



Anesthesia
UNIVERSITY OF TORONTO



STRATEGIC PLAN 2009-2014

ANESTHESIA, CRITICAL CARE AND PAIN MEDICINE IN TORONTO:
Building Upon Excellence and Innovation



INTRODUCTION

We are the Department of Anesthesia at the University of Toronto. We are an academic department comprised of expert clinicians, innovative educators and outstanding researchers who continually seek to advance the frontiers of anesthesia and provide outstanding care to our patients. In providing clinical care, our faculty members look after a staggering number of patients: in 2006-2007 alone, we looked after the following patients who were critically ill, or required expert pain management or obstetric care:

- Over 74,000 general anesthetics
- Over 14,000 regional anesthetics
- 13,000 epidurals
- 7,000 patients assisted with pain management procedures

We are perhaps the leading department of anesthesia in the country, and amongst the leading departments in the world, when assessed by all of the usual metrics. We recognize, however, that no matter how good things are, our job is to make them better. Thus we are charged with an awesome responsibility: To ensure all of our patients receive the best possible care. To meet this responsibility we must attract the most gifted and intelligent trainees, train them to the highest professional standards, and ensure we instill within them the professional values we hold most dear, such as a commitment to life-long learning. We must also develop the most effective and efficient models of care provision, and discover new knowledge that will ensure the quality of care and teaching we provide will continue to improve. In essence, we will build upon the excellence and innovation for which our department is known.

A tall order? Yes; and in the interests of our patients, both mandatory and immensely worthwhile. With an agenda of such breadth and depth we may be tempted to aim incrementally and to avoid taking bold strokes. The department leadership believes the opposite – we need to be ambitious, brave, intelligent, efficient and above all successful. We need therefore to be ‘strategic’, and this Strategic Plan is the distillate of much consultation, expert opinion and determination to optimally use our resources.

OUR VISION IS:

The provision of safe and innovative anesthetic, analgesic, perioperative and critical illness management for our patients.



VISION

Our vision, mission statement and values are closely linked with those of the Faculty of Medicine, University of Toronto.

MISSION STATEMENT

The delivery and promotion of preeminent perioperative patient care through continued vigilance, innovation and scholarship.

This mission statement is intended to demonstrate our commitment to deliver the highest possible standard of medical care to our patients and acknowledge the specific responsibility that we have, as an academic department of anesthesia, to establish and continually advance these standards.

The term perioperative patient care is specifically chosen, in place of the historically limiting term anesthesia, as the former term seems to better describe the anesthesiologist's true scope of practice within the health care system; we are foremost perioperative care physicians who investigate, optimize and educate patients pre-operatively, actively manage them in many different acute care settings (e.g., the operating room, emergency room, trauma bay, intensive care unit, endoscopy suite, etc.), and following surgery, stabilize them and minimize their pain during convalescence. For the benefit of our specialty and our patients, we should explicitly state our relevance and contributions to all of these areas.

We should seek to maintain or establish our leadership role throughout perioperative medicine by demonstrating consistent excellence in scholarship and innovation in each of these different settings. Scholarship broadly defines the vast number of different educational activities our department engages in on a daily basis. It includes educating medical students, anesthesia residents and allied

health care professionals. It also includes the many foreign physicians who avail themselves of the wealth of clinical expertise within our department, and who complete fellowships in our hospitals to enhance their own skills and knowledge in order to improve the quality of care in their home countries.

Innovation, while overlapping with scholarship, more accurately reflects our department's commitment to the development of new knowledge and the translation of this into better clinical care. It demonstrates our commitment to improve patient care, radically when possible, instead of marginal advancements, by exploiting the creative potential of the staff and students within our department.

Finally, vigilance reflects our core task and implicit duty to our patients; to maintain a watchful eye for those who wholly trust us and render themselves into our care when they cannot care for themselves. The need to remain vigilant permeates every different facet of our clinical role; we must be vigilant that our clinical skills and knowledge remain current, vigilant that our equipment functions properly, and vigilant that we use medications properly. Patient safety and continued excellence in the provision of patient care requires that we shun complacency and always strive to improve ourselves and our profession. In all aspects of our practice, be it education, innovation or the provision of clinical services, vigilance for us is a defining and core trait.

THE CHANGING ENVIRONMENTAL CONTEXT

Anesthesia in Toronto constitutes a unique environment in which to work. There are several important 'environmental' issues that are evolving or that we can appreciate will evolve in the near future. Many of the issues here (e.g., research, education) are ones for which we have fundamental plans and ambitions in any case, but a specific appreciation of the environment in which we will be operating provides vital context and perspective.

Teaching – Undergraduate Medical Education (UME): The teaching curriculum for medical students is organized by the undergraduate education committee, led by the vice-dean for UME. This group has progressively identified and pursued a 'generalist' educational agenda. This can be to our advantage where we can successfully make claims for expertise in elements of medical practice (e.g., resuscitation, analgesia) that are

(and should be) central to all physicians' practices. Conversely, it can be a challenge if the approach taken at the faculty level fails to recognize the value of specialty-anesthesia knowledge and practice that are very valuable for UME. There is ongoing concern about insufficient exposure of medical students to anesthesiology role models.

Teaching – Postgraduate Medical Education (PME): The daily residency teaching is led by the faculty anesthesiologists in the clinical arena (e.g., individual hospital departments), and on a weekly basis according to the program curriculum, by faculty anesthesiologists in the classroom. The PMG office coordinates all of the departmental residency programs across the faculty.

Research – Hospital Issues: The traditional approach whereby individual hospital or university department coordinates and manages their research in isolation or, for example, in 'departmental laboratories' has all but disappeared. The research environment is now led by research institutes within each of the hospitals; this is very positive, and it means that exceptional researchers can be supported by -and find a productive home in- highly successful hospital-based research institutes.

Demographics: We do not have a clear grasp on our projected demographics such as the projected supply-demand for anesthesia services vs. important faculty indices such as age, FTE status, rate of graduation and attrition.

Recruitment: We need to understand metrics which meaningfully define the capability and quality of our resident

VALUES

Our values are the principles by which we guide our mission and reflect the values articulated by our university faculty and our core clinical institutions. We cherish the following values:

- integrity;
- commitment to innovation and excellence;
- life-long learning and critical enquiry;
- diversity and social justice;
- partnership with our health science centers;
- collaboration among disciplines, professions and in our community;
- support and collegiality;
- accountability; and,
- responsiveness to those whom we serve.

recruits (beyond their being 'excellent'). In addition, we need to understand the approaches to improving the numbers interested in – and trained for specialization - in research, education and leadership.

Government Strategies: The current approach is focused on meeting patient need, working within a Local Integrated Health Network (LIHN) framework; this is a new concept. It provides for under-served areas, adapting to 'wait time' strategies, developing Anesthesia Care Teams, and building for future remuneration through alternative funding plans.

STRATEGIC PRIORITIES: THE NEXT 5 YEARS

#1: Advancement, Advocacy and Alumni Programs

ADVANCEMENT

Overview: Advancement is one of the key priorities for the department in the next decade. Funding is key to all of our activities, and while our practice plans generously contribute to the research enterprise by financing time for gifted individuals to discover new knowledge or perfect new processes, there remains a major shortfall in the funds necessary to cover all of the costs of research. This situation is compounded by the current economic climate wherein donations are more difficult to secure. Moreover, there is a paradox: our profession has been phenomenally successful in making the practice of anesthesia safer and better able to deal with complex cases – to the extent that the general public (and many physician colleagues) see it as simple and routine. Because of this, special efforts are required to communicate to the public that not only is there much research to do in anesthesia to raise the 'bar' for safety (and effectiveness), but that it is imperative that such work be done – and therefore be funded.



Goals & Objectives: To generate support for:

1. Endowed Funds: Chairs and Professorships (\$1 - \$3 million each)
2. Expendable Funds: Donations could be in the form of expendable funds to support the Department's Merit Awards Program. Awards can range between \$20,000 to \$80,000 each, per annum, for periods ranging from 2-5 years
3. Awards and scholarships for residents, fellows and faculty, as well as graduate students working in anesthesia-related research

Key Activities:

1. Strike a departmental Advancement Committee. With a functional reporting relationship to the department's Executive Committee, this committee will:
 - Work closely with hospital-based foundations and the Faculty of Medicine's Office of Advancement to develop fund-raising programs tailored to meet the needs of each hospital site (e.g., major donors). Endowments (e.g., Chairs and Professorships) may be managed by the respective hospital foundation or by the UT department, while expendable funds will be managed through the UT department
 - Include representatives from each of the affiliated teaching hospitals and alumni
 - Seek funding through committee member's work with philanthropic organizations (e.g., grant-writing); and, identify and work closely with major donors
 - Establish working groups to operationalize specific projects or action items (e.g., publications, events, etc.)

Timeline: Winter 2010 onwards

2. Devise a list of potential key donor giving opportunities. Produce a brochure which highlights our fund-raising needs and goals, faculty members' profiles, areas of research interest, and designation options. The brochure will be publicized widely on our website, and will be distributed to the FOM Office of Advancement and committee members and engaged faculty members to the hospital foundations, alumni, industry, and potential donors or agencies
 - Identify key focus areas to raise awareness, and build 'advancement niches' for Anesthesia (e.g., perioperative care, impact on memory, pain medicine, obstetrical care, women's health, international health, etc.)
 - Work closely with UT Office of Advancement on publication; secure professional writing expertise to produce appropriate text that is accessible, attractive and descriptive

Timeline: Winter 2010 onwards

ADVOCACY

Overview: Anesthesia is the leading medical specialty in developing innovations in safety that have made impossible procedures possible, enhanced patient outcomes, and dramatically improved patient care. Instead of marvelling at this progress, we have been inclined to take it for granted. It is important we recognize the depth of innovation and creativity that were manifest in order to make these advances possible so that we can continue to maintain this trajectory of success. Given various practice-related issues and constraints, public advocacy and informational programs regarding Anesthesia as a specialty are key first-steps in successful recruitment or advancement campaigns.

Goals & Objectives: To develop a strategy to increase *public knowledge and advocacy* for anesthesia as a discipline directly involved in improving patient safety, and that illustrates how anesthesiologists, as professionals, have led and continue to lead in this arena. Successful advocacy will augment the efforts made in advancement, and also in recruitment -especially at the medical student level.

Key Activities:

1. Strike a Committee on Anesthesia Advocacy. This committee will:
 - Function parallel to the department's Advancement and Alumni program committees
 - Include representation from each of the affiliated hospitals as well as key alumni, anesthesia trainees and medical students. Representation would also be sought from related professional organizations (e.g., Ontario Medical Association, the Canadian Anesthesiologists' Society and among professional membership bodies associated with members of the anesthesia care team)
 - Develop communications strategies tailored to the needs of various stakeholders: patients and families; general public; hospital leadership; other specialists; MOH; UT students and trainees; OMA/CAS/CMA; hospital administrators; RNs and allied health professionals; the media
 - Develop and coordinate activities (e.g., information evenings) to educate the public and potential trainees and build a public profile around the issues of pain management, awareness, pain after surgery, etc.
 - Revise and develop further the UT Anesthesia website "For Patients" pages to include more information about Anesthesiologists, and the provision of anesthesia more broadly
 - Media messaging: Generate more press releases; invite media to key lectures and conferences; build stronger relationships with Public Affairs departments at UT and hospitals
 - Demonstrate leadership by encouraging anesthesiologists to enter into positions of physician responsibility; engage in leadership courses and training; and, enhance professionalism and advocate publicly on behalf of the specialty whenever possible
 - Recruit and train public champions from within the department to advocate for and publicize the

specialty of Anesthesia to the public, media, other physicians, potential and existing trainees and prospective donors

- Obtain professional consultation for advocacy, on an as-needed basis

Timeline: Winter 2010 onwards

2. Communicate the department's mission statement

The delivery and promotion of preeminent perioperative patient care through continued vigilance, innovation and scholarship

Timeline: Winter 2010 onwards

ALUMNI PROGRAMS

Overview: Our alumni — the graduates of our residency and fellowship programs and former faculty who gave years of service to the profession while at the UT — are a vital link in the chain of continuity among the university programs, the hospital-affiliated programs and the community at large. We believe that these members of the UT-Anesthesia community should share fully in the challenges and successes of the trainees and faculty at the UT Department of Anesthesia, and that those at the UT department should be kept abreast of important events among the alumni. Such an information exchange should continue notwithstanding changes in our individual geographic or career circumstances.

Goals & Objectives: Create a comprehensive program to support alumni, assist in networking, and build fund-raising capacity.

Key Activities:

1. Create an active Alumni Association or Society:
 - Identify an appropriate alumnus to work with us to build such an association, and act as its inaugural President
 - Integrate the Alumni Association into the University department's administrative structure
 - Explore the creation of an area on the UT website for alumni to maintain profiles and contact information; update addresses; and create networks with other UT alumni
 - Develop an IT solution to allow our alumni (e.g., fellows and residents) to easily update their profiles
 - Include alumni in departmental recognition events

2. Alumni Achievement Award: Provide an annual, named award to an alumnus for outstanding leadership in a field related to the specialty
3. Alumni Newsletter: Dedicate a special issue of the Morpheus Reporter to alumnus-in-the-news, profiles and updates each year
4. Alumni Database: Maintain and develop our existing database and communications programs (e.g., Annual Reports, The Morpheus Reporter, Shields Day, key announcements, etc.)
5. Fund Raising Events: Ensure alumni participation in such events (e.g., membership of organizing committee)
6. Graduate Exit Survey: Implement a comprehensive and detailed graduate exit survey for residents and fellows. Seek broad-level feedback on the program, but also use the survey as a tool to maintain connections with our new alumni

Timeline: Winter 2010 onwards



#2: Academic Productivity – Measurement & Accountability

Overview: Academic engagement is the hallmark of university-associated activity. In the context of clinical practice, we have long-term aims of discovering new knowledge, enhancing the communication of that knowledge and continually improving how we deliver care to patients. Because of its inherent place in our activity profile, we need to be able to report on our successes in the academic enterprise in a way that allows us to compare our productivity (in quality and quantity) with other hospital and university departments. Because remuneration in academic centres is in part tied to academic productivity (as well as to provision of patient care) we need to be able to justify any ‘productivity’ claims with robust data. Such an approach will be especially relevant as the university, hospitals and individual practice plans move towards new funding programs.

Goals & Objectives: Develop a simple, reliable, fair, objective and user-friendly system to measure academic productivity (teaching and research), and enhance accountability. Develop and implement metrics to measure performance. Align our measures and processes with those articulated by the Toronto Academic Health Science Network (TAHSN) Task Force on valuing academic performance (January 2010).

Key Activities:

There are three essential elements to this strategic priority:

1. Strike a Task Force on Academic Productivity with representation from each hospital to devise key benchmarks and metrics; define factors to be measured and accounted for; and, implement the online annual reporting program, ensuring broad-based buy-in from the faculty members, practice plans, and hospitals. The Task Force must include practice plan business managers and Chiefs, and may include a researcher and an educator.

Timeline: Winter 2010

2. Implement an Online Annual Report system (or, tailor existing systems to meet our needs) to be completed by all faculty members on an annual basis.
 - Liaise with hospital Chiefs to develop a common report format (and measures) that will be used by all sites
 - Work with FOM Administrative Computing area to develop an online reporting tool or work with existing tools (e.g., WebCV). Tailor the reports to meet the needs of the university, and the individual hospitals
 - System should offer a variety of downloadable reports that may be used by the university; the hospitals; and the practice plans (e.g., in working with the Ministry on funding-related issues)

- Develop metrics and models to measure and report on productivity
- Assess: research; teaching; administration; creative professional activity

Timeline: Winter 2010 onwards

3. Develop an Annual Review System for all faculty members.

- Measure and assess academic productivity. Consider implementation of a system to measure and assess academic productivity
- Develop new measures to enhance academic productivity. Provide formal, written feedback to all faculty members on an annual basis
- Ensure that all faculty members submit annual reports. Buy-in is critical, and must be encouraged through the Chiefs and practice plan leaders

Timeline: Winter 2010 to Summer 2011 onwards (system implementation: Summer 2011)



#3: Facilitating Educators

Overview: Our education programs are a key ingredient in the development of expert clinician specialists to lead the provision of anesthesia patient care. As such, this element is one of the most important long-term contributions. There are many dimensions to this: exposing medical students to exemplary teaching of perioperative medicine and pain management; guiding postgraduate residents through imaginative and practical teaching and experience; enhancing the expertise of fellow trainees in sub-specialist foci; developing multidisciplinary teams to improve safety and efficiency in delivery of care, and working with academic and community practitioners in the development of life-long approaches to theoretical and practical learning. The success of this stream will be reflected in the quality of graduates, e.g., ‘the long-term deliverables’, and will complement the ‘Accountability’ stream which will concentrate on the day-to-day measures of teaching quality and intensity.

The focus of this stream is on our Educators: here, we address faculty-related issues such as teaching evaluations; Faculty Development Day; programs which address the first-year experience of new faculty members; and, mentorship of junior faculty.

Goals & Objectives: The overall goals are to determine, develop and strengthen the major means and indicators of educational success including: Daily teacher evaluations, Simulated teaching evaluations, CANMEDS-based teaching evaluations, fellow teaching evaluations, Standard CME teaching evaluations and mandatory maintenance of individual Teaching Dossiers.

Key Activities:

The Education Council will develop specific strategies directed at the following items:

1. Develop an enhanced system to obtain teaching evaluations for all faculty members
- Seek to enhance the existing POWER system to obtain detailed and robust teaching evaluations for full-time and part-time (community hospital) faculty members from residents, fellows, and allied health professionals (e.g., RNs, paramedics, anesthesia assistants, etc.)

Timeline: Implementation during the Summer of 2011

2. Implement a structured mentorship program for junior staff clinical teachers
3. Develop a plan to ensure protected time for clinician-educators
4. Implement a university-wide education repository
5. Develop traveling and video-conference education rounds

6. Develop and disseminate widely an e-manual on clinical teaching methodologies and best practices
7. Provide additional awards to recognize excellence in teaching at the university and hospital level
8. Create and expand upon an annual, formal “faculty development day” event facilitated and hosted by the university department
9. Assist with the implementation of a formalized “first-year experience program” for all new faculty members

Timeline: Fall/Winter 2009-2010 onwards

#4: Facilitating Learners: Education Programs

Overview: Recruit and develop outstanding candidates who will become strong and enthusiastic leaders in academic and community practice. Provide new or enhanced education programs new and existing trainees (fellows, residents, graduate students, etc.).

Goals & Objectives: The focus of this stream is on Education Programs for residents, undergraduates, fellows, and anesthesiologists in practice (e.g., CPD, IMG tutorials). In this context we consider program content and renewal; recruitment and retention of outstanding learners; new education programs; and, clerkship rotations. Further, we wish to recruit, develop and retain outstanding physicians who will be exemplary clinical, educational, research or administrative leaders in anesthesia in academic or community practice settings, and who will be passionate about their profession. Inherent in this vision is a progressive increase in the presence and awareness of anesthesia in each hospital and the university; and, in the long term the profession needs an ongoing supply of academic physicians who possess the imagination, skills and drive to answer big questions in the field.

Key Activities:

The activities here are divided into three key areas: **Recruitment (getting the right trainees into the program); Training (making the best possible recruits into the best possible graduates); and, New Programs.**

1. Recruitment

- Assess our current recruitment strengths, and future opportunities
- Seek to understand what the most ‘driven’ medical students choose as their specialty and in what fraction of cases this is anesthesia (in Toronto)
- Determine if earlier and increased exposure in medical school would enhance the likelihood of recruiting an even higher percentage of the top-tier applicants. Address the issue of clerkship rotations in anesthesia, and their positioning within the undergraduate MD curriculum
- Determine the feasibility of increased global perioperative exposure in medical school

- Develop a plan for appropriate career mentorship
- Develop and implement a specific and highly targeted communications and outreach plan
- Develop and implement metrics to assess programs

Timeline: Winter 2010 (implementation for 2010-2011 academic year)

2. Training

- Implement a formal mentoring program for residents and fellows, which commences early in their formal education with the UT
- Implement formalized (and mandatory) specializations in education, research and management modules as inherent elements of residency (and later of) training. Implement a certification program in the chosen areas of specialization (e.g., Clinical Educator, CIP, etc.)
- Increase exposure of post-residency fellowship paths (e.g., “Fellowship Fair”)
- Implement formal requirements for ‘service provision’ and academic development within the residency training period

Timeline: Winter 2010 (implementation for 2010-2011 academic year)

3. New Programs

a. Global Health Issues and Social Responsibility in Anesthesia

- Scholars: We will facilitate the learning of physicians, allied health care workers, and patients both locally and abroad. We will similarly contribute to the development, dissemination and translation of new knowledge and practices
- Locally: Within our own institutions and training programs we will:
 - i. Develop curriculum materials for the post-graduate program addressing relevant CanMEDS competencies as they pertain to issues of social responsibility and improving perioperative care in developing nations
 - ii. Identify suitable international projects/supervisors, and appropriate times for residents/fellows to participate during their overall training
 - iii. Develop academic/financial mechanisms to facilitate the participation of faculty members in overseas educational/clinical activities
- **Globally:** We will work with suitable and willing academic, government and NGO partners to:

- i. Initiate educational programs to train anesthesiologists and relevant allied health professionals overseas with an aim of establishing self-sustaining educational systems
 - ii. Develop educational materials for patients and their families with an aim of improving perioperative health care outcomes (e.g., infection control guidelines, smoking cessation strategies, antenatal care, etc.)
 - iii. Foster ongoing educational partnerships to facilitate the transfer of knowledge and skills between these agencies (e.g., via resident, fellow exchange programs, telementoring)
 - iv. Facilitate the creation of new knowledge by mentoring overseas partners in their research (e.g., reviewing grants, coauthoring manuscripts, implementing record keeping systems for collecting health care data)
- **Health Advocates:** We will use our expertise and influence to advance the health and well being of ourselves and our fellow world citizens
 - i. We will identify opportunities for advocacy and health promotion in the area of perioperative care as it pertains to vulnerable and marginalized populations both locally and abroad
 - ii. We will educate and inform members of the public and government in order to improve the health and well being of vulnerable and marginalized populations by:
 - o Giving educational/informational rounds at local, national and international academic and governmental meetings
 - o Publicizing our activities in academic journals and the lay-press
 - o Lobbying government and non-governmental agencies on matters of health care policy and funding
 - **Collaborator:** We will seek to engage and partner with other anesthesia departments and allied healthcare professionals in order to accomplish our overall goal of improving the health and well being of others
 - i. We will seek to coordinate our outreach activities and efforts with those of other university departments working abroad (e.g., through the Office for International Surgery, Centre for International Health, etc.)
 - ii. We will seek to engage and involve other anesthesia departments both locally, nationally, and internationally (e.g., CAS, World Federations)
- b. IMG National Examinations Training Program**
- Develop and implement formal tutoring programs to assist International Medical Graduates (both local and Ontario-wide) to attain the knowledge levels required for national specialty examinations

Timeline: Winter 2010 onwards

#5: Research

Overview: The profession needs to generate new knowledge in order to progress: no amount of perfecting practice or education can result in new insights, and it is such insights derived from original research that give us the new horizons towards which we can educate and practice. In this vital enterprise, our standing against other university departments of anesthesia is high, but the comparisons need to be shifted from other departments of anesthesia to other large successful university departments of Medicine or Surgery. It is in this way that we would develop more appropriate and substantial benchmarks for research productivity and output. The idea that the department should be 'the best' is less important than that we should attain productivity commensurate with such a standing. Finally, it is the position of the department that the disbursement of any research funds emanating from the university department shall be primarily allocated on the basis of competition and merit.

Goals & Objectives: The research agenda is complex because the enterprise involves many different types of expertise, individuals, and areas of knowledge. Thus, singular targets -other than excellence- are unlikely to be helpful, and the department will have to pursue a multi-modal strategic approach that targets the following overall principles:

1. **World-Class Research:** this means the publication in high-impact journals of highly cited research that attracts substantial levels of peer-reviewed funding
2. **Translational Potential:** this is a laudable (and is the ultimate) goal for almost any research, especially that from a clinically-based department. However, it is recognized that the most valuable aspect of research is the caliber of the curiosity-driven researcher who, through the formulation and testing of important hypotheses, generates new knowledge
3. **Global Impact:** it is vital that the impact of the research be across a broad spectrum, interface with many disciplines, and where patient related, be applicable to a wide range of perioperative conditions

Key Activities:

The research committee, working with the vice-chair research and the department chair, will refine the identified key activities (and others) designed to achieve the above goals and objectives

- **Research Committee:** the composition of the research committee and its terms of reference, as well as its performance criteria, will be developed by the vice-chair research and the chair in association with the research directors from each hospital department
- **Priority Targets:** targeting priorities for resource allocation and recruitment is complex. Successful current (or potentially recruitable) faculty (or groups) will receive particular emphasis. However, the university department recognizes that the bulk of research conducted

by clinician-researchers in the faculty occurs in the context of the hospital-based research institutes; thus working with the research institutes' priorities constitutes an important ongoing principle. Nonetheless, the vice-chair Research will continually focus on identifying, reviewing and sustaining priority targets

- **Inter-hospital Clinical Trials:** Clinical trials are a key element in the research enterprise, and usually benefit from multi-centre participation. A culture of inter-hospital collaboration will be fostered, such that for projects that are amenable to clinical testing, project development, grant review and trial completion will be as much as possible inter-hospital and collaborative
- **Mentorship of new Investigators:** Mentorship is vital for young faculty in their preparation for grant funding and research development. While many researchers develop successful careers in the absence of formal mentorship programs, almost all benefit from a considerable degree of mentorship support, and it is incumbent upon established investigators to facilitate the careers of more junior colleagues. This will constitute a specific activity of the research committee, and will be undertaken in conjunction with the established practices in the hospital-affiliated research institutes
- **Other Task Forces:** The research committee will advise and contribute to the operations and aims of the task forces or committees dedicated to advancement, recruitment and evaluations
- **Trainee Involvement:** Enhance trainee involvement in research (e.g., role in resident recruitment, advise on the role of the CIP, and optimize the involvement of medical students, residents and fellows in research)
- **Grant Review:** The formal grant review process (outlined on the website) will become a compulsory procedure for grants that require the chair's signature. The research committee will educate all faculty about the necessity for this
- **Commercialization:** The department will recognize, support and endeavor to reward efforts to commercialize all appropriate elements of research work that relate to anesthesia or to faculty research

Timeline: Winter 2010 onwards



APPENDIX A: SUMMARY OF STRATEGIC PRIORITIES

#1: Advancement, Advocacy and Alumni Programs

Advancement:		
Goals and Objectives	Proposed Actions	Timeline
<ol style="list-style-type: none"> 1. Endowed Funds: Chairs and Professorships 2. Expendable Funds: Smaller, expendable amounts in support of various initiatives 3. Awards and scholarships for trainees and faculty members 	<ol style="list-style-type: none"> 1. Strike a departmental Advancement Committee. 2. Devise a list of potential key donor giving opportunities. 3. Produce and disseminate a brochure to potential donors and agencies. Work closely with UT Advancement and Hospital Foundation. 	Winter 2010 - onwards

Advocacy (Leadership and Communications):		
Goals and Objectives	Proposed Actions	Timeline
Develop a strategy to increase public knowledge and advocacy for Anesthesia as a specialty, and Anesthesiologists as leaders in patient safety	<ol style="list-style-type: none"> 1. Strike a committee on Anesthesia Advocacy 2. Provide information evenings for the public (e.g., pain management) 3. Provide more information for public via the departmental website 4. Increased media messaging 5. Recruit and train "public champions" 6. Communicate the department's mission statement 	Winter 2010 - onwards

Alumni Programs		
Goals and Objectives	Proposed Actions	Timeline
Create a comprehensive program to support alumni, assist in networking, and build fund-raising capacity.	<ol style="list-style-type: none"> 1. Create an Active Alumni Association 2. Implement an annual Alumni Achievement Award 3. Create and implement a comprehensive alumni communications programs (e.g., website and Newsletter) 4. Maintain existing alumni database 5. Ensure alumni participation in fund-raising and educational events 6. Implement a comprehensive graduate exit survey 	Winter 2010 - onwards

#2: Academic Productivity – Measurement & Accountability

Goals and Objectives	Proposed Actions	Timeline
Develop a simple, reliable, fair, objective and user-friendly system to measure academic productivity (teaching and research), and enhance accountability.	<ol style="list-style-type: none"> 1. Strike a Task Force on Academic Productivity 2. Implement an Online Annual Report System (or, harmonize with other systems) 3. Develop and implement an Annual Review System for all faculty 	<p>Winter 2010 2010 - 2011</p> <p>Summer 2011</p>

#3: Facilitating Educators

Goals and Objectives	Proposed Actions	Timeline
Implement new initiatives to support and strengthen the indicators of educational success and faculty teaching: enhanced teaching evaluations; additional professional development opportunities; and mentorship programs for junior faculty.	Develop and Implement: <ol style="list-style-type: none"> 1. Enhanced systems to obtain teaching evaluations for all faculty from a wider variety of trainees 2. A structured mentorship program for junior staff clinical teachers 3. A plan to ensure protected time for clinician-educators 4. University-wide education repository 5. Traveling & video-conference education rounds 6. E-manual on clinical teaching methodologies and best practices 7. Awards to recognize excellence in teaching at the university/hospital 8. Create an annual "Faculty Development Day" event 9. Faculty first-year experience program 	Winter 2010 2010 - 2011 Summer 2011

#4: Facilitating Learners: Education Programs

Goals and Objectives	Proposed Actions	Timeline
Recruit and develop outstanding candidates who will become strong and enthusiastic leaders in academic and community practice. Provide new or enhanced education programs new and existing trainees (fellows, residents, graduate students, etc.).	<ol style="list-style-type: none"> 1. Analyze and build upon current recruitment activities 2. Training (e.g., mentorship programs, mandatory specializations during residency, fellowship options, service provision requirements, etc.) 3. Develop and implement new programs: Masters degree; Global health issues and social responsibility; and, IMG national examination programs 	Fall 2009 - onwards

#5: Research

Goals and Objectives	Proposed Actions	Timeline
The department will pursue a multi-modal strategic approach to target our commitment to conduct world-class research; capitalize upon translational potential; and, achieve global impact.	<ol style="list-style-type: none"> 1. Redevelop the Research Committee 2. Set priority targets 3. Facilitate and conduct Inter-Hospital Clinical Trials 4. Provide mentorship programs for new investigators 5. Develop methods to increase trainee involvement in research activities 6. Provide an enhanced internal grant-review service 7. Recognize and support commercialization activities 	Fall 2009 - onwards

APPENDIX B: SWOT ANALYSIS AND STRATEGIC ISSUES EMERGING INTERVIEWS

In order to plan, we need to know – in as much details as possible – about our current status. We conducted interviews with our key management members and external stakeholders in 2007. The results of these SWOT analyses and consultations were then synthesized in a planning retreat with our Executive Committee members and Program Directors in late 2007. Our strengths, weaknesses and future challenges were carefully reviewed at this time.

We have taken a traditional approach to this analysis and have summarized our strengths, weaknesses, opportunities and threats in the tables that follow:

Table 1: Academic/Faculty Recruitment

ACADEMIC/FACULTY

STRENGTHS

- Faculty with demonstrated academic achievement
- Excellent faculty
- Extraordinary environment – strength of the UT as a scientific milieu
- IMG faculty members

WEAKNESSES

- Ability to recruit staff with academic or research interests/skills/training
- Difficulty in providing sufficient time for teaching and research activities
- UT presence and low impact on the “rank and file” within hospitals
- Recruitment of young Canadians
- Licensing process for IMG faculty members
- Retention (e.g., workloads)

OPPORTUNITIES

- Increase recruitment
- Provide summer electives
- Improve promotions processes
- Provide lists of summer electives in year 1 or 2 of Medical School – get students excited about Anesthesia as a specialty
- Hire more Fellows and change call schedules

THREATS

- Few Canadian recruits
- Need more staff
- Professional jealousy – encourage more sharing and fewer “fiefdoms”
- Lack of protected academic time
- Retention issues
- IMG failure

Table 2: Research

RESEARCH

STRENGTHS

- UT Preeminent institution – huge, diverse
- UT - opportunities to link with others outside your own department – multi/cross-disciplinary research, inter-institutional research
- Size – program and clinical populations
- Strong “culture” of research
- Established PIs – expertise
- Successful grants
- Staff with training in research methodologies
- Paid academic time

WEAKNESSES

- Time and resources lacking
- Insufficient funding for research/not enough paid/protected academic time
- Relatively few established PIs
- Few grants
- Lack of grantsmanship
- Need more engagement of IMGs who do research
- Need to incorporate faculty into the Research Institute structures
- Lack of focus
- Insular – some faculty threatened by those from outside of Toronto – UT structures an issue
- Research silos
- Short-staffed

OPPORTUNITIES

- Favorable research environment (e.g., Research institutes to recruit into)
- Team-based simulation education
- Recruit the right people to do research – a multi-faceted issue
- Pursue recruitment opportunities at more senior levels – recruit into non-leadership positions too
- Cross-institutional and cross-disciplinary research collaborations (e.g., with Medical Imaging)
- Work with VPs of Research Institutes to enhance funding and resources
- Develop foci further
- Knowledge translation
- Hire a Biostatistician
- Reward fellows who do research

THREATS

- Environmental fluctuations/institutional changes
- CIHR and \$\$ for research
- Anesthesia environment – broad level
- Few Clinician Scientists
- Evaluation tools
- Clinicians will not take income reductions to get protected time for research/academia
- Lack of time
- Clinical costs of funding research/education days
- Lack of consistency across institutions (e.g., income distribution, AFP flow, etc.)
- Need research focus
- Need research mentors

Table 3: Education Programs

STRENGTHS

Undergraduate:

- Faculty involved in PBL teaching models
- Strong faculty role models/excellent staff
- AA/IMG programs; ACTs

Postgraduate:

- Faculty expertise, excellent teachers/staff
- Strong faculty commitment (more so than in doing research)
- CIP spots in the CaRMS match
- Regional Anesthesia Pain Program
- Simulators
- Size and breadth of program – large number of locations (9-10 residents per site), patient complexity, types of cases, etc.
- Royal College exams – high success rate (over 90% pass rate)
- Filled all our positions at CaRMS match (down to 60%)
- Availability of research opportunities for students
- Fellows Program
- Simulation
- Education curriculum

IMGs:

- Great variation in program structures from hospital-to-hospital
- CME/Telehealth – strong

OPPORTUNITIES

- Further growth in Anesthesia due to expansion of UT undergrad medical programs (Mississauga academy)
- Engage more faculty as teachers – encourage advanced teaching degrees (e.g., MEd)
- Hire an Educator (MEd)
- Increase involvement of residents in teaching
- Curriculum Review
- Education process
- Team-based simulation education
- Increased administrative support/enhanced systems to assist faculty in documenting teaching efforts
- Develop more evaluations tools
- Greater outreach – publicize our successes better
- Provide residents with time to complete faculty evaluations (re: promotions, etc.)
- Mississauga campus medical school
- Knowledge translation/sharing – research and education
- Create additional awards/recognition opportunities for excellent teachers at each site
- Online simulation tools – web-based

WEAKNESSES

Undergraduate/Postgraduate:

- Lack of time/resources to do training/education
- Lack of support for teaching
- Limited infrastructure to document faculty's teaching efforts (e.g., promotions via education plank) – teaching done and not documented
- Fellowship education
- Size of program – number of locations – people “spread-out” (9-10 residents per site)
- Some poor teachers (disengaged)
- Faculty perceptions – “undervalued, underpaid, underappreciated and under-resourced”

IMGs:

- Great variation in program structures from hospital-to-hospital – lack of consistency
- Disorganization of IMG program

THREATS

- Undergraduate: Anesthesia not a high-profile specialty for undergrads – first exposure to Anesthesia in 4th year, after the CaRMS match
- Postgraduate: difficulties in incorporating larger numbers of residents in programs
- Anesthesia – lack of public image
- Evaluation process – for teachers and residents
- IMGs: some many not be able to pass promotions process at 5 years (no time/direction on promotions, no focus)
- Faculty – lack of time/interest in pursuing advanced degrees
- Lack of evaluations tools
- Complacency – must ensure continued successes
- Another Toronto-based Medical School (York University)?
- Mississauga campus medical school
- Short staffed

Table 4: Clinical Practice**STRENGTHS**

- Anesthesiology as a “safe” practice
- Anesthesia Care Teams (innovation)
- Pain – acute and chronic
- Faculty/clinical expertise very high
- Anesthesia Assistants monitoring of stable, anesthetized patients
- Fisher’s black box
- AIMS (Beattie, Cooper, Tait) – anesthesia information management systems

WEAKNESSES

- Anesthesiology so “safe” a practice “we have disappeared”
- Decreasing resident recruitment
- Reporting structures at some hospitals an impediment – lack membership on Executive/ management bodies at hospitals
- Status and perception – within hospitals
- Leadership status in pain is vulnerable – lack profile here
- Limited professional development opportunities
- Patient information across the hospitals – transcription not enough – identify drug errors

OPPORTUNITIES

- Hold public education forums (e.g., Sunnybrook event)
- Find public “champions” (i.e., patients) – act as a liaison person with the public/media/hospitals
- Hospital presence – develop greater awareness
- Develop greater presence as specialists in pain medicine
- Increase recruitment to the specialty
- Use AFP \$\$ to retrain/train further to enhance clinical practice
- Manitoba legislation – look at this model
- Change clinical practice- greater opportunities for patient safety and reduced drug errors

THREATS

- Shortage qualified Anesthesiologists (local) – an issue with AA’s?
- Decreasing stature of the specialty of Anesthesia?
- Visibility/influence of Anesthesia in hospitals is very low
- \$\$ for professional development
- Electronic medical records in OR – not just transcription services
- Manitoba legislation – not likely to happen in Ontario

Table 5: Advancement, Communications and Outreach**STRENGTHS**

- Anesthesia as a safe practice
- PAC at HSC – international efforts
- Telehealth at HSC – international/national
- Medical Missions overseas

WEAKNESSES

- Low public profile
- Little support with advancement/fund raising efforts (hospitals and UT)
- Lack of proven fund-raising track record
- Branding: “Anesthesia” not reflective of all that we do – critical care, perioperative medicine, pain, etc.
- Not enough endowed Chairs or Professorships

OPPORTUNITIES

- Need public champions
- Branding – change departmental name? (e.g., “Anesthesia, Critical Care and Pain Medicine”)
- Enhance branding activities
- Improve public profile – e.g., around pain management, awareness, pain after operation
- Build stronger relationships with Public Affairs departments at UT and hospitals
- Alumni development
- Work with hospital foundations for funding
- Obtain more endowed Chairs and Professorships

THREATS

- Name could be quite long , however, precedents set (e.g., ENT – Otolaryngology/ Head and Neck Surgery)
- Fluctuation/value of Canadian Dollar?
- Not enough Chairs or Professorships
- Low public profile
- Availability of funding topics/ opportunities that one can “sell” well – e.g., Anesthesia not a “sexy” specialty – very safe

APPENDIX C: PLANNING RETREATS (PARTICIPANTS AND AGENDAS)

EXECUTIVE RETREAT PLANNING

October 10, 2007

Faculty Club, University of Toronto

PARTICIPANTS:

Brian Kavanagh, Chair

Isabel Devito, Director, Undergraduate Education Programs

Gil Faclier, Anesthetist-in-Chief, Sunnybrook Health Sciences Centre

Patricia Houston, Vice Chair, Education and Anesthetist-in-Chief, St. Michael's Hospital

Jean Kronberg, Anesthetist-in-Chief, Women's College Hospital

Wendy Kubasik, Business Manager

Mark Levine, Director, Postgraduate Education Programs

David Mazer, Vice Chair, Research

Gerald O'Leary, Vice Chair, Clinical Practice and Anesthetist-in-Chief, UHN

Lawrence Roy, Anesthetist-in-Chief, The Hospital for Sick Children

Peter Slinger, Director, CME Programs

AGENDA:

1.0 Goals and Objectives of the Retreat

2.0 Environmental Planning Context - Setting the Stage:

- 2.1 UT Strategic Planning at the University of Toronto (Towards 2030)
- 2.2 Faculty of Medicine - Highlights of the Strategic Plan
- 2.3 Integration with the Hospitals
- 2.4 AFP - Implications for the University Department
- 2.5 Others

3.0 Departmental Reports: Current Issues and Initiatives

- 3.1 IMGs (P. Houston)
- 3.2 Undergraduate Education (I. Devito)
- 3.3 Postgraduate Education (M. Levine)
- 3.4 CME/Fellowship Education (P. Houston)
- 3.5 Research (D. Mazer)
- 3.6 Clinical Affairs (G. O'Leary)
- 3.7 Academic Faculty Demographics (B. Kavanagh)
- 3.8 Summary of Issues and Initiatives (B. Kavanagh)

- 4.0 Strategic Directions, Goals and Initiatives: Positioning the Department Nationally, Internationally and Globally
 - 4.1 Education
 - 4.2 Research
 - 4.3 Clinical Affairs
 - 4.4 Advancement, Communications and Outreach
 - 4.5 Academic Faculty Recruitment
 - 4.6 Summary and Discussion
- 5.0 Development of a Vision and Mission Statement
- 6.0 Next Steps and Adjournment

DEPARTMENTAL PLANNING RETREAT

December 1, 2008

FitzGerald Building, University of Toronto

PARTICIPANTS:

Richard Ahn	Helen Holtby	Basem Naser
Pamela Angle	Patricia Houston	Finola Naughton
Sinziana Avramescu	Chris Idestrup	Ahtsham Niazi
Imad Awad	Sunil Kapoor	Gerald O'Leary
Andrew Baker	Keyvan Karkouti	Beverley Orser
Mrinalini Balki	Rita Katznelson	Guy Petroz
Susan Belo	Brian Kavanagh	Antoine Pronovost
Heinz R Bruppacher	Jean Kronberg	James Robertson
Bob Byrick	Wendy Kubasik	Keith Rose
Fiona Campbell	Matt Kurrek	Anita Sarmah
Sugi Canagasingham	Alim Ladhs	Naveed Siddiqui
Jose Carvalho	Claude Laflamme	Mandeep Singh
Ki Jinn Chin	Mark Levine	Peter Slinger
Stephen Choi	Alison Macarthur	Terry Smith
Hance Clarke	Azad Mashari	Neilesh Soneji
Ron Crago	Clyde Matava	Andrew Steel
Mark Crawford	David Mazer	Katherine Taylor
Kathleen Dattilo	Colin McCartney	Uma Tharmaratnam
Sharon Davies	Stuart McCluskey	Martin van der Vyver
John De Lacy	Conor McDonnell	Annette Vegas
George Djaiani	Irene McGhee	Sarita Verma
Andrea Dower	David McKnight	Marcin Wasowicz
Ludwik Fedorko	Barry McLellan	Jeff Wassermann
Joseph Fisher	Karen McRae	Duminda Wijeyesundera
Gordon Fox	Massimiliano Meineri	David Wong
Zeev Friedman	Claire Middleton	Gail Wong
Marianne Graham	William Middleton	Doreen Yee
Stephen Halpern	Beverly Morningstar	Eric You-Ten
John Hanlon	Jennifer Morris	Haibo Zhang
Greg Hare	Patricia Murphy	
Jane Heggie	Tina Nair	



Appendix C continued...

AGENDA:

1.0 Strategic Planning: We're Doing It!

Dr. Brian Kavanagh, Chair, Department of Anesthesia

2.0 Introductory Remarks

Dr. Sarita Verma, Deputy Dean, Faculty of Medicine

3.0 Strategic Planning: Clinicians, Academics and Organizations

Dr. Barry McLellan, President and CEO, Sunnybrook Health Sciences Centre

4.0 Roadmap: Goals and Objectives for the Evening

Dr. Brian Kavanagh

5.0 Working Groups

a. Deliverables: Measuring Productivity, Demonstrating Accountability

Facilitators: Gerald O'Leary and Mark Crawford

b. Public Relations: Marketing the Profession on Behalf of Patients

Facilitators: Ann Grisé and Andrew Baker

c. Advancement: Financing Academic Anesthesia

Facilitators: Doreen Yee and Stephen Brown

d. Recruiting, Retaining and Developing: The Best Residents and Fellows

Facilitators: Duminda Wijesundera and Beverley Orser

e. Education: Producing and Measuring Results

Facilitators: Peter Slinger and Marianne Graham

f. Research: Discovering the Future of Anesthesia

Facilitators: David Mazer and Keyvan Karkouti

6.0 Reports from the Working Groups

7.0 Review and Synthesis

8.0 Concluding Remarks

9.0 Social and Adjournment

APPENDIX D:

2007 TO 2008 PATIENT CARE STATISTICS

	TGH	TWH	Mount Sinai	Women's	Sunnybrook	St. Mike's	Sick Children's	TOTAL - ALL SITES
General Anesthetics:	9,461	7,030	9,295	4,041	11,600	14,800	18,000	74,227
Regional Anesthetics:	200	3,600	5,684	73	2,500	1,210	1,000	14,267
Deliveries:	n/a*	n/a*	6,385	3,642	n/a**	2,825	n/a**	12,852
Epidurals/spinals:	704	1,200	5,351	2,051	1,200	2,120	300	12,926
Caesarian sections:	n/a*	n/a*	2,170	1,248	n/a**	832	n/a**	4,250
Caesarian section rate:	n/a*	n/a*	34%	34%	n/a**	29%	n/a**	32.3%
Pain clinic cases:	n/a*	205	1,589	202	2,750	1,797	367	6,910
Acute pain service:	3,082	2,472	2,601	252	7,000	500	860	16,767
ICU beds:	60	23	16	2	65	56	25	247

2008 TO 2009 PATIENT CARE STATISTICS

	TGH	TWH	Mount Sinai	Women's	Sunnybrook	St. Mike's	Sick Children's	TOTAL - ALL SITES
General Anesthetics:	8,194	5,673	11,097	3,564	9,906	12,309	16,745	67,488
Regional Anesthetics:	49	3,600	5,956	268	2,862	2,334	971	16,040
Deliveries:	n/a	n/a	6,539	3,509	n/a	3,386	n/a	13,434
Epidurals/spinals:	835	n/a	5,426	2,215	2,310	2,268	303	13,357
Caesarian sections:	n/a	n/a	2,147	1,242	n/a	1,024	n/a	4,413
Caesarian section rate:	n/a	n/a	32.8%	35%	n/a	30%	n/a	32.6%
Pain clinic cases:	n/a	239	1,500	206	2,895	1,871	393	7,104
Acute pain service:	3,187	2,292	2,596	306	9,600	4,808	1,030	23,819
ICU beds:	53	20	16	2	65	56	36	248

APPENDIX D:

AGE-RELATED DEMOGRAPHICS																		
	30 - 35		36 - 39		40 - 45		46 - 49		50 - 55		56 - 59		60 - 65		66 - 70		70 + yrs	
	yrs		yrs		yrs		yrs		yrs		yrs		yrs		yrs		yrs	
Year	#*	% total**	#	% total	#	% total	#	% total	#	% total	#	% total	#	% total	#	% total	#	% total
2009	16	6	42	17	51	20	31	12	41	16	29	12	24	10	15	6	2	1
2014	0	-	10	4	58	23	38	15	40	16	28	11	40	16	19	8	17	7
2019	0	-	0	-	22	9	39	16	54	22	26	10	40	16	33	13	35	14

As of August 2009

* The # of faculty per age group is not necessarily accurate based on the total numbers of faculty in the department -- dates of birth were not available for 14 faculty members.

** The percentage per age group is based on 251 faculty -- the number of faculty members that we have accurate birth dates for. The 14 faculty whom we do not have birth dates for are excluded from these calculations.

*** Future new recruits are not included here. This document is based on current faculty complement as of August 14, 2009.

GENDER		
	Male	Female
August 2009	184	80
	(70%)	(30%)

Based on 264 staff members (including those who did not provide birthdates)