Monday Message, Tuesday, October 6, 2025

I hope everyone had a good weekend. Our Halifax glorious fall weather continues!
We have our first quarterly business meeting on Tuesday. Dr Taylor our finance chair will present the budget.
We also have short presentation by our VP operations focussed on some excellent work done by the team on 5A related to discharge planning-- really amazing work. We will have a brief OPOR update, our information lead Dr Ellsmere is away so I will be filling in.

The invitations to our Celebrating our People event were sent last week. Don't forget to open yours! We are looking forward to another terrific evening as we introduce our new faculty and celebrate the achievements of our team.

I had the opportunity to reflect on CBD and EPAs recently. When Dr Richard Reznick first proposed this approach to residency education, he proposed it start with orthopedic surgery. It seemed the poster child for this approach: discrete packages of anatomy, physiology and technical procedures. I remember asking at the time (this was a long time ago) but where will they learn to be doctors? To be professionals? Being a surgeon is not just about operative procedures. We need to be able to talk to patients and families, do a history and physical that is not just focussed on one aspect of the patient's anatomy and physiology, we need to learn more about the patient in terms of their social situation, their supports, their employment, their alcohol or drug use. All these things can affect the success of an operation. We need to know a lot about the patient before surgery, not just the tick boxes on a form.

After surgery we need to assess the progress of the patient. Daily. Sometimes twice daily. We need to document our assessment in the patient's chart. Personally I don't want to ever see "AVSS" and regurgition of things I can glean from nursing notes etc. I want to know that my resident spoke to my patient, examined them, and recorded their impression of the patient's progress. Are they following the expected postop course? Or is something amiss? What are you doing about that? Investigating? Why are the tests being ordered? Does the resident think my patient has pneumonia? A wound infection or whatever?

There is a saying, what gets measured gets done. EPAs have proven that. But being a doctor, being a surgeon is so much more.
If you have ever been a patient, you will know this. If you have never been a patient, just put yourself in your patient's shoes and think about what kind of surgeon you want caring for you.

Have a good week.
See you at the business meeting

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Monday Message, Tuesday, October 13, 2025

Thanksgiving
It really is two words: Thanks Giving. We don't speak like that now-- now we would say Giving Thanks.
But it is all the same.
It's origin we are told, is that the first colonists celebrated with the Indigenous people the bounty of the harvest that would keep them alive over the coming winter. (Apologies to purists if I have misremembered).
Both groups expressed gratitude to the higher being in whom they believed for providing for them.

In our modern society, we may not believe that a higher being is providing for us. We work, we make money and we buy food with that money. But we should still be grateful. Grateful, that we have jobs. Grateful that we make enough money to buy food, even if that food is more expensive. Grateful that we have shelter. Grateful that our homes are not being bombed daily, or that our home are not rubble.

In the big picture, we have a lot for which to be grateful.
We should remember this, we should acknowledge there are many people who are less fortunate.
We should give thanks

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Monday Message, Tuesday, October 20, 2025

Fall has arrived.
The days are shorter-but the colours are amazing!
I was in Cape Breton last week and caught some great fiddling music.
Definitely toe tapping music!!

There is lots going on in the Department. The lull of work in the summer is definitely over.
The usual cadence of meetings has restarted but on top of the regular meetings we are overwhelmed with requests for OPOR meetings.
Frankly, I don't know which ones I need to attend! Dr O'Leary in his role as interim ZMED arranged a meeting of faculty to discuss this. I was away but I think the message was loud and clear.
Many of these meetings are repetitive and a waste of time. I have also been informed that the classroom training is not what surgeons expect. This feedback has been share with the OPOR leadership team.
Hopefully things will improve.

At our quarterly business meeting, there were questions about the government mandated 10% holdback. This will be reviewed at tonight's DOS executive meeting. No promises.
When our most recent contract was developed and signed, the issue of deliverables remained outstanding. Over the past year of so all departments have compiled documentation of their deliverables. DOS was in good shape because we have been collecting this data for years on our DOS deliverables website. DHS, NSH, IWK and DAL have worked with all departments and are developing

departmental specific dashboards which will be used to monitor our deliverables. We expect to hear about this very soon.

For those who protest this, I will remind you that these are our payors, they want to know they are getting value for the taxpayers dollars. I also want to remind you that the deliverables identified are minimum requirements not maximum.

Additionally, all departmental and divisional practice plans have been reviewed. Common requirements have been developed. These are very generic, overarching principles not prescriptive. In my review of the document, I think our practice plans meet the requirements but we have an upcoming meeting to discuss this. I anticipate small wording changes may be required but nothing substantial. I will share this information once I receive it.

Other news: the Dalhousie Promotion Criteria have been revised. A draft document is currently under review. I think it is vastly improved in that rather than mandating specific numbers of publications etc, the criteria indicate requirement for “Substantive” contributions. It also recognizes contributions in other domains outside of the usual academic criteria, such as community service.
I agree with the spirit of change, recognizing the value of overall contributions of our faculty to our patients, communities, hospitals, university, overall contributions to new knowledge as well as shining light on Dalhousie, NSH and IWK.
Criteria for promotion to full professor remain rigorous but with expanded scope.

Lastly, Royal College accreditation is 1 year away. All Program Directors and Administrators are already preparing their documentation. I will be meeting with all of them individually to ensure they have adequate support and identify any gaps. Currently all our surgical programs are fully accredited and we want it to stay that way!

Have a good week

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Monday Message, Tuesday, October 27, 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 Messager.

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 Messager discusses burnout and adds important elements in addressing this problem which is wide spread in healthcare. M. Messager 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 mortaliites 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 Messager 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.

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