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A Message from the Head of Our Department

I am pleased to share with you the 2015-2020 Strategic Plan of the Department of Family Medicine.

Our department is in a period of significant growth and change in order to meet the evolving needs of Manitobans. Expansion in the number of postgraduate learners, undergraduate and postgraduate curricular renewal, expansion in the number of teaching sites and primary care renewal initiatives have opened up many new opportunities and placed challenges on our department.

Reflecting on our strengths and considering present and emerging opportunities, the department’s Strategic Committee has articulated an ambitious plan for the next five years. This work was informed by the many interviews and survey comments from faculty and staff.

I look forward to working with all of you in helping make this Strategic Plan a reality.

Sincerely,

José François, MD MMedEd CCFP FCFP
Head
Strategic Committee Members

José François, Head
Sheldon Permak, Associate Head, Winnipeg
Don Klassen, Associate Head, Distributed Education
Bruce Martin, Director, Postgraduate Education
Amanda Condon, Director, Undergraduate Education
Gerald Konrad, Director, Research & FMC Unit Director
Rob Diakiw, Administrative Director

Tunji Fatoye, KMC Unit Director
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Chantal Fréchette, Bilingual Stream Lead
Karen Toews, Rural Stream, Steinbach Lead
Bob Mezies, Rural Stream, Boundary Trails Lead
Mike Omichinski, Rural Stream, Portage-la-Prairie Lead
Joanne Maier, Rural Stream, Brandon Lead
Scott Kish, Rural Stream, Parkland Lead

Background

About the Department of Family Medicine

The University of Manitoba Department of Family Medicine provides a comprehensive training program accredited by the College of Family Physicians of Canada that strives to teach whole-person medicine using a collaborative, interprofessional model.

Residents can select to complete their two-year Family Medicine residence in a learning stream tailored to their interests. This model helps develop well-rounded family physicians who can practice with confidence in a variety of settings. In addition to the postgraduate program, the department offers enhanced skills training in a number of specialties, allowing Family Medicine doctors to continually shape and reshape their careers.

The Department of Family Medicine is also engaged in several components of the College of Medicine's four-year undergraduate degree, providing pre-clerkship teaching and clinical placements, as well as ensuring all students complete family medicine rotations in rural or northern Manitoba.

In addition to teaching, the Department of Family Medicine also conducts leading-edge research to improve the health outcomes of Canadians.

Strategic Planning Process

The Department of Family Medicine has grown exponentially over the past several years – both in the volume of students and residents and the number of distributed sites across Manitoba that accommodate residents in their practice settings across Manitoba.
Awareness of the Family Medicine program continues to grow as indicated by ongoing interest in the undergraduate program and increased demand for the residency program. At the same time, the department recognizes the need for its strategic partnerships, infrastructure and operations to continue to evolve for maintain curriculum, teaching and research excellence, improve process effectiveness and efficiency, all within a work environment where staff and faculty are engaged – staying passionate and contributing their expertise to achieve common aims.

Key strategic questions addressed during this strategic planning cycle include:

- How can the Department of Family Medicine support the work of the College of Medicine and Faculty of Health Sciences to achieve our common aims?
- How can we be at the forefront of curriculum, teaching and research excellence?
- How can we be a workplace of choice full of passionate, dedicated faculty, staff and learners who feel connected and valued for their expertise, and who work together to achieve great things?
- How can we be innovative in our internal operations to best deliver our programs in a sustainable way?

To address these questions, we embarked on a strategic planning process, supported by Vision & Results Inc., using the Strengths, Opportunities, Aspirations and Results (SOAR) approach. We engaged our internal and external stakeholders in dialogue – including the Dean of and colleagues at the College of Medicine, Faculty of Health Sciences, Winnipeg Regional Health Authority, our faculty and staff – to reflect on our history, celebrate our strengths and accomplishments, and to identify opportunities for the future.

The process began with conducting interviews and focus groups with our key stakeholders, the administration of a survey to faculty and staff, and two strategic planning retreats with the Strategic Committee.

During the June 2015 retreat, we reviewed the environmental scan, internal organization assessment (strengths and opportunities), discussed its unique value proposition and our aspirations – our goals and objectives.

During a subsequent retreat in August 2015, we refreshed our mission, vision and values statements, refined our strategic goals and objectives, and identified strategic actions along with the accountable team leaders and members.

It was recognized by the committee to that a mechanism such as a balanced scorecard or dashboard that reports progress against key indicators would be valuable for gauging progress against the strategic plan and for reporting to stakeholders.
Environmental Scan

Provincial & Regional Strategies

The vision, mission and priorities of Manitoba Health, Winnipeg Regional Health Authority, and the College of Medicine were considered as the Department of Family Medicine considered its role in supporting these goals.

Manitoba Health (May 2014)

Key priorities of Manitoba Health include:

- **Capacity Building** – sustained planning and alignment that advances role clarity, collaborative and innovative work practices, risk management and effective use of resources
- **Health System Innovation** – improving health outcomes, containing costs, supporting appropriate and effective services
- **Health System Sustainability** – define health system and roles, HR plan, provider funding methods, information systems and technologies, health promotion and prevention
- **Improved Access to Care** – including enhancement of the primary health care system (every Manitoban will have a family doctor – Truth and Reconciliation Commission); improved timeliness of connection to primary care provider); Primary Care Networks
- **Improved Service Delivery** – advances for First Nations, Métis and Inuit Manitobans; lead emergency management
- **Improving Health Status & Reducing Health Disparities Amongst Manitobans**

Regional Health Authorities (From Stakeholder Consultations)

Key priorities of Regional Health Authorities include:

- **Alignment** in primary care strategic directions across all five RHAs, Diagnostic Services, and Cancer Services
- **Building** a sustainable system of primary care, particularly in more remote areas
- **Improving** access to timely primary care
- **Assessing** the quality of health care services that are provided, including underserved populations
- **Quality-based incentive funding** for chronic and complex
- **Establishing** Regional Health Authority accountability mechanisms (e.g. panel size, access, time to appointments)
- **Improved care coordination** for patients through primary care networks or “My Health Teams”
- **Sustainable funding** through alternate care provider models (e.g., PAs and NPs)
- **Increasing collaboration** between Internal Medicine and Family Medicine run hospital units
- **Establishing virtual wards** in the community for post-hospital discharge care
- **Striking an appropriate balance** of Family Medicine generalists and specialists
The College of Medicine recently developed its 2015-2020 strategic plan with the following pillars and associated strategies:

- Teaching excellence and relevance, towards meeting the healthcare requirements of Manitobans:
  - Accountability in faculty appointments
  - Competency-based education
  - Innovation in teaching
  - Interprofessional education
  - Teaching in diverse settings

- Innovation & Research to advance scientific achievement, as well as develop and attract high-calibre researchers:
  - Cooperative, interprofessional research
  - Highly qualified personnel
  - Innovation in care delivery

- Social Accountability to address the differing needs of various Manitoba communities:
  - Leadership, advocacy, education, research and service to address health in various communities
  - Ensure a respectful, culturally safe environment and teach cultural proficiency practices to Healthcare professionals and students
  - Civil society engagement through the development of relationships in order to ask what the community wants
  - Open the college to community and define access to experts in order to have a public dialogue and strong knowledge translation with community

- Partnerships & Integration to ensure that the work of the College of Medicine is collaborative:
  - Clinical integration/partnerships
  - Research integration/partnerships (basic and clinical)
  - Education integration/partnerships

- Workplace & Learning Environment to provide a safe and equitable setting in which to foster respectful and productive relationships:
  - Power differential (intimidation, harassment, unsure evaluations, and boundary violations)
  - Physical and cultural safety
  - Accurate and fair evaluations by staff and learners (anonymity)
  - Recognition of contributions made by teachers and learners
The People We Serve

The environmental scan also considered the population-health needs of Manitobans ultimately being addressed by family physicians and interprofessional teams, as well as the characteristics and preferences of Department of Family Medicine learners.

Manitobans

- **Aging population** – Our population demographics are changing with a rapidly increasing population of seniors and those with chronic disease.
- **Continued emphasis on supporting isolated, disadvantaged and priority populations** – These include individuals unattached to or disengaged from primary care provider, including those who face systemic barriers to accessing care due to social determinants of health (e.g., aboriginal population, youth mental health, pediatric).
- **Increased usage of technology for information gathering and communication** – Many people are accessing health information on the Internet and bringing this information to their health professionals for discussion. Patients are also more often using telephone and secure email to communicate with their health professionals.
- **Desire for self-management** – Some patients are assuming a more active role in the management of their own health care conditions, particularly when they have chronic disease. The department considered what this meant in terms of its person-centred values as well as the more practical implications regarding curriculum and training.
- **Balancing access and continuity of care** – Due to lengthy wait times/lists, people are increasingly balancing the priorities of timely access to care with continuity of care provider. That is, people are accepting earlier appointments from health professionals who are not their usual care providers or alternatively decide to wait to see their regular providers.

Our Learners

Key trends and characteristics amongst program applicants, undergraduate students and Family Medicine residents include:

- **Rural and Northern Remote Streams** – Increased recognition by learners that rural and northern remote streams offer a flexible breadth of rewarding experiences.
- **Family Medicine Enhanced Skills Programming** – Increased interest in third year programming offered by the department.
- **Interprofessional Practice** – Recognition of the importance and value of interprofessional practice and the opportunities to learn and train in settings alongside other professionals within the Faculty of Health Sciences.
- **Evidence-Based Practice** – Learners value evidence-based guidelines and protocols to inform their learning and clinical practice. As such, learners expect that they will not only be exposed to leading-edge research and evidence but have the skills to be able to locate, appraise and apply research and evidence-based protocols to the benefit of their patients.
- **Leading-Edge Technology** – The current generation of learners are not only accustomed to but expect that technology such as electronic medical records and other types of innovative technology are available to support their learning.
Internal Assessment

Our Key Accomplishments

We have accomplished much over the past five years. Some of the highlights of our achievements include but are not limited to:

- Continued development of a Triple C, competency based residency curriculum
- Developed the Family Medicine Distributed Education Centre agreements
- Added a new Family Medicine Distributed Education Centre (Portage La Prairie)
- Opened an inpatient Clinical Teaching Unit at Seven Oaks General Hospital (SOGH)
- Further developed the Family Medicine Obstetrics Network with two full-fledged call groups
- Facilitated early exposure and Transition to Clerkship (TCC) experiences in undergraduate medical education
- Increased engagement of WRHA Family Medicine and Primary Care sites in undergraduate and postgraduate teaching
- Developed and executed a communications strategy including monthly news updates, biannual newsletter and publishable annual report
- Reviewed all policies, job descriptions and terms of reference, which are also now web-based for easy access
- Delivered multiple presentations at national and international conferences, including support for an international conference on Primary Care Oncology
- Participated in the establishment of a Manitoba SPOR Network on Primary and Integrated Healthcare Innovations
  
  Increased engagement of family medicine practices with Manitoba Primary Care Research Network (MaPCReN), the local network of the Canadian Primary Care Sentinel Surveillance Network (CPCSSN)

We are excited to build on these accomplishments and our strengths as we move forward with this strategic plan.
Our Strengths

We chose the SOAR framework to use as our approach to strategic planning because we wish to build on our strengths as a department – the passion, deep expertise, diverse perspectives and contributions of all of our faculty, staff, learners and stakeholders are valued and utilized. We have numerous strengths that we are proud of and will build on as we embark on our future.

Learner Experience and Outcomes

- Learners seek the Family Medicine program to have a broad, diverse and flexible learning experiences through our multiple streams and specialty offerings along the continuum of care (e.g., newborn to palliative) while balancing continuity of care in the role of family physician.
- Residents value the interprofessional learning and practice environments that we offer.
- We are attracting and training high quality Canadian and international students and residents as evidenced by competency exam results.
- Residents report that they feel valued and supported by Family Medicine faculty.
- A high proportion of graduates are staying in Manitoba to practice after training.

Family Medicine Program

- We are modeling comprehensive, full-service practices in terms of breadth of experience, deep experience with diverse communities that we serve, and continuity of care at the patient level.
- Our program builds on the core mandated program by addressing specific learner interests through various practice options.
- We have an interprofessional faculty; we respect and integrate the expertise of our non-physician faculty in the design and delivery of Family Medicine.
- Our program is innovative; we are not satisfied with the status quo and are always looking for new and better ways to delivery our program to the benefit of our learners and patients/communities.
- We are passionate, committed, hardworking faculty and staff working together in a friendly, sincere, collaborative and cohesive work environment contributing our wealth of knowledge and experience towards the achievement of our goals.

Profile & Partnerships

- Our Family Medicine program has gained prominence nationally and internationally.
- Our goals are supported by the College of Medicine and we are well-connected across the University of Manitoba and with the health regions.
- Our teaching sites are spread throughout Manitoba and are becoming well established.
- We serve a large population of Manitobans; with our interprofessional colleagues, we are working hand in hand with patients to improve their health and well-being.
Our Opportunities

We recognize and celebrate our strengths and the unique value we bring to our learners, faculty and staff and the College of Medicine. In keeping with our desire to be even better at what we do, we have identified a number of strategic opportunities to pursue.

Learner Experience & Outcomes

- Given the flexibility of our program and the multiple sites through which it is delivered, we must ensure that the program achieves a base of consistency in learner scheduling, learner expectations setting, curriculum delivery, learner experience and resident evaluation.
- We also recognize the need to improve the quality of technology being used for communication across our sites.
- There is opportunity to provide more active interaction/support of graduates in the first few years after they graduate.

Teaching & Research

- We must continue to renew our postgraduate curricula to meet Triple C and Can Meds standards and ensure that this curriculum is implemented consistently at all teaching sites.
- Greater integration is required between undergraduate and postgraduate programs so that learners are scaffolding their knowledge and skills as they progress throughout the program.
- In order for our learners to work at full scope of practice, we must work with our colleagues in the College of Medicine to build interprofessional practice environments.
- Ongoing faculty development in leading-edge teaching practices, clinical knowledge and skills, and evidence-based medicine and research.
- We need to create a sustainable base for research, working in conjunction with our colleagues across the College of Medicine.
- There are ongoing questions about the faculty and funding models across different sites that need to be addressed and clarified to our internal and external stakeholders.

Work Environment

Given our pace of growth and change in department leadership, there is a strong need for building cohesion as we move forward. At the same time, we cannot stand still; we must continue to be open and willing to continuously improve.

- This includes the involvement of faculty and staff in future direction setting, the communication of our vision and strategic directions, and transparency in decision making. In addition, we must continue to respect and recognize the value that faculty, interprofessional colleagues and staff bring and support them in their development.
- More clarity is required regarding the roles and responsibilities of faculty lead roles and how the rest of faculty and staff are involved with moving the department forward.
- Communication between our multiple sites has been a challenge – both in terms of the type of knowledge being shared, the outdated technology that is being used for communication, and attendance levels at department committees and meetings.
There is the opportunity for us to review our operational capacity, including the responsiveness of leadership and management, the workload of our staff, and continuing to build a sustainable stream of community preceptors and faculty.

**Internal Operations**

There are a number of opportunities for us to evolve the way in which we deliver the program:

- Building greater cohesiveness amongst all Family Medicine sites in terms of being consistent in a base of processes while allowing for unique processes given different practice settings
- Improving the efficiency and timeliness of scheduling of academic days and activities
- Developing a core structure of leadership and staff and consolidating staff to one location
- Improving how we orient and integrate new teaching sites into our program
- Improving the quality of our technology for communications, implementing the VENTIS system, as well as optimizing use of other systems such as UMLearn
- Improving the tracking and usage of learner and other program data to inform decision-making

**Partnerships & Profile**

- We have a unique opportunity to provide primary care leadership through interprofessional integration by working closely in partnership with the College of Medicine, regional health authorities and a broad range of other community stakeholders.
- Heighten the department’s profile across the province, across Canada and internationally by demonstrating our commitment to building health care capacity through more engagement with the broader community, such as youth and professionals via non-curricular approaches.

**Sustainability**

Fiscal responsibility and ensuring a sustainable base of resources to deliver our program and achieve strategic aims is always top of mind for our department:

- We have an opportunity to demonstrate fiscal accountability through enhanced measurement and reporting.
- We must evaluate and improve the effectiveness and efficiency of sites, where possible.
- There is the opportunity to secure financial support to fund the further growth of the program in order to meet the increasing demand for it.
- We need to ensure that our core infrastructure is appropriate and sustainable as the pressures and demands on our department increase.

**Future Directions**

The Department of Family Medicine has experienced significant growth and accomplished much over the past few years. We have a strong foundation and presence in Canada and beyond. From where we have come to where we are now, we reflect on and are proud of our achievements but we know that there is much more work that needs to be done. We will adopt an open mind, be willing to change and grow as we move forward. The next five years are an exciting time for us.
Vision, Mission & Values

We reviewed and refreshed our vision, mission, and values statements. We felt that there was an opportunity for our vision statement to be shorter and more inspirational to reflect our leadership potential, passion and commitment to the people we serve. We also refreshed our mission statement to include a greater emphasis on interprofessionalism and integration along the continuum of learning. Our values have been reaffirmed and articulate voice what we stand for – our commitment to all of our stakeholders – our patients, learners, colleagues, partners and funders.

Our Vision

Leaders of comprehensive, socially accountable, innovative and collaborative care to optimize the health of individuals, families and diverse communities.

Our Mission

The Department of Family Medicine develops family physicians and promotes family medicine values through excellence in patient care delivery, diverse and interprofessional educational environments and scholarly activity along the continuum of learning.

Our Values

At the Department of Family Medicine, we value:

- Patient-Centredness
- Advocacy
- Equity
- Collaboration
- Innovation
- Passion
Our Strategic Goals and Objectives

Following are the strategic goals, objectives, actions, accountabilities and timing for our five pillars:

1. Teaching & Research
2. Internal Operations
3. People & Work Environment
4. Partnerships & Integration
5. Sustainability
Teaching & Research

Reaching our vision requires that we strive to be at the forefront of teaching and research excellence. Key priorities include fully implementing the Triple C, CanMeds curriculum, playing a leadership role with respect to sharing our expertise and modeling interprofessional practice, and formally articulating and demonstrating our commitment to social accountability. Building a solid research infrastructure supported by core, dedicated resources and collaborating with our partners to strategize, obtain funding, conduct meaningful research and recognize as a valued activity will ensure that a sustainable research program is in place.

**GOAL 1:** All learners across the continuum receive the highest quality, consistent, innovative and diverse family medicine education founded on social accountability

<table>
<thead>
<tr>
<th>Strategic Objectives</th>
<th>Strategic Actions</th>
<th>Lead &amp; Team</th>
<th>Timeframe</th>
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</table>
| 1.1 Fully implement a competency-based, Triple C, CanMeds Family Medicine Curriculum | ▪ Align academic curriculum with core competencies  
▪ Implement competency-based evaluation methods  
▪ Develop work plan | Postgraduate Director (Lead) and 4 Faculty Leads, Postgraduate Education Committee, Academic Curriculum Committee | 1 year |
| 1.2 Integrate the Family Medicine curriculum across the continuum | ▪ Cultivate family medicine longitudinal exposures activities in the undergraduate pre-clerkship  
▪ Participate in undergraduate curriculum renewal activities including transition to residency  
▪ Develop transition to practice curriculum  
▪ Integrate learning management system platforms where possible | Undergraduate Director and Postgraduate Director (Co-Leads), Faculty Development Director, Department Head | 1 year |
| 1.3 Fully implement a national framework on collaborative practice within the context of Family Medicine within the Faculty of Health Sciences | ▪ Define, articulate and operationalize the collaborative practice model  
▪ Share expertise, participate in priority faculty-wide initiatives  
▪ Develop mechanisms to share interprofessional education expertise across Family Medicine training sites  
▪ Work with other health profession colleges to promote interprofessional placements | Interprofessional Faculty Committee Chair (Lead) and Interprofessional Faculty Committee | 1-2 years |
| 1.4 Adopt a leading social accountability framework within the context of Family Medicine within the | ▪ Identify partners external to the department (e.g., public health, the health for all WRHA) and collaborate with them to develop and implement the framework | NCMC Unit Director (Lead) and Team Members TBD | 1-2 years |
GOAL 2: A recognized base of leading-edge research and scholarly activity

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<tr>
<td>2.1 An ongoing, sustainable and innovative research infrastructure and environment</td>
<td>- Develop a research agenda together with partners; capitalize on opportunities related to Primary Care Network</td>
<td>Research Director (Lead), KMC Unit Director, NCMC Unit Director, St. Rose Facilitator, Palliative Care, Interprofessional Practice</td>
<td>1-5 years</td>
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<td>- Develop a research funding strategy in collaboration with the College, RHAs and other partners</td>
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<td>- Create an infrastructure for research (e.g., use an application process for those interested in research and review time allocation to research vs. clinical activities); develop a toolkit for how to utilize research resources already available</td>
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<td>- Develop a mechanism to reinforce and recognize research as a valued activity in the department</td>
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Internal Operations

Operating effectively and efficiently as a department is foundational to our success and enables a positive work environment. Key priorities for us are to improve how our governance and committee structures work, our inter-departmental communication processes, and the administration of learner placements and expectations. Clear communication and decision-making processes within the organization will help faculty and staff across the department to build a common understanding of GRCHC’s priorities and how each team and member of the organization contributes to achieving goals.

We will also develop an approach to actively identify best practices amongst our teaching sites and share these with each other to benefit our learners and patients. Finally, we recognize the value of how more comprehensive data could inform our decision-making and reporting to our stakeholders and hence will develop mechanisms to better track and demonstrate our progress.

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<tr>
<th>GOAL 3: Fully integrated and aligned structures, communications and other processes across all teaching sites and between leadership, faculty and staff</th>
<th>Strategic Objectives</th>
<th>Strategic Actions</th>
<th>Lead &amp; Team</th>
<th>Timeframe</th>
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<tr>
<td>3.1 An effective and efficient governance and committee structure to facilitate timely operations execution</td>
<td>Review and re-establish governance and committee structures, policies including mandate and participation</td>
<td>Department Head (Lead), Postgraduate Director and Administrative Director</td>
<td>1 year</td>
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<td>3.2 Improved communication between all faculty, staff, residents and other learners/stakeholders supported by the appropriate technology</td>
<td>Review and develop enhanced approach to communication (e.g., distribution list updates, meeting formats, process for cascading key messages/information, review meeting formats, explore options for upgrading teleconferencing and/or videoconferencing capabilities)</td>
<td>KMC Unit Director (Lead), Department Head, Associate Head - Distributed Education, Undergraduate Director, WRHA Academic and Clinical Practice Coordinator, and Resident</td>
<td>1 year</td>
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<td>3.3 Consistent administrative learner processes/placements and expectations across sites</td>
<td>Establish consistent expectations for faculty and staff re: learner placements, scheduling, housing, QI, and evaluation</td>
<td>Educational Support Supervisor and Assoc. Head - Distributed Education (Co-Leads), WRHA Academic and Clinical Practice Coordinator, Undergraduate Director, Postgraduate Director, FMC Unit Director and KMC Unit Director</td>
<td>1-2 years</td>
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## GOAL 4: Leading-edge practices are identified and incorporated into department operations

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<th>Lead &amp; Team</th>
<th>Timeframe</th>
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<tr>
<td>4.1 Best practices in teaching are shared and utilized across Family Medicine teaching sites</td>
<td>▪ Develop and implement a mechanism to facilitate the identification and sharing of best practices</td>
<td>Faculty Development Director (Lead) and Faculty Development Committee</td>
<td>1-3 years</td>
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<td>4.2 Data is systematically gathered and utilized to inform decision-making</td>
<td>▪ Develop a balanced scorecard and data management system leveraging VENTIS and EMR for reviewing key statistics (e.g., clinical, non-clinical teaching, # residents per site, where are they going, performance appraisals, etc.)</td>
<td>WRHA Academic and Clinical Practice Coordinator, (Lead), Undergraduate Director, Department Head (academic, performance appraisals)</td>
<td>1-5 years</td>
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People & Work Environment

The passion, commitment and enthusiasm of our faculty and staff have made the department the success it is today; we will continue to regard our people as our top priority. Clarity about our respective roles and responsibilities, leveraging the knowledge and expertise of each other through improved communication and continuous quality improvement, and a dedicated focus on professional development feedback and growth opportunities are essential for our people to feel engaged in the department and to build a healthy work environment. We will also work on our recruitment and talent management strategies to ensure that the department will have a sustainable stream of leadership and teaching capacity.

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| 5.1 Faculty and staff are clear about their own and each other’s roles and responsibilities | ▪ Clarify role of faculty leads and their representation on committee  
▪ Develop and maintain directory of faculty and staff across the province | Department Head (Lead for Committees) and Communications Officer (Lead for Directory) | 1 year |
| 5.2 Faculty and staff feel valued and recognized for their expertise and innovative ideas | ▪ Develop a communications/engagement strategy to facilitate broad two-way communication of vision, strategic goals and objectives, and engage faculty and staff in strategic priorities/initiatives  
▪ Identify and implement a range of specific CQI initiatives to support the achievement of strategic objectives  
▪ Develop a reward and recognition program for innovation/CQI | KMC Unit Director and NCMC Unit Director (Co-Leads), Communications Officer, WRHA Academic and Clinical Practice Coordinator, Rural Stream - Brandon Lead, and Site Directors | 1 year |
| 5.3 Faculty and staff have regular performance feedback and opportunities for professional growth | ▪ Establish and implement expectations and processes for talent management including performance appraisal and professional development planning | Department Head (Lead) and Associate Head - Distributed Education | 1 year |
### GOAL 6: Ongoing stream of leadership and teaching capacity

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<tr>
<td>6.1 A sustainable stream of preceptors</td>
<td>▪ Develop an approach to recruit and develop new preceptors</td>
<td>Department Head and Administrative Director (Co-Leads) and Executive Committee</td>
<td>1-5 years</td>
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<tr>
<td>6.2 Future leadership interest/talent is identified and actively developed</td>
<td>▪ Develop a Faculty/HR succession plan</td>
<td>Department Head and Administrative Director (Co-Leads) and Executive Committee</td>
<td>1-5 years</td>
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Partnerships & Integration

In developing this strategic plan, we considered the unique contribution that we could make within the broader education and health system. The department is already working closely with University of Manitoba partners as well as a wide-array of external stakeholders. It is now time to evaluate our existing partnerships, define how we can integrate with our partners to achieve common aims which include optimizing our teaching, operational success and social accountability.

| GOAL 7: Contribute our expertise as a partner and advisor to our local, national and international stakeholders |
|---------------------------------|---------------------------------|---------------------------------|----------------|
| Strategic Objectives | Strategic Actions | Primary Lead & Team | Timeframe |
| 7.1 Robust partnerships that support the achievement of strategic goals are in place | ▪ Develop a map that specifies partnership priority areas, current strength of partnership, and opportunities for enhancing partnerships | Department Head (Lead) and other Executive Committee members | 1-2 years |
| 7.2 Optimized training in conjunction with our education partners | ▪ Build relationships with other university programs and departments | Department Head (Lead) and other Executive Committee members | 1-5 years |
| 7.3 Improved operational success through alignment with founding/funding bodies | ▪ Build partnerships with government, universities, RHAs, research bodies | Department Head (Lead) and other Executive Committee members | 1-5 years |
| 7.4 An ongoing contribution of our expertise in addressing health equity and social accountability | ▪ Build partnerships with RHAs, leadership, community groups, service organizations, and underserved populations | Department Head (Lead) and other Executive Committee members | 1-5 years |
Sustainability

The current constrained provincial economic climate continues to pose a significant challenge to the entire university including our department as funding remains flat while the pressure to graduate more family physicians and care for more patients continues. We believe that a core administrative infrastructure is essential to the success of the department and will conduct a review in order to refine this model. At the same time, we will review our administrative processes and consolidate staff onto one location to optimize our efficiency and effectiveness.

| GOAL 8: Sustainable organizational structures, processes and funding that support excellence in all aspects of our department |
|---|---|---|---|
| **Strategic Objectives** | **Strategic Actions** | **Lead & Team** | **Timeframe** |
| 8.1 A sustainable administrative structure that leads and supports the operations of the department | ▪ Review and refine current administrative model  
▪ Identify and address opportunities for greater process efficiency  
▪ Address space requirements by consolidating central department staff on one campus and participating in campus planning to ensure future space needs of the department are considered | Administrative Director (Lead), KMC Unit Director, WRHA Academic and Clinical Practice Coordinator, Educational Support Supervisor, leverage external expertise for review of current administrative model | 1-2 years |
Our Commitment

This strategic plan will be an ongoing reference for the Department of Family Medicine over the next several years. Our annual operational plan will detail the specific activities, timing and responsible parties. The “R” (Results) of the SOAR strategic planning framework will involve monitoring the achievement of strategic goals and objectives using a newly developed departmental dashboard or balanced scorecard.

This strategic plan aligns our department in action over the next few years toward a common vision. This plan drives innovation, quality improvement, and collaboration both within the department and with our partners. Above all, we are excited to be moving ahead together in such a special and important place, where we work together to provide the best education and experiences to our learners, and where we deliver the highest quality of care to our patients.