

2011
2016

better education
better outcomes™

strategic plan 2011-2016

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

strategic directions & goals

Strategic Direction 1

Enhance Best Practice & Faculty Development for Continuing Education

1-1

Promote and enable effective life-long learning

1-2

Expand and enrich faculty development related to best practices in CEPD

1-3

Increase educational outreach, portability and use of new technologies in CE

1-4

Promote CE as an academic career track

Strategic Direction 2

Advance Research, Innovation & Scholarship

2-1

Establish strategic partnerships for collaborative and integrated research

2-2

Enhance Basic, applied, evaluative and action research in CEPD

2-3

Integrate CE research into strategic priorities

Strategic Direction 3

Strengthen & Grow Practice-Based Education

3-1

Extend successful large conference sessions into longitudinal practice-based programming aimed at both individuals and teams

3-2

Build learning networks, and other communities of practice, in the community

Strategic Direction 4

Foster & Embed Quality Improvement in Continuing Education

4-1

Identify, train and support QI educators in CE

4-2

Develop an education plan and curriculum for QI in CE

4-3

Apply QI principles and practices to CE program planning and implementation

Strategic Direction 5

Promote Patient & Public Engagement

5-1

Integrate patient and public engagement across the CEPD portfolios and promote its importance throughout the Faculty

5-2

Build capacity for PPE and develop a cadre of health practitioners to respond to patient needs

*“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

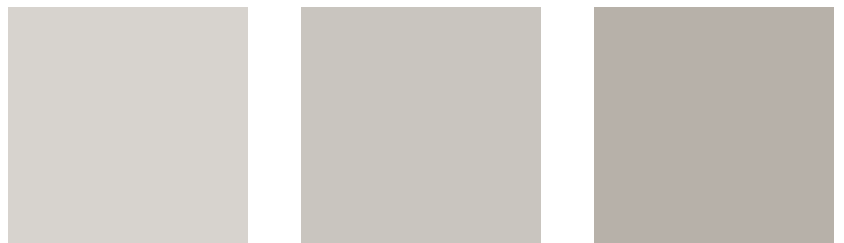




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introduction

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

In Fall of 2010, the Office of CEPD initiated a strategic planning process. The strategic planning review was led by a Strategic Planning Committee¹ 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 plan² 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 the Office, 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.

This document begins with a highlight of the Office 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 the Office of CEPD. The final section presents the 2011-2016 strategic directions, goals, and priorities. The future direction builds upon the Office’s strengths and achievements and responds to current opportunities and imperatives, including the Faculty of Medicine’s focus on integration, innovation, and impact.

The Office of 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

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 Office of CEPD Strategic Planning Retreat

achievements 2006-2011

This section highlights the Office of 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

The CEPD Office 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. The Office 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. The Office of 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). The Office of CEPD expanded its scope to include healthcare professionals across the care continuum in its programs and activities.

Accreditation of the Office of CEPD and its Programs

In April 2008, the Office of 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



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

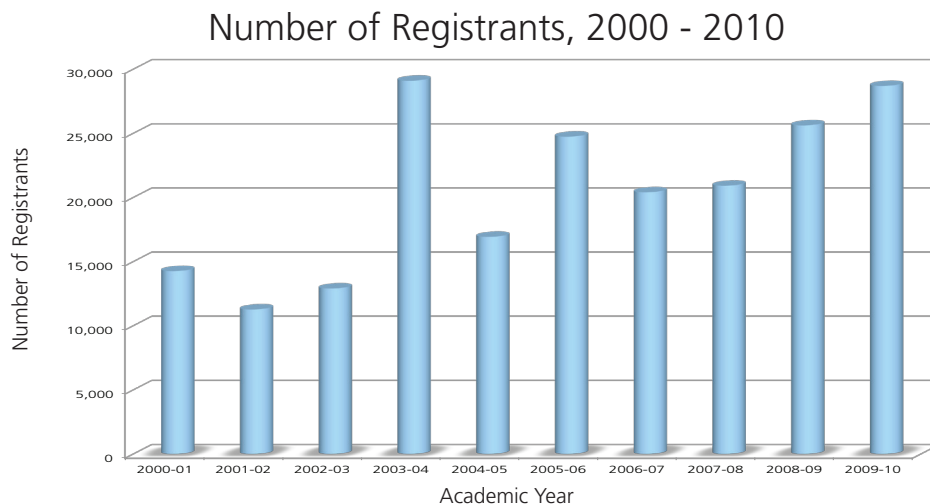


Figure 1: Number of Registrants, 2000-2010

PARTNERSHIPS & COLLABORATIONS

Partnerships and Collaborations

The Office of 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 the Office of 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, the Office of CEPD has been working with the Special Committee for CPD (SC-CPD) 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

The Office facilitated research in CEPD 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

The Office of 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

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

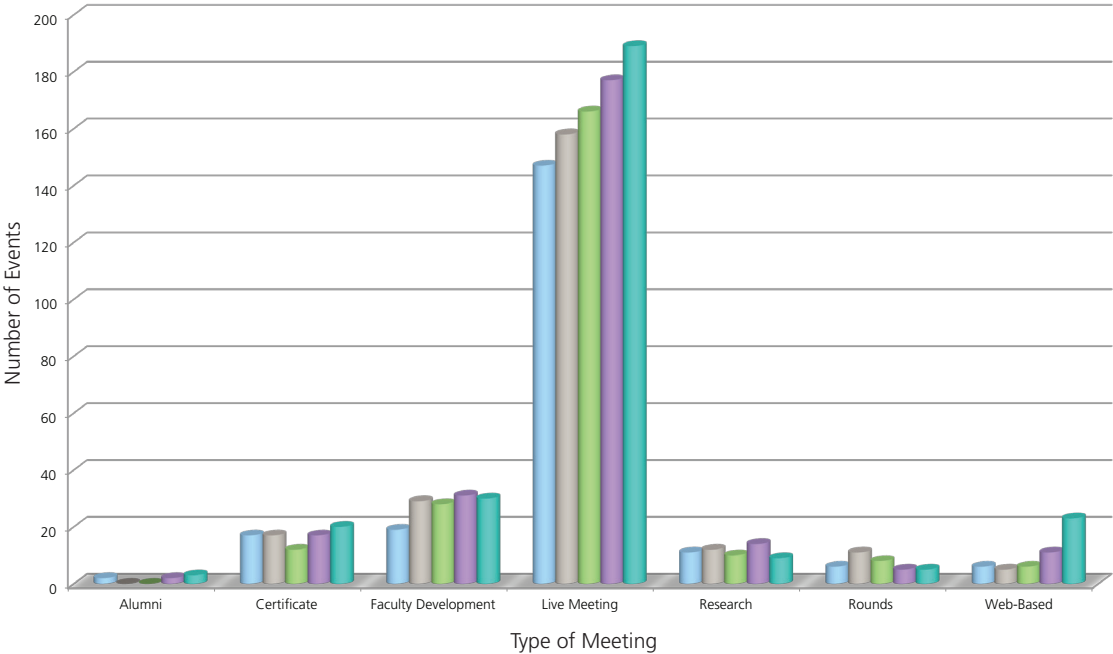


Figure 2: 5-Year Comparison of Event Categories

Number of CEPD Accredited Events, 2000 - 2010

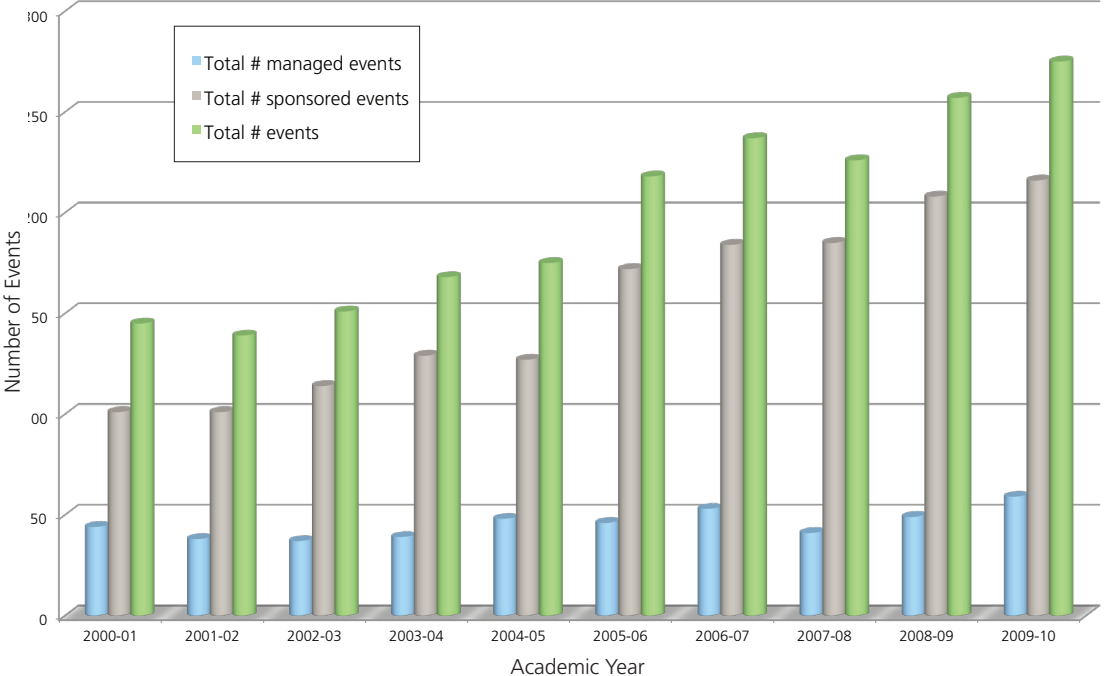


Figure 3: Number of CEPD Accredited Events, 2000-2010

factors affecting future cepd directions

In building on its achievements and planning future directions, the Office of 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 the Office of CEPD.

Faculty of Medicine Developments and Priorities

- The opening of the Mississauga Academy of Medicine requires a strategy to support faculty development and CEPD requirements across the collegium.
- The integration of the 20 community-based hospitals into the educational enterprise of the Faculty of Medicine requires the Office of CEPD to support an integrated approach to medical education, and represents a large potential expanded market for the services of the CEPD Office. In particular, the CEPD Office 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 the Office of 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 health care services expect greater accountability from service providers. The Office of CEPD must play a role in addressing health care 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 CEPD requirements with the mandate of the Office of CEPD. TAHSN is very interested in how CEPD for all health professionals working in each hospital can be supported in the work environment; there are opportunities for the Office of CEPD to help address this.
- Quality improvement and patient safety are emerging as significant drivers of change activities across the health care continuum. The Office of 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 a 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 CEPD content and formats over the near-term. The Office of CEPD must be a leader in using these technologies.

Box 1 outlines key questions that the Strategic Planning Committee reflected upon as it reviewed the Office of 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 the 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 the CEPD Office? How does CEPD know it is being successful?

Future State

- What is the role for CE in the quality agenda? Where does the CEPD Office 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 the Office's accomplishments?
- How can the CEPD Office 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 the Office of CEPD vision, mission and value statements to reflect a greater emphasis on impact, collaboration, inclusiveness and social responsibility [Figure 4].

Vision

Global impact in continuing education and professional development.

Mission

Collaborating to improve health outcomes through innovative continuing education and research for health professionals and the public.

Values

As leaders who are committed to exceptional results, we embrace the following core values:

- Accountability
- Integrity
- Interprofessionalism
- Social responsibility
- Inclusiveness
- Innovation
- Lifelong learning

Figure 4: CEPD Vision, Mission and Values (2011)

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

Continuing education is a process of lifelong 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 the Office of 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, health care 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, the Office of CEPD will continue to focus on 'best practice and faculty development for continuing education'.

The Office of 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. The Office 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

Advance Research, Innovation, & Scholarship

During the last five years, the Office of 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 and action research in CEPD
- 2-3 Integrate CE research into strategic priorities

Strategic Direction 2

Strengthen Practice Based Education

The Office of 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, the Office of 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 and teams
- 3-2 Build learning networks, and 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 health care providers and organizations to be accountable for high quality care. The Office of CEPD recognizes the importance of accountability in health care and has therefore made building capacity for quality improvement (QI) in CEPD a priority. The Office of 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 health care practitioners and their practice settings.

The goals of this strategic direction are to:

- 4-1 Identify, train and support QI educators in CE
- 4-2 Develop an education plan and curriculum for QI in CE
- 4-3 Apply QI principles and practices to CE program planning and implementation

Promote Patient & Public Engagement

The Office of 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 and public engagement across the CEPD portfolios and promote its importance throughout the Faculty
- 5-2 Build capacity for PPE and 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 “global impact in continuing education and professional development.”

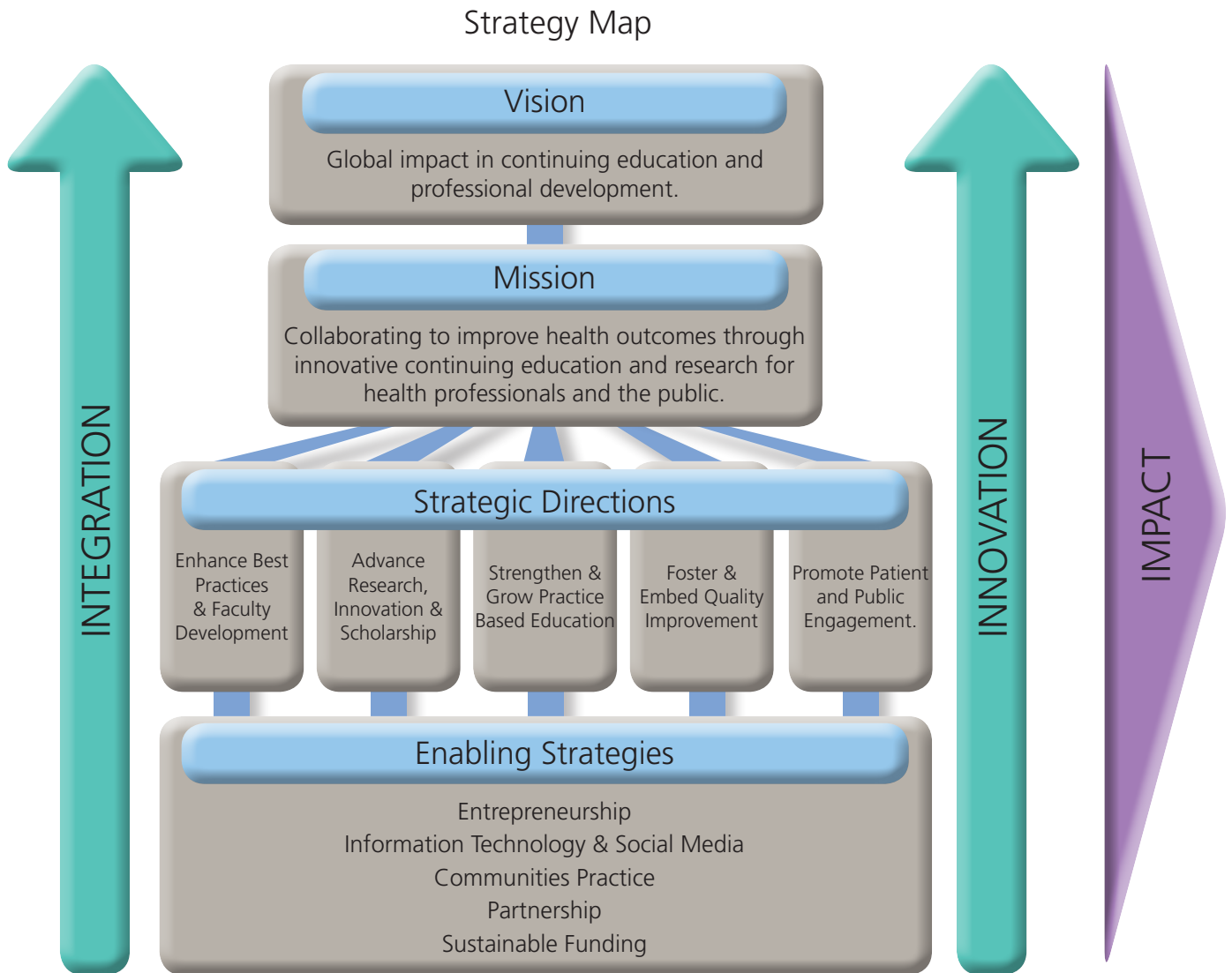


Figure 5: Strategy Map

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 the CEPD Office over the next five years. The five enabling strategies are described below.

Entrepreneurship: The Office of 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. The Office of 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.

Information and teaching technologies: Strengthening capability for on-line education is a necessity. The Office of CEPD plans to create a web-based individualized lifelong 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: The Office of 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. The Office 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.



Conversation is King, content is just something to talk about.

-Retreat Participant, May 2011



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)
<p>1 Enhance Best Practices & Faculty Development for Continuing Education</p>	<ul style="list-style-type: none"> ▪ 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). ▪ Provide educational curriculum on essentials of best practice in CE, with an emphasis on integrating the Mississauga Academy. ▪ Facilitate faculty development related to on-line education and newer technologies for learning.
<p>2 Advance Research, Innovation & Scholarship</p>	<ul style="list-style-type: none"> ▪ Establish partnerships and grow collaborative teams for integrated research which involves an interdisciplinary approach with partners. ▪ Leverage synergies of RICE to lead multi-disciplinary, team based CE research. ▪ Define and create new evaluation processes for integrated interdisciplinary research. ▪ Build capacity in evaluation research.
<p>3 Strengthen and Grow Practice-Based Education</p>	<ul style="list-style-type: none"> ▪ 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. ▪ Undertake an environmental scan to better understand opportunities for communities of practice in practice based education.
<p>4 Foster and Embed Quality Improvement in Continuing Education</p>	<ul style="list-style-type: none"> ▪ Identify and develop QI champions for all departments and nurture/coach to work effectively with hospital based practitioners. ▪ Build a “Train the Trainer” QI CE Curriculum. ▪ 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.
<p>5 Promote Patient and Public Engagement</p>	<ul style="list-style-type: none"> ▪ Develop a working tool kit to enhance patient self-management education. ▪ Conduct an environmental scan to better understand the models and partnerships that have been successful in PPE engagement.

MONITORING PROGRESS

The Office of 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 the Office of CEPD locally and globally through enhancement of its roles of broker, creator and consultant.

concluding remarks

The Office of CEPD, Faculty of Medicine, University of Toronto, is poised to build on its strengths in administration, programming, and research in CEPD 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 the Office 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, the Office of 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. The Office of CEPD will also support integration between itself and hospitals and other clinical settings in its development of practice based education. The Office of 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 the CEPD Office’s activities is demonstrated by a vision and mission that are focused on impact and improving health outcomes, its commitment to realizing “better education for better outcomes”, and its focus on moving forward with this strategic plan.

The Office of 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. The Office acts as a ‘hub’ in many ways as it brings together experts in diverse yet related fields to support best practices in CEPD. The Office of 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 the CEPD Office closer to reaching its vision of global leadership in continuing education and professional development.



APPENDIX

APPENDIX 1: strategic planning working groups

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

APPENDIX 3: trends impacting on cepd

Health Care Education

Systems/Organizational Level Changes

- 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).
- Strong focus on educational innovation such as simulation, mentorship, use of audience response systems, increasing interactivity, and case presentations.
- Heightened focus on more interprofessional education, work place learning, and point of care learning.
- Greater emphasis on structured outcome measurement and quality improvement initiatives.

Individual (Provider/Patient Level Changes)

- Pressures to respond to shifting needs and demands of health consumers for information and knowledge.
- Asynchronous and synchronous electronic learning at a distance increasingly being demanded by younger health professionals.
- Patient movement toward chronic disease self management.
- Interest in setting up environments to educate and support patients to take more responsibility for their own health.
- 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, inter-professional collaboration and education).
- 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).
- Increasing research capacity, building new efforts in quantitative and qualitative research, and development of collaboratives.
- 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).
- 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.
- 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

Strategic Direction 1

Enhance Best Practice & Faculty Development for Continuing Education

Goals	Tactics (Actions)
<p>1-1 Promote and enable effective life-long learning</p>	<ul style="list-style-type: none"> 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). More fully integrate CanMeds roles into CE , with a focus on the roles of manager and communicator.
<p>1-2 Expand and enrich faculty development related to best practices in CEPD</p>	<ul style="list-style-type: none"> Provide educational curriculum on essentials of best practice in CE, with an emphasis on integrating the Mississauga Academy. 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. Work with CFD to build capacity to learn and teach about development and delivery of practice-based education programming. Provide coaching and mentoring to faculty on acquiring best practice. Target faculty development requirements specifically in CEPD for Mississauga Academy and address integrated medical education priorities. Implement web-based “Foundations of CEPD” course.
<p>1-3 Increase educational outreach, portability and use of new technologies in CE</p>	<ul style="list-style-type: none"> 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. 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. Facilitate faculty development related to online education and newer technologies for learning.
<p>1-4 Promote CE as an academic career track</p>	<ul style="list-style-type: none"> Develop specific criteria for Creative Professional Achievement (CPA) and educational scholarship that relate to CE. Improve mentoring for individuals pursuing an academic career focused on CE.

APPENDIX 4: actions (tactics) for delivering on the strategic directions & goals, cont'd

Strategic Direction 2

Advance Research, Innovation & Scholarship

Goals	Tactics (Actions)
<p>2-1 Establish strategic partnerships for collaborative and integrated research</p>	<ul style="list-style-type: none"> 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. Leverage the synergies of RICE to lead in multidisciplinary, team based CE research. 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. Expand research partnerships to include other universities, LHINs, hospitals, Family Health Teams (FHTs), consumers, insurance, health economists and regulatory bodies (e.g., CPSO). Define and create new evaluation processes for integrated interdisciplinary research.
<p>2-2 Enhance basic, applied, evaluative and action research in ceptd</p>	<ul style="list-style-type: none"> Heighten profile and awareness of CE educators, scholars and researchers through publishing, presenting and grant capture. Build evaluation research capacity. Introduce and implement the new R&D research criteria developed by R&D Task Force to support CE faculty researchers. Facilitate and support research mentoring opportunities for faculty in the four types of research approaches in CEPD. Build skills in grant writing and tap into infrastructure where education scholars have been successful in achieving grants.
<p>2-3 Integrate CE research into strategic priorities</p>	<ul style="list-style-type: none"> 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. Develop a research framework for QI. Demonstrate the value of CE researchers/scholars on QI and KT projects by embedding CE researchers into QI and KT project teams.

APPENDIX 4: actions (tactics) for delivering on the strategic directions & goals, cont'd

Strategic Direction 3

Strengthen & Grow Practice-Based Education

Goals	Tactics (Actions)
<p>3-1 Extend successful large conference sessions into longitudinal practice-based programming aimed at both individuals and teams</p>	<ul style="list-style-type: none"> ▪ Identify and initiate longitudinal initiatives from an existing accredited program. ▪ Use educational events organized and accredited by Office of CEPD to perform individualized needs assessment to assess topics and barriers for practice-based education. Determine how to undertake similar needs assessment for teams. ▪ 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.
<p>3-2 Build learning networks, and other communities of practice, in the community</p>	<ul style="list-style-type: none"> ▪ Collaborate around an environmental scan to better understand opportunities for communities of practice and their potential applicability to practice based education. ▪ Tap into grassroots teams within LHINs to perform team learning needs assessments. ▪ Use social networks to understand needs and practice, including marketing membership to healthcare communities. ▪ Provide real time access to experts and peers through on lone learning community.

APPENDIX 4: actions (tactics) for delivering on the strategic directions & goals, cont'd

Strategic Direction 4

Foster & Embed Quality Improvement in Continuing Education

Goals	Tactics (Actions)
<p>4-1 Identify, train and support QI educators in CE</p>	<ul style="list-style-type: none"> 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. 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. Identify and develop QI champions for all departments and nurture/coach to work effectively with practitioners (e.g., same QI language).
<p>4-2 Develop education plan and curriculum for QI in CE</p>	<ul style="list-style-type: none"> Create a CE version of QI skills for physician and specialist audiences (adapt 5 week residency curriculum to QI curriculum). Build a "Train the Trainer" QI CE Curriculum. Promote QI training across the education continuum from medical school through to postgraduate and CE training. Apply QI principles and practice to CE program development and evaluation. 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.
<p>4-3 Apply QI principles and practices to CE program planning and implementation</p>	<ul style="list-style-type: none"> Assist program planning committees to work through PDSA cycles on issues that arise with their CE programs.

APPENDIX 4: actions (tactics) for delivering on the strategic directions & goals, cont'd

Strategic Direction 5

Promote Patient & Public Engagement

Goals	Tactics (Actions)
<p>5-1 Integrate patient and public engagement across the CEPD portfolios and promote its importance throughout the Faculty</p>	<ul style="list-style-type: none"> ▪ Conduct an environmental scan to better understand the models and partnerships that have been successful in PPE engagement. ▪ Establish a PPE Committee with patient, public and provider representation.
<p>5-2 Build capacity for PPE and develop a cadre of health practitioners to respond to patient needs</p>	<ul style="list-style-type: none"> ▪ Collaborate with patients and consumers to develop/adapt effective CE curriculum, programming and modalities for PPE engagement. ▪ Engage and train providers to become teachers, in particular for teaching and supporting patient self-management. ▪ Establish local PPE strategies that work that could be disseminated provincially. ▪ Create better avenues for academic promotion through PPE. ▪ Establish awards to promote PPE excellence. ▪ 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	<ul style="list-style-type: none"> Develop programs to meet the needs of life –long learners and scholarly practitioners. Provide educational curriculum on the essentials of best practice in CE, with an emphasis on integrating the Mississauga Academy. Facilitate faculty development related to on-line education and newer technologies for learning. 	<ul style="list-style-type: none"> Integrate affiliated community hospital representatives into the Leaders and Directors committee. Implement 2 faculty development workshops for CE planners in community affiliated hospitals. Create online module on best practices in CEPD including newer technologies.
2	Advance Research, Innovation & Scholarship	<ul style="list-style-type: none"> Establish partnerships and grow collaborative teams for integrated research which involve an interdisciplinary approach with partners. Leverage synergies of RICE to lead in multi-disciplinary, team based CE research. Define and create new evaluation processes for integrated interdisciplinary research. Build capacity in evaluation research. 	<ul style="list-style-type: none"> Create an online template for evaluation in CEPD. Increase the interdisciplinarity of membership on RICE. Submit one large interdisciplinary CEPD grant from an enlarged RICE group.
3	Strengthen and Grow Practice-Based Education	<ul style="list-style-type: none"> Use educational events organized and accredited by Office of CEPD to perform individualized needs assessment to assess topics and barriers for practice-based education. Determine how to undertake similar needs assessment for teams. 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. Collaborate around an environmental scan to better understand opportunities for communities of practice and their potential applicability to practice based education. 	<ul style="list-style-type: none"> A brief survey finalized within six months, delivery to a valid sample of learners within 1 year. Two longitudinal learning initiatives aimed at individuals and one at teams planned and started by the end of the second year. RICE consultation regarding evaluation of these longitudinal initiatives during development process. Consultation with Faculty Development in CE group regarding parallel faculty development initiative in development and delivery of practice-based educational programming. Working group on Communities of Practice established, with active contribution from Practice Based Education group established in first 6 months. 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	<ul style="list-style-type: none"> Identify and develop QI champions for all departments and nurture/coach to work effectively with hospital based practitioners. Build a "Train the Trainer" QI CE Curriculum. Design a clinically-based CE module that is aimed at teaching QI skills and tools, evaluate its impact and disseminate its findings as a model for delivering CE for QI training. 	<ul style="list-style-type: none"> Number of faculty trained to deliver QI curriculum in each department. Number of programs addressing QI curriculum delivered and assessment of target audience. Number of clinically based CE programs which specifically address and support QI approaches and tools.
5	Promote Patient and Public Engagement	<ul style="list-style-type: none"> Develop a working tool kit to enhance patient self-management education. Conduct an environmental scan to better understand the models and partnerships that have been successful in PPE engagement. 	<ul style="list-style-type: none"> Development of a self-management tool kit. Completion of the environmental scan.



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

