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# **Strategic Planning Process: Member Engagement Survey**

## **Summary Report**

**February 2024**

## INTRODUCTION

As part of the strategic planning process, a survey of staff of the Department of Paediatrics was conducted in early 2024.

## FINDINGS

### Respondent characteristics

There was a total of 152 respondents to the survey, and about one-third (n=52) completed the entire survey and the rest (n=100) completed part of the survey. Most respondents were physicians (89%, n=118), while seven were researchers, three were administrators and two were fellows. There was also one nurse and one resident who responded to the survey.

Respondents were primarily from the Community Paediatrics, Hospital Paediatrics, and Emergency Medicine sections (see Table 1).

**Table 1: Summary of respondents' sections (note: respondents may have belonged to more than one section)**

Section	Percent	Number
Community Paediatrics	22.4%	28
Hospital Paediatrics	13.6%	17
Emergency Medicine	12.8%	16
Neonatology	9.6%	12
Neurology	8.0%	10
Critical Care	7.2%	9
Infectious Diseases	4.8%	6
Developmental Paediatrics	4.0%	5
Gastroenterology	4.0%	5
Haematology	4.0%	5
Adolescent Medicine	3.2%	4
Child and Family Health Research Unit	3.2%	4
Nephrology	3.2%	4
Respiratory Medicine	3.2%	4
Rheumatology	3.2%	4
Child Abuse Services	2.4%	3
Endocrinology	2.4%	3
Oncology	2.4%	3
Cardiology	1.6%	2
Immunology	1.6%	2
Dermatology	0.8%	1
Medical Genetics	0.8%	1

### Areas of success and opportunities for improvement

Respondents were asked to explain what they thought the Department of Paediatrics does well and most of the feedback praised the high quality of clinical care and the level of collaboration between staff, especially in times of crisis (e.g. during the COVID-19 pandemic and recent E. coli outbreak). Many respondents also praised the Department's collegial work environment and quality of education and training.

*"The Department of Paediatrics provides excellent multidisciplinary care to complex pediatric patients. Hospitalists and subspecialists work together to provide the best care."*

When asked what makes the Department unique, respondents (n=51) overwhelmingly said that it was the people who work within the Department and the positive work environment that is created by all levels, including leadership. Several respondents also felt that the Department's ability to provide patient- and family-centred care was unmatched.

*"Great people who want to collaborate and work well together to enhance patient care and outcomes."*

Respondents were also asked to explain what they thought the Department could do better and many respondents highlighted the need to respond to physician burnout and support wellness. Reducing workload, providing adequate physical space in which to work, and addressing issues using ConnectCare were identified as contributors to burnout.

Despite the praise of the level of collaboration within the Department, this was also identified as an area for improvement. Several respondents pointed to the need improve communication and foster more collaboration in order to combat "siloes" work. This includes ensuring that the right people are invited to meetings, especially when decisions are being made.

*"To get better as a department, we need to have more cross-disciplinary meetings and conduct research, quality improvement, and education together. We still get too stuck in our silos and don't understand each other very well."*

Notably, three respondents specifically indicated there is a need to elevate the Community Paediatrics section, as the Hospital Paediatrics section is more heavily favoured.

*"There is an over-emphasis on inpatient general paediatrics as the priority for all things."*

### Defining future impact and success

Respondents were asked to share their ideas for what kind of impact the Department of Paediatrics could make over the next 10 years as well as what success would look like in five years.

Ideas for 10-year impact were diverse and tended to focus on patients. Ideas were related to improving patient care (especially for medically complex children and families who currently face barriers to accessing care), embedding innovation and research into routine care, and addressing child mental health. Many ideas were also related to addressing broader social issues, such as equity, diversity, and inclusion, truth and reconciliation, racism, and poverty. A few suggestions

focused on the health care system, including hiring more staff, remuneration for staff, and supporting staff in order to reduce burnout.

There was some overlap in the ideas for what success would look like in five years with those for 10-year impact, such as providing high-quality care, ensuring an adequate health human resources, and reducing physician burnout. For example, one respondent defined success as reducing the number of admissions, having fewer paediatric and neonatal deaths, having a lower incidence of perinatal complications, and increasing the number of surgical and procedural interventions.

Several respondents indicated they wanted to see the Department of Paediatrics become a sought-after place to work with a high rate of staff retention and satisfaction that fosters a culture of respect and collaboration within the next five years.

### Core values for the Department of Paediatrics

Respondents were asked which core values best describe the Department of Paediatrics.<sup>1</sup> The most commonly reported core values were:

- Compassion
- Excellence
- Respect
- Collaboration

Other core values reported by respondents include:

- Innovation
- Safety
- Curiosity/growth-mind-set
- Diversity

Notably, one respondent identified reconciliation as a core value.

### Priorities for the next five years and how to achieve them

Respondents were asked to identify their top three priorities related to clinical care (Table 2), education (Table 3), and research, innovation and scholarship (Table 4) and to suggest ways to achieve these priorities. Priorities were analyzed and grouped into themes.

*Note: for the clinical priorities, many respondents identified adequate staffing of physicians and allied health professionals as both a priority and as a way other priorities could be achieved.*

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<sup>1</sup> Respondents were provided with the core values of the Department of Paediatrics and Alberta Health services, which may have influenced these results.

**Table 2: Clinical priorities and how to achieve them**

Theme	Example priorities	How it can be achieved
<b>Care quality and access</b>	<ul style="list-style-type: none"> <li>• Patient experience, including communication</li> <li>• Safe, high-quality care</li> <li>• Continuous quality improvement</li> <li>• Improved patient outcomes</li> <li>• Morbidity and mortality rates</li> <li>• Access to care outside of “normal” business hours</li> <li>• Wait times</li> </ul>	<ul style="list-style-type: none"> <li>• Address long wait times</li> <li>• Recognize those who demonstrate commitment to clinical excellence</li> <li>• Provide psychological services for caregivers</li> <li>• Engage families in planning activities</li> <li>• Collaborate more with community services</li> </ul>
<b>Patient care services</b>	<ul style="list-style-type: none"> <li>• Integration with/access to other services (eg. surgical interventions, genetics)</li> <li>• Subspecialty clinics</li> <li>• Integration with community care</li> <li>• Coordination of services</li> <li>• Integration of research</li> </ul>	<ul style="list-style-type: none"> <li>• Hire more physicians, allied health, and other staff</li> <li>• Streamline admissions processes</li> <li>• Make better use of ConnectCare</li> <li>• Coordinate appointments across sections</li> </ul>
<b>Physician burnout and wellness</b>	<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Adequate staffing</li> <li>• Staff retention</li> <li>• Remuneration</li> <li>• Workforce diversity</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a staff recruitment and retention plan</li> <li>• Use staff, including allied health professionals, effectively</li> <li>• Communicate transparently with staff</li> <li>• Demonstrate appreciation for staff</li> <li>• Optimize EMRs to reduce redundancies</li> <li>• Reduce red tape</li> <li>• Develop a culture of respect between staff and from families</li> </ul>
<b>Equity, diversity, and inclusion</b>	<ul style="list-style-type: none"> <li>• Indigenous health</li> <li>• Access to care for underserved populations</li> <li>• Anti-racist care</li> </ul>	<ul style="list-style-type: none"> <li>• Engage with AHS to advocate for systems-level change</li> <li>• Integrate Indigenous health throughout the care process</li> <li>• Have a diverse workforce</li> <li>• Tailor care to underserved communities (e.g., LGBTQ2SIA+, Black communities, low-income families, newcomers, refugees)</li> <li>• Provide language interpretation</li> </ul>

Theme	Example priorities	How it can be achieved
		<ul style="list-style-type: none"> <li>Place signage signifying inclusivity around the hospital</li> <li>Allow longer appointment times</li> <li>Provide professional development opportunities related to anti-racism</li> </ul>

**Table 3: Education priorities and how to achieve them**

Theme	Example priorities	How it can be achieved
<b>Medical learner training</b>	<ul style="list-style-type: none"> <li>Exposure to paediatrics</li> <li>Sub-speciality fellowships</li> <li>Competence by design</li> <li>Bedside manner</li> <li>Indigenous health</li> </ul>	<ul style="list-style-type: none"> <li>Foster a culture that supports both educators and learners</li> <li>Conduct outreach to medical students</li> <li>Offer more paediatric residency spots and sub-speciality fellowships</li> <li>Provide more time for education, including teaching at the bedside</li> <li>Integrate learning about Indigenous health into residency</li> </ul>
<b>Clinician continuing medical education</b>	<ul style="list-style-type: none"> <li>Quality of departmental rounds</li> <li>Cultural humility</li> <li>Trauma-informed care</li> <li>Maintaining current with evidence</li> </ul>	<ul style="list-style-type: none"> <li>Provide funding and adequate time for CME</li> <li>Provide high-quality learning opportunities on various topics</li> <li>Demonstrated support for CME from leadership</li> <li>Profile cases that involve multidisciplinary care</li> </ul>

**Table 4: Research, innovation, and scholarship priorities and how to achieve them**

Theme	Example priorities	How it can be achieved*
<b>Artificial intelligence</b>	<ul style="list-style-type: none"> <li>How to use AI in research</li> <li>How to use AI in clinical care</li> <li>Ethical considerations of AI</li> </ul>	<ul style="list-style-type: none"> <li>Provide adequate funding and time to conduct research</li> <li>Add EDIA priorities to all research grant applications</li> <li>Leverage existing collaborative research networks</li> <li>Collaborate with all relevant stakeholders</li> <li>Support researchers at different career stages</li> </ul>
<b>Health inequity</b>	<ul style="list-style-type: none"> <li>Improving outcomes for Indigenous patients and other populations</li> <li>Inclusion of people of different ethnicities in research</li> <li>Social determinants of health (e.g., poverty, socioeconomic status)</li> </ul>	

	<ul style="list-style-type: none"> <li>• Climate change</li> </ul>	<ul style="list-style-type: none"> <li>• Incentivize and reward researchers</li> </ul>
<b>Research topics</b>	<ul style="list-style-type: none"> <li>• Genetics and gene therapy</li> <li>• Precision medicine</li> <li>• Pharmacology</li> <li>• Innovative care delivery models, including virtual care</li> <li>• Vaccines, vaccine hesitancy</li> <li>• Child mental health</li> </ul>	

*\*Note: how the Research, innovation, and scholarship priorities could be achieved have been collapsed into a single list because there was significant overlap in the respondents' ideas to each theme.*

### How to address physician wellness

Respondents shared their ideas for how to support physician wellness. The most common suggestion was to reduce physicians' workload by providing adequate staffing and resources to work (e.g., physical space, tools to improve efficiency).

Other common suggestions for how to support physician wellness included:

- Demonstrating respect, including respect for off-hours
- Increasing remuneration
- Having leaders model good work-life balance
- Addressing current tensions between sections
- Recognizing the efforts of physicians (e.g., awards, letters from Department Head)

There were also a few suggestions for wellness programming, including creating a healthy eating environment, providing safe storage for bicycles, improving the quality of the fitness centre and equipment, and Department socials.

### Supporting the health of Indigenous children

When asked how the Department of Paediatrics could best address the health of Indigenous children, respondents called on the Department to:

- Acknowledge that anti-Indigenous racism is inherent in the health care system and making it clear that it is everyone's responsibility to address
- Hire Indigenous physicians and staff
- Meaningfully engage with Indigenous elders (e.g., doing outreach, building partnerships, having Indigenous advisory board members)
- Provide dedicated Indigenous supports (e.g., Indigenous liaison, Indigenous-specific resources)
- Continue efforts related to reconciliation
- Provide cultural humility training for staff

Notably, several respondents reported that they did not have enough knowledge or expertise to make recommendations related to the health of Indigenous children.

## CONCLUSION

Staff of the Department of Paediatrics report that it is a collaborative team that strives to provide high-quality, patient-centred care to children and their families. They are driven by the core values of compassion, excellence, respect, and collaboration. Survey responses suggest that the biggest risk of the success of the Department in the next five years is physician burn out, driven largely by inadequate health human resources.