Monday Message, Tuesday, September 2, 2025

Back to work with a lovely message from our CEO Karen Oldfield. I hope you all had a chance to read it.

Way better than muffins or pizza lunches, is appreciation. Recognition that you have all made a contribution to moving health care in Nova Scotia forward.

I don't know about you- but I felt appreciated and that in turn is very motivating. Afterall, we are all here to provide care to Nova Scotians, making our contributions in whatever way we are best able.

Of course there are still challenges ahead, still lots of work to do but we have made a difference.

Dr Sean Christie often says, I want to be part of the solution, not part of the problem. I love that. Of course, it was originally spoken as " if you are not part of the solution, you are part of the problem." I reflected on this when I heard the leader of the federal opposition party speaking. It is all so negative. I think it would be more productive if the parties work together to develop better solutions. It is really why we have an opposition party: to bring different ideas to the table: to be part of the solution.

In our health care system, we have had a lot of change over the past few years. No one likes changes, especially when it is imposed upon us. While those changes can't be reversed, they can be modified. It is important that we are engaged with the system, we are on the bus, so we can work with our leadership to develop better solutions to improve health care.

So, get on the bus, get engaged with the system changes to make them better, park your negative reactions at the door and think how can I help make this better.

Have a great week.

gail

Monday Message, Monday, September 8, 2025

Last week I talked about changes being imposed on us. It is so much easier to just keep doing the same thing, it is familiar, comfortable, routine. Change is disruptive. It forces us outside our comfort zone. Things that were automatic now required focus and thought. We have had a lot of changes imposed upon us these past few years. The next one is OPOR. We all know we need this and yet we dread it. It will effect everything we do in clinical care. Everything will be different. When it is all done, our work life will be better. All sorts of clinical tasks will be streamlined, redundancies will be reduced or eliminated. Things that now take multiple steps will be accomplished with a key stroke. But before that happens, there is work to be done:

Our information lead Dr Jim Ellsmere sends this message:

OPOR Classroom Learning Requirement
As of **December 6, 2025**, OPOR classroom learning is **mandatory** for all surgeons, residents, and fellows providing care at IWK Health.
Important: Providers who primarily work at Nova Scotia Health but hold privileges at IWK Health are also required to complete classroom learning by this date.
Providers who complete their OPOR classroom training in the fall will **not** need to repeat the session in the spring, when the remainder of the Central Zone transitions to OPOR.
Please use the link below to book your classroom training session.
https://novascotia.sharepoint.com/sites/OPOR/OPOR%20HUB/SitePages/Provider-Corner.aspx

For those of you who do no work at IWK, your time for training is coming!
In the meantime, please read any messaging that comes to your inbox about OPOR. I don't want you to be surprised or unaware as OPOR is implemented.

It is going to be great! (although maybe painful in the beginning!)

Have a great week - and book your classroom OPOR training !

gail

Monday Message, Monday, September 15, 2025

One of our goals in our strategic plan is to acquire enabling technology. This is a challenge for us in a publicly funded health care system. We don't even have enough funding for many things we would consider standard of care. The government is not accepting any new business cases and we haven't heard anything about business cases submitted last year. Recently I planned to use my discretionary fund to help buy needed equipment for the operating room. After escalating the problem to our CFO, funds were identified for the equipment so my discretionary fund is intact to be used for more appropriate requests.

What is the solution? Many have suggested we adopt a public private system such as exists in Australia, Ireland and the UK. I am not sure if this is the answer and certainly Canadians have, so far, stood steadfastly behind the public system.
Fortunately there are generous people in our community who recognize the need for additional funds within our health care system and donate to our QE II Foundation and the DGH Foundation. Are you one of those donors?

We implemented a departmental "tithe" just over a year ago. Admittedly this was done to pay the department head salary as I was hired without there being an FTE position for me. I am sorry I was not aware of this when I accepted the job. I am grateful that members of the department were willing to contribute (maybe reluctantly) to fund my compensation. I can

tell you that this is also done in other departments where it enabled the department to hire an outside physician as department head- just as in the Department of Surgery. You will hear in the upcoming DOS business meeting that this "tithe" has reversed the drain on our central fund. We have a net small surplus this year instead of a deficit. This is good news.

Although no one likes the "tithe", going forward maybe we should consider this as a contribution to the department just like a donation to the foundation and use the central fund to enable acquiring new technology? We should work with our Foundation not just with our hand out but as partners in fund raising. There is an old saying that "charity begins at home".

Dr Jim Ellsmere, our information lead, sends this message :
Thank you to the Department of Surgery members who provide care at IWK and have registered for the in-classroom OPOR training, and to those who have shared feedback. Some registration issues have included:

- Slow logins to the NSH Learning Management System
- Difficulty locating course **1392 – OPOR CIS: Pediatric Surgeon & Adult Surgical Specialty**
- Limited availability when booking a course time

These concerns have been communicated to IT through the NSH Chief Medical Information Officer. IT is addressing them and has already made some improvements. The current priority is for those who will be providing care in December. If you have tried to register but were unable to, please note that additional classes will be added even after the go-live date of **December 6**.

gail

Monday Message, Monday, September 22, 2025

I was at the Canadian Surgical Forum last week. This meeting includes the Canadian Association of Thoracic Surgeons (CATS) as well as most of the subspecialties of General Surgery.
The best conferences are the ones where you come back invigorated: Invigorated because you learned something new or exciting, invigorated because you connected with old friends and invigorated because you made new connections.

For those who say—oh I will read it in our journal--- this is a second best to actually attending the conference. First of all, although the information may be more complete, the take home message will be the same and you won't be able to read it for a year or two—so you are already behind. Second, you won't be able to listen to the discussion- or participate in the discussion. For example, oncoplastic breast surgery may be the new SOC in metropolitan areas, but in remote areas, women may decide, even after a fulsome discussion and shared decision making, that a mastectomy is the best for them. Of course, then that surgeon gets criticized for not keeping up the SOC. This may or may not be reflected when the research is published.

I think the value of being able to connect in person cannot be overstated. We can catch up on work, seek opinions about tough cases, discuss opportunities for trainees and catch up on personal things like family etc.

One of our CATS speakers who was from the US, commented on the civility, collegiality and authenticity or our sessions. It was a safe space. People spoke up even if they had a different opinion to the majority. Our guest said, they had never seen that at an American meeting. I certainly haven't!

We had some fantastic guest speakers. I was sorry to miss some of the General Surgery speakers because of scheduling conflicts.

One of our guest speakers was Dr Daniel Smilek who is neuropsychologist at Waterloo, speaking about "sharpening attention for optimal performance and wellbeing".
It was fascinating. It also supported the need to decrease disruptions in the OR--- chit chat, people coming and going etc.
I think we need to share that with our periop team!!

Another one of our speakers was Dr Stephen Cassivi from the Mayo Clinic. Dr Cassivi also spoke about the importance of teamwork and always doing what is in the best interest of the patient.
Our organization talks about the True North. To me, doing what is in the best interest of the patient is the real True North.

Looking around the room at the conference and speaking to colleagues from other provinces, I felt very fortunate to be in Nova Scotia.

I know it is not all roses but it isn't all thorns!

Have a great week

gail

Monday Message, Monday, September 29, 2025

Dr Paul Fedak wrote a piece in the Globe and Mail published on Sept 20th about his career as a heart surgeon, how he was driven to excellence until one day he couldn't continue. In his case, his career as a heart surgeon ended when he had severe degenerative disease in his cervical spine. I acknowledge his contributions to this Monday message.

Dr Fedak goes on to say he didn't know how to grieve for himself, for the life he lost when he could no longer perform surgery. This is something we will all face. At some point in our careers, we will no longer be able to perform surgery- or at least to the level of excellence we expect from ourselves. It may not be as obvious as when the cervical spine starts compressing the nerves to our hands. But when the time comes it will be a loss like no other. Some of us will formally retire. Some will just stop being at work- no explanation, just disappearing.

We aren't good at grief in the modern world. People often don't die at home. Most of us haven't witnessed death. Even if one of our patients dies, it often occurs when we are not present. Deaths

in the operating room are rare. In times past, people died, it was just part of life. Now we are so good at extending life, death often surprises us.

But the end of our surgical career isn't death. Death is easy-- we will be dead. But how can we prepare for our "death" as a surgeon, yet we still are alive? We have to learn, to understand, that we are more than a surgeon.
We are individuals with feelings, who can tell a joke, play golf, bounce a grandchild on our knee. We can enjoy a meal with friends and family. We can feel the sea breeze on our face and the warmth of the sun. We can allow ourselves to feel. We are not constrained by the rules of professionalism, to always keep a brave face and carry on. We can allow ourselves to rest, to feel, or to grieve. Dr Fedak speaks of the importance of relationships, sharing stories and compassion,

The end of a surgical career, isn't the end, it is a new beginning. "When one door closes, another one opens." Walk through that door and embrace a new opportunity.

gail

The system demands that we carry on matter the circumstances, loss of a friend or colleague. We have made commitments to patients, they are scheduled for surgery. But we are not robots, we are human beings with feelings, we need some time and space to come to grips with a loss, to grieve. How can we focus on the patient in front of us when we are torn apart inside?