UNIVERSITY OF SASKATCHEWAN

Teaching and Learning Working Group Summary Report

November 2016

EXECUTIVE SUMMARY

The University of Saskatchewan undergoes an institution-wide integrated planning process every five years. In preparation for the fourth integrated planning cycle, and having achieved many of the objectives listed in *The Way Forward*, the College of Medicine initiated a strategic planning process in August 2016.

The Teaching and Learning Working Group was one of two strategic planning groups assigned to evaluate the college's operations. Chaired by Dr. Kent Stobart, Vice-Dean Education, the working group was tasked with evaluating the college's academic mission and recommending strategic areas of focus over the next five years.

This report summarizes the deliberations of the Teaching and Learning Working Group. It describes and organizes a current state assessment of the college's academic mission by ten themes. The report also identifies potential areas of focus and associated strategic options for the college to consider.

Recommended Focus Areas

STRENGTHS

Indigenization: effective recruitment and initiatives, & well-integrated curricular content.

Social Accountability: college focus on attending to the populations we serve.

Undergraduate Medical Education: revised curriculum is well developed and integrated.

Post-Graduate Medical Education: clinical teaching capacity, collegial environment, opportunity for expansion.

Infrastructure and Technology: new facilities, exceptional IT, & unique learning technologies.

WEAKNESSES

Faculty Engagement: low faculty engagement impacts teaching and learning mission.

Faculty Development: room for improved alignment across the continuum and sites.

Administration: lack of communication, coordination, and overall functional isolation.

Distributed Medical Education: quality across sites must be improved.

OPPORTUNITIES

Align Academic and Clinical Responsibilities: alleviate tension between dual responsibilities.

Community Engagement: better engage with new and existing partners.

Distributed Medical Education: expand the use of DME across the continuum.

Indigenous Education: strengthen Indigenous Health content in a culturally-competent way.

Inter-Professional Education: capitalize on proximity to other health science colleges.

Technological Innovation: embrace technology to improve program delivery.

THREATS

Accreditation: an immediate risk to the UGME program.

Competency by Design: implementation without adequate resources is a serious risk for PGME.

Reduced Government Funding: impacts program resourcing and potential for innovation.

BACKGROUND AND METHODOLOGY

The University of Saskatchewan ("UOFS") undergoes an institution-wide integrated planning process every five years. Integrated planning is intended to support strategic decision-making by providing a comprehensive view of resources and commitments that ensures the alignment of financial and capital resources with academic priorities.[1] The institution as a whole is set to embark upon a fourth integrated planning process in early 2017.

The College of Medicine ("COM") participated in the previous integrated planning process. However, its *Third Integrated Plan* was interrupted by a change initiative which resulted in the creation of *The Way Forward*, the college's primary strategic document since 2013. Having achieved many objectives listed in this document, a college-wide strategic planning process was initiated by Dr. Preston Smith, Dean of Medicine, in August 2016.

The Teaching and Learning Working Group ("TLWG") was one of two strategic planning working groups assigned to evaluate the college's current operating environment. Chaired by Dr. Kent Stobart, Vice-Dean Education, the TLWG was responsible for assessing the college's academic mission, documenting a SWOT analysis, and recommending potential areas of focus for the next five years. It met a total of six times between September and October 2016 and had representation from faculty, staff, residents, and medical students. Please see *Appendix A: Terms of Reference* for working group composition.

With respect to methodology, working group participants were provided with a variety of materials to review prior to the first meeting. The first four TLWG meetings were dedicated to documenting a SWOT analysis and a prioritization survey was distributed afterwards to identify the top five strengths, weaknesses, opportunities, and threats. A fifth meeting was dedicated to validating and updating the prioritization survey results as well as discussing potential performance metrics for the college's teaching and learning mission. The final meeting was dedicated to developing potential strategic options for the top weaknesses and opportunities identified.

[1] https://www.usask.ca/ipa/institutional-planning/what-is-integrated-planning.php

CURRENT STATE

The first four TLWG meetings were dedicated to documenting and prioritizing the top strengths, weaknesses, opportunities, and threats of the college's teaching and learning mission. These findings are described and organized into ten themes below.

I. Administration

Numerous strengths were identified with respect to college administration. The senior leadership structure and complement are adequate, responsive to faculty and student enquiry, and support making changes where necessary. Additionally, college administrative staff are highly competent and possess an array of skills. Recent shifts towards decentralized budgeting and delegating financial control to departments has been positive and enhance accountability, autonomy, and planning capacity.

Multiple weaknesses were identified with respect to college administration. It was noted that a lack of coordination and communication across departments and units has resulted in functional isolation which prevents the college from "thinking and acting as one education system." This is furthered by a lack of strategic focus and integrated priorities at the central level. The COM was also described as operating in a highly reactive manner that is also resistive to change. Other weaknesses identified include: physician remuneration, recognition, and payment processes; a lack of commitment and long-term funding for strategic initiatives or partnerships; as well as ineffective institutional reporting and feedback mechanisms for faculty.

In terms of opportunities, emphasis was placed on a need for the COM and health regions to work closely together to better align clinical and teaching responsibilities of faculty members. Suggestions include holding Unified Heads to account for setting and managing performance standards, linking health region appointments with performance in the COM, and completing the Academic Clinical Funding Plan (ACFP) transition. Other opportunities identified include: investing in e-Health Services for health education, record management, and decision-making, and for the COM to fully participate in various initiatives (such as SMA Transformation, CANMEDS 2015) so that it can better understand and respond to changes in the health care system which will impact the college's academic mission.

Most administrative threats identified were in relation to college resources. Due to the provincial economy, financial resources provided by the government are anticipated to decrease or, at best, remain constant. Limited resources already strain college operations, prompt inaction, and restrict the college's capacity to make long-term funding commitments (such as hiring faculty).

II. Infrastructure and Technology

Existing infrastructure and technology serve as strengths and weaknesses for the college's academic mission. Access to the Health Science Complex, including a new library, modern classrooms, and the Clinical Resource Centre ("CLRC") are strengths of the Saskatoon campus. Additionally, the Academic Health Sciences Centre, including a new simulation centre, modernized JURSI and resident lounges, and twenty-four-hour library services are strengths of the Regina campus. Top-of-the-line video conference systems and the adoption of innovative technologies (Point of Care Ultrasound) in academic programs across all campuses and sites serve as strengths and differentiators for the COM. the unreliability of videoconference technology and overcapacity of the CLRC pose challenges for the delivery of content across the medical education continuum.

A limited number of opportunities and threats related to infrastructure and technology were identified. In terms of opportunities, further investment in innovative and simulation technologies could improve education and healthcare outcomes and differentiate COM academic programs from other medical schools. A reduction in the number of health regions could also result in information technology ("IT") solutions to become more agile, collaborative, and agnostic. However, failure to improve relationships between college and health region IT units, continued reliance on health region computers, and external pressures to standardize technology all threaten the delivery of academic programming in the COM.

III. Faculty Relations

Faculty serve a paramount role in the success of the college's academic mission. In terms of strengths, COM faculty share a commitment to continuous improvement. They also demonstrate a strong commitment to the delivery of medical education programming across multiple campuses and sites in the province. In comparison to other medical schools, the COM has a high number of generalist physicians that participate in the delivery of medical education programming.

A variety of challenges were identified with respect to faculty engagement. Given the large number of faculty dispersed across the province, engaging with faculty in a meaningful way remains a challenge and often results in a small number of centrally-based faculty being overcommitted to strategic initiatives. Tension also remains between academic and clinical responsibilities for faculty members. Faculty development opportunities were historically poor and unfocused although progress has been made in this regard. These factors, alongside ACFP transitioning and poor faculty recognition, have resulted in poor faculty engagement which negatively impacts the college's academic mission.

There is ample opportunity to improve faculty engagement. Reconciling the conflict between academic and clinical responsibilities must be prioritized. Efforts should also be made to providing meaningful recognition for faculty contributions to the college, which could involve identification of and provision of enhanced support for top performing faculty at central and remote sites. Finally, faculty development opportunities could be improved and better aligned across the medical education continuum.

A variety of threats could impact faculty relations over the next five years. Failure to improve the coordination of faculty development opportunities will impact the overall success of offerings. Further reductions in college funding will also impact the level of support provided to faculty. It was noted that persistent changes in programming requirements, such as competency by design, often result in faculty assuming teaching responsibilities which they are often not provided proper training for.

IV. Biomedical Sciences

The Biomedical Science undergraduate programs at the UOFS are currently administered by the College of Arts and Science. With respect to strengths, the quality of teaching in these programs is currently high although the programs are perceived to inadequately prepare students for the undergraduate medical education program at the university.

The transition of the Biomedical Science programs to the COM will create new opportunities and threats. With respect to opportunities, planned curricular revisions to these programs will better prepare students for future health science programming and health-related professions. Curricular content could be tailored to better meet the needs of the undergraduate medical education program. In terms of threats, disagreement over academic

authority of these programs may arise during the transition process which could further strain relationships between basic and clinical science faculty across campus.

V. Undergraduate Medical Education

A variety of strengths were identified for the undergraduate medical education ("UGME") program. The revised "2+2" curriculum was developed in an inclusive and evidence-based manner which resulted in a strong program structure, well-integrated academic and clinical learning experiences, and wide-spread buy-in from faculty. The program is adequately resourced, distributed across two campuses and multiple instructional sites, and provides medical students with unique learning opportunities such as point-of-care ultrasound and rural medicine. Other strengths include dual degree options (MD/MBA, MD/PHD), the Dean's Summer Research Project, and strong student satisfaction (especially in Regina).

In terms of weaknesses, perceptions remain that program quality varies across campuses and sites. Program administration is seen as more effective in Regina where there is a central office ("one-stop-shop") for faculty and student services. Conversely, program delivery is seen as more effective in Saskatoon because more classes are broadcasted from this location. High turnover of administrative staff is noted across all sites. There is also area for improvement in student assessment, which is described as onerous, and faculty performance feedback, which is often delayed and inhibits immediate and ongoing program improvement.

Select opportunities and threats were identified for the UGME program. In terms of opportunities, the curriculum could be strengthened by scaffolding communication skills (in clinical settings), social determinants of health, critical thinking, critical reasoning, and indigenous health content in the program. Recent changes to admission criteria for the program creates other opportunities given that newly-admitted students should have greater skills. With respect to threats, the UGME program will be undergoing an accreditation visit in 2017 and there is uncertainty as to whether the program is prepared for the visit. Given its prevalence at other medical schools, the absence of medical education scholarship in the COM is a substantial threat to the UGME program.

VI. Post-Graduate Medical Education

A variety of strengths were identified for the post-graduate medical education ("PGME") program. The program is managed by strong leadership and highly-competent support staff. It also has a robust internal review process that produces incremental program improvements. In terms of curriculum, PGME offers strong transition (IMGOA, Boot Camp) and remediation programming. The number of clinical placements often exceeds the number of residents. Residents are also provided with individualized training opportunities across the province.

The breadth of PGME programming elicits some internal weaknesses. For example, variations exist among programs and some specialties are unavailable in the province (such as urology, plastic surgery, vascular surgery, dermatology, etc.). Some programs also face challenges with accreditation. The existing funding model, which allocates resources on a per student basis, provides inadequate access to infrastructure and resources.

The imposition of competency by design ("CBD") was perceived as both an opportunity and a threat to PGME programming. In terms of opportunities, CBD should better prepare residents for eventual practice in the health system. However, adoption of CBD in an environment where resource constraints are growing could jeopardize implementation and potentially accreditation status of some programs. The expansion of post-graduate programming at the College of Medicine campus in Regina is another opportunity for the PGME program. The absence of medical education scholarship in the COM is also a threat to the PGME program.

VII. Continuing Medical Education

The continuing medical education ("CME") program is at a unique point its history. In terms of strengths, it operates in a highly collaborative environment. For example, many courses are developed and offered with and through external partnerships including government agencies and other health science and professional colleges on campus. A robust assessment and evaluation process has been developed to identify opportunities and areas for improvement in academic offerings.

CME can further address the needs of physicians and other health care providers by strengthening relationships with provincial and national agencies. Internally there is opportunity to further align with PGME offerings, continue to develop Indigenous health offerings, and capitalize on existing university and college resources to improve on medical education for an increasingly diverse market. A recent internal reorganization of CME now challenges staff to proactively respond to new and ongoing expectations of industry while ensuring financial viability.

In terms of threats, an increasing number of direct competitors in the professional development market for medical professionals, both nationally and internationally, has resulted in decreased industry participation in CME offerings at all medical schools. This trend is a continuous financial risk for CME particularly because the unit operates on a cost-recovery basis.

VIII. Distributed Medical Education

While distributed medical education ("DME") is employed across the continuum, its true potential is only starting to be realized in the college. As such, a limited assessment of internal strengths and weaknesses is listed. With respect to strengths, DME currently facilitates strong connections across college campuses and sites. In terms of weaknesses, the quality of academic programming through DME varies across sites.

In terms of opportunities, capitalizing on DME opportunities that are unique to the province (such as rural and remote programming, longitudinal integrated clerkships) may provide the college with a competitive advantage in the undergraduate programming. DME can be further capitalized upon to help the college advance its social accountability mandate as well as new and existing indigenous health initiatives.

Multiple factors were identified which could negatively impact DME. Further adoption of DME across the medical education continuum will require significant financial and infrastructure investments. It was perceived that available resources are currently insufficient. In terms of administration, adopting a "push versus pull" approach to DME would threaten support from health regions across the province. The amalgamation of health regions could significantly impact the implementation of DME because smaller sites may be forgotten.

IX. Social Accountability

While indirectly related to teaching and learning, the college's social accountability ("SA") mandate is prevalent throughout the medical education continuum. In terms of strengths, there is strong support from college leadership for articulating and advancing SA goals. This includes the targeted recruitment of indigenous and socio-economically disadvantaged populations, development of SA initiatives, and inclusion of indigenous, rural, and remote health content in academic programming.

While progress has been made on embedding SA throughout the medical education continuum, there is room for improvement. Most SA initiatives are currently limited to the UGME program and, even so, medical students are

exposed to a limited amount of indigenous health content in their programs. Many also have a limited knowledge of indigenous health altogether. There is also limited awareness of indigenous health learning opportunities across the province.

There are a multitude of opportunities for SA in the college. Given the college and university's focus on indigenization, there is an impetus to further embed local and indigenous health content throughout the medical education continuum. This can be supported by stronger collaboration between the Division of Social Accountability and the Indigenous Health Committee in the college. Greater collaboration with rural, remote, and indigenous communities could create unique learning opportunities for medical students and residents. Focusing on SA and indigenous education could provide the COM with a competitive advantage over other medical schools.

With respect to threats, the COM must be prepared to engage with rural, remote, and indigenous communities in a respectful and culturally-competent manner. Failure to engage communities in this manner, or in an unplanned manner, could negatively impact existing and future relationships with these communities.

X. Other

The TLWG identified a variety of other strengths related to the college's academic mission. The college was described as a small close-knit community which allows for a greater number of clinical learning experiences for medical students in both rural and urban environments. Rural and remote health programming was also identified as strength although other medical schools perform well in this areas as well. There are also many strong faculty, staff, and student leaders who are active on local, provincial, and national initiatives.

In terms of weaknesses, the college's teaching and learning mission is unaligned with both the University of Saskatchewan and the Future of Medical Education in Canada (FMEC). While medical students are provided with some mentorship opportunities, there exist no dedicated faculty advisors in the college. It was also noted that the college places great emphasis on NBME examinations; however, this is inappropriate within the Canadian context and creates a discrepancy between what is taught and assessed (although this will be discontinued in 2018).

A multitude of opportunities were also identified for the college's teaching and learning mission. The COM's proximity to other health science colleges, as well as the existence of a Vice-Provost Health position, creates an opportunity for the COM to be a leader in inter-professional education. Naturally, this would involve working more collaboratively with other units on campus. The college has a collegial relationship with provincial partners (such as the CPSS and CMA); however, efforts should be placed on strengthening existing partnerships before pursuing new ones. Strategic integration of curriculum across the medical education continuum could drastically improve all aspects of the college's teaching and learning mission.

In terms of threats, most medical schools are adopting innovative ways to deliver academic programs. They are also collaborating with other medical schools as well as with industry and local business. Failure to respond to these external factors could jeopardize the COM's relative positioning to other medical schools. Furthermore, the COM relies upon the goodwill of faculty in remote locations to deliver components of academic programs and to take on learners. This is unsustainable. The COM must investigate ways to provide recognition to these individuals to protect existing relationships.

RECOMMENDED FOCUS AREAS

In addition to documenting a SWOT analysis, the TLWG identified and validated the top strengths, weaknesses, threats, and opportunities of the college's academic mission.

I. Strengths

The following represent the top five factors which can differentiate the COM's academic programs from other medical schools:

- **Indigenization**. With strong support from college and university leadership, the active recruitment of indigenous peoples, strategic initiatives, and inclusion of indigenous health content throughout the medical education continuum can provide a source of competitive advantage for the COM.

- **Infrastructure and Technology**. The college has access to new facilities (classrooms, library), exceptional information technologies to connect with sites across the province, and unique learning technologies (CLRC, remote presence).

- **Post-Graduate Medical Education**. The post-graduate medical education has a strong clinical teaching capacity which, coupled with the college's geographic location, positions the college to be a leader in rural and remote medical education. It also has unique transition programs into residency, a collegial learning environment, and capacity for expansion at the Regina campus.

- **Social Accountability**. The college's focus on addressing priority health concerns for the populations it serves is well embedded in academic programming. Unique offerings include Global Health, Making the Links, Rural and Remote Health, and SWITCH.

- **Undergraduate Medical Education.** The revised undergraduate curriculum is well developed, administered, and structured. It provides medical students with integrated academic and clinical learning experiences. Unique offerings include dual degree programs, Dean's Summer Research Project, Clinical Integration Course, and POCUS.

II. Weaknesses

The following represent priority areas for improvement to improve the COM's teaching and learning mission over the next five years:

- **Faculty Engagement:** various factors contribute to disengagement of college faculty, including a perceived difference in culture across campuses, lack of recognition for faculty contributions, "overloading" of select faculty, and a persistent tension between teaching and clinical responsibilities. These factors leave faculty uninspired to pursue teaching excellence.

- **Faculty Development.** Faculty development programming should be improved to better align development opportunities across the medical education continuum and across college sites. Faculty should be supported in pursuing advanced administration, teaching, and research degrees.

- **Administration.** There continues to be lack of communication, coordination, and awareness of similar initiatives across college campuses and sites. Furthermore, daily management consumes and inordinate amount of time and prevents units from acting strategically.

- **Distributed Medical Education.** While distributed medical education is still in its infancy, there are discrepancies in quality of application across the province and room for improvement in coordination across sites. There are also a limited number of residents and sub-specialty physicians outside of Saskatoon (particularly where there are no core rotations).

III. Opportunities

The following represent opportunities that should be capitalized upon to strengthen the COM's teaching and learning mission over the next five years:

- **Aligning Academic and Clinical Responsibilities**. Tension remains between academic and clinical responsibilities. The college should work with provincial health regions to resolve this. Potential solutions include linking health region appointments with college performance.

- **Community Engagement**. The college should strive to better engage provincial communities and citizens in the health care mission of the college. This includes identifying champions for medical education outside of Saskatoon, making the college visibly present in other communities, and strengthening existing partnerships.

- **Distributed Medical Education**. The implementation of distributed medical education will allow the college to strengthen and expand current academic programming, including rural and remote health, indigenous health, and social accountability initiatives. DME can be furthered capitalized on to implement longitudinal integrated clerkships.

- **Indigenous Education**. The college should focus on strengthening local and international indigenous health content throughout the medical education continuum in a culturally-competent and safe approach.

- **Inter-Professional Education**. The college should capitalize on the variety of health professionals and health science colleges at the university. The University of Saskatchewan is one of the only universities with 5 professional colleges on campus.

- **Technological Innovation**: the college should capitalize on technologies to improve education and healthcare. Examples include: POCUS, Tele-Medicine, Simulation, e-Health Services, Records Management, and improving videoconferencing.

IV. Threats

The college must be prepared to respond to the following over the next five years:

- **Accreditation**. It is difficult to predict changes in accreditation standards. The UGME program is undergoing an accreditation visit in 2017 and there is uncertainty as to whether or not standards will be met. Programmatic changes (CBD) at the post-graduate level could also impact accreditation status.

- **Competency by Design**. While there are advantages associated with CBD, there are significant risks associated with its implementation. Inadequate financial and human resources, faculty buy-in, potential impact on future accreditation status, and an impact on services (which place education and service needs to residents in conflict) are perceived as risks that must be addressed.

- **Reduced Government Funding**. The state of the economy and continuous reductions in provincial funding negatively impacts the teaching and learning mission in many ways. Funding reductions impacts supports available for current programming, minimizes means to promote innovation in programs, and can impact the ability of health regions to take on additional learners.

STRATEGIC OPTIONS

The final TLWG meeting was dedicated to identifying potential strategic options

Focus Area	Faculty Engagement
Desired Outcome	All faculty of the COM are actively engaged in the college's teaching and learning mission and are recognized for their contributions. Faculty engagement should also be measured on a regular basis using valid performance metrics.
Proposed Strategy	Develop a three-year implementation plan. • Beginning: conduct a gap analysis and needs assessment to understand all factors contributing to low faculty engagement and to identify valid measures to quantify existing levels of engagement. • Middle: based on the gap analysis and needs assessment, develop an implementation plan on how to improve faculty engagement. • End: assign resources to carry out the implementation plan. Continuously monitor progress for faculty engagement.
Existing Strengths	• Capitalize on existing initiatives under the direction of the Vice-Dean, Faculty Engagement. • Capitalize on existing project management expertise in the college to implement the plan.

Focus Area	Distributed Medical Education
Desired Outcome	Implement a sustainable, well-resourced, and well-planned distributed medical education framework across the continuum. This will result in the following outcomes: • Quality community partnerships; • Strong communication; • Successful & comparable students across all sites; • Community improvement at sites; • Better graduate retention in communities; and • Distribution of more programs beyond family medicine and UGME.
Proposed Strategy	Implementing a robust distributed medical education framework across the continuum will require: • Establish a longitudinal commitment to DME across the continuum (example: modify admissions process to introduce students to concept of DME (similar to NOSM), prioritize admissions for students with province-wide interest; focus on retention strategies early and commitment to DME in our students). • Build on existing exemplars (good site programs). • Invest in infrastructure required to support DME (such as housing) with other stakeholders (health profession colleges, communities, potential donors, etc.). Such infrastructure should be branded as part of the College of Medicine to create a physical presence in remote sites. • Provide proactive support for faculty, staff, and site development (example: make sure that faculty/students have capacity to teach, learn, and prepare ahead of time).

Focus Area	Distributed Medical Education
Existing Strengths	• Capitalize on existing technology (Tele Health, Videoconferencing) to expand reach.

Focus Area	Indigenous Education
Desired Outcome	All UOFS Saskatchewan graduates are required to learn about indigenous health. They should each have at least 1 learning experience within an indigenous community in their undergraduate and post-graduate studies. This should be achieved by 2022.
Proposed Strategy	Develop a five-year implementation plan. • Beginning: conduct a feasibility study to inventory existing indigenous health content, opportunities for reinforcement in the programs, and existing partnerships in indigenous communities. • Middle: revise curriculum in a culturally-competent manner where indigenous health concepts are embedded throughout the curriculum. This will involve creating well-defined learning outcomes and learning activities for each year. Foundational concepts should be delivered at the beginning of the undergraduate curriculum and medical students and residents should eventually be required to complete a learning activity within an indigenous community. • End: curricular changes are fully implemented. All undergraduate and post-graduate students complete at least 1 learning experience in an indigenous community.
Existing Strengths	• Capitalize on existing technology (Tele Health) to enable remote participation in indigenous communities. • Capitalize on existing stakeholder relations to create opportunities for physical participation in communities. • Work with Dr. Veronica McKinney and Ms. Valerie Arnault-Pelletier to foster additional partnerships in communities.

APPENDIX ONE: TERMS OF REFERENCE

TERMS OF REFERENCE

College of Medicine – Strategic Planning (2017-2022)
Teaching and Learning Working Group

Project Scope

The College of Medicine is in the process of renewing its strategic plan which will orient the college's teaching and learning, research and innovation, clinical care service and community engagement, as well as governance and partnerships and administration agenda over the next five years.

The Teaching and Learning Task Group is one of five working groups established to inform the college's strategic planning process. The committee is responsible for evaluating the teaching and learning mission of the college, assessing the environment and for identifying future strategic priorities in this area. This mandate does not include agenda-setting for research and innovation priorities.

Objectives:

1. Review supplied documentation before the initial meeting.
2. Evaluate the research and innovation mission of the college by:
    a. Documenting a SWOT Analysis; and
    b. Documenting strategic options and performance metrics.
3. Present findings at college-wide visioning meeting.

Stakeholders

Teaching and Learning Task Group:

The working group is comprised of 27 members appointed for up to a 2-month term. The composition of the working group, though subject to change, will be as follows:

Role	Incumbent
Chair – Vice-Dean, Education	**Dr. Kent Stobart** Vice Dean Education
Rep – Associate Dean, UGME	**Dr. Patricia Blakley** Associate Dean, UGME
Rep – Associate Dean, PGME	**Dr. Anurag Saxena** Associate Dean, PGME
Rep – Interim Associate Dean, CME	**Dr. Andries Muller** Associate Dean, CME
Rep – Unified Department Head	**Dr. Kathy Lawrence** Family Medicine
Rep – Unified Department Head	**Dr. James Fergall Magee** Pathology
Rep – Undergraduate Medical Education (Saskatoon)	**Dr. Greg Malin** Faculty, Academic Family Medicine
Rep – Post-Graduate Medical Education (Saskatoon)	**Dr. Brent Thoma** Faculty, Emergency Medicine
Rep – Continuing Medical Education (Saskatoon)	**Ms. Karen Conway** Provincial CME Coordinator
Rep – Saskatoon (Faculty Development)	**Dr. Kalyani Premkumar** Faculty, Community Health and Epidemiology
Rep – Post-Graduate Medical Education (Regina)	**Dr. Alexander Wong**

	Faculty, Infectious Disease
Rep – Distributed Medical Education	**Dr. Joel Schindel** Faculty, Family Medicine
Rep – Surgical Education	**Dr. Trustin Domes** Faculty, Urology
Rep – Biomedical Sciences	**Dr. Jim Thornhill** Faculty
Rep – Indigenous Health	**Dr. Veronica McKinney / Dr. Sarah Oosman** Director, NMS / Faculty, School of Physical Therapy
Rep – Division of Social Accountability	**Ms. Lisa Yeo** Administrative Coordinator
Rep – Student (SMSS)	**Mr. Tanner Lange** Undergraduate Student
Rep – Student (PAIRS)	**Dr. Benjamin Ponn** Resident
Rep – Administration (UGME, Saskatoon)	**Ms. Sherry Pederson** Manager
Rep – Administration (UGME, Regina)	**Mr. Kris Schoenhofen** Manager, Finance and Administration
Rep – Administration (PGME)	**Ms. Shelley Christianson** Manager
Rep – Administration (CME)	**Mr. Mark Brown** Manager
Rep – Administration (ICT)	**Ms. Marianne Bell** Manager
Rep – Administration (Indigenous Health)	**Ms. Valerie Arnault-Pelletier** Aboriginal Coordinator
Support	**Mr. Christopher Martin** Project Coordinator

Project Scope Description

The Teaching and Learning Task Group is expected to achieve the following objectives:

- Review self-assessment documentation

  This includes identifying critical information sources and reviewing supplied documentation before the initial meeting.

- Evaluate the effectiveness of the research and innovation mission of the college.

  This includes assessing the successes of the previous planning cycle, identifying and assessing emerging opportunities, identifying cross-cutting themes for prioritization, as well as identifying success criteria and measurement procedures. The assessment should consider research initiatives at both the Saskatoon and Regina campus.

- Document a SWOT Analysis, Strategic Options, and Performance Metrics

- Present findings and recommendations at a college-wide visioning meeting on November 25, 2016.

Project Team/Stakeholder Governance

The *Teaching and Learning Working Group* will meet a total of five times between September 21, 2016 and October 21, 2016. Each meeting will be either 60 or 75 minutes in duration and will be scheduled in the early morning to allow for participation from all working group members.

The meeting will be Chaired by the Vice-Dean of Education. Due to the large size of the group, timed agendas will be distributed well in advance of working group meetings. Working group members will be provided with a meeting objective at the beginning of each meeting, be assigned to smaller working groups during the allotted time, and a facilitator will support the summarizing, evaluation, and prioritization of all findings.

The following is an overview of the working group meetings:

Meeting	Focus	Required Deliverables
Pre-Meetings	Begin reviewing assessment materials before first meeting.	Recommend Pertinent Materials Review All Materials
1	Confirm meeting objectives, assess and prioritize the college's research and innovation-related strengths.	Introductions Confirmed Strengths
2	Confirm meeting objectives, assess and prioritize the college's research and innovation-related challenges.	Confirmed Weaknesses
3	Confirm meeting objectives, assess and prioritize the college's research and innovation-related opportunities.	Confirmed Opportunities
4	Confirm meeting objectives, assess and prioritize the college's research and innovation-related threats.	Confirmed Threats
5	Confirm meeting objectives, discuss how the college can capitalize on strengths to address weaknesses, seize opportunities, and mitigate threats. Discuss potential success metrics for the research and innovation profile.	Completed TOWS Matrix Recommended
Post Meetings	Review and suggest recommendations for improvement in summary report.	Summary Report

Decision Making Model:

- Decision-making will be by consensus. In situations where consensus cannot be reached, options will be summarized and escalated to the Chair for decision.
- All decisions and recommendations will be documented and shared with the group via email.