Division of
Continuing Medical Education

STRATEGIC PLAN 2013 – 2018
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Appendix: Operational Plan
## List of Acronyms

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACLS</td>
<td>Advanced Cardiac Life Support</td>
</tr>
<tr>
<td>AFMC</td>
<td>Association of Faculties of Medicine of Canada</td>
</tr>
<tr>
<td>CACME</td>
<td>The Committee on Accreditation of Continuing Medical Education</td>
</tr>
<tr>
<td>CanMEDS</td>
<td>Competencies for Medical Training in Canada from the Royal College of Physicians and Surgeons of Canada</td>
</tr>
<tr>
<td>CCA</td>
<td>Critical Care Assistant</td>
</tr>
<tr>
<td>CEDN</td>
<td>Continuing Education and Development for Nurses</td>
</tr>
<tr>
<td>CME</td>
<td>Continuing Medical Education</td>
</tr>
<tr>
<td>COM</td>
<td>College of Medicine</td>
</tr>
<tr>
<td>CPD</td>
<td>Continuing Professional Development.</td>
</tr>
<tr>
<td>CPL</td>
<td>Continuing Professional Learning.</td>
</tr>
<tr>
<td>CPSS</td>
<td>The College of Physicians of Surgeons of Saskatchewan</td>
</tr>
<tr>
<td>DME</td>
<td>Distributed Medical Education</td>
</tr>
<tr>
<td>EMR</td>
<td>Electronic Medical Record</td>
</tr>
<tr>
<td>ERC</td>
<td>Extended Refresher Course</td>
</tr>
<tr>
<td>FMEC</td>
<td>Future of Medical Education in Canada</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>IMG</td>
<td>International Medical Graduate</td>
</tr>
<tr>
<td>IT</td>
<td>Information technology</td>
</tr>
<tr>
<td>LMCC</td>
<td>Licentiate of the Medical Council of Canada</td>
</tr>
<tr>
<td>MainPro</td>
<td>Maintenance of Proficiency (College of Family Physicians of Canada)</td>
</tr>
<tr>
<td>MOC</td>
<td>Maintenance of Certification (Royal College of Physicians and Surgeons of Canada)</td>
</tr>
<tr>
<td>NRP</td>
<td>Neonatal Resuscitation Program</td>
</tr>
<tr>
<td>PEP</td>
<td>Practice Enhancement Program</td>
</tr>
<tr>
<td>PMCMP</td>
<td>Practical Management of Common Medical Problems</td>
</tr>
<tr>
<td>POGO</td>
<td>Pediatrics, Obstetrics and Gynecology</td>
</tr>
<tr>
<td>QI</td>
<td>Quality Initiative</td>
</tr>
<tr>
<td>SEMAC</td>
<td>Saskatchewan Emergency Medicine Annual Conference</td>
</tr>
<tr>
<td>SIPPA</td>
<td>Saskatchewan International Physician Practice Assessment</td>
</tr>
<tr>
<td>SMA</td>
<td>Saskatchewan Medical Association</td>
</tr>
<tr>
<td>SWOT</td>
<td>Strengths, Weaknesses, Opportunities and Threats</td>
</tr>
</tbody>
</table>
Summary

Who we are

The Division of Continuing Medical Education is a fully accredited academic unit.

Vision

As a collaborator on provincial and national levels, the Division of Continuing Medical Education contributes to optimal healthcare by delivering high quality, up-to-date and inter-professional opportunities for lifelong learning, available to Saskatchewan physicians in a variety of settings and geographical areas.

Mission

To develop, implement, research, support and evaluate evidence-informed lifelong learning opportunities for Saskatchewan physicians.

Values

Respect
Responsiveness
Collaboration
Innovation
Accountability
Passion
Leadership
Scholarship
Quality Improvement

Strategic Directions

Distributed Medical Education (DME)

Information and Communication Technology (ICT)
1. Introduction and Name change

The Division of Continuing Professional Learning (CPL) had come to the close of the period covered by its last strategic plan, implemented in 2008 for a period of five years. A new strategic plan is needed to take the division into the next five years.

Strategic planning is necessary not only for planning and running an organization, but also for measuring whether that organization is meeting its stated goals. This measurement may be carried out by the organization’s staff or by external bodies. External bodies concerned with CME include its many stakeholders as well as The Committee on Accreditation of Continuing Medical Education (CACME), which accredits CME’s activities.

Based on the feedback from our many stakeholders, CPL embarked on a discussion about changing our name. The current team of staff was surveyed anonymously to gage their opinion on whether CPL should change its name. A resounding 87% of the team voted in favour of a name change, with the remainder of the team being more indifferent about changes. At a staff meeting that followed, a discussion around a possible new name ensued. The majority of similar programs in Canada had a version of “CPD” in their name and this idea was discussed. In the end the team felt that it still does not state that the Division is in the area of Medicine and voted unanimously to change the name to Continuing Medical Education or CME. This was the original name of the Division when it was founded in 1968. Many of the electronic references in the Division (website address, email address, etc.) still reflects the era of CME.

2. Background and History

In 1968, Dr. Donald Moore, then Dean of the College of Medicine of the University of Saskatchewan (U of S), established the Division of Continuing Medical Education, and Dr. Olafur (Oli) Laxdal was named Director of the division. Around 2000 the name of the Division was changed to Continuing Medical Education and Professional Development and in 2007 the name was changed to Continuing Professional Learning. The leader’s title was changed to Assistant Dean in 2009. The leaders over the years have been:

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>1968-1989</td>
<td>Dr. Olafur Laxdal</td>
<td>Pediatricist</td>
</tr>
<tr>
<td>1989-1991</td>
<td>Dr. Richard Swanson</td>
<td>Family Physician</td>
</tr>
<tr>
<td>1991-1997</td>
<td>Dr. Russell Knaus</td>
<td>Family Physician</td>
</tr>
<tr>
<td>1997-1999</td>
<td>Dr. James Spooner</td>
<td>PhD Educator</td>
</tr>
<tr>
<td>1999-2002</td>
<td>Dr. Roger Turnell</td>
<td>Obstetrician Gynecologist</td>
</tr>
<tr>
<td>2002-2012</td>
<td>Dr. Penelope Davis</td>
<td>Family Physician</td>
</tr>
<tr>
<td>2012-present</td>
<td>Dr. Andries Muller</td>
<td>Family Physician</td>
</tr>
<tr>
<td>2014</td>
<td>Name change to Continuing Medical Education</td>
<td></td>
</tr>
</tbody>
</table>
3. Staff

In addition to the Assistant Dean, the team has 13 staff employed within the research framework of the University of Saskatchewan. A Medical Director leads the Saskatchewan International Physician Practice Assessment in a contracted capacity.

Staff members are seen as stakeholders in the division, and all staff members have been involved in the strategic planning process. Staff members were asked to identify stakeholders to be surveyed, to complete the survey themselves, to contribute within two strategic planning sessions and to comment on and help develop this document.

4. Process

CME’s strategic planning process was based on the “balanced scorecard” principle developed by Robert Kaplan and David Norton and described by Paul R. Niven in his book, *Balanced Scorecard Step-by-Step: Maximizing Performance and Maintaining Results, Second Edition*.

The first step of this process was to design a survey to go out to CME’s stakeholders. Because the College of Physicians of Surgeons of Saskatchewan (CPSS) recently underwent a similar process and used questions relevant to CME, permission was obtained from Laura Soparlo Consulting to modify and use the questions developed for CPSS.

The next step in the process was to identify CME’s stakeholders. The current Assistant Dean, Dr. Andries Muller, initiated a list based on the numerous meetings the Assistant Dean attends. This initial list was distributed to the rest of the staff who added other individuals and organizations. The survey was then distributed electronically via Fluid Surveys to 144 e-mail addresses, and responses were received from October 1 to October 22, 2013.

The feedback from the stakeholders was of a very high quality, and a number of respondents went into great detail in responding. Certain themes arose in the responses, as discussed in the next section, Stakeholder Feedback.

Face-to-face meetings were arranged with the entire CME staff to discuss the stakeholders’ feedback. The team then immersed itself in a full strategic planning session, which took place on October 28, 2013 at the West Winds Primary Health Centre in Saskatoon, Saskatchewan. This day of planning resulted in a draft version of CME’s vision, mission, values and strategic directions for the next five years. The day also included a lengthy discussion on what the team sees as “business as usual”.

A draft strategic plan was then circulated to the team for input, editing and feedback. At a second strategic planning session held December 16, 2013 at the University Club on the U of S campus, the CME staff discussed edits and revisions to the plan. The other major topic that day was the final stage of the process: how to measure success and outcomes.
The final draft of the strategic plan was then circulated to the team for final editing and feedback.

5. Stakeholder Feedback

As mentioned above, feedback from stakeholders was of a very high quality and proved very valuable as a starting point for discussion. The survey questions were in the format of a modified SWOT analysis, focusing on strengths, weaknesses, opportunities and threats. Certain themes arose from the feedback and are paraphrased and summarized here.

5.1. Summary of Information

72% of the stakeholders surveyed think CME does a good or an excellent job.

5.2. Stakeholders: What is CME perceived to be doing currently?

CME (Continuing Medical Education)
Professional development
Conferences
Focus on GP perspective / nothing for specialists
Educational support to licensed and unlicensed doctors
IMG orientation and support
Royal College CME
Accreditation of CME
Face-to-face meetings
Tele-health
Enhancement of skills / extended refresher courses
Updating around current trends
Complex mandate: competing with industry vs. self-supporting
Networking
Inter-professional team learning
Weekend CME events
Online modules / Website resources
On-site CME in rural (used to do more)
SIPPA
Renal Rounds
Postgraduate education
Exam prep
Work with collaborators: CPSS, SMA, COM
Help physicians revise scope of practice
PEP
Remediation
CME credits
Distance education
Newborn care
5.3. Stakeholders: What is CME doing well?

CME conferences - well known
Communication with physicians / notification of events
Good staff
Engage various disciplines
CME credits
Exam prep
IMG support / education
Input from doctors on the ground
Doing well with budget constraints
Multi-disciplinary approach
Promote group and self-learning activities
Variety
Provide education close to home
Take admin of CME out of doctors' hands
Advertising

5.4. Stakeholders: What can CME do better?

Change name - too complicated (Reflective of the CPL era)
Far behind in IT technology / improve website
Market / advertise better / no link on COM website
More inter-disciplinary
Cheaper events
Go outside the box - does not always have to fit the mould
Share costs of conferences with planning committee
More for specialists
Career support for non-licensed physicians
Educate on physician health and wellbeing
More frequent exam prep, physical exam, etc.
Focus more on rural
More group learning / MainPro C
Needs assessments are planning committee driven, not learner driven
Improve physician participation
Asynchronous learning
Discounts for COM, SCFP, CPSS (collaborators)
More co-development - share costs / risks / profits
Better fundraising - include industry
More involvement in faculty development
Focus also on other CanMED roles
Poor speakers sometimes
Remember focus practices: e.g. GP anaesthesia, surgery, etc. More for hospitalists / CCA's
5.5. Stakeholders: What challenges / opportunities does CME face?

Increase online demand
Increase focus on preventative medicine
Inter-professional learning need
Change in scope of practice
Disease profiles change: HIV, drug use, etc
Demand for research
Change in technology / social media
IMG needs - huge / cultural sensitivity
LEAN
QI initiatives
DME
CanMEDS
Physician time-crunch
Self-directed learning / learning portfolios
EMR
Partnerships with neighbours: Alberta, Manitoba
Specialists CME demands
Older physicians
Decrease engagement of physicians
Faculty development needs for community faculty in "new COM"
Less industry support
More emphasis and need for simulation
Needs to be accountable

5.6. Stakeholders: What should CME’s priorities be?

Technology / website / online learning
Preventive medicine
Collaborate with other CME offices on campus / health regions
Cost effective programming / Build on current successful programs
Involve specialists
Research
LEAN
IMG support / examination preparation
DME
Extended refresher courses
Elderly care
Other CanMED roles
Skills workshops
Better needs assessment
"One-stop gateway to CME"
Help with learning profiles
6. Vision

At the first strategic planning session on October 28, the CME team was asked to dream big and to discuss what CME would be known for in a perfect world. Quality learning and timely and up-to-date information available to everyone at every time and in every place were some of the themes discussed.

A lengthy conversation examined who our consumers are. At first, only licensed physicians were identified, and then nurse practitioners and IMGs were added to the mix. Other health professionals such as physiotherapists and pharmacists were then added. In the end it was decided that while CME would like to be everything to everyone, to be realistic, we should limit our scope to physicians in Saskatchewan. This includes medical students, residents, and both licensed and unlicensed physicians. Including unlicensed physicians (predominantly IMGs) ensures CME’s continued support of the Saskatchewan International Physician Practice Assessment (SIPPA) program.

The team also found it important to emphasize that CME needs and wants to be a fully accredited provider, and added this as a statement preceding the vision statement.

The vision of CME is therefore stated as follows:

As a collaborator on provincial and national levels, the Division of Continuing Medical Education contributes to optimal healthcare by delivering high quality, up-to-date and inter-professional opportunities for lifelong learning, available to Saskatchewan physicians in a variety of settings and geographical areas.

7. Mission

CME’s mission statement as it stood for 2008 - 2013 was the subject of a lengthy discussion on October 28 and again on December 16. The CME team noted two major expectations: SK physicians expect CME to support their lifelong learning, and the public expects CME to contribute to public safety and public knowledge. Patient safety however is not CME’s primary focus and in fact, lies in the domain of the CPSS.

The team also noted that because knowledge is never static, there is a constant need for updating existing knowledge, and that because the time a physician spends in practice is longer than any other part of her or his training, lifelong learning is essential.

The team also noted that it is grammatically incorrect to state that CME will plan, implement, support and evaluate learning for physicians. A grammatically correct statement is that CME will plan, implement, support and evaluate programs for physicians. The word “opportunities” were therefore added after “lifelong learning”.

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University of Saskatchewan  Continuing Medical Education  Strategic Plan 2013 - 2018  Page 12 of 20
Because the term “optimal healthcare” is part of a larger vision, according to the team, it was decided that this term belongs in CME’s vision rather than in its mission.

The final mission statement thus reads as follows:

“To develop, implement, research, support and evaluate evidence-informed lifelong learning opportunities for Saskatchewan physicians.”

8. Values

The staff did not need a lot of encouragement to come up with many values seen as reflecting the Division of Continuing Medical Education. The challenge was to select a few values that best represent CME and best communicate to stakeholders and consumers. The following nine values were selected:

8.1. Respect

It is important to respect your fellow team members as well as your stakeholders and consumers. The history of the division cannot be ignored and future planning must keep experiences of the past in mind. Trust will be built only through consistent respect.

8.2. Responsiveness

Responsiveness to the needs of consumers is crucial, as is responsiveness to the needs of the CME staff. Responsiveness includes being aware of the needs of all parties involved. Responses need to be up-to-date and trustworthy.

8.3. Collaboration

CME has many stakeholders, consumers and potential collaborators in delivering lifelong learning. Interdisciplinary collaboration is necessary for cost effective and high quality educational programming.

8.4. Innovation

Times are changing and so are the learning needs of the consumers of continuing professional development (CPD). There is a greater need for asynchronous learning, and this is often associated with online learning. Saskatchewan is a province with an array of geographical and weather-related challenges and opportunities. CME should be a leader in the field of delivering asynchronous and distance education.

8.5. Accountability
CME is entrusted with the task of delivering lifelong learning to its consumers. CME also has obligations to its many stakeholders through grants, contracts, etc. It is important that the division is accountable for its actions and for the money associated with it.

8.6. Passion

When a person or organization is passionate about what they do, all of these values are easy to embody. This passion will be reflected in all the initiatives CME undertakes.

8.7. Leadership

CME is a leader in the field of adult education and lifelong learning both at the University of Saskatchewan and in the province of Saskatchewan. The division is also involved in adult education at the national and international levels and continues to lead in certain areas of medical education.

8.8. Scholarship

Scholarship underpins all of CME’s activities. In addition to ongoing evaluation, CME sustains a culture of planned research activity and ongoing curiosity in the field of medical education, with the expected outcomes of producing publications and receiving grants.

8.9. Quality Improvement

Evaluation takes place on an ongoing basis. The division strives for ongoing quality improvement, which it sees as following from program evaluation.

9. Business as Usual

It is easy during a strategic planning session to forget about the day-to-day business that has to take place if an organization is to keep its doors open. These are the tasks that form the fundamental basics of every business and are often the reasons an organization exists in the first place.

The team was asked to list the tasks, events, procedures, etc. that they see as “business as usual” for CME. The following list was compiled:

- Major conferences (POGO, PMCMP, SEMAC, etc.)
- Other conferences and courses (ACLS, NRP, LMCC prep courses, etc.)
- IMG Support / SIPPA Program / Perinatal Education Program (joined with CEDN)
- DME
- Online / Telehealth activities
- Research and other scholarly activities
- Relationship building / Networking
• Extended Refresher Courses (ERC’s) / Change in Scope of Practice
• Accreditation of educational events
• Interdisciplinary activities
• Administration and finance
• Professional development
• Evaluation
• Fundraising

When considering the different tasks that form part of the “business as usual”, one must ask the question: “How do these tasks fit into the goals and mission of the organization that CME is part of—being the University of Saskatchewan?” If a specific task does not align with the organizational goals and objectives, should a decision be made about the future need for such a task to exist.

The University of Saskatchewan has identified four areas of focus:

• Knowledge Creation: Innovation and Impact
• Aboriginal Engagement: Relationships, Scholarship, Programs
• Culture and Community: Our Local and Global Sense of Place
• Innovation in Academic Programs and Services

The same list of “business as usual” items were then categorized to see if they fit into an area of focus of the University. The combined list is then presented as follows:

• Knowledge Creation: Innovation and Impact
  o Research and other scholarly activities
  o Evaluation
• Aboriginal Engagement: Relationships, Scholarship, Programs
  o DME
• Culture and Community: Our Local and Global Sense of Place
  o IMG Support / SIPPA Program
  o DME
  o Relationship building / Networking
  o Interdisciplinary activities
  o Professional development
  o Fundraising
• Innovation in Academic Programs and Services
  o Major conferences (POGO, PMCMP, SEMAC, etc.)
  o Other conferences and courses (ACLS, NRP, LMCC prep courses, etc.)
  o Online / Telehealth activities
  o Extended Refresher Courses (ERC’s) / Change in Scope of Practice
  o Accreditation of educational events
The work represented in the list above will continue as it has before. The only difference that might occur is a shift in focus and energy within individual areas.

10. Strategic Directions

Strategic directions are the goals or objectives on which an organization chooses to focus its energy and resources. It became clear through the stakeholder survey as well as during team brainstorming that there are many directions in which CME could focus its energy. There are two key contracts that CME currently is engaged in. The Saskatchewan Government Ministry of Health has contracted CME to assess and orient eligible IMGs through the SIPPA Program. The Ministry of the Economy has contracted CME to deliver a support program for eligible IMGs living in Saskatchewan who are not licensed to practice medicine in the province. We are proud to be identified by government and other stakeholders to competently deliver these services that are needed in our community. IMG support was initially identified as a possible strategic direction. After a lengthy discussion and reviewing if these activities were aligned with priorities of the College of Medicine and the University of Saskatchewan, these activities will remain within ‘business as usual’.

It is also abundantly clear that ‘business as usual’ has to continue and cannot be neglected. It is for this reason and also due to restraints in resources, both human and financial, that the team chose the strategic directions from the ‘business as usual’ list. Energy and available resources will be focused on the following strategic directions for 2013 – 2018:

- Distributed Medical Education (DME)
- Information and Communication Technology (ICT)

Scholarly activity including research is not named as a strategic direction in itself, but underpins all of the work the Division engages in.

These CME strategic directions that emerged are congruent with the College of Medicine’s (COM’s) Third Integrated Plan for 2012 – 2016 where the following priorities were identified:

- School of Rehabilitation Sciences
- Inter-professionalism
- Distributed Medical Education
- Enhancing Communication, Technology Support and Workflow Processes
- FMEC Recommendations

10.1. Strategic Direction: Distributed Medical Education (DME)

It has been mentioned already that the population of Saskatchewan is widely distributed over a large geographical area. Bring into this equation the extreme weather conditions in both winter and
summer, and it is clear why DME is both necessary and challenging. Physicians in outlying areas have consistently emphasized that traveling to a conference in an urban setting is often not feasible.

It is important for CME to become a leader in distance education in Saskatchewan, either by physically bringing CPD to distributed areas, or by giving physicians electronic access to programs in urban centers via Telehealth, webinars, etc.

10.2. Strategic Direction: Information and Communication Technology (ICT)

Delivery of the programming needed to support DME depends heavily on the internet and other forms of electronic communication. A well designed, easily navigated and smoothly functioning website forms the backbone of these programs as well as other activities of the division. Our focus in the next five years therefore will be on designing and maintaining a high quality and highly functional technological structure for CME.

11. Balanced Scorecard and Strategy Map
### Financial & Facilities

F1: CME has to operate on a cost-recovery basis
F2: Manage sufficient resources to fulfill the mission, values and strategic directions of CME (4.3)*
F3: Optimal utilization and management of facilities to fulfill the mission, values and strategic directions of CME (4.5)*

### Stakeholders & Consumers

S1: CME is responsive to the needs of its consumers and provides a variety of educational activities and services (2.1 & 3.1)*
S2: CME Collaborate with many stakeholders
S3: Manage real or perceived conflicts of interest with external entities (3.5)*
S4: CME is integrally involved in the educational affairs of the College of Medicine (2.2)*
S5: CME promotes and supports self-directed learning (2.4)*
S6: Accredited academic programs based on standards (2.3)*

### Balanced Score Card

#### Division of Continuing Medical Education

#### 2013-2018

### Vision

As a collaborator on provincial and national levels, the Division of Continuing Medical Education contributes to optimal healthcare by delivering high quality, up-to-date and inter-professional opportunities for lifelong learning, available to Saskatchewan physicians in a variety of settings and geographical areas.

### Mission

To develop, implement, research, support and evaluate evidence-informed lifelong learning opportunities for Saskatchewan physicians.

### Values

Respect, Responsiveness, Collaboration, Innovation, Accountability, Passion, Leadership, Scholarship, Quality Improvement

### Strategic Directions

**Distributed Medical Education (DME)**

**Information & Communication Technology**

### Internal Processes

P1: Educational activities will follow the principles of adult learning and will be innovative (3.2 & 3.3)*
P2: Ongoing evaluation will form the basis of all activities in the Division (1.3 & 3.4)*
P3: CME will design and monitor a long-term strategic plan with approved vision, mission, values and measurable outcomes (1.1 & 1.2 & 1.3)*
P4: Daily office policies & procedures follow acceptable standards (4.2 & 4.6)

### People and Culture

C1: Optimal organization and utilization of human resources (4.4)*
C2: CME is accountable for all its actions
C3: CME will support its personnel in professional development to continue to be passionate and leaders in the field of adult, life-long learning
C4: Engage in scholarly activities to contribute to the discipline of CPD (2.5)*
C5: The organizational design and functioning of the Division will follow acceptable standards (4.1 & 4.2)*

* These numbers refer to the corresponding standards in the document entitled: “The Accreditation of Canadian University CME/CPD Offices Revised standards” of January 2010.
CME Strategy Map

Vision: As a collaborator on provincial and national levels, the Division of Continuing Medical Education contributes to optimal health-care by delivering high-quality, up-to-date and interdisciplinary opportunities for lifelong learning, available to Saskatchewan physicians in a variety of settings and geographical areas.

Mission: To develop, implement, research, support and evaluate evidence-informed lifelong learning opportunities for Saskatchewan physicians.
12. Measuring It All

The appendix that follows, entitled “Strategic Operational Plan 2013-2018,” is a work in progress. The tables outline the objectives identified as important to track. Eighteen objectives are divided into four groups, as based on a balanced scorecard.

Each of the 18 objectives will generate a number of measurables, each with an expected outcome. A selection of these measurable will be evaluated at staff meetings on an ongoing basis.

The operational plan is divided into three time periods: The first period spans the time of the first strategic planning meeting to the fall of 2014. The next period covers the fall of 2014 until the fall of 2016 and the last period will be until the end of the life of the strategic plan in the fall of 2018. A period where a measurable will have the most activity in, will be indicated by an ■.

Additional measurables may and probably will be added over the next 5 years. Measurables may also be revised as required by changing circumstances.

Thank you!

I want to thank the entire staff of the Division of Continuing Medical Education for their involvement in the development of this document. The dedication that each and every one showed through this process is an indication of the passion and enthusiasm that exists in the division. This makes the task at hand so much more attainable, and makes me look forward to the next five years!

[Signature]

Assistant Dean
Continuing Medical Education
College of Medicine
University of Saskatchewan

(Approved at Faculty Council on May 28, 2014)