs) was cutting edge
Education Support	<ul style="list-style-type: none"> • 51% of those who provided a definitive answer felt that education support processes were streamlined and incorporated appropriate automation • 52% those who provided a definitive answer felt that adequate resources were available for educator professional development

Additional Insights from the Survey

Supporting the key findings above, the following sections present additional survey findings, based on the insights from the over 320 stakeholders who participated. Survey highlights are organized across five sections, as follows:

- Reasons why students, residents and faculty choose Queen's University
- Research strengths and partnerships at the School of Medicine
- Infrastructure and processes supporting our research and education endeavors
- Professional development
- Future education partnerships

Reasons for Choosing Queen's University

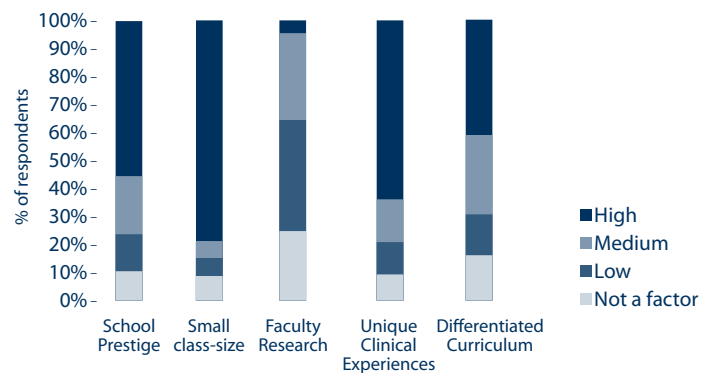
Medical students, residents and fellows, and faculty members who completed the survey were all asked to provide insight into why they chose Queen's University. In addition, stakeholders were asked whether they would recommend the School of Medicine to prospective colleagues.

As presented below, a number of factors influenced stakeholder choice, and a large majority would recommend the School of Medicine:

Undergraduate Medical Students

When asked whether based on their experience so far, they would recommend the school to prospective students, 97% said that they would.

Undergraduate Medical Students Factors influencing decision to attend (n=105)



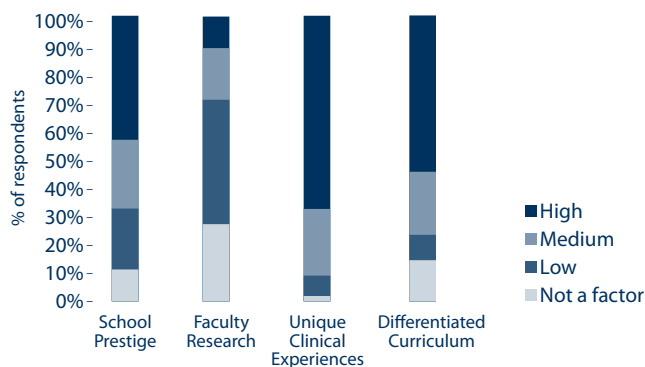
Residents and Fellows

When asked whether based on their experience so far, they would recommend the school to prospective residents, **93%** said that they would.

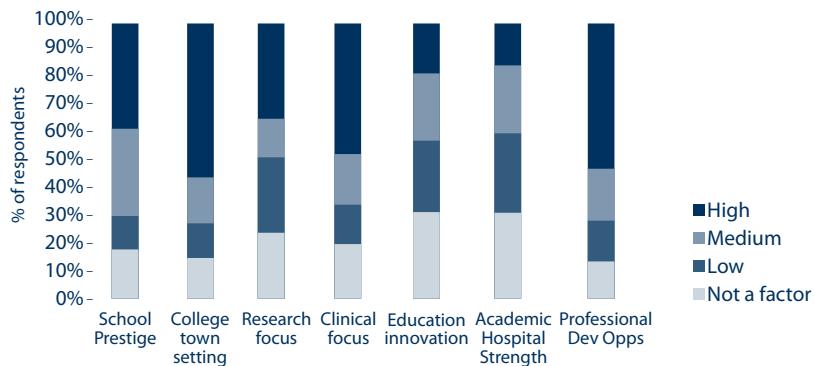
Faculty

When asked whether based on their experience so far, they would recommend the school to prospective faculty, **89%** said that they would.

Factors influencing decision to enroll (n=55)



Factors influencing decision to accept their position (n=110)



Research Strengths and Partnerships at the School of Medicine

Faculty and staff members involved in research were asked to describe the extent to which they agreed with the statements below:

Overall, the School of Medicine's research strengths are in the area of:

1 *Discovery in the basic biomedical sciences*

2 *Clinical research, validation, and the development of evidence-based guidelines*

3 *Population and health services research and health policy development*

The results of this survey question demonstrate that stakeholders identify basic biomedical research as the School of Medicine's greatest research strength:

In addition, faculty and staff members involved in research were asked to describe the extent to which they agreed with the statements below:

Today, research at the School of Medicine is performed in active collaboration with:

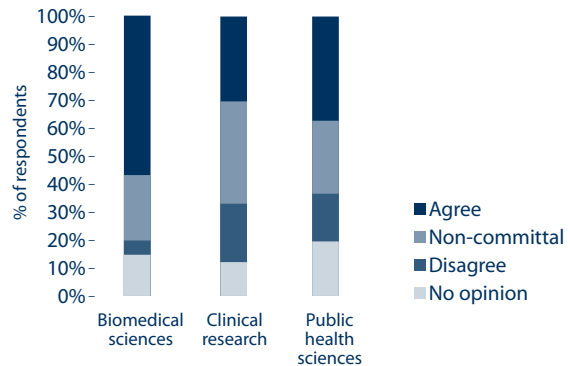
1 *Other schools within the Faculty of Health Sciences*

2 *Other Faculties at Queen's University*

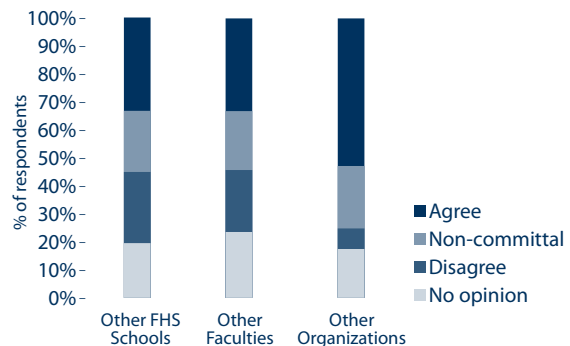
3 *Other organizations in Canada and globally*

Approximately 57% of those who provided a definitive response felt that there was an opportunity to strengthen research collaborations with academic hospitals.

Research Strengths (n=84)



Research Partnerships (n=112)



Infrastructure and Processes Supporting our Research and Education Endeavors

Students and faculty were asked to describe their perceptions regarding the strength of the School of Medicine’s research and education infrastructure, focused on two key questions:

- Today, available research infrastructure is cutting-edge
- Today, available education infrastructure is cutting-edge

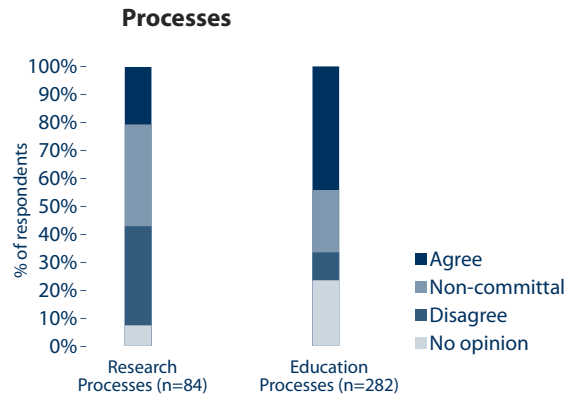
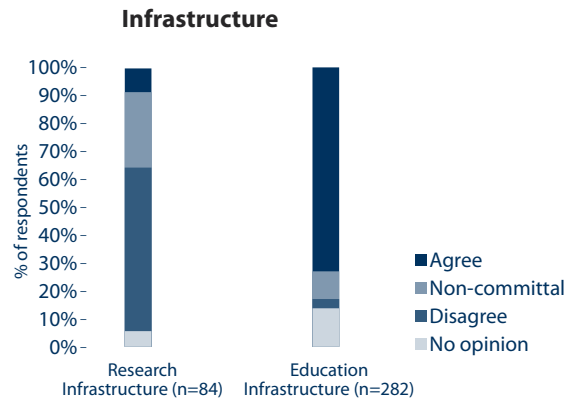
Note: the research infrastructure question was answered only by faculty and staff involved in research, whereas the education infrastructure question was answered by learners and educators

As demonstrated in the findings to the right, stakeholders felt strongly about the success of our education infrastructure, but that additional support is needed to support research at the School of Medicine

Students and faculty were asked an additional two questions to describe their perceptions regarding research and education processes:

- Today, research support processes are streamlined and incorporate appropriate automation
- Today, education support processes are streamlined and incorporate appropriate automation

Stakeholders again identified education processes as being stronger than those of research, in supporting academic endeavors at the School of Medicine.



Professional Development

To provide insight into the professional development provided through the School of Medicine, faculty and staff engaged in education and/or research were asked to describe their perceptions regarding related opportunities available to them by responding to these two statements:

- Through the University and the School of Medicine, adequate resources are available for researcher professional development
- Through the University and the School of Medicine, adequate resources are available for educator professional development

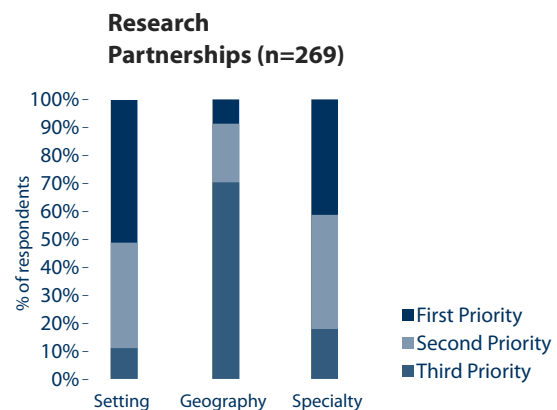
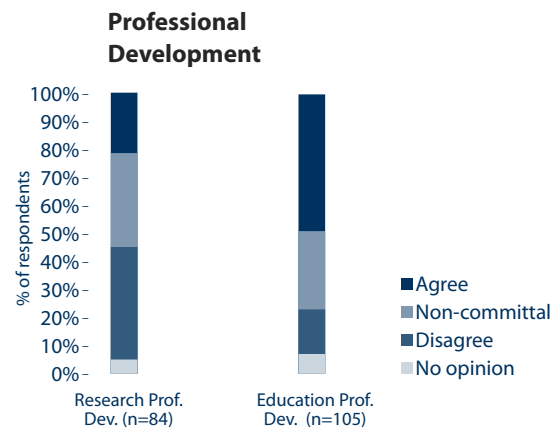
Stakeholder perceptions of the professional development opportunities available to them were mixed for both research and education, however a greater number of stakeholders agreed that current education-related professional development opportunities were sufficient.

Future Education Partnerships

As the School of Medicine considers broadening the scope of its education partnerships, respondents were asked to provide an opinion on the prioritization of new education partnerships. Three areas of priority were surveyed:

- Care setting (e.g., complex tertiary health care centres)
- Geography (e.g., international partnerships)
- Medical specialties

As demonstrated in the findings to the right, care setting was considered the top priority by stakeholders, while geography the lowest.

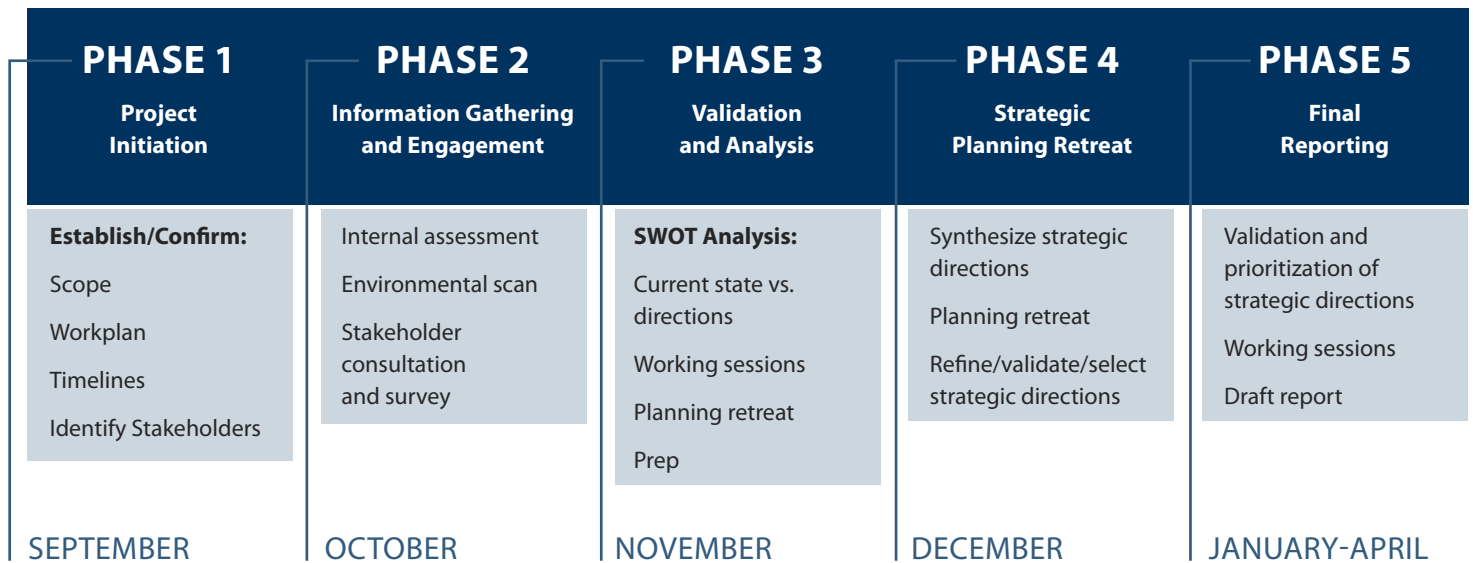


Appendix C: Project Process and Consultations

In August 2011, Deloitte National Health Services was retained to assist with the development of a new Strategic Framework for the Faculty of Health Sciences and an in-depth Strategic Plan for the School of Medicine. Deloitte was selected after a rigorous RFP review. A steering committee was struck comprised of the senior administration in the Faculty and representation from key departments in the School of Medicine

Faculty of Health Science Strategic Plan: Project process

The project was implemented in 5 phases from September 2011 to March 2012.





Faculty of Health Sciences Strategic Planning Steering Committee

Chair, Richard Reznick, Dean, Faculty of Health Sciences;
Director, School of Medicine; Chief Executive Officer, South
Eastern Ontario Academic Medical Organization (SEAMO)

Iain Young, Executive Vice-Dean (Faculty of Health Sciences)

Roger Deeley, Vice-Dean, Research, (Faculty of Health Sciences),
Vice-President Research, Kingston General Hospital

Lewis Tomalty, Vice-Dean, (Faculty of Health Sciences)
Medical Education

Elsie Culham, Vice-Dean, (Faculty of Health Sciences)
and Director, School of Rehabilitation Therapy

Jennifer Medves, Vice-Dean (Faculty of Health Sciences),
and Director, School of Nursing

David Edgar, Associate Dean, Finance and Administration,
Faculty of Health Sciences

Michael Adams, Interim Head, Department of Biomedical
and Molecular Sciences

John McCans, Head, Department of Medicine

Roumen Milev, Head, Department of Psychiatry

Glenn Brown, Head, Department of Family Medicine

David Lillicrap, Department of Pathology and Molecular
Medicine

Patti Groome, Department of Community Health
and Epidemiology

Stephen Mann, Resident (PGY-4), Orthopaedic Surgery

Project Manager

Peter Aitken, Communications Coordinator
and Awards Officer, School of Medicine

Stakeholder Consultations

More than 50 stakeholder meetings were conducted and over 1,500 people were contacted. A “town hall” meeting was held for the Department of Biomedical and Molecular Sciences, and special meetings were held with School of Medicine researchers by CIHR Pillar. On December 9, 2012, a Strategic Planning Retreat was held with more than 100 attendees. A summary list is included at the end of this appendix. The Strategic Planning Steering Committee, and Queen’s School of Medicine are very grateful for the excellent participation and contributions from such a broad array of stakeholders.

Faculty of Health Sciences

Vice Deans, Faculty of Health Sciences

Senior Administration, School of Rehabilitation Therapy

Senior Administration, School of Nursing

Faculty of Health Sciences Board

Council of Clinical Heads, School of Medicine

Dean’s Executive Committee, Faculty of Health Sciences

Director’s Advisory Group, School of Medicine

School of Medicine Department Heads

Department of Biomedical and Molecular Sciences Leadership

Simulation Working Group

Department of Biomedical and Molecular Sciences

Queen’s Researchers CIHR Pillars 1,2,3,4

Institute for Clinical Evaluative Services (ICES)

Department of Community Health and Epidemiology (CH&E)

Centre for Health Services and Policy Research (CHSPR)

Aesculapian Society

Faculty Members – Faculty of Health Sciences

Staff Members – Faculty of Health Sciences

Students – Faculty of Health Sciences

Queen’s University

Principal and Vice Chancellor

Provost and Vice-Principal Academic

Vice-Principal Research

Vice-Principal Advancement

Deans Faculty of Arts and Science, Faculty of Engineering and Applied Science, Faculty of Education, Faculty of Law, School of Business, School of Graduate Studies

Department of Marketing and Communications, Queen’s University

Department of Development, Office of Advancement, Queen’s University

Partners

CEO, Kingston General Hospital

CEO, Hotel Dieu Hospital

CEO, Providence Care

Clinical Teachers Association at Queen’s (CTAQ)

Board of Governors, SEAMO

Executive Director, SEAMO

Kingston General Hospital

Providence Care

Hotel Dieu Hospital

Lakeridge Health Corporation

Government/Associations

Ministry of Health and Long-Term Care (MOHLTC)

Ministry of Research and Innovation (MRI)

Ontario Medical Association (OMA)

Council of Ontario Faculties of Medicine (COFM)

Associations of Faculties of Medicine in Canada (AFMC)





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