

Stepping Stones to Succession

Nanaimo Medical Staff Engagement Society (NMSES)

What are MSAs doing to improve succession? Recruiting physicians into MSA Facility Engagement executive roles can be a challenge. It is a big commitment and can be intimidating for those who have not done this kind of work before.

The Nanaimo Medical Staff Engagement Society (NMSES) has developed a successful strategy that is encouraging more physicians to consider executive roles while easing pressures on the current executive.

Through a 'stepping stone' approach, members have the opportunity to test the waters of an executive role first-hand as a Director at Large.

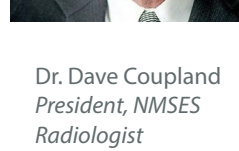
They experience the broader engagement work in real time, get to know leaders they will need to work with, and gain a hands-on understanding of executive roles without the pressure of making decisions.

Other MSAs are welcome to adapt this strategy (or parts of it) for recruiting members into executive or other physician leadership roles.

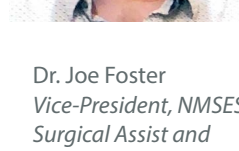


THE STRATEGY

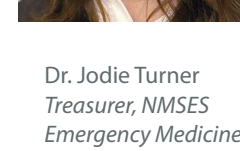
Creating new roles and opportunities



Dr. Dave Coupland
President, NMSES
Radiologist



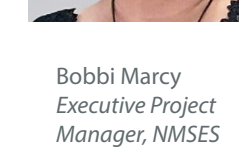
Dr. Joe Foster
Vice-President, NMSES
Surgical Assist and Addictions Medicine



Dr. Jodie Turner
Treasurer, NMSES
Emergency Medicine



Dr. John Boldon
Director at Large
Emergency Medicine



Bobbi Marcy
Executive Project Manager, NMSES

On top of their clinical work and family life, Dr. Dave Coupland, Dr. Joe Foster and Dr. Jodie Turner are involved in multiple engagement conversations and meetings. They often connect daily, and meet once a week. Every month, they meet with the 17 medical staff of the NMSES advisory council.

EXPANDING CAPACITY AND LEADERSHIP

In efforts to encourage more advisory council members to succeed them in their executive roles, NMSES created three Directors at Large positions on the executive team – non-voting roles that do not change the governance or structure of the physician society.

Physicians on the advisory council who show an interest in taking on an executive role down the road are encouraged to voluntarily put their name forward for a Director at Large role.

Instead of just hearing about engagement progress through monthly advisory meetings, Directors at Large directly participate in meetings and discussions first-hand, get to know the people involved, and experience all of the executive roles and responsibilities directly.

Note: Three roles may be more applicable to larger or medium-sized MSAs who wish to adapt this strategy. Smaller sites would likely be looking at fewer roles.

The need to expand the leadership roles is clear. As physicians we often do not consider the importance of succession planning.

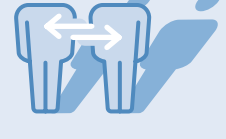
This is as important with engagement activities as good momentum is lost if one or two key players are largely responsible.

— Dr. Jodie Turner – MSA Treasurer

New young directors have time to prepare before moving into more formal executive positions. They can determine if they are suited to and want to do this type of work.

The role allows them to gain important experience and build relationships that facilitate proper transitions and readiness to lead when the time comes. Some workload sharing occurs.

— Dr. Dave Coupland – MSA President



MAKING IT REAL: Demystifying executive roles with real-time experience

Directors at Large are invited to shadow executive members to weekly Facility Engagement meetings, monthly meetings with local health authority leaders, and MSA meetings with medical staff.

- Directors at Large directly participate in engagement discussions, meetings and committees – including those in which they have a keen interest.

- They begin to understand the role that relationships play in advocating for patients and the medical staff, and get to know the people involved and various leaders they will need to work with to be effective.

- They join quarterly meetings with senior Island Health executive members that include the President and CEO, VP of Medicine and Quality, VP of Clinical Services, and the Executive Director of Medical Staff Governance.

- Physicians would not otherwise have as much opportunity to meet and get to know these senior leaders.

- Conversely, the senior health authority leaders establish relationships with the Directors at Large before they step into an executive role, for smoother transitions down the road.

- Directors at Large generally commit to a year, but can step back into an advisory role at any time if they feel the role is not for them, or choose not to pursue it formally.

- Executive members can also roll back to a Director at Large position to maintain continuity in ongoing work after they leave their formal position.

There is a lot of learning and information gathering before someone can become an effective MSA executive.

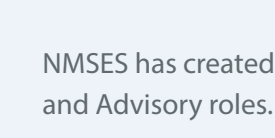
Executives must advocate for staff well-being and for priorities that improve patient care, especially those that the medical staff and health authority agree are the most urgent.

Executives must be careful not to put priorities from their specific discipline ahead of these as it can lead to a loss of credibility.

Leaders must seek out all of the information available and understand all patient care priorities before determining which should come first.

It does not matter if a priority is offered; if it improves care it should be accepted. Justifiable priorities that everyone agrees on lead to successful advocacy.

— Dr. Dave Coupland – MSA President



TOOLS: Handbooks set out clear understanding and expectations of roles

NMSES has created a set of handbooks for all Directors at Large, Executive and Advisory roles.

New Directors at Large and advisory council members can download the handbooks to orient them to their roles, and to gain insight into potential executive roles in the future.

The handbooks describe roles, responsibilities and expectations, who's who, local Facility Engagement activities and strategic plan, Island Health Engagement work, MSA governance, remuneration, and other resources.

The handbooks have been enthusiastically received by members, who appreciate having clear and effective expectations laid out for them.

[Executive Handbook](#)

[Director at Large Handbook](#)

[Advisory Member Handbook](#)



We want to give the physicians every opportunity to have the best resources and tools available, because we are asking the physician to take time from their work and their family for this.

— Bobbi Marcy – NMSES Executive Project Manager



EXPANDING SUPPORT for executive roles

The Directors at Large roles have created a welcome benefit for the executive team: additional perspectives and new ideas, broader medical staff representation, and backup when executive members are not available for a meeting.

With knowledge of the current focus and issues, one of the three Directors at Large can step in and take part in a meeting on behalf of an executive member, and report back on it.

The executive is additionally supported by Executive Project Manager Bobbi Marcy.

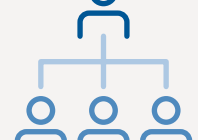
It makes a big difference for members to know that relief and support is available to help them avoid burnout when they take on a busy executive role.

Hearing new and different perspectives through these roles has really broadened the scope and type of input and opinions we get, and generates new ideas. This makes our committee more representative of the Medical Staff, and also keeps the executive accountable, on track, and flexible. It also ensures we do not leave anyone or any group out and groups are better informed.

— Dr. Dave Coupland – MSA President

Having an increased number of voices at the leadership tables to engage on important topics with the health authority – as well as give the perspective of frontline physicians – has shown real positive benefits for the NMSES executive.

— Dr. Jodie Turner – MSA Treasurer



MOTIVATION: Why step into an executive role?

Ultimately, a physician will be personally motivated to take on a busy executive role. Why take time from clinical practice and family to do this work? What are the rewards?

For NMSES members, it is the attraction of being part of an enthusiastic and close-knit medical staff family that works together to improve patient care and the well-being of colleagues.

It is seeing how their commitment and enthusiasm has influenced real change, and led to enormous accomplishments to date with even more potential for the future. Physicians want to be part of that change.

If you really want to have meaningful input into your local health care and how it can be improved, this is the opportunity to do so.

The health authority administrative leadership need and want to hear from us, and we can offer professional, data-driven and prioritized input for best and broadest patient care interests.

What we accomplish for patients working with our administration and not against them – and having them actually listen – is most rewarding. For this to continue, we need new medical staff to join, learn and lead.

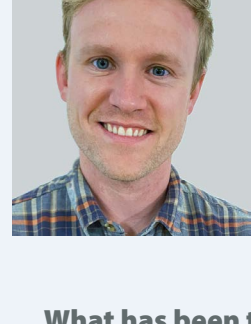
— Dr. Dave Coupland – MSA President

We represent the needs of colleagues so that we can speak to the need for frontline medical staff on our patients' behalf.

This is our main motivation, and the candor with which we can speak to the need for improvement and highlight shortcomings, is what allows us to be most effective.

Conversations we have with each other about issues we face – and positive ideas to make where things can actually be done. The need is moving in a direction where frontline voices are being heard more clearly.

— Dr. Jodie Turner – MSA Treasurer



DIRECTOR AT LARGE EXPERIENCE

Dr. John Boldon Emergency Room Physician

What has been the best part of your experience as a Director at Large?

Being included in the executive meetings, local leadership meetings, and health authority discussions is valuable. It has helped me to become familiar with health authority leadership in our region and start to build working relationships. At the beginning of my MSA involvement it was a challenge to understand the roles that various committees and executives serve in the health system. Since being included in meetings, I've built an understanding of how to engage the health system and who to approach to advocate for certain issues.

How has being a Director at Large been helpful in your decision to consider a formal executive role?

The position has highlighted the value of the MSA to our medical community. Being at the table for executive discussions has clarified the important role of the MSA as a link between local physicians and the health system. I have witnessed executives advocate for more equitable patient care and fair treatment of local physicians. I now see that an effective MSA executive is key to helping physicians advance local priorities and to facilitate productive discussions with health authority leadership.

Why do you want to take on an Executive role? What does it mean to you personally?

As a frontline physician I frequently see how gaps in care adversely affect the outcomes of my patients. Not being able to provide the care that a patient needs causes a lot of moral distress in both myself and my fellow clinicians. This can leave me feeling both frustrated and overwhelmed.

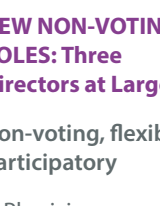
The MSA executive is an outlet to help combat these feelings. I appreciate that the MSA priorities are driven by what is important to local physicians and not by administrators. Working with the MSA executive gives me hope we can build a better healthcare system for the future.

STEPPING STONES TO SUCCESSION

3 Executive Leads

3 Directors at Large

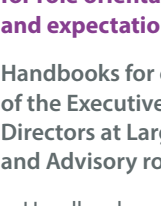
17 Physician Advisory Group members



NEW NON-VOTING ROLES: Three Directors at Large

Non-voting, flexible participatory

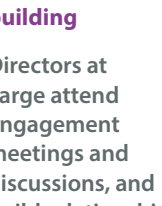
- Physicians advisory members can step forward into a Director at Large role.
- Executive members can step back into a Director at Large role to continue some of the work.



TOOLS: Handbooks for role orientation and expectations

Handbooks for each of the Executive, Directors at Large, and Advisory roles

- Handbooks clarify roles and expectations, with comprehensive information about the engagement society and its work.



EXECUTIVE SHADOWING: Experience in real time, relationship building

Directors at Large attend engagement meetings and build relationships, and discussions, and

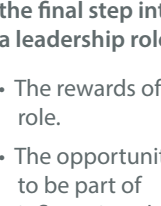
- Weekly engagement meetings.
- Monthly local health authority meetings.
- Quarterly senior executive meetings.



EXECUTIVE TEAM SUPPORT: Expansion of leadership, input and support

Directors at Large add perspective and capacity

- Bring broader representation and new ideas to the executive table.
- Provide meeting coverage for the executive.
- Physician society project manager provides additional support.



SUCCESSION: Motivation and the Why

Members are personally motivated to take the final step into a leadership role

- The rewards of the role.
- The opportunity to be part of influencing change for patients, colleagues and their community; and the health care system as a whole.