Established in 1883 as Western Canada’s first medical school, we have a rich history of discovery, scholarship, clinical service and community engagement. Our place as Manitoba’s only medical school mandates great responsibility and expectation to serve the health-care needs of communities across the province.

Undertaking a strategic planning process offers the opportunity to look forward and set new strategic priorities and goals. Where are we now? Where do we want to be in five years? How will we get there?

**DEAN’S MESSAGE**

Approximately 80 senior members of the College, including deans, faculty, staff and students, were invited to participate in the 1.5-day strategic planning session in June 2015.

The Max Rady College of Medicine strategic plan addresses six principal areas identified as keys for the success of the College:

- **Optimal patient outcomes** will be the result of the Max Rady College of Medicine delivering high-quality education, research and clinical service. The implementation of the strategic plan will provide tools by which to better meet our educational objectives; enhance research and clinical collaboration; and improve health equity for our community’s most disadvantaged patients.

- **More meaningful community connections** will provide enhanced engagement to ensure that the public and our stakeholders understand the role and impact of the College upon a wide range of groups and individuals. Strengthening community partnerships with the First Nations, Métis and Inuit communities we serve, according to the Principles of Reconciliation as outlined in the Truth and Reconciliation Commission (TRC) findings, will ensure shared leadership in advancing Indigenous health. Enhanced relationships will benefit various community groups while also enabling additional avenues of support for the Max Rady College of Medicine and providing forums for the bidirectional sharing of knowledge.

- **Enriched student support** is desired, including: improved use of return-of-service funding mechanisms for residents; a greater number of research positions for graduate students; connecting with SmartPark and Technology Transfer Office on the Fort Garry Campus to connect graduate students with “company incubator” opportunities and increased support for student awards in all educational programs.

- **Enhanced professional support and development** is a key benefit to be derived from the strategic plan. Engagement with Max Rady College of Medicine leadership, promotion and tenure requirements, leadership training, career building, and realistic educator expectations are central components of building professional support. These factors are also key to recruiting and retaining top faculty members and leaders who are representative of the communities we serve.

- The desire for a roadmap to **allied professional integration** reflects the complex and evolving nature of health-care provision. An interdisciplinary, inter-professional approach to educating and training health professionals in the Rady Faculty of Health Sciences will result in more relevant information sharing and improved, team-based health-care delivery.

- **Itemizing priorities and resources** is seen to be a major outcome of the strategic planning process. In particular, matching IT resources to College objectives with respect to information access, e-health, privacy assurance, research coordination and enrolment, and video conference/link capabilities for courses/seminars are among the issues to be addressed through the strategic plan.
PILLARS

The Max Rady College of Medicine strategic plan is guided by the vision and mission statements and rests upon five integral pillars. In turn, the notion of Indigenous respect and achievement underlies and is integrated into each of the five pillars.

MISSION

To serve the health-care needs of the people of Manitoba and beyond, improving the health of populations and patient care through partnerships, leadership and innovation in medical education, research, clinical practice and community engagement.

VISION

To educate and inspire medical professionals and scientists by cultivating social responsibility, lifelong learning and delivery of high-quality patient care; and to be a national and global leader in research excellence, knowledge translation and innovation.

VALUES

Empathy, Integrity, Inter-professional Collaboration, Professionalism, Respecting Diversity, Social Responsibility

| TEACHING EXCELLENCE AND RELEVANCE to meet the health-care requirements of Manitobans. | INNOVATION & RESEARCH to advance scientific achievement, as well as develop and attract high-calibre researchers | SOCIAL ACCOUNTABILITY to address the differing needs of various Manitoba communities | PARTNERSHIPS & INTEGRATION to ensure that the work of the Max Rady College of Medicine is collaborative | WORKPLACE & LEARNING ENVIRONMENT to provide a safe and equitable setting in which to foster respectful and productive relationships |

THE RADY FACULTY OF HEALTH SCIENCES, UNIVERSITY OF MANITOBA

The University of Manitoba, founded in 1877 as Western Canada’s first university, is the province’s only research-intensive university, educating the majority of professionals in Manitoba and a trailblazer in many areas of learning, research, discovery and community engagement. It offers more than 100 programs, including 47 doctoral, 90 master’s and one diploma program. Every year, U of M faculty members secure more than $160 million in external funding.

U of M is home to 37 Canada Research Chair positions and a Canada Excellence Research Chair. It is home or partner to 40 research centres, institutes and shared facilities that believe in collaborative research and scholarship.

The Rady Faculty of Health Sciences, which includes of the Max Rady College of Medicine and Colleges of Dentistry, Nursing, Pharmacy and Rehabilitation Sciences, offers a broad range of undergraduate, graduate and post-graduate educational programs in the health professions and basic medical sciences to more than 3,100 students. It reflects the health sector’s evolving focus on inter-professional models of care and prepares our students for team-based delivery of patient care.

The Rady Faculty of Health Sciences is a research leader in the areas of immunity, inflammation and infectious disease; population and global health; patient-oriented research and integrative research in health and well-being. It receives external research funding of more than $80 million annually.
THE MAX RADY COLLEGE OF MEDICINE

The Max Rady College of Medicine comprises of 27 departments and administrative units involved in teaching, research, service and clinical activities, with approximately 750 full-time and 1,200 part-time academic staff, approximately 135 research associates, a support staff of approximately 600 and a student population of 1,441 (2014/15), including medical, physician assistant and graduate students as well as residents and fellows.

The Max Rady College of Medicine aims to serve all Manitobans through recruitment of a diverse student body to a variety of degree programs, the J.A. Hildes Northern Medical Unit, distributed medical education sites (both undergrad and postgrad) and the Northern Remote Family Medicine residency stream that addresses the specific needs of communities across the province.

Our commitment to service extends to our students, with initiatives such as the Centre for Aboriginal Health Education, which provides support to First Nations, Métis and Inuit students through culturally relevant academic and social support.

The spirit of collaboration has been a hallmark of the University of Manitoba’s Max Rady College of Medicine since its earliest days. The University’s commitment to interdisciplinary research is evidenced by the vast network of centres and institutes where collaboration is taking place, including: George & Fay Yee Centre for Healthcare Innovation; Institute of Cardiovascular Sciences; Children’s Hospital Research Institute of Manitoba; Research Institute of Oncology and Hematology; Health Sciences Centre; CancerCare Manitoba; St. Boniface Hospital Research Centre; and the Public Health Agency of Canada’s National Microbiology Lab.

The proximity of the Max Rady College of Medicine to its many partners allows for meaningful relationships, including the opportunity for linkages across both traditional and non-traditional degrees and disciplines and more flexible, individualized/personalized research training.

Our strengths have been identified across the areas of education, research and service:

- The diversity of disease among communities served by the Max Rady College of Medicine provides robust research and teaching opportunities.
- There is a strong focus on social determinants of health and social responsibility in Undergraduate Medical Education curriculum.
- Graduates are well-prepared for the workforce upon completion of their education and training.
- Max Rady College of Medicine core research platforms.
- The Max Rady College of Medicine currently serves as a national leader of rural health-care delivery.
- The Max Rady College of Medicine currently serves as a centre of excellence for First Nations, Métis and Inuit health care. It has further opportunities to provide leadership on Indigenous health through research, education and service, particularly as it pertains to responding to the report findings of the Truth and Reconciliation Commission of Canada.

MAX RADY COLLEGE OF MEDICINE

EDUCATIONAL PROGRAMS

- Undergraduate Medical Education
- Postgraduate Medical Education (including residencies, fellowships, post-docs, Clinician Investigator Program)
- Master of Physician Assistant Studies
- Graduate studies (Masters, PhD)
- International Medical Graduate program
- Continuing Professional Development
- Medical Education

FINANCIAL OVERVIEW

The Max Rady College of Medicine has an operating budget of approximately $73M (2014/15), sponsored research contracts and special funds of approximately $95M and trust and endowment accounts of approximately $85M.

Over the last several years, the Max Rady College of Medicine has received baseline budget reductions of 4% ($1.9 million—2015/16), 2.24% ($1.1 million—2014/15) and 0.7% ($300,000—2013/14). Another 4% baseline reduction ($1.9 million) is anticipated for 2016/17.
The Max Rady College of Medicine will ensure accountability in faculty appointments by mandating involvement in a meaningful way, requiring a commitment from staff for a prescribed number of teaching hours. Academic positions will be clearly defined and teaching activity will be a significant consideration in determining career advancement. Accountability will be achieved through an annual review process that will evaluate and reward teaching and the mentorship of students. Competency-based education outcomes will be the standard by which success is measured. The Max Rady College of Medicine will provide faculty development and medical education to undergraduate and postgraduate faculty members, as well as continuing professional development opportunities to practising physicians as part of the continuum of lifelong learning.
### STRATEGY #1

<table>
<thead>
<tr>
<th>PROGRAMMATIC GOALS</th>
<th>MEASURABLE OUTCOMES</th>
<th>PRIMARY LEAD</th>
<th>TIMEFRAME</th>
</tr>
</thead>
</table>
| Develop clear contracts, with defined teaching expectations | • Revision of faculty contract template to clarify teaching responsibilities  
• Revision of NIL appointment policy forms to address teaching time accountability | • Dean  
• Associate Dean, UGME  
• Human Resources  
• Director, Finance | • 2 years |
| Facilitate enhanced student mentorship | • Analysis sessions for the results of peer and student feedback  
• Evaluation and enhancement of the residents’ teaching role  
• Online teaching module | • Dean  
• Department Heads  
• Associate Dean, PGME | • 2 years |
| Change promotion criteria to emphasize teaching and mentoring roles | • Promotion criteria place increased emphasis on teaching and mentoring roles in Max Rady College of Medicine | • Vice-Dean, Academic Affairs | • Updated in 2015. Implemented in 2016. Review in 2018 |
| Conduct annual/bi-annual reviews (jointly if research and clinical duties span departments) including NIL appointments | • Increased centralized monitoring of Department Heads’ faculty evaluation processes and results of annual performance reviews | • Dean  
• Vice-Dean, Academic Affairs  
• Department Heads | • Ongoing implementation in 2016. Review 2018 |

### STRATEGY #2

<table>
<thead>
<tr>
<th>PROGRAMMATIC GOALS</th>
<th>MEASURABLE OUTCOMES</th>
<th>PRIMARY LEAD</th>
<th>TIMEFRAME</th>
</tr>
</thead>
</table>
| Define and share meaning of competency-based education with faculty members through online training tutorials or in-person sessions | • Establish a steering committee for faculty development to ensure faculty members become aware of the definition of competency-based education and expectations as it pertains to postgraduate teaching. | • Vice-Dean, Academic Affairs  
• Associate Dean, PGME  
• Faculty Dev. Lead  
• Dir., PGME Core Curriculum  
• Family Medicine Department Head | • 2-3 years |

### STRATEGY #3

<table>
<thead>
<tr>
<th>PROGRAMMATIC GOALS</th>
<th>MEASURABLE OUTCOMES</th>
<th>PRIMARY LEAD</th>
<th>TIMEFRAME</th>
</tr>
</thead>
</table>
| Provide tools for faculty engagement | • Increased attendance at faculty development sessions  
• Increased student satisfaction  
• Increased participation | • Associate Dean, UGME  
• Associate Dean, PGME  
• Vice-Dean, Academic Affairs | • 1 year to implement and evaluate 2 years later |
| Publish Max Rady College of Medicine accomplishments | • Peer evaluation  
• Increased promotion  
• Increased poster presentation at CCME and other conferences | • Medical Education lead  
• Director, Communications & Marketing | • 1 year and evaluate annually |
| Cultural safety and competency included in curriculum | • All students pass an OSCE type evaluation | • Associate Dean, UGME  
• Vice-Dean, Indigenous | • 2 years |
| Blended learning (including digital online resources) for greater learner engagement | • Increased number of teaching models being used  
• Enhanced instructional design support to achieve blended learning | • Vice-Dean, Academic Affairs  
• Vice-Dean, Education  
• Vice-Dean, Continuing Competency and Assessment  
• Associate Dean, UGME | • 2 years |
### STRATEGY #4
**INTERPROFESSIONAL EDUCATION**

<table>
<thead>
<tr>
<th>PROGRAMMATIC GOALS</th>
<th>MEASURABLE OUTCOMES</th>
<th>PRIMARY LEAD</th>
<th>TIMEFRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct an IPE inventory of current activities underway in UGME, PGME and CPD</td>
<td>Comparison against nationally published metrics</td>
<td>Vice-Dean, Education, Vice-Dean, Continuing Competency and Assessment, Medicine IPE lead</td>
<td>1 year</td>
</tr>
<tr>
<td>Identify champions in the Max Rady College of Medicine</td>
<td>Increased number of IPE events for learners in Max Rady College of Medicine</td>
<td>Vice-Dean, Education, Medicine IPE lead</td>
<td>1 year</td>
</tr>
<tr>
<td>Establish learning within collaborative practice sites</td>
<td>Increased opportunities for collaborative practice amongst learners in distributed education sites</td>
<td>Vice-Dean, Education, Associate Dean, UGME</td>
<td>2 years implementation</td>
</tr>
</tbody>
</table>

### STRATEGY #5
**TEACHING IN DIVERSE SETTINGS FOR UGME, PGME, GRADUATE & CPD LEARNERS**

<table>
<thead>
<tr>
<th>PROGRAMMATIC GOALS</th>
<th>MEASURABLE OUTCOMES</th>
<th>PRIMARY LEAD</th>
<th>TIMEFRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set targets to enhance rural teaching and learning opportunities</td>
<td>Track success in meeting targets</td>
<td>Dean, Brandon Satellite Program, Associate Dean, Brandon Satellite Program, Dept. Head, Family Medicine, Director, CPD Medicine program</td>
<td>2 years</td>
</tr>
<tr>
<td>Set targets to prepare graduate students for a wide variety of jobs</td>
<td>Track success in meeting targets</td>
<td>Dean, Assistant Dean, Graduate Studies</td>
<td>2-3 years</td>
</tr>
</tbody>
</table>
Innovation and research are to encompass the spectrum from the molecule to the lab, to improve health-care outcomes for Manitobans and beyond. Innovation and research will be championed as key drivers of quality improvements that directly affect the health of Manitobans and others. The Max Rady College of Medicine will provide an environment, processes and structures to ensure that collaborative innovation and research flourish. Emphasis will be on excellence with respect to personnel recruitment and retention, as well as providing a broad training experience for students and researchers. Health equity and the need to understand outcomes driven by socio-economic determinants of health are underlying themes driving innovative care delivery.
### STRATEGY #1

#### PROGRAMMATIC GOALS
- Create a permanent Research Advisory Committee to bring researchers together and search for practical solutions to:
  a) Attributable funding
  b) Allocation of grants on a team basis
  c) Definition and measure of innovation and research
  d) Techniques to draw upon the existing Max Rady College of Medicine human resource inventory
  e) Involvement of students and faculty from a broad array of disciplines
  f) Promotion of ScIVaI to decision makers, scientists in measuring research collaboration
  g) Celebration of collaborative research successes
  h) Consideration of inter-professional research education
  i) Foster scholarly productivity

#### MEASURABLE OUTCOMES
- Creation of permanent research “think tank”
- Increased research funding
- Creation of a Collaborative index
- Promotion of training on ScIVaI research performance assessment tool
- Publicity about research achievements
- Develop a tool to track total number and type of scholarly work by departments
- Research Gate

#### PRIMARY LEAD
- Vice-Dean, Research
- Assistant Dean, Research
- Assistant Dean, Graduate Studies
- Centre for Healthcare Innovation
- Director, Communications & Marketing
- Vice-Dean, Research
- Vice-Dean, Academic Affairs
- Department heads

#### TIMEFRAME
- 2 years

### STRATEGY #2

#### PROGRAMMATIC GOALS
- Develop plan of action to recruit and retain faculty and staff using local advantages, including:
  - Existing public health contacts (i.e. NML)
  - Those with experience in Indigenous health (academic and community-based)
  - Others in identified key areas by U of M strategic research plan

- Develop comprehensive database of existing personnel expertise

- Foster gender diversity

#### MEASURABLE OUTCOMES
- Increased number of researchers
- Faculty, staff retention
- Develop tracking systems to document career outcomes following clinician-scientist training programs
- Increased number of MD/PhD or MD Master’s students
- Increased research funding

- Researchers have updated profiles in U of M “research experts” database

- Increased diversity among faculty/staff

#### PRIMARY LEAD
- Dean
- Vice-Dean, Research
- Vice-Dean, Indigenous Health
- Vice-Dean, Research
- Associate Dean, Professionalism & Diversity
- Department heads

#### TIMEFRAME
- 2 years
- 2-3 years
- 2 years
### STRATEGY #3

#### INNOVATION IN CARE DELIVERY

<table>
<thead>
<tr>
<th>PROGRAMMATIC GOALS</th>
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</thead>
</table>
| Address equity issues for patients’ access  
  —Decrease the suffering index by providing patients with tools to describe their experience  
  —Experiences of racism | Curriculum mapping of longitudinal courses to address this priority  
  Eliminate reports of witnessed/experienced racism in clinical settings (Need to set baseline and follow) | Associate Dean, UGME  
  Lead, Curriculum  
  Vice-Dean, Indigenous Health | 1 year  
  3 years |
| Improved patient engagement  
  —Supplement care with non-face-to-face methods for patient interaction (primary care)  
  —Enhanced use of IT and the creation of databases to facilitate care | Demonstrate innovations that show enhanced patient engagement | Clinical department heads  
  Vice-Dean, Research  
  Ethics Lead  
  Centre for Healthcare Innovation (CHI) & Strategy for Patient-Oriented Research (SPOR) | 3 years |
| Enhanced use of evidence and knowledge to facilitate care  
  A startup incubator | Demonstrate evidence-based changes in practice  
  Demonstrate knowledge transfer | Vice-Dean, Research  
  Centre for Healthcare Innovation  
  Knowledge Transfer Lead  
  Manitoba Centre for Health Policy | 3 years |
| Development of plan of action to recruit and retain researchers in strategically important areas  
  Increased research funding | 2 years |
| Development of plan of action to recruit and retain researchers in strategically important areas  
  Increased research funding | 2 years |
| Increased number of researchers | 2 years |
| Increased collaborations/funding successes within Rady Faculty of Health Sciences and across the U of M as well as with partners nationally and internationally | 2 years |
| Increased number of graduate students | 2 years |

### STRATEGY #4

#### ROBUST BASIC SCIENCES RESEARCH

<table>
<thead>
<tr>
<th>PROGRAMMATIC GOALS</th>
<th>MEASURABLE OUTCOMES</th>
<th>PRIMARY LEAD</th>
<th>TIMEFRAME</th>
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</thead>
</table>
| Focus on research areas identified by U of M strategic research plan | Development of plan of action to recruit and retain researchers in strategically important areas  
  Increased research funding | Dean  
  Vice-Dean, Research  
  Associate Dean, Graduate Studies | 2-3 years |
| Develop comprehensive data on publication rates of researchers | Increased number of research publications | Vice-Dean, Research | 2 years |
| Foster collaboration among researchers with internal and external partners | Increased collaborations/funding successes within Rady Faculty of Health Sciences and across the U of M as well as with partners nationally and internationally | Vice-Dean, Research  
  Assistant Dean, Research  
  Assistant Dean, Graduate Studies | 2 years |
| Recruit and retain graduate students through diverse training opportunities, robust funding and exceptional learning environments | Increased number of graduate students |
SOCIAL ACCOUNTABILITY

Social accountability is predicated upon directing education, research and service to priority health-care concerns as identified jointly by health professionals and community members. Social accountability also contributes to improvement in supplying/meeting the health-care needs of populations in diverse settings (rural and under-serviced) through innovation in medical education. Social accountability will also reflect the principles and calls to action of the Truth and Reconciliation Commission of Canada.
### STRATEGY #1
**LEADERSHIP, ADVOCACY, EDUCATION, RESEARCH AND SERVICE TO ADDRESS HEALTH IN STRUCTURALLY DISADVANTAGED COMMUNITIES**

<table>
<thead>
<tr>
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<th>PRIMARY LEAD</th>
<th>TIMEFRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each department to define contribution and actions for community engagement</td>
<td>Public feedback; tracking number of programs and involved members of the community</td>
<td>Department heads, Community Engagement &amp; Outreach leads</td>
<td>2 years</td>
</tr>
<tr>
<td>Departments and programs to jointly develop with communities specific,</td>
<td>Track activities</td>
<td>Vice-Dean, Indigenous Health, Department heads, Associate Deans</td>
<td>2 years</td>
</tr>
<tr>
<td>health-related community goals</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Teach about the social determinants of health and their impacts on health</td>
<td>Curriculum mapping</td>
<td>Associate Dean, UGME, Director, Curriculum</td>
<td>1-2 years</td>
</tr>
<tr>
<td>Advocate broadly to address health inequities affecting communities</td>
<td>Measure outcomes of key indicators</td>
<td>Dean, Vice-Dean, Indigenous Health</td>
<td>2 years</td>
</tr>
</tbody>
</table>

### STRATEGY #2
**ENSURE A RESPECTFUL, CULTURALLY SAFE ENVIRONMENT THAT IS FREE OF RACISM AND TEACH CULTURAL PROFICIENCY PRACTICES TO HEALTH-CARE PROFESSIONALS AND LEARNERS**

<table>
<thead>
<tr>
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<th>TIMEFRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase cultural safety education</td>
<td>Curriculum mapping</td>
<td>Vice-Dean, Indigenous Health, Vice-Dean, Continuing Competency &amp; Assessment, Associate Dean, UGME, Director, Curriculum</td>
<td>1-2 years</td>
</tr>
<tr>
<td>Enhance empathy and communication skills</td>
<td>Measures of service uptake by clients/feedback</td>
<td>Associate Dean, UGME, Lead, Indigenous longitudinal course</td>
<td>1-2 years</td>
</tr>
<tr>
<td>Examine current process to investigate complaints and ensure safety and</td>
<td>Opinion survey results</td>
<td>Dean, Department Heads</td>
<td>2 years</td>
</tr>
<tr>
<td>responsiveness to users</td>
<td>Monitor who is using formal processes and experience of using them</td>
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### STRATEGY #3
**CIVIL SOCIETY ENGAGEMENT TO DETERMINE COMMUNITY NEEDS**

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<tr>
<th>PROGRAMMATIC GOALS</th>
<th>MEASURABLE OUTCOMES</th>
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<th>TIMEFRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>On a departmental basis, identify and take an inventory of activities</td>
<td>Feedback from community groups, Increased number of activities</td>
<td>Dean, Department heads, Director, Community Engagement</td>
<td>1-2 years</td>
</tr>
<tr>
<td>associated with social accountability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify partners in business and sport</td>
<td>Measurement of improved or enhanced social accountability activities</td>
<td>Director, Community Engagement, Community Health Sciences</td>
<td>1-2 years</td>
</tr>
</tbody>
</table>
### STRATEGY #4

**DISTRIBUTED MEDICAL EDUCATION**

#### PROGRAMMATIC GOALS
- Increase opportunities for distributed medical education across the continuum of learning (undergrad, postgrad, CPD)
- Expand distributed medical education sites

#### MEASURABLE OUTCOMES
- Number of health workers in certain targeted settings
- Increased number of opportunities for undergrad, postgrad, CPD
- Number of CPD events offered annually via face-to-face, MBTelehealth and by webinar
- Identify new locations matching health resource requirements

#### PRIMARY LEAD
- Dean
- Associate Dean, UGME
- Associate Dean, PGME
- Associate Dean, Brandon Satellite
- Director, CPD Medicine
- Head, Dept of Family Medicine

#### TIMEFRAME
- 1-2 years

### STRATEGY #5

**OPEN THE COLLEGE TO COMMUNITY**

#### PROGRAMMATIC GOALS
- Development of a communication plan
- Workshops, open houses, off-site public talks, medical student community clinics and presence at friendship centres
- Youth and school programs
- Matching needs and resources through fiscally responsible means

#### MEASURABLE OUTCOMES
- Successfully matching Max Rady College of Medicine efforts to community needs
- Measurement of enhanced reach resulting from communication
- Community engagement offers
- Increased participation in programs aimed at youth and in schools; new programs as identified
- Fiscally responsible programs to translate knowledge, increase public dialogue

#### PRIMARY LEAD
- Director, Communications & Marketing
- Dean
- Associate Dean, UGME
- Director, Community Engagement
- Project Manager, Dept. of Community Health Sciences
- Director, Finance
- Director, Community Engagement

#### TIMEFRAME
- 1-2 years
- 2-3 years
- 2 years
PARTNERSHIPS & INTEGRATION

Partnerships and integration build upon the academic Health Sciences Network and other partners, including:

- Five Regional Health Authorities
- Diagnostic Services of Manitoba
- CancerCare Manitoba
- St. Boniface Hospital Research
- Misericordia Health Foundation
- Concordia Health Foundation
- Health Sciences Centre Research
- Children’s Hospital Research Institute of Manitoba
- University of Manitoba
- University of Winnipeg
- Red River College
- University College of the North
- College of Physicians and Surgeons of Manitoba
- Manitoba Health
- Research Manitoba
## STRATEGY #1

**PROGRAMMATIC GOALS**
- Improve recruitment/human resources planning and coordination to address local graduates who cannot find employment
- Meet areas of ongoing high demand such as geriatric medicine/care of the elderly
- Administrative processes integration (contracts, recruitment, performance review, development)
- Alternatives to residents on wards—collaborate with partners for residents to gain other experiences
- Explicit affiliation agreements (ex. Public Health Agency of Canada’s National Microbiology Lab)

**MEASURABLE OUTCOMES**
- CaRMS targets set in line with human resource needs; reducing the number of local graduates who are unable to find employment in Manitoba
- Increased exposure to geriatric medicine among undergraduates
- Additional Postgrad positions in geriatric medicine
- Integration in performance feedback and career development (U of M/WRHA) and adherence to timelines for administrative processes
- Increased number of residents on alternate sites to wards (i.e. partner institutions)
- Improved clarity of affiliation agreements with partners

**PRIMARY LEAD**
- Dean
- Associate Dean, PGME
- Department Heads
- Associate Dean, UGME
- Associate Dean, PGME
- Dean
- Vice-Dean, Academic Affairs
- Department Heads
- Associate Dean, PGME
- Partner centres/institutions
- Legal counsel, Rady Faculty
- Partner centres/institutions
- Dean
- Assistant Dean, Research
- Basic Science Dept. heads

**TIMEFRAME**
- Ongoing
- 3-5 years
- 2-3 years
- 2-3 years
- 1-2 years

## STRATEGY #2

**PROGRAMMATIC GOALS**
- Improve research productivity
- Improve access to data and patients through greater involvement of departments in the development of databases
- Facilitate private sector partnerships
- Revise Max Rady College of Medicine admissions criteria to allow non-traditional routes of entry
- Enhance collaboration across the University of Manitoba and other academic institutions through central positions

**MEASURABLE OUTCOMES**
- Enhanced research productivity; increased funding
- Increased patient-oriented research and use of databases by researchers
- Increased number of private sector partnerships
- A greater number of clinician scientists and Clinician Investigator Program success
- Measurement of collaborative research endeavours

**PRIMARY LEAD**
- Vice-Dean, Research
- Assistant Dean, Research
- Basic Science Dept. heads
- Vice-Dean, Research
- CHI Academic Lead
- Director, Data Science, CHI
- Vice-Dean, Research
- Dept. Heads
- Director, Admissions
- Assistant Dean, Graduate Studies
- Basic Science Dept. heads
- Vice-Dean, Research

**TIMEFRAME**
- 1 year
- 1-2 years
- 2-3 years
- 2-3 years
- 2-3 years
- 1 year
- 2-3 years
### Strategy #3

#### Education Integration / Partnerships

<table>
<thead>
<tr>
<th>Programmatic Goals</th>
<th>Measurable Outcomes</th>
<th>Primary Lead</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Through the Bachelor of Health Sciences degree, seek to draw people to the Max Rady College of Medicine as researchers</td>
<td>• Increased number of students enrolled in new Bachelor of Health Sciences degree</td>
<td>• Dean&lt;br&gt;• Vice-Dean, Education&lt;br&gt;• Basic Science Dept. Heads</td>
<td>1-2 years</td>
</tr>
<tr>
<td>• Collaborate with Engineering and other faculties</td>
<td>• New partnerships established</td>
<td>• Dean;&lt;br&gt;• Vice-Dean, Research</td>
<td>1-2 years</td>
</tr>
<tr>
<td>• Expand alternative funding models to support education and research</td>
<td>• Examples of alternative funding models, innovations to support education and research</td>
<td>• Director, Finance&lt;br&gt;• Vice-Dean, Research&lt;br&gt;• CHI academic lead</td>
<td>2-3 years</td>
</tr>
<tr>
<td>• Improved process for granting privileges to learners in RHAs</td>
<td>• Enhanced partnerships with RHAs across Manitoba</td>
<td>• Legal counsel, Rady Faculty&lt;br&gt;• RHA leaders</td>
<td>1-2 years</td>
</tr>
<tr>
<td>• Growth of the MD/PhD program and development of the MD/MSc program</td>
<td>• Increased number of MD/MSc and MD/PhD students</td>
<td>• Vice-Dean, Research&lt;br&gt;• Assistant Dean, Graduate Studies&lt;br&gt;• Director, Advanced Degrees in Medicine</td>
<td>3 years</td>
</tr>
</tbody>
</table>
WORKING & LEARNING ENVIRONMENT

Workplace and learning environment are predicated on treating every person with respect and fairness, with attention to their physical, cultural and emotional safety.
### STRATEGY #1
**POWER DIFFERENTIAL (INTIMIDATION, HARASSMENT, UNSURE EVALUATIONS AND BOUNDARY VIOLATIONS)**

<table>
<thead>
<tr>
<th>PROGRAMMATIC GOALS</th>
<th>MEASURABLE OUTCOMES</th>
<th>PRIMARY LEAD</th>
<th>TIMEFRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Instruction concerning routes of complaint reporting</td>
<td>• Implement formal data collection of complaints</td>
<td>• Associate Dean, Professionalism &amp; Diversity</td>
<td>1 year</td>
</tr>
<tr>
<td>• Respond promptly with visible discipline</td>
<td>• Examples of visible discipline</td>
<td>• Associate Dean, Professionalism &amp; Diversity • Department Heads</td>
<td>1 year</td>
</tr>
<tr>
<td>• Link data collection to a teaching opportunity</td>
<td>• Case studies established for teaching opportunities using data</td>
<td>• Associate Dean, Professionalism &amp; Diversity • Associate Dean, UGME • Director, Curriculum</td>
<td>1-2 years</td>
</tr>
</tbody>
</table>

### STRATEGY #2
**PHYSICAL AND CULTURAL SAFETY**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>• Workshops to address safety issues, mental health and wellness</td>
<td>• Increase number of workshops on safety issues, mental health and wellness for all learners in UGME and PGME</td>
<td>• Associate Dean, Student Affairs, UGME • Associate Dean, Student Affairs, PGME</td>
<td>1-2 years</td>
</tr>
<tr>
<td>• Improved teacher/learner relations</td>
<td>• Execution of spot audits across the Max Rady College of Medicine</td>
<td>• Associate Dean, Student Affairs, UGME • Associate Dean, Student Affairs, PGME</td>
<td>1-2 years</td>
</tr>
</tbody>
</table>

### STRATEGY #3
**ACCURATE AND FAIR EVALUATIONS BY STAFF AND LEARNERS (ANONYMITY)**

<table>
<thead>
<tr>
<th>PROGRAMMATIC GOALS</th>
<th>MEASURABLE OUTCOMES</th>
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<th>TIMEFRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improve evaluation techniques</td>
<td>• Sessions on evaluation for students, faculty members</td>
<td>• Associate Dean, UGME; Faculty Development Lead</td>
<td>1 year</td>
</tr>
<tr>
<td>• Ensure evaluations are being performed</td>
<td>• Internal review of evaluation techniques and new tracking processes</td>
<td>• Vice-Dean, Academic Affairs • Faculty Development Lead</td>
<td>1-2 years</td>
</tr>
<tr>
<td>• Minimize biases or perception of biases</td>
<td>• Establish protocols for assessing faculty evaluations of learners</td>
<td>• Dean • Department Heads</td>
<td>1-2 years</td>
</tr>
</tbody>
</table>

### STRATEGY #4
**RECOGNITION OF CONTRIBUTIONS MADE BY TEACHERS AND LEARNERS**

<table>
<thead>
<tr>
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<th>TIMEFRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Continue to build on current programs recognizing teachers’ and learners’ achievements</td>
<td>• Enhanced attendance at Teacher Recognition dinner; enhanced promotion of student achievements</td>
<td>• Dean • Associate Dean, UGME • Director, Communications &amp; Marketing</td>
<td>1 year</td>
</tr>
<tr>
<td>• Showcase teacher awards</td>
<td>• Digital showcase of teaching award winners</td>
<td>• Director, Communications &amp; Marketing</td>
<td>1 year</td>
</tr>
</tbody>
</table>
INDIGENOUS RESPECT & ACHIEVEMENT

Respect of Indigenous peoples and their history and promotion of Indigenous achievement are intended to be integrated across the five pillars of the Max Rady College of Medicine. Recognition and respect for Indigenous peoples will enhance opportunities in teaching, research, scholarship, service delivery, outreach and community engagement.
### STRATEGY #1
**SOCIAL ACCOUNTABILITY PRINCIPLES FOR SUPPORTING INDIGENOUS YOUTH**

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>• Set targets for entry into pre-medical related studies, number of First Nations, Métis and Inuit students applying, entering and graduating medicine</td>
<td>• Progress on meeting targets</td>
<td>• Dean</td>
<td>• 3 year</td>
</tr>
<tr>
<td></td>
<td>• Measurement against TRC recommendations</td>
<td>• Vice-Dean Indigenous Health</td>
<td></td>
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<tr>
<td>• Enhance Pipeline programs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Research engagement with communities of Indigenous peoples/Canadians</td>
<td>• Comparison with U of M strategic plan on Indigenous achievement</td>
<td>• Vice-Dean, Research</td>
<td>• 2 years</td>
</tr>
<tr>
<td></td>
<td>• Formalized feedback from communities</td>
<td>• Vice-Dean, Indigenous Health</td>
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<td></td>
<td>• Orientation/education on process for research engagement</td>
<td>• Institute of Indigenous Health</td>
<td></td>
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<tr>
<td></td>
<td>• Feedback from Indigenous groups and Indigenous student interviews about Max Rady College of Medicine experience</td>
<td>• Vice-Dean, Research</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• CAHR Director</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Section Head, First Nations, Métis, Inuit Health</td>
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### STRATEGY #2
**BUILDING PARTNERSHIPS TO SUPPORT STUDENT AND COMMUNITY NEEDS**

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<thead>
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</thead>
<tbody>
<tr>
<td>• Increased experiential learning opportunities</td>
<td>• Enhanced experimental learning options for learners</td>
<td>• Director, Community Engagement</td>
<td>1-2 years</td>
</tr>
<tr>
<td></td>
<td>• Number of learning sites in clinics where large majority of patients identify as Indigenous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Focus on Indigenous ways of learning</td>
<td>• Increased teaching sessions in Traditional Medicine Garden</td>
<td>• Vice-Dean, Indigenous Health</td>
<td>1-2 years</td>
</tr>
<tr>
<td></td>
<td>• Meaningful feedback on First Nations, Métis and Inuit (FNMI) Health sessions in longitudinal courses</td>
<td>• Director, Section of FNMI Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Formative evaluations of Indigenous health learning</td>
<td>• Lead, Indigenous Longitudinal course</td>
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<tr>
<td></td>
<td>• Explore feasibility of construction of Medicine Wheel Garden</td>
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<td></td>
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<tr>
<td>• Form partnerships, such as the Women’s Hospital</td>
<td>• Establishment of new partnerships with neighbourhood organizations</td>
<td>• Vice-Dean, Indigenous Health</td>
<td>1-2 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Director, Community Engagement, Director, Section of FNMIH</td>
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### STRATEGY #3
**RECOGNIZE HIDDEN CURRICULUM**

<table>
<thead>
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<th>TIMEFRAME</th>
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</thead>
<tbody>
<tr>
<td>• Mandatory training in cultural safety</td>
<td>• Learner feedback regarding culturally safe learning environment</td>
<td>• Associate Dean, UGME</td>
<td>Immediate</td>
</tr>
<tr>
<td></td>
<td>• Patient feedback on culturally safe care (during wards or maybe standardized patient encounters)</td>
<td>• Vice-Dean, Indigenous Health</td>
<td></td>
</tr>
<tr>
<td>• Address administrative and other processes for bringing forward issues of professionalism</td>
<td>• Learner feedback regarding issues of professionalism</td>
<td>• Associate Dean, Professionalism &amp; Diversity</td>
<td>1 year</td>
</tr>
<tr>
<td>• Comprehensive orientation regarding Indigenous populations for new students, including advocacy</td>
<td>• Implementation of new longitudinal course including advocacy</td>
<td>• Associate Dean, UGME</td>
<td>1 year</td>
</tr>
</tbody>
</table>

<p>|                                                                                   |                                                                                   | • Lead, Indigenous longitudinal course                                      |           |</p>
<table>
<thead>
<tr>
<th>STRATEGY #4</th>
<th>RECONCILIATION WITH INDIGENOUS PEOPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROGRAMMATIC GOALS</strong></td>
<td><strong>MEASURABLE OUTCOMES</strong></td>
</tr>
</tbody>
</table>
| • Develop a Truth and Reconciliation action plan based on recommendations within the TRC final report | • Identify themes/priorities and set short- and long-term goals  
• Annual reports on progress of action plan  
• Identify advocacy issues | • Vice-Dean, Indigenous Health  
• Lead, Indigenous Institute | • 1 year |
STRATEGIC PLAN SHARING

In addition to being shared with Max Rady College of Medicine faculty, staff and students, the strategic plan will be accessible to the broader community through consultation with stakeholder groups. This will include the production of an abridged publication that is accessible to external partners and stakeholders of the Max Rady College of Medicine and available on the website.

STRATEGIC PLAN IMPLEMENTATION

Accountability for the implementation and measurement of various strategic plan components resides with the Dean’s Office. Wherever possible, the strategic plan will integrate with existing Max Rady College of Medicine mechanisms and resources, including reliance upon Department Heads to fulfil specific responsibilities.

It is recognized that elements of the strategic plan, particularly elements involving cultural shifts, may be met with resistance or opposition. There is also the risk that already heavily burdened learners may have additional time and resource obligations as a consequence of the strategic plan. The strategic plan will be implemented with full awareness that its objectives and the associated timelines must be reasonable and achievable.

STRATEGIC PLAN OUTCOMES AND MONITORING

The ultimate outcome of the implementation of the strategic plan is for the Max Rady College of Medicine to be more effective, efficient, engaged, and of greater relevance to the community at large. These metrics will be used as the measure of strategic planning success. Each action plan includes a timeframe that will be monitored by the Dean’s Office. The strategic plan will be revisited annually by a committee established by the Dean and will be a standing item on the monthly agenda through the Dean’s Council and Department Heads’ Council, with department heads reporting progress on strategic planning initiatives and ongoing projects. The current strategic plan will be revisited in its entirety in 2020.