MINUTES

Monday, July 14, 2014, 11:00 am – 12:30 pm
Room B9 - 118, LHSC-University Hospital

Attending:  J. Calvin (Chair), D. Jones, S.L. Kane, R. Kim, R. McFadden, N. Muirhead, F. Rehman, S. Thomsen, R. Walker

Regrets:  J. Gregor, L. Lingard

Guest:  A. Becker

1.0  Summary Report of Focus Group Meetings
Becker presented the results of the focus group meetings. The presentation provided a breakdown of the results into themes and areas for discussion (see attached). She noted that faculty and trainees who attended the sessions were very involved, active and honest at each session. There was some cynicism and participants wanted to ensure that a plan would be implemented.

A summary of the key points presented follows:

Strengths
• A sense of hope and optimism
• A high level of physician commitment to academic mission and patients
• Residents speak highly of experience with faculty
• Strong pockets of research
• Good collegiality
• ICES, POEM, CERI
• A sense that because of its size the Department has more influence at decision-making tables

Limitations/Threats
a. Leadership/Structure/Culture
• Physicians feel they are not united around a shared Department vision and mandate and that if the Department has one there is not a sense that people know what it is or understand what is most important.
• A sense of being behind; want to “get going”
b. Limitations/Areas of Vulnerability
   - Patient access and flow
   - No sense that there is a strong focus on the Hospitalists model which seems to work very well at other centres
   - HUGO impact was a large focus of many discussions
   - A sense that there needed to be better coordination of care between Hospital and Community - how to integrate better with primary care, community-based clinics, have the research perspective tied into the community
   - Physicians did not discuss ‘patient experience’ to any great degree at the meetings. More of the discussion was related to processes, provider issues/needs, etc.
   - The Committee felt that patient experience was not something that is currently measured so perhaps not seen as a priority focus. However, Dr. Walker, felt that that this suggests a ‘disconnect’ between physicians and the Hospital as Patient Experience is an important current initiative for LHSC.
   - Committee also commented that SJHC has a much more concerted strategic focus on patient experience and have made positive progress in this area

c. Academic Mission
   - CTU – residents felt that faculty involved just wanted to “get it over with”, the 2-week turnover dilutes experience and they feel that physicians do not want to do the work. This was a surprise to the Committee so more investigation is required.
   - Residents also expressed concerns about the scope of learning opportunities, competency-based training for residents – need change management, project management – need many more different skills than in the past
   - Some faculty and trainees felt that not all divisions are as committed to the academic mission
   - Sending mixed messages – shortage of resources, facilities aligned to academic mission, no space
   - Teaching curriculum – requires more focus – Nephrology was seen as a good model and trainees wondered if this could be applied in other areas.
   - Questioning if faculty see themselves as part of Schulich or Hospital or something else. Hospital administrative people felt that physicians aligned first with Schulich and then Hospital but physicians said they felt more aligned with Hospital and then Schulich.
   - Generally not understood why there is no academic acknowledgement in the Hospitals, ie no signs for Schulich
   - General agreement that there is a branding issue
d. Talent Recruitment, Retention & Succession Planning
   - Difficult to attract and retain division heads and chairs – why are they not coveted roles?
   - Not enough attention to developing leaders and we are in a critical position with a significant number of retirements coming up
   - We surrender to the demands/threats of certain audiences – if they are loud enough then we (Department, Schulich and Hospital) will give in which creates inequities and rewards bad behaviour
   - Physicians felt they are at the bottom of the heap and not valued or consulted as much as they should be and that the Department should advocate more for the physicians
   - Dr. Kane said that she felt that SJHC was more engaged with their physicians than LHSC and the Committee agreed. At SJHC there are more opportunities to provide feedback and that a physician would receive a response. Senior Leadership at SJHC is different and of course Dr. Kernaghan is a physician. At LHSC there is a feeling that there is not anywhere to get your voice heard unless you make demands/threats (see above) and to get a reaction to a crisis.
   - Dr. Walker said that LHSC is trying to improve but has only just started the process of trying to re-integrate physicians back into the leadership of the Hospital.
   - Dr. Calvin felt that onboarding of physicians should include presentations on culture of the Hospital and Department

e. Opportunities
   - Need to see document come to fruition and physicians need to see how it will work for them personally
   - Bold leadership- to get it done but also to bring to administration – be stronger at senior leadership table - “push” leadership – how to get everyone behind the plan
   - Increased cohesion across Department
   - Re-discover what our common purpose is and we have to say it, express it and to make sure everyone gets it
   - Dr. Kane noted that for resident training there is a competency-based model being rolled out and that the deliverables are very clear. However, as yet it is not possible to determine if this is a threat or an opportunity. Faculty take pride in teaching but in order to execute the new training program the Department is going to need more physician hours for teaching.
   - Compensation model – important point of discussion between Divisions and individuals and is a driver of success for some of these academic items

f. Vision Ideas
   - Desire to be bigger and stronger; there is a feeling that the Department has a lot of strengths and need to pull together and take it to the next level
   - Want the Department of Medicine to be the benchmark of excellence – speaks to our identity crisis
2.0 **Next Steps**

After discussion it was decided to formulate task forces in the areas of:

- Teaching
- Research
- Clinical Service
- People Capacity – recruitment, retention, talent management

The Department will recommit to research, education and clinical quality and models of care.
- The Department will become known for these things and will result in common short and long term goals

The Committee agreed that the factors that would contribute to the success of the project would be:

- Engagement
- Communication
- Change management

**Clinical Service**

Dr. Calvin expressed an interest in moving forward, hopefully with the participation of the Hospital and the University although this is not a requirement, for the following:

- Creation of a Quality Centre and he noted that as you try to meet expectations the result is patient-centered care that can also be a viable academic enterprise.
- Development of innovative models of care such as in Chronic Disease Management

**People Capacity**

- Develop the capacity to meet current and future needs of the Department
- Develop a recruitment and retention plan that for some members will require support for a seven to ten year period which is significantly longer than our current three year period.
- In the future we will need to hire based on priority themes in the Department

**Additional comments on next steps**

- Dr. Calvin thought that an the overarching goal would be to work at re-establishing that this is an academic centre and that there needs to be a drive for excellence in each of teaching, research and clinical.
  - Bring Schulich, Hospital, and the Department together to work towards core values that underpin everything that the Department does and start to build a shared vision
  - The Department will need to determine how to finance the things the Department wants to reward.
The Committee also thought that the Executive Committee could contribute more to strategic discussions.

Doug Jones agreed and provided the following statement: “The Department of Medicine is a key stakeholder in an Academic Health Centre with equal responsibilities to each of Research, Education and Clinical Service Excellence”.

3.0 Action required
The Committee agreed that they will create a directive for each task force – this will be shared by email with everyone on the Guiding Coalition to receive feedback. Also, members should provide suggestions about who might serve on each of the task forces.

This will be done as soon as possible and then Anne will facilitate meetings with each taskforce to develop a response that she will bring back to the Guiding Coalition for review.

4.0 Adjournment
Meeting adjourned at 12:45 pm