



Our Medical School: Imagine Its Potential

MAKING IT HAPPEN



UNIVERSITY
OF MANITOBA

Faculty of
Medicine

Why now?

GROWTH AND CHANGE— A TIMELY RESPONSE

The need for more physicians and an increased number of other health professionals in Manitoba is acute.

In response, the provincial government has requested an increase in undergraduate, postgraduate and special categories of medical education. This translates into a 60% increase in educational activities for the University of Manitoba Faculty of Medicine, the largest growth phase in several generations.

This is at a time of intense competition for Faculty members across the country in Canada's 17 faculties of medicine. An effective response requires the understanding, the support, and participation of all segments of our society across the province.



What Did We Accomplish?

PLANNING FOR SUCCESS — A HEALTHCARE FORUM

The Faculty of Medicine, University of Manitoba hosted a major forum *Our Medical School: Imagine Its Potential* on May 30, 2008 at the Fairmont Winnipeg.

Attendance was excellent with 121 participants from all sectors of the province representing business; provincial, federal and municipal governments; rural, northern and urban Regional Health Authorities; Aboriginal leadership organizations; and members of the Faculty including students.

Facilitation was provided by Professor Harvey Sexter, Dean, University of Manitoba Faculty of Law.

Keynote addresses were presented by the following knowledgeable experts to stimulate discussion:

- ***What's the Best We Can Be*** by **Dr. Hugh C. Smith** (MD/65), former CEO of the Mayo Clinic.
- ***Our Medical School Today—A Check Up on Our 125th Anniversary*** by **Dr. J. Dean Sandham**, Dean of Medicine, University of Manitoba.
- ***A Cautionary Tale*** by **Dr. William Albritton**, Dean, College of Medicine, University of Saskatchewan.
- ***How Research Enriches our Lives*** by **Dr. Henry Friesen** (MD/58), distinguished professor emeritus and founder of the Canadian Institutes of Health Research (CIHR).
- ***I had a Dream*** by **Dr. Brian Postl** (MD/76), President and CEO, Winnipeg Regional Health Authority.

The attendees participated in working groups to provide an in-depth examination of aspects of the Faculty's clinical service, education and research tenets:

- How well are we meeting the needs of Manitobans?
- What are the impediments to meeting those needs?
- What would it take to enhance the Medical School to meet those needs?
- What should our Medical School look like in five and 10 years?

Results of the Forum were collated in a White Paper that has been reviewed and commented on by the participants.

Implementation of the recommendations from the forum will be led by a steering committee chaired by the Dean of Medicine. This document represents a summary of the recommendations.

Imagine Our Potential

Discussion in working groups was broad and deep. We agreed that our goal is to become a “Small Jewel” – broad enough to provide comprehensive education for the complete physicians; but with a strategic focus on a few major areas where we can compete internationally. Emerging from the discussion were five major topic areas considered important as we move forward:

FIVE MAJOR THEMES

1 We must respond to the urgent need for more committed and skilled physicians and other health professionals in both rural and urban centres in Manitoba, and develop creative solutions for recruitment and retention.

2 We must increase effective coordination and collaboration between rural and urban Health Authorities, the Faculty of Medicine and Manitoba Health.

3 We must place increased emphasis and value on innovation and creativity in service delivery and promote the increased utilization of inter-professional teams.

4 We must all realize that in order to have a vibrant competitive medical school we must have innovative competitive health research programs that are broadly supported provincially. We must work to improve the value placed on basic research by decision makers, to improve the role of clinician scientists and translational research, and to conduct more health service delivery research.

5 We must provide the resources for education to support and develop our Faculty as teachers, and provide the most up-to-date educational methods to teach our students. In so doing, we must continue to work to distribute physician and other health professional education to a cross-section of locations where care is delivered, and appropriate to local needs, in hopes to recruit and/or expose healthcare professionals to these milieus.



Making it Happen

In addition to, and in concert with, the identification of the five major themes, participants formulated strategies that could be used to move the Faculty of Medicine forward and realize our potential.

Theme #1: We must respond to the urgent need for more committed and skilled physicians and other health professionals in both rural and urban centres in Manitoba, and develop creative solutions for recruitment and retention.

PROPOSED STRATEGY #1

More emphasis should be placed on the enrollment of rural students in Medical School in anticipation that they may return to practice in rural areas. This is supported by findings that medical students who come from a rural background are more likely to relocate and practice in rural areas after graduation.

SOLUTIONS IN PROGRESS

- **Leadership:** The Faculty appointed in 2007 an Assistant Dean, Admissions who is based in Brandon. This will bring consistent expression of the rural perspective in admission processes.
- **Admission process review:** In 2007, an external review of our admission process has led to the following admissions process enhancements:
 - o Streamlining of the admission process for all qualified First Nations, Métis and Inuit applicants from across Canada. Recruitment of candidates has been supported by the Province of Manitoba, which established significant grants to support Aboriginal students. We currently have 17 Aboriginal students enrolled in the MD program, and have graduated over 43 Aboriginal physicians.
 - o Specific weight used during the Faculty's admission selection will now be attributed to an applicant's 'rurality,' defined as rural background in its broadest sense.
 - o The Multiple Mini Interview will be utilized during the admissions process, supported by findings that this is an effective way to select students for desired qualities of professionalism.

PROPOSED STRATEGY #2

Improved student access in rural and remote locations to a high school education to adequately prepare students for advanced education was considered an essential long-term goal. While this is outside the immediate mandate of the Faculty, a number of initiatives were identified that should be supported and strengthened.

SOLUTIONS IN PROGRESS

- **Discovery Days:** This unique program brings over 350 high school students from around Manitoba to the Bannatyne Campus and WRHA facilities to explore exciting career opportunities available to them in medicine and other health sciences. The University aims to make this program inclusive to students from across the province, and contributes towards costs, including transportation, for students and teachers from rural and remote communities—some from as far away as Churchill.
- **ACCESS Program:** The Health Careers Access Program for Manitoba, created through the cooperation of the Province of Manitoba and the University of Manitoba, is aimed at Aboriginal residents with a strong interest in becoming a health professional. This program is designed to prepare students for entry to the health-related professions such as Medicine, Dentistry, Dental Hygiene, Pharmacy, Medical Rehabilitation (Physical, Occupational and Respiratory Therapy) and Nursing, and provides students with academic and personal supports.
- **The Biomedical Youth Program:** This program, launched by the Faculty of Medicine in 2006 in partnership with Winnipeg School Division, is a community outreach science program involving three separate but complementary projects: the Science Buddies Club; Head Start Aboriginal Initiative; and the annual Biomedical Youth Summer Camp. The program is aimed at exposing inner-city children to science at an early age.



Theme # 2: We must increase effective coordination and collaboration between rural and urban Health Authorities, the Faculty of Medicine and Manitoba Health.

PROPOSED STRATEGY #3

Innovation in creating more effective partnerships between Universities and Health Care Organizations to create true “Academic Health Sciences Centres” is recognized internationally as an urgent and important mission. Contributions to the education of health professionals by Regional Health Authorities are significant and growing, as is their role in health research. The concept of an Academic Health Sciences Centre enhances the academic mission, by creating a more integrated continuum of service, education and research that will provide better results and excellent work life for clinical teachers and clinician scientists.

SOLUTIONS IN PROGRESS

- **Joint Operating Division:** Subsequent to work begun at a Provincial retreat in March 2007, the Winnipeg Regional Health Authority and the University of Manitoba have established a Joint Medical Staff Operating Division to create the most desirable possible environment for Academic Physicians.
- **Leadership:** Appointment of an Associate Dean Clinical Affairs with both regional and university accountabilities has been achieved.

PROPOSED STRATEGY #4

Improve system effectiveness by assuring that similar programs work in a complementary fashion. Coordination of clinical programs is beyond the direct scope of the faculty, but can be facilitated with faculty support in collaboration with Regional Health Authorities (RHAs).



GAPS TO BE FILLED

- Exploration of how the work begun between the WRHA and University of Manitoba to work as an “Academic Health Sciences Centre” can be applied more broadly in the province to benefit similar collaborations elsewhere.
- In response to Proposed Strategy #4, the gap is most obvious in the area of health research, with lack of coordination between institutions and RHAs in the province. Initiatives by the Government of Manitoba to utilize Manitoba Health Research Council to update and advise on a provincial health research strategy is still in early days, but holds promise.

Theme #3. We must place increased emphasis and value on innovation and creativity in service delivery and promote the increased utilization of inter-professional teams.

Concerns about the ability of the Canadian healthcare system to provide timely access and safe care continue to grow despite recurrent attempts and investments to address its problems. There is a growing realization that we must provide a new type of education that moves beyond the core study of biomedical science and expand our education to new dimensions. Patient-focused care requires an understanding that as professionals we work as part of a team in a complex system, and that the skills needed to both work in and improve that system require knowledge not previously considered relevant or essential to medical practice. To lead in this area we need an academic centre to provide focus and development of our faculty.

SOLUTIONS IN PROGRESS

- **Learning New Skills:** The University of Manitoba, including the Faculties of Medicine, Nursing and Pharmacy is the only Canadian participant in the IHI International Health Professionals Education Collaborative.
- **Provide an Academic Home for Healthcare Innovation:** A partnership of the University of Manitoba and the Winnipeg Regional Health Authority has led to the newly created **George & Fay Yee Centre for Healthcare Innovation (CHI)**. The CHI serves as a focal point for inter-professional education championing System Design, Healthcare Quality and Health Informatics through research; pedagogical activities; clinical application; and outreach activities. The CHI is bringing together under one academic umbrella:
 - o Healthcare expertise from the Faculties of Medicine, Pharmacy, Nursing and the School of Medical Rehabilitation;
 - o Experts in quality improvement from the I.H. Asper School of Business;
 - o System and process design engineers from the Faculty of Engineering;
 - o Computer and measurement scientists from the Faculty of Science; and
 - o Health Informatics Experts.

- **Inter-professional Education:** There is an urgency to enhance our teaching and evaluation of teamwork in students in all health professions. The goals of inter-professional education (IPE) are to increase quality of care, patient safety, patient satisfaction and staff satisfaction. The national accreditation bodies of six health professions in Canada are working together to develop core competencies in inter-professional practice for undergraduate students. At the University of Manitoba, the Vice-President (Academic) and Provost with the Council of Health Science Deans from Medicine, Nursing, Pharmacy, Social Work, Human Ecology, Kinesiology and the School of Medical Rehabilitation have sanctioned the creation of an office to coordinate IPE activities for undergraduate and postgraduate students across faculties and across clinical placement sites.

GAPS TO BE FILLED

- Expand and reinforce current inter-professional educational initiatives with curricular renewal.
- Implement an increased number of demonstration projects across the province, including in rural/remote areas.

Theme # 4: We must all realize that in order to have a vibrant competitive medical school we must encompass innovative competitive health research programs that are broadly supported provincially. We must work to improve the value placed on basic research by decision makers, to improve the role of clinician scientists and translational research, and to conduct more health service delivery research.

PROPOSED STRATEGY #5

Improve the relevance of research outside the tertiary centres with development of clinician scientists, translational research capability, and health service delivery research.

PROPOSED STRATEGY #6

Pair clinician and non-clinician scientists into academic groups that would complement each other's strengths and serve as a stimulus for physicians to consider translational research in postgraduate careers.

SOLUTIONS IN PROGRESS

A response to the Proposed Strategies #5 and #6 above requires a significant change in our approach to research development. To be increasingly competitive, we must move from a traditional department-based approach to a strategy of focused investment in carefully chosen programs that cross departmental and institutional boundaries. Ideally, investments should create platforms that are relevant to a wide array of researchers.

- **Be Strategic:** In the spring of 2007, the Faculty of Medicine announced the establishment of the Strategic Recruitment Initiative for Biomedical Research. The program, with openings for three tenure-track Faculty positions and three Tier 2 CRC Chairs, is designed to support the development of a new interdisciplinary research theme that will enhance our competitiveness in research. Faculty members were invited to submit proposals for the Strategic Recruitment Initiative and a blue-ribbon panel of internal and external scientists were asked to review the three proposals submitted and make their recommendation to the Dean. The proposal for Regenerative Medicine was selected, and stem cell research was identified as the major component of this program, and is rapidly being implemented. This process could serve as a model for further such research development within the Faculty.



PROPOSED STRATEGY #7

Include other allied health professionals into the design and building of translational and inter-professional research teams with defined targets.

PROPOSED STRATEGY #8

Build on our strength in population health research by adding health service delivery research to provide solutions to identified problems.

SOLUTIONS IN PROGRESS

- **Create Successful Groups:** In support of Proposed Strategies #7 and #8, it is necessary to create an academic home for these activities. The George and Fay Yee Centre for Healthcare Innovation, supported by a large academic endowment, provides an ideal home and catalyst for a response to these issues.

GAPS TO BE FILLED

- **Provincial Investment in Health Research:** In order for the U of M to compete effectively with similar institutions in Canada, provincial investment in health research should be \$17 to \$20 million. The initial steps in reaching this goal by our provincial government—with the recent increase of MHRC funding from \$2 to \$6 million—has been a very welcome beginning.
- **Endowment Support for Faculty Recruitment:** Our estimates of needs to recruit to replace retirements, and meet the needs of increased class size are extensive. Academic endowments are the lifeblood of academic leadership positions. We are in competition with other Canadian universities who in the 40 years of their existence have created endowments that are five times as great as that which we have created in our 125 years. We must respond if we are to be competitive.
- **Infrastructure. Plans should begin at once to replace outdated infrastructure:** Competitive recruitment of new, competent Faculty is highly dependent upon suitable laboratory and teaching areas. We are at the limit of what can be done with existing facilities. Even our best buildings having serious asbestos issues, and parts of our worst buildings are 100 years old and have been partially condemned. Aggressive planning that begins now will still have a 10-year horizon.

Theme #5: We must provide the resources for education to support and develop our Faculty as teachers, and provide the most up-to-date educational methods to teach our students. In so doing, we must continue to work to distribute physician and other health professional education to a cross-section of locations where care is delivered, and appropriate to local needs, in hopes to recruit and/or expose healthcare professionals to these milieus.

Theme #5 deals directly with the prime reason for our existence: the education of new health professionals. Furthermore, it asks that we have a clear province-wide vision. In responding, it is essential that the proposed strategies are implemented in such a way that we are compliant with, and indeed exceed the increasingly rigorous demands by our joint accrediting bodies: Committee on Accreditation of Canadian Medical Schools (CACMS) of the Association of Faculties of Medicine of Canada; and the Liaison Committee on Medical Education (LCME) of the American Association of Medical Colleges (Undergraduate accreditation due in 2011) and the Royal College of Physicians and Surgeons of Canada (Postgraduate accreditation due in 2013). The Faculty of Medicine Postgraduate Medical Education in Family Medicine is accredited by The College of Family Physicians of Canada Accreditation Committee. (The University of Manitoba Family Medicine Residency Program's next accreditation is due in 2014.) This is particularly germane as we move to more distributed education in the province.

PROPOSED STRATEGY #9

Rapid planning to expand teaching environments, explore Faculty positions for rural and remote physicians and provide incentives to recruit and develop local Faculty here and abroad.

SOLUTIONS IN PROGRESS

- **Rural/Northern Physician Placement Initiative:** A joint endeavor of U of M Faculty of Medicine Department of Family Medicine, WRHA and Manitoba Health, this unique new incentive program will improve access to physicians in northern communities while boosting specialized residency training opportunities for new doctors. Announced in April 2008 and beginning July 2009, the University of Manitoba's Faculty of Medicine will offer a two-year Rural/Northern Physician Placement Initiative program. Under the program, residents will receive unique education to prepare them for practice in our most remote and challenging environments. Participants must return a minimum two years of service to a northern Manitoba community where there is a need for their service. Upon completion of their service commitment, these physicians will have access to a guaranteed re-entry residency position in the specialty of their choice at the University of Manitoba.





- **Manitoba Health Financial Incentives:** Other incentives provided by the Government of Manitoba also include a new Manitoba Medical Association agreement to provide financial incentives for physicians to remain in the province. The Practice Assessment Option offers funds to family doctors who have been practicing in rural/urban areas for one year (does not apply to residents), \$15,000/year for return of service in an urban area and \$25,000/year for return of service in a rural/northern area.
- **Effective Coordination:** Effective coordination between rural and urban Health Authorities, the Faculty of Medicine and Manitoba Health is essential for moving initiatives forward. The Physician Resource Coordination Office (PRCO) has been working towards this goal.

PROPOSED STRATEGY #10

Improve support for education at all levels.

SOLUTIONS IN PROGRESS

- **Department of Medical Education:** The rapidly growing Department of Medical Education serves to provide Faculty development, research in Medical Education, and to provide the operational educational oversight of the Clinical Learning and Simulation Facility.
- **Teach Using Simulation:** The rapidly growing use of simulation as a teaching tool will allow the Clinical Learning and Simulation Facility to utilize to its full potential simulation as a teaching method, and to do rigorous evaluative research in that field.
- **Use of a Web-based Curriculum Management System (CMS):** We require a functional web-based platform that maps the curriculum to learning objectives, and links to

schedules, locations and Faculty for learning sessions, and all forms of evaluation. It must be available for students and Faculty to access lectures, notes and reference materials and manage schedules, evaluations and clinical rotations from anywhere in the province.

GAPS TO BE FILLED

- **Rural Clinical Teaching Units:** Increased support from rural Regional Health Authorities to create “teaching units” that provide educational supports similar to that in the WRHA while recognizing the modern reality for students and the Faculty. It is particularly important to provide a “full-service” distributed education at new sites, not just sites with distributed students. This will be a complex undertaking in part related to:
 - o We are often recruiting two career families with both partners requiring career considerations;
 - o More than half of our recruits will be women;
 - o Child care, accommodation, and travel become significant issues for students or residents on rotation outside the area of their primary residence; and
 - o Similar constraints must be considered for Faculty recruitment to teach in remote and rural areas as well.
- **Utilization of Health Informatics:** It will be necessary to move quickly to budget for, and realize the benefits of Tele-Health, Tele-Education, and health informatics more broadly to enhance and fully support any distributed education ventures of the Faculty for all learners and Faculty members. It is also essential to provide province-wide electronic access to the health sciences library in order to maintain an equitable access for scholarly materials.

Conclusion

The five themes that emerged were consistent and clearly supported, providing a consensus for priorities and direction for the Faculty. The vision of “University of Manitoba, Faculty of Medicine – a Small Jewel” was readily accepted, with a parallel emphasis on strategic development relevant to the provincial needs. It was clear that to make the vision a reality, alignment of all the participants, and tangible supports for endowments and infrastructure are urgently needed.

In keeping with an ever-increasing interdependent and systemic modeling of healthcare, many of the change concepts for further Faculty development are outside the scope of a Faculty of Medicine working alone. The forum provided an excellent starting place toward a common purpose; however, to ultimately be successful, these future steps will require the following important factors to be in place:

1.

Strategic collaboration of the Faculty of Medicine with the WRHA, Rural RHAs, the MMA, physicians’ office practices and with both Manitoba Health and Health Canada.

2.

Acceptance that we cannot have an innovative, vibrant medical school and a progressive health service delivery system without significant provincial investment in health research.

3.

Recognition by all stakeholders of the needs for significant infrastructure renewal as well as the resources that will support our joint mission, including investment in people through education and research endowments.

4.

Recognition that the creation and operation of an Academic Health Sciences Centre requires investment by all the partners.

Thank You & Acknowledgements

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| Mr. Graham Starmer | President, MB Chamber of Commerce | Winnipeg | MB |
| Mayor Robert Stefaniuk | Ritchot RM | St. Adolphe | MB |
| Mr. Darrin Stevenson | First Nations & Inuit Health | | MB |
| Dr. Hisham Tassi | Thompson General Hospital | Thompson | MB |
| Mr. Murray J. Taylor | President & CEO, Investors Group | Winnipeg | MB |
| Dr. Michel Tetreault | President & CEO, St. Boniface General Hospital | Winnipeg | MB |
| Kristjan Thompson | Medical School student, University of Manitoba | Winnipeg | MB |
| Mayor Ross Thompson | Town of Stonewall | Stonewall | MB |
| Reeve J.T. (Toby) Trimble | Portage La Prairie, R.M. | Portage la Prairie | MB |
| Ms Pamela Trupish | Director of Immigration, University of Manitoba | Winnipeg | MB |
| Dr. John Wade | Chair, Canadian Patient Safety Institute | Winnipeg | MB |
| Vice Chief Katherine Whitecloud | Assembly of First Nations | Ottawa | ON |
| Councillor Irvin Wiebe | Town of Morden | Morden | MB |
| Dr. Brock Wright | COO, Health Sciences Centre, CMO & VP, WRHA Health Science Centre | Winnipeg | MB |
| Mr. Ted Yachemetz | Head, Dept. of Respiratory Therapy, School of Medical Rehabilitation, Faculty of Medicine | Winnipeg | MB |
| Dr. Jerome Yager | Director of Research, MB Institute for Child Health | Winnipeg | MB |

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