

## New VP Health hears from key internal stakeholders



*The Acting Associate Provost Health conducts a series of 21 Strategic Summits, between October 2018 and February 2019, as UBC Health transitions from the Provost's Office to a new Vice-President Health portfolio.*

Dr. Dermot Kelleher, the new VP Health, would like to acknowledge the work of Dr. Sandra Jarvis-Selinger, Acting Associate Provost Health, in starting the stakeholder engagement process and providing a strong foundation for future strategic planning. The new VP Health and the emerging UBC Health leadership team will continue the stakeholder engagement process as they start to build a strategic vision for UBC Health. They look forward to broad and inclusive consultations that reflect the key messages highlighted in this initial high-level report.

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## If you do little else, give a space for voices to be heard and... listen, really listen

Giving every contributor to the consortium a voice, listening to those stakeholders, and using their perspectives to support action was, by far, the biggest theme that emerged from the Strategic Summits. From faculty, staff, students and community members, the most important request of the new VP Health is to be provided with space, place and voice to be able to contribute.

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## Stakeholders hone in on UBC Health pillars

During the UBC Health Strategic Summits, stakeholders were introduced to three pillars approved by the Board of Governors as areas of focus for the new Vice-President Health portfolio – Collaborative Health Education; Research; and Health Systems. Stakeholders shared their vision for each pillar.

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## Without support and resources, what can we possibly do?

Strategic Summit attendees spoke about support and resources in three main areas: central operations of the VP Health portfolio; collaborations between and among stakeholders necessary to make UBC Health successful; and unit-based support.

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## Key stakeholders cautiously optimistic

Strategic Summit participants see the new Vice-President Health portfolio as a fantastic concept with a lot of opportunity for growth. However, they shared some cautionary comments related to issues that might impact the success of this new and exciting endeavour.

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**"This cannot be perceived to be led by one profession."**

## Townhall needed to support engagement

Led by the Acting Associate Provost Health (July 2018-February 2019), a series of Strategic Summits helped to encourage transition; understand perspectives; and build a story. See the Dear Dermot column for some burning questions that came out of the Strategic Summits. A Townhall is needed for stakeholders to connect with the new Vice-President Health, Dr. Dermot Kelleher, and his senior leadership team.

This will continue to support the necessary long-term thinking; ongoing engagement; and build success within the emerging network.

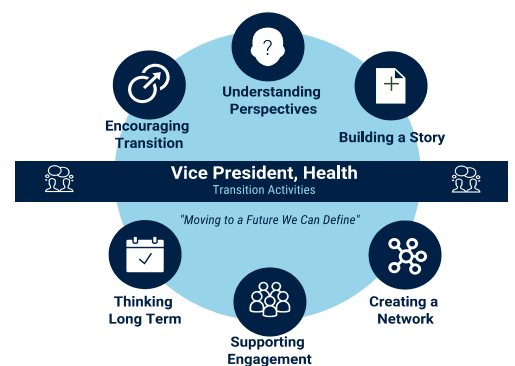
*See 'Dear Dermot' on Page A6...*

**"I would like to see UBC Health evolve into a true Center of Excellence for all things interprofessional - a go-to place for interprofessional education and research."**

## Opportunity to move from 'Healthcare' to 'Health'

UBC Health stakeholder groups are talking about the need to move beyond a focus on 'healthcare', which has traditionally been the mandate of UBC Health, to a focus on 'health'. Under the Provost, UBC Health worked primarily in the realm of health professional education. A move to a broader 'health' focus would involve engagement of other stakeholder groups; address the social determinants of health; integrate a population health lens; and involve working with Ministries beyond the Ministry of Health.

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## New VP Health hears from key internal stakeholders

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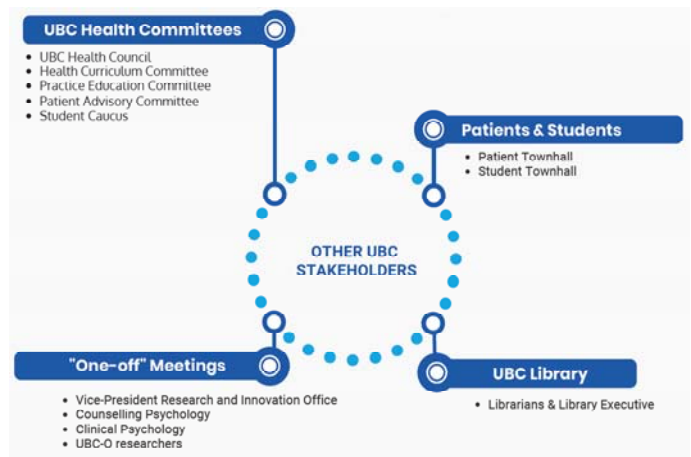
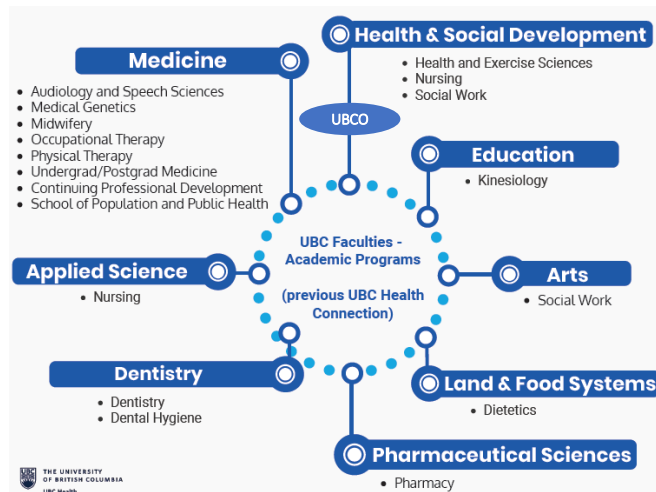
As part of her role as Acting Associate Provost Health (July 2018-February 2019), Dr. Sandra Jarvis-Selinger conducted a series of Strategic Summits, between October 2018 and February 2019, as a way to get input into the emerging Vice-President Health portfolio. With the support of Victoria Wood, a senior staff member from the existing UBC Health office, Sandra presented an overview of the transition before asking participants to share their vision for the new portfolio.

The stated goal – to build a story, which is presented in the stories told here. Participants were invited to be “unapologetically centric” and were asked one key question: **“If it was the world according to you, what advice would you give to the new VP Health?”**



Based on the UBC Health Executive Strategic Plan developed in January 2018, the new VP Health portfolio was presented as an opportunity to strengthen UBC’s impact and capacity for excellence in health and health care which includes:

- Enabling more systematic collaboration in health research and education across all programs at the University;
- Enhancing coordinated interface with the health sector (and specifically the province-wide Academic Health Sciences Network) to support practice and help drive systemic change; and
- Complementing the activities of individual Faculties and Schools through focus on tasks of mutual importance that require



A total of 346 individuals attended the 21 Summits and 4 “one-off” meetings (with 1-2 individuals) and spoke from diverse perspectives that are summarized in the stories that follow. The Summits yielded 40 pages of synthesized notes resulting in over 700 unique data points that were analyzed and themed into the stories presented here. On average, summits lasted 45-90 minutes, giving participants ample time to contribute their ideas. Summits were scheduled with units historically involved with UBC Health, taking place during existing meetings or specially scheduled sessions. Summits were also held with student and community groups to capture their unique perspectives. While there was a recognition that there are other stakeholder groups and more engagement needed, both within and beyond UBC, Summits were held with the units (faculties, departments, schools and programs) that have traditionally collaborated under the banner of UBC Health as a natural starting point.

## Opportunity to move from ‘Healthcare’ to ‘Health’

*Continued...*

During the Strategic Summits, it was repeatedly reinforced that this needs to be prioritized in an ongoing stakeholder engagement process, as the current stakeholder groups consulted represent a traditional ‘healthcare’ dominated view of UBC Health. This was perceived as both limiting in terms of UBC’s potential contribution to systems transformation and in terms of innovation.

***“To improve health we need to consider factors outside of the healthcare system and therefore need to think about UBC Health more broadly as a result.”***

In the past, UBC Health has focused on health professional education. This has arguably been the result of its positioning, first as the College of Health Disciplines and subsequently under the Provost’s Office.

The new VP Health portfolio is seen by many stakeholders as an opportunity to expand the mandate of UBC Health to a broader ‘health’ focus. This would require more active collaboration with groups such as the School of Population and Public Health and new collaborations with groups such as Sauder, Biomedical Engineering, Education and others, as well as with Ministries beyond Health (e.g. Ministry of Education and Ministry of Children and Family Development).

There was recognition that there are many groups across UBC involved in teaching, research and other innovative initiatives that contribute to health and who, therefore, should be engaged in UBC Health.

## If you do little else, give a space for voices to be heard and...listen, really listen

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Stakeholders were clear that the new VP Health Portfolio has a big job in figuring out where to take action, how to move ideas forward, and when to lead or when to follow. With all the promise that this new structure brings, every Strategic Summit chimed in on how listening to the stakeholders will be the most important activity in finding success.

Stakeholders spoke about how having a voice within UBC Health will help build their motivation to engage. They shared ideas about ways in which UBC Health can act as a collective voice and cautioned about the need to balance that collective voice with the autonomy of faculties, departments, schools, and programs. Smaller programs spoke of the need for space, structures and processes that support their voice to be heard. And students and community members asked that their voice also be heard, as they have a valuable and unique contribution to make to this collaborative enterprise.

### Having a Voice Builds Motivation to Engage

Participants across all sectors and geographical locations (staff, faculty, students at both UBC-V and UBC-O) feel that providing space for voices to be heard and truly listening and valuing those perspectives should not be underestimated. Those who have been involved historically with UBC Health feel that when action was borne from an understanding of stakeholder perspectives, they were more motivated to invest in the activities and felt their priorities were being reflected.

### Collective Voice

Participants spoke at length about how the VP Health could offer a single voice that would resonate better with health systems, health authorities and governments/ministries. They discussed ways in which connections to the clinical and political structures could be strengthened and would be better served with a stronger, single voice. Stakeholders were willing to invest in and support that collective voice if they felt it was representative and provided a value added approach.

### Balance Between a Collective Voice and Autonomy

The caution around a single voice was that centrality needs to be balanced with an understanding of when faculty, department, school or program voices and agency should take precedence. The burning questions that emerged across all Summits were: "How can the VP Health use its voice to advocate for us?" and "How will the emerging governance model give us voice?" "How will we know when to invest in the collective advocacy and when it should be our own agency?"

*"Representation and voice, accountability and autonomy need to be considered."*

### Space for Smaller Voices

Additionally, 'size matters' when it comes to understanding how perspectives are being shared and acted upon. Many questioned how smaller voices will be heard. Smaller programs are concerned about how their voices and perspectives can be represented when they don't have the capacity to have representation at every committee or taskforce table. Their advice is to build spaces, processes and structures that are truly collaborative and interdisciplinary and not perceived to be led by one profession or only bigger programs.

For those not geographically located on the Point Grey campus, there are also concerns that their voices could be lost. For example, faculty and staff at UBC-O are very interested in having more connections across both campuses and feel that the VP Health could help create stronger links.

### Student and Community Voices

Students, community advocates, and patients echoed the importance of voice and having a place and space to share their unique and valuable perspectives. Students want more opportunities to impact decisions about their programs and their professions. They also want the new emerging VP Health structure to broaden its focus on students beyond the traditional health professional training programs and also to look for graduate and post-graduate connections and opportunities. Students are incredibly interested in having more interdisciplinary opportunities to learn about and with other professions and feel that the new VP Health portfolio should support and prioritize student leadership and leadership training opportunities.

*"There's a unique opportunity related to the young health workforce as those who can push boundaries and create change – UBC [Health] could provide this space."*

Patients and community advocates feel that this transition provides an opportunistic moment to include patients and community members as a fundamental voice in UBC Health. They shared that the community voice has not had as much opportunity to shape past initiatives and priorities and want the new leadership to consider how to build on the historical work done to create a 'patients' voice' in the UBC Health landscape. They also feel that having the VP Health lead these conversations could create an opportunity for all programs to have access to community and patient voices.



*"Would be good to have a director from UBCO – we have a good group of people engaged in health and would like somethings that brings those people together"*

## Stakeholders hone in on UBC Health pillars

*Continued...*

Many stakeholder comments during the UBC Health Strategic Summits align with the three pillars that will be the focus of the new Vice-President Health portfolio – Research; Interprofessional Education; and Systems Transformation.

*“I would like to see UBC Health evolve into a true Center of Excellence for all things interprofessional - a go-to place for interprofessional education and research.”*

### Research: Potential Duplication, Enablers and Collaborations

Summit participants see opportunity in the research pillar, while cautioning against potential duplication with other structures within UBC, such as the Vice-President Research and Innovation (VPRI) portfolio.

Stakeholders would like to see UBC Health be an enabler in the area of health research by facilitating access to data, patient populations and other structures to support research.

UBC Health also has the potential to facilitate research collaborations in a way that does not currently exist.

Stakeholders would like to see UBC Health connect health researchers with common interests; support knowledge transfer and dissemination; link researchers and educators as a way to embed new and innovative practices in learning; and create opportunities for interdisciplinary research.

*“The concept of UBC Health under a VP Health portfolio brings a lot of opportunity.”*

### Systems Transformation: Define, Coordinate and Collaborate

While Strategic Summit participants feel the Systems Transformation Pillar is the hardest to define and the most open to interpretation, they also recognize its importance within the UBC Health portfolio.

According to Strategic Summit participants, UBC Health has a potential role to play in defining Systems Transformation and supporting that vision across a continuum - from how we train our students; to how clinical placements are negotiated and structured; to continuing professional development for practicing professionals.

One of the most common themes related to Systems Transformation raised during Summits was the need to collectively address issues connected to clinical placements. UBC Health has the potential to play a strong and much-needed role in coordinating and acting as a common voice in this area.

Issues like team-based care, the Opioid Crisis and Indigenous Health are also areas being addressed by many across campus, where UBC Health could play a coordinating role and facilitate collaborations that would lead to more creative, supportive and effective approaches.

## Systems Transformation - - - Research - - - Interprofessional Education

### Interprofessional Education: Endure, Enhance and Expand

Recognizing the historical focus on interprofessional education conducted under the banner of UBC Health (and previously the College of Health Disciplines), Strategic Summit participants shared ideas about what should endure; what could be enhanced; and where there are opportunities to expand interprofessional learning at UBC.

#### **Endure**

The health professional programs at UBC have invested in and committed to the Integrated Curriculum that was developed under the banner of UBC Health over the past four years. Stakeholders stressed the importance of ensuring the sustainability and growth of this program that provides students with interprofessional learning opportunities. Students were the most vocal, and supportive, of the need to continue to support vital interprofessional educational opportunities.

The Health Mentors program - a unique educational experience in which groups of students from different disciplines learn from patients/clients with chronic conditions/disabilities – is another interprofessional learning opportunity that stakeholders feel should be sustained and supported to grow.

#### **Enhance**

According to Strategic Summit participants, these and other interprofessional learning opportunities would be enhanced by broader disciplinary participation and commitment. Many would like to see UBC Health foster the expectation that all health professional programs commit to interprofessional education initiatives and participate actively, as having some programs choose not to participate in UBC Health programs has a negative impact on interprofessional learning at UBC.

*“I would like to see it being a UBC expectation that all health professional programs participate actively in and support UBC Health and their educational initiatives.”*

Stakeholders would also like to see UBC Health enhance interprofessional education at UBC by supporting strategies that facilitate: interprofessional learning in the clinical setting; better disciplinary mix within interprofessional sessions; participation of students at distributed sites; participation of graduate students; and more involvement of patients as educators.

#### **Expand**

Strategic Summit participants feel UBC Health could expand its educational mandate to include issues of common concern such as admissions, accommodations, professionalism, increases in seats, and resiliency. Health professional programs face unique challenges that are common across disciplines. Stakeholders believe UBC Health has the potential to address these in a more coordinated and effective way.

## Without support and resources, what can we possibly do?

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From librarians to students, from community members to faculty members, stakeholders across all the Strategic Summits spoke about how the VP Health portfolio and the UBC President's office need to think critically about resources and support that will ensure the success of UBC Health, as too often, change doesn't come with the necessary resources needed to encourage and maintain the strategic initiatives being contemplated.

*"We need to look at what we want to accomplish, how we can do that, and what resources are needed."*

### Resources to Support the VP Health Office

Three main areas emerged in the discussions about resources and support. Looking from the center to the periphery, some stakeholders spoke about the need to appropriately resource the central UBC Health office in order to achieve the vision and mission of the new emerging portfolio. Providing operational and administrative support at the centre will help build economies of scale. However, this should be balanced with the need to respect faculty autonomy, resources and decision-making. Summit participants feel time, effort and consideration are needed to determine what activities are best located in the VP Health portfolio, as a means to streamline operational and administrative functions, and what should stay uniquely part of faculty, schools, department, and program structures. Taking the time to differentiate the collective and the distinctive parts of a consortium will aid in understanding what resources need to be in place to support both.

### Resources to Support Collaborations

A second main area stakeholders spoke about was the need to provide resources to support foundational collaborations. This could involve streamlining enabling and supportive functions, which most stakeholders agreed would signal success of the new VP Health network. Having good ideas and getting those ideas off the ground is seen as the difference between having appropriate support across the entire network (both centrally and peripherally) and trying to make things 'magically happen'.

*"We need tangible infrastructure to support collaborations and address systems challenges."*

### Resources to Support Units

Finally, a true consortium means access to shared resources and support. Some smaller programs and faculties want to have access to the resources to which larger programs have access (e.g. curriculum mapping platforms like Entrada). Summit participants feel that understanding the differences in access and opportunity will be incredibly important to creating a strong and successful federated model of collaboration.

## Key stakeholders cautiously optimistic

*Continued...*

UBC Health, as a concept, is being embraced by stakeholders. They are happy to see this as a priority by President Ono and see a lot of opportunity for innovation and growth.

*"The concept of UBC Health is fantastic."*

However, stakeholders are not without their reservations. According to Strategic Summit participants, the biggest threat to the success of the new Vice-President Health portfolio is the perception that it is being led or dominated by one profession. Stakeholders stressed how important it is that UBC Health be truly interdisciplinary. In some cases, concerns stemmed from the Vice-President Health and the Dean of Medicine roles being filled by the same person. Recognizing that these are both large portfolios, stakeholders raised concerns about how priorities will be separated and achieved.



Other concerns include questions about overlap and duplication with other UBC structures. Some stakeholders have concerns that UBC Health will add another level of bureaucracy to an already bureaucratic institution. Many stakeholders admitted that they struggle to see what UBC Health is. They articulated the need for a clear strategic plan and defined goals that make it desirable for stakeholders to engage. Stakeholders are keen to be involved in UBC Health and need to be engaged in a meaningful and equitable manner.

*"The success of UBC Health will hinge on its ability to foster a culture of collaboration."*

## Dear Dermot

The Strategic Summits were designed to help encourage the transition; understand perspectives; and build a story. Stakeholder engagement will need to continue with the new VP Health, Dr. Dermot Kelleher and his senior leadership team, through future Townhall and ongoing conversations with key stakeholders to share long term thinking; support ongoing engagement; and begin to create a network which will support the portfolio's success.

The UBC Health Strategic Summits were introduced as the first part of a broader and ongoing engagement process (i.e. the first bite of the elephant). Many participants raised questions that could not be addressed during the Strategic Summits and will need to be answered by the new UBC Health leadership during future engagement sessions (e.g. a Town Hall) or during the UBC Health strategic planning process.



### Town Hall Questions:

- Why now?
- What is the motivation?
- What is the perceived benefit of this new structure?
- How will this be different than UBC Health under the Provost?
- What is your vision?
- What is the vision for each

### Strategic Planning Questions:

- How does this get operationalized?
- Is there an interdisciplinary committee informing the VP Health or is it the other way around?
- Will the existing UBC Health committees be preserved?
- Will there be additional resources for this portfolio?
- Is the scope of this bigger than it has been in the past?
- Will this result in stronger connections with the AHSN?
- What is being asked from us?

**STORIES AUTHORED BY  
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