

Department of Psychiatry

STRATEGIC PLAN Summary | 2013–2017

Integrating Brain+Mind+Body



Chief's Message

"In the long run, we only hit what we aim at." —Thoreau

Sunnybrook Health Sciences Centre has long been known as the destination for the best health care in Canada, as well as a hospital where the future of global health care is being invented. Our Sunnybrook Department of Psychiatry is proud to be at the forefront of discovery in the related fields of mental health and brain medicine. Disorders of the brain and the mind represent some of the biggest health challenges now and for the coming generation. Our Department of Psychiatry is firmly embedded in the Sunnybrook Brain Sciences Program, and we are driven by the understanding that major mental disorders are rooted in abnormalities of brain function and that all brain disorders have significant psychological, behavioural and social consequences. Because the brain and mind cannot be separated, a comprehensive, integrated and multidisciplinary approach to understand and manage these disorders is required. Our Department is now poised to face down the daunting challenge of disorders of the brain and mind through our bold five-year strategic plan.



The central goal of this strategic plan is to lay the foundation for renewal so that we can continue to grow and differentiate ourselves from our peers. It is only through differentiating ourselves from other Toronto Academic Health Science Network hospitals in distinctive ways that we will be able to attract funding, faculty and learners. Of note, we do this in collaboration with the University of Toronto's department of psychiatry, with which we share a close partnership. A central aspect of our strategic plan is that our Department's mission is to integrate brain, mind and body into our research, education and clinical care. Within this brain-mind-body continuum, we will deliberately focus our resources on complex mood and anxiety disorders across the lifespan, as well as on neurodegenerative disorders.

In this strategic plan we give you a glimpse of our three strategic directions corresponding to clinical care, education and research. We define the metrics that we will track to define success and we lay out our implementation strategy, as well as our first-year milestones.

We hope you enjoy reading our Department of Psychiatry strategic plan and encourage you to collaborate with us to help us achieve our goals.

A handwritten signature in black ink that reads "Ari Zaretsky".

Dr. Ari Zaretsky
Chief, Department of Psychiatry
Sunnybrook Health Sciences Centre
Associate Professor, Department of Psychiatry
University of Toronto

Our Context

Understanding the context within which the Department of Psychiatry is situated is integral to setting a strategic direction. We analyzed the linkage and fit to the strategic plans of the department of psychiatry within the University of Toronto and Sunnybrook Health Sciences Centre, as well as to broader environmental forces and trends.

The academic environment is changing. It increasingly emphasizes integration, impact and innovation, and more engagement of broader academic enterprise across the Toronto Academic Health Science Network (TAHSN) and community affiliates.

The education environment is changing. Educational programs are seeing growth in numbers and a more diverse population. There has been an introduction of innovative approaches, and more robust assessment and evaluation strategies, competency-based curricula and nontraditional experiential methods. The expectations of learners are changing, too, in part owing to expanded use of technology and generational differences. Resident work hours are also changing.

The research environment is changing. There has been a move to multicentre studies and interdisciplinary collaborative teams, all within a more competitive funding environment. Ontario has introduced initiatives that seek to position it as a place to collaborate with a highly educated work force in a productive research environment. An ongoing barrier to success is lack of sustainable career support mechanisms for established clinician-researchers. Emerging fields include epigenetics, neurostimulation, genomics, pharmacogenetics and neuroimaging; breakthroughs in these and related fields are transforming psychiatry.

The health care environment is changing. This change is happening on several levels. At the system level, there are concerns about ongoing financing of health care and the ability of the province to sustain a high-quality, cost-effective system. There is more focus on accountability, performance measurement and quality improvement. More attention is being paid to chronic disease prevention and management, and measurement-based care. Some regulated health professionals have enhanced scopes of practice (e.g., nurse practitioners). In addition, we are seeing the emergence of personalized medicine, and a focus on brain resilience and repair. Electronic health records have the potential to increase connectivity, and there is more emphasis on interprofessionalism.

At the Local Health Integration Network (LHIN) level, there is an emphasis on efficiency and value, integration and patient-centredness, and accountability and performance measurement. There is also ongoing primary care reform; for example, the introduction of Health Links to support the 5% of the patient population that is driving 80% of the cost. There is also funding for community-based partnerships.

Within Sunnybrook, there is emphasis on efficiency, value and quality through the adoption of a strong programmatic focus. Within both Sunnybrook and U of T, there is opportunity for the role of psychiatry to be redefined in an environment of strategic focus. A challenge is how individuals can show their leadership credentials in an increasingly team-based environment, given that tenure and promotion are still based on individual accomplishment.

The social environment is changing. Mental health is more visible: conversations are more open, and there are high levels of awareness. Media and corporations are becoming engaged. There is also recognition of the need for closer alignment of mental and physical health, even as an aging population means that more Canadians are living with brain-related conditions. There is now an expectation for medicine to be socially responsible by meeting the health needs of individuals and populations in local and global settings.

The global context is changing. Most notably, there are expanded expectations to advance a local, rural and international agenda with research and educational linkages as a means to fulfil social responsibility.

From this analysis of the context, we identified questions and strategic implications that helped guide our strategic positioning, to which the rest of this plan is devoted.



Dr. Anthony Feinstein's wide-ranging expertise includes the neuropsychiatry of multiple sclerosis, traumatic brain injury and post-traumatic stress disorder.

MISSION: Integrating brain, mind and body, we promote discovery and learning and provide exemplary care to improve the lives of patients and their families.

VISION: We will invent the future of mental health care.

VALUES: Dedication to excellence in everything we do | Delivery of compassionate care in collaboration with patients and families | A collegial culture where we deeply respect and care about each other.

POSITIONING STATEMENT: We want to be known as an opinion leader in the field of mental health. This entails discovering innovative treatments and evidence-informed integrative models to provide seamless clinical care.

GUIDING PRINCIPLES: We will strategically focus our efforts in alignment with the priorities of the Brain Sciences Program at Sunnybrook, Sunnybrook Research Institute (SRI) and the University of Toronto's department of psychiatry. We will maximize capacity and impact by collaborating with the Toronto Central LHIN and across the TAHSN. We are leaders in our discipline and will continue to provide leadership across the system in a range of different ways.

Establishing a Focus

We will continue to differentiate ourselves from other departments across the TAHSN in distinctive ways that attract funding, faculty and students. Within the brain-mind-body continuum, there are two areas—**complex mood and anxiety disorders across the lifespan and neurodegenerative diseases**—where the Department is perceived as outstanding (as measured with standard metrics including expertise sought, academic productivity and grants acquired, among others); thus, these are identified as the Department's initial areas of focus and differentiation.

In addition, our Department has a requirement to fulfil education and general hospital responsibilities; therefore, there is need for depth and focused breadth. Accordingly, we will provide an array of clinical services across the brain-mind-body continuum in alignment with these research foci:

- Neuropsychiatry, brain therapeutics, psycho-oncology, reproductive mental health
- Brain-heart continuum (vascular health in youth, post-stroke depression)
- Mind-body continuum (mindfulness, cognitive-behavioural therapy [CBT]).

Finally, as a strong psychiatry department within a general hospital, we must be integrated with core clinical services. Healthy individuals require healthy bodies *and* healthy minds; therefore, we will continue to support the programs at Sunnybrook, as the chart helps illustrate.

Sunnybrook Program	Sunnybrook Department of Psychiatry Expertise
Brain Sciences	Neurodegenerative diseases, mood and anxiety disorders
Holland Musculoskeletal	Consultation liaison psychiatry
Odette Cancer	Psychosocial oncology
Schulich Heart	Consultation liaison psychiatry
St. John's Rehab	Neuropsychiatry
Trauma, Emergency & Critical Care	Traumatic brain injury
Veterans & Community	General psychiatry and geriatric psychiatry
Women & Babies	Reproductive mental health

STRATEGIC DIRECTION 1: CLINICAL CARE

Improve access to and delivery of integrated quality care.

Success will be measured by tracking:

1. Wait times for all steps of ambulatory referrals from receipt of referral to receipt of report by referring physician:
 - a. Tracked electronically
 - b. Percent meeting standards set by the Department
2. Percent of new patients discharged from ambulatory services within 12 months of start of follow-up
3. Number of unique visitors to the referring physician and patient information section of our website
4. Amount of LHIN funding for our clinical programs
5. Readmission rates as compared to those of other Toronto hospitals.

The Department of Psychiatry serves a large geographic area and is a major resource beyond the Greater Toronto Area. We also work closely with most of Sunnybrook's programs and participate in the Acute Care Alliance. Overall, the Department delivers excellent clinical care, particularly when factoring in such issues as the current physical space and the absence of key technology supports such as an electronic health record.

In any academic health sciences centre, there is tension between the provision of general services to the community and individuals entering through emergency, and the more specialized expertise offered. Changes at the system level, most notably the

introduction of LHINs and the launch of their initiative Health Links, are opportunities to rethink the catchment area and provide mental health leadership in the northeast sub-LHIN.

Improving the interface with patients and community and referring physicians is an opportunity to improve the alignment between demand, and the capacity and capability to provide service. Across Sunnybrook, there is expertise and infrastructure available to support the enhancement of modern interfaces and linkages to patients and the community. Together with strengthening relationships with community partners, this improved interface has the potential to make the transition of patients between the community and the hospital, and

back to the community, relatively seamless, while improving efficiency and quality.

Improving inpatient and outpatient care is an ongoing quest enabled by the growing quality improvement expertise within the Department. Promoting a focus on quality measures and improvement is key, as is the adoption of best practices. While improvements to our Psychiatry inpatient ward have been made, an opportunity exists to make further improvements, for example, through enhanced measurement and the adoption of innovative care delivery models.

Clinical Care Goals and Implementation Strategies

1 Strengthen engagement with programs and community services external to the Department.

- Clarify expectations and resource deployment between general support to geographic catchment zone, support to Sunnybrook's programs and requirements, and the provision of specialty services.
- Play a leadership role in the Toronto Central LHIN, engaging in the Health Links initiative and establishing community partnerships.
- Continue to enhance technology options such as telepsychiatry.
- Strengthen integration with Sunnybrook's programs and priority areas, as well as with LHIN initiatives and community partners.

- Strengthen integration and planning with respect to shared care and continuity of care of patients through the adoption of best practices.

2 Improve delivery of quality care.

- Develop a patient tracking system that allows for greater efficiency and monitoring of quality metrics.
- Improve the interface with patients and physicians (with a special focus on family doctors) by leveraging Sunnybrook resources to develop a modern interface with patients and the community (e.g., adoption of MyChart and e-Discharge).
- Re-engineer the intake system to screen for appropriate patient base and referrals, and support timely consults. This includes integrating a patient registration system with an appointment

management system to increase psychiatrist and clinician accountability.

- Strengthen adult division ambulatory services (e.g., by addressing such issues as centralized intake information, establishing clinical productivity expectations and criteria for age transition).
- Deepen the focus on quality measures including: actual clinical outcomes; prn (as needed) usage and documentation; readmission rates; use of restraints; cultural sensitivity and appropriateness. Implement professional quality improvement initiatives (e.g., peer-practice reviews and multi-source feedback).
- Implement innovative inpatient and ambulatory models of care to improve access, quality and outcomes.
- Improve discharge planning.
- Explore adoption of relationship-based care model.

3 Develop collaborations citywide in areas of strength, such as geriatrics, youth bipolar disorder and obsessive-compulsive disorder; and areas that are not a focus, like addiction.

- Establish priorities working with TAHSN/Toronto Central LHIN that could include CBT and mindfulness resources with the Centre for Addiction and Mental Health (CAMH) and University Health Network; and youth psychiatry resources with SickKids Hospital, St. Joseph's Health Centre and CAMH.

4 Strengthen linkages to research and education.

- Facilitate further development and integration of evidence-informed practice, including measurement, established treatment guidelines and clinical order sets, into the inpatient and ambulatory care programs.

STRATEGIC DIRECTION 2: EDUCATION

Deliver a world-class learning experience to health professionals, patients and their families.

Success will be measured by tracking:

1. Post-graduate year (PGY)-2 match scores
2. Demand for training by senior residents in the Department's areas of focus
3. Teacher ratings and nominations for teaching awards
4. Nature and number of leadership roles or committee positions within the university department and at Sunnybrook
5. Satisfaction of patients and families with education support provided.

The Department of Psychiatry seeks to be excellent and differentiated in the delivery of its education mandate. We educate health professionals, and patients and their families. Historically, the practice of psychiatry has always included a patient education—and increasingly a family education—component; and the formal focus of the Department has been on medical education. While survey scores suggest that students are satisfied with the teaching, the Department has been unsuccessful in the last few years at attracting residents through the internal matching process (Canadian Resident Matching Service). The “geographic penalty” of being located elsewhere than on University Avenue, together with space and facility constraints, are seen as

hindrances to meeting the expectations of residents. Moving forward, to continue to play a leadership role at the university, our Department will focus on attracting residents into its areas of excellence.

Expectations also include shifting beyond multiprofessional education, where the Department is well regarded, to adopting interprofessional education (IPE). This presents somewhat of a challenge until an interprofessional care delivery model is more fully embraced at Sunnybrook, which is not likely to happen until the mental health facility is renovated or replaced.

More recently, the Frederick W. Thompson Anxiety Disorders Centre has provided innovative patient and

family education programming. Its approaches and learning could be adopted more widely. There are also opportunities to work closely with some of the Sunnybrook programs to introduce new patient and family joint education initiatives, leveraging insights regarding the use of technology and social media.

Success depends on doing a few things well. We must improve our teaching effectiveness by celebrating success, encouraging faculty development, and tracking and rewarding performance. We must also leverage technology and innovative practice, foster a quality improvement mindset and evolve toward adopting a stronger focus on education scholarship.

Education Goals and Implementation Strategies

1 Improve PGY-2 experience.

- Engage residents in determining priorities for improvement.
- Revamp the learning experience on our Psychiatry inpatient ward.
- Develop a mentorship program for PGY-1 and PGY-2 residents.
- Develop and disseminate a list of enrichment opportunities for PGY-2 residents.
- Develop and leverage areas of strength as “centres for educational excellence;” e.g., a CBT institute.
- Develop patients and clients as teachers.

2 Foster faculty excellence in a learning environment.

- Celebrate teaching and education excellence.
- Focus on improving teaching effectiveness by developing faculty.
- Encourage engagement of all faculty members in teaching and learning activities.
- Create a framework for tracking and measuring educational scholarship and research.
- Encourage continuous learning by faculty and staff.
- Support faculty in taking on education leadership roles at Sunnybrook and in the Department.

3 Adopt a focus on IPE.

- Develop an IPE plan under interprofessional leadership, building from the existing multiprofessional learning opportunities.
- Leverage existing forums and programs, such as Grand Rounds, Brain Sciences Rounds and Fresh Start.
- Use existing metrics and quality assurance tools to review interprofessional care and improve IPE experiences; e.g., DTEAM, IP COMPASS.

4 Extend patient and family education opportunities.

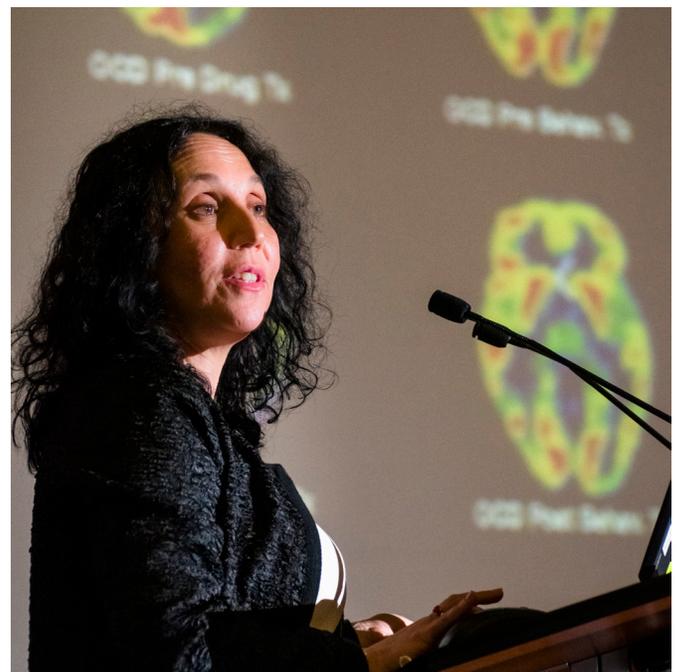
- Leverage the Frederick W. Thompson Anxiety Disorders Centre initiatives.
- Determine opportunities to use e-media and leverage such electronic platforms; e.g., MyChart.
- Partner with Sunnybrook programs to meet identified learning needs.

5 Deepen use of technology and other innovative practices in education.

- Use equipment more widely; e.g., videoconferencing for continuing education, public education and broadcasting of Grand Rounds.
- Use departmental portal for educational purposes.
- Define opportunities in education offerings that could be addressed through new technologies.
- Extend availability of online course materials, showcasing Sunnybrook’s expertise.
- Embrace social media and other technology; e.g., simulation and web-based international learning for educational purposes.
- Encourage and reward innovation and scholarship in education.

6 Develop required infrastructure.

- Introduce quality and continuous improvement framework for education, including metrics, targets, and a monitoring and review cycle.
- Ensure technological requirements are available with the appropriate leadership structure.
- Review space constraints to facilitate resident learning experience.



Dr. Peggy Richter is head of the Frederick W. Thompson Anxiety Disorders Centre at Sunnybrook. She is known internationally for her work in obsessive-compulsive disorder.

STRATEGIC DIRECTION 3: RESEARCH

Produce high-quality discoveries that lead to improved quality of life and outcomes for people with disorders that adversely impact the brain-mind-body continuum.

Success will be measured by tracking:

1. Number of peer-reviewed publications, abstracts at scientific meetings, etc.
2. Journal impact factor of clinician-scientists
3. Money generated from grants and other sources
4. Number of patents and commercialization activities
5. Ability to attract top-level research students
6. Number of national and international collaborations
7. Number of collaborations across: divisions, the University of Toronto's department of psychiatry, and traditional medical and nonmedical disciplines (e.g., sociology, anthropology, engineering, etc.).

Historically productive and well regarded for its research, the Department is seeking ways to enhance its expertise, profile and impact. Strengths include ongoing support for research from the medical partnership, as well as strengths in multi-treatment modalities (for example, pharmacotherapy and psychotherapy) and research platforms (for example, epidemiology, pharmacology, health services, biochemistry, genetics, imaging and clinical trials).

The external funding environment is increasingly competitive. There is more emphasis on biomarkers and image-guided therapeutics, particu-

larly locally. Funders' expectations include national or international collaboration, and more emphasis on knowledge translation (KT), pharmacoeconomics and cost-benefit analysis.

Psychiatric illness is frequently multi-comorbid and affects multiple systems; therefore, it requires a multimodal approach for understanding and treatment. This requirement is not necessarily well understood across the hospital; thus, efforts must be made to reposition the Department strategically within Sunnybrook—for its contributions across the brain-mind-body continuum,

and its significant impact in the area of neurodegenerative diseases and complex mood and anxiety disorders across the lifespan.

Given our commitment to integration of physical and mental health, we will seek ways to integrate research and support the collaborative work of clinician-scientists. Investment will be required in core infrastructure (for example, freezer space for genetic material) and, as part of developing more integrated solutions, we will seek to expand relationships with other scientists within Sunnybrook Research Institute.

Research Goals and Implementation Strategies

1 Pursue stable and sustainable funding.

- Develop and implement an advancement strategy that includes opportunities for earned revenue, finding donors, endowments, industry partners and commercial opportunities.
- Develop oversight via an inventory of researchers, including funding sources and terms of career funding, and assessment criteria and expectations.

2 Foster strategic collaborations across the brain-mind-body continuum.

- Enhance our relationship with the Institute for Clinical Evaluative Sciences.

- Enhance our relationships with like-minded researchers across the department of psychiatry at the University of Toronto.
- Enhance local collaboration by identifying departmental champions with broad expertise; e.g., in KT, genetics and meta-analysis.
- Enhance collaboration by identifying local or regional experts and “purchasing” their time.
- Provide seed money to include biologic measures in psychotherapy and clinical research, and to include psychological measures in biological studies.
- Expand clinical research by measuring clinical symptoms and outcomes in every patient, and tracking these in a central database.

3 Strengthen linkages to SRI in pursuit of mutual priorities.

- Strengthen awareness of the Department’s research findings within Sunnybrook.
- Expand knowledge of, and access to, available local, national and international research resources.

4 Strengthen knowledge translation and commercialization endeavours.

- Consult with experts and agencies about commercialization opportunities and processes.
- Identify KT champion and core team to develop understanding and inclusion of high-quality KT in the Department’s research.

5 Align resources to support success.

- Recruit additional scientists selectively to enhance brand and differentiation, and to increase research funding and productivity.
- Hire a research coordinator to support integration, facilitate recruitment, manage central data collection and support scientists, thus enhancing productivity.
- Establish priorities for core infrastructure; e.g., neurostimulation lab for research and intervention/treatment, magnetic resonance imaging facility, genetics laboratory, freezers, and centralized database.
- Engage medical partners, donors, SRI, Sunnybrook, and provincial and federal funding agencies to support investment in these priorities.

Enabling and Supporting Strategies

To implement these three strategic directions successfully, several critical supports or enablers are required. Success in implementing these strategies will be measured by how much donor funding is raised, the number of new memoranda of understanding signed with other hospitals, community partners and LHIN, and satisfaction ratings of our Department employees and psychiatrists.

1 Strengthen the partnership.

- Enhance financial transparency.
- Reduce expenses and costs.
- Enhance leadership development.

2 Enhance community linkages.

- Provide continuing medical education opportunities to community physicians.
- Build relationships with Toronto Central LHIN leadership.
- Strengthen relationships with geographically proximal community hospitals.
- Strengthen relationships with service providers in the community; for example, the Canadian Mental Health Association, Griffin Centre and Mood Disorders Association of Ontario.
- Strengthen relationships with patients by developing a statement of patient rights, creating a welcoming environment and engaging them in conversations about service delivery through a patient advisory council.

3 Strengthen profile and reputation.

- Develop tailored communication strategies to share information internally and to emphasize the Department to the rest of the hospital and externally.
- Package stories of success and find opportunities to tell these stories to key audiences.
- Use social media to keep all target stakeholders informed of developments, grant opportunities, innovative methodologies and discoveries, etc.

4 Strengthen accountability and align resources with priorities for efficiency and effectiveness.

- Ensure delineation of accountability and clarity of roles and responsibilities across the Department, including in the educational and clinical areas.
- Deploy existing resources against service and academic priorities and acquire more resources by working with others; e.g., North York General Hospital (NYGH).
- Ensure resources are as fully used as possible; e.g., develop strategy to utilize unused youth beds during summer months.
- Develop performance metrics in each of research, education and clinical care, track performance regularly and discuss results.

5 Foster a collaborative and healthy workplace culture.

- Enhance dialogue across the Department regarding ideas for improvement.
- Address the space and facility issue both in the short and long term.
- Implement a Department calendar of informal learning and social events.



A main focus of Dr. Ben Goldstein's is bipolar disorder among adolescents. One of his aims is to understand better the links between this disorder and cardiovascular disease.

Implementing the Plan

We will pursue the goals and desired outcomes in a phased and staged manner by establishing annual objectives to be approved and monitored by the Department's Executive Advisory Committee.

Roles and Responsibilities

The Chair has overall responsibility for the implementation of the strategic plan.

The Executive Advisory Committee, appointed by the Chief of the Department, will work with the Chief to oversee implementation of the strategic plan by monitoring the attainment of annual objectives and ensuring that objectives and work plans are developed, and that resources are appropriately deployed. The Committee will update the Department regularly, including via an annual progress report, at which time input into the next year's priorities will be sought.

The Committee will identify Implementation Leads for each of the annual objectives. They will be responsible for developing a work plan for approval by the Committee, and for implementing that plan, updating the Committee regularly.

Monitoring and Course Correction

Progress against identified goals, objectives and deliverables will be monitored in three ways:

- **Department meetings:** The Department meets regularly to discuss operations. Every other meeting, a significant portion of the agenda will be devoted to reporting of progress made toward objectives, and identifying and resolving challenges and celebrating successes.
- **Individual performance reviews:** The objectives set in this report, and the related work plans, will inform the development of individual performance plans and will be discussed at regular reviews.
- **Executive Advisory Committee meetings:** Each September, the Committee will identify suggested priorities for the coming year. These will be discussed at a Department meeting, before formal objectives and work plans are developed. The Committee will monitor progress during the year and report accomplishments in an annual report.

With the understanding that change is the only constant, course corrections may be made over the life of this plan by the Executive Advisory Committee and the Chief.

Year One Implementation Priorities

In addition to the ongoing provision of clinical care, research and education, the following strategic change objectives have been established for implementation in the first year. Each implementation priority has a member of the Department who is accountable for ensuring the priority is achieved. These are noted at the base of each chart.

Clinical Care Objectives
Restructure adult ambulatory services, including clarifying organizational structure and role definitions, and enhancing the focus on acute care and outpatient discharge planning, to improve patient flow and wait times for ambulatory referrals.
Improve interface and communication with physicians and patients by transitioning to e-Discharge, launching MyChart and providing improved information for patients before a clinical visit.
Coordinate clinical services with Health Links/LHIN, and ensure the Department is represented in decision-making forums for all relevant psychiatric clinical areas.
Determine catchment area and refine access protocols accordingly.

Accountability: Dr. Ayal Schaffer for all.

Education Objectives
Increase number of PGY-1 residents ranking Sunnybrook as their first or second choice for PGY-2 rotations on resident match to 5/35 residents in one year. ¹
Improve in comments and ratings related to inpatient rotations, based on site feedback sessions and Psychiatry Residents' Association of Toronto (PRAT) survey. ¹
Increase the number of nominations of Sunnybrook faculty for teaching and education awards. ²
List teaching and education award winners present and past on the departmental portal (or on public website). ²
Enroll new Sunnybrook faculty with teaching roles in faculty development programs on teaching and education. ³
Increase participation by Sunnybrook faculty in faculty development events/programs, as documented on academic trust fund and education trust fund reports. ³
Create an interprofessional care/IPE leadership position and an interprofessional care/IPE Committee to pursue the implementation strategies. ⁴
Hold at least one Grand Rounds with a specific IPE focus. ⁴
Hold at least one Grand Rounds presented by an interprofessional team. ⁴

Accountability: ¹Dr. Justin Weissglas; ²Dr. John Teshima and Dr. Ari Zaretsky; ³Dr. John Teshima; ⁴Dr. Ari Zaretsky.

Research Objectives
Increase the mean journal impact factor of publications for clinician-scientists.
Maintain at minimum the same number of publications as last year.
Require each clinician-scientist to have at least one peer-reviewed grant as principal investigator or senior investigator per year.
Exceed previous year's total number of grants submitted.
Each member of the scientific staff to present at least two abstracts at scientific meetings each year.
At least one member of scientific staff to be invited or elected to an organizing committee of an international meeting.
Initiate at least one new network or national/international collaboration of significance (e.g., external funding). ¹
Participate in at least one new network or collaboration.
Develop at least one new project with commercial potential.

Accountability: Dr. Anthony Levitt for all, except as noted.

¹Dr. Anthony Levitt and Dr. Ken Shulman.

Enabling and Supporting Strategies Objectives
Create Year 1 and Year 5 targets for all key metrics. ¹
Increase available office space by moving Sunnybrook Program of Assertive Community Treatment (SUNPACT) back into the community.
Disseminate detailed and transparent salary grid to all members of the Department of Psychiatry partnership.
Develop a fundraising strategy to raise \$30 million to build a new building.
Create a clinical partnership agreement with Toronto East General Hospital, Humber River and NYGH.
Implement Patient and Family Advisory Council.

Accountability: Dr. Ari Zaretsky for all, except as noted.

¹Dr. Ari Zaretsky with the Executive Advisory Committee.

Acknowledgements

The Department of Psychiatry Strategic Plan Summary is the culmination of the hard work, focus and insightful contributions of many people, including faculty and staff within the Department, Sunnybrook and partner hospitals. In particular, I would like to thank the members of the Steering Committee: Dr. Saulo Castel, Dr. Amy Cheung, Lois Fillion, Jackie Griffin-White, Dr. Sophie Grigoriadis, Dr. Nikola Grujich, Dr. Nathan Herrmann, Dr. Eileen LaCroix, Dr. Anthony Levitt, Kathy Ostaff, Dr. Peggy Richter, Dr. Ayal Schaffer, Dr. Ken Shulman, Dr. John Teshima, Annie Tulk and Dr. Justin Weissglas.

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