

UBC DEPARTMENT OF MEDICINE STRATEGIC PLANNING PROCESS



SWOT FINDINGS

THE FOLLOWING REPRESENTS THE HIGH-LEVEL, SYSTEMIC THEMES CAPTURED
DURING THE SITUATION ASSESSMENT PHASE 1

Sources:

- Non-learner survey
- Learner survey
- Spring 2022 Site Visits
 - Prince George
 - Kelowna
 - Vancouver
 - Victoria
 - Royal Columbian Hospital
 - Surrey Memorial Hospital
- Virtual Learner Town Hall
- Virtual Town Hall open to all sites (VFMP, NMP, SMP, IMP)
- Interviews with select external partners
- Past Department & Division External Reviews



SITUATION ASSESSMENT: STRENGTHS

- High-quality education programs with strong clinician-educators and exposure to diverse learning opportunities (subspecialties, clinical, research, rural programs)
- Research excellence, enabled by high-caliber research expertise, strong research infrastructure and funding
- Strong patient-centered clinical care
- Integral conduit for linking UBC, FoM, HA(s) and beyond
- Accessible, compassionate and trusted leadership committed to fostering an inclusive, equitable and collegial culture
- Collaborative and innovative environment where ambition and creativity are supported (mentorship)



SITUATION ASSESSMENT: AREAS OF IMPROVEMENT (1/5)

STRATEGIC INTEGRATION

- Scope for more intentional integration between clinicians and scientists (practice plans, multi-disciplinary research, translational medicine)
- Enhanced collaboration across Department, notably with specialties, divisions, and distributed sites
- Alignment of priorities in teaching, research, care, and administrative domains across the Department, hospitals and with the sector (collaborative grants, research culture, themes)
- Scope to leverage pockets of divisional strengths in fundraising to support department-wide strategic initiatives



SITUATION ASSESSMENT: AREAS OF IMPROVEMENT (2/5)

LEARNERS' SUPPORTS AND EDUCATION

- Lack of subspecialty electives / rotations and inconsistency with distribution of residents
- Increased opportunity for learners to participate in research (funding, departmental scholar track, embed in resident's curriculum, clear pathways)
- Improved career and mentorship support for learners (focused around specialties, innovation)
- Improved learner opportunities and support for rural and outpatient learning (providing housing, handbook for outpatient best practices)



SITUATION ASSESSMENT: AREAS OF IMPROVEMENT (3/5)

FACULTY RENEWAL AND RETAINMENT

- Need to clarify academic promotion pathway, value, process, and criteria for clinical faculty
- Scope to coordinate recruitment efforts across the Department and with Health Authorities
- Need for strategic faculty renewal (capacity and level) and succession planning across the Department (incl. sustainable funding, endowed chairs)
- Need for mentorship / sponsorship for junior and mid-career faculty



SITUATION ASSESSMENT: AREAS OF IMPROVEMENT (4/5)

CULTURE, ENGAGEMENT AND WELLNESS

- Need for greater focus on embedding EDI within processes (EDI and Indigenous cultural safety training; increase diversity)
- Desire to amplify engagement between divisions, distributed sites and department (visibility of leadership, communication, shared rounds)
- Lack of recognition for clinician's teaching, committee work, course development, research (spotlights, share publications, announce promotions, etc.)
- Need to clearly articulate the Department's value proposition vis-a-vis clinical faculty (lack of engagement and sense of connection with Department and UBC)
- Fatigue across all areas of the Department (culture of compassion and recognition needed)



SITUATION ASSESSMENT: AREAS OF IMPROVEMENT (5/5)

SUPPORTS AND RESOURCES

- Address inconsistent service standards and level of support across divisions and sites (CTU, ICU)
- Need for increased and consistent level of administrative and research support throughout (IT, HR, finance, grants, clinical trials, ethics, contracts)
- Scope for career management and development for staff (pathways, training, compensation)
- Need for dedicated space (Diamond Center, telehealth appointments attended at hospitals)



SITUATION ASSESSMENT: OPPORTUNITIES (1/3)

ADVOCACY

- Work with Health Authorities and hospitals to address resident workload (scheduling, flex days, vacation, cross-coverage)
- Champion need for adequate and affordable housing while on rotations
- Expansion of specialties and inter-professional teams to meet population needs (family medicine, GIM, aging population, rural and remote communities, infectious disease)
- Province-wide plan for the effective delivery of health care (distribution of resources, EMRs)
- Alternative payment plan to support effective research, education and patient care
- Adequate space and facilities for training at hospital sites (lab space, conference rooms)



SITUATION ASSESSMENT: OPPORTUNITIES (2/3)

TRANSFORMATION

- Enhance data access and management to support a learning health system
- Innovation in clinical care delivery models (primary care, telehealth)
- Explore health data science / machine learning (oncology to assess biomarkers, radiology)
- Focus on planetary health (education, research, care) as an integrated department-level theme



SITUATION ASSESSMENT: OPPORTUNITIES (3/3)

STRATEGIC PARTNERSHIPS AND COLLABORATIONS

- Develop and strengthen partnerships with health authorities/PHSA (united front for advocacy)
- Partner with FNHA to support Indigenous health and research
- Explore corporate funding opportunities (Telus, Rogers) to bolster financial health
- Increase collaborations with external parties to access funding, resources (foundations, research institutes, REACH-BC, SPOR)
- Leverage UBC expertise to bolster supports (statistics, CHEOS, data science, research supports)
- Review partnership approach to ensure all parties experience a reciprocal benefit



SITUATION ASSESSMENT: THREATS

- Financial instability for the Department hinders ability to sustain and grow mandate
- External forces that increase patient care needs and exacerbate burnout (pandemic, climate)
- Increased acuity in patient care
- Loss of hospitalists, gaps in specialties, crisis in primary care
- High housing costs hinders ability to recruit talent





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