

RESIDENCY FORMS



SCHOOL OF HEALTH ADMINISTRATION

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Note: Forms can be downloaded in Word format at dal.ca/sha

STUDENT EVALUATION FORM

Student Name - Benjamin Alexander Clark

Agency/Organization - Nova Scotia Health Authority

Preceptor Name and Title - Dr. Lynne Harrigan, VP Medicine

Purpose: The intent of this evaluation form is to provide the School of Health Administration Director and future MHA students, with information on past Residency experiences.

Instructions: The student is expected to complete and sign the evaluation form, indicating whether the information can be shared with future students.

- I. Overall, was your Residency placement a positive experience? What were some of the main contributors to your overall experience?

My residency was an eye-opening, challenging and highly rewarding experience. The team I was a part of made me feel very welcome and supported, and my supervisors struck a good balance of providing guidance and allowing me to self-direct.

The project I undertook was complex and ambitious, and I couldn't have done it without my team behind me. The nature of the project itself resonated with me when I was decided on residencies and that contributed strongly to my overall very positive experience.

- II. List the title of your position and the main functions and projects which you performed/completed during your Residency placement.

STUDENT RESIDENCY FORM CONTINUED

As an administration resident working in Medical Affairs out of the NSHA Provincial Office, my official role was leading a project that facilitated the development of a standard process for the evaluation of physician performance across Nova Scotia. This was the main project of my term and the focus of most of my residency.

I contributed to other initiatives throughout the summer, such as developing an organizational structure of the provincial co-leadership model across all four zones, the organization of a conference aiming to promote engagement of physician leadership in Nova Scotia, and participating in the interview process for hiring a Zone Department Head, but recommending a physician review process was my main accountability for my residency.

- III. What competencies were necessary for you to attain prior to your Residency, for you to perform well in your Residency?

For established frameworks of competencies, "LEADS" is fundamental to health administration. However, leading one's self, engaging others, achieving results, developing coalitions and system transformation are steps that each require basic competencies such as the ability to communicate both empathically and assertively, engaging others demands the ability to collaborate, compromise and consider the perspectives of others, achieving results requires vision and perseverance, and so on.

Knowing the limit of your work capacity is an oft-overlooked but crucial competency, particularly since as a keen resident as you may find yourself spread thin because you're interested and keep agreeing to small requests. Always bear in mind what your role and responsibilities are (and what you're responsible for delivering) before diving into something new and exciting.

Finally, be open to rethinking your biases. We all have them, but being aware of your own will help you enormously as you learn about this complex industry.

- IV. What NCHL competencies did you gain during your Residency?

I developed my competency in change leadership, collaboration, understanding impact and influence, organizational awareness, performance measurement, process management organizational design, human resources management, self-development, talent development and team leadership.

- V. Describe your IPHE 5900 collaborative learning during your Residency.

My residency heavily featured collaborative learning, particularly between physicians and health administrators. During my first week, I helped organize a physician leadership retreat which featured focus groups, workshops and panel discussions on various subjects relating to

physician engagement (communication, governance and decision-making, leadership development, and performance measurement).

I also laid the groundwork for a provincial co-leadership organizational chart, which detailed how the physician-administrator dyad model of leadership has been implemented at various levels of leadership in healthcare.

Easily the most significant collaborative learning occurred over the course of my main term project facilitating the development of a provincial performance review for physicians. This required both the investigation of best practices in other jurisdictions and extensive consultation with various constituencies of physician stakeholders in Nova Scotia (academic physicians, specialists, primary care, rural, urban, physician leaders, both provincial and federal medical regulatory authorities, medical school officials and health authority representatives).

These consultations culminated in a working group of physician stakeholders who deliberated and came to consensus on recommendations on the research I had hitherto conducted. The discussions were fairly charged at times but concluded with satisfactory recommendations that were very well-received by executive leadership when I presented my findings to them.

Collaborative learning during your Residency is necessary for successful completion of your required IPHE 5900 course. If collaborative learning did not occur, alternative arrangements for successful collaborative learning will be required prior to graduation.

- VI. Why would/wouldn't you recommend this preceptor to another student completing a Residency with this organization?

I would recommend Lynne and the entire Medical Affairs team again and again for any students looking for challenging and rewarding work in a supportive work environment.

Lynne is a very busy executive, and yet we were able to schedule weekly check-in meetings scheduled and frequently touched based informally. Additionally, my supervisor, Grayson Fulmer (Senior Director of Medical Affairs) always made himself available when I needed guidance – even though he had astronomically more on his plate than I).

I learned more from this experience than I thought possible in four months, and I am very grateful to the Medical Affairs team and Dalhousie SHA for the opportunity.

- VII. Why would/wouldn't you recommend this organization to another student seeking a Residency placement in the future?

The NSHA and IWK are the only health authorities in Nova Scotia, and I think both have a lot to offer in the way of opportunities and experience for prospective administrators. While they have a similar organizational structure, the NSHA is clearly much larger and thusly is more

complex and varied. The specific portfolio I was under, Medical Affairs, is the provincial office managing physician services, compensation and contract negotiation, recruitment & retention and physician engagement. These subjects are endlessly interesting to me, and if they are to whomever is reading this, then this placement may be for you.

VIII. Additional comments:

How much I learned and enjoyed myself in this residency placement cannot be overstated. It met and exceeded my expectations and helped me discern more targeted and specific goals in my personal, professional and academic development.

Thanks again for a wonderful summer.