# 2011
# 2016

# better education
# better outcomes™

# strategic plan 2011-2016

CONTINUING EDUCATION & PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE, UNIVERSITY OF TORONTO

*"A paradigm shift occurs when a question is asked inside the current paradigm that can only be answered from outside it."*
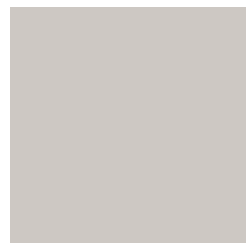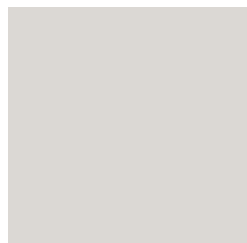
- Merilee Goldberg, The Art of the Question

# table of contents

# introduction

Continuing Education and Professional Development (CEPD) at the Faculty of Medicine, University of Toronto is a national and international leader in quality and innovative continuing education and professional development. CEPD is recognized for its work in administration, educational leadership, and faculty development, as well as for advancing scholarship and research.

In Fall of 2010, CEPD initiated a strategic planning process. The strategic planning review was led by a Strategic Planning Committee[1] chaired by Dr. Jamie Meuser, Director of Professional Development, Department of Family and Community Medicine, and overseen by Dr. Ivan Silver, Vice-Dean of CEPD, Faculty of Medicine. Strategic Planning Committee members led six Working Groups with membership drawn from the Toronto Academic Health Sciences Network (TAHSN) and the broader CEPD community. The process was skillfully facilitated and documented by Helena Axler & Associates. Invaluable proofreading and copy edit support was provided by Joanne Goldman and superlative graphic design and formatting by Caitlin Aldcorn.

The strategic planning process involved meetings and consultations over a nine-month time period. As a first step, the Strategic Planning Committee reviewed the 2006-2011 strategic plan[2] and accomplishments to date to identify the need for additional or revised strategic directions and priorities. Based on this discussion, the committee developed six core theme areas that formed the basis of each Working Group. The aim of the Working Groups was to identify key issues within and external to the University impacting on CEPD, and then to develop goals, actions and implementation priorities related to their particular theme area. The output of the Working Groups formed a draft set of strategic goals and priorities that was discussed with 60 participants of a Strategic Planning Retreat on April 28, 2011.[3] The discussion and feedback during the retreat informed the committee's final strategic plan.

*CEPD is seeking to change problem solving into possibilities for breakthrough thinking. This includes thinking about continuing education as a type of creative experiment.*

-Retreat Participant, May 2011

This document begins with a highlight of CEPD's accomplishments during the past five years and then reports on key issues within and external to the University that play a role in shaping the future direction of CEPD. The final section presents the 2011-2016 strategic directions, goals, and priorities. The future direction builds upon CEPD's strengths and achievements and responds to current opportunities and imperatives, including the Faculty of Medicine's focus on integration, innovation, and impact.

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[1] See Appendix I for a list of members participating in the strategic planning process.

[2] From Knowledge to Action: Bridging the Quality Gap, CEPD Strategic Plan 2006 - 2011.

[3] See Appendix 2 for a list of participants attending the April 28, 2011 CEPD Strategic Planning Retreat.

# achievements 2006-2011

This section highlights CEPD's accomplishments during the past five years (2006-2011)[4] in three main areas: organizational infrastructure and programs, partnerships and collaborations, and research, knowledge translation, and information.

## ORGANIZATIONAL INFRASTRUCTURE & PROGRAMS

### *CEPD Organizational Infrastructure*

CEPD undertook a number of initiatives to strengthen its management of, and guidance for, CEPD activities. It developed a business plan in 2009 which has proved successful to date. CEPD also created an electronic integrated web-based management platform, EvMS, which was launched in 2007. EvMS is a unified web application that handles the myriad functions of a Canadian continuing professional development office. Custom designed from first principles, the system provides robust event management features. EvMS has been licensed to other Canadian CEPD departments. CEPD also hired experts in education consultation, international outreach and remediation of physicians to work with event planners.

### *CEPD Accredited Events*

During the past five years, there was a significant increase in the number of registrants, events, event categories [see Figures 1-3) and certain models of learning (e.g., web-based learning). CEPD expanded its scope to include healthcare professionals across the care continuum in its programs and activities.

### *Accreditation of CEPD and its Programs*

In April 2008, CEPD was evaluated on 14 standards; it received exemplary compliance in eight and compliance in six.

*We are so afraid of not being good enough that we retreat and end up being less than we are capable of... This is about balancing the need for providing direction with the imperative of allowing (and encouraging) flexibility.*
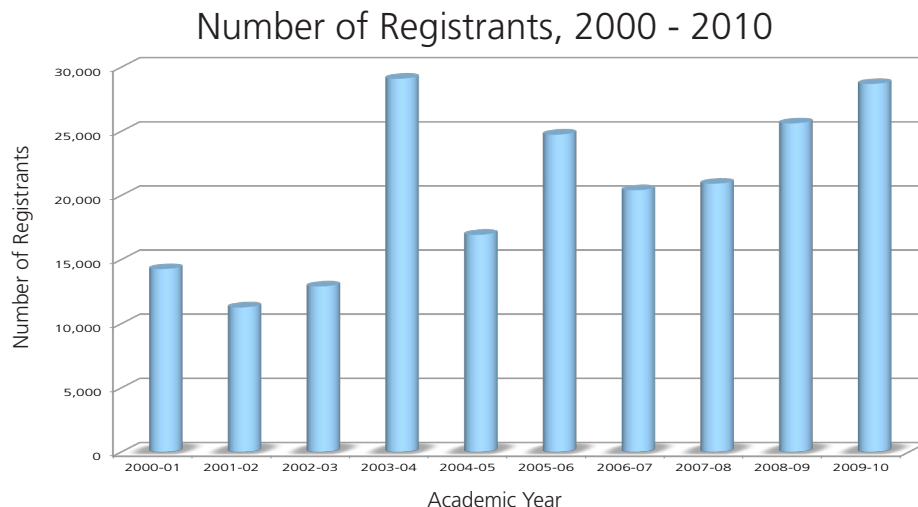
-Retreat Participant, May 2011

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[4] A more comprehensive list of accomplishments and milestones can be found in the Continuing Education and Professional Development, 5 Year Review Report.



*Figure 1: Number of Registrants, 2000-2010*

## PARTNERSHIPS & COLLABORATIONS

*Partnerships and Collaborations*

CEPD fostered both existing and new partnerships and collaborations with internal and external stakeholders. Partnerships and collaborations with University of Toronto education centres, institutes and programs have been central to CEPD's sustained productivity. These include the Centre for Faculty Development, the Centre for Interprofessional Education, the Wilson Centre, the Peter Silverman Centre for International Health, the Joint Program in Knowledge Translation at the Li Ka Shing Knowledge Institute, the School of Continuing Studies, the Centre for Patient Safety, and the Standardized Patient Program. New collaborations external to the university have been cultivated with the Centre for Effective Practice, CPD Ontario, and the related Ontario Chronic Disease Education Collaborative. Nationally and internationally, CEPD has been working with the Special Committee for CPD (SCCPD) of the Association of the Faculties of Medicine of Canada (AFMC), Canadian Association of Continuing Health Education (CACHE), The Royal College of Physicians and Surgeons of Canada (RCPSC), the College of Family Physicians of Canada (CFPC), the Association of American Medical Colleges (AAMC), and the Society of Academic CME (SACME).

**Old paradigm:** *Create a website and expect your learners to come to your site to access your content and experiences.*

**New paradigm:** *Create your content and experiences in reusable formats and deliver it to your learners where they are, including professional/social networks and mobile apps.*

-Avi Hyman, Retreat speaker, April 2011

## RESEARCH, KNOWLEDGE TRANSLATION & INFORMATION

*Leadership in CEPD Research*

CEPD facilitated research in continuing education and professional development by its distributed network of scholars and researchers in the Faculty of Medicine. The Research in Continuing Education Committee (RICE) was established as the academic home for scholars and researchers in CEPD. RICE brings together scholars and researchers across university departments, centres of excellence, and learning institutes. Members include clinician-scientists, PhD scientists, clinician-educators, clinician-investigators, and graduate students. The group met regularly to work together on CEPD projects and share knowledge and research in CEPD.

*Joint Program in Knowledge Translation*

CEPD has continued its partnership with the Li Ka Shing Knowledge Institute at St. Michael's Hospital for The Joint Program in Knowledge Translation. This Program designs and evaluates interventions to optimize the incorporation of best evidence into practice and policy. The Program focuses on the following areas: critical care and trauma, diabetes, patient education, interprofessional care, the management of chronic diseases in the developing world and the impact of continuing health education.

*CEPD Database*

During the past five years, there has been significant growth in the number of resources in the Research and Development Resource Base (RDRB). The Association of American Medical Colleges became an external partner in 2006 and systematically assists with the addition of new CEPD and knowledge translation (KT) literature.[5]

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[5] The RDRB is co-funded by one internal organization , the Li Ka Shing Knowledge Institute and three external national and international organizations – SACME, ACME, RCPSC
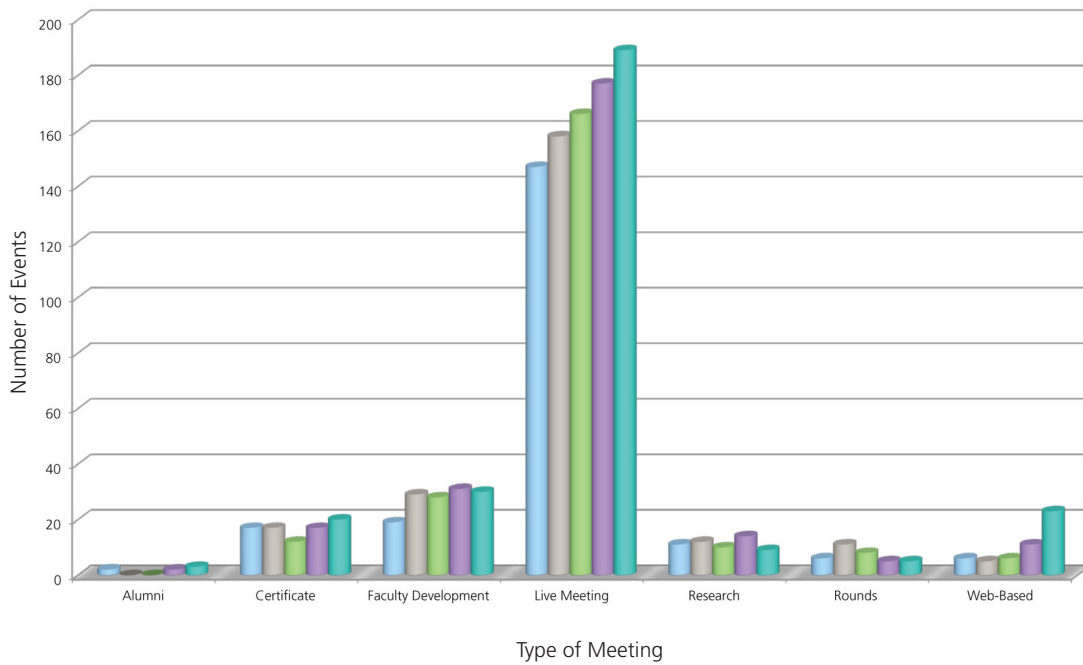
# 5-Year Comparison of Event Categories



*Figure 2: 5-Year Comparison of Event Categories*
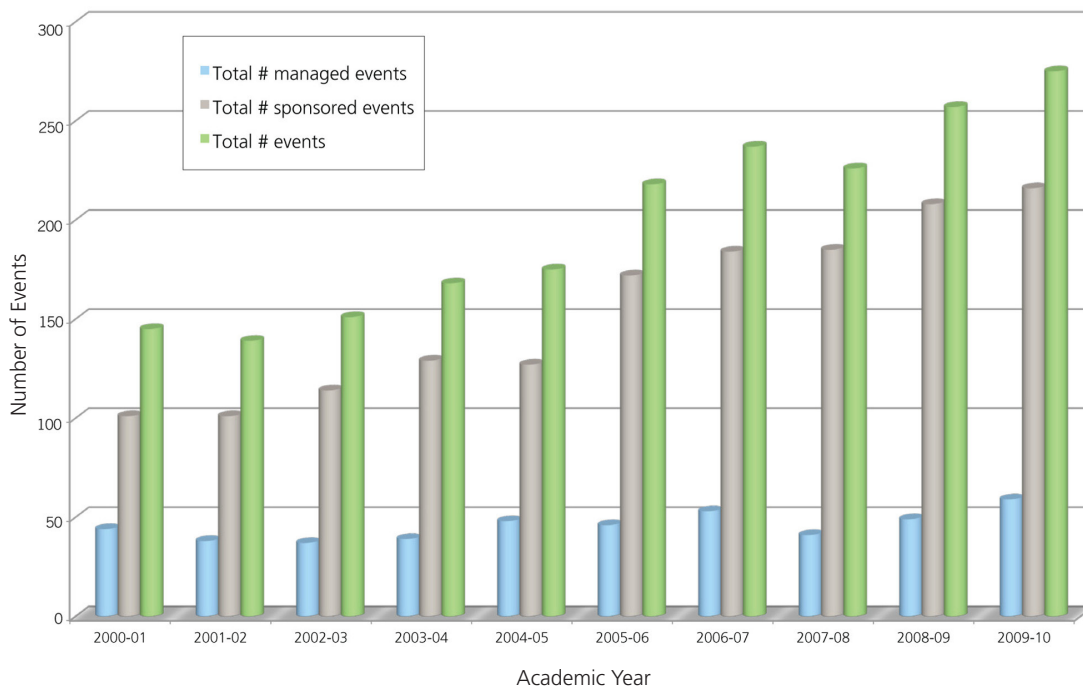
# Number of CEPD Accredited Events, 2000 - 2010



*Figure 3: Number of CEPD Accredited Events, 2000-2010*

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# factors affecting future cepd directions

In building on its achievements and planning future directions, CEPD must address developments and priorities within the Faculty of Medicine, as well as changes and priorities in the broader spheres of education, health care, and technology. The following section highlights key issues that will play a role in defining the future direction of CEPD.

## Faculty of Medicine Developments and Priorities

- The opening of the Mississauga Academy of Medicine requires a strategy to support faculty development and continuing education and professional development requirements across the collegium.

- The integration of the 20 community-based hospitals into the educational enterprise of the Faculty of Medicine requires CEPD to support an integrated approach to medical education, and represents a large potential expanded market for the services of CEPD. In particular, CEPD needs to understand their needs and to develop a marketing and communications strategy specific for them.

- The Faculty of Medicine has prioritized the goals of integration, innovation, and impact, and consequently CEPD must identify strategies and activities in its program, research, and scholarship activities, that exemplify these goals.

## Changes and Priorities in Education and Health Care

- Funders of healthcare services expect greater accountability from service providers. CEPD must play a role in addressing healthcare professionals' needs to meet this requirement.

- There is an interest among members of TAHSN-E (responsible for educational direction-setting within the teaching hospitals) to align continuing education and professional development requirements with CEPD's mandate. TAHSN is very interested in how continuing education and professional development for all health professionals working in each hospital can be supported in the work environment; there are opportunities for CEPD to help address this.

- Quality improvement and patient safety are emerging as significant drivers of change activities across the healthcare continuum. CEPD must identify strategies to support these agendas.

## Technological opportunities

- Information technology has changed the nature of education. Innovations in technology, including social media and simulation, can be used to create novel approaches to both individual and team learning. Social media and web-based learning can be seen as tools to promote individualized life-long learning and group learning through on-line connections. Simulation and virtual reality techniques will be important drivers of change to continuing education and professional development content and formats over the near-term. CEPD must be a leader in using these technologies.

Box 1 outlines key questions that the Strategic Planning Committee reflected upon as it reviewed CEPD's achievements to date and examined current opportunities and challenges.

## Box 1: Clarifying Future CEPD Directions: A Reflection on Key Questions

### Current State

- Does CEPD have the right curriculum and processes to meet the need for CE in a changing healthcare environment?
- How is the work of CEPD contributing to (or being affected by) the Faculty of Medicine's integrated medical education plans (i.e., fuller collaboration with community hospital sites for teaching)? How can CEPD assist in this integration?
- What is the impact of CEPD? How does CEPD know it is being successful?

### Future State

- What is the role for CE in the quality agenda? Where does CEPD fit into this agenda?
- Where does public and patient education fit in the work of CEPD?
- How can CEPD more effectively enable physicians to inform CE activities and participate in them?
- What partnerships will be critical to CEPD's accomplishments?
- How can CEPD develop expertise in building community and facilitating shared best practices?
- What role can CEPD play as a hub in helping to incubate and exchange ideas to support innovations in CE?

# strategic directions 2011-2016

The strategic planning process resulted in refinements to CEPD's vision, mission and value statements to reflect a greater emphasis on impact, collaboration, inclusiveness and social responsibility [Figure 4].

## Vision

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

## Mission

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

## Values

- Accountability
- Integrity
- Interprofessionalism
- Social responsibility
- Inclusiveness
- Innovation
- Life-long learning

*Figure 4: CEPD's Vision, Mission and Values (updated September 2012)*

The Strategic Planning Committee also agreed on the following definition for continuing education:

*Continuing education is a process of life-long learning for health professionals to expand and fulfill their potential, retain their capacity to practice safely and effectively, and to meet the healthcare priorities of the population and broader health systems.*

This section describes the five key strategic directions for the next five years for CEPD and the five 'enabling strategies' which are critical to the successful accomplishment of the strategic goals and activities. The section concludes with a discussion of the implementation plans, including priority activities and a strategy for monitoring progress.

# STRATEGIC DIRECTIONS

The strategic planning process resulted in the development of five strategic directions. The first two directions build on the achievements of CEPD during the past five years. The final three directions are opportunities for CEPD to capitalize on developments and priorities in the fields of education, healthcare systems and technology. Each strategic direction, described below, has defined goals and proposed actions (see Appendix 4).

## Strategic Direction 1

### Enhance Best Practice & Faculty Development for Continuing Education

Effective and innovative educational programs and expert teaching skills and knowledge are integral to the stability, productivity and stature of the university and its affiliated organizations. Building further upon its successes, CEPD will continue to focus on 'best practice and faculty development for continuing education'.

CEPD will continue its core activity of accrediting CE programs. Its capacity to perform this role efficiently and with expertise is essential to maintaining credibility with a number of stakeholders, including accreditation bodies and internal and external partners and collaborators. CEPD will maintain a focus on developments in best practices in education as it seeks to strengthen its relationship with existing partners and expand its reach within and beyond the University of Toronto. Optimizing accessibility, expanding on-line education and enhancing life-long learning are central to this strategic direction.

The goals of this strategic direction are to:

1-1 Promote & enable effective life-long learning

1-2 Expand & enrich faculty development related to best practices in CEPD

1-3 Increase educational outreach, portability & use of new technologies in CE

1-4 Promote CE as an academic career track

## Strategic Direction 2

### Advance Research, Innovation, & Scholarship

During the last five years, CEPD has increased its human resource and organizational capacity to support research, innovation, and scholarship. One particular achievement has been the creation of the Research in Continuing Education Committee (RICE) – a community of practice of quantitative and qualitative researchers. The RICE group is now poised to take on larger team projects. Future efforts will focus on further fostering a culture of research within the CE community by strengthening capacity and exploring novel approaches for CE research. The focus over the next five years will be on advancing programs of integrated research, increasing the scholarly output of CEPD and promoting research and scholarship in new priority thematic areas. For example, efforts will focus on building capacity in evaluation research, with greater knowledge around the metrics that demonstrate the impact of CE interventions.

The goals of this strategic direction are to:

2-1 Establish strategic partnerships for collaborative & integrated research

2-2 Enhance basic, applied, evaluative & action research in CEPD

2-3 Integrate CE research into strategic priorities

## Strengthen Practice Based Education

CEPD recognizes the importance of supporting learning beyond the traditional conference setting and using 'real-time' information to support relevant learning experiences. Consequently, the concept of practice based education will be a key focus of CEPD, and will require the development of new types of relationships with learners and networks of professionals. More specifically, CEPD will:

- Support individual learning plans.
- Bring learning to individuals in the practice environment ('practice- based learning').
- Focus on team and group-based learning.
- Build and support Communities of Practice (CoP) by creating linkages and spaces for health professionals to work together on shared projects.
- Use data from workplace settings to inform learning plans.

These approaches will impact the:

- Format of learning: move from episodic to longitudinal, continuous interactions.
- Location of learning: move from classroom settings to practice-based settings.
- Duration of contact with the learner: from discrete educational events such as lectures and workshops to extended contact organized around interventions like online learning or participation in communities of practice.

Table 1 provides a summary of the shifts that have, and will continue to, shape CEPD.

*Table 1: From CME to Continuing Education and Performance Improvement*

| | FROM | TO |
|---|---|---|
| **FORMAT** | Didactics | Point of Care Learning Interactive |
| **TARGET AUDIENCE** | Physicians | Health Professional Teams |
| **CONTENT FOCUS** | Therapeutics | Prevention, Screening, Management, Best Evidence |
| **LOCATION** | Conference Centers | Practice Settings |
| **SUPPORT** | Commercial | System-based |
| **OUTCOMES** | Happiness Indexes | Patient Care and Performance |
| **CLINICAL INTEGRATION** | CME units as Silos | Aligned with Academic Medical Center Missions |

*Source: Dave Davis, Association of American Medical Colleges (AAMC). Presentation at CEPD Planning Retreat, April 28, 2011 – "Continuing Education & Performance Improvement: Towards a New Model of Integrated Professional Development for Academic Medicine"*

The goals of this strategic direction are to:

**3-1** Extend successful large conference sessions into longitudinal practice-based programming aimed at both individuals & teams

**3-2** Build learning networks, & other communities of practice, in the community

## Foster Quality Improvement in Continuing Education

The introduction of the Excellent Care for All Act (2010) in Ontario raises the bar for healthcare providers and organizations to be accountable for high quality care. CEPD recognizes the importance of accountability in health care and has therefore made building capacity for quality improvement (QI) in continuing education and professional development a priority. CEPD has the opportunity to both teach the content of QI and to integrate QI into CE program planning and implementation. Supporting QI in practice will require the development of partnerships with healthcare practitioners and their practice settings.

The goals of this strategic direction are to:

**4-1** Identify, train & support QI educators in CE

**4-2** Develop an education plan & curriculum for QI in CE

**4-3** Apply QI principles & practices to CE program planning & implementation

## Promote Patient & Public Engagement

CEPD values the development of a stronger focus on patient and public engagement. In particular, it aims to better understand the models and partnerships that underpin successful patient and public engagement (PPE). Currently, no group in the Faculty of Medicine is leading practice and scholarship in this sphere. Future areas of examination could include the role of patients and the public in developing successful prevention, treatment and self- management protocols.

The goals of this strategic direction are to:

**5-1** Integrate patient & public engagement across the CEPD portfolios and promote its importance throughout the Faculty

**5-2** Build capacity for PPE & develop a cadre of health practitioners to respond to patient needs

Figure 5 provides a strategy map illustrating how the strategic directions and enabling strategies will achieve the vision of "international leadership in improving health through innovation in continuing education and research."

## Strategy Map



**INTEGRATION**

**Vision**

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

**Mission**

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

**Strategic Directions**

Enhance Best Practices & Faculty Development

Advance Research, Innovation & Scholarship

Strengthen & Grow Practice Based Education

Foster & Embed Quality Improvement

Promote Patient and Public Engagement.

**Enabling Strategies**

Entrepreneurship
Information Technology & Social Media
Communities Practice
Partnership
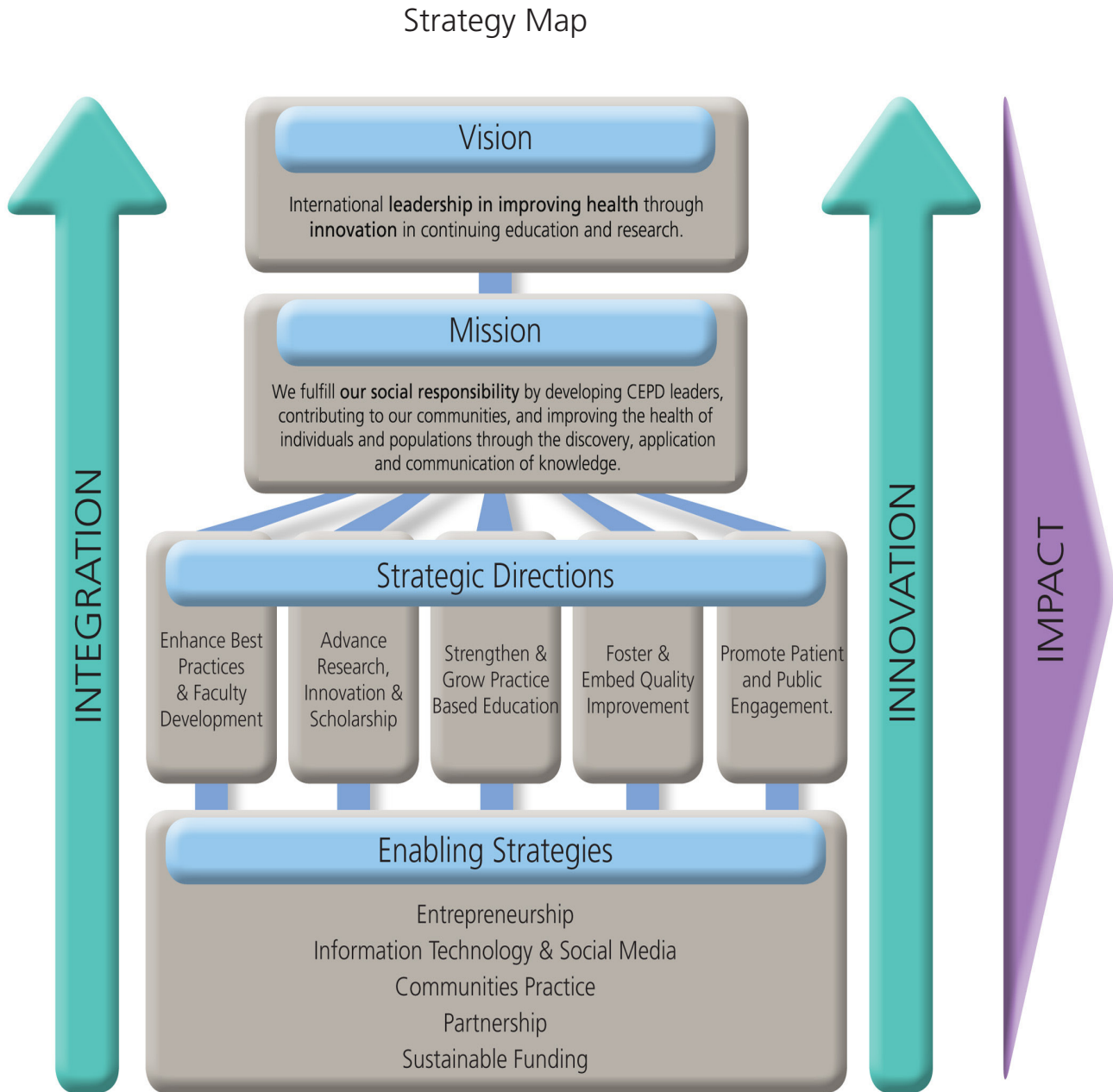Sustainable Funding

**INNOVATION**

**IMPACT**

*Figure 5: Strategy Map (updated September 2012)*

# ENABLING STRATEGIES

The Strategic Planning Committee identified five 'enabling strategies' as critical to the successful accomplishment of the strategic goals and activities. There is some overlap between the enabling strategies and the strategic objectives outlined above, but identifying these five strategies reflects their importance in providing a foundation to all facets of the work of CEPD over the next five years. The five enabling strategies are described below.

**Entrepreneurship:** CEPD has positioned itself as creator, broker, and consultant and provides a suite of products and services within each of these spheres of activity. The remuneration received for some of these products and services supports other valued, but less remunerative, activities and initiatives in CEPD. CEPD will continue to use its expertise and creativity to seek new opportunities to provide valued products and services while simultaneously generating resources. For example, it will continue to develop infrastructure and tools that facilitate client support (e.g., Event Management System) and will explore the feasibility of a subscription "bundle" of services for individuals participating in its affiliated programs.

*Conversation is King, content is just something to talk about.*
-Retreat Participant, May 2011

**Information and teaching technologies:** Strengthening capability for on-line education is a necessity. CEPD plans to create a web-based individualized life-long portal with resources and social networking opportunities. It will also explore the integration of new technologies into the content and delivery of CE events (e.g., new 'apps' for smart phones; new tools for evaluation and research). Integrating our faculty's leading edge capacities in educational simulation into CEPD programming will be a priority.

**Communities of practice:** CEPD recognizes the value of engaging and bringing together people who share a common interest and passion, and creating forums for them to learn together. A community of practice can have various aims and exist in diverse contexts. CEPD will provide the "spark" and infrastructure to enable communities of practice related to specific themes. It will train community of practice facilitators and pilot and evaluate communities of practice concentrating on at least one new area of focus, such as quality improvement or patient self-management.

**Partnerships:** Strategic collaborations have been identified as a key enabler for each strategic direction. This will require a continued nurturing of relationships with University of Toronto education centres of excellence such as the Centre for Faculty Development, Centre for Quality and Patient Safety and The Wilson Centre. In the next five years, CEPD will build new partnerships with patients and the public as well as provincial and national providers and associations with whom they can collaborate to advance their common goals.

**Sustainable funding:** Revenues generated through entrepreneurship will provide one source of alternate funding. Other sources of revenue will be required to support CEPD's research and innovation agenda and other priority areas. Developing business plans for endowed chairs and scholarships and pursuing grant funding from research agencies, government and other organizations will be integral to future work.

# implementation: priorities & monitoring

The Strategic Planning Committee agreed upon a number of activities that should be undertaken within the next 12-24 months for each of the strategic directions. These are termed "implementation priorities" and are outlined in Table 2. Successful achievement of these initial activities will lay the foundation for future initiatives. The Committee has identified plans for two "integrating projects" in particular. These projects are relevant for a number of the strategic directions and implementation priorities. The proposed projects are:

1. Creation of a web-based individual life-long learning portal (subscription or membership).
2. Development and ongoing support of a community of practice in one pilot area (e.g. physician community of practice that aims to foster patient self-management).

*Table 2: Strategic Directions and Implementation Priorities*

| | Strategic Directions | Implementation Priorities (12- 24 months) |
|---|---|---|
| 1 | Enhance Best Practices & Faculty Development for Continuing Education | ▪ Develop programs to meet the needs of life-long learners and scholarly practitioners (e.g. improving reflective practice, on line learning, centres for advanced practice). <br>▪ Provide educational curriculum on essentials of best practice in CE, with an emphasis on integrating the Mississauga Academy. <br>▪ Facilitate faculty development related to on-line education and newer technologies for learning. |
| 2 | Advance Research, Innovation & Scholarship | ▪ Establish partnerships and grow collaborative teams for integrated research which involves an interdisciplinary approach with partners. <br>▪ Leverage synergies of RICE to lead multi-disciplinary, team based CE research. <br>▪ Define and create new evaluation processes for integrated interdisciplinary research. <br>▪ Build capacity in evaluation research. |
| 3 | Strengthen and Grow Practice-Based Education | ▪ Create new or adapt existing content that can be rolled into longitudinal experiences for learners, with a particular emphasis on content in areas such as QI and communication. Target these programs to both individuals and practice teams. <br>▪ Undertake an environmental scan to better understand opportunities for communities of practice in practice based education. |
| 4 | Foster and Embed Quality Improvement in Continuing Education | ▪ Identify and develop QI champions for all departments and nurture/coach to work effectively with hospital based practitioners. <br>▪ Build a "Train the Trainer" QI CE Curriculum. <br>▪ Design a clinically-based CE module that is aimed at teaching QI skills and tools, evaluate its impact and disseminate its finding as a model for delivering CE for QI training. |
| 5 | Promote Patient and Public Engagement | ▪ Develop a working tool kit to enhance patient self-management education. <br>▪ Conduct an environmental scan to better understand the models and partnerships that have been successful in PPE engagement. |

## MONITORING PROGRESS

CEPD and identified leaders for each of the strategic directions will be responsible for the successful implementation of the strategic directions and goals outlined in this plan. These leaders will meet regularly to assess progress according to accountability measures and outcomes that have been developed for each strategic direction (Appendix 5). The following are anticipated long-term outcomes of the activities undertaken over the next five years:

- An infrastructure to support diverse strategies for effective life-long learning.

- "The best" CE programming available any time and place.

- A cadre of QI champions in all departments teaching QI as continuing education in the community.

- A scholarly track of patient and public education, with successful engagement of patients and providers in patient self-management.

- Communities of practice supporting practice based education and longitudinal learning in CE.

- Integrated research teams with success in securing grants and publishing in new areas of CE scholarship.

- Demonstrated effectiveness of CE interventions at the patient, provider, team and systems level.

- Expanded reach and impact of CEPD locally and globally through enhancement of its roles of broker, creator and consultant.

# concluding remarks

CEPD, Faculty of Medicine, University of Toronto, is poised to build on its strengths in administration, programming, and research in continuing education and professional development and move forward as it continues to position itself as a leader locally, nationally, and internationally. The five strategic directions and the enabling strategies outlined in this document provide a framework to guide the work of CEPD over the next five years.

The themes of integration, innovation, and impact are implicit and explicit in the strategic directions outlined in this plan. For example, CEPD will strive to support best practice and faculty development for continuing education across the 20 community based teaching hospitals and will integrate patients, the public and providers through its strategic direction to promote patient and public engagement. CEPD will also support integration between itself and hospitals and other clinical settings in its development of practice based education. CEPD will foster innovation in practice-based education and quality improvement using communities of practice and making optimal use of technological developments, and by engaging patients and public in the academic enterprise around medical knowledge. The impact of CEPD's activities is demonstrated by a vision and mission that are focused on impact and improving health outcomes, its commitment to realizing "Better Education. Better Outcomes", and its focus on moving forward with this strategic plan.

CEPD is in a unique position due to its linkages with 30 affiliated hospitals and university departments, and its partnerships and collaborations with numerous local, national, and international groups, centres and organizations. CEPD acts as a 'hub' in many ways as it brings together experts in diverse yet related fields to support best practices in continuing education and professional development. CEPD has had tremendous accomplishments in the past five years. Moving forward with this strategic plan, tackling new areas with a spirit of entrepreneurship and a passion for quality improvement, will bring CEPD closer to reaching its vision of international **leadership in improving health** through **innovation** in continuing education and research.

# APPENDIX I: strategic planning working groups

| Working Group | Lead | Members | |
|---|---|---|---|
| Best Practices & Faculty Development | Debbie Hebert<br>Suzan Schneeweiss | Nadia Ismiil<br>Karen Leslie<br>Helena Axler | Debbie Kwan<br>Jane Tipping |
| Practice-Based Education | Jamie Meuser | Lee Manchul<br>Jess Rogers<br>Maria Tassone | Bernard Marlow<br>Abi Sriharan<br>Helena Axler |
| Quality Improvement in CE | Kate Hodgson | Bruce Ballon<br>Simon Kitto<br>Helena Axler | Phil Ellison<br>Brian Wong |
| Public & Patient Education | David Wiljer | Faith Boutcher<br>Ross Hetherington | Pamela Catton<br>Helena Axler |
| Research & Scholarship | Mary Bell | Simon Kitto<br>Rene Wong<br>Catherine Yu | Lee Manchul<br>Brian Wong<br>Helena Axler |
| Entrepreneurship | Susan Rock | Ross Barclay<br>Nancy Edwards<br>Alison Lind<br>Jamie Meuser<br>Robert Paul<br>Ivan Silver | Maria Bystrin<br>Natalie Halsband<br>Ludmila Manykina<br>Anna Naccarato<br>John Parboosingh |

# APPENDIX 2: strategic planning retreat participants

*Strategic Planning Committee Member noted by an asterisk\**

| Name | Organization |
| --- | --- |
| Arnot, Michelle | Department of Pharmacology & Toxology, University of Toronto |
| Barclay, Ross | Information Services Consultant, Continuing Education and Professional Development |
| Bean, Tupper | Director, Centre for Effective Practice |
| Bell, Mary* | Departmental CE representative, Department of Medicine, University of Toronto |
| Berg, Katherine | Chair, Department of Physical Therapy, Faculty of Medicine, University of Toronto |
| Blake, Jennifer | Department of Obstetrics & Gynaecology, Sunnybrook Health Sciences Centre |
| Boutcher, Faith | Director, Academic Education, Baycrest |
| Bystrin, Maria | Director, Continuous Professional Development, Faculty of Pharmacy, University of Toronto |
| Castel, Saulo | Whitby Mental Health Centre |
| Catton, Pamela | Department of Radiation Oncology, University of Toronto |
| Dan, Leslie | Faculty of Pharmacy, University of Toronto |
| Davis, Dave (via videoconference) | Vice President, Continuing Health Care Education and Improvement, Association of American Medical Colleges |
| Ellison, Philip | Toronto Western Hospital/University Health Network |
| Faulkner, Dan | Director, Quality Management, College of Physicians and Surgeons of Ontario |
| Feld, Ronald | Director, Oncology CE Program, Faculty of Medicine, University of Toronto |
| Goldman, Joanne | Keenan Research Centre, LI KA SHING Knowledge Institute of St Michael's Hospital |
| Gotlieb, Avrum | Department of Psychiatry, University of Toronto |
| Hawkins, Vashty | Administrative Assistant, Continuing Education and Professional Development, Faculty of Medicine, University of Toronto |
| Hebert, Debbie* | Department of Occupational Science & Occupational Therapy, Faculty of Medicine, University of Toronto |
| Hegele , Richard | Chair, Department of Laboratory Medicine & Pathobiology, Faculty of Medicine, University of Toronto |
| Hendry, Paul | Assistant Dean – CME, Faculty of Medicine, University of Ottawa |
| Hodgson, Kate* | Education Consultant, Continuing Education and Professional Development, Faculty of Medicine, University of Toronto |
| Houston , Patricia | VP – Education, St. Michael's Hospital |
| Hurwitz, Jeff | Chair, Department of Ophthalmology, Faculty of Medicine, University of Toronto |
| Hyman, Avi | Institutional Strategist for Academic Technologies, University of Toronto |
| Ismiil, Nadia | Department of Pathology, Sunnybrook Health Sciences Centre |
| Kasperski, Jan | Chief Executive Officer, Ontario College of Family Physicians |
| Kitto, Simon* | DIRECTOR, CEPD RESEARCH LI KA SHING Knowledge Institute of St Michael's Hospital |
| Kwan, Debbie | Assistant Director, Educational Development, Centre for Faculty Development at St. Michael's Hospital |

| Name | Organization |
| --- | --- |
| Leslie, Karen | Director, Centre for Faculty Development at St. Michael's Hospital |
| Lind, Alison | Business Development Coordinator, Continuing Education and Professional Development, Faculty of Medicine, University of Toronto |
| Manchul, Lee* | Director of CE, Department of Radiation Oncology, Princess Margaret Hospital |
| Meuser, Jamie* | Department of Family & Community Medicine, Faculty of Medicine, University of Toronto CEPD Strategic Planning Committee, Co-Chair |
| Morra, Dante | Medical Director, Centre for Innovation in Complex Care |
| Naccarato, Anna | Manager, Event Administration, Continuing Education and Professional Development, Faculty of Medicine, University of Toronto |
| Parboosingh, John | Professor Emeritus, Medical Education and Obstetrics and Gynecology, University of Calgary |
| Parikh, Sagar* | Department of Psychiatry, Faculty of Medicine, University of Toronto |
| Paul, Robert | President, The Hobbes Group Inc. |
| Perrier, Laure | Information Specialist, Faculty of Medicine, University of Toronto |
| Rappolt, Susan | Chair, Department of Occupational Science and Occupational Therapy, Faculty of Medicine, University of Toronto |
| Reardon, Rhoda | Manager Research and Evaluation (Acting) College of Physicians and Surgeons of Ontario |
| Roberts, Michael | Assistant Professor, Dalla Lana School of Public Health, University of Toronto |
| Rock, Susan* | Director, Continuing Education and Professional Development, Faculty of Medicine, University of Toronto |
| Rogers, Jess | Centre for Effective Practice |
| Schneeweiss, Suzan* | Division of Paediatric Emergency Medicine, Hospital for Sick Children |
| Silver, Ivan* | Vice-Dean, Continuing Education and Professional Development, Faculty of Medicine, University of Toronto, CEPD Strategic Planning Committee Co-Chair |
| Sriharan, Abi* | Deputy Director, Peter A. Silverman Centre for International Health at Mount Sinai Hospital |
| Tipping, Jane* | Education Consultant, Continuing Education and Professional Development, Faculty of Medicine, University of Toronto |
| Van Der Vyver, Martin | Department of Anaesthesia, Faculty of Medicine, University of Toronto |
| Verma, Sarita | Deputy Dean & Associate Vice Provost, Health Professions Education, Faculty of Medicine, University of Toronto |
| Vincent, Leslie | Lawrence S. Bloomberg Faculty of Nursing, University of Toronto |
| Weisberg, Fay | Department of Obstetrics and Gynaecology, Faculty of Medicine, University of Toronto |
| Wiljer, David* | Department of Radiation Oncology, Princess Margaret Hospital |
| Wilson, Lynn | Chair, Department of Family & Community Medicine, Faculty of Medicine, University of Toronto |
| Witterick, Ian* | Department of Otolaryngology, Mount Sinai Hospital |
| Wong, Brian | Division of Internal Medicine, Sunnybrook Health Sciences Centre |
| Wong, Rene | Department of Medicine, University of Toronto |
| Wong-Rieger, Durhane | President and CEO, Institute for Optimizing Health Outcomes |
| Yu, Catherine | Division of Endocrinology and Metabolism, St. Michael's Hospital |
| Axler, Helena* Nickoloff, Beverley | Project Consultants, Axler and Associates |

# APPENDIX 3: trends impacting on cepd

| | Systems/Organizational Level Changes | Individual (Provider/Patient Level Changes) |
|---|---|---|
| **Healthcare Education** | ▪ Commitment to excellence in education emerging within hospitals focused on including all health professionals and developing a community of educators within the hospital (focus on making everyone's program better).<br><br>▪ Strong focus on educational innovation such as simulation, mentorship, use of audience response systems, increasing interactivity, and case presentations.<br><br>▪ Heightened focus on more interprofessional education, work place learning, and point of care learning.<br><br>▪ Greater emphasis on structured outcome measurement and quality improvement initiatives. | ▪ Pressures to respond to shifting needs and demands of health consumers for information and knowledge.<br><br>▪ Asynchronous and synchronous electronic learning at a distance increasingly being demanded by younger health professionals.<br><br>▪ Patient movement toward chronic disease self management.<br><br>▪ Interest in setting up environments to educate and support patients to take more responsibility for their own health.<br><br>▪ Social networking wave is "top of mind" for many consumers, particularly the younger age cohorts. |
| **Continuing Education** | ▪ Competing and overlapping goals of other disciplines focused on improving health through education (e.g., agendas focused on quality, patient safety, performance improvement, knowledge translation, interprofessional collaboration and education).<br><br>▪ Creation of a number of non-didactic elements to a variety of different forms of learning in the continuing education environment (e.g., Growing number of online CEPD Web sites that combine on-demand didactic presentations with the ability to discuss the content with peers opening up opportunities to improve the effectiveness of future CME).<br><br>▪ Increasing research capacity, building new efforts in quantitative and qualitative research, and development of collaboratives.<br><br>▪ Impending requirements for commercial sponsors to "co-develop" educational offerings with educational or provider organizations. | ▪ Mandatory requirements for continuing education and professional development (e.g., 'revalidation' is now mandated by provincial Colleges for most health professional groups).<br><br>▪ Pressures to address the individual learning needs of health professionals being driven by the recent scientific advances in the field of self assessment, learning portfolios and competency-based education.<br><br>▪ Interest among health professionals to receive individual consultation to support group practice and/or team development as well as development of their personal learning portfolios. |

# APPENDIX 4: actions (tactics) for delivering on the strategic directions & goals

## Enhance Best Practice & Faculty Development for Continuing Education

**Strategic Direction 1**

| Goals | Tactics (Actions) |
|---|---|
| **1-1**<br>Promote and enable effective life-long learning | ▪ Develop programs to meet the needs of life-long learners and scholarly practitioners (e.g., improving reflective practice, online learning, centres for advanced practice).<br>▪ More fully integrate CanMeds roles into CE , with a focus on the roles of manager and communicator. |
| **1-2**<br>Expand and enrich faculty development related to best practices in CEPD | ▪ Provide educational curriculum on essentials of best practice in CE, with an emphasis on integrating the Mississauga Academy.<br>▪ Examine what constitutes basic and advanced level curriculum and determine time frame for offering these courses. Develop a comprehensive feedback system to course directors in regards to best practice.<br>▪ Work with CFD to build capacity to learn and teach about development and delivery of practice-based education programming.<br>▪ Provide coaching and mentoring to faculty on acquiring best practice.<br>▪ Target faculty development requirements specifically in continuing education and professional development for Mississauga Academy and address integrated medical education priorities.<br>▪ Implement web-based "Foundations of Continuing Education and Professional Development" course. |
| **1-3**<br>Increase educational outreach, portability and use of new technologies in CE | ▪ Increase 24/7 virtual access to CE programming to make new and existing CE programs more accessible and to overcome challenges of time and distance.<br>▪ Partner with local experts (e.g., Discovery Commons, BPER rounds, MARS innovations, OISE, Waterloo) to facilitate the development of e-learning platforms and greater use of social media networks. Partner with local simulation experts to develop specific simulation programs relevant to CE professionals.<br>▪ Facilitate faculty development related to online education and newer technologies for learning. |
| **1-4**<br>Promote CE as an academic career track | ▪ Develop specific criteria for Creative Professional Achievement (CPA) and educational scholarship that relate to CE.<br>▪ Improve mentoring for individuals pursuing an academic career focused on CE. |

## Strategic Direction 2

### Advance Research, Innovation & Scholarship

| Goals | Tactics (Actions) |
|---|---|
| **2-1**<br>Establish strategic partnerships for collaborative and integrated research | ▪ Establish partnerships and grow collaborative teams for integrated research which involve an interdisciplinary approach with partners such as, but not restricted to, quality improvement, patient safety, and knowledge translation.<br><br>▪ Leverage the synergies of RICE to lead in multidisciplinary, team based CE research.<br><br>▪ Collaborate with key groups including, but not restricted to, the Centre for Quality & Patient Safety, the Joint Program in Knowledge Translation, the Centre for Interprofessional Educational, SimONE, the Wilson Centre, the Centre for Faculty Development, Centre for Effective Practice, Sick Kids Learning Institute, and the Institute for Medical Sciences.<br><br>▪ Expand research partnerships to include other universities, LHINs, hospitals, Family Health Teams (FHTs), consumers, insurance, health economists and regulatory bodies (e.g., CPSO).<br><br>▪ Define and create new evaluation processes for integrated interdisciplinary research. |
| **2-2**<br>Enhance basic, applied, evaluative and action research in CEPD | ▪ Heighten profile and awareness of CE educators, scholars and researchers through publishing, presenting and grant capture.<br><br>▪ Build evaluation research capacity.<br><br>▪ Introduce and implement the new R&D research criteria developed by R&D Task Force to support CE faculty researchers.<br><br>▪ Facilitate and support research mentoring opportunities for faculty in the four types of research approaches in CEPD.<br><br>▪ Build skills in grant writing and tap into infrastructure where education scholars have been successful in achieving grants. |
| **2-3**<br>Integrate CE research into strategic priorities | ▪ Collaborate with CE educators and scholars to advance all forms of research in QI in CE, Patient and Public Engagement as well as best practices in CE and the other strategic priorities.<br><br>▪ Develop a research framework for QI.<br><br>▪ Demonstrate the value of CE researchers/scholars on QI and KT projects by embedding CE researchers into QI and KT project teams. |

## Strategic Direction 3

## Strengthen & Grow Practice-Based Education

| Goals | Tactics (Actions) |
|---|---|
| **3-1**<br>Extend successful large conference sessions into longitudinal practice-based programming aimed at both individuals and teams | ▪ Identify and initiate longitudinal initiatives from an existing accredited program.<br>▪ Use educational events organized and accredited by CEPD to perform individualized needs assessment to assess topics and barriers for practice-based education. Determine how to undertake similar needs assessment for teams.<br>▪ Create new or adapt existing content that can be rolled into longitudinal experiences for learners, with a particular emphasis on content in areas such as QI and communication. Target these programs at both individuals and practice teams. |
| **3-2**<br>Build learning networks, and other communities of practice, in the community | ▪ Collaborate around an environmental scan to better understand opportunities for communities of practice and their potential applicability to practice based education.<br>▪ Tap into grassroots teams within LHINs to perform team learning needs assessments.<br>▪ Use social networks to understand needs and practice, including marketing membership to healthcare communities.<br>▪ Provide real time access to experts and peers through on lone learning community. |

## Strategic Direction 4

### Foster & Embed Quality Improvement in Continuing Education

| Goals | Tactics (Actions) |
|---|---|
| **4-1**<br>Identify, train and support QI educators in CE | ▪ Support CE program directors to include elements of QI thinking and facilitate integration of multiple disciplines, embedding in a clinical context in collaboration with The Centre for Quality & Patient Safety.<br><br>▪ Promote and develop QI Program expert educators with QI expertise by supporting development of QI teams in each department (including at least one physician and one other health professional) and developing a co-learning model.<br><br>▪ Identify and develop QI champions for all departments and nurture/coach to work effectively with practitioners (e.g., same QI language). |
| **4-2**<br>Develop education plan and curriculum for QI in CE | ▪ Create a CE version of QI skills for physician and specialist audiences (adapt 5 week residency curriculum to QI curriculum).<br><br>▪ Build a "Train the Trainer" QI CE Curriculum.<br><br>▪ Promote QI training across the education continuum from medical school through to postgraduate and CE training.<br><br>▪ Apply QI principles and practice to CE program development and evaluation.<br><br>▪ Design a clinically-based CE module that is aimed at teaching QI skills and tools, evaluate its impact and disseminate its finding as a model for delivering CE for QI training. |
| **4-3**<br>Apply QI principles and practices to CE program planning and implementation | ▪ Assist program planning committees to work through PDSA cycles on issues that arise with their CE programs. |

## Strategic Direction 5

## Promote Patient & Public Engagement

| Goals | Tactics (Actions) |
|---|---|
| **5-1** Integrate patient and public engagement across the CEPD portfolios and promote its importance throughout the Faculty | ▪ Conduct an environmental scan to better understand the models and partnerships that have been successful in PPE engagement.<br>▪ Establish a PPE Committee with patient, public and provider representation. |
| **5-2** Build capacity for PPE and develop a cadre of health practitioners to respond to patient needs | ▪ Collaborate with patients and consumers to develop / adapt effective CE curriculum, programming and modalities for PPE engagement.<br>▪ Engage and train providers to become teachers, in particular for teaching and supporting patient self-management.<br>▪ Establish local PPE strategies that work that could be disseminated provincially.<br>▪ Create better avenues for academic promotion through PPE.<br>▪ Establish awards to promote PPE excellence.<br>▪ Develop a working tool kit to enhance patient self-management education. |

# APPENDIX 5: accountability measures & metrics

| | Strategic Direction | Implementation Priorities | Measurable Outcomes |
|---|---|---|---|
| **1** | Enhance Best Practices & Faculty Development in Continuing Education | ▪ Develop programs to meet the needs of life-long learners and scholarly practitioners.<br><br>▪ Provide educational curriculum on the essentials of best practice in CE, with an emphasis on integrating the Mississauga Academy.<br><br>▪ Facilitate faculty development related to on-line education and newer technologies for learning. | ▪ Integrate affiliated community hospital representatives into the Leaders and Directors committee.<br><br>▪ Implement 2 faculty development workshops for CE planners in community affiliated hospitals.<br><br>▪ Create online module on best practices in CEPD including newer technologies. |
| **2** | Advance Research, Innovation & Scholarship | ▪ Establish partnerships and grow collaborative teams for integrated research which involve an interdisciplinary approach with partners.<br><br>▪ Leverage synergies of RICE to lead in multi-disciplinary, team based CE research.<br><br>▪ Define and create new evaluation processes for integrated interdisciplinary research.<br><br>▪ Build capacity in evaluation research. | ▪ Create an online template for evaluation in CEPD.<br><br>▪ Increase the interdisciplinarity of membership on RICE.<br><br>▪ Submit one large interdisciplinary CEPD grant from an enlarged RICE group. |
| **3** | Strengthen and Grow Practice-Based Education | ▪ Use educational events organized and accredited by CEPD to perform individualized needs assessment to assess topics and barriers for practice-based education. Determine how to undertake similar needs assessment for teams.<br><br>▪ Create new or adapt existing content that can be rolled into longitudinal experiences for learners, with a particular emphasis on content in areas such as QI and communication. Target these programs at both individuals and practice teams.<br><br>▪ Collaborate around an environmental scan to better understand opportunities for communities of practice and their potential applicability to practice based education. | ▪ A brief survey finalized within six months, delivery to a valid sample of learners within 1 year.<br><br>▪ Two longitudinal learning initiatives aimed at individuals and one at teams planned and started by the end of the second year.<br><br>▪ RICE consultation regarding evaluation of these longitudinal initiatives during development process.<br><br>▪ Consultation with Faculty Development in CE group regarding parallel faculty development initiative in development and delivery of practice-based educational programming.<br><br>▪ Working group on Communities of Practice established, with active contribution from Practice Based Education group established in first 6 months.<br><br>▪ RICE consultation on scholarship opportunities and collaborators associated with all aspects of above (environmental scan, longitudinal initiative development, related faculty development, application of CoP) – ongoing thorough 2 years. |

| | Strategic Direction | Implementation Priorities | Measurable Outcomes |
|---|---|---|---|
| **4** | Foster and embed Quality Improvement in Continuing Education | ▪ Identify and develop QI champions for all departments and nurture/coach to work effectively with hospital based practitioners.<br><br>▪ Build a "Train the Trainer" QI CE Curriculum.<br><br>▪ Design a clinically-based CE module that is aimed at teaching QI skills and tools, evaluate its impact and disseminate its finding as a model for delivering CE for QI training. | ▪ Number of faculty trained to deliver QI curriculum in each department.<br><br>▪ Number of programs addressing QI curriculum delivered and assessment of target audience.<br><br>▪ Number of clinically based CE programs which specifically address and support QI approaches and tools. |
| **5** | Promote Patient and Public Engagement | ▪ Develop a working tool kit to enhance patient self-management education.<br><br>▪ Conduct an environmental scan to better understand the models and partnerships that have been successful in PPE engagement. | ▪ Development of a self-management tool kit.<br><br>▪ Completion of the environmental scan. |

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*At the core of any important change there needs to be an understanding of what (and how) relationships need to change.*

-Retreat Participant, May 2011

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