

Workshop Summary

Academic Leadership, Accountability & Support in Northern Ontario Academic Health Sciences Centres (AHSCs)

Thunder Bay, April 20, 2018

Introduction

The Northern Ontario School of Medicine and the two Academic Health Sciences Centre, Health Sciences North (HSN) and Thunder Bay Regional Health Sciences Centre (TBRHSC) are reviewing their collaboration agreements, and have identified a need to examine their leadership structures and governance to further support HSN and TBRHSC in their development as academic centres, and to strengthen academic medicine in Northern Ontario.

The Academic Health Sciences Network Project has been developed with the following purposes

1. To evolve highly functioning Academic Health Sciences Centres in Northern Ontario
 - o With strong regional roles, supporting excellence in patient care, education and research in Northern Ontario
 - o Well integrated with the Northern Ontario School of Medicine
2. To continuously strengthen collaboration to deliver excellence in patient care, education and research in Northern Ontario

The work of this project is now underway under four key themes

- Academic Leadership, Accountability and Support
- Research Support Services
- Strategic Collaboration and Governance
- Administrative Support and Coordination

Under the theme of Academic Accountability and Support, four specialty groups in Northern Ontario will pilot new AHSC leadership structures in 2018-2019:

- HSN Anesthesia
- HSN General Surgery
- TBRHSC Emergency Medicine
- TBRHSC & HSN Pediatrics

The Academic Leadership, Accountability and Support Workshop

A workshop was held on April 20, 2018 with representatives of the AHSCs, NOSM and the four specialty groups. Dr. Catherine Cervin opened the discussion, asking what participants hoped to get out of the workshop and what they need to support their pilot projects, which will be implemented and evaluated in 2018-2019.

Participant-Identified Needs

A New Leadership Model, with...

- Clear roles and job descriptions
- Clear academic leader identity; ensure roles are visible to faculty
- Protected time (reimbursement and valuing of their leadership role)

Integration...

- Need a clear vision/purpose/why
- Ensure we are integrated as we move forward and not travelling in parallel lanes
- Compelling messages
- Wow factor and quick wins
- Real engagement of NOSM and AHSCs
- Ownership and a culture shift

Structures...

- More supportive administrative structures, including office space, administrative assistants, research support
- Budgets
- Clear timelines, next steps and deadlines
- More seamless integration of academic/clinical responsibilities (e.g. faculty appointments, finances) under the Section Chair
- Leadership roles need deliverables and accountability

Message from CEOs

The vision for the future is to achieve our social accountability mandate through a seamless integration of teaching, research and clinical responsibilities within the AHSCs and the other institutions participating in medical education and research in Northern Ontario. The ability of physicians to participate, including those in leadership roles, is a critical success factor and we will work together to make this happen.

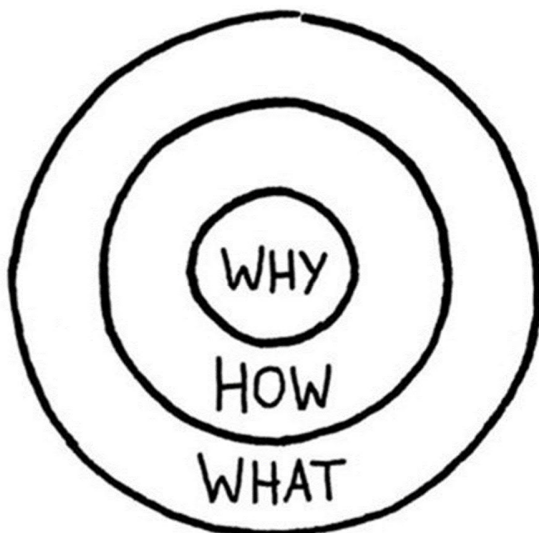
Highlights from Pilot Group Updates

| Pilot Group | Current Activity | Needed |
|---------------------------|--|---|
| HSN Anesthesia | <ul style="list-style-type: none"> -Big team with good engagement. -Conducted survey of everyone's current activity, e.g. hours, what academic work they do. -Has an Executive Committee structure with a clear mandate and tasks. | <ul style="list-style-type: none"> -More clarity / guidance on academic deliverables. -Leadership positions that have power to make decisions. -Integrate selection of Section Chair / Chief and create an academic job description. -Culture change in hospitals re: value of research. -More centralized flow of funds, e.g. through the LEG. -Create a pooled income system across the department where academic work = administrative work = clinical work. |
| HSN General Surgery | <ul style="list-style-type: none"> -Work occurring in the following areas: clinical teaching (residents, simulation lab, new website, etc.); surgical program development (monthly meetings, enhanced professional development, annual report, recruitment, etc.); research (grant applications, planning to hire a Research Coordinator, etc.); departmental visioning (coordination between northeast and northwest); and leadership pilot. | <ul style="list-style-type: none"> -Chief of Surgery with strong interest in teaching, research and understanding of financial needs and opportunities. -Better understanding of the structures at other Academic Health Centers and utilize lessons learned from other Surgical Departments. -Departmental Administration Assistant with organizational skills, basics of research coordination. Understanding of financial opportunities. Help to effectively manage a growing importance of LEGs and maximize opportunities within LEG's structure. -Leadership in developing human resources and recruiting for effective use of facilities and faculty in clinical roles and setting, and teaching |
| TBRHSC Emergency Medicine | <ul style="list-style-type: none"> -All physicians are members of the Emergency Medicine Academic Board and have a vote, including distribution of all funds. | <ul style="list-style-type: none"> -Address disconnect between how the specialty and NOSM perceive teaching...requires improved communication and more integration |

| Pilot Group | Current Activity | Needed |
|-------------------------|---|--|
| | -Have developed a proposed new org structure and identified the features of their proposed new academic leadership structure. | of their EM LEG Lead or Academic Director into NOSM and AHSC committees. -Protected time and academic leadership reporting structure. -Fair and transparent distribution of funds. |
| TBRHSC & HSN Pediatrics | -There are too few pediatricians to meet clinical demands and it is difficult to imagine a different structure being helpful - Reporting and discussion of academic work occurs regularly at Clinical Dept meetings at TBRHSC and the pediatricians across Northern Ontario are a cohesive group who effectively run the residency program and the Phase 3 clerkship | -More direction about vision and leadership accountability from senior NOSM and AHSC officials. -An academic APP. -Section Chair needs to have protected time, reporting lines from UG and PG, and accountability. |

VISIONING

Professor Judy McKimm facilitated a workshop on how the pilot groups can find their “why”, i.e. set their vision. Once a vision is identified, it is translated into action (“how” the steps and timelines to get there) and it is measured (“what” have we achieved?).



Why = The Purpose

What is your cause? What do you believe?

Apple: We believe in challenging the status quo and doing this differently

How = The Process

Specific actions taken to realize the Why.

Apple: Our products are beautifully designed and easy to use

What = The Result

What do you do? The result of Why. Proof.

Apple: We make computers

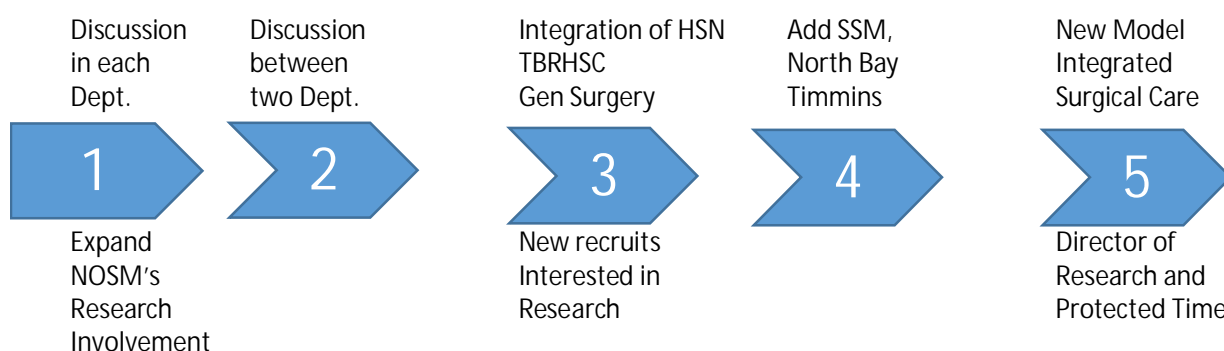
Each pilot group proceeded to identify their “why, how and what” outlined on the following pages.

HSN General Surgery

"Quality education responsive to the needs of the learner – hatching the future surgeons."

- Continued excellence in patient care
- Seamless research activities incorporating all northern sites
- Continued fluidity/responsiveness of residency program to meet residents' goals / i.e. rural practice, academic practice.
- Leaders with protected time
- Introducing med students to general surgery earlier in training
- Academic integration into hospital administration
- More community education/involvement
- Create true general surgeons

Five Year Timeline – General Surgery



HSN Anesthesia

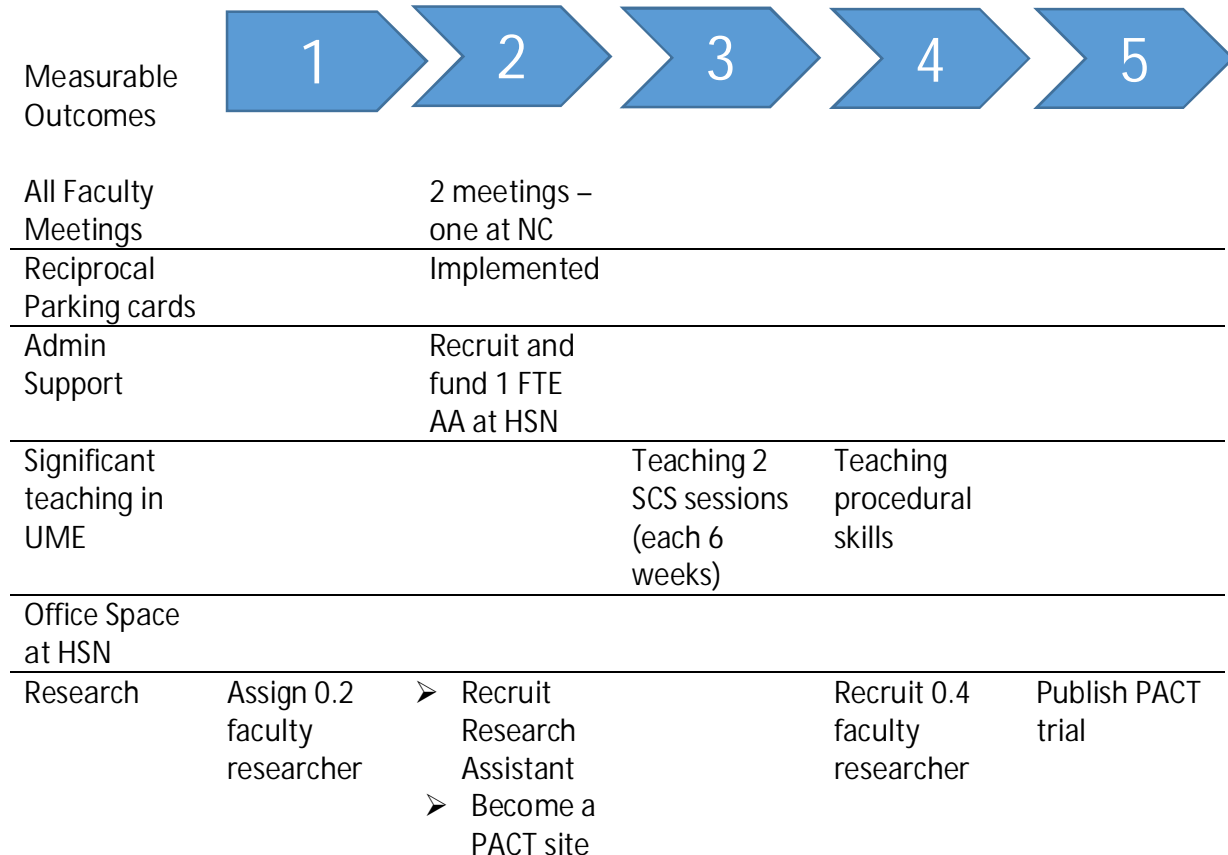
To sustain:

- High quality clinical anesthesia
- Faculty development
- Leaders in Competence by Design (CBD)
- Leaders in focused academic recruitment and retention of Anesthesiologists
- Leaders in Simulation Based Education

TBRHSC to NOSM to HSN:

- Visible academic and clinical integration
- Traction in Thunder Bay, Sault Ste. Marie, North Bay
- One go-to academic leader/person/group
 - Meeting of all anesthesia faculty members across Northern Ontario 2 to 3 times /year
- Resources for protected time
- Multi-centre published research papers
- 1-2 PACT trials
- 2 sites involved published trial
- Sense of community working together
- Enhance Academic recruitment in Sault Ste. Marie, Thunder Bay, Timmins
- Significant anesthesia involvement in UME

Five Year Timeline - Anesthesia



TBRHSC Emergency Medicine

"Come Together"

Measurable Outcomes:

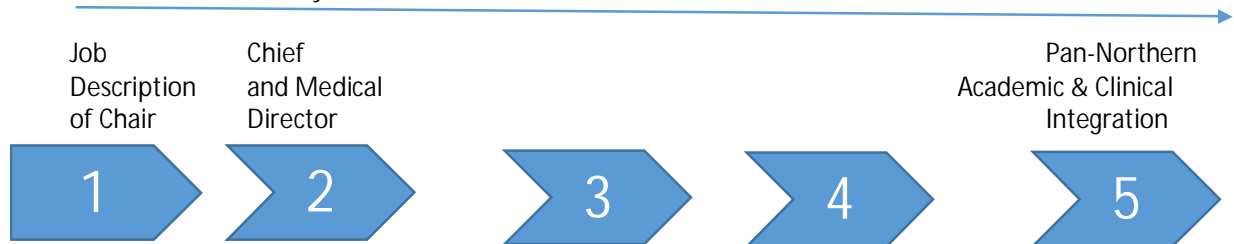
- Stable work force – no locums
- Patient satisfaction/outcomes of health
- Learner success and satisfaction
- # of applicants – ranking
- Support network of Emergency Rooms
- # of calls

To do list:

- Joint Medical Education Committee
- Pan-Northern Chair of Department
- Site Directors
- Integrated Site directors with Clinical Chair
- Job Descriptions
- Roles and Responsibilities of Chiefs, EVP's, Site Directors, Chair
- Accountability for Deliverables

Five Year Timeline – Emergency Medicine

Communicate with Physicians



CLOSING REMARKS & NEXT STEPS

Professor Judy McKimm recommended that pilot groups

- continue to work on their “Why, How and What”;
- create a communication strategy;
- think strategically about how to leverage the presence of learners for their departments’ academic development (e.g. to help work on research and publications)
- identify some quick visible wins for the next 6 months.

NOSM committed to taking steps to

- Provide on-going support to pilot groups as they further develop their leadership structures and implement changes
- Evaluate of the impact of the changes in leadership accountability and support structures
- Revisit its approach to defining deliverables for each discipline
- Revisit its discipline-specific leadership structures to ensure that they are responsive to the needs of clinical faculty, and complement the AHSC leadership structures.
- Continue to ensure the needs of family medicine and other non-AHSC clinical faculty are addressed as part of this project.

Participants

| Participant | Title |
|------------------------|--|
| Jean Bartkowiak | President and CEO, TBRHSC |
| Richard Benedict | Department of Surgery, HSN Sudbury Site Lead for Phase 3 and Residents |
| Christopher Bourdon | VP Medical and Academic Affairs HSN |
| David Boyle | Medical Director, Surgical Program/Research Coordinator NOSM Anesthesia |
| Cathy Cervin | Vice-Dean Academic, NOSM |
| Mark Facca | Executive Director, NOAMA |
| Line Ferris | Postgraduate Medical Learner Advisor, HSN (WEBEX) |
| Tammy Gran | Special Projects Coordinator, NOSM |
| Brent Kennedy | Section Chair Anaesthesia, HSN |
| Stewart Kennedy | Executive Vice President Medicine, Academics and Regional Programs |
| Judy McKimm | Director of Strategic Education Develop, Swansea University |
| Kelly Meservia-Collins | Director, Academic and IPE TBRHSC |
| Frederic Sarrazin | Enhanced Skills Program Director, NOSM |
| Robert Smith | Clinical Sciences Division Head, HSN |
| Roger Strasser, | Dean and CEO, NOSM |
| Harshad Telang | Section Chair of General Surgery, NOSM |
| Jennifer Wakegijig | Manager, Program Development & Strategic Initiatives (WEBEX) |
| Joel Warkentin | Acting Chief of Paediatrics |
| Mary-Kay Whittaker | Project Consultant, Redline Management |