Happy Chinese New Year (Jan 22nd). It is the Year of the Rabbit. The Rabbit represents kindness, gentleness and hope.

What good thoughts to have for the New Year ahead!

We should be gentle and kind to ourselves and others and be hopeful for a better year ahead. It appears that Health Care is in crisis across our country. No province or territory has been spared. Our emergency rooms are overflowing, we have large numbers of patients awaiting surgery. Our system simply lacks the resources to provide the care Canadians need. The solution is complex. Years of underfunding, and poor planning have now become apparent.

Ontario is pushing more private health care citing the Shouldice clinic as a model. BC is taking back private facilities and putting them back into the public system. I am sure you all have your own opinions on this.

In Nova Scotia it is apparent to me that improved primary care with more family doctors, more team based care with nurses, physio, dieticians, pharmacists and social work would go a long way to reducing emergency room visits.

Our emergency rooms also need more allied health, more social workers. We need to recognize that health care is a 24/7, 365 days a year enterprise. I am not suggesting that we should be doing VATS lobectomies at 2 am, but cutting off emergency procedures at 11 pm having them wait until the next day seems inefficient. Those patients sit in bed sometimes for days because their surgery is not "emergent" enough to be done after midnight or bump into a day list.

I am sure we all have examples.

I urge you all to get involved at decision making tables. We need to advocate for our patients.

Happy New Year

Happy News! Congratulations to Dr Bill Oxner who got married over the holidays. I know I speak for all in sending our very best wishes!

On another note, I had a conversation with one of our department members last week wherein we identified that some may have changed practice as a result of COVID, bed shortages, ED overflowing, VON shortages and lack of OR time. We identified that many surgeons appear to be beaten down as a result of COVID. This may result in us cutting corners, not seeing patients in person in a timely manner, not offering timely surgery because we can't, becoming complacent when our cases get cancelled. Perhaps more concerning is that we are setting an example for our trainees.

Even if we can't offer a timely operation or in person followup visit, we need to advocate for our patients. We recognize that the system doesn't allow us to practice according to our standards, but we shouldn't lower our standards. We need to keep the pressure on, to be loud and clear that our patients need timely care. However, we must to be respectful. It is not anyone's fault that we are in this situation. We have to do the best we can with the resources we have and we need to think creatively about solutions. We must continue to aspire to the highest standards and make sure our leadership knows this. Our patients deserve nothing less.

Monday Message: January 16, 2023

Monday January 16th. Already halfway through the first month of 2023. The weather is dreary. The issues are the same: ED overflow, bed shortages, stress on surgery and some cancellations. However, cancellations are less frequent than last year, and we have turned the Titanic on the knee jerk response of cancelling surgery whenever the ED is overflowing. So, some progress. Our Operations committee appears to be functioning. We are now making better informed decisions based on data. WE have hired an IT specialist for the Department of Surgery to help us. This is a big win for us and long overdue. We will be scheduling a retreat for DOS to update our strategic plan.

The Department of Surgery executive reviewed the Mission Statement last week at our routine meeting. It will remain the same:

"To provide leadership and innovation in surgery, by setting and striving to exceed the highest standards for patient care, research and education to improve the health and quality of life for the people of Atlantic Canada."

Our Vision:

"To be an internationally renowned academic department providing exemplary surgical care, specialty and subspecialty education, research and innovation within an integrated Atlantic Regional health care network".

Our ability to deliver on these has been sorely tested but we need to continue to strive to achieve our mission and vision.

I welcome any comments regarding issues to bring forward for our strategic planning retreat.

Thank you

Here we are at the end of January. The department of surgery has developed a code of conduct document that outlines expectations of members, categorizes breaches of code of conduct and outlines consequences of breaches of code of conduct. The more significant breaches usually lead to escalation to the zone medical director. However, I am most interested in the "lesser" breaches. These are the small behaviours or comments that contribute to our culture. To improve the culture in surgery, we need to call out these smaller breaches or transgressions, to serve notice to our colleagues that such behaviours or words are not acceptable in modern society. I recognize that some of these things were considered acceptable in the past, but times change. We need to hold ourselves to the highest standards and serve as an example to our colleagues, our trainees and allied health professionals with whom we work. This document will be circulated to all in the upcoming weeks.

In the meantime, be kind to each other, think of how you would feel if your roles were reversed and if you can't say anything nice, don't say anything at all.

Monday Message: February 6, 2023

This past weekend I reflected how as surgeons we are so fortunate to be able to make a difference in our patient's lives. As academic surgeons we make a contribution to society every day in patient care and in educating the physicians and surgeons of the future. Every day. Research is also part of our work. Not everyone sees it this way. However, research comes in many forms from putting patients on a clinical trial, contributing data to an institutional review, analysing big data or working in a lab. All of these are important. When I was working at NIH, injecting rats with TNF, I couldn't see this as being a game changer! But small steps add up. The important thing is to take those small steps.

Dr Madelaine Plourde asked that I share with you that I was awarded a life time achievement award from the Canadian Lung Cancer Conference this past weekend. This group includes medical oncologists, radiation oncologists, respirologists, pathologists and thoracic surgeons from across the country. It was an incredible honour for me and very humbling. It was recognition of a lifetime of small steps trying to make a difference. That is all any of us can do: do our best, do what you can, make your life count.

At our grand rounds last week, we heard from Dr Bob Bell. Interestingly, Nova Scotia has already initiated a number of the concepts discussed by Dr Bell: Centralized referral for specialists, transitional care facilities and is looking at improving primary care delivery. I know that some of our surgeons are worried about the centralized referral system as well as centralized booking. We know one size doesn't fit all. Will these systems be perfect? Not likely. Undoubtedly there will be growing pains. As surgeons we need to be part of the solutions. The system is not working as it should and we need to actively participate in making it better. Better health care for patients is the goal of these initiatives. We will need to identify the glitches and work together to achieve a made in Nova Scotia solution.

Have a good week gail

Attached to this email is the summary of the cardiac external review. This is a public document, so it has had specific references to individuals or events removed, but it captures the important themes. This is supposed to be on NSH website, but I couldn't find it there!

When I started in January 2022, Dr Kirkpatrick handed over 3 files that required my immediate attention. Two of these files were easily managed, but the third was the cardiac file. I apologize that I have spent a great deal of my time over the past year working with cardiac surgery. Things are now moving forward in cardiac surgery, and I can focus on my "real" job. An important lesson from the cardiac surgery experience is that when we don't address conflict, it festers and leads to a toxic work environment. Most of us are conflict averse, but when there is conflict, we need to face it head on in a constructive manner. A good resource for this is: *The Good Fight by Liane Davey.*

Have a good week

Attached to this email is our Code of Conduct. Please share it with your housestaff.

Our code of conduct was developed by a task force in the department of surgery led by Dr Bill Oxner. It has been reviewed by NSH Legal and Dal Legal. It does not replace or supersede the NSH Respectful Workplace Policy nor Dalhousie or IWK policies and procedures. It is basically a statement of what is expected of professionals. We have included "levels" of breaches of the code of conduct and consequences of breaches. More egregious breaches of code of conduct, levels 3 and 4, will require escalation to NSH or Dal or IWK. It is our intention that lower level breaches will be handled by peers within the department. Sometimes we do or say things that are not acceptable in the modern era - if indeed they ever were.

We have likely gotten away with such things in the past but we need to do better. It isn't really rocket science - just be respectful and treat others the way you would like to be treated. Simple.

thanks

Department of Surgery, Dalhousie University

Professional Code of Conduct Policy

Surgeons working within Nova Scotia Health's Central Zone Department of Surgery all hold academic appointments within Dalhousie University's Department of Surgery. While both Nova Scotia Health, IWK and Dalhousie have their own respective policies, these organizations have a shared commitment to maintaining a professional, clinical, academic and administrative environment that is free of harassment, discrimination and offensive or disrespectful behaviour. In keeping with the spirit of the dual roles held by surgeons and in this shared commitment, unless context requires otherwise, all references to "Department of Surgery" throughout this document refers to both the NSH, IWK and Dalhousie Departments of Surgery.

This document was developed by the Department of Surgery Task Force on Code of Conduct and has been approved by the Department of Surgery Executive. This document is for the use of the Department of Surgery and does not replace or supercede the policies or bylaws of Nova Scotia Health, IWK, Dalhousie University or the College of Physicians and Surgeons of Nova Scotia (the "College"). Members of the Department are subject to and are required to comply with all applicable policies, standards and guidelines of Nova Scotia Health, IWK, Dalhousie University and the College, in addition to this Code of Conduct.

In this document, the term "Unprofessional Conduct" is used to mean any conduct that violates this Code of Conduct and includes but is not limited to the conduct described in Appendix "A".

The Department of Surgery's expectations regarding professional conduct are described as follows:

- 1. The Department of Surgery practices medicine on the principles of:
 - a. Mutual respect
 - b. Integrity
 - c. Professionalism
 - d. Politeness
 - e. Cooperation and collaborative behaviour
- The Department of Surgery expects all members of the Department to be guided by these principles. This policy is intended to ensure that all interactions among physicians, staff, learners and volunteers in the clinical and educational setting occur according to the foregoing principles.
- 3. The Department holds its members to the highest standards. In accordance with these principles, the Department of Surgery does not tolerate or accept Harassment,

Sexualized Harassment or Violence, Bullying, Discrimination, Offensive Behaviour or Disrespectful Behaviour, as defined in Appendix "A". The Department, represented by the Department Head and the Executive as necessary, will interpret such terms as broadly as necessary to give effect to the purpose of this Code of Conduct.

- 4. Department members may be held accountable under this Code of Conduct for Unprofessional Conduct within the Department, as well as for Unprofessional Conduct outside the Department if such conduct could have a negative effect on the Department's reputation or operations.
- 5. The behaviours that are expected from Members of the Department includes, but is not limited to the following:
 - a. Avoidance of negative or non-constructive comments
 - b. Valuing and complimenting the efforts of others
 - c. Abstaining from derogatory criticism of the performance of colleagues or other health professionals at any time, both inside and outside of the health care setting
 - d. Demonstrating respect for individual diversity and promotion of diversity
 - e. Avoidance of conflict of interest in dealing with any subject matter in the Department: members are required to disclose any real or perceived conflict of interest in accordance with the <u>NSHA Conflict of Interest Policy and Dalhousie's</u> <u>Conflict of Interest Policy</u>. Disclosures are reviewed, and appropriate measures determined in accordance with those policies.
 - f. Members are required to ensure that they do not commit any scholarly misconduct in any written or spoken work, as defined by Dalhousie's Scholarly Misconduct Policy.
 - g. Establish and maintain a professional collaborative relationship with colleagues including residents and medical students and other learners.
 - h. Members of the Department must ensure that their behaviour in dealing with others is not and may not be perceived as intimidating to others.
- 6. Whilst maintaining professional conduct, Members of the Department must provide constructive feedback to others and must recognize their own errors, and invest in learning from their own mistakes.
- Since the Department is a collegial organization, members of the Department are obligated to dedicate and share clinical, academic, administrative Department responsibilities and to share their own knowledge and experience where appropriate.

- 8. From time to time, members of the Department will observe clinical performance which is sub-optimal and, in such circumstances, members of the Department have an obligation to advise colleagues of that sub-optimal performance while at the same time providing an opportunity for improvement. This must be done in accordance with this Code of Conduct and the principles outlined in paragraph 1.
- 9. Availability and recognition of obligations to all the functions of the Department is imperative and members of the Department must exhibit and demonstrate their reliability, availability and punctuality, in all aspects of their professional life. Accessibility during regular hours of work and while on call are essential obligations of members of the Department. Punctuality is not limited simply to surgical matters it applies to all matters of attendance at meetings clinics and other surgical responsibilities including rounds and journal clubs.
- 10. Members are expected to provide full documentation and timely information with respect to ensure adequate patient hand-over. Completion of medical records are to be done in accordance with the Rules and Regulations of Medical Staff, and in accordance with the Medical Staff Bylaws.
- 11. Members have a duty to complete their administrative tasks, to provide assessments of learners, and to complete medical records and reports within reasonable time frames.
- 12. Members who are not available for duty, for reasons beyond their control, shall make every effort to designate and notify alternative patient coverage for their absence.
- 13. Members are required to comply with the NSHA <u>Respectful Workplace Policy</u>. Wherever possible, members are expected to take steps to resolve inter-personal conflict through constructive discussion and intervention before notifying the Division Head or Department Head, in accordance with the Respectful Workplace Policy.
- 14. Members of the Department are required to maintain confidentiality with respect to all discussions related to clinical care, research and education. It is recognized by all members of the Department that unscheduled, spontaneous discussion of deficiencies with or about learners or other health care professionals is to be avoided.

Violations of Code of Conduct

When a member of the Department (or any other person) believes that a member has engaged in conduct that violates this Code of Conduct, and efforts to resolve the concern have been unsuccessful or are not appropriate in the circumstances, the conduct may be reported to the Division Head (or, where the alleged violation is by a Division Head, to the Department Head) who will review the complaint. This review will be timely, confidential and objective, with due consideration to the respondent member's legal rights. Prior to taking any further action, the Division Head (or Department Head) will, following appropriate consultation, determine if the matter needs to be addressed under NSH or Dalhousie processes. If the Division Head (or Department Head) determines that this matter is not one that needs to be addressed under NSH or Dalhousie processes outside of this Code of Conduct, the Division Head (or Department Head if applicable) will interview both the complainant and respondent member, and any other persons who may have information relevant to the complaint. Prior to any interview, the respondent member shall be informed of the nature of the complaint in sufficient detail to allow them to respond. Upon reviewing all of the evidence collected as part of the investigation, the Division Head (or Department Head if applicable) shall make a finding as to whether the conduct violates this Code of Conduct and determine the severity of the violation in accordance with the levels outlined below. A single isolated incident does not necessarily constitute a violation of this Code of Conduct. Unprofessional Conduct is generally recognized as a series of recurring events. Honest criticism made in good faith or respectful disagreements with colleagues are examples of conduct that would not be considered unprofessional.

Severity Levels

Level 0

• No violation of the Code of Conduct found; no action necessary.

Level 1 (low severity)

First finding of Unprofessional Conduct, but may not be the first similar reported incident.

Level 2 (Moderate Severity)

- Repeated Unprofessional Conduct despite previous Level 1 intervention.
- Lack of cooperation or inadequate response to intervention for a previous Level 1 violation

• Any finding of Sexual Harassment or Discrimination in violation of the Code of Conduct (even if first incident).

Level 3 (Medium to High Severity)

- Unprofessional Conduct that continues despite Level 2 intervention.
- Persistent Unprofessional Conduct beyond moderate severity.
- Egregious Unprofessional Conduct with the potential to cause material harm to the complainant or others.

Stage 4 (High Severity)

- Unprofessional Conduct that continues despite Level 3 intervention
- Severe Unprofessional Conduct with the potential or intent to cause significant harm the complainant or others.
- Any criminal behaviour.

Consequences of Violation

There will be consequences for Unprofessional Conduct that will vary proportionate to the level of severity of the violation. The outline of these potential consequences are set out below.

Level 1

- Requires mandatory report to the Department Head and to the respondent member's file within the Department of Surgery office.
- No remediation typically required; however, the Division Head (or Department Head if applicable) retains the discretion to require interventions as deemed appropriate for example, conflict resolution, coaching, training, etc.

Level 2

• Requires mandatory report to the Department Head and Department Professionalism Committee, which will perform a formal review of the findings. This review shall take place within 30 days from the time the committee is notified and will involve an inperson interview with respondent member.

- The Committee will send a written report to Department Head within 30 days of the review. This report will be included in the respondent member's file within the Department of Surgery office.
- Formal remediation is typically required, which may include a behaviour contract between the respondent member and the Department, conflict resolution, coaching training, etc.
- Level 2 violations *may require reporting* via Nova Scotia Health, Dalhousie or College.

Level 3

- Requires mandatory report to the Department Head and Department Professionalism Committee, which will perform a formal review of the findings. This review shall take place within 30 days from the time the committee is notified and will involve an inperson interview with respondent member.
- The Committee will send a written report to Department Head within 30 days of the review. This report will be included in the respondent member's file within the Department of Surgery office.
- Requires notification of Nova Scotia Health's Zone Executive Medical Director by the Department Head within 30 days of receipt of written report.
- Level 3 violations may lead to a formal complaint under the Nova Scotia Health Medical Staff Bylaws process.
- Dalhousie University Faculty of Medicine will be informed and may consider action as per University Policies and Procedures.
- The Department Head may, in their sole discretion, notify the College following receipt of the written report.

Level 4

- Requires mandatory report to the Department Head and Department Professionalism Committee, which will perform a formal review of the findings. This review shall take place within 30 days from the time the committee is notified and will involve an inperson interview with respondent member.
- The Committee will send a written report to Department Head within 30 days of the review. This report will be included in the respondent member's file within the Department of Surgery office.
- Requires notification of Nova Scotia Health's Zone Executive Medical Director by the Department Head within 30 days of receipt of written report.

- Level 4 violations will typically lead to action under the Nova Scotia Health Medical Staff Bylaws process, up to and including an immediate suspension of privileges in accordance with the Bylaws.
- Dalhousie University Faculty of Medicine will be informed and may consider action as per University Policies and Procedures.
- The Department Head may, in their sole discretion, notify the College following receipt of the written report.
- In the event of a finding of Unprofessional Conduct involving potentially criminal behaviour, the Department Head will immediately notify law enforcement.

APPENDIX A – Definitions

Bullying means behaviour that could mentally hurt or isolate a person in the workplace. Bullying usually involves repeated incidents or a pattern of behaviour that is intended to cause or should be known to cause, whether directly or indirectly, fear, intimidation, humiliation, exclusion, distress, or other harm to another person's body, feelings, self-esteem, reputation, or property, and includes assisting or encouraging such behaviour in any way. The behaviour may be verbal, non-verbal, written, via computer, social networks, text messaging, instant messaging, electronic mail, or any other electronic medium. It can be an assertion of power through aggression. Comments that are intended to provide constructive feedback are not normally considered bullying.

Discrimination means any action, intentional or not, that has the effect of singling out persons belonging to historically marginalized groups, and imposing burdens on them and not on others, or withholding or limiting access to benefits available to other members of society, and may include harassment based on the same characteristics.

Disrespectful Behaviour means behaviour toward others that is undesirable, inappropriate, offensive, unsuitable or improper which leads to an uncomfortable, hostile and/or intimidating work environment. The behaviour may be verbal, non-verbal, written or electronic. It can also be described as the assertion of power through aggression. Disrespectful Behaviour that is repeated with intent to embarrass or humiliate may be considered Bullying or Harassment.

Harassment means a course of vexatious conduct or comment that is known or ought reasonably to be known to be unwelcome.

Offensive Behaviour means Harassment, Sexual Harassment and Discrimination.

Sexual Harassment means

- i. vexatious sexual conduct or a course of comment that is known or ought reasonably to be known as unwelcome,
- ii. a sexual solicitation or advance made to an individual by another individual where the other individual is in a position to confer a benefit on, or deny a benefit to, the individual to whom the solicitation or advance is made, where the individual who makes the solicitation or advance knows or ought reasonably to know that it is unwelcome, or
- iii. a reprisal or threat of reprisal against an individual for rejecting a sexual solicitation or advance.

Monday Message: April 3, 2023

A reminder that our DOS business meeting is on Tuesday by zoom.

We will have a brief presentation by Dr Christine Short on the redevelopment plans, an update on negotiations, a presentation by the Dean about the new strategic plan for Dalhousie FOM followed by a business meeting.

It is so easy for us to just focus on our day-to-day schedule, come to work, do our job, go home. But there is more to think about. We will be thinking about our DOS Strategic plan, and I urge you all to make time to join me on April 22nd for our retreat at the Waeg.

This is your opportunity to share your ideas, your goals and your vision. This is your department of surgery. We want to hear your voice!

Gail

I hope everyone had a chance to enjoy the glorious weather over the weekend. Personally I find getting out into nature restorative and took a couple of hikes over the weekend as well as dinner with friends and some live music.

Last week we had our annual research day in person for the first time since before the pandemic. It was a great day! Kudos and gratitude to Dr Mike Dunbar, the research committee and especially Elaine Marsh.

Congratulations to all the winners. The judges had a very tough job! Elaine has circulated the winners but in case you missed her email: Dr Robert Stone Travelling Fellowship: Anna Duncan; Best Resident Presenation: Dr Dave Forner, and Dr Joel Bierer; Best Fellow Presentation: Dr Alisha Fernandez; Best Medical Student Presentation: Kenney Brittain; Best Basic Science Presentation: Julia Harrison Best Global Surgery Presentation: Chloe Blackman Congratulations to all the presenters: all the presentations were polished and professional and covered a broad scope of topics and research approaches.

A reminder to all faculty: our strategic planning meeting is coming up on April 22nd at the Wag. You should all have received a hold the date invitation. A formal invitation will be sent out this week. This is an opportunity for all members of DOS to have input into our strategic plan for the next 5 years. The title for this plan is: What does Success Look Like in 2028 for the Dalhousie Department of Surgery.

The agenda will be sent out next week. Briefly we will have a large group discussion, then break off into small groups, reconvene to debrief on the small group discussions and finalize with an action plan. Breakfast and lunch will be served. Following the meeting there will be an opportunity for members to socialize and have some refreshments. I hope you will plan to attend.

Last week I spoke briefly at Grand Rounds about the DOS code of conduct. I hope all of you have taken a few minutes to actually read the document. There is nothing new about code of conduct and I am sure many of you wondered why we brought this forward. What is new is the classification or levels of breaches of code of conduct and consequence thereof. The major consequence is that you may find people speaking up, reminding you to be respectful and civil. I wanted to call this code "rules of civility" because that is what we are really trying to cultivate. The major issues will go to NSH or Dal or IWK.

I want you to bring your best self to work everyday. Surgeons often say surgery is stressful as an excuse for their outbursts or anger or expletives. But you are in control, you can choose to lose your temper or not. If you are not in control of yourself or lose control, you risk harm to your patient and others. Recognize that events in your personal life that have upset you or made you angry, can put you in a "bad mood" and make your fuse shorter. Recognize that an adverse patient outcome may have upset you and made you more on edge. Being aware of these things can help us to prevent the grassfire from getting out of control.

I attended the American Surgical Assocation meeting this past week. It is the oldest surgical society in North America. Becoming a member is a big deal. The scientific sessions include papers across all surgical specialties. For this reason, many of my colleagues don't like to attend because there isn't enough relevant content. However, the rule is that you must attend a minimum of once every three years, or they kick you out. This was my year. So reluctantly I went. And I am so glad I did! I came away energized. Apart from hearing about the development of fetal surgery, and some cool stuff in other specialties, there were two great panels: one on EDIA and the other on changing workforce expectations and the training of academic surgeons. This latter panel talked about the personal and societal cost of training an academic surgeon, touched on the mental health consequences, and suggested changes in the training paradigm.

I loved the message of the EDIA panel: " it isn't about being invited to the party, or being asked to dance, it is about choosing the music"!

My real message today is: we need to get out of our comfort zone, get out of Halifax, go to a conference, hear about what others are doing, see something different. This is how we grow and progress as individuals, as surgeons and as a our specialties. As Henry Ford said: " if you always do what you always did, you get what you always got".

Gail

The Curse of the Toronto Maple Leafs is broken!!! They have made it into the second round of the playoffs. I suspect that most of you are not Toronto Maple Leaf fans-- I wasn't either but after living there so long I came to be a fan. I am old enough to remember the glory days of the NHL when there were just 6 teams and we knew the names of all the players. Now I don't even know the names of all the teams.

I am sure the NHL is making lots of money, the players are making lots of money but I think we have lost something. It is too corporate, too distant, too big. Maybe it isn't too bad when one of our hometown players make it into the NHL but there is something more comfortable, more intimate about going to a Moosehead's game. It is the importance of human connection. It is what we lost during COVID. Our Department of Surgery executive is looking at creating more opportunities for us to get together outside of the hospital, to connect with each other. At the heart of EDIA, at the intersection of equity, diversity, inclusion and access is "Belonging", the feeling that as an individual in this organization you matter. And you do. I want you to chose the music. I welcome any suggestions!

Gail

I hope everyone enjoyed the glorious weekend weather. It appears that warmer weather is upon us. I for one am ready !

As part of our renewal as a Department of Surgery, we are undertaking a review of our Strategic Plan. You all will have received a link to a survey. Please take 5 minutes to complete the survey. Feel free to add your comments and suggestions in the free text boxes. It is so important that we hear from you. So often leadership puts together a strategic plan with minimal input from the greater community. This is your first opportunity to have input. Your next opportunity will be at the actual retreat on May 23rd. I am hopeful that the change in time from a weekend to a weekday evening will allow more of you to attend. I want your voice to be heard. I will be listening.

Our strategic planning retreat is coming up soon. Please take a few minutes to answer the survey.

I look forward to seeing you in person next week at the Lord Nelson on May 23rd for a lively discussion of where our department should go over the next 5 years. Dinner and refreshments will be served.

Also don't forget to sign up for an orientation session for Pulse 360: Tuesday at 8 am or Wednesday at 5 pm. Each session is only 30 minutes. Make sure you attend one of them. The actual process for the Pulse 360 will start the following week.

Lastly, you will have just received an email from Andre Bernard on behalf of OR ops regarding changes in waitlist booking. It is very important that we get your feedback on this. It is part of our overall strategy to optimize utilization of our OR resources.

have a good week

Monday Message: May 23, 2023

This am you will have received two very important emails.

The first from Cindy Connolly of the Periop Network thanking us for our work in delivering care to our patients. In the past year we have exceeded the number of surgeries performed in the year prior to the pandemic, We have operated on more patients than have been added to the wait list ie the waitlist is coming down!

The second email is from Charlene who has sent all of you a copy of the survey results. It was amazing to see the response rate: 64 of you took the time to complete the survey (57%) and many of you added in comments. This response rate is basically unheard of – thank you so much! I really appreciate the engagement of our faculty in the strategic plan. Afterall—it is not my plan—it is YOUR plan! I look forward to seeing you this evening at the Lord Nelson to continue the conversation.

I hope everyone had a great time at Golf Day. June is a time for celebrations. We celebrate our graduating residents and send them off to the next phase of their careers knowing that they are well trained and prepared for a life of a surgeon. Dalhousie Surgery is known for its great residency training programs. We should all be proud of our programs and our graduates.

Great training programs have great leaders and I am delighted to announce that Dr Gwynedd Pickett has won the Dalhousie Program Director's award for Leadership. This award is an acknowledgement of Dr Pickett's long standing and continuous excellence in instruction, promotion of collegiality and role modelling, locally and nationally. This award is certainly well deserved! Congratulations Gwynedd!

have a great week gail

Monday Message: June 19, 2023

Our first week of Pulse 360 has had fantastic uptake—thanks to all of you who have responded!!!

Recently we held a DOS strategic planning retreat.

I have attached an updated Powerpoint – which includes the original slide deck as well as added slides for consideration. Please take a few minutes to review and send me your feedback. I will be working on this over the summer and hope to have a draft for you all to review in September.

Another initiative we have undertaken this year is work on the DOS deliverables website. The goal is to make it easier for surgeons to log their activities. In some domains we will be autopopulating fields using NSH data such as OR hours, and number of patient visits.

We will still need you to log in your educational and administrative deliverables but we are modifying the website with drop- down menus to make this task less time intensive. Additionally we have standardized the deliverables to be measured in hours (rather than points). This will make it easier for Government to understand what we do and how we spend our time. Furthermore the list of activities and the number of hours has been standardized. See attached documents. If there are activities not list, please contact Marc Butler.

Thanks to all of you for making this a great Department of Surgery. With these initiatives (360, DOS deliverables) and a new Strategic Plan, we will be able to demonstrate to others what vibrant, accountable, collegial and hard working department we are.

Have a great week gail

Monday Message: June 26, 2023

The only news today is that we have a contract.

Please see the email from DNS president Dr Colin Audain sent this morning. There will be formal presentation on July 10th. However I think you should all take a close look. There is a lot of focus on family physicians, but many of the things also apply to specialists. There will be more flexibility around succession planning and TIP TOP. And of course there are across the board increases of 3%, 3%, 2% and 2%.

It was a foggy damp Canada Day to start off the summer but the music was rocking down at the harbour!

We Canadians have much to be grateful for especially when comparing our country to others, even our neighbour to the south, recognizing that nothing is perfect:

- 1) Political Stability
- 2) Strong banks
- 3) Universal health care
- 4) Natural resources
- 5) A diverse population
- 6) Opportunities for education and training

I know we have lots of challenges in Canada, but we are so much better off than so many people around the globe.

The news is full of negativity, it is hard to remember how lucky we are.

What a glorious weekend! The harbour boardwalk was buzzing with people. As a newcomer to Halifax, I did not expect the breadth of cultural diversity that I experience here. It is fantastic: the music, the food, the different languages, people of different colours and shapes and presumably gender. It is so wonderful to live in a community that is so accepting of others.. David Shribman, in the Globe and Mail on Saturday, wrote of the high levels of fear in the United States. This fearfulness manifests in fear of "other", those not like us. We hear about this almost daily: hate crimes, fear of immigrants, anti LGBTQ protests, book bans. It is hard to comprehend how presumably rational people can support this kind of thing. As Canadians, we welcome others even if they are different from us. Diversity brings us strength and knowledge and new perspectives. We are lucky to live here in Canada and especially lucky to live in Halifax.

Have a great week

Don't forget to vote! The deadline for voting on the contract is July 20th.

There will be some further work undertaken in the fall regarding deliverables and fee codes. I have spoken about deliverables in this space. Our DOS deliverables website now has a lot of data about the work you have been doing.

I have asked your division heads to work with their members to define a 1.0 FTE for each specialty or even subspecialties.

We need to clearly define what we do in our job as surgeons as NSH. It will differ between specialties and susspecialites not just in the type of procedures we do but in what constitutes an appropriate number of consults to see in a month. We have to tell government what we do in very clearly defined terms. In some of my preliminary discussion, it is clear that they don't understand that surgeons are not a homogeneous group.

I know it is summertime but we need to be ready for these discussions in the fall. Think about it. What clinical work defines you?

My original ideas for my Monday message were washed aside by the torrential rain and the resulting flooding. I know we are all thinking of those affected by the flooding and especially those whose family members are missing.

This past weekend was supposed to be for celebrating the end of the North American Indigenous Games which were hosted here in Halifax. Although the closing ceremonies were cancelled because of the storm, the games themselves were a fantastic event for our indigenous communities.

This weekend we were also supposed to celebrate the beginning of PRIDE week with a parade but it too was cancelled because of the storm.

This storm, the recent fires and last year's hurricane, all remind us of how fragile our human lives are. Nature can destroy the things we build through fire or flood or wind. It is pretty humbling. Overall, we are fortunate that there has been no greater loss of life. Houses and roads can be rebuilt. These events should remind us that what is really important is our human connections, our friends and families and our communities.

take care gail Again I am starting my message with sad news. Kitty Connell died yesterday. Although I had only known Kitty for a short time, it was apparent to me that she was very much part of the fabric of QE II. She will be greatly missed. Kitty was one of those people you could always count on- she was a wealth of knowledge and common sense.

Equity, diversity ,and inclusion are words we hear frequently. These words represent important concepts but more importantly important actions or behaviours_ a way of life. We celebrated PRIDE last week--This is really a celebration for all of us, that we all are human, we are one people. The differences between us are tiny in comparison to the things we have in common, yet the differences make us stronger, more interesting, more creative, and more resilient. How boring it would be if we were all identical?

I was reading an article about Professor Irwin Cotler in the Globe and Mail. Professor Cotler is a Canadian, an international human rights lawyer. He was just named as the recipient of the prestigious 2023 Lantos Human Rights Prize. The younger people in DOS may not know that Professor Cotler helped free Nelson Mandela from prison amongst many other contributions to improving human rights.

Professor Cotler spoke about the philosophy of Maimonides who saw the world as divided into good and evil, reflecting that "one good deed by any one of us, at any given moment in time, changes the ledger from evil to good. So everyday we can do a good deed and every day we can.. better the human condition".

I think that is a great message to all of us. I know the cynics amonst you will say that this is simplistic and naive.

But there is an expression: "what goes around, comes around". Individual acts of kindness or good deeds are infectious and will spread. Together we can make a difference.

Be kind to one another

The last week of August- summer is coming to an end.

September means back to school and for us back to regular schedules. Hopefully all of you have had some time to rest and relax and get reinvigorated.

In DOS we have been busy putting together business plans for some of our surgical divisions as well as an overarching recruitment plan for surgery. Last year there was a plan for additional OR resources which are gradually coming on-line. We identified that we don't have enough surgeons to fully utilize all of those resources. We have identified the gaps and put in requests for additional surgeon resources. This is a mulityear plan and addresses the recruitment goals discussed with me by your division heads. Undoubtedly there will be revisions going forward but importantly we have identified that our current cohort of surgeons cannot keep doing more and more.

This fall we will be working on the definition of a surgery FTE. A lot of work has already been done, enabled by Marc Bulter populating our DOS deliverables website, so we have data to support our definitions. The definition will vary depending on specialty, but this exercise will allow us to communicate clearly with DHW and NSH what we do. Recognizing that all surgeons have some nonclinical deliverables, we will define a 1.0 in surgery by OR hours, number of new consults and followup visits and for some specialties minor procedures and endoscopic procedures. I will be asking each division to develop their own definition for their specialty or subspecialty. In this way we will define our work. We will not wait for some one else to define it for us.

Lastly, we are working on a new strategic plan for DOS. You will all have the opportunity to provide feedback on the draft plan.

I am looking forward to a productive fall working with all of you

Monday Message: September 25, 2023

Did you miss my Monday messages?

I took a break.

I was at the Canadian Surgical Forum last week in Vancouver. In addition to all the usual surgical stuff, there were several presentations related to surgeon wellness, burnout, mental health and substance use. The statistics are staggering. I think it is important to shine a light on these issues. As surgeons we are supposed to be strong, and resilient. We are supposed to have grit. But we are amongst the highest risk groups and yet we are reluctant to reach out when we need help. One way we can help ourselves is by connecting with other people-- at work and outside of work. The opportunity to share stories with other surgeons -- a tough case, a bad outcome, is very important to our wellbeing.

I hope you all have a good week

This past weekend we recognitions Truth and Reconciliation Day-- or Orange Shirt Day. Every Child Matters.

Recently at our annual meeting of the Canadian Association of Thoracic Surgeons, Dr Ikenna Okereke a thoracic surgeon from Detroit talked about an initiative he started t expose African American high school students to medicine. It was an inspiring talk, but he shared some sobering statistics that indicated by the time a child is in kindergarten those from a less privileged background are already behind.

So, while it is great for us to open doors for high school students who may be less privileged, it seems to me that we are already too late.

We should be focussing our efforts on early childhood education, day care, nutrition, shelter, to give children what they need to be healthy and be able to learn and then provide them the opportunities to learn. We need to advocate for these things. Every child matters.

Saturday October 14th was the Dal Med Gala. Such fun and so great to see all the medical students dress in their finest! Hard to remember being that young!!! Big Fish provided the great dancing music for young and older! The room was packed, and I was pleased to see our Health Minister and Deputy Health Minister as well as our Executive Medical Director. Attendance from our Department of Surgery was modest. I was a bit surprised since I am pretty sure that most of you went to Dal for either med school or residency. Next year I hope we will have more of a presence to show our support for our medical school. Big thank you for those of you who joined me!

Have a great week

When I moved to Halifax in January 2022, we loved walking along the boardwalk, no matter what the weather. Everyone told us - just wait for the summer.

Indeed, summer on the boardwalk is magical- the people, the music, the buzz. But it is so nice to have the boardwalk back for just us! The water, the wind are restorative. When we were in the first wave of COVID, my husband read and listened to every news cast. He was so despondent. We adopted the term doomscrolling- for the endless bad news on our newsfeed. I stopped. It was just too much bad news. I feel the same way now. There is so much conflict in the world- Ukraine, Israel, the South China Sea, Africa and then there is the zombie US congress. It is too much. There is so little any of us can do except watch in horror at the destruction.

I said it last week, and I will say again this week. We are lucky that we live in Canada, in Nova Scotia and the wind and the water are on our doorstep offering us respite and restoring our wellbeing.

Monday Message: November 13, 2023

Saturday was Remembrance Day. We are grateful to those who lost their lives in service and to those who are currently serving.

With conflicts erupting around the globe, we are reminded daily of the importance of our armed forces. Support for our armed forces is essential during training, during deployment and when they return home.

In Canada, we have not faced armed conflict at home, so we have been a bit insulated from what others are experiencing every day.

We in Canada have much to be grateful for – and that includes our Canadian Armed Services

Monday Message: November 20, 2023

One of the most important things that we do as surgeons is ensure we are delivering high quality care to our patients. Of course, we think we do- but do we know? We use NSQUIP for what I consider generic quality measures that apply to all surgical procedures like SSI or VTE events. If you look at our data it is terrible although improving in some areas.

Why have we not moved the needle? We need to focus on quality.

However, NSQUIP is just the bare minimum.

We need to identify specialty and procedure specific metrics to benchmark our performance against those of our peers.

Dr Greg Hirsch is the chair of our quality committee and will be reaching out to each division to identify the quality lead.

We need to own surgical quality. Our patients deserve nothing less.

Happy Monday

First a reminder to all to attend the Department of Surgery Research Night Thursday Nov 30 at the Research and Innovation Hub 4-7 pm. If you haven't seen the Research and Innovation Hub space- that alone is worth a visit- it is located at the NOVA centre, 13th floor South Tower, 1625 Grafton St.

On Friday, I attended an all-day meeting of Clinical Department Heads, DNS and DHW to discuss deliverables re the recent contract.

As you know, deliverables were not specified in the contract as the plan was to develop these later—later is now!

Our principles are to look at the deliverables through a patient focused lens:

- 1. Access
- 2. Quality
- 3. Value
- 4. Innovation/health system integration (which refers to initiatives to improve access and flow, quality and delivery of care)

There is a recognition that shadow billing is an incomplete picture of work we do. To address this, we will be developing Performance Metrics, and KPIs (ey performance indicators; these must be relevant, reliable, measurable and feasible.

I congratulate DOS as we are way ahead on this through our DOS deliverables website. I want to thank Marc Butler for all the work he has done in populating our website by developing strategies to download data from administrative databases—such as PARNS-

The first steps are to 1) establish the baseline amount of work : done

2) Define how much work is done by a 1.0 FTE surgeon: done

3) Expectation of more work- need more FTES : in progress (business case requests

10 more surgeons)

Proposed KPIs

- 1. Surgical volumes compared to baseline
- 2. Surgery completed within benchmarks
- 3. Surgical waitlist size compare to target
- 4. % long waiters
- 5. OR utilization
- 6. % readmission
- 7. % return to ED
- 8. LOS
- 9. Wait times: W1, W2
- 10. 30 and 90 day mortality

There were a few others

I invite your feedback on the proposed KPIs-

Monday Message: December 4, 2023

Big Shout out to Elaine Marsh who organized our Department of Surgery Research Night last Thursday. It was a terrific event. I also want to thank our research committee and all the researchers who presented their work. The breadth and depth of our research are really amazing. Thank you all. Karen Oldfield, Dr David Anderson, Dr Eileen Denevan-Wright, Dr John Sapp and Dr Jordan Warford attended, and they were very impressed. There is always a question about how surgeons can do research and still be a surgeon.

Well, we showed them it is not only possible, but we can excel at both!

I am very proud of our Department.

Thank you so very much for all that you do.

Sorry for the delayed message.

This week we have our Grand Rounds on Wednesday presented by our newest orthopedic surgeon Devin Ferguson. Devin 's practice is focussed on Upper Extremity so he will be speaking about the latest developments in this domain. I am constantly amazed by all the new developments in orthopaedic surgery.

As we continue to watch the horrors of war in Gaza and Ukraine and Sudan, it seems there is little we can do to ease the suffering of ordinary people. But we can do something for our fellow citizens by donating to Feed Nova Scotia. The Department of Surgery has donated to Feed Nova Scotia for many years and will continue to do so. There are so many that are less fortunate than us.

At our business meeting last evening it became clear that many of our members are suffering moral distress and burnout. We are constantly called upon to do more- work harder, work longer, take the brunt of patient complaints about system issues over which we have no control. I commit To supporting you in these issues. I have told government that we are back to pre-pandemic volumes, we cannot is more without more surgeons. I have pushed back on Hallway patients, MRP policies that make surgeons responsible.

For nonsurgical patients. I have indicated the key performance indicators that are proposed as metrics by which we will be measured that reflect overall performance of the system that are beyond the control of the surgeon, are not acceptable deliverables by which we will be assessed.

Take care of yourself. You are important.

Gail

It is just a few days until Christmas. My husband and I will be flying to Toronto to be with our family and have a busy schedule visiting friends. All of these events involve sharing a meal. Many are not so fortunate. We don't have to look far to see people who are homeless, who suffer from food insecurity. We know there are people who perhaps have a roof over their heads but are using food banks because their circumstances don't permit them to buy enough food for their family. The Department of Surgery has donated \$10,000 to Feed Nova Scotia and \$10,000 to Shelter Nova Scotia again this year.

Of course, not all of us are of the "Christmas Faith" as a friend of mine used to say. Although they celebrate their own holidays, some will also celebrate the secular holiday that Christmas has become by sharing a meal with family and friends. Sharing food together is part of our humanity no matter where you were born or what language you speak or your religion. Perhaps you can squeeze one or two more people at your table? Throw another potato in the pot. There are many who are alone.

I wish you all a wonderful Christmas