

## ***Recommendations***

Before setting out our recommendations, we wish to note that during the assessment process, we were made aware that the Department intends to soon create an applications committee that would be tasked with reviewing the applications for every physician who expresses an interest in joining the Department. In crafting these recommendations we recognize that some action may already have been initiated along the same lines of what is recommended below. If that is the case, we would simply recommend that in those instances Southlake leadership at all levels maintain the path of change that has been initiated.

That being said, in order to address the issues identified in this process, we recommend the following:

### **Recommendation 1 – Equal Access to Opportunities Within the Department**

The process which is currently in place for physicians to apply for locum and courtesy positions in the Department currently depends on the informal backing of the Department Chief. As it stands, the Department Chief can deter a potential locum or courtesy candidate from taking steps to join the Department, by telling the individual when asked that there are no available shifts. The Department Chief also has the ability to attempt to create space in the shift schedule by bringing forward the potential candidate to be discussed at a Departmental physician meeting, and canvassing the existing physician group to ascertain if they would be willing to give up some shifts to a candidate that they likely already know, and/or is presented as somebody who provides strategic benefit to the overall Department.

As noted above, we found a clear relationship between an individual's experience of working in the Department, either as a student or in some other capacity, (or, for the last number of years, of working at St. Joseph's) and the likelihood that a physician's application for locum or courtesy status is approved. Once the candidate submits a request for locum or courtesy status to the MAC, the Department Chief also has the opportunity to explain to the MAC why the Department requires the services of the particular candidate. Without a more formalized application process or evaluation of credentials at the Departmental level, this leaves open the possibility for unconscious bias on the part of the Department Chief (including the possibility that those known to the Department Chief have a better chance of getting hired, or those unknown to the Department Chief have a limited chance of getting hired) to affect the recruitment of locum and courtesy physicians into the Department.

We refrain from suggesting the best way to ensure that decision-making about who gets put forward to the MAC for locum and courtesy status not be limited to one person within the Department (i.e. the Department Chief). It could be that these decisions should consistently be ones in which all Department physicians with eligible status should have a say. Or, if this is unworkable, then perhaps a committee needs to be formed with multiple representatives from throughout the physician group in order to make these decisions. We also recommend that essential requirements for the positions be established and that applicants be considered based on their ability to satisfy the identified requirements. In this way, applicants with the necessary qualifications will have better access to opportunities in the Department. Decisions based on the "right fit" will ideally be avoided, as such decisions also leave open the possibility that unconscious bias will affect hiring in the Department.

If the necessary requirements for eligibility are determined to include time worked in the Department, then we recommend that a similar formalized application process be put in place for positions which become available within the Department, such as opportunities to work as students and/or on research projects. As it currently stands, a student or physician has the ability to reach out to individuals in the Department in order to leverage connections or make personal appeals for experience to work in the Department. Once the individual has experience in the Department, they immediately have a potential recruitment advantage for positions within the Department which those without those same connections do not have.

While the process for applying for associate status in the Department is more formalized, we note that there is a Selection Committee that first considers whether to recommend a candidate for associate status to the MAC. Although the composition of this Selection Committee is established, our review suggests that recent successful associate applicants in the Department have all been considered by a Selection Committee comprised largely of the same individuals or individuals holding the same positions within the Department. Since it is unclear as to how these Department members obtained their positions on the Selection Committee, we recommend that membership in this Committee (as a service contribution opportunity) be subject to the same review and process delineation that we recommend below under “Recommendations 3 – Enhance Transparency.”

Based on the feedback we received about there being disproportionate representation in the Department relating to gender and individuals with certain racial/cultural backgrounds, we also recommend that Southlake specifically consider how to make opportunities within the Department known to a more diverse applicant base. As noted throughout this section,

we recommend taking steps to ensure more equal access to opportunities within the Department, both recruitment opportunities, and opportunities for student, service and other positions which give applicants an advantage in the recruitment process. However, we remain concerned that these steps alone may not be sufficient to attract more diverse applicants to opportunities and positions within the Department if care is not taken to examine how candidates and applicants become aware of such opportunities and positions. If these are posted in a limited way, or left to be communicated informally through individual networks, then this still leaves open the possibility of systemic barriers to more diversity within the Department.

In addition, moving forward from the assessment, much will hang on the effectiveness of Department leadership. Several assessment participants suggested that an open competition be held for the currently vacant position of Department Chief. They expressed concern that any person who gains the position without an open competition will not be as legitimate within the Department. To this end, we recommend that Southlake consider a broad-based search for a new Department Chief, which includes external candidates in addition to potential internal candidates. Ideally, the successful candidate would review the results of this assessment and have a leadership strategy in mind to execute the recommendations and work to address the issues which have been identified.

#### Recommendation 2 – Respectful Workplace

In our review, it was unclear what, if any, work had been done in the Department to set standards of behaviour between the individuals who work there, to communicate these standards, and enforce them. We expect

that Southlake has applicable policies, such as a Workplace Harassment/Discrimination or Respect in the Workplace Policy (the “Policy”). Assuming so, we recommend that work be done within the Department specifically to train on the Policy and make clear the expectations for behavioural interactions between those who work there. In fact, it was recommended by participants in the assessment that such training be made mandatory for new employees.

In our experience, cultivating a culture of respect involves a commitment on the part of senior leadership, clear policies, and meaningful training to ensure that the behavioural expectations are understood, along with avenues for addressing those occasions when behaviour falls short of the expected standards. As such, we recommend that steps be put in place to ensure that staff, physicians and physician navigators can improve the nature of communications between them, and also give individuals in the Department (both those on the receiving end of inappropriate behaviour and bystanders) the tools they need to address concerns when they arise. Such training should be tailored to address the unique working environment and nature of the work performed in the Department, and should also make clear that everyone working in the Department (not just employees of Southlake) is protected by the Policy and also expected to behave in a manner consistent with the Policy. We agree that such training should be mandatory for new employees, but also recommend that this be done for all current members of the Department in order to address the concerns identified in the assessment.

In addition to undertaking meaningful training on behavioural standards, we recommend that all current members of the Department receive training on the structural concepts surrounding equity, power imbalances, and

privilege. This type of training may be approached, for example, from an anti-oppression or cultural competency perspective. We think that such training will assist individuals in the Department to gain a better understanding of how individual actions and organizational processes can be connected to systemic barriers that reduce equal access to opportunity, and which can also normalize a dominant group's (or groups') way of practice. We also think that providing this type of training to all members of the Department will assist in creating a shared understanding of the structural factors that can lead to exclusion, and those factors that, conversely, might promote inclusion.

Finally, we recommend that more opportunities be sought out or developed for individuals in different roles within the Department to interact in non-clinical settings. It was apparent from the assessment that many participants view there as existing a divide between roles, such as between nurses, physicians and physician navigators. An example of such an initiative could be an Equity Committee in the Department, made up of representatives of each group, with a mandate to look for ways to improve access to employment or other opportunities in the Department for under-represented groups. This would have the added benefit of being an initiative with a goal targeted at combatting any of the stigma which may have attached to the Department as a result of the recent media attention and coverage.

### Recommendation 3 – Enhance Transparency

The assessment makes clear the need for more transparency in the Department. There are a number of processes which participants have identified as being unfair. We recommend that steps be taken to review

these processes in detail and then to clearly articulate them in writing. In doing so, it would be our expectation that any opportunities for unconscious bias to impact on the decisions made in these processes would be identified and removed. As such, we recommend that any work done on these processes be done by more than one person, and ideally a team and/or committee who can bring different perspectives to the review and report back to the specific Department members affected by the process.

The first process we recommend be subject to such a review is the patient chart review process. The results of the assessment suggest that there is a clearly understood process for assigning the patient charts for review at the first stage. What is not clear is how the decision is made as to which patient charts go on to be discussed in a group setting following the first stage review. It is this aspect of the patient chart review process which we recommend be examined and made more transparent.

The second process we recommend be subject to review is the process of altering the shift schedule to take service contribution to the Department into account. By all accounts, there appears to be no process in place for making decisions related to how Department service will impact on the shift schedule; rather, it is entirely up to the discretion of the Department Chair. We recommend that consideration be given as to the extent to which service contribution in the Department should be allowed to impact on shift scheduling and that the process by which this will be tracked and executed be articulated in writing and clearly communicated.

The last process we recommend be subject to review is communication of and access to service contribution opportunities in the Department. We heard feedback in the assessment about individuals not having equal access

to these opportunities. We recommend that a process be put in place (or if one exists, that it be reviewed) and that it be clearly communicated in writing how service contribution opportunities will be shared with the Department and how decisions will be made within the Department regarding how these opportunities will be filled.

#### Recommendation 4 – Equal Physician Participation in Decision-Making

We decline to comment on which specific decisions are appropriate to put to a physician vote in the Department. The information we received in the assessment seems to suggest that there is some understanding of what decisions are to be put to a Department physician vote, but this is not consistent. Therefore, we certainly see room for improvement in making clear which decisions within the Department should be put to the full physician group for a vote. What is even less clear is the process by which voting takes place.

We heard that rules within the Department and Southlake generally state that physicians with locum status are not eligible to vote in Departmental meetings. However, we heard information in the assessment which suggests that locums have been voting on decisions in the Department. It was suggested by some in the Department that this contributed to favouritism and inequities within the Department. The combination of allowing locums to vote along with the hiring issues identified in this report meant that if systems remain unchanged, there exists the opportunity for the Department Chief to have unfair influence over decision-making in the Department. By recommending physicians for locum status who would support the Department Chief and then allowing them to vote on

Department decisions, the Department Chief could theoretically sway votes in his or her favoured direction.

We also heard that associate and active physicians in the Department often find it challenging to participate in decision-making in the Department because votes are taken at meetings held outside of Newmarket and no arrangements are made to allow for votes to be accepted from physicians who do not attend the meetings in person. There are many occasions when associate and active physicians are unable to be present when votes are taken for various reasons. As a result, these physicians feel excluded from decision-making. When this is coupled with allowance being made for physicians with locum status to vote, this contributes to a feeling of inequity in the Department.

Based on the foregoing, we recommend that consensus be reached as to which physicians in the Department are eligible to vote on Department matters and that these eligibility requirements be consistently adhered to. We also recommend that better processes be put in place to allow for eligible physicians to participate in Department decision-making. For example, if a vote is to be taken in the Department, we recommend that all physicians be given advance notice so they can make arrangements to ensure their vote is cast. We further recommend that steps be put in place to allow for all eligible physicians to vote even when they are unable to be present in person, such as allowing for on-line or proxy voting.

#### Recommendation 5 – Physician Navigators

As noted above, we heard concerns about the relatively new physician navigator position within the Department. Specifically, we heard concerns

that they act as a barrier to direct communication between physicians and nurses, are sometimes disrespectful to nurses, and deprive others in the Department of “teachable moments” and other opportunities for learning from physicians that were previously available. If left unaddressed, we see that these concerns will continue to breed resentment within the Department.

Although we cannot say for certain, we suspect that one of the reasons why the introduction of this position has created friction in the Department is because of the lack of clarity in respect of the reporting relationship and accountability of the physician navigators. We understand that it is the physicians who oversee the navigators’ work. What is not clear to us is who is responsible for otherwise supervising the non-work-related actions/behaviour of the physician navigators and who might be responsible for disciplining them should the need arise. We suspect that it is this lack of clarity that could be contributing to some of the concerns expressed in the assessment relating to this position. Therefore, we recommend that responsibility and accountability for the physician navigators be clarified within the Department.

We also recommend that it be made clear to the rest of the Department the job duties and behavioural expectations for a navigator. In that regard, if it has not already done so, the Department may wish to share some of the results of the study that we heard was done in respect of the work of the physician navigators – i.e. let it be known that an external reviewer did not find the physician navigators have acted outside of their job scope. We understand however that the Department may have its reasons for not disclosing the results of that study.

## Recommendation 6 – Improve Communication

As noted above, we heard feedback from assessment participants who feel that management is not listening to and/or responsive to their concerns. We also heard that members of the Department do not feel comfortable bringing concerns to the attention of management, either because of fear of being labelled a “troublemaker” or fear of reprisal. To the extent that any concerns that Department members might wish to bring forward relate to the behaviour of or interpersonal interactions between individuals, our recommendations to address these concerns are captured above in the Recommendation entitled “Respectful Workplace.” Here, we reference all other concerns, which could include concerns about patient care, safety, or processes within the Department.

On the assumption that the Department does not currently have a formalized process whereby members can bring forward their concerns and have these addressed, we recommend that one be put in place. If such a process does exist, we recommend that it be reviewed. We further recommend that more than one individual consider any concerns submitted (ideally a committee with members from different roles within the Department) through such a process and that there be some documented means of responding to the individual who submitted the concern. We recommend that the process make clear that individuals will not be subject to reprisal for having submitted concerns through this process.

We further recommend that consideration be given to allowing Department members to submit concerns anonymously (i.e. in a way that does not require the Department member to identify himself or herself). We note that systems which allow for anonymous reporting increase the likelihood

that concerns will be raised in environments where there exists suspicion that those who complain will be subject to reprisal. However, we recognize that such systems are not always possible and/or practical, which is why we have not included this as an unqualified recommendation. We also acknowledge that if a mechanism is put in place which allows for anonymous reporting of concerns, the process would need to provide for the fact that those individuals responding to the concerns would not thereby be in a position to report back to someone who has chosen not to identify themselves when submitting their concern. In such cases, however, we continue to recommend that the individuals reviewing the concern document their response to it and consider some form of more general communication within the Department about the response.

#### Recommendation 7 – Follow-Up

Finally, we recommend that Southlake undertake a similar form of review or assessment in the Department no more than two years from the date of this report in order to determine whether improvement has been made in respect of the concerns identified herein. At that time, members of the Department could be asked about their opinions regarding the effectiveness of any of the recommendations which have been implemented. Through this follow-up process, Southlake will be in a position to evaluate the changes made and determine whether the changes should remain in place, or whether other changes are needed to continue to address the concerns identified either in this or a follow-up review.