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