



Strategic Plan 2019 - 2024

Caring, Educating, Innovating. Together.

Section of Neurology
Department of Clinical Neurosciences

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EXECUTIVE SUMMARY

How This Plan Was Developed

The neurology strategic plan was developed through an iterative process that involved broad consultation with Section of Neurology members and key stakeholders and a three-month consensus-based process to validate and ratify key decisions with a strategic planning core committee (SPCC) comprised of neurologists, residents, and operational and administrative leaders from across the city.

The Pillars of Our Plan

The four key pillars that emerged from the stakeholder engagement surveys were the following:

1. Clinical Care
2. Education
3. Research and Innovation
4. Healthy Organizational Culture

The members agreed that the health of the organization would be an essential foundational element to support the other three pillars.

The Plan

Our Vision, Mission and Goals were arrived at through a consensus process which included a review of strategic plans from numerous other organizations, neurology groups, and health care systems. Keeping patients in the centre of our work was prioritized; compassion, equity, and quality were critical in the development of the vision, mission and goals for the Section of Neurology.

For each of the pillars of the plan, key strategic directions were identified. The directions were prioritized based on relevance to the core business of our section, impact/importance, and feasibility.

This plan describes the key actions to be taken over the next 5 years in relation to each of these pillars and what are the key metrics that will determine our progress over time.

NEUROLOGY IN CALGARY

A SECTION OF THE DEPARTMENT OF CLINICAL NEUROSCIENCES

VISION (What we are aiming to achieve)

Caring, Educating, Innovating. Together.

MISSION (Why we are here)

Through building healthy teams, which integrate patients, outstanding care providers, researchers and educators, the Section of Neurology will provide compassionate, equitable, timely, and high-quality care to people living with neurological problems while constantly striving to learn and to improve.

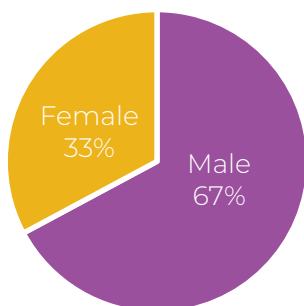
GOALS

Provide compassionate, high quality care to every patient and their family.
Lead in neurosciences research.
Build innovations in care delivery.
Train the neurologists of tomorrow.
Flourish in a fulfilling work environment.

WHERE WE ARE

Membership

65 Members **2** Adjunct



Sites

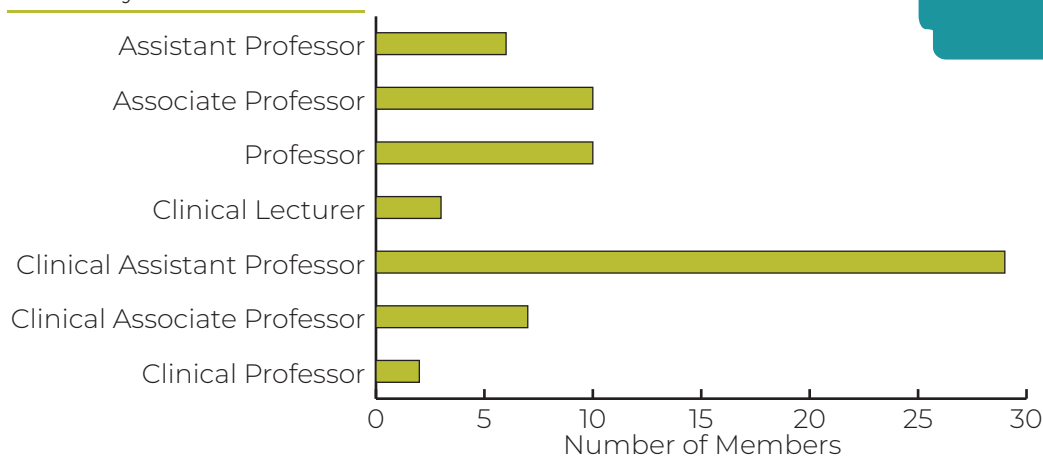
4 Hospitals

3 Community Clinics

2 Admitting Services



University Rank

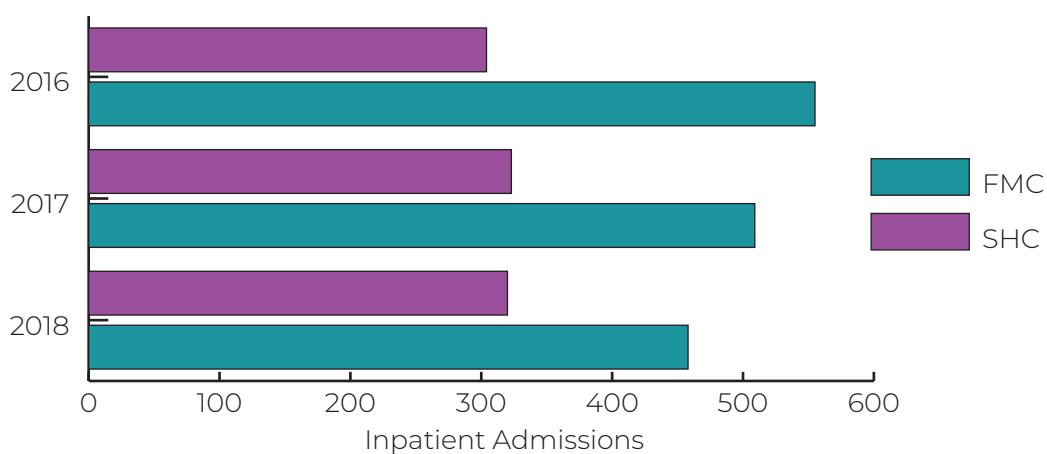


21 Subspecialty Programs

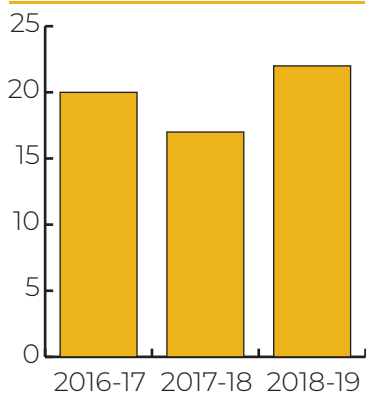
ALS and Motor Neuron Disease Clinic
 Calgary Comprehensive Epilepsy Program
 Calgary Headache Assessment and Management Program (CHAMP)
 Calgary Stroke Program
 Cognitive Neurosciences Program
 Electromyography Clinic
 General Neurology Program
 Movement Disorders Program
 Multiple Sclerosis (MS) Program
 Neuro-Critical Care
 Neuro-Oncology Program
 Neuro-Ophthalmology and

Neurovestibular Program
 Neuroimmunology Clinic
 Neuromuscular Genetics
 Interdisciplinary Clinic
 Neuromuscular Program
 Neuromuscular Rehabilitation Clinic
 Neurovascular Program
 Peripheral Nerve Clinic
 Pituitary Inter-disciplinary
 Team-based Endocrine Treatment (PITNET) Program
 Tourette's Syndrome and Pediatric Movement Disorders Program
 Urgent Neurology Clinic

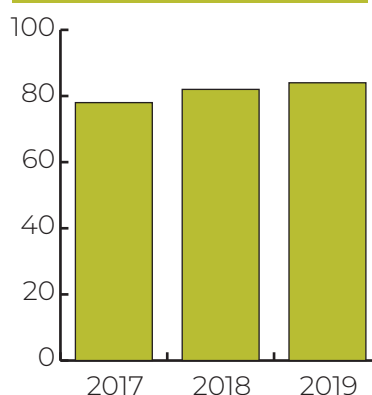
| | |
|---------------|---|
| 229 | Total unique projects with research grants (2016 - 2018) |
| 643 | Total unique publications (2016 - 2018) |
| 2,103 | Total annual admissions for all Neurology services in 2018 |
| 2,380 | Total calls from Specialist Link since Neurology joined in July 2016 |
| 6,606 | Total Neurology Central Access & Triage referrals (July 2017 - July 2019) |
| 54,989 | Total ambulatory patients in 2018 |



Neurology Fellows



Elective Medical Students



Residents

| Academic Year | Neurology | Pediatric Neurology | U of C | Out-of-Province | Family Medicine | Total |
|---------------|-----------|---------------------|--------|-----------------|-----------------|-------|
| 2016-17 | 20 | 5 | 62 | 8 | | 95 |
| 2017-18 | 18 | 3 | 66 | 8 | | 95 |
| 2018-19 | 19 | 4 | 69 | 6 | 29 | 127 |

INTRODUCTION & METHODOLOGY

How We Made This Plan

Incorporating as many voices as possible from our membership and key stakeholders was the driving force behind how this plan was developed. We wanted to ensure that we could build on our strengths and successes in research, innovation and clinical care, and foster growth and development in areas where it is needed, while enhancing our culture of collegiality and a healthy workforce to support the needs of our patients.

The Strategic Planning Core Committee (SPCC)

The SPCC was comprised of a group of 20 neurologists, 1 resident, 2 patient liaisons, site managers from 4 hospitals, and operational and quality improvement leaders. The SPCC was constituted through an open invitation to all neurologists in the section, to patient representatives and the operational and administrative leaders and managers from across the city. This group was tasked with reviewing data from surveys, developing the Vision, Mission and Goals statements, sharing information with the section members, prioritizing strategic objectives and reviewing the drafts of the plan. This committee will also monitor progress of implementation of strategic priorities annually once the strategic plan is finalized.

The Strategic Planning Process

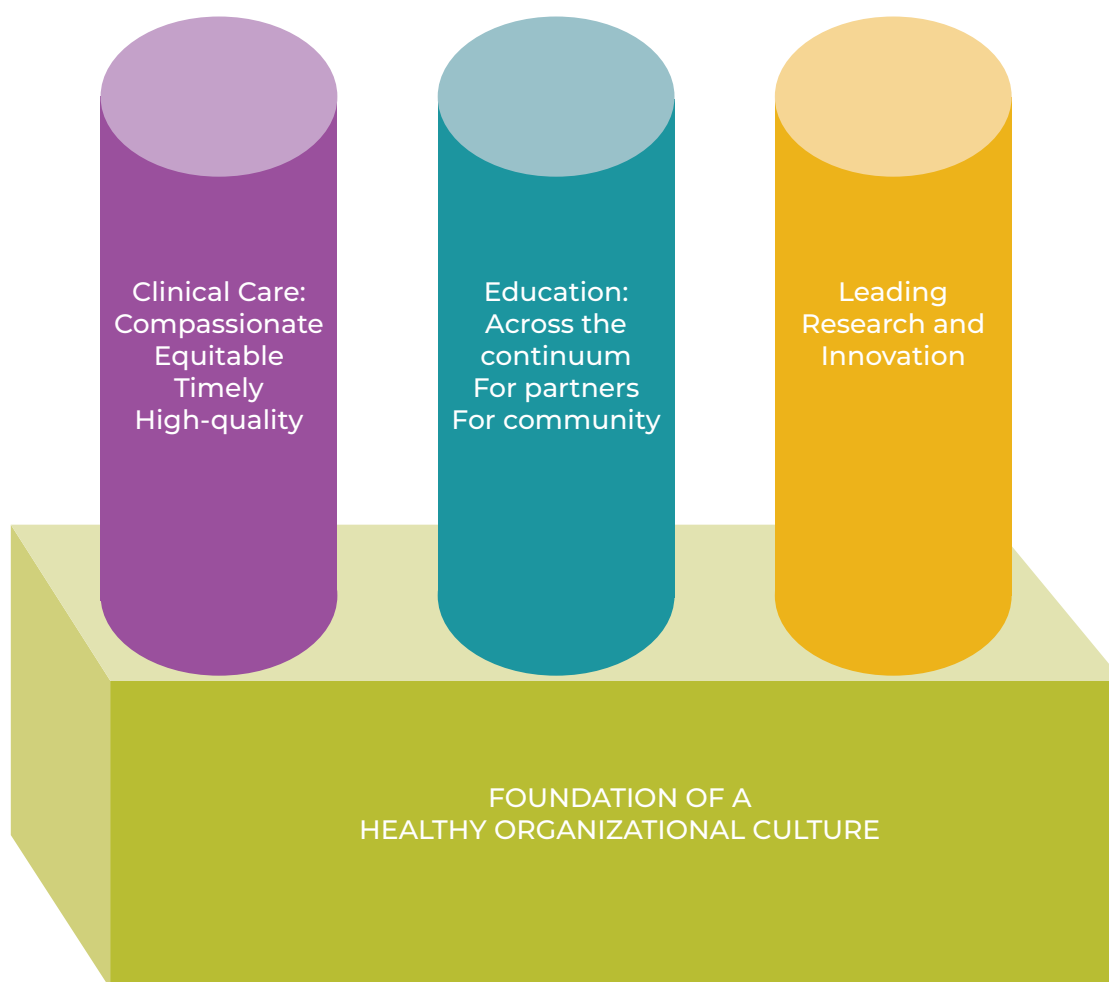
Our process began in June of 2019 with a survey that was distributed to all section members, members of allied health, nursing, administrative and operations teams, residents, neurosurgeons, physiatrists, neuro-radiologists, neuroscientists, and patients. For all, except for patient representatives, this survey was a SWOT analysis. Patients were asked to provide feedback on the “single most important thing on which the Section of Neurology should focus in the next 5 years”. Survey responses were returned from 40 neurologists and 36 other stakeholders.

The data from the surveys was analyzed thematically to identify three key ‘pillars’ and one ‘element’ for the plan, and important key elements for each component. For each key element, specific strategic directions were developed and then prioritized by the SPCC according to relevance to the core business of neurology, importance, and feasibility. For each priority direction, barriers, facilitators, specific accountabilities, metrics, and a timeline were developed.

WHERE ARE WE GOING?

The Pillars of Our Strategic Plan

The pillars of our strategic plan were derived from a thematic analysis of the results of 76 surveys from neurologists, residents, patients, allied health, neurosurgery, physical medicine and rehabilitation, neuroscientists, and operational and administrative leadership.



ELEMENTS OF THE STRATEGIC PILLARS

Pillar #1: Clinical Care

“Provide Compassionate, Equitable, Timely, and High-Quality Care to Every Patient and Their Family.”

1. Understand and strive to enhance the patient and family experience with the Section of Neurology.
2. Constantly seek to improve quality of care.
3. Work to enhance equitable access to care for patients with neurological conditions.

Pillar #2: Education

“Superb Education Across the Learning Continuum, Within Our Teams, and for the Community.”

1. Maintain a positive learning climate.
2. Foster excellence in teaching and educational innovation and scholarship.
3. Share expertise with healthcare partners, including primary care, neurologists, and patients.

Pillar #3: “Lead in Research and Innovation”

1. Develop a comprehensive recruitment plan for academic positions for the next five years.
2. Increase the profile of our own research within our section and department.
3. Review opportunities and existing supports for research within the department.
4. Build opportunities to engage in patient-oriented research.
5. Foster the success of emerging researchers.

“Foundation of a Healthy Organizational Culture”

1. Foster collegiality in the section.
2. Recognize and honour section members' contributions.
3. Develop systems to support and monitor physician health.

HOW WILL WE GET THERE?





Foundation

A Healthy Organizational Culture

FOUNDATION

A HEALTHY ORGANIZATIONAL CULTURE

Background

Thematic analysis of stakeholder consultation surveys revealed that the overall well-being of the section is an important area for attention. In a parallel process, section members completed a Physician Health Survey exploring professional fulfillment and burnout rates as well as some of the key issues contributing to burnout.

In reviewing these data with the Strategic Planning Core Committee there was good consensus that clinical care, education, and research would be most likely to flourish in a healthy organizational environment with a collegial culture and structural elements in place to support health and professional fulfillment in the workforce. Thus “A Healthy Organizational Culture” has been conceptualized as a ‘foundational element’ for the other three pillars of this plan.

Survey Results

The Physician Health Survey was developed based upon a review of the physician health literature and consultation with experts in this area, including WellDoc Alberta and Dr. Jane LeMaire led by Dr. Sarah Furtado and Caitlin Foster. It was piloted with the Physician Health Working Group:

Drs. Sarah Furtado, Veronica Bruno, Paolo Federico, Brian Klassen, Alex Hanson, Shelagh Coutts, Steven Peters, Dave Patry, Lara Cooke.

Fourty section members completed the Physician Health Survey. In keeping with similar studies in the physician wellness literature, the rate of physician self-reported burnout was high. Of those forty members surveyed, 55% reported symptoms of burnout in the prior 12 months, and 41% of those who reported symptoms of burnout in the prior 12 months also reported symptoms of burnout in the prior two weeks. There were numerous factors reported by respondents that may have contributed to burnout rates. These factors, along with the items from the thematic analysis from the SWOT survey have been synthesized to develop this part of the strategic plan.

Foundational Goals

1. Foster collegiality in the section.
2. Recognize and honour section members' contributions to the group.
3. Develop systems and structures to monitor and support physician health.

Foundational Goal #1

“Foster collegiality in the section.”

Growth of the Section of Neurology and the addition of a new Calgary hospital has led to improved services, decreased wait-lists and increased academic output, education and innovation. However, this magnitude of change has naturally created some challenges to the overall culture of the Section of Neurology. The development of the South Health Campus has presented some geographic barriers for section members to connect directly with one another, and some members reported a perceived “North-South divide”. Others reported a perceived ‘academic-clinical’ divide. The SPCC recommended that we work on increasing social activities among section members.

Foundational Goal #2

“Recognize and honour section members’ contributions to the group.”

There was strong agreement that there is value in recognizing excellent contributions to all pillars of work in the section. In order to improve overall professional fulfillment, section members recommended developing strategies to reward clinical contributions and educational innovations in addition to the existing honours that celebrate the academic achievements of our members.

Foundational Goal #3

“Develop systems and structures to monitor and support physician health.”

While a culture of collegiality can be expected to improve professional fulfillment, structural issues in the model of service may also need to be addressed because of their role in contributing to physician self-reported burnout. Numerous specific items were reported as contributors in the Physician Health Survey. These included working full clinical days after call, lack of certainty about individual AMHSP accountability, lengthy call weekends at SHC/PLC/RGH, decreasing numbers of residents available to support in-patient services, and inadequate clerical and nursing support in clinic settings. Attention must also be paid to ensure equity of opportunity and treatment of all section members as disparities may also threaten our organizational culture.

The overarching approach to making structural changes that may enhance physician well-being will include a number of evidence-based strategies based on published literature in this area and strategies that have already been implemented successfully in other departments in Calgary.

Implementation Strategies and Metrics for Success for Fostering a Healthy Organizational Culture

| Key Foundational Goal | Actions Needed | Metric | Timeline |
|--|---|--------------------------------------|------------------|
| Foster collegiality in the section | Establish a social committee to develop some inclusive activities to section members outside of work | Social activities for the section | Annual reporting |
| Recognize and honour section members to the group | Establish awards for educational scholarship or innovation and clinical excellence Hold a Sectional Retreat | Annual | Annual reporting |
| Develop systems and structures to support and monitor physician health | Establish a physician health working group | Completed | June 2019 |
| | Quarterly reporting of AMHSP accountability | Quarterly meetings | December 2019 |
| | Develop a 5-year healthy workforce plan to include: | | Spring 2020 |
| | Back up call system for illness/bereavement | In place | Fall 2020 |
| | Annual monitoring for burnout and fulfillment | Data reporting | Annually |
| | Peer support/partner program | In place | 2021 |
| | Professional strategies gatherings | In place | Fall 2020 |
| | Opportunities for education on physician health | Retreat | Spring 2020 |
| Ensure equity of opportunity and treatment of all section members | Analyze, report on, and actively respond to processes, structures, and procedures in our section that may lead or have historically led to disparity or inequity along gender, race, or other lines between section members | Establish sectional equity committee | 12 months |



Pillar #1

Clinical Care

PILLAR #1

CLINICAL CARE

Background

The Section of Neurology has made a strong commitment to ensuring that patients and families experience compassionate, equitable, timely, and high-quality care. Key elements of this commitment were identified: exploring and improving patient and family experiences, enshrining effective quality improvement processes, and improving access to care for all people.

Strategic Goals

1. Provide compassionate, equitable, timely, and high-quality care to every patient and their family.
2. Build innovations in care delivery.

Strategic Goal #1

“Provide compassionate, equitable, timely, and high-quality care to every patient and their family.”

This goal is focused on the quality of care, and patient and family-centredness in the provision of neurological care. Section members wish to find ways to make sure we are meeting our patients’ needs to the best of our abilities. In order to do that, we need impactful and actionable metrics of patient satisfaction that we can gain access to and work on to optimize the patient and family experience with the Section of Neurology. Further, we wish to ensure that all members of the community are treated compassionately and equitably within our programs. This means ensuring that our teams are well-trained in patient-centredness, social determinants of health, and anti-racism strategies to mitigate bias, and provide the care that every patient deserves.

Key Strategic Directions

1. Complete an environmental scan to identify resources for patient engagement.
2. Develop meaningful, actionable patient metrics to assess quality in our in-patient and ambulatory care environments.
3. Develop a plan to address identified gaps in the patient experience.
4. Identify strategies to equitably care for under served populations.

Potential Barriers:

- Paucity of available/meaningful data on patient experience

Factors Necessary for Success:

- Access to existing data on patient satisfaction
- Literature review on patient engagement
- Engaged neurology patient liaisons
- Administrative capacity to capture and analyze data
- Functioning Quality Council to action improvement initiatives to address identified gaps where relevant
- Engagement of group in a dialogue about social determinants of health and social justice in health
- Data to identify gaps in equitable access for underserved populations
- Strategy to address gaps if identified

Implementation Strategy and Metrics for Success Strategic Goal #1:

“Provide compassionate, equitable, timely, and high-quality care to every patient and their family.”

| Key Strategic Direction | Actions Needed | Metric | Timeline |
|--|---|--|--------------|
| Complete an environmental scan to identify patient engagement (PE) resources | Identify PE representatives at UofC, SHC, PLC, FMC, RGH Gain access to existing patient satisfaction data Assessment of utility of existing data (relevant, actionable) | Briefing note on available resources and data sources | October 2019 |
| Develop meaningful, actionable patient metrics and outcome measures to assess quality in our in-patient and ambulatory care environments | Review of PE literature | Completion of literature review on PE instruments and tools | October 2019 |
| | Craft in-patient and ambulatory PE resources/instruments if needed | Development & pilot of in-patient measures | January 2020 |
| | Sample population regularly | Development and pilot of outpatient measures | May 2020 |
| Develop a plan to address identified gaps in the patient experience | Analyze data and develop initiatives to address identified gaps | Regular data sampling is launched | October 2020 |
| | | Regular data sampling continuing | October 2021 |
| Identify strategies to equitably care for underserved populations | Faculty development for Section of Neurology on Social Determinants of Health and anti-racism strategies in health care | Grand rounds presentations | 2020 |
| | | 100% of group completes AHS Indigenous Health Education programs | 2020 |
| | | Increased numbers of staff working in underserved areas | 2022 |

Strategic Goal #2

“Build innovations in care delivery.”

This strategic goal focuses on the need to constantly seek to improve and optimize our delivery of neurological care in the inpatient and ambulatory realm. The group identified that in order to do this effectively, we would need an effective quality improvement strategy, impactful, measurable indicators of quality, and data to support the delivery of feedback on actionable items to all members of the section.

Key Strategic Directions

1. Constitute and empower a Quality Council for neurology.
2. Develop locally-relevant set of quality indicators for neurology in-patient and ambulatory care.
3. Improve the efficiency and quality of in-patient hospital stays.
4. Address long waitlists in ambulatory programs through improved efficiency, quality initiatives, and central triaging.
5. Build supports to help communities with sparse neurology resources.
6. Identify mechanisms to improve access for allied health (AH) support for ambulatory patients at all hospital sites.
7. Reduce unnecessary testing and practice variation.

Potential Barriers:

- Need a critical mass of section members to support quality initiatives
- Varied practice across sites and programs may make finding common quality indicators a challenge
- Limited clerical, nursing, and administrative resources to support quality initiatives in ambulatory programs
- Unknowns with respect to AMHSP that may foster or be a barrier to supporting smaller communities
- May not be additional resources for AH across sites in the ambulatory setting

Factors Necessary for Success:

- All ambulatory programs flow referrals through NCAT
- Quality Council engagement with efficiencies and flow in programs with significant wait times
- Process to develop quality indicators
- Access to data to measure quality
- Process to engage section members with quality initiatives

Implementation Strategy and Metrics for Success Strategic Goal #2:

“Build innovations in care delivery.”

| Key Strategic Direction | Actions Needed | Metric | Timeline |
|--|---|---|---------------|
| Constitute and empower a Quality Council (QC) for neurology | Identify members to support QC | Meetings of QC | Fall 2020 |
| | | Projects initiated & finished | Annually |
| Develop locally-relevant set of quality indicators for neurology in-patient and ambulatory care | Review of literature on quality indicators | Delphi completed | Spring 2020 |
| | Delphi process on development of quality indicators for in-patient and ambulatory care | Review completed | November 2020 |
| | Develop metrics set for in-patient and ambulatory care | Metrics identified | Fall 2021 |
| Improve the efficiency and quality of in-patient hospital stays | Begin monitoring identified metrics at regular intervals | Monitoring process implemented; # of quality projects initiated/completed and outcomes | January 2022 |
| | Prioritize quality projects to address identified gaps | | |
| Address long waitlists in ambulatory programs through improved efficiency, quality initiatives, and central triaging | Optimize program engagement with NCAT | Movement disorders program on NCAT | Winter 2020 |
| | Engage in quality improvement/process improvement processes for programs with long lists | Epilepsy program on NCAT | Spring 2020 |
| Build supports to help communities with sparse neurology resources | Identify priority communities who will be most impacted by enhanced supports (Lethbridge) | Meeting with Lethbridge medical leaders | Fall 2020 |
| | | Number of members doing outreach | Annually |
| | Develop strategies to provide supports | Weeks of service/clinics provided | Annually |
| | | Specialist on-call services provided | Annually |
| Identify mechanisms to improve access for allied health support for ambulatory patients at all hospital sites | Identify key contacts across sites in AH management | Meetings with each AH director | Fall 2019 |
| | Environmental scan of available resources | Environmental scan of available resources | Winter 2020 |
| | Needs assessment for AH resources | Needs assessment complete | Spring 2020 |



Pillar #2

Education

PILLAR #2

EDUCATION

Background

The Section of Neurology has a long-held tradition of prioritizing the educational mandate of our group. Medical students, residents, and fellows have received world-class training, and a collegial environment has led to valuable mentorship relationships between trainees and faculty for many years. Several factors will influence educational direction in the section in the next 5 years. Amongst these factors are the growing strength of our general neurology program, the transition to Competence By Design (CBD) in residency education, and a shared desire to partner with one another, and with healthcare colleagues and patients in providing education on common neurological conditions.

Strategic Goals

1. Maintain a positive learning climate.
2. Foster excellence in teaching and educational innovation and scholarship.
3. Share expertise with healthcare partners, including primary care, neurologists, and patients.

Strategic Goal #1

“Maintain a positive learning climate.”

A positive learning climate is associated with lower rates of resident and teacher burnout, improved academic success of learners, and greater work satisfaction by teachers and learners. Elements of a positive learning climate include mutual respect between teachers and learners, the perception by learners that preceptors have learners' best interests at heart, direct observation of learners by their preceptors, frequent, balanced feedback, and clear expectations for teachers and learners during each encounter.

Key Strategic Directions

1. Faculty development for neurologists.
2. Create new opportunities for interactions between neurologists and residents.
3. Identification of resources and strategies to balance service requirements and educational mandate.

Potential Barriers:

- Growing resident shortages could present a risk to relationships between faculty and residents because of the tensions this creates between the ratio of service to education
- If educational commitments are inadequately rewarded and recognized, there is a risk of poor faculty engagement

Factors Necessary for Success:

- Opportunities to foster faculty-resident relationships
- Engagement of all section members in the educational enterprise
- Creative/innovative approaches to managing services
- Resources to support physician extenders where needed

Implementation Strategy and Metrics for Success Strategic Goal #1:
 “Maintain a positive learning climate.”

| Key Strategic Direction | Actions Needed | Metric | Timeline |
|---|---|--|---------------------------|
| Faculty Development (FD) for neurologists | Design and delivery of regular FD workshops for CBD transition and bedside and small group teaching | % of section members participating in FD workshops | Initiate by December 2019 |
| Create new opportunities for interactions between neurologists and residents | Enhanced social activities for the section as a whole (see Healthy Organizational Culture) | # of events offered #s attended | Fall 2019 |
| Identify resources and strategies to balance service and education requirements | Identify resources to support physician extenders for call gaps | Funds for resident extenders | Fall 2019 |
| | Provide opportunities for physicians on call to access ‘medicine updates’ | Availability of medicine update opportunities | Fall 2019 |

Strategic Goal #2

“Foster excellence in teaching and educational innovation and scholarship”

A fundamental element of this strategic goal will relate to the implementation of Competence By Design. This transformational change in residency education, which will launch in July of 2020 will represent a major shift in how we assess residents and will require section-wide engagement in the processes of resident observation and coaching. It is anticipated that these changes will lead to enhanced feedback validity, improved ability to identify learners in difficulty, and increased flexibility in residency education. Successful implementation will necessitate faculty development for neurologists, training sessions for residents, and frequent, effective communication as CBD is implemented. Achieving a successful implementation will undoubtedly lead to new educational innovations, and will provide opportunity for educational scholarship.

Key Strategic Directions

1. Prepare the section for a successful launch of Competence by Design (CBD).
2. Support section members in meeting their educational accountabilities.
3. Promote and celebrate innovations and scholarship in medical education.

Potential Barriers:

- Commitment by entire section to attend training on CBD
- Time constraints for residents and section members to engage in more frequent documentation and feedback

Factors Necessary for Success:

- Clear communication strategy for CBD
- Abundant faculty development opportunities for CBD transition
- Development of CBD awards for faculty engagement in CBD
- Build a medical education research group in neurology and or neurosciences

Implementation Strategy and Metrics for Success Strategic Goal #2

“Foster excellence in teaching and educational innovation and scholarship.”

| Key Strategic Direction | Actions Needed | Metrics | Timeline |
|---|--|--|---------------|
| Prepare for successful CBD launch | Constitute competence committee | Competence committee constituted and meeting quarterly | Fall 2019 |
| | Launch regular CBD faculty development workshops | % of faculty attending a CBD workshop | December 2019 |
| | Launch CBD workshops for residents | Resident workshops delivered | Fall 2019 |
| Support section members in meeting educational accountabilities | Circulate education accountability matrix to section | % of faculty using matrix | Fall 2019 |
| | Use education accountability matrix for annual accountability reporting | % of faculty meeting 100% educational accountability | Spring 2020 |
| Promote and celebrate innovation and scholarship in medical education | Develop neuroscience medical education research group | Number of scholarly medical education innovations in neurology | July 2020 |
| | Develop neuroscience medical education scholarship tracking and a medical education research award | Number of medical education presentations, articles, grants, awards in medical education | Fall 2020 |

Strategic Goal #3

“Share expertise with healthcare partners, including primary care, neurologists, and patients.”

There is a strong desire to enhance our educational offerings to the community, with a specific interest in providing education to patients, primary care, and to one another, given the degree of emerging sub-specialization amongst neurologists.

Specifically, section members were supportive of the idea that different subspecialty programs develop some public-facing sessions to provide relevant education for patients and their families and care-givers.

With respect to intra-professional education, there is a stated need by the group to learn from subspecialty colleagues to help with continuing competence when providing on-call and in-patient services. Ideas for building in this area include regular informal meetings to discuss key topic areas between section members and sub-specialty programs and building a peer-partner system within sub-specialty and clinical programs to help keep all section members current

What would a peer-partner system look like?

This would be a MOC Section 3 accredited activity where a neurologist would partner with another member of their clinical program to spend two half-days per year shadowing in one another's clinical activities with a view to sharing best practices and providing informal, formative feedback for purposes of practice improvement. It could additionally include case and chart reviews, development of a learning plan, and informal mentorship.

Key Strategic Directions

1. Identify opportunities to deliver educational materials/programs to community members and health care team members.
2. Enhance opportunities for professional development within the Section of Neurology.

Potential Barriers:

- Administrative support needed to coordinate public-facing education sessions
- Engaging section members to provide public-facing education sessions
- Time commitment of section members
- Public interest in sessions
- Cost for public sessions (advertising, venue, snacks)

- Administrative support for peer sessions in neurology
- Identifying groups ready for peer partnership programming

Factors Necessary for Success:

- Environmental and needs assessment to identify opportunities for public education
- Identify programs willing to provide sessions
- Identify administrative structures to support education sessions
- Identify clinical programs willing to pilot peer-partner programs

Implementation Strategy and Metrics for Success Strategic Goal #3:

“Share expertise with healthcare partners, including primary care, neurologists, and patients.”

| Key Strategic Direction | Actions Needed | Metrics | Timeline |
|---|--|-----------------------------|---------------|
| Identify opportunities to provide educational sessions to the public | Identify three key programs for public education sessions | Programs identified | December 2019 |
| | Identify existing public sessions | Environmental scan | December 2019 |
| | Identify administrative support for sessions | Administrator identified | December 2019 |
| Enhance opportunities for professional development within the section | Identify pilot programs for peer partnership program for continuing professional development | 3 pilot programs identified | December 2019 |
| | Evaluate pilot programs and scale up and accredit for Section 3 | Pilot evaluation report | December 2020 |
| | Regular sub-specialty v neurology get togethers for Q&A professional development | Session occurrences | 3-4x/year |



Pillar #3

Research and Innovation

PILLAR #3

RESEARCH AND INNOVATION

Background

The Section of Neurology is home to world-class researchers in many areas of our field. The overarching themes arising from strategic planning discussions in this area were about planning for the future by optimizing existing resources, supporting emerging and mid-career researchers, and building opportunities for collaboration and networking within the section and across other disciplines. The five top priorities were designated as the strategic goals listed below.

Strategic Goals

1. Develop a comprehensive recruitment plan for academic positions for the next five years.
2. Increase the profile of our own research within our section and department.
3. Foster the success of emerging researchers.
4. Review opportunities and existing supports for research within the department.

Strategic Goal #1

“Develop a comprehensive recruitment plan for academic positions for the next five years.”

Contraction in available resources to support all aspects of the section in the coming years may be expected as a result of anticipated cutbacks in 2019. This means we may not see new AMHSP positions available, and that we may find ourselves unable to replace retirements or physicians who exit from the AMHSP. While recruitment outside of AMHSP may be possible, this is not ideal in the case of academic recruitments.

It will be essential to have a well-considered, forward-thinking plan for the section as a whole to support our overall academic success in the coming years. This plan will necessarily include trajectories for retirement, availability of excellent recruits, and the relative needs of the many academic programs within the Section of Neurology, and must be built with the spirit of ‘greatest good’ in mind for the section as a whole. This will necessitate strong collaboration within groups and across groups in the Section of Neurology and our partners.

Potential Barriers:

- No new AMHSP positions
- Unpredictable rates of retirement
- Potential contraction of AMHSP size
- Competition for academic positions between programs
- Availability of excellent clinician researchers in the fields where they are needed

Factors Necessary for Success:

- Strong collaboration between programs and partners (UofC, AHS, DCNS, HBI, UofA, UofL, and others)
- Detailed person-power data for the section looking ahead 5 years
- Academic leadership committee to advise on recruitments to academic positions
- Available AMHSP positions
- Strong advocacy from the DCNS

Implementation Strategy and Metrics for Success for Strategic Goal #1:
 Academic Planning

| Key Strategic Direction | Actions Needed | Metrics | Timeline |
|--|--|---|------------------------|
| Establish Academic Advisory Committee for the Section of Neurology | Identify membership of this committee Draw up terms of reference | Meetings occur quarterly | Beginning January 2020 |
| Draw up detailed person-power plan for next 5 years | Review of current section membership, predicted retirements, and areas of need | Production of a workforce plan for Section of Neurology | January - June 2020 |

Strategic Goal #2

“Increase the Profile of our own research within the section and department.”

Members of the section expressed the wish to see neurology clinician-scientists from within our own group being featured more frequently. Increased opportunity to share their work may lead to several benefits, including promoting clinician-scientist careers amongst trainees, exposure of senior scientists to more junior members for potential mentorship opportunities, and increased exposure across programs, creating the potential for innovative collaborations within the section and outside of it.

Strategic Goal #3

“Foster the success of emerging researchers.”

This is a longstanding goal for the entire Department of Clinical Neurosciences, and arguably, an area in which the department has been very successful. Nonetheless, it is a cornerstone of promoting academic productivity and must remain a focus in neurology. Continuing to foster the success of our junior clinician researchers will depend on ensuring continued, pro-active mentorship by mid-career and senior academic clinicians both inside the section, and sometimes outside of the section. Orientation packages for new recruits, re-assessment of mentorship committee memberships, periodic reviews, internal peer review, and exposure to the breadth and depth of work taking place in neurology, in DCNS, and at the HBI will be critical elements of this strategic goal.

Strategic Goal #4

“Review opportunities and existing supports for research within the Department.”

There has been considerable investment by HBI and DCNS in the Brain and Mental Health Research Clinics programs. Success of these programs has been varied. There has been a call to review the program with a view to determining what lends to successful clinical research clinic development and the outcomes of this collaborative program. Further, section members identified a desire to potentially pool resources to support clinical research, citing some programs being under resourced with clinical research staff, and others being “over-resourced” at times, depending on the ebb-and-flow of clinical trials in various programs. Patient-oriented research was identified as an area for future growth in the section. Given the active Alberta SPOR network, there was consensus that this type of research could gain traction in the

section with this support in place. Finally, the section has observed that there has been variable support for research in the ambulatory settings across the four hospital sites. Members wish to promote a culture of support for clinical research South Health Campus, Peter Lougheed Centre and Rockyview General Hospital to make recruitment to clinical trials feasible across all sites.

Potential Barriers:

- Different cultures with respect to research at the administrative/operations levels across hospital sites
- There will be a need to develop consensus as to an equitable way to identify just and transparent means to potentially pool some research resources within the section
- Uncertainty amongst section members about the SPOR Network and what supports are provided there
- Bandwidth of section members to take on new 'types' of research
- Risk of loss of funding and other supports if review of BMHRC program is found to be low return-on-investment
- Time constraints of busy clinician scientists to engage in development of new models and programs in the section

Factors Necessary for Success:

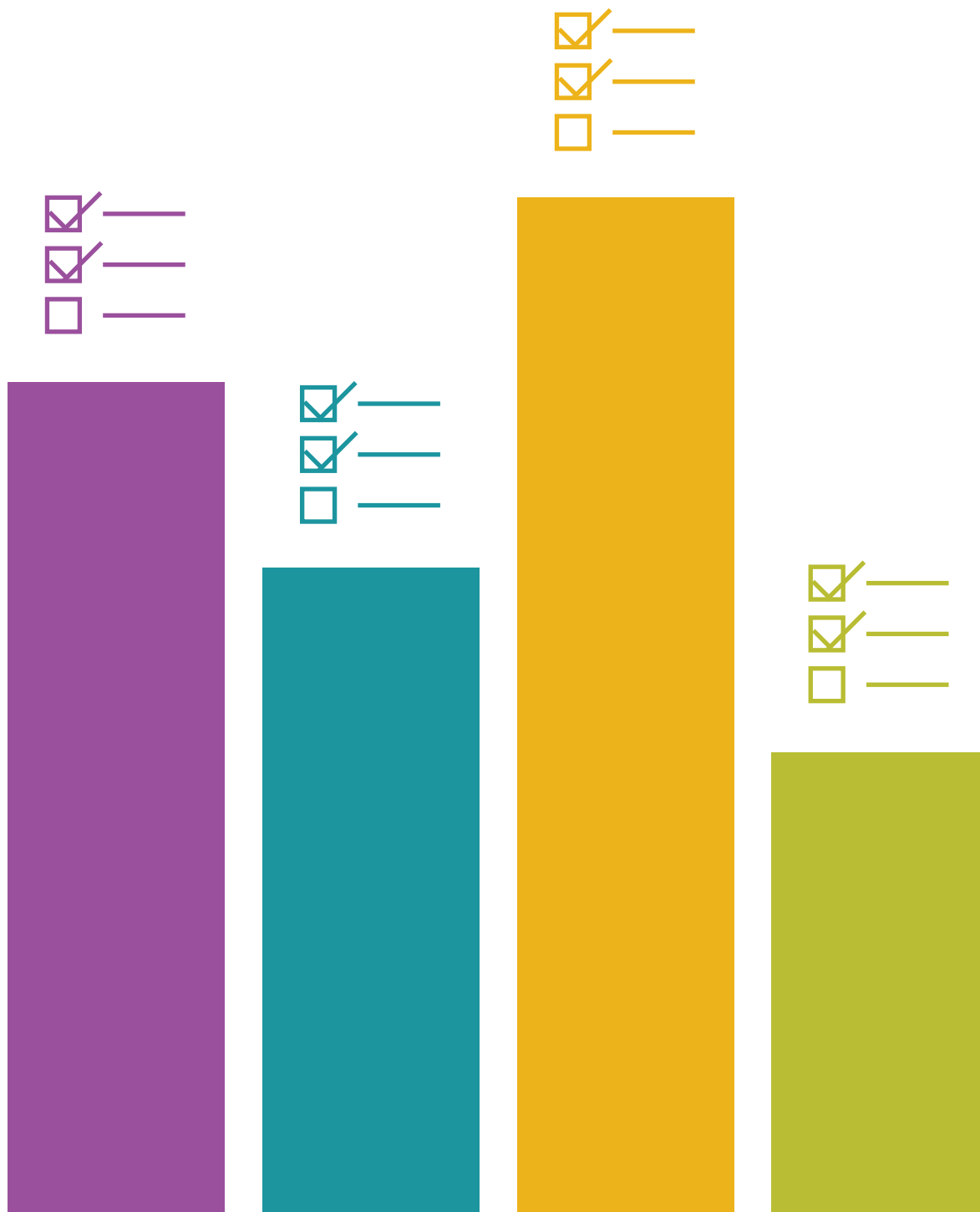
- Strong spirit of collaboration
- Excellent partnerships with stakeholders
- Educational opportunities for clinician scientists interested in engaging in patient-oriented research
- Periodic reviews of mentorship for junior faculty
- Engagement of operational leadership across all sites with regard to research mandate of the section

Implementation Strategies and Metrics for Success for Strategic Goals #2-4

Research and Innovation

| Key Strategic Direction | Actions Needed | Metrics | Timeline |
|---|--|---|------------------------------|
| Increase the profile of our own researchers in the section and department | Invite clinician-scientists to present at grand rounds annually. | # of local grand rounds presenters annually | Annual review |
| | Build a new neurology and/or neurosciences retreat highlighting research as well as other sectional activities and successes. This should occur on a weekday. | Pilot research day | 2020 |
| Foster the success of emerging researchers | Review of mentorship relationships/committees to ensure the relationships exist and are fruitful. Review available orientation materials for new academic faculty and develop orientation materials where needed. | Mentorship review through periodic meetings with section members | Annually beginning 2020 |
| | | Review completed | Spring 2020 |
| | | Orientation package complete | Fall 2020 Review annually |
| Review opportunities and existing supports for research | Review of Brain and Mental Health Research Clinics Program. | Identify personnel to conduct this review | Spring 2020 |
| | Invite SPOR representatives to present at research day/retreats. | Report to DCNS and HBI TBD | December 2020 |
| | Meet with operational leadership at SHC, PLC, RGH to review research mandate of the section and department and develop collaborative strategies to support clinical trials at those sites where needed. | Develop a clinical research in ambulatory neurology briefing document for SHC, PLC, RGH | 2021 |
| | Survey clinical programs to identify needed supports for research in those groups and identify potential resources that can be shared. | Survey completed | Fall 2020 |

IMPLEMENTING AND MONITORING



PROCESS FOR IMPLEMENTING AND MONITORING STRATEGIC PLAN PROGRESS

The Strategic Planning Core Committee will be invited to meet annually to review progress against the timelines outlined in this report, and recommend changes or modifications to the plan as needed depending on unanticipated changes that arise going forward.

The work of implementing the strategic plan will be led by the Section Chief, with input from some new governance structures.

The following committees will be constituted to advise on sectional activities and implementation of strategic goals:

1. Neurology Executive Committee
2. Academic Advisory Committee
3. Physician Health Working Group (already constituted)
4. AMHSP Management Committee (already constituted)

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Thank you to all of the members of the Strategic Planning Core Committee and members of the Section of Neurology for their contributions to the surveys and to the many meetings that led to the development of this strategic plan. Thank you to Caitlin Foster for her work analyzing and synthesizing the findings from our surveys and for her design of this report.

ACRONYMS

- AMHSP - Academic Medicine and Health Services Program
- AH - Allied Health
- AHS - Alberta Health Services
- BMHRC - Brain and Mental Health Research Clinics
- CBD - Competence By Design
- DCNS - Department of Clinical Neurosciences
- FD - Faculty Development
- FMC - Foothills Medical Centre
- HBI - Hotchkiss Brain Institute
- MOC - Maintenance of Certification
- NCAT - Neurology Central Access and Triage
- PE - Patient Engagement
- PLC - Peter Lougheed Centre
- QC - Quality Council
- QI - Quality Improvement
- RGH - Rockyview General Hospital
- SHC - South Health Campus
- SPCC - Strategic Planning Core Committee
- SPOR - Strategy for Patient Oriented Research
- SWOT - Strengths Weaknesses Opportunities Threats
- UofA - University of Alberta
- UofC - University of Calgary
- UofL - University of Lethbridge