THE UNIVERSITY OF BRITISH COLUMBIA
Faculty of Medicine

Supporting and Developing Clinical Faculty

Actionable recommendations for UBC to better support and develop clinical faculty

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Prepared by the Supporting and Developing Clinical Faculty Strategic Investment Fund (SIF) Project Team and Advisory Group (Appendix A), and submitted to the Organization Pillar Leads.

Executive Summary

Two objectives of the UBC Faculty of Medicine's (FoM) current Strategic Plan, *Building the Future*, are to ***embed wellbeing and leadership development to improve personal and collective effectiveness*** and to ***ensure strategic faculty renewal to enable excellence in education and research***. Clinical faculty are key stakeholders to advancing these strategic objectives. To best achieve these objectives, this Strategic Investment Fund (SIF) project used a design-based thinking methodology developed by Stanford's Hasso Plattner Institute of Design to better understand how UBC can best **support and develop wellness and leadership among clinical faculty.**

This approach involved empathizing with clinical faculty, defining experiences and observations into problem or opportunity statements, and ideating possible actions for UBC. We also conducted a literature review and internal and external environmental scans, and engaged with multiple stakeholders through interviews to further build and refine our understandings. We then conducted three virtual hackathons ("HackDevs") to generate more ideas and solutions that could help improve these identified needs.

After analyzing the discussions and findings, we then developed a series of actionable recommendations for UBC to better support and develop clinical faculty. This report offers a total of 19 recommendations for the FoM to consider for implementation, listed in Section 4. Ten additional possible actions were developed by the clinical faculty and staff that participated in our hackathons.

This report provides a robust foundation for the FoM to take action and implement initiatives within its local and broader aspects to help improve clinical faculty engagement. In order to achieve this outcome, engagement from the Organization Pillar Leads, collaboration with different stakeholder groups, and assigned responsibility and resources are needed.

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Glossary of Terms

Wellness

We included concepts sometimes attributed to the related term wellbeing, and therefore for this project, we consider wellness as being a good or satisfactory condition of existence; a state of being happy, healthy, or prosperous. We recognize wellness at both an individual and organizational levels, and that there are multiple determinants.

Leadership

We consider the leadership present in all faculty members; in different contexts and career stages this will be expressed in different ways. We borrow from the LEADS Canada (2020) framework to articulate the behaviours encompassed when we use the term 'leadership':

- Promotes self-awareness and existence of unconscious bias (e.g. leadership in medical women)
- Engages others - communicating; fostering development of others; building teams
- Achieves results - managing others, disruptive behaviour, job completion, budgets, conflicts and negotiations
- Develops coalitions and transforms systems - influencing at the strategic level (boards, advocacy, alliances, accountability); leading change

Faculty development

We use this term to encompass "all activities health professionals pursue to improve their knowledge, skills and behaviours as teachers and educators, leaders and managers, and researchers and scholars, in both individual and group settings" (Steinert, Mann, Anderson, Barnett, Centeno, Naismith, Prideauxm, Spencer, Tullo, Viggiano, Ward, & Dolmans, 2016). We also include learning achieved by the faculty members themselves through experience, reflection, and peer discussions and networking; and the learning furthered by the dedicated related resources institutions invest, such as online programming, workshops, coaching programs, etc.

Faculty support

Although less well-defined in the literature, we use the term faculty support in considering faculty members' needs for safe and just working conditions, wellness, career progression, and assistance and resources for times of particular need.

1 Introduction

The Organization Pillar of UBC Faculty of Medicine's (FoM) Strategic Plan, Building the Future, has a goal to ***create a working environment that inspires innovation, strengthens academic and operational affiliation, and fosters agility***.

This project focuses on advancing two objectives under the Organization Pillar:

- ***Embed wellbeing and leadership development to improve personal and collective effectiveness***; and
- ***Ensure strategic faculty renewal to enable excellence in education and research.***

Our specific goal is to provide the Faculty of Medicine with recommendations about ***how UBC can support and develop wellness and leadership in clinical faculty***. We focus on the 9000 clinical faculty who teach, conduct research, and provide leadership and administrative service within the FoM. These members bring unique expertise and access to patient care environments, yet they have amongst the most demanding and stressful responsibilities and burdens on their time even before any teaching, assessment, or research involvements are considered. UBC's excellence is contingent upon our ability to develop and support wellness and leadership among this group of clinical faculty.

These clinical faculty are expected to become oriented to and engaged with UBC; seek appointment and promotion via a department/school/program; and pursue and commit to specific roles administered by a range of faculty leads and staff. There is informal learning among peers, and there are structures to support and develop faculty, including: the FoM Faculty Development Network, the UBC specific departments/schools/programs, Clinical Faculty Affairs, Continuing Professional Development, and the Office of Equity, Diversity, and Inclusion. However, in 2017, a Doctors of BC survey "took the pulse" and gathered information on clinical faculty experiences across the province with respect to their perspectives on a number of issues. This revealed that despite the existence of all of the above structures, there is still a desperate struggle for clinical faculty to balance teaching and clinical responsibilities (Doctors of BC, 2018). However, the survey was notably silent as to which actions UBC might take to most effectively support its clinical faculty in these endeavours.

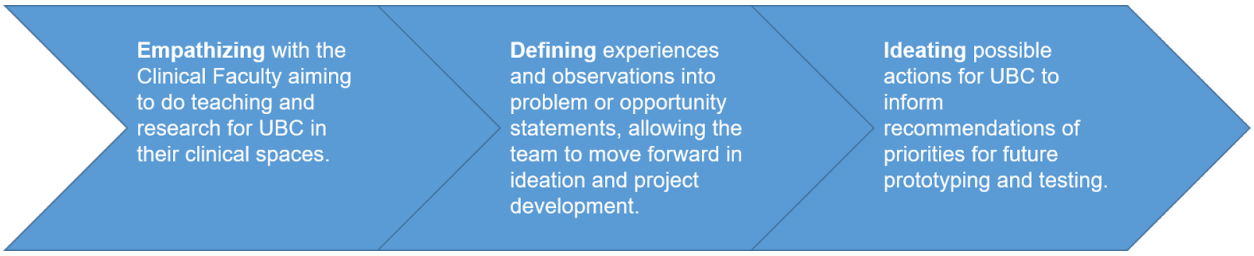
The clinical roles of faculty alone are stressful; adding teaching, research, and university administrative roles adds further stress. Thus, there is a need for broad general support for wellness. Further, it is important to also note the stress levels of the learners coming under the wings of clinical faculty, and the further potential toll when suddenly faculty need to support stressed learners.

The Black Lives Matter and COVID-19 context within which this project was situated also acutely focused attention on threats to inclusion, identity, and physical health. It resulted in many clinical faculty recognizing new and different mental health stressors in themselves, and also in others they related to (students, peer faculty members, patients, their own family members etc.). This prompted some of our colleagues to consider the concept of and evidence around stress first-aid (Cheek, 2020).

Our collective wealth of experience in key faculty development leadership roles has led us to recognize that what faculty members may initially identify they want (e.g. certain types of help or resources) is not necessarily what they end up using or possibly even what they need. This suggests the need for additional approaches that can better understand faculty behaviours around development offerings.

2 Approach

Therefore, inspired by the Design Based Thinking approach developed by Stanford's Hasso Plattner Institute of Design (2020), we developed a series of recommendations to address the needs of clinical faculty. Specifically, we developed an advisory committee, reviewed literature, websites, and unpublished reports, engaged in external and internal stakeholder interviews and meetings, and conducted three virtual hackathons ("HackDevs") with 41 frontline faculty and staff to move through the following phases:



We worked with the advisory members to identify a focus for each of the HackDevs that reflected the concerns and opportunities that were being discovered through the environmental scans, literature reviews, and interviews. The following session titles ultimately emerged:

- *What can UBC do (payments aside) to make clinical faculty members feel recognized?*
- *What can UBC do to support good dynamics in the teams where clinical faculty work?*
- *What can UBC do to support clinical faculty in times of particular stress and need?*

Prior to the final circulation of the report to the advisory committee, we presented the recommendations to the UBC Faculty Development Network, and CHES Water Cooler Rounds for review and feedback.

3 Findings

3.1 Clinical Faculty

There is significant heterogeneity amongst clinical faculty's embeddedness, connection, sense of investment, and expectations with UBC. For example, many practitioners (perhaps especially office based community practitioners) did not necessarily want opportunities for advancement in educational or research realms. They identified first and foremost strongly as clinicians, and they were content with their current teaching commitments of several times a year, but wanted timely support for those sessions, with minimal administrative burden to themselves or their offices. However, they were others who wanted opportunities for progressive involvement, support and connection with UBC. Of note, levels, types of interest and expectations of UBC sometimes appeared to wax and wane over one's career. Thus, instead of a one-size fits all approach, there seemed to be a desire for a responsive and adaptive relationship with UBC that could be titrated to their various levels of involvement, goals and interest.

When asked about the support and development they get from UBC, clinical faculty felt recognized and supported in many cases by their departments, by faculty development opportunities, by the plaques provided by Clinical Faculty Affairs Committee that inform patients that a clinician is a UBC teacher, by the opportunities faculty development provides to build their communities and their learning networks, by the occasional tokens such as branded mugs, by catering when provided at meetings and events, and by the support of helpful administrative staff. The opportunities found within the Continuing Professional Development programming were also particularly important for some faculty members.

On the other hand, there were a number of pain points. For example, a recurring experience for clinical faculty in employed arrangements is denial for their request for time to engage with UBC activities. There is also a sense among some clinical faculty members that it would be useful for UBC to further engage and communicate the value of the profound contributions of clinical faculty to its mission, as well as identify ways to mitigate opportunity costs, conflicts, and other complexities that arise when a faculty member dedicates time to UBC objectives in clinical care contexts. Sadly, we had difficulty engaging representation on our advisory group from certain clinical faculty segments because managers declined (or were predicted to decline) the request to be freed to attend our advisory meetings. As well, family doctors value their Division of Family Practice communities, and some feel more can be done by UBC to advance the status of teaching contributions there. One community clinical faculty member described having to do a lot of background work with their office staff who resented the extra work having students cause and did not see taking students as "noble".

Clinical faculty members have perceived that the FoM does not value teaching contributions sufficiently enough to track and know them, this has been particularly felt when the clinical faculty are asked to self-report their contributions back to UBC, for example at times of appointment, promotion, award nomination etc.

There were also some concerns expressed about the 'clinical faculty' arrangement. Some clinical faculty who have worked in different institutions describe having felt better considered by their previous arrangements. UBC clinical faculty perceive they are disadvantaged in aiming to access and/ or be represented in some roles. For example, some clinical faculty perceive that there are rules that exclude

them from being department heads and participating in promotions meetings and decisions of the FTE faculty members in their departments, which can interfere with clinical faculty being represented, advocated for and considered at the decision-making tables of the FoM. The impression is that some prized leadership and teaching role recruitments have selected an FTE faculty even if a clinical faculty candidate would be better suited, given the FTE's salary is already covered. Clinical faculty described having had to find an FTE to become 'figure heads' on applications for UBC grants they would do the work on so that they would be eligible to apply. Some clinical faculty members highly value institutional titling. For example, some faculty members have come from other institutions where they were a professor, and feel demoted when given the UBC prefix of "clinical" in front of their rank, or sometimes are offered lower rank, or sometimes are complete ineligibility for an appointment (these issues were described as disproportionately affecting International Medical Graduates). The financial percentage allocated to UBC on large grants may be better matched to the programs of full time researchers who get funded by agencies who share that expectation, and make sense given that those projects typically depend on UBC administration, space, etc. However, some clinical faculty who may want to do smaller scale projects, often with shoestring budgets, using their own clinical spaces, describe avoiding the UBC banner for their work because they do not have the money to pay, and/or the cost feels inappropriate for their context. In many instances they log massive teaching hours without accruing any opportunities for tuition credits or professional development funds that they could use with full discretion.

Multiple clinical faculty members described the process of using the CV template within their department disengaging; in that it appears to trivialize things they have worked hard at and feel UBC should value (e.g. recruiting patients to others' research projects, clinical program development for patients of BC, etc.), and forces them to maintain titles with blank sections for things that are out of their career scopes. This can send the informal message of "you don't belong" or "you're not as good". It has also resulted in a number of clinical faculty not applying for promotion.

Some clinical faculty tended to comment on the lack of 'perks' such as access to library cards, professional development funds, and discounts at the university bookstores. Stakeholder interviews recurrently revealed that many clinical faculty are not aware of the perks such as the library card. Clinical faculty with higher expectations of the employment relationship are often focused on the lack of stability and clear career trajectories with no affordances or protections offered in the short-term contracts. It is commonly discussed that clinical faculty's allocated FTEs to leadership or administrative positions do not accurately reflect real time commitments. As well, clinical faculty who commit to curricular development (e.g. leading a week in the MDUP) describe unexpected clerical tasks (e.g. recruiting tutors), and other extras (e.g. writing exam questions). Faculty members in low-mid administrative roles describe anxiously awaiting a correction and adjustment for inflation in the payment for these roles for over 10 years. Eligibility for direct payment for similar work is discrepant between faculty members, which is perceived as unjustified by faculty members. As well, some clinical faculty with clinical contracts with their hospitals (or health authorities) teach above what is allocated for in their contracts but are not offered additional payment. Clinical faculty are generally also ineligible for tuition credits and must pay for access to continuing professional development, even if they do large amounts of teaching and assessment themselves. Several of the interviewees, while acknowledging the opportunity to seek promotion along clinical faculty ranks, also recognized that the advancement does not come with any meaningful benefits, resources or affordances.

3.2 Wellness

As discussed in the glossary of terms, we considered wellness as a good or satisfactory condition of existence, a state of being happy, healthy, or prosperous. To further explore the concept, we looked to the psychological literature, organizations with mandates to support it, and also listened to faculty. Clinical faculty usually connected the concept to their related pain points; interestingly, wellness to this group appears to be something best noticed and understood in its absence. Wellness is complex; there are determinants that promote and experiences that hinder at both the individual and organizational levels (Brower, 2017; Mann, Hosman, Schaalma, & de Vries, 2004).

As well, as discussed in The Wellbeing Thesis (2020), how people are motivated (the balance between dependence on extrinsic and intrinsic motivators) also has significant implications for their wellbeing and the outcome of their work (Ryan & Deci, 2000a). According to the Self-Determination Theory, conditions supporting an individual's experience of autonomy, competence, and relatedness promote the most volitional and authentic motivation and engagement (Deci & Ryan, 1985; Ryan & Deci, 2000b). If any of these three psychological needs is unsupported or foiled within a social context, there will be a serious detrimental impact on wellness in that setting (Centre for Self-Determination Theory, 2020). We heard from clinical faculty about the intrinsic drivers that motivate some to contribute, and the importance of the balancing of these with extrinsic drivers, such as appropriate payment, perks, titling, promotion, social connection, etc.

The psychological literature also identifies the role of psychological safety in wellness, itemizing inclusion safety, learner safety, contributor safety, challenger safety (permission to safely challenge the status quo) as important (Cheek, 2020). Clinical faculty discussed various examples where they perceived threats to their psychological safety in their UBC roles. For example, in some instances we heard faculty discuss concerns around the anonymous evaluating and mistreatment reporting options that learners have; they felt it removes their ability to discuss challenging and sensitive concerns with students and develop a culture of constructive dialogue, and thus erodes their sense of safety in their teaching roles.

The alignment of organizational values and that of its health professionals plays a significant role in creating a positive employment experience (Eckleberry-Hunt, 2017). In a discussion with some clinical faculty who had experienced mental health challenges, there was a strong voicing of their need to see their universities taking a role in influencing societal attitudes.

The Vancouver Division of Family Practice Physician Wellness page, the Canadian Medical Association (CMA) Statement on Physician Health and Wellbeing, the Stanford Medicine WellMD site, and the CMA Physician Leadership Program (see Appendix C) all spoke to the following aspects of clinician wellbeing:

- Availability of information and support systems
- A feeling in clinical faculty that they are competent, valued, represented, considered, fulfilled, and engaged
- Evidence that leadership ensures a culture of wellness and wellness-seeking that is stigma-free and deliberately fostered
- A high proportion of health professional faculty report stress/burnout (Dandar, Grigsby, & Bunton, 2019). Additionally, there is a subset of clinical faculty who struggle in particularly

serious and significant ways with mental health. The literature reveals three theme related to support and development:

- The fear, stigma, and penalty in addressing their mental health and illness (Carr, 2017; Gold, 2013; Mehta & Edwards, 2018);
- The role of education in designing a learning program that aligns with mental wellness and incorporates the topic itself (Daskivich, Jardine, Tseng, Correa, Stagg, Jacob, & Harwood, 2015);
- The systems approach that allows the restructuring of practices, processes, and policies that influence how people are organizationally managed and intersected as part of the healthcare system (Carr, 2017; Flaherty, 2017).

In our discussions about this SIF, we heard repeatedly how pleased clinical faculty members feel when projects and people are funded that aim to understand or directly support wellness needs of clinical faculty members. Our discussions with faculty prioritized the areas described below:

To begin, a major pain point for clinical faculty members is the extra organizational stress that accumulates for them on top of their already busy days, related to numerous and sometimes unclear communications with UBC. Time and time again, faculty members reference their sense of engagement relating to a familiar peer or staff member within the UBC structure; some faculty members suggested employing a "concierge system" to help manage faculty inquiries and requests. Others suggested having a consistent, small number of "faces" of UBC for faculty to interact with simplifies management of their UBC commitments.

Physicians coping with mental illness require an organizational support system that offers flexibility and adaptability, that communicates the importance of mental health, and that promotes resources and affordances that members need (Carr, 2017; Flaherty, 2017), as these individuals are often adhering to a closely monitored health plan while also simultaneously engaging with their professional and academic bodies. In addition, mentorship amongst learners and faculty has also been identified as helpful in supporting mental health.

Wellness can also be impacted when faculty members feel concerns with equity, diversity, resource, and opportunity distribution. There is a perception among some faculty of an imbalance in awards, leadership opportunities, faculty appointments (FTE vs clinical), etc. between various sites, programs, genders, etc. For example, some VFMP clinical faculty felt that regional MDUP sites have a disproportionate number of award nominees and course leads per student and clinical faculty capita. As well, the lack of equitable gender representation in the highest leadership positions in the Faculty of Medicine leads to perceptions of inequitable treatment. We also heard significant concerns related to aspects of the clinical faculty track appointment, ranging from its nomenclature, to a feeling of being unrecognized, to a perception that policies and practices have been transferred to the clinical faculty without customization. Note the comment above about CV templates.

3.3 Leadership

We considered leadership behaviours enacted by all faculty everyday in their roles (leading self, engaging others, etc.), as well as more focused leadership where individuals have formal responsibilities and allocated time (LEADS Canada, 2020).

There are a number of programs, some within the UBC realm (e.g. the CHES Educational Leader Program, the CPD mentorship programs), and others beyond (e.g. the CMA programs). Departments interviewed described leadership as an important aspect of the experience that they provided clinical faculty. For example, they designed and offered mentorship opportunities as well as 2-day programs that concentrated on the topic. One department described leadership skills as integral in the health and wellness of clinical faculty. As they explained, leadership has an impact on the wellbeing of employees and developing the skills to lead effectively will help.

However, some interviewees identified that despite potential access to leadership courses, sessions, and programs, there was a sense that some interested people in their contexts were not advancing, and suggested this may be because of a lack of opportunities to gain experience in management and leadership positions, mentorship, sponsorship, and a culture of transparent succession planning.

3.4 Faculty Development and Support

Faculties of Medicine appear to recognize the complex demands on faculty related to doing teaching and research integrated into clinical work, and, as such, are increasingly investing in faculty development and support. These two entities are overlapping, interdependent, and delivered variably across institutions, according to contexts. Compared to 'faculty development' and 'faculty developers', the concepts of 'faculty support' and 'faculty supporters' are neither as well defined nor studied. Yet in our conversations with UBC leadership, we recognize shared attention to the importance of faculty support for the broader needs of faculty members, such as safe and just working conditions, wellness, career progression, and assistance and resources for times of particular need.

There have been efforts to define contemporary 'faculty development'. Steinert et al.'s (2016) description has gained acceptance as a working definition. It recognizes the diverse things faculty do to improve their abilities within their university roles. Most faculties of medicine have distinct offices of faculty development to provide leadership and are engaged with program, school, and course administration and leadership in designing and delivering these activities.

This reflects an expansion from a "teaching only" focus that was the purview of more formalized faculty development efforts several decades ago. It also signals a recognition of the broader expectations currently placed on clinical faculty teaching and doing research, such as the responsibilities for creating and maintaining safe and inclusive learning spaces for UBC learners. Investing in faculty development has been shown to improve preceptors' communication skills, knowledge, development of teaching skills, personal growth, and resident assessment and evaluation (Izecksohn, Teixeira, Stelet, & Jantsch, 2017; Kopechek, Bardales, Lash, Walker, Pfeil, & Ledford, 2017). Furthermore, faculty development is also key in building social capital and mobilizing knowledge leading to greater organizational collaboration and innovation (Ng, Baker, & Leslie, 2017; Steinert, 2014). It influences a program's curriculum design, research, and educational leadership (Bilal, Guraya, & Chena, 2019). Buckley & Nimmon (2020), and O'Sullivan & Irby (2011) describe the role of social connection in faculty development.

The shift towards a broader conceptualization of faculty development is also a reflection of how faculty development is being positioned as both a source of professional and personal development as well as key in sustaining faculty vitality and clinical renewal (Bilal et al., 2019). Medical schools are struggling in

attracting, engaging, and retaining clinical educators as a result of the compounding demands of running a professional practice and satisfying academic institutions' teaching expectations (Fairbrother, Nicole, Blackford, Nagarajan, & McAllister, 2016; Leslie, Baker, Egan-Lee, Esdaile, & Reeves, 2013; Ryan, Leggio, Peltier, Chatterjee, Arenberg, Byerley, Belkowitz, Rabalais, & Barone, 2018; Sevenhuysen & Haines, 2011).

3.5 Structures Providing Support and Development for UBC Clinical Faculty

The internal UBC website scan involved reviewing the FoM's 19 departments, three schools, and 24 institutes and centres for representations of support and development, especially related to leadership, health and wellness. Eight interviews were conducted over a three month span with program administrators, staff, and faculty. These individuals were selected because their program's website provided visitors access to faculty development resources and tools. Our Advisory Committee was also populated to provide geographic, program, school, program, and role diversity. Additionally, the co-leads have had opportunities to have formal and informal discussions and participation in meetings with UBC clinical faculty members over time.

3.5.1 Peers or Mentors

Many clinical faculty appear to lean on peers or mentors for orientation, development, and support. Some faculty members described benefiting from structures that support this, such as faculty development events or preceptor meetings. Others described creating relationships independently. Some faculty also described having mentors that either they arranged or that were set up via other means such as the UBC Continuing Professional Development program, or their departments.

3.5.2 The Faculty Development Network

This network consists of a central office; four regional units, one with a networked associate model of its own; and a family practice unit. Each has a website and range of resources and offerings. Services include: collaboration with educational and research leaders to help provide orientation to their clinical faculty; hosting of educational events; provision of resources to help clinical faculty develop general educational and assessment competencies; and mobilization of peer to peer learning and support through engagement and community building events and strategies. There are shared common standards. The network models allow the delivery to be contextual within a region or a program/school/department. Delivery of faculty development by peer or near peer service providers who are integrated into local contexts allows for credibility and synergy with established activities and communications paths.

Hubs of the network have approached developing and supporting wellness and leadership indirectly via fostering community and engagement with UBC, as well as by more explicit initiatives, hosting wellness think-tanks, organizing narrative medicine evenings, and collaborating with the Vancouver Coastal Health Authority to offer a leadership program.

3.5.3 Departments/Schools/Programs

Departments/Schools/Programs within the UBC Faculty of Medicine are major sources of support for clinical faculty. Clinical faculty described a range of support from none - all the way to substantial teaching and research related engagement, resources, support and development. Support could also include administrative help for hiring research personnel, mentoring assignments, and awards programs. Sometimes, when a specific teaching role was recruited through a program such as the MDUP, there might be additional orientation, development, and support opportunities through the recruiting program.

The majority of departmental websites appear to be consistent in the areas of human resources information on employment opportunities, compensation, and university policies. Several sites also advertise teaching awards, research grants, and further educational opportunities. Some of the websites appear to provide more thorough approaches to wellness and leadership development (notably, Departments of Anesthesiology, Pharmacology, and Therapeutics; Family Practice; Obstetrics & Gynecology; Pathology; and Physical Therapy in addition to the School of Audiology & Speech Sciences). For example, the Department of Anesthesiology, Pharmacology, and Therapeutics offers a series of resources including mentoring and access to peer review teaching. The Department of Obstetrics & Gynecology was also the recipient of a Strategic Investment Fund award that allowed the ability to focus on wellness and develop a series of dedicated website pages. Their website specifically identifies wellness on their site and displays resources on skill development, learning opportunities, mentorship, wellness surveys, and wellness-related links. (Note: the site indicates that the funding for their wellness initiative has ended). Similarly, the School of Audiology & Speech Sciences showcases a community of practice approach and provides information on learning modules, awards, orientation information, and employment opportunities. The Department of Pathology provides clinical educators information on promotion, classroom ergonomics, and a departmental newsletter. Quite unique from the other sites, it also created a member-only accessible faculty activity database to track clinical faculty engagement and activities. The Department of Physical Therapy offers educator workshops, learning modules, recognition and awards, a private practice toolkit, and recruitment information. This department's website appears to aim to attract, secure, and sustain its clinical educators as it responds to many of their questions and concerns. The Department of Family Practice also positions itself as a recruiter of clinical educators and dedicates content on their site to attracting and orienting new instructors. The Department of Family Practice provides faculty development learning modules and resources to support clinical teaching, and information on awards. Their wellness initiative, focused predominantly on the resident experience, provides a series of resources that may be useful for faculty and clinical educators. One department conducted a burnout study asking clinical faculty about wellness. Participants indicated that burnout was a problem and found that discussing wellness helps to address wellness as well as having the opportunity to get together. Similar to many other departments, many members are distributed making it challenging to bring all the faculty together. The department experimented with a secured website they called "Rounds" designed for MDs to join as a group. Initially participants were quite excited about the platform; however, the concept did not succeed; concerns regarding privacy of the platform were considered a key reason.

Each department interviewed described approaching faculty development differently and much of this support was fueled by the administrator. Programs have been exploring ideas about how to best

recognize and reward clinical educators. They have been highlighting great supervisors and their stories in the department newsletters, increasing teaching awards, and encouraging learners to write about great learning experiences that they have had with their clinical educators. As they described, several ideas would come to light during departmental meetings; however, moving these ideas forward into something tangible was difficult. Although departments were supportive of health and wellness initiatives, many considered that the offering of such courses or experiences came through other professional bodies and organizations that were focused on the area. Interviewees indicated they could be doing more to support clinical faculty's health and wellness but also noted that the funding to strengthen these initiatives is limited or non-existent.

3.5.4 Clinical Faculty Affairs (CFA)

CFA provides information on faculty appointments and faculty perks/benefits, including access to the library. It has provided coaching and mentoring programming to select clinical faculty.

3.5.5 Continuing Professional Development (CPD)

CPD, a cost recovery unit providing discipline-specific development and updates around clinical work, covers a range of practice areas, in varying amounts of detail. CPD also offers some additional programs such as mentor and coaching programs for targeted clinical groups.

3.5.6 The UBC Research Institutes

These institutes bring together the infrastructure and funding that enables much of the clinical faculty members' research activities. The UBC Research Institutes' websites, including those internal and partnered with the university, provides general information on human resources, employment opportunities, grants and research funding, and professional development.

3.5.7 The Centre for Health Education Scholarship (CHES)

CHES focuses on developing faculty with scholarship and research interests within health professions education. CHES invites faculty to apply for membership, has a fellowship program for clinicians, and hosts regular rounds and other forums/activities. It also has a leadership course for nominated clinical faculty, and a robust website.

3.5.8 Other

Specialized units such as the Office of Equity Diversity Inclusion, and Centre for Teaching, Learning and Technology (CTLT) may also provide support to clinical faculty in their respective areas of focus. The Centre for Excellence in Indigenous Health provides one of the most comprehensive websites, describing mentorship and leadership development opportunities. The Institute of Mental Health also links information on recruitment, funding, learning resources, and other mental health project initiatives.

3.6 Other Institutions in Canada and the United States

An external website scan of 20 FoM Faculty Development offices across North America was done; selection of institutions was based on similarity to UBC (multi-site university program and a distributed model of education). Seven of these institutions also responded to questionnaires and participated in semi-structured interviews. This allowed further understanding of their organizational structures, purposes, practices, and evaluation approaches.

3.6.1 Organizational Structure

The structure and staffing of faculty development units varied. Some offices were staffed with multiple individuals dedicated to leading, planning, executing, and evaluating events and programs. Types of positions identified included a network director, an associate director for program development, a director for faculty development, a finance manager, a communications manager, a research consultant, a technology strategist, an education programs manager, instructional designer, education specialists, and a regional educator. Most offices operated as a separate unit within their FoM and collaborated with surrounding units, such as faculty affairs and continuing professional development.

3.6.2 Purpose and Participation

Support for faculty engagement, orientation, and development has evolved to address what some informants described as both institutional and individual needs. There were a range of foci: resources on teaching including videos and tutorials, opportunities for professional development funding, certificate programs, coaching, and, most recently, webinar type events. Conducting needs analyses and building relationships with various departments were described as instrumental for faculty developers. Participants also described that curriculum mapping and offering additional faculty development sessions during current rounds and meetings were helpful initiatives. The more successful models used an incentivizing structure to encourage participation, retention, and completion of their programs. Key evaluation indicators of success included program participation and retention as well as web analytics and survey data.

3.6.3 Modalities and Means of Connecting

Respondents stated that the most successful methods to connect with faculty included smaller programs such as a fellowship or certificate program, one-on-one to small group coaching, and an annual faculty development day event. For example, McMaster University, University of Washington (UW), and the University of California, San Francisco (UCSF) have created teaching certificates for their clinical educators. Larger forums include the UW Residency Network that hosts an online development session open to all faculty members. The UCSF Academy of Medical Educators (AME) is an organization with members who are identified as ‘master educators’ and include mentors and faculty developers who participate in, lead, and facilitate over 100 annual workshops on developing educator skills, clinical teaching skills, and nurturing leaders in medical education research. They also had “director development” sessions for program directors from the Residency Network to attend a day of professional development with varied topics related to their needs and interests.

The majority of these faculty development offices work within a distributed program; therefore, they have designed a series of communication avenues to reach both on and off-campus faculty, including e-mail blasts, posters, and social media posts. Participants described faculty accessibility to educational activities as key and thus offer programs and events at both the main and regional campuses. Creating intentional partnerships with regional campuses and training staff to deliver faculty development content has distributed the knowledge amongst those faculty geographically dispersed throughout the region.

3.6.4 Needs Assessment and Evaluation

Many programs encountered challenges in measuring faculty success, engagement, and development. Participants described markers for success and engagement as the use of activity funding; attendance at event offerings; requests for information, resources, and consultations; involvement in collaborative and research projects; representation on committees; responses on needs surveys, evaluations forms, requests and offers for the development of new programming; and participation in university and academic teaching programs. Aiming to move beyond session satisfaction surveys and tracking participant numbers, some schools are moving to Université Laval's CPD Reaction Questionnaire to measure faculty experience in faculty development, and conducting an annual faculty needs assessment to identify trends and patterns (see Appendix C).

4 Recommendations

Based on previously proposed models related to clinical education delivery as well as the findings from interviews, meetings, and informal discussions with our advisory group and internal and external stakeholders, we have identified the following recommendations for the Faculty of Medicine to consider.

4.1 Wellness

4.1.1 Support and development for role-related competency and efficiency

1. **Employ a concierge or customer management system, and manage points of contact and methods of communication from UBC to clinical faculty members to achieve faculty-centric interactions.** Faculty can insert communication preferences that the institution can manage (e.g. contact me only about morning teaching), and receive standardized, organized, coordinated, archived requests for contribution. Prioritize longevity of support staff in particular roles, given that they are often the main - if not only - face of UBC to clinical faculty members.
2. **Maintain fulsome online information, possibly a development of MedNet, structured to be user centric (clinical faculty), in contrast to leadership and administrative vantage points.** There could be a common, central part of universal relevance to all department/school/programs, and then additional parts for each individual department/school/program. The latter could be given templates and standard minimal content inventories to facilitate and prompt posting of content, and ensure faculty members get affiliation specific support.

3. **Provide clear expectations to clinical faculty of what is expected of them in their role and where to get the support they need (including any extra support in times of particular challenge)**. Attention to offering the resources that align to a member's perceived needs at a particular time is paramount, as misaligned offerings can sometimes have unintended consequences and disengage. There is also a risk of even the most useful support and development being overlooked by faculty if they are overwhelmed with less relevant resources and communications.
    a. Community based clinical faculty describe the need for support for processes and practices around office based clinical teaching, such as optimal ways of scheduling patients with learners, and in particular tips for involving learners in providing virtual and remote patient care.
    b. Some clinical faculty expressed interest in pedagogical aspects of teaching, the scope of content reflected in the Teacher's Certificate Program offered for those in teaching roles in the MDUP.
    c. Some faculty members identify a need for general orienting information, as well as knowledge of available resources (such as library cards) and organizational aspects of the Faculty of Medicine. The Office of Faculty Development is currently developing a module aiming to fill this need for the MD stream faculty.
    d. Some clinical faculty have had experiences with an assigned learner with needs beyond the faculty's ready capacity to support; the faculty member can struggle for a long time unaware of where they could get help, so explicit upfront information about reporting lines should be provided, especially a priority to junior faculty.
    e. Offering in a variety of delivery streams from in-person to online allows those in distributed programs a greater opportunity to participate and learn from their colleagues.
    f. Near peer deliverers of development and support are key to credibility and quality of information provided.
4. **Institute an arms-length evaluation process of offices with mandates to serve the faculty members (e.g. the Office of Clinical Faculty Affairs, the Office of Faculty Development, etc.).** This will need to go beyond the data on the assessment forms sometimes collected at events; there is no standard definition of success for these programs and the evaluation tends to only be reflective of the event as opposed to providing a collective, longitudinal statement on the collective of support and development available.

4.1.2 Explicitly value the profound contributions of clinical faculty

5. **Advocate for clinical faculty to engage with UBC activities by having leaders expand relationships with relevant stakeholders within health authorities, private clinics, and the Divisions of Family Practice.** This may enable and facilitate the clinical faculty members' abilities to engage with UBC, such as in cases where the member need's a health authority manager's approval, or in a private office where an MOA is taxed with learner related extra work.
6. **Track clinical faculty contributions by leveraging the teacher tracking system, and allowing auto populating of members' CVs.** Clinical faculty tracking is particularly complex: in contrast to most FTE faculty who focus their contributions within a course in their department, clinical faculty are often asked to bring their unique expertise to a number of shorter contributions

across various programs. Thus, it is cumbersome for a member to find the CV-required data for each session as typically outlined (official course number, how many students there were, etc.).

4.1.3 Review the 'clinical' stream compensation, career trajectory, and promotion processes

7. **Conduct an external review to compare and contrast the current clinical faculty system to the UBC FTE system, as well as clinician appointments at other institutions.** This will identify ways in which the systems might benefit from changes, allowing the terms for clinical faculty to be optimized.
8. **Conduct a review of compensation that looks into clinical faculty payment schedules, incentives and perks, and improve communication and transparency around these**. Adjust payment schedules of clinical faculty to reflect inflation. Develop ways of better communicating available perks, and explore securing further perks.
9. **Customize specific features of the employment relationship (e.g. policies, criteria, templates, etc.) for clinical faculty.** Where documents, practices, and processes primarily designed for FTE faculty are used for clinical faculty, review to ensure optimization for the clinical faculty member context. For example, revise the CV templates to focus on the career scopes and activities of clinical faculty.

4.1.4 Deliberately foster an institutional culture of wellness and wellness-seeking that is free of stigma

10. **Use the Faculty of Medicine's positions of influence to advocate and educate on the importance of mental wellness and mental health for all.** This could include explicit acknowledgement that wellness is both a personal and organizational undertaking. Clinical faculty notice the presence, absence, timing, content, and tone of the FoM leadership to responses and provision of direction around important concerns such as COVID-19, Black Lives Matter, attitudes around individuals with significant mental health concerns, etc. For some clinical faculty, it is stressors such as these which prompt them to tune into UBC for direction and inspiration, and it is important that there is alignment between institutional messaging, the lived realities and values of clinical faculty members.
11. **Designate responsibility for the championing and evaluating of clinical faculty wellness across the Faculty of Medicine.** This could be a new initiative, inspired by the likes of the Faculty Wellness Program (2020) in Ottawa, or be embedded into an established framework, such as the Clinical Faculty Affairs Office.
12. **Continue to invest funding and support for ground-level initiatives of clinical faculty members, as well as collaborate with other external organizational initiatives aiming to improve wellness and wellness culture.** There may be clinical faculty members with lived experience willing to dedicate time to leadership. Further, there are organizations such as Canadian Medical Association and Canadian Mental Health Association who are currently developing strategies and resources in this realm, with whom the FoM may find mutually beneficial collaborations.
13. **Explicitly mandate, empower, and support faculty at all levels of leadership to effectively address concerns of equity and inequity.** Increasing transparency and reporting of equity and

diversity data, as well as hiring decision-making processes will show where things are going well, and also highlight areas for further attention.

4.2 Leadership

4.2.1 Invest in the functionality of the FoM teams within which clinical faculty work

14. **Initiate an education/advertising campaign across the Faculty of Medicine that aims to develop collective competence and culture around psychological safety.** This would aim to improve organizational interactions (e.g. department meetings, rounds etc.) and advance psychological safety: inclusion safety, learner safety, contributor safety, and challenger safety (Cheek, 2020).
15. **Review the anonymous online mistreatment reporting system using a clinical faculty lens**. This should aim to determine the extent to which this may be dissuading faculty members from providing difficult but important feedback to learners, giving low marks, or even welcoming learners into their clinical practices. Faculty members can feel vulnerable by a system of anonymized reporting about their behaviours by learners who may or may not understand the context.

4.2.2 Catalyze connection for clinical faculty

16. **Continue to provide and expand faculty development engineered for networking where informal learning and peer support is fostered.**
17. **Provide and foster secure social media sites for faculty networking, with sharing features** (similar to Slack and WhatsApp), **but where faculty can be confident in privacy.**

4.2.3 Develop leadership capacity while creating space and incentives for leadership application

18. **Sponsor initiatives that foster development of strategic pods of collective competency, resource, and local leadership development among relevant subgroups of clinical faculty** (e.g. within practice groups, or groups that could be meaningfully brought together with UBC's help). This would provide credible proximal peer and near peer opportunities for community building, sharing, cooperation, mentorship, problem solving, social support and sense of belonging to further clinical faculty's motivation and confidence to pursue leadership. Diversity, flexibility, and choice should be included in the platform options.
19. **Consciously create space for and inspire leadership advancement among clinical faculty, as well as the culture of transparent succession planning.**

4.3 Hackathon Recommendations

The hackathon series targeted UBC FoM clinical faculty to imagine and model ideas that support their wellness and leadership development. In addition to clinical faculty, this event encouraged FoM staff and residents to participate, creating an opportunity for our target audience to collaborate and pitch their ideas for inclusion in our recommendations as well as for potential implementation. The hackathon

itself was phased in 4 phases which included discussing the challenge; generating ideas and solutions; modeling the solution into a tangible product; and presenting the product.

4.3.1 Recognition

20. **Create a rewards program that recognizes preceptors in a way that fosters a community of recognition and engagement within departments and divisions** (see Appendix D 1.1).
21. **Provide opportunities for clinical faculty to connect, share, and/or amplify their own ideas of their colleagues' through formation of clinical faculty feedback groups and annual meetings with their respective department head to discuss their ideas** (see Appendix D 1.2). The following quote illustrates how this hackathon concept resonated with clinical faculty and is being implemented within their respective department.

> *"Although I think we have pretty good relationships with our clinical faculty in PT, we definitely do struggle with recognition and making them feel "part of the family" – as well as enabling them to understand some of the constraints and issues we face in academia. Your hackathon got me thinking about recognition again in particular, so I am in the process of organising 'meet and greet' forums (by Zoom of course!) - a series of sessions where they can "meet the Head" and ask any questions they have about being a clinical faculty member, how to become more involved with the department, information sharing, and really anything else that they want to talk about (hopefully including some ways we might be able to recognise them better!). I have been delighted with the response so far with over 20% of our clinical faculty signing up"*

22. **Develop and deliver an online recognition and portfolio system to acknowledge the contributions of faculty members and staff, eliminate silos in our education system, and support equally available education at all sites** (see Appendix D 1.3).
23. **Create monthly Zoom meetings for clinical faculty to recognize and foster relationships and build a multidisciplinary community** (see Appendix D 1.4).

4.3.2 Good Team Dynamics

24. **Incorporate meaningful prescribed communication practices to improve group interactions** (see Appendix D 2.1).
25. **Provide teams with opportunities to exercise mindfulness by using creative outlets, such as starting team meetings with a song, to promote wellness** (see Appendix D 2.2).
26. **Develop and deliver an online and central resource repository that focuses on maintaining connection and building team dynamics. This repository could include team building ideas or challenges from different teams across the FoM, as well as tips on how to conduct successful virtual meetings** (see Appendix D 2.3).

4.3.3 Support in times of particular need

27. **Develop and deliver monthly gatherings that utilize narrative medicine and peer coaching to support and enhance faculty wellbeing** (see Appendix D 3.1).

28. **Develop a mobile communication toolkit app to address the challenge of carving time for wellbeing, self-care, and self-compassion** (see Appendix D 3.2).
29. **Foster changing medical practices and peer support by applying a stress management framework** (see Appendix D 3.3)

5 Key Enablers

Our deliverable for this SIF project was to provide actionable recommendations for the FoM to implement to better support and develop clinical faculty, with the intended outcome to improve clinical faculty engagement. We believe this report provides a concrete foundation for FoM leadership to take action and implement initiatives within the local and broader aspects of the FoM and achieve this outcome.

We list some key enablers in order for these recommendations to be successful and efficiently lead to action:

- Seek input from the Organization Pillar Leads by presenting the findings and recommendations, and incorporating any feedback.
- Engage FoM leadership to consider, adopt and prioritize the full list of recommendations as needed.
- Collaborate with representatives from different stakeholder groups to help coordinate with related initiatives.
- Assign responsibility to lead implementation and allocate resources (financial and/or human) for the recommended action.

6 Appendices

Appendix A: SIF Project Team and Advisory Group Members

SIF Project Team:

- Linlea Armstrong, VFMP Faculty Development Director; SIF Project Co-lead
- Heather Buckley, VFMP Faculty Development Coordinator; SIF Project Co-lead
- Jacqueline Ashby, Ed.D. Program Coach, UBC FoM Family Practice Residency Program Abbotsford-Mission Site; SIF Project Research Coordinator
- Catherine Choa, Education Coordinator, VFMP Faculty Development, Faculty of Medicine
- Karah Koleszar, Special Projects Coordinator, Faculty of Medicine

Advisory Group Members:

- Alexis Davis, Director of Clinical Faculty Affairs
- Amil Shah, Regional Associate Dean, VFMP
- Anthony Roggeveen, Associate Director, Architecture & Applications, MedIT Strategic Initiative Working group and Organizational Pillar
- Bob Bluman, Executive Medical Director and Acting Associate Dean, UBC CPD
- Brenda Hardie, Lead Faculty for Faculty Development, Vancouver Fraser Site Faculty for Faculty Development, Family Practice
- Brenna Lynn, Associate Dean, UBC CPD
- Brett Schrewe, Clinical Assistant Professor, Department of Pediatrics, Faculty of Medicine
- Caitlin DuBiel, Physiotherapist, Clinical Instructor, Northern Health
- Christie Newton, Interim Co-Head, Director of Continuing Professional Development and Community Partnerships, Department of Family Practice
- Joseph Anthony, Interim Associate Dean, Health Professions
- Julia Wimmers-Klick, Regional Faculty Development Director, NMP
- Kiran Veerapen, Assistant Dean Faculty Development, FoM
- Maggie Watt, Integrated Community Clerkship (ICC) Program Director and Physician Lead, Cowichan Maternity Clinic
- Meera Anand, Family Physician and Clinical Preceptor, Surrey
- Michelle Oster, Curriculum and Assessment Manager, Years 1 and 2, NMP
- Patrick Chen, Emergency Medicine Physician, Richmond
- Paul Winwood, Regional Associate Dean Northern BC, UBC
- Robby Birdi, Education Site Director, Surrey Memorial
- Steven Yau, Faculty Development, UBC Family Practice residency program, SPH (IMG programs)
- Yazdan Mirzanejad, Faculty Development Associate for Surrey, VFMP

Appendix B: Reviewed Literature

Complexity in medical education

Fidan, T. and Balci, A. (2017). Managing schools as complex adaptive systems: A strategic perspective. *International Electronic Journal of Elementary Education, 10*(1), 11-26. https://eric.ed.gov/?id=EJ1156312

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Faculty development areas of interest

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Wicked problems in medical education

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Appendix C: Website Links

Academic Program Links: Wellness in Medicine

Canadian Medical Association
CMA Statement on Physician Health and Wellness
https://www.cma.ca/cma-statement-physician-health-and-wellness

Canadian Mental Health Association
Workplace Mental Health
https://cmha.ca/programs-services/workplace-mental-health

Stanford Medicine
WellMD Center
https://wellmd.stanford.edu/center1.html

The Association of Faculties of Medicine of Canada
Physician Wellness
https://afmc.ca/en/priorities/physician-wellness

The Vancouver Division of Family Practice
Physician Wellness
https://divisionsbc.ca/vancouver/physicianwellness

University of Alberta
Office of Advocacy & Wellness
https://www.ualberta.ca/faculty-and-staff/health-wellbeing/index.html

University of British Columbia
Faculty Wellness
https://obgyn.ubc.ca/wellness/physician-wellness/

University of Calgary
Office of Faculty Development: Wellness
https://www.ucalgary.ca/risk/staff-wellness

University of Ottawa
Faculty Wellness Program
https://med.uottawa.ca/professional-affairs/faculty-wellness-program

University of Ottawa
Professional Development & Wellness
http://thinkottawamedicine.ca/professional-development-wellness/

University of Toronto
Foster a Culture where Health, Wellbeing and Resilience are Promoted
https://medicine.utoronto.ca/asp/foster-culture-where-health-wellbeing-and-resiliency-are-promoted

University of Washington
Faculty Wellness
https://medicine.uw.edu/faculty/faculty-development/faculty-wellness

Academic Program Links: Leadership Development in Medicine

Canadian Medical Association
Physician Leadership Program
https://www.cma.ca/physician-wellness-hub/topics/leadership-and-professional-development

Rural Leadership Development Project
https://rccbc.ca/practitioner-support/rural-physicians/reap-programs/rural-leadership-development-project/

University of British Columbia
Physician Leadership Program (PLP) at The Sauder School of Business
http://medicalstaff.vch.ca/working-at-vch/professional-development/physician-leadership-program-plp-at-the-sauder-school-of-business/

University of McGill: Medicine
Leadership Development Program
https://www.mcgill.ca/medicinefacdev/programs/ldp

University of North Carolina
Center for Faculty Excellence
https://cfe.unc.edu/leadership/

University of Toronto
Resources for Physician Leadership
https://www.deptmedicine.utoronto.ca/resources-physician-leadership

Education Program Links: Leadership Development in Academia

Simon Fraser University
Leadership + Development
http://www.sfu.ca/learning/leadership-development.html

Stanford University
Office of Faculty Development: Leadership Development
https://facultydevelopment.stanford.edu/programs/leadership-development

Universite Laval
CPD Reaction Questionnaire
https://ktcanada.ohri.ca/costars/Research/docs/CPD_Questionnaire.pdf

University of British Columbia
Academic Leadership Development Program

https://aldp.ubc.ca
Year-end report: https://aldp.ubc.ca/files/2019/08/ALDP-year-end-report-2018-19.pdf

University of California San Francisco School of Medicine
Faculty Development
https://meded.ucsf.edu/faculty-development

UBC-Affiliated Wellness Sites

UBC Wellbeing
https://wellbeing.ubc.ca/workshops

UBC Faculty of Medicine
Undergraduate Program: Health & Wellbeing
https://mdprogram.med.ubc.ca/student-resources/health-wellbeing/

UBC Human Resources
Workplace Wellbeing & Benefits
https://www.hr.ubc.ca/wellbeing-benefits/

UBCO Health Wellness
Resources for Faculty & Staff
https://students.ok.ubc.ca/health-wellness/faculty-staff/

UBC Faculty of Medicine
Postgraduate Medical Education
https://postgrad.med.ubc.ca/resident-wellness/blog/

UBC Social Media Accounts: Wellness
Twitter @HealthyUBC

UBC Human Resources
Leadership Development Programs
https://www.hr.ubc.ca/learning-engagement/leading-learning/leadership-programs/

Appendix D: List of HackDev 2020 Winners

This appendix summarizes our HackDev 2020 participants' ideas, which were assessed on the following four categories:

- Most Likely Implemented in 3 Years
- Broad Faculty of Medicine Engagement
- Potential for Significant Impact
- Best Overall Idea

These results can also be found on our Vancouver Fraser Medical Program Faculty Development (VFMP) website under HackDev 2020 Winners: https://vfmpfacdev.med.ubc.ca/ubc-hackdev/

1 Recognition

1.1 SWAG: Personalized Recognition to Preceptors (HackDev #1, Voted Potential for Significant Impact)

- This "rewards program" is intended to foster a community of recognition and engagement within departments and divisions. To gain visibility and traction, evidence of this rewards program (e.g. swag received) will be showcased through social media and smartphone apps. As well, the smartphone app would have built-in engagement opportunities such as a peer-nominated recognition system. This would be maintained by departments and divisions in collaboration with faculty development.

1.2 Power of Being Seen – Structured Platform(s) for Sharing Ideas (HackDev #1)

- This concept is intended to provide opportunities for clinical faculty to connect, share and/or amplify their own ideas or their colleagues'. This includes the formation of clinical faculty feedback groups and an annual meeting with their respective department head to discuss their ideas.

1.3 PQRST Framework for Online Recognition & Portfolio System (HackDev #1 Voted for Best Overall Idea)

- This concept acknowledges the contributions of faculty members and staff, aims to eliminate the silos in our education system, and makes the support for education equally available to all the sites. This system is modeled after the "PQRST" history taking framework:
    - P: People, promotion, process evaluation
    - Q: Quantity, quality, breadth of contribution, across silos/programs
    - R: Resources and supports
    - S: Support staff
    - T: Time and timely feedback.

1.4 Relationships as Recognition: Monthly Zoom Meetings' (HackDev #1 Voted for Most Likely Implemented in 3 Years & to Have Broad Faculty of Medicine Engagement)

- Monthly Zoom meetings are intended to foster relationships and build a multidisciplinary community. Faculty members across disciplines will alternatingly meet in a large group, and

breakout rooms according to their affiliations in the Faculty of Medicine. To encourage participation, gift cards will be awarded. Award categories would include: Never Late, Never Missed, and Random Selection.

2 Good Team Dynamics

2.1 Small Groups: Meaningful Communication (HackDev #2 Voted for Broad Faculty of Medicine Engagement)

- This idea is intended to improve team interactions through meaningful communication, ensuring that teams are aware of this initiative prior to having a meeting. To do this, teams may incorporate any (or all) of the following practices: 1) allow each individual to speak in an organized fashion about their perspectives and experiences, 2) assign a leader to summarize important points, or 3) assign smaller group leaders to communicate with large group leaders as teams evolve.

2.2 Lean on Us: We're in This Together (HackDev # 2 Voted for Best Overall Idea, Most Likely Implemented in 3 Years & Potential for Significant Impact)

- We're in this Together is an idea intended to provide and support opportunities to exercise mindfulness within teams. Using creative outlets, such as playing a song to begin each meeting allows members of the group to connect on a common platform and to unify their voices. The intention of this idea is to promote wellness, seek inspiration, and embolden the collective.

2.3 Project Connect: Resource Repository (HackDev #2, Voted for Most Likely Implemented in 3 Years)

- This idea tackles the challenge of maintaining connection and building team dynamics especially when informal bridging opportunities are lost as we transition so much of our interaction to virtual. To do this, faculty development may facilitate the development of a central repository, an online platform collaboratively built, with the IT department. This repository could include team-building ideas or challenges from different teams across the Faculty of Medicine; as well as tips and tricks on how to conduct successful virtual meetings.

3 Support in times of particular need

3.1 Using Narrative Medicine and Peer Coaching to Support and Enhance Faculty Well-being (HackDev #3, Potential for Significant Impact)

- This idea aims to change the culture and clinical language used to pathologize aspects of the human experience, and rather promotes sensitivity to language nuances. We will encourage members to participate in monthly gatherings that utilize storytelling and narrative medicine techniques to help reshape our language and reflect on how we articulate the externalization of one's problems. For example, rather than saying "I'm depressed," participants are encouraged to reframe the sentence as "When I am depressed…". This modification in how we use language may further nurture a safe space for people to disclose and share the human condition.

3.2 Achieving Mental Balance: Focusing on Happiness, Choice, and Fulfillment, also nicknamed **'Life Hacks'** (HackDev #3, Voted for Broad Faculty of Medicine Engagement)

- This idea intersects technology and community-building through a mobile communication toolkit app to address the challenge of carving time for wellbeing, self-care, and self-compassion. The team designed an online toolkit for members to apply self-compassion and self-care; to ritualize ways to de-stress between life, work, and education; to build relationships and support networks; and to share self-care techniques with students. The app also tracks the amount of time allocated to self-care activities. This simple idea recognized that people with mental health concerns might lose contacts and confidence, and benefit from very basic levels of support. This is inspired by the work of Daniel Kaufman that values the pursuit of happiness as a momentary feeling, in contrast to the much more ambitious and longitudinal aim of satisfaction. The app provides simple ideas that appeal to clinical faculty, and allow clinical faculty opinions to be shared.

3.3 Stopping, Looking, and Listening to Mental Health (HackDev #3, Voted for Best Overall Idea, Most Likely Implemented in 3 Years & Potential for Significant Impact**)**

- This concept is inspired by Veterans Affairs Stress First Aid Framework and Dr. Joanna Cheek's recent article on Stress First Aid as a form of Peer Support (Watson, Gist, Taylor, Evlander, Leto, Martin, Vaught, Nash, Westphal, & Litz, 2013; Cheek, 2020). The team's idea builds on changing medical practices to address stress management by employing Dr. Watson's framework that describes seven actions that individuals can take to support people living with mental illness. These actions include:
    - Check - observe and listen to signs of distress
    - Coordinate - provide links to supports as needed
    - Cover - improve their sense of safety
    - Calm - help lower hyper-arousal
    - Connect - encourage and prioritize social support
    - Competence - restore a sense of effectiveness in many areas of life
    - Confidence - normalize distress and concentrate on strengths; reconnect to core values; honor and make meaning of losses; foster hope

Appendix E: List of Recommendations

Wellness

Support and development for role-related competency and efficiency

1. Employ a concierge or customer management system, and manage points of contact and methods of communication from UBC to clinical faculty members to achieve faculty-centric interactions.
2. Maintain fulsome online information, possibly a development of MedNet, structured to be user centric (clinical faculty), in contrast to leadership and administrative vantage points.
3. Provide clear expectations to clinical faculty of what is expected of them in their role and where to get the support they need (including any extra support in times of particular challenge).
4. Institute an arms-length evaluation process of offices with mandates to serve the faculty members (e.g. the Office of Clinical Faculty Affairs, the Office of Faculty Development, etc.)

Explicitly value the profound contributions of clinical faculty

5. Advocate for clinical faculty to engage with UBC activities by having leaders expand relationships with relevant stakeholders within health authorities, private clinics, and the Divisions of Family Practice.
6. Track clinical faculty contributions by leveraging the teacher tracking system, and allowing auto populating of members' CVs.

Review the 'clinical' stream compensation, career trajectory, and promotion processes

7. Conduct an external review to compare and contrast the current clinical faculty system to the UBC FTE system, as well as clinician appointments at other institutions.
8. Conduct a review of compensation that looks into clinical faculty payment schedules, incentives and perks, and improve communication and transparency around these.
9. Customize specific features of the employment relationship (e.g. policies, criteria, templates, etc.) for clinical faculty.

Deliberately foster an institutional culture of wellness and wellness-seeking that is free of stigma

10. Use the Faculty of Medicine's positions of influence to advocate and educate on the importance of mental wellness and mental health for all.
11. Designate responsibility for the championing and evaluating of clinical faculty wellness across the Faculty of Medicine.
12. Continue to invest funding and support for ground-level initiatives of clinical faculty members, as well as collaborate with other external organizational initiatives aiming to improve wellness and wellness culture.

13. Explicitly mandate, empower, and support faculty at all levels of leadership to effectively address concerns of equity and inequity.

Leadership

Invest in the functionality of the FoM teams within which clinical faculty work

14. Initiate an education/advertising campaign across the Faculty of Medicine that aims to develop collective competence and culture around psychological safety.
15. Review the anonymous online mistreatment reporting system using a clinical faculty lens.

Catalyze connection for clinical faculty

16. Continue to provide and expand faculty development engineered for networking where informal learning and peer support is fostered.
17. Provide and foster secure social media sites for faculty networking, with sharing features, but where faculty can be confident in privacy.

Develop leadership capacity while creating space and incentives for leadership application

18. Sponsor initiatives that foster development of strategic pods of collective competency, resource, and local leadership development among relevant subgroups of clinical faculty.
19. Consciously create space for and inspire advancement among clinical faculty, as well as the culture of transparent succession planning.

Hackathon Recommendations

Recognition

20. Create a rewards program that recognizes preceptors in a way that fosters a community of recognition and engagement within departments and divisions.
21. Provide opportunities for clinical faculty to connect, share, and/or amplify their own ideas of their colleagues' through formation of clinical faculty feedback groups and annual meetings with their respective department head to discuss their ideas.
22. Develop and deliver an online recognition and portfolio system to acknowledge the contributions of faculty members and staff, eliminate silos in our education system, and support equally available education at all sites.
23. Create monthly Zoom meetings for clinical faculty to recognize and foster relationships and build a multidisciplinary community.

Good Team Dynamics

24. Incorporate meaningful prescribed communication practices to improve small group interactions.

25. Provide teams with opportunities to exercise mindfulness by using creative outlets, such as starting team meetings with a song, to promote wellness.

26. Develop and deliver an online and central resource repository that focuses on maintaining connection and building team dynamics. This repository could include team building ideas or challenges from different teams across the FoM, as well as tips on how to conduct successful virtual meetings.

Support in times of particular need

27. Develop and deliver monthly gatherings that utilize narrative medicine and peer coaching to support and enhance faculty wellbeing.

28. Develop a mobile communication toolkit app to address the challenge of carving time for wellbeing, self-care, and self-compassion.

29. Foster changing medical practices and peer support by applying a stress management framework.

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