

Monday Message, Monday, November 3, 2025

One year from now, our residency training programs will be reviewed by the Royal College. As of now, all our programs are fully accredited. This attests to the commitment of our Program Directors and our Program Administrators to our educational programs. I mentioned previously that our long serving Education Administrator Sheila Reid is retiring at the end of this calendar year. Although she will not be here for the actual Accreditation, in fact all our accreditation documents are due in to PGME before the end of 2025. So Sheila will have overseen this and will have been a resource person for all our Program Directors (PDs) and Program Administrators (PAs). More importantly Sheila will have prepared the documents for Surgical Foundations together with Dr Andrew Trenholm our Surgical Foundations Program Director.

In preparation for Accreditation, the Dean asked all the Department Heads to meet with PDs and PA with the goals of ensuring everyone is on track with their documents and also to identify any potential issues so that we can address them before next year. I have embarked upon this process and it reminds me that our Program Administrators are essential to the success of our Residency Training Programs. Put simply we simply could not deliver without them!

As part of my interviews with PDs and PAs, I have asked if any have policies or guidelines about AI. Most don't, but most agree that we should. Of course we can wait for PGME to come up with something, but as most of you know, I am not a patient person. So with this in mind, I plan to strike a taskforce to develop a DOS policy not only for our Residents, but all our learners, and our faculty. The Globe and Mail's Standards Editor-- Sandra E Martin wrote about the Globe and Mail's Guidelines in this past Saturday's paper. It was quite interesting, sharing insights that I think are useful to us all. Maybe this will be a starting point for our own DOS guideline.

gail

Monday Message, Monday, November 10, 2025

Tomorrow is Remembrance Day.

We will share a moment of silence at the 11th hour, on the 11th day of the 11th month, to remember and honour Canadians who died fighting on foreign soil on behalf of their fellow citizens, and their comrades in arms.

We in Canada have been privileged that we have not had war on our own soil. We have had a prolonged period of "peace" with recent conflicts occurring in countries far from our borders, yet our soldiers have still served in these foreign conflicts.

Why do they put their lives at risk in a conflict that seemingly has very little to do with us Canadians? It would be presumptuous of me to answer that question but my thought is that they do it out of duty and commitment to a higher cause.

As Canada becomes more multicultural, these foreign conflicts have more relevance as more of our friends and neighbours come from those areas and still have family in those countries. Over the past few years, it is apparent that the current conflicts are no longer remote and irrelevant to

Canadians. They are personal. The war in Ukraine is closer to home for many of us given that the previous world wars were fought in Europe and many of us have European ancestry. But I think this war is not just about Ukraine. I apologize for not remembering who made the comment that we are already at war with Russia. The cyber-attacks, the drones around airports, the brief excursions by Russian war planes into NATO airspace suggest that Russia is testing NATO, is trying to destabilize the Alliance. Maybe these things will not escalate but it is a wake-up call that peace is not to be taken for granted even in North America.

So tomorrow, when you pause and remember those who served in past conflicts, please add a moment of gratitude for those who continue to serve.

gail

Monday Message, Monday, November 17, 2025

Last week I attended the Dean's retreat in Sydney. We had a opportunity to tour the new medical school building. It isn't quite finished but the first class of 30 students started in September in renovated space adjacent to the medical school building. The buzz was palpable!

The theme of this year's retreat was the Clinical Learning Environment. Of course, the physical environment was discussed including learning spaces, including appropriate spaces for giving feedback especially the "daily" verbal EPA type feedback. There was some very insightful comments from a post doc about AI and misinformation and how we need to think about not only the curriculum that we as educators provide, but the digital learning environment.

A very interesting and important insight about AI was that for us as experts with knowledge in our area of expertise, we are well positioned to ask the right questions and to evaluate the results that ChatGPT sends our way. But what about our learners? Without any foundational knowledge how do they judge the accuracy of the information they receive from Chat GPT and other sources?

So what about my contribution to the Dean's retreat?

I spoke about culture and leading by example.

I told an anecdote about an experience early in my career when I reamed out an ICU resident when my patient was not doing well post esophagectomy. Of course it wasn't her fault. It was my responsibility and I was upset. But I took it out on her and made her cry. My ICU colleague called me out, telling me how inappropriate I was, how hurtful my words were and the negative impact on this resident. I trained at Western, not known for its supporting training environment especially when I trained there. It was an epiphany moment for me. Why did I want to perpetuate that surgical culture? So I changed my behaviour, I was careful with my words. That doesn't mean I didn't expect high performance from my residents. It just meant I stopped being an Asshole.

So my message for this week: Dal surgery doesn't tolerate assholes!.
But I don't think we ever did!

Finally, I want to thank everyone who attended our Celebrating our People event. It was a great success and I look forward to seeing you all again at next year's celebration.

gail

Monday Message, Tuesday, November 17, 2025

Culture eats Strategy for breakfast--
Everytime.

Brenda Oake, the administrator for ENT shared a paper with me entitled: " Why Healthcare's real crisis is culture, not capacity" by Alexandre Messenger.

I think we do have a capacity problem but I completely agree we have a culture problem.
I have written about this on many Mondays.

There are two parts to culture that we need to consider: Respectful workplace which I think comes back to the "golden rule" which is common to all major religions although the words may differ slightly: "treat others how you would like to be treated".

The second part, I wrote about when I first started here at Dal in 2022. At that time I focussed on psychological safety. The importance of team members (surgeons, nurses, residents etc) feeling comfortable to voice concerns, criticisms and differing opinions without fear of reprisal, being dismissed or denigrated.

The paper written by Alexandre Messenger discusses burnout and adds important elements in addressing this problem which is wide spread in healthcare. M. Messenger writes that "teams are burning out because the way we work together is broken". His message is that the "cure" is clear: we need to strengthen psychological safety, cognitive diversity and intrinsic motivation.

A few words on each:

Psychological safety: as I mentioned I have written previously when I first started my work here. I want to make my thoughts on this more explicit. Why don't we call out a colleague at QI or M&M rounds when they chose to do or not do an operation and we disagree with their judgement? Many morbidities and mortalities start not in the operating room but in the decision to operate or not operate. These decisions precipitate a predictable cascade that often ends badly. If we truly had psychological safety in our teams, we could have a frank and collegial discussion without finger pointing or dismissive language and bad feelings.

Cognitive diversity: This is an important concept that I think may have been overlooked. Cognitive diversity is not the same as differences in the colour of our skin, or ethnic background but of course they are linked. What we each bring to the table is influenced by our own education, values, experiences, thinking styles etc. It is well established that diverse teams "consistently outperform homogeneous teams on complex problem solving". As leaders in health care--- and all surgeons are leaders - an autocratic, dictatorial style may seem to be efficient and effective but success will be short lived. Further this leadership style will alienate team members, causing them to disengage and perhaps even leave. Far more productive to give everyone on the team a voice and for the leader to listen. Consensus is great when possible but when not possible, decisions still have to be made. As we can see from our American neighbours, surrounding the leader with sycophants is not a good long term strategy.

Intrinsic motivation: As surgeons- we got this! Or at least we used to. M Messenger describes it as the "intrinsic fire inside us- the drive from genuine interest, purpose and meaning". Research has consistently found that "when healthcare workers find their work worthwhile and aligned with their values, they report better health, less depressions and exhaustion and stronger job satisfaction". Our own Dal burnout survey found that surgeons scored lower on burnout questionnaires because they reported higher sense of purpose and meaning in their work. Intrinsic motivation is about "reconnecting people with autonomy, mastery and purpose in their work".

Motivated clinicians go the extra mile for their patients!

My last quote from the paper-- which itself is a quote: " A wise hospital CEO told me..." We have measured everything in healthcare except what matters most- how we work together as humans.."

I think this should be the start of a conversation--

Have a great week everyone.

Gail

Monday Message, Tuesday, November 24, 2025

A few weeks ago we celebrated our people. It was a great event. For those unable to attend I thanked Jason Williams for his suggestion of the theme. Indeed we have a terrific department! Almost all of our new recruits attended the party and I introduced them in person. In addition to being excellent surgeons – because the foundation of our department is clinical excellence—each of these individuals brings “value add” to our department ie something in addition to their clinical skills that benefits our Department of Surgery and the patients of Nova Scotia. We also congratulated those who were promoted this year : Dr Bezuhly and Dr Richardson to full professor and Drs Wallace, Leblanc, Neumann and our new Professor Emeritus: Drs Porter, Lalonde and Kirkpatrick. I also thanked and congratulated Dr Bill Stanish who continues to do great things even though he stopped operating some years ago. Bill is a great role model for all surgeons demonstrating how you can continue to work productively after you stop operating if you so chose. Of course some of us just want to retire and put our feet up! But not Bill.

Lastly I congratulated Carman Giacomantonio for a life time of vision and perseverance in research. Carman has accomplished the “bench to bedside’ goal, taking what he learned and proved in preclinical models to a first in human trial. But not only first in human but a positive trial! This is an incredible accomplishment and anyone who has done fundamental research knows that this goal is unattainable for most.

So I want to move from Celebrating our People – which we will continue to do—to “ Investing in our People”. At our recent business meeting, the question arose as to why our funds are not invested in interest bearing accounts or other vehicles which would earn money on the principle. We are looking into this with our accountants as well as a tax lawyer. Our finance chair Mark Taylor will provide a more fulsome report at an upcoming business meeting.

Finally, I have been asked to include departmental news/ updates in my Monday message. I don't want to lose the reflective component but I am happy to share things that come up weekly instead of waiting for our monthly newsletter " the Cutting Edge"

Happy for the feedback!