

**OUR JOURNEY TO BETTER HEALTH**

**The Vision and Strategic Directions for Academic Health  
Sciences**

**For the University of Saskatchewan and its Partners**

Facilitated by:

Saskatchewan Academic Health Sciences Network

**January 17, 2003**

# INTRODUCTION

## PROJECT OBJECTIVES AND SCOPE

The newly formed Saskatchewan Academic Health Sciences Network\* has embarked upon a process to develop a “*Vision and Strategic Directions*” for health sciences programs under the mandate of the University of Saskatchewan. This vision will provide a framework for the advancement of an integrated clinical services, teaching and research model that effectively engages key partners in the critically important work of developing existing and future generations of health professionals for the Province of Saskatchewan, Canada and the world.

The primary purposes for the visioning process were to reach agreement on a preferred but realistic future for academic health sciences and identify strategic priorities to advance the attainment of this preferred future. Specific elements that were addressed include:

- Profile: Provincial, national and international profile and reputation to which the partners of the Saskatchewan Academic Health Sciences Network aspire;
- People: The types of students and faculty health sciences programs seek to attract;
- Programs: Directions for health science programs currently offered by the University of Saskatchewan including undergraduate, graduate and residency programs;
- Program Delivery Model: Directions with respect to the educational program delivery model, including a strong emphasis on the critical relationship between education and clinical service;
- Partnerships: Key partnerships and stakeholder relationships to be developed and nurtured to achieve the above;
- Research: Directions and capacity considerations to guide the future development of health research; and
- Decision-making Principles: Fundamental principles to be used to resolve issues and set priorities with respect to educational programs to be offered in the future.

The approach taken to complete the project is described in Attachment 1.

\* The Saskatchewan Academic Health Sciences Network (including the University of Saskatchewan, Saskatoon Health Region, Regina Qu'Appelle Health Region, Saskatchewan Health and Saskatchewan Learning) is committed to working together collaboratively within itself and with numerous other partners.

## ORGANIZATION OF THE REPORT

The report is organized into two main sections. Section 1 details the recommended Vision and Strategic Directions relative to profile, people, programs, partnerships and research directions. Section 2 deals with advancing the strategic agenda, including specific recommendations regarding principles/criteria to be used to make decisions and set priorities with respect to future academic health sciences programs.

# I. VISION AND STRATEGIC DIRECTIONS

## OUR PROFILE

### *Preferred Future*

The Health Sciences Colleges and programs under the mandate of the University of Saskatchewan will be a provincial resource that serves the needs of the entire Province. Innovative, results oriented and effective, we will work collaboratively with our partners to develop the current and future generations of health professionals that Saskatchewan needs to achieve excellence in teaching, research and clinical service, as well as health promotion.

Clinical service, teaching and research will be mutually reinforcing and will be developed with a view to an appropriate level of integration and cooperation. The primary objective of Health Sciences Colleges and programs at the University of Saskatchewan will be to improve the quality of care and health status for the people of Saskatchewan. Clinical services will be essential to support the teaching enterprise at the University of Saskatchewan just as research will be the foundation for effective teaching and in turn both teaching and research will contribute to quality health services.

The Health Sciences Colleges at the University of Saskatchewan will be built on the belief that the development of a strong, active research program has, at its most important element, the improvement of the health and health care for the people of Saskatchewan. There will be a direct symbiotic and mutually supportive relationship between active research and educational programs of national and international quality and the delivery of clinical service which provide the highest level of health promotion and health care possible within available resources.

We will be recognized as a centre of excellence in the preparation of health and health care professionals working in primary and core specialty health care and Aboriginal health; and we will be global leaders in the development and use of health services delivery models for widely geographically dispersed populations.

We will build on the strong tradition of programs in health sciences and related areas including Clinical Psychology, Dentistry, Kinesiology, Medicine, Nursing, Nutrition, Pharmacy, Physical Therapy, Toxicology and Veterinary Medicine at the University of Saskatchewan.

We will focus energy and resources in core program areas to allow us to maintain high quality standards, build upon our strengths, and best meet the needs of our Province and its residents. We will work to preserve our existing program base and take care not to compromise program quality by diluting our resources.

Students aspiring to a career in health sciences will view us as a “program of choice.” Our graduates will be in high demand as a result of the unique combination of knowledge, clinical competence and interpersonal, teamwork and leadership skills that they bring to the workplace.

## ***Strategic Priorities***

- Maintain Accreditation Standards: Ensure that we continue to operate all of our programs in accordance with national and international accreditation standards.
- Focus on Provincial Needs: Maintain a sharp focus on developing the health and health care professionals required to meet the needs of our residents and the Province, with a particular emphasis on primary health, Aboriginal health and rural health.
- Capitalize on the Canadian Light Source (CLS): Utilize the building and location of the CLS (Synchrotron) in Saskatchewan as a major opportunity to attract world-class health sciences researchers to the Province.
- Utilize the Strengths of the Network: Use the strengths of the Saskatchewan Academic Health Sciences Network to support the University of Saskatchewan in its efforts to advance the vision and strategic directions for health sciences with its key partners.

## **OUR PEOPLE**

### ***Preferred Future***

Our graduates will develop an understanding and appreciation of the history, traditions and values of this Province. They will be creative, critical thinkers and problem solvers who can get things done through creative strategies to best utilize resources. They will be focused on the needs of our Province, but will remain globally aware and externally networked.

We will attract capable, motivated students from a broad cross-section of socio-economic, geographic and cultural backgrounds. The Aboriginal population will be well represented in the enrolments of our health sciences colleges; and our successful Aboriginal graduates will serve as positive role models for their people.

We will attract and retain the “best and brightest” students and faculty from across the country and beyond. We will create and maintain work environments where excellence in both teaching and scholarship flourish, where individual faculty members’ passion and expertise are supported, and their relative contributions to teaching and research are recognized and celebrated. Research, discovery and evidence-based practice will be embraced as a vital part of an effective and dynamic health system.

Our faculty and students will recognize the value and importance of working as collaborative, productive members of multi-disciplinary teams. They will care about people, be empathetic, principled and ethical, love learning and be committed to achieving excellence.

Our people will feel recognized, motivated, appreciated and affirmed. We will attract risk takers and entrepreneurs with the ability to capitalize on opportunities and take our solutions out to the world.

## Strategic Priorities

- Entry Requirements: Review and refine the entry requirements for our programs to consider a broader range of desired entry characteristics and attributes. Entrance standards should allow the programs to attract balanced human beings with academic, emotional and social intelligence from broader demographic backgrounds. Entry requirements should take into account what health and health care professionals will need in the future – team and interpersonal skills, community development and leadership skills – as well as academic knowledge and clinical competence.
- Aboriginal Enrollments: Develop and implement a comprehensive strategy designed to facilitate the entry and successful completion of academic health sciences programs by a greater number of Aboriginal people. This strategy must also encourage the Aboriginal population to take a more active responsibility for *their own* growth and development.
- Faculty Recruitment and Retention: Ensure that the administrative, facility and research infrastructure is in place to attract and retain high quality faculty.

## OUR PROGRAMS

### ***Preferred Future***

#### *Undergraduate, Graduate and Residency Programs*

Our programs will be relevant, responsive, of high quality and provide the foundation of knowledge, skills and attitudes necessary to meet both academic and clinical needs. What we teach and how we teach it will reflect both current realities and emerging challenges facing the Province.

We will build on our existing strengths while ensuring that provincial priorities in primary and core specialty health care, Aboriginal health, rural and regional health and provincial service delivery are reflected in our curriculum content and service delivery model. We will increase the number of health and health care professionals we graduate in selected priority areas; however, growth targets will be realistic, sustainable and driven by an objective assessment of longer-term demand.

Undergraduate programs will develop competent, contextually sensitive health and health care professionals with evidence-based practice skills and the ability to function effectively as members of health care inter-disciplinary teams. Opportunities will also be provided to “hone” leadership, administrative and community development skills.

Graduate and residency programs will focus on the development of specialty based practice, teaching and research skills, including the role of specialists within the primary health care team. Emphasis will also be placed on providing the highest possible quality practicum experiences and residency training for students.

Program Delivery Model

Our program delivery model will reflect the critical relationship between clinical service and teaching. Opportunities to “learn by doing” in the actual work environment will remain a high priority. Mentors and preceptors will be valued and supported as key educational partners. Strong relationships will be forged between the Health Sciences Colleges and Health Regions across the Province to facilitate this important function.

Philosophically we will **continue to shift** our approach to teaching and learning from:

Static	—————>	Responsive curricula
Program silos	—————>	A more integrated and inter-disciplinary approach
Institutional	—————>	Utilizing many sites, institutional and community-based
Passive	—————>	Active learning
Instruction	—————>	Facilitative teaching and mentoring

The idea that “the teaching lab” for health sciences professionals is everywhere – academic institutions, acute and continuing care sites, the community, the research laboratory - will become part of our mindset and be reflected in the way we deliver programs.

Continuing Education

Continuing education programs and activities will be practical, relevant and easily accessed by health and health care professionals. They will have clear objectives, be adequately resourced, be of high quality and be evaluated to ensure that desired results are being achieved. Interdisciplinary approaches will be encouraged, particularly to support primary health care initiatives in Saskatchewan.

Our graduates will embrace life-long learning and continuous growth as a fundamental element of their professional life. Academic institutions, employers, professional associations and individuals will all share the responsibility for continuing education.

**Strategic Priorities**

Undergraduate, Graduate and Residency Programs

- Curriculum Content: Review and revise the curricular content to ensure that it is aligned appropriately with program objectives. This should include increased attention to:
  - Developing teamwork and inter-disciplinary skills, particularly at the undergraduate level; i.e., training on how to be an effective member of a Health Care Team;

- Ensuring a comprehensive view of health in our programs from primary prevention through to treatment and rehabilitation. This would include a dual emphasis on keeping people healthy and appropriately treating the ill or disabled.
  - Aboriginal health issues, including an increased focus on cultural awareness and sensitivity training;
  - Population health issues and the determinants of good health;
  - Evidence-based practice and the importance of linking research to clinical activity; and
  - The importance of a patient-centered and customer service orientation.
- Program Expansion Priorities: Utilize clear principles and criteria to set priorities and make decisions with respect to academic programs to be offered in the future. Initial assessment of available data suggests that Nursing, Medicine and Physical Therapy and possibly Pharmacy are priority areas for program growth given provincial and national needs. (Table #1 recommends principles/criteria to be used in making decisions in this regard.)
  - College of Medicine Focus: Focus the College of Medicine on those areas that are essential to the operation of a medical school for accreditation purposes; and limit advanced specialist training to a smaller number of selected core medical and surgical sub-specialties, that are essential to the functioning of the College of Medicine and address provincial needs.

### Program Delivery Model

- Relationships with Clinical Partners: Improve cooperation and collaboration with clinical partners to ensure effective integration of clinical service with teaching and research. Recognize the importance of, and contributions made by preceptors, clinical instructors, clinicians and other health care professionals who support clinical placements and the residency program.
- Program Integration: Build upon the work initiated by the Health Science Deans Committee to increase the integration of common elements of the various health sciences programs. This will reduce duplication, increase efficiency and help to break down barriers between the Colleges. This could include inter-disciplinary programs, common classes, inter-disciplinary case studies and research projects, collaborative team teaching to deliver programs and increased opportunities for students to navigate career pathways across health sciences programs and health disciplines.
- Portability of Credits: Increase the ease with which credits are transferred between health sciences programs as well as between other post-secondary educational institutions and the Health Sciences Colleges.

- Off-Site Program Delivery: Increase the focus on community-based programming delivered in rural and smaller urban areas supported by the use of off-site satellite schools, telehealth, access to library services and web-based learning. The University of Saskatchewan should continue and consider expansion of some programs on a regional basis; and consider increasing the number of clinical placements and residents in Regina and other locations.
- Facility/Space Constraints: Address issues relating to the critical lack of space for undergraduate, graduate and research activities and the particular need to develop facilities that support interdisciplinary approaches, program integration, and adequate library resources. The facility plan needs to consider new opportunities in working with our key partners and the potential for off-site delivery.
- Clinical Placements: Develop a concerted approach among the Health Science Colleges with the health regions and other key partners to ensure the availability of appropriate clinical placement options for students in both urban and rural settings. This may require the provision of incentives and supports for health science students and residents.
- Primary Health Care Team Member Roles: Use primary health reform to help to provide increased clarity around the composition of health care teams and the evolving roles and required skill sets of health care professionals within these teams.
- Inter-provincial Cooperation: Establish joint programs and strategic alliances with academic health sciences programs in other provinces when our program size is small or we have selected special expertise.

### Continuing Education

- Primary Health Care Focus: Utilize primary health care reform as a pilot project for the development of a comprehensive continuing education strategy. This pilot should focus on developing the skills and attitudes that health care professionals need to advance primary health care reform and work as effective members of interdisciplinary teams.
- Interdisciplinary Programs: Establish interdisciplinary continuing education programs/activities that deal with broad issues and topics relevant to all disciplines and deliver these in interdisciplinary settings; e.g., interdisciplinary conferences, interdisciplinary sessions targeted to a specific disease, rural/community settings, etc. This will help to break down barriers among the disciplines and facilitate increased teamwork.
- Funding: Consider provision of dedicated provincial funding for continuing education focused on key government priorities. Relying on full cost recovery from users will not ensure that important government priorities are addressed in a comprehensive manner.
- Outreach Programming: Increase efforts to address continuing education needs in rural and small urban areas. The use of on-line training modules, telehealth, video broadcasts, inter-disciplinary sessions, etc., could be valuable tools in this regard. Opportunities to

partner with SaskTel, as an expert in telecommunications, to support program delivery should be explored and developed.

- Strategic Programming: Create and market courses in what we are good at nationally and internationally (eg Aboriginal Health).

## OUR PARTNERS

### *Preferred Future*

Partnerships will be built upon a foundation of trust, shared goals, and an understanding of each partner's legitimate needs, constraints and responsibilities to the constituencies they serve. They will be supported by clear definitions of the purposes for the partnership, the respective roles and responsibilities of the partner organizations, and transparent and effective decision-making processes.

The critical symbiotic relationship among teaching, research and service will be reflected in mutually supportive, cooperative working arrangements between the Health Sciences Colleges and the Health Regions. Positive and effective relationships with the University of Regina, the Saskatchewan Institute of Applied Science and Technology (SIAST), the Saskatchewan Indian Federated College (SIFC), Health Canada, the Ministries of Health and Learning, Quality Council, Saskatchewan Health Research Foundation and private sector organizations will also create productive synergies that support the clinical services and academic mandates.

Partnerships will be formed and maintained only when they add value. Resources required to maintain partnerships must be made available.

### *Strategic Priorities*

- Partnership Terms of Reference: Establish and utilize a standard Partnership Terms of Reference Template to guide establishing, operating and dissolving of partnerships.
- Joint Clinical and Academic Appointments: Increase the use of joint academic and clinical appointments to improve integration and coordination between the academic programs and clinical practice with the understanding that both the clinical service and academic mandates are equally important. E.g., Academic Chair/Clinical Chief; Associate Dean/Vice President Medical; etc. This will require joint recruitment processes involving the College of Medicine and the RHA(s).
- Increase Collaboration Between the Universities of Regina and Saskatchewan: Increase the level of collaboration and networking between the Universities of Saskatchewan and Regina; e.g., increased research collaboration between campuses.
- Build on Existing Relationships with Aboriginal Groups: Continue the very solid relationships that have been developed to date between Northern Medical Services within the College of Medicine and the Northern InterTribal Health Authorities (NITHA), the Northern Health Sciences Access Program and the current negotiations with SIFC and SIAST regarding the Nursing Education Program of Saskatchewan. It will be important

to cultivate close relationships with Aboriginal organizations, including SIFC, and other Aboriginal organizations, to help create the environment required to encourage increased participation by Aboriginal people in the health professions.

- Use the Network: Use the strengths of the Saskatchewan Academic Health Sciences Network to facilitate relationships with key partners to support the integration of the health and clinical services, education and research.

## OUR RESEARCH DIRECTIONS

### *Preferred Future*

Research activities will be focused to allow for better support without “destroying the independence of thought and action that characterizes many successful research groups”. Dedicated resources will be provided to support research in high priority areas – primary health, Aboriginal health, rural health care delivery, quality improvement and the core biomedical research programs that are required to support these areas; however, we will continue to build on the strengths of existing and emerging research groups/clusters at the University of Saskatchewan, the University of Regina and the SIFC.

There will be substantial increases in the levels of funding for research projects including CIHR grants, provincial grants and private sector funding. Investments will be made in the physical, technical and human resource infrastructure required to attract and retain world-class investigators. This will include dedicated time for research, the creation of endowed research chairs and support for and encouragement of provincial, national and international collaboration on research projects.

A positive research culture and climate will be created in the Province. Academic institutions, provincial and municipal governments, health care providers, the private sector and the public at large will recognize the significant benefits of investing in discovery. Research will be widely embraced as a critical element for all our faculty in our quest to improve the health and quality of life of our residents; and we will capitalize on the potential of research to be an economic growth engine for our communities and the Province.

### *Strategic Priorities*

- Scope of Research: Encourage and support both biomedical (basic) and applied research initiatives as essential elements of a dynamic and successful research environment.
- Establish Research Themes: Focus health research activity by creating a number of research groupings, themes or directions that are not confined to the place of employment, e.g., province-wide focus, inter-provincial linkages, national and international, etc. Establish these health research groupings/themes within and across the four pillars identified by The Canadian Institutes of Health Research (CIHR): Biomedical Research, Clinical Research, Research on Health Services and Systems and Research on

Health on Populations including Social, Cultural and Environmental Influences on Health.

- Provincial Priorities: Focus substantial research activity on a select number of research areas/themes that are most relevant to the needs of the Province - primary health, Aboriginal health, health care delivery to a sparse and widely distributed population and provincial service delivery. Link primary health care and core specialty teams with primary health care research initiatives. In that the identification and follow-through on research priorities will involve several key partners, the Saskatchewan Academic Health Sciences Network should be used as a facilitative body to implement these suggestions.
- Translational Research: Recognize the importance of translational research to use the results of research findings to improve the quality of care and health status for people of Saskatchewan. This applies not only to research results from Saskatchewan projects but also to research developments on a national and international level.
- Canadian Light Source (CLS): Vigorously pursue the opportunities and unique capability provided by the Canadian Light Source (Synchrotron) to advance health sciences research in Saskatchewan.
- Research Plan and Funding Framework: Develop a Research Plan and Funding Framework for health sciences research that:
  - Sets research priorities;
  - Recognizes research priorities at the University of Saskatchewan need to be developed in consort with the development of a health research strategy through the Saskatchewan Health Research Foundation, a process that will involve the Saskatchewan Academic Health Sciences Network;
  - Establishes measurable key results/outcomes to be achieved relative to each priority;
  - Defines clear strategies to support the attainment of the desired outcomes;
  - Establishes a “*Research Funding Framework and Plan*” that facilitates the commitment of resources by partners to specific research priorities, groups and projects;
  - Uses sources of funding from within the province to leverage funding from major granting agencies and other national and international sources of funding; and
  - Recognizes the importance of providing infrastructure to allow establishment and maintenance of the biomedical, clinical and socio-health groups for both existing and emerging strengths.
- Business Case and Marketing Plan: Develop and demonstrate the business case to the Province and the public for developing Saskatchewan’s health research capacity. Document the benefits of research to the Province (e.g., improved clinical outcomes,

increased population health, “enlightened” public health policy, improved quality of life, increased employment, positive national profile, economic development, spin off companies, etc.); and develop and implement a targeted marketing strategy to create excitement and support for research and attract investment in research projects.

- CIHR Task Force: Continue the work of the President’s CIHR Task Force to: increase the number and success rates of applications to CIHR, including group grant, programs of research and new investigator applications; and increase timely and effective completion of funded research projects, and successful renewal of grants.
- Invest in Research Infrastructure: Invest in the human, technical and facility infrastructure required to attract/support new researchers. Potential initiatives include:
  - Establish endowed research chairs;
  - Establish a substantial provincial research scholarship fund to attract federal funds, scientists and investigators;
  - Encourage and facilitate inter-disciplinary research;
  - Establish the communication and information networks required to support provincial, national and international collaboration;
  - Provide dedicated time to do research; and
  - Fund more Post-doctoral students, PhD scientists, MD/PhD scientists, clinical scientists, research assistants, and undergraduate projects both for health sciences programs and biomedical sciences.
  - Fund established research groups across all four pillars of the CIHR mandate.

## 2. ADVANCING THE STRATEGIC AGENDA

Health sciences programs under the mandate of the University of Saskatchewan are provincial resources that serve the entire Province. Effective delivery of these programs requires high levels of cooperation and commitment by several key partners including, the Saskatoon Health Region, the Regina Qu'Appelle Health Region, Saskatchewan Health, Saskatchewan Learning, SIAST and SIFC.

Planning Team members recognized that for partnerships to work effectively they must be built upon a foundation of trust, shared interests and mutual respect. There was a strong belief that making difficult decisions and setting priorities with regard to future academic health sciences programming would be done more effectively if clear operating principles/criteria were established to guide the process. Table 1 details the principles recommended by the Planning Team in this regard.

**TABLE 1: RECOMMENDED PRIORITY SETTING AND DECISION-MAKING PRINCIPLES**

*Principles:* Recommended principles/criteria to be used to set priorities and make decisions with respect to academic health sciences educational programs under the mandate of the University of Saskatchewan are as follows:

- Health sciences colleges and programs at the University of Saskatchewan must be viewed as a provincial resource that serves the needs of the entire province.
- Program development priorities at the University of Saskatchewan will consider provincial, national and international needs and will be developed within the context of the University of Saskatchewan's Strategic Plan.
- The Vision document be viewed as a framework for the development/support of programs under the mandate of the University of Saskatchewan.
- Space and other infrastructure requirements, including adequate library resources, are necessary to support education and research programs.
- Programs need to meet or exceed national and international accreditation requirements and meet commonly accepted professional, national and international standards.
- Decision-making criteria and processes must be transparent and be applied fairly and objectively.
- Decisions must be evidence-based, including an objective assessment of the:

**TABLE 1: RECOMMENDED PRIORITY SETTING AND DECISION-MAKING PRINCIPLES**

- Relative demand for the program over a longer timeframe;
  - Potential to attract and retain the critical mass of students required to ensure cost-effective delivery;
  - Ability to attract and retain the faculty and staff necessary to teach the program;
  - Availability of clinical placements required to support the practical experience components of the program; and
  - Access to the required capital and operational funding to sustain the program over time.
- The critical relationship among teaching, research and clinical service must be adequately reflected in the program content, the program delivery model and operational decision-making structures.
  - The research mandate must be embraced as a fundamental and essential element of the program.
  - The potential to deliver the program in partnership with other provincial educational institutions and/or academic programs in Alberta and Manitoba should be assessed as part of the development of the “business case” for the program.
  - All partners who will be impacted by decisions made must have timely, appropriate input and meaningful influence over the decision, e.g., “collaborative decision-making based upon strategic alignment and interdependencies”.
  - Program design should take into account the relative merits of a range of settings, approaches to teaching and program delivery vehicles.
  - The program design and delivery model should include mechanisms to attract a cross section of students that is more representative of the Province’s economic, geographic and cultural demographic situation.
  - Assessment of prior learning, transferability of credits and interdependence issues must be addressed including resources required for this to occur.

While the above decision-making principles apply most directly to educational programs they are also relevant to advancing the research agenda. Shaping the future of research also needs to take into account the strategic priorities for research noted earlier in this document. In addition, consideration must be given to other collaborative opportunities that may exist in the province and on a national and international level. Provincially, it will be important to consider relationships with the University of Regina, Health Regions and other stakeholders who have an interest in research in the province. Personnel from these other organizations with demonstrated strengths should be engaged, where feasible, in relevant research groups (biomedical → clinical → social/population health projects).

There was a generally held view that the Saskatchewan Academic Health Sciences Network could play a significant role in facilitating and sustaining the vision and strategic directions. The importance of aligning the strategic plans of the Health Sciences Colleges with those of the University, the Health Regions and other key partners was also emphasized. Similarly, it was noted that it would be essential to effectively engage Aboriginal leadership at appropriate stages in the operational planning and implementation processes.

Finally, the need to move effectively from vision and strategic directions to measurable objectives, to action and evaluation of results, was identified as pivotal to future success. There was some optimism that the direct and active involvement of representatives from all major stakeholder organizations in the crafting of this proposed Vision and Strategic Directions would support commitment to common goals and advance the strategic agenda.

The future belongs to those that have the vision and the courage to shape it.

## ATTACHMENTS

## ATTACHMENT 1: APPROACH

The Saskatchewan Academic Health Sciences Network facilitated the visioning process. Lawrence Beaudry, Western Management Consulting, was recruited to lead the process. His approach to complete the project involved the following key steps:

- Project Launch: A Project Steering Committee was established to provide overall direction to the project. The Steering Committee was also responsible for engaging the external consultant, establishing project objectives and deliverables, approving the work plan and schedule and recommending the composition of the Planning Team.
- Planning Team: A Planning Team comprising 35 members was established and charged with the responsibility for working with the consultant to recommend the key elements to be included in the Vision and Strategic Directions document for academic health sciences. A list of Planning Team members is included in Attachment # 2.
- Data Collection Phase: The data collection phase included a review of relevant background documents and data as well as individual interviews and focus group sessions. A structured interview process was used to complete individual interviews with 16 key stakeholder representatives. In addition, three focus groups (two in Saskatoon and one in Regina) were held to gather input into the visioning process.
- Briefing Paper: The consultant documented the results from the data collection activities in the form of a briefing paper that was used as part of the database to support the work of the Planning Team. The Briefing Paper was provided for Planning Team members in advance of the visioning session, under separate cover.
- Visioning Session: A one-day facilitated visioning session with the Planning Team was held at which:
  - The project purpose and progress to date were reviewed;
  - General agreement was reached on the key elements of a preferred future and related strategic priorities relative to five key areas, namely - profile, people, programs, partnerships and research capacity; and
  - Principles/criteria were developed to guide priority setting and decision-making regarding future academic health sciences programming.
- Draft Vision: The consultant utilized the outputs from the visioning session and the earlier data collection processes to develop a draft Vision and Strategic Directions document for review by the Planning Team.
- Final Vision Document: Modifications required as a result of the Planning Team review were incorporated into a final Vision and Strategic Directions document marking completion of this phase of the project.

Substantial efforts were made to engage representatives from a broad cross section of stakeholders either in sixteen one-on-one interviews, as focus group participants (three groups of between twelve and eighteen people each, two in Saskatoon and one in Regina) or as members of the Planning Team (see Attachment 2). Care was taken in structuring the Planning Team to have key decision-makers from all of the key partners at the table.

A draft of this document “Our Journey to Better Health: The Vision and Strategic Directions for Health Sciences, University of Saskatchewan” facilitated by the Saskatchewan Academic Health Sciences Network and dated November 29, 2002 has been reviewed by a much larger number of individuals and groups. These groups include the University of Saskatchewan Board of Governors, University Council committees, the Faculty Councils of the Health Science Colleges, Saskatchewan Health Libraries Association, Health Regions, and the Northern Health Strategy Group.

## ATTACHMENT 2 PLANNING TEAM MEMBERSHIP

Bob Bundon, Chair, Saskatoon Health Region (SHR) & Co-Chair, SAHSN Board  
Rob Weiler, Anesthetist, SHR  
Chief Garry Standing, Board Member, UOFS  
Dennis Gorecki, Dean, College of Pharmacy and Nutrition, UOFS  
Dwight Nelson, President and CEO, Regina Qu'Appelle Health Region (RQH)  
Shan Landry, Vice President, Primary Health, SHR  
Rebecca Warburton, Student, College of Medicine, UOFS  
Jim Fergusson, President and CEO, SHR  
Ken Coates, Acting Vice President Academic and Provost, UOFS  
Ralph Nilson, Coordinator, Population Health Emphasis, UOFR  
Charles Baker, Dean, College of Dentistry, UOFS  
Deb Malone, Chief Financial Officer, SHR  
Donna Magnusson, Director, Policy and Alternative Compensation, Saskatchewan Health  
Bruce Waygood, University Coordinator of Health Research/Research Admin, UOFS  
Jean Morrison, Senior Vice-President Nursing & Health Sciences, SHR  
John Biss, Executive Director, University Services, Saskatchewan Learning  
George Carson, Director, Maternal-Fetal Medicine, RQH  
William Albritton, Dean, College of Medicine, UOFS  
Mark Evered, Associate Vice-President Academic, UOFS  
Barrie Dubray, Assistant Provost, UOFS  
Claude Naud, Vice-President, Programs, SIAST  
Beth Horsburgh, Dean, College of Nursing, UOFS  
Sharon Sullivan, President and CEO, St. Paul's Hospital, Saskatoon  
Barry Maber, Vice-President Physician, SHR  
Jane Forster, Coordinator, Saskatchewan Academic Health Sciences Network  
Bryan Bilokreli, Associate Director Planning & Development, UOFS  
Liz Harrison, Director, School of Physical Therapy, UOFS  
Jim Thornhill, Associate Dean, College of Medicine, UOFS  
Bob Faulkner, Kinesiology, UOFS  
Marcel de la Gorgendière, Co-Chair SAHSN Board  
Pauline Melis, Director of Academic Affairs, UOFS  
Charles Rhodes, Acting Dean, Western College of Veterinary  
Carl von Baeyer, Faculty & Director, Clinical Psychology, UOFS  
George Pylypchuk, Nephrology & Internal Medicine, UOFS  
Alan Rosenberg, Pediatrics, RUH  
Lawrence Krahn, Assistant Deputy Minister, Saskatchewan Health  
Craig Dotson, Deputy Minister, Saskatchewan Learning  
Larry Harder, Planning and Development, Facilities Management, UOFS  
Don Philippon, Special Advisor, Saskatchewan Academic Health Sciences Network

**Facilitators:**

Candace Wasacase-Lafferty, Aboriginal Employment Coordinator, UoFS  
Toni Villiers, Strategic Planning & Organizational Development, UoFS  
Martin Rempel, Conflict Management Coordinator, UoFS

**Consulting Resources:**

Lawrence Beaudry, Western Management Consulting  
Brian Spooner, Health Care Consultant, Western Management Consultants