

***DIVISION OF PALLIATIVE CARE
DEPARTMENT OF FAMILY & COMMUNITY MEDICINE
UNIVERSITY OF TORONTO***

STRATEGIC PLAN

FEBRUARY, 2010

Submitted by the DPC Strategic Planning Working Group and the DPC Transitional Executive

DOCUMENT OUTLINE

Foreward	page 2
Executive Summary	3
Introduction	4
Environmental Scan Process	5
Emerging Issues for Focus: An Initial Analysis	6
Core Statements	8
Big Audacious Goal	9
Strategic Directions	9
Objectives and Activities	10
Initial Priority Endeavours	15

FOREWARD

It is an honour to share with you the inaugural Strategic Plan for the University of Toronto's and the Department of Family Medicine's Division of Palliative Care (DPC). The DPC is only the sixth of its kind in Canada and to our knowledge, one of the few worldwide that is interprofessional in composition, structure and function. As with any new "organization", the two primary foci for our first Strategic Plan were to begin the process of defining ourselves as an academic entity and to identify and prioritize key objectives and activities serving to establish an infrastructure necessary to support future growth and development.

EXECUTIVE SUMMARY

The core purpose of the DPC will be to create and support a community of learners, teachers, innovators, researchers and practitioners working together to improve the quality of palliative and end of life care for patients and their families. The values serving to guide all current and subsequent activities of the DPC are: interprofessionalism, community, innovative and advocacy.

Leadership and membership of the DPC have identified five key strategic directions for the new academic division:

- Academic Vision
- Academic Community Building
- Organizational Development and Structure
- Interprofessional Work and Education
- Influence Beyond the DPC

Corresponding objectives have been clarified for each strategic direction and combine together to serve as a guide for the process of prioritizing the potential activities and tasks necessary to develop the DPC infrastructure and identify key initial endeavours.

INTRODUCTION

The Division of Palliative Care (DPC) is a new academic entity within the Department of Family and Community Medicine at the University of Toronto, established in mid 2007 with the naming of Dr. Lawrence Librach as Head. In December of 2008, Dr. Jeff Myers was named Associate Head and at the time of this report, the following individuals (and their respective roles) continued to serve as the “DPC Transitional Executive”:

Dr. Monica Branigan – Undergraduate Education co-Lead
Dr. Anita Chakraborty – Undergraduate Education co-Lead
Dr. Anita Singh – Postgraduate Education Lead
Dr. Dori Seccareccia – Palliative Medicine Residency Program Director
Dr. Leah Steinberg – Continuous Professional Development Lead
Dr. Amna Husein – Research Lead

The general DPC membership is interprofessional in composition and includes health care professionals from new community teaching hospitals, well-established community teaching hospitals and the tertiary academic hospitals.

In the Spring of 2009 the DPC began a planning process to further define its core values, core purpose (mission), its long-range vision, and to establish some strategic directions to guide its ongoing development.

Three overarching questions were initially posed as a framework for this planning exercise:

1. Who are we and what are our academic activities / responsibilities?
2. How will we organize ourselves and develop a structure that is inclusive, productive and efficient?
3. How can we best serve the diverse academic needs of the interprofessional members of the DPC?

A Strategic Planning Working Group was recruited under the leadership of Dr. Jeff Myers. Other members include:

Susan Blacker – social work
Virginia Clark-Weir – nursing
Amna Husain – medicine
Dori Seccareccia – medicine
Leah Steinberg – medicine

The group hired a planning consultant, C. Ross Hammond, to work with them on the project.

The work has involved three inter-related components:

1. Environmental Scan – an examination of the context in which the DPC is evolving and an initial analysis to identify possible areas of focus for setting strategic directions for the division’s early development.
2. Core Statements – serious deliberations about what the core values, core purpose and long-range audacious goals are for DPC, and how they are best stated.
3. Strategic Directions – identifying specific directions, stated in general terms, to help concentrate resources in each of the agreed-upon areas of focus over the next three-to-five years.

ENVIRONMENTAL SCAN PROCESS

The environmental scan included the following components:

Review of Background Documents

The following documents were reviewed as one means of exploring issues in the broader environment in which DPC does its work.

- University of Toronto Focus
 - Renewal and Focus of the Faculty of Medicine's Strategic Plan, December 2007
 - Department of Family and Community Medicine Strategic Plan 2009 to 2013
- Other Academic/Educational Settings
 - Division of Palliative Care Medicine, University of Alberta, 2006
 - "Practising Interprofessional Teamwork From the First Day of Class: a Model for an Interprofessional Palliative Care Course," Susan Cadell, et al., Journal of Palliative Care, Winter 2007

Email Exchange

In an email, the directors of two other divisions of Palliative Care in academic settings were asked to informally respond to three broad questions posed by the Associate Head, Division of Palliative Care. Their answers provided some good insights.

Key Informant Interviews

The members of the Strategic Planning Working Group identified 18 key leaders who have experience and are respected in both their palliative care and academic work from a variety of professional backgrounds. This list included the members of the Strategic Planning Working Group and the Transitional Executive as well as several other individuals. Of this original list, 16 interviews were conducted, using the framework of 5 questions for each of the interviews.

Member Survey

All members of the DPC were asked to participate in a web-based survey. 110 health care professionals were sent the survey which was fully or partially completed by 66 respondents for a 60% response rate. Given the DPC is a new entity, members were asked to share their opinions regarding possible guiding values and areas of focus.

EMERGING ISSUES FOR FOCUS: AN INITIAL ANALYSIS

The review of all information obtained from the environmental scan included a formal qualitative analysis. The general themes that emerged and an associated description for each are as follows:

Clear Academic Focus/Vision

The DPC will need to consider how it wants to nurture academic work, and develop a plan for education and research in a strategic manner that is challenging but also sustainable. The interview responses particularly raised the issue of cohesive research and centrally supported education initiatives. Accomplishing these objectives will be important goals of the DPC.

Community Building

In every instance where it was a possible choice, Community Building – or some aspect of that concept – rose to the top of the list. The division will need to determine how much of this expressed need is related to the successful work of the DPC, and how much of that belongs with other parts of the Palliative Care mosaic in the Toronto area. The DPC will need to put serious resources towards defining what is specifically needed for team building and how to practically meet that need within its mandate.

Linking Clinical and Academic Work

Some of the documents, interviews and group discussions identified a challenge in linking the clinical and academic components. The development of this new division may be an opportunity to do that in a way that enhances the work of both and addresses some of the other imbalances (real or perceived) or rivalries which the current system seems to have developed over the years. Again, not all of those can be resolved by the DPC, but it would be worth taking a look.

Organizational Development & Structure

The very first document provided as an introduction to this work of planning stated that there were three questions that needed to be answered. One question was “How will we organize ourselves and develop a structure that is inclusive, productive and efficient?” Responding to that question will require the consideration of several perspectives, including:

- Governance/management structure
- Infrastructure and support
- Funding
- Leadership
- Career development and academic promotion

Understanding Interprofessional Work and Education

There is increasing interest in working in an interprofessional manner and palliative care has been delivered in that manner (more or less) as part of its history. At the same time, educating and training new health care providers in a system which actively supports and models that approach remains relatively new territory. There is interest in further developing understanding of how to best engage in interprofessional education at many levels and the University of Toronto has put resources towards this goal.

Opportunity to Have a Broader Impact

This topic refers to those responses and suggestions from the interviews, the survey, the email exchanges and the background documents which made mention of opportunities to:

- influence public policy development,
- provide a new level of discovery and leadership in Interprofessional Education, and
- extend the understanding of palliative care by other medical disciplines and the broader population.

How might these goals evolve? What are the opportunities? What are the risks? How do we prioritize?

DEVELOPING THE ELEMENTS OF THE STRATEGIC PLAN

Members of both the Strategic Planning Working Group and the DPC Transitional Executive worked together over an eight-month period through teleconferences, three in-person meetings, and many email exchanges as the ideas were formed into documents which could be shared and tested with members of the DPC. Their work culminated with the 2nd DPC AGM, which occurred on November 20, 2009. At that meeting the initial draft of the Strategic Plan was presented to the membership. Over sixty DPC members attended the event and provided feedback regarding the draft core statements and strategic directions as well as input in to the prioritization of objectives and corresponding associated activities/tasks.

The following represent the final elements of the inaugural DPC Strategic Plan:

CORE STATEMENTS

Core Values

Throughout its development, structure and operations the Division of Palliative Care will reflect the following values and help others to understand and embrace them:

Interprofessional:

The skills and competencies of all professionals are enhanced through collaboration in education, research and clinical practice.

Community:

Informed, respectful and dynamic relationships between academic and clinical professionals, patients of all ages, informal caregivers and institutions are essential to both academic and clinical effectiveness in palliative care.

Innovation:

Academic leadership, discovery and knowledge transfer to professional care providers and learners are essential to improving quality palliative and end of life care.

Advocacy:

Promoting accessibility of optimal palliative care for patients/families requires a constant willingness to challenge and encourage ourselves, our academic and clinical colleagues, the government and institutional systems to produce, act upon compelling research data and ultimately transform related systems.

Core Purpose

To create and support a community of learners, teachers, innovators, researchers and practitioners working together to improve the quality of palliative and end of life care for patients and their families.

The Big Audacious Goal

Quality Palliative and End of Life Care is recognized as a goal of excellent patient/family health care.

Some specific elements of this realized dream would include:

- Every health care professional trained through the University of Toronto will be able to demonstrate basic competencies in the provision of quality palliative and end of life care
- The Division of Palliative Care will be a leader in developing, measuring and teaching advanced competencies in palliative care in Canada
- A robust and collaborative research program will be credited with discoveries that challenge current best practice in care provision and education and explore innovative interventions that improve the quality of palliative and end of life care
- Professionals seeking a location for clinical practice, research and/or education in palliative care within an expansive, dynamic environment will choose Toronto and the Division of Palliative Care at the University of Toronto

STRATEGIC DIRECTIONS, 2010-2015

Academic Vision: Build a cohesive academic program which supports the advancement of palliative care through education and which promotes the discovery and translation of new knowledge.

Academic Community Building: Strengthen the relationships, communication and collaboration between all clinicians regardless of practice setting, and between members of the DPC and the DFCM as well as other academic partners at the University of Toronto.

Organizational Development and Structure: Create organizational structures and processes which support the values and goals of the DPC.

Interprofessional Work and Education: Increase the educational experiences and practice of interprofessional health care education and service delivery.

Influence Beyond the DPC: Support the development of quality palliative and end of life care for patients and families at the personal, institutional and systemic levels.

OBJECTIVES AND ACTIVITIES

Academic Vision: Build a cohesive academic program which supports the advancement of palliative care through education and training, and promotes the discovery and translation of new knowledge.

OBJECTIVES	ACTIVITIES/TASKS
Support current U of T palliative care educational experiences and expand and integrate palliative care content and competencies into curricula across disciplines	<ul style="list-style-type: none"> - Continue to support and enhance current DPC palliative care training programs (conjoint residency program in palliative medicine and clinical palliative care fellowship) and explore strategies to increase the number of funded positions - Partner with DFCM Competency Framework Working group to standardize palliative care educational experience (curriculum and processes) among existing post grad family medicine training sites - Maintain current undergraduate palliative care educational activities within Faculty of Medicine curriculum and explore opportunities for further expansion - Conduct environmental scans of palliative care content within curricula of U of T health science faculties (other than medicine) - Establish strategic palliative care education goals based on results of U of T environmental scan - Develop connections with other divisions/faculties (e.g., GIM, Oncology, Nursing) in terms of education and teaching - Integrate palliative care curricula across disciplines, sites and care settings through interprofessional education programs
Develop and implement a broad research strategy	<ul style="list-style-type: none"> - Leaders research to create a functioning DPC Research Collaborative <ul style="list-style-type: none"> o Sets research foci o Mentorship o Resource for DPC ‘members’ o Grant application coordination and support o Innovative use of technology to build community o Establish direct access to biostatistics support o General focus on “effectiveness research” - Identify opportunities for collaboration among existing projects within DFCM and across departments

Academic Community Building: Strengthen the relationships, communication and collaboration between all clinicians regardless of practice setting, and between members of the DPC and the DFCM as well as other academic partners at the University of Toronto

OBJECTIVES	POTENTIAL ACTIVITIES/TASKS
Develop a CPD agenda	<ul style="list-style-type: none"> - Build upon work of existing committees to identify priority activities: <ul style="list-style-type: none"> o Conferences, workshops, seminars o Identify barriers and enablers to expanding knowledge/skills/attitudes of PC in DPC members practice - Incorporate innovative strategies for CPD delivery
Develop a Communication Strategy	<ul style="list-style-type: none"> - Identify most appropriate vehicles and establish policies and processes to maximize communication to and among membership <ul style="list-style-type: none"> o Utilize and engage DPC site reps - Populate and establish process to maintain DPC website - Develop a speakers bureau
Create a sense of academic community among membership	<ul style="list-style-type: none"> - Explore development of a “community of practice” around knowledge needs (collaborative knowledge resource) - Collaborate with existing mentorship programs to identify palliative care mentors - As necessary, create mentorship opportunities for members from sites with differing academic focus/activity - Plan and organize regular meetings (may be for the purposes of education and/or social networking)

Organizational Development and Structure: Create organizational structures and processes which support the values and goals of the DPC.

OBJECTIVES	POTENTIAL ACTIVITIES/TASKS
A. Develop a sustainable organizational structure that has adequate professional representation and clearly defined decision-making processes	<ul style="list-style-type: none"> - Finalize DPC organizational structure - Develop Terms of Reference for elements/roles of DPC organizational structure - Populate elements of organizational structure <ul style="list-style-type: none"> o Maximize interprofessional representation - Explore remuneration packages to support broad and equitable participation in DPC committees
Build an active, representative membership	<ul style="list-style-type: none"> - Determine and define elements of each membership category - Develop and initiate recruitment process from all disciplines and sites - Utilize Site Leads to maintain accurate membership list
Develop and encourage an academic recognition process that is fair and transparent	<ul style="list-style-type: none"> - Promotions process <ul style="list-style-type: none"> o Increase the number of junior and senior promotions o Build upon existing DFCM Mentorship Program - Encourage cross appointment process for relevant individual members - Establish Awards Committee and process for acknowledging excellence in teaching, education, research
Develop a process for leadership succession planning for the DPC	<ul style="list-style-type: none"> - DPC leadership to outline process

Interprofessional Work and Education: Increase the understanding, educational experiences and practice of interprofessional health care delivery.

OBJECTIVES	POTENTIAL ACTIVITIES/TASKS
Develop and implement a Strategy in IPE	<ul style="list-style-type: none"> - Approach and partner with the Centre for IPE to explore role of DPC in IPE at U of T (buddy teaching/practice, e.g., non-cancer care, cardiology, nephrology, respirology, etc.; mentoring for all stages of training and career promotion; support embedding PC content in to core IP curriculum) - Identify currently functioning IPE resources within DPC
Support exploration of best practices in IPC	<ul style="list-style-type: none"> - Identify core palliative care disciplines, competencies and roles: <ul style="list-style-type: none"> o Conduct a baseline IPC survey in DPC palliative care teams and clinics and identify the role of each professional - Outline elements of a model for the “ideal palliative care IPC team” - Advocate for integration of this model in each DFCM site - Develop and implement palliative care program evaluation for DFCM sites based on model and framework for best practices - Participate in provincial/national initiatives aiming to develop frameworks for best practices in palliative care IPC

Influence Beyond the DPC: Support the development the delivery of quality palliative and end of life care at the personal, institutional and systemic levels.

OBJECTIVES	POTENTIAL ACTIVITIES/TASKS
Develop sustainable collaborative relationships with other Ontario academic palliative care divisions	- Outline process for communication and identify opportunities for academic and administrative collaboration
Identify and formalize relationships with key external partners	<ul style="list-style-type: none"> - Clarify elements of formal partnership with each of the following organizations: <ul style="list-style-type: none"> o TPCPN o HAO o OPCA o Health professions faculties o Other GTA professional institutions o Cancer Care Ontario o U of T internal academic partnerships (Rotman) o Others...
Foster partnerships at the individual and community level	<ul style="list-style-type: none"> - Offer accredited lecture series on major palliative care topics to local FHTs/clinics - Seek opportunities for partnership with developed and developing communities/countries
Collaborate in the process of and directly provide public education	<ul style="list-style-type: none"> - Develop a plan for creating educational materials - Stimulate development of an inventory of current public education

PRIORITY ENDEAVOURS

Over the first 18-24 months of the DPC Strategic Plan, focus will be on the following:

6 months:

1. Establish components of a representative and sustainable DPC organizational structure and corresponding operational processes
2. Populate DPC organizational structure ensuring interprofessional representation
3. Define and clarify elements of DPC membership categories and initiate recruitment process
4. Develop a broad communications/engagement strategy for the DPC membership
5. Increase the number of DPC faculty appointments and junior/senior academic promotions
6. Develop a funding plan

12 months:

7. Build upon work of existing DPC CPD committee to identify and implement priority CPD activities
8. Support existing DFCM/U of T palliative care educational experiences and strategize further integration of palliative care content and competencies in to the curricula of all health science faculties
9. Develop a cohesive DPC research strategy

18-24 months:

10. Develop and implement an IPE strategy
11. Develop collaborative relationships with other Ontario academic palliative care divisions
12. Identify and formalize relationships with key external partners