

# **RUNNING A SUCCESSFUL ANESTHESIA DEPARTMENT: Canadian Perspective**

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**London Health Sciences Centre & St Joseph's Health Care**

**Western University**

# Department of Anesthesia & Perioperative Medicine



[www.uwoanesthesia.ca](http://www.uwoanesthesia.ca)

**LHSC (UH-VH), SJHC**

**42 OR (3-4 Cardiac OR/d,  
1,480 cardiac surgery/yr)**

**68 ICU beds (14 CSRU)**

**80 Anesthesia Faculty**

**12 Fellows**

**47 Residents**



# DISCLOSURE

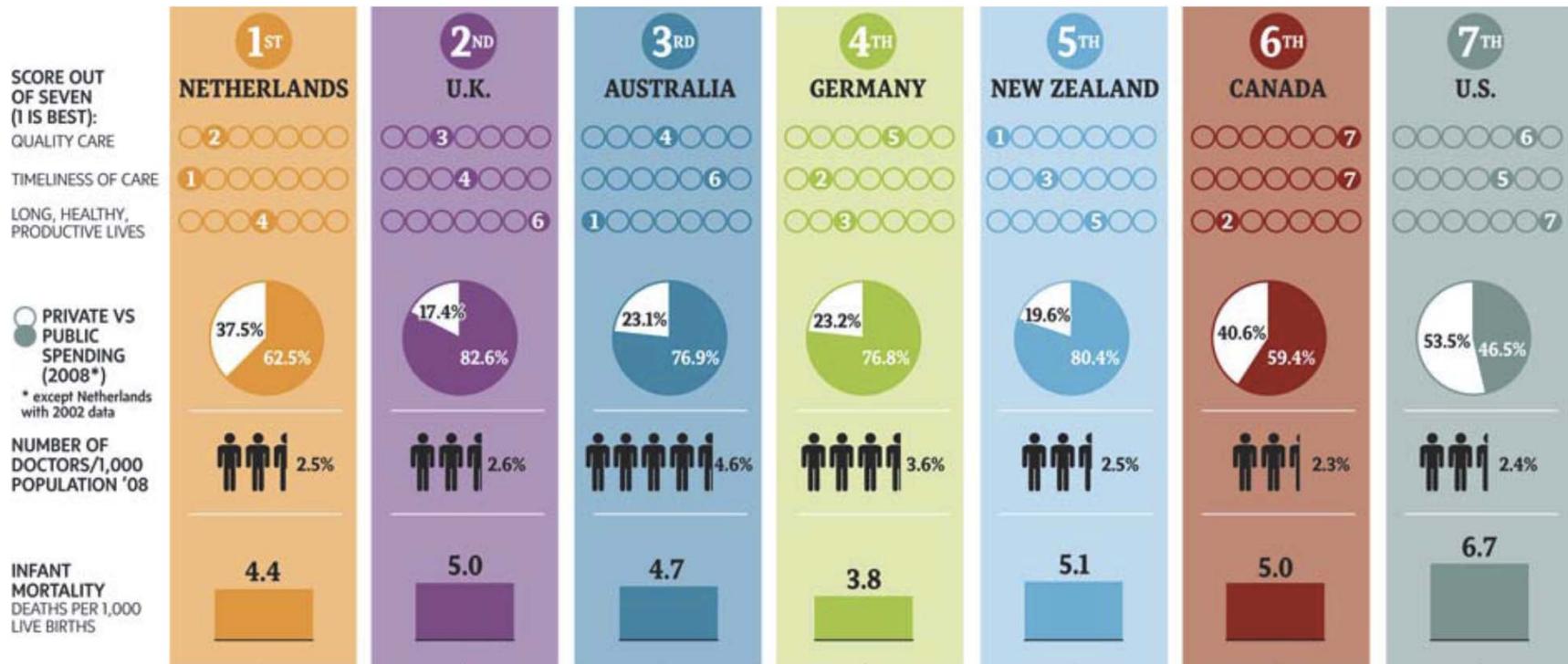
- **Ministry of Health and Long-Term Care AFP Innovation Fund (MOHLTC)**
- **Canadian Institutes of Health Research**
- **Lawson Health Research Institute**
  
- **ACUDA (President)**
- **MOHLTC OBAC (Chair)**
- **Canadian Agency for Drugs & Technologies in Health (CADTH) (Member)**
  
- **No Industries Conflict of Interests**

# OBJECTIVES

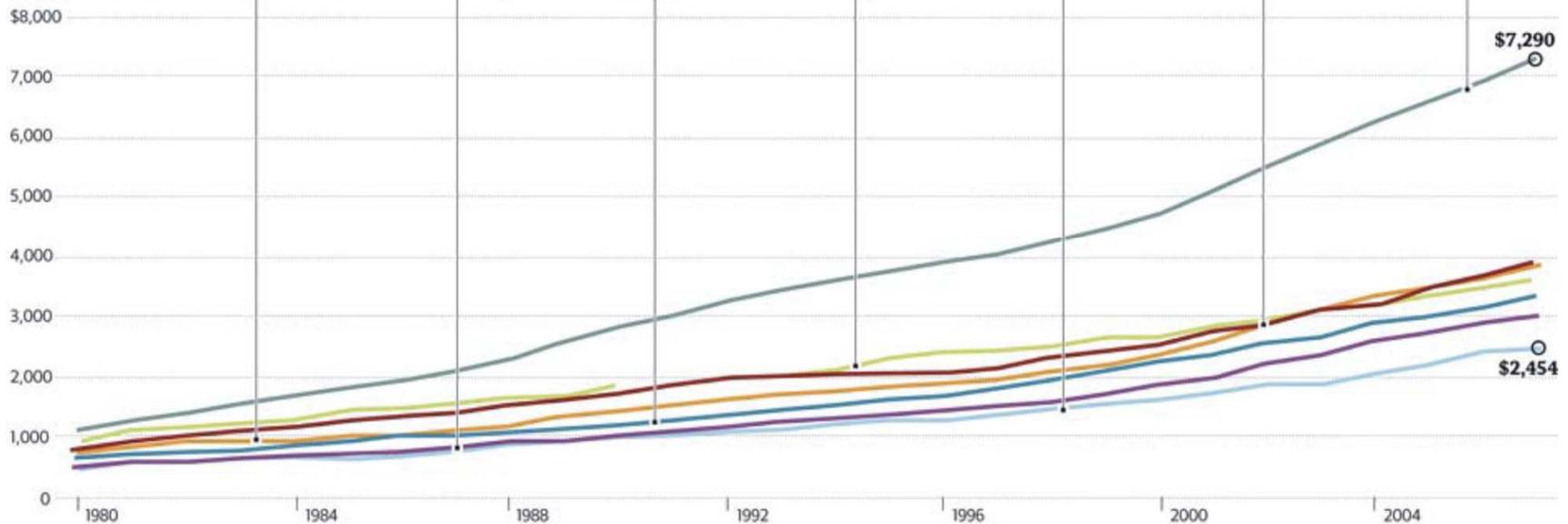
1. The Canadian Anesthesia Departments: Governance and Practice Models
2. Department of Anesthesia & Perioperative Medicine, Western University – Lessons Learned in 2+ terms
3. SOS in Running a Successful Academic Department: Leadership

# Discussion Questions

- 1) What do you think is the best remuneration model in academic anesthesiology department with multiple medical centers to promote excellence in clinical, education and research deliverables?  
(FFS, Group Practice, Salary, PBR or a Mix-matrix model)
- 2) Do you have a process to dismiss or discipline faculty due to destructive behavior or non-compliance to clinical pathway (policy)?



» AVERAGE SPENDING ON HEALTH PER CAPITA (\$U.S. PURCHASING POWER PARITY)



TRISH McALASTER AND DAVID PRATT/THE GLOBE AND MAIL » SOURCES: ORGANIZATION FOR ECONOMIC COOPERATION AND DEVELOPMENT, OECD HEALTH DATA, 2009, 2010

# 2012 Federal budget

## Budgetary breakdown

A breakdown of budgetary revenues and expenses from the 2012 federal budget.

### REVENUES

\$ billions

#### Income tax

Personal income tax

125.4

Corporate income tax

32.4

Other income tax

5.5

#### Excise taxes/duties

Goods and services tax

30.9

Customs import duties

4.1

Other excise taxes/duties

10.9

Employment insurance premium revenues

20.1

Other revenues

25.7

TOTAL REVENUE

**\$255.0 billion**

### EXPENSES

\$ billions

#### Major transfers to persons

Elderly benefits

40.4

Employment insurance

18.7

Children's benefits

13.2

#### Transfers to governments

Canada Health Transfer

28.6

Canada Social Transfer

11.9

Fiscal arrangements

17.8

Cities and communities

2.0

Other

1.4

Alternative payments for standing programs

-3.4

Direct program expenses

114.7

Public debt charges

30.8

### BUDGETARY BALANCE

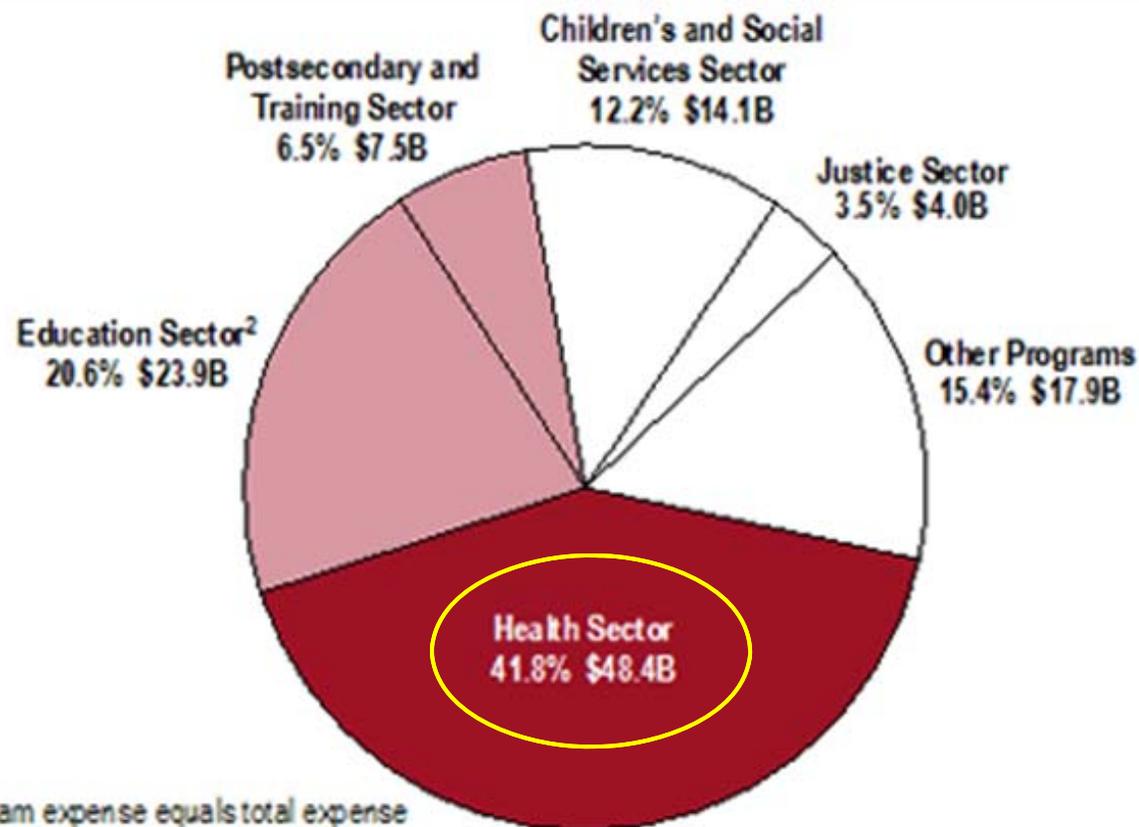
**\$21.1 BILLION DEFICIT**

\*Numbers may not add due to rounding

TOTAL EXPENSE

**\$276.1 billion**

**CHART 2.28 Composition of Program Expense,<sup>1</sup> 2012–13**



<sup>1</sup> Program expense equals total expense minus interest on debt.

<sup>2</sup> Excludes Teachers' Pension Plan.

Note: Numbers may not add due to rounding.

LEGISLATIVE UPDATE



May 2010

**OHA BACKGROUNDER**  
**Amendments to Regulation 965 under the**  
**Public Hospitals Act**

On May 5, 2010, Regulation 156/10 was filed which amends Regulation 965 (Hospital Management Regulation) under the *Public Hospitals Act*. The content of the amendments to Regulation 965 is consistent with the background materials on Bill 46, the *Excellent Care for All Act, 2010*, released this past Monday.

**Hospital Board**

Subsection 2(2) of Regulation 965, which sets out the composition of the hospital board of directors, is repealed and replaced with new language that prohibits certain individuals from being voting members of the board. The new provisions provide that where the following persons are members of the board, they may not be voting members:

- o Any member of the medical staff, dental staff, extended class nursing staff or midwifery staff of the hospital.
- o Any employee of the hospital.

**This amendment comes into force on January 1, 2011.**

**Critical Incident Reporting**

Subsection 2(4) of Regulation 965 is amended to provide that the disclosure of a critical incident is to be made, as soon as is practicable not only to the affected patient, but to the Medical Advisory Committee and the administrator.

A new subsection (5.1) has been added that provides:

- o The board shall ensure that the administrator establishes a system for ensuring, following a disclosure of a critical incident, that the incident is analyzed and a plan developed with systemic steps to avoid or reduce the risk of further similar critical incidents.

**These amendments come into force on July 1, 2010.**

# Excellent Care for All

## Strengthening the Focus on Quality, Value and Evidence-based Care in Ontario

May 3, 2010



Patient-based and Performance –based payment

## Canadian Medical Schools

**Note:** Contact the Ontario Medical School Application Service for information on applying to the six Ontario medical schools



Dalhousie University



McGill University



McMaster University



Memorial University of Newfoundland



Northern Ontario School of Medicine  
Northern Ontario School of Medicine



Queen's University



Université de Montréal



Université de Sherbrooke



Université Laval



University of Alberta



University of British Columbia



University of Calgary



University of Manitoba



uOttawa  
University of Ottawa



University of Saskatchewan



University of Toronto



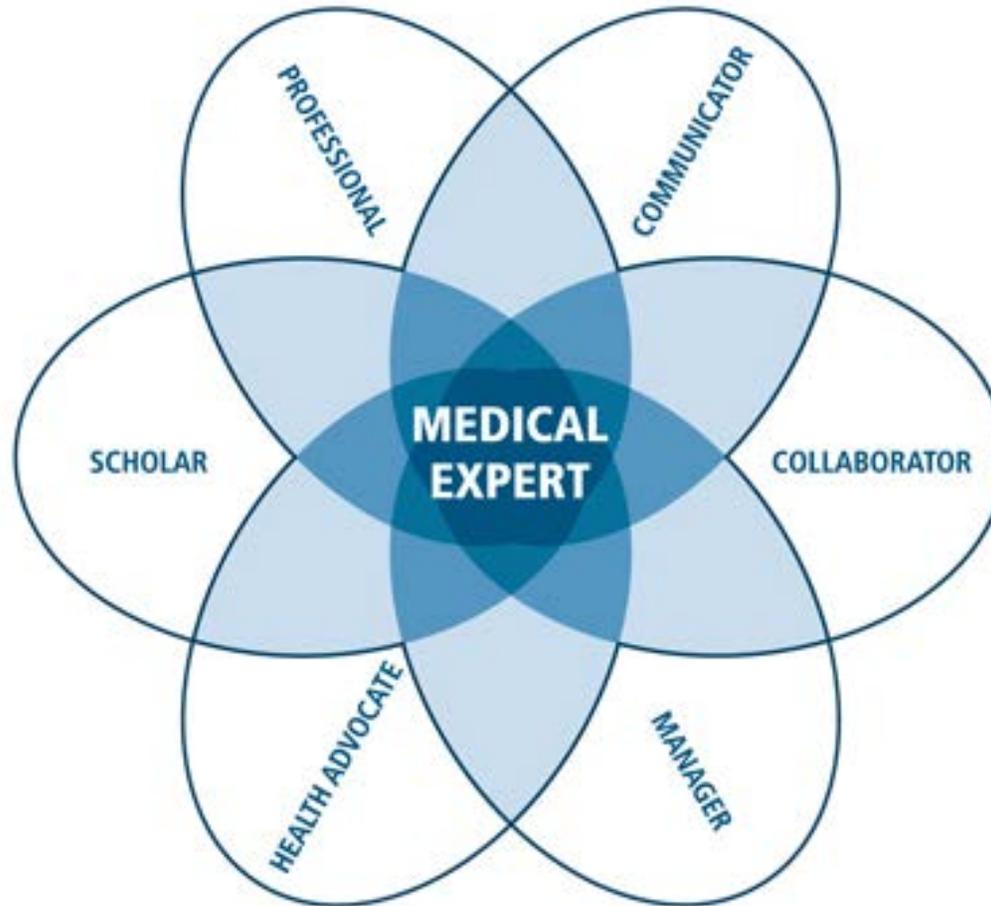
Western University

## ACUDA Membership - Universities



- [University of Alberta](#)
- [University of British Columbia](#)
- [University of Calgary](#)
- [Dalhousie University](#)
- [Université Laval](#)
- [University of Manitoba](#)
- [Memorial University of Newfoundland](#)
- [McGill University](#)
- [McMaster University](#)
- [Université de Montréal](#)
- [University of Ottawa](#)
- [Queen's University](#)
- [University of Saskatchewan](#)
- [Université de Sherbrooke](#)
- [University of Toronto](#)
- [Western University](#)

# Certification: National



**ROYAL COLLEGE**  
OF PHYSICIANS AND SURGEONS OF CANADA

**CANMEDS**



- [Registration Requirements](#)
- [Applying for Registration](#)
- [Service en français](#)
- [Registration Committee](#)
- [Appeals Process](#)
- [Registration Policies](#)
- [Applications & Forms](#)
- [International Medical Graduates](#)
- [Applicants' Access to Registration Application Documents](#)
- [FMRAC Agreement on National Standards](#)
- [Registration Reports](#)

## Registering to Practise Medicine in Ontario

The medical profession in Ontario has been granted a great degree of authority by provincial law, and that authority is exercised through the College of Physicians and Surgeons of Ontario. One of the responsibilities of regulation undertaken by the College is to issue certificates of registration to physicians, allowing them to practise medicine in Ontario. All doctors in Ontario must be members of the College.

### Contact Information

Registration Department  
 College of Physicians and Surgeons of Ontario  
 80 College Street  
 Toronto, Ontario  
 Canada M5G 2E2  
 Telephone: [416-967-2617](tel:416-967-2617)  
[1-800-268-7096](tel:1-800-268-7096) ext. 221 (Ontario only)  
 Fax: 416-967-2623  
 Email: [inquiries@cpso.on.ca](mailto:inquiries@cpso.on.ca)

### Service en français

Le service téléphonique dans la langue française est disponible sur demande. Les candidats peuvent téléphoner, écrire ou envoyer un courriel [inquiries@cpso.on.ca](mailto:inquiries@cpso.on.ca) pour le service de langue française par téléphone.

### Basic Steps to Independent Practice in Ontario for:

[Physicians Practising in Canada](#)

[Physicians Practising Outside Canada or USA](#)

[Physicians Practising in USA](#)

IMGs (Illustrates usual route for IMGs not in practice, newly graduated or arrived in Ontario)

### RELATED LINKS

- [Registration Committee](#)  
Reviews applications of physicians who wish to become members of the College, but who do not fulfill the requirements
- [International Medical Graduates](#)  
The College is committed to reducing barriers to registration for qualified candidates.
- [Registration Policies](#)  
Developed to find new ways to evaluate individuals who wish to practise medicine in Ontario
- [Registration Applications & Forms](#)  
Apply to practise medicine in Ontario

### Information for Members

If you are registered with the College, search here for certificates of professional conduct; incorporation information and forms; address change information; and more.

[Membership Info](#)

### Registering Success

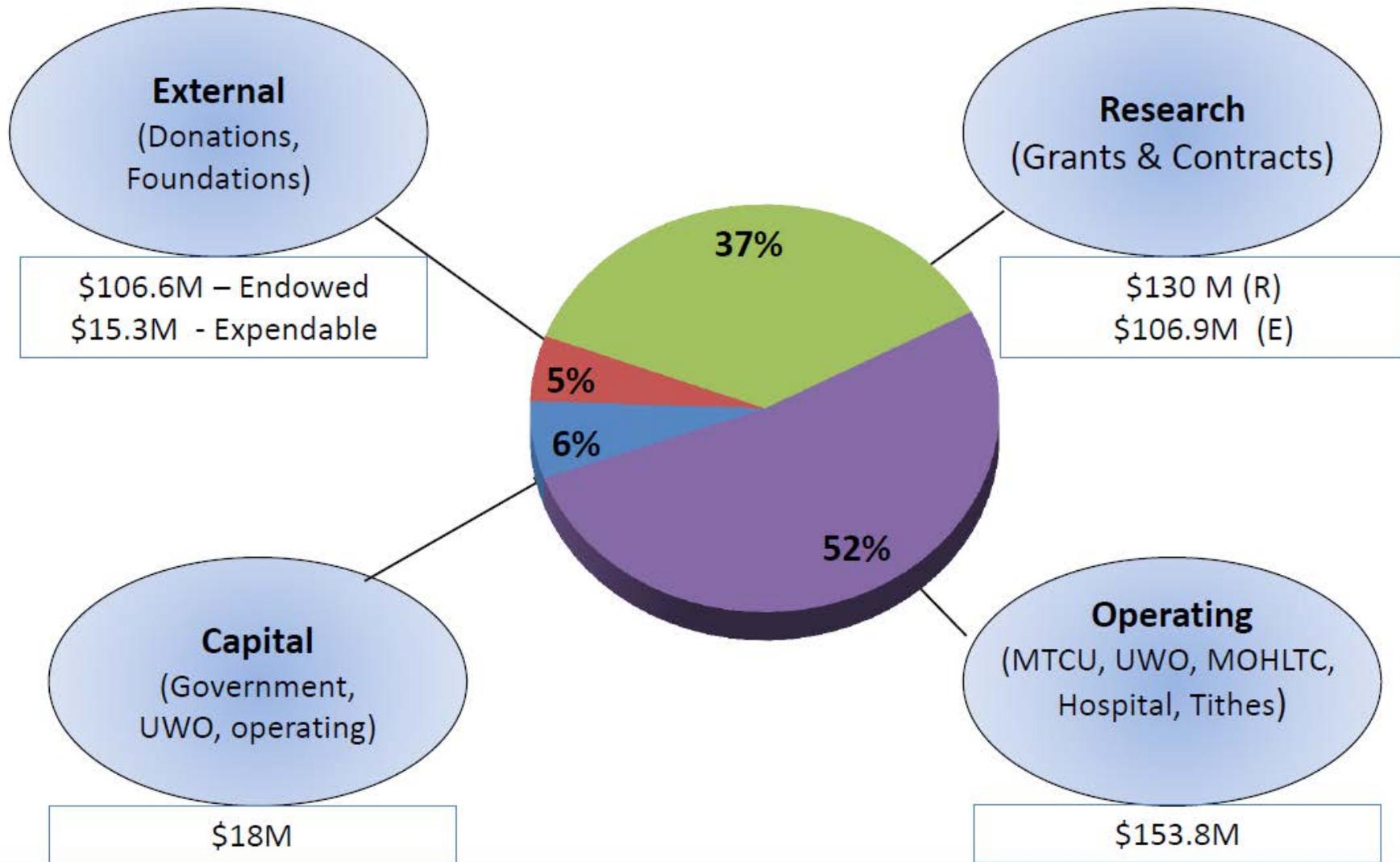


# Teaching vs Community Practice

	University Department	Community Department
Anesthesiologists	40%	60%
MOHLTC Funding	FFS, AFP, SRF	FFS
Hospital Funding	Envelope, Non-Envelope	Non-Envelope
University Funding	Faculty, PGE, UGE, Academic	NA
Practice Plan	FFS – Group Matrix	FFS



# How is Schulich funded?





# LHSC-SJHC Clinical Scope 2010 (\$959M + \$440M ~ \$1.4 Billion/yr)

	Adult Surgical	Pediatrics	Obstetrical/Gynecology	Cardiac
St. Joseph's Health Centre	17,017	60	1,513	0
University Hospital	9,282	138	0	1,481
Victoria Hospital	15,169	6,150	2,779	0
<b>Total</b>	<b>41,468</b>	<b>6,348</b>	<b>4,292</b>	<b>1,481</b>

Cataract	Major Vascular Surgery	Thoracic	Neurosurgical	Epidural/Spinal Blocks	Regional Blocks
4,160	0	0	0	300	1,500
0	1	4	1,096	929	113
0	1,056	709	190	96	36
<b>4,160</b>	<b>1,057</b>	<b>713</b>	<b>1,286</b>	<b>1,325</b>	<b>1,649</b>

# Academic Chair: Mission Impossible?



# Lessons Learned: What Did I have in 2001...



# The Weakness and Threats in 2001

- **A dysfunctional, in-cohesive Department**
- **Cultural conflict amongst sites**
- **Lack of trust, respect**
- **Low Morale (academic, workload)**
- **Uncertainty of practice with restructuring (mostly FFS, concern about Income than outcome)**
- **Challenges in retention and recruitment (8-10% OR cancellation Daily)**
- **Skeptical of AFP, practice plan**
- **Lacking UGE teaching engagement**

# John Marshall Report, MOHLTC 2002

Hospital	Current Staff FTE	Shortfall FTE	Recommended Staff FTE
<b>UHN/MSH</b>	<b>67.35</b>	<b>13.77</b>	<b>81.12</b>
St. Michael's	35.2	5.2	40.40
Sunnybrook & Women's	34.3	7.5	41.80
HHSC & St. Joseph's	54.6	6.7	61.30
<b>LHSC &amp; SJHC</b>	<b>49.35</b>	<b>18.21</b>	<b>67.56</b>
The Ottawa Hospital	60.2	9.4	69.60
The Heart Institute	9.9	-0.3	9.90
Kingston	28.74	-0.76	28.74
<b>Total</b>	<b>399.64</b>	<b>60.78</b>	<b>400.42</b>

# Crisis

“危機”

“Danger - Opportunity”

# The Strength and Opportunity in 2001

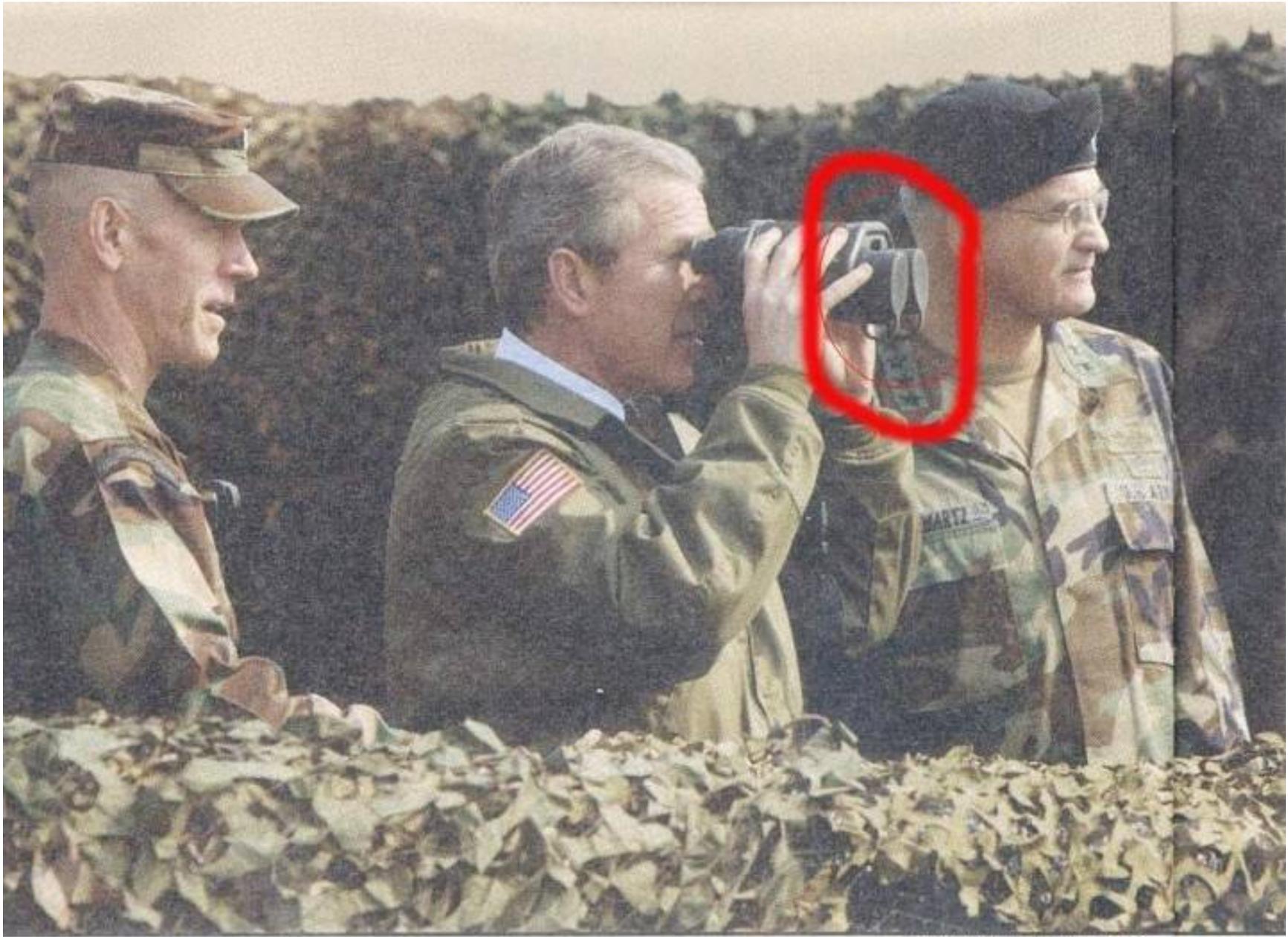
- **Supportive Dean and Senior Hospital Administration – commit to a shared academic vision**
- **Opportunity to build a critical mass of academic clinicians**
- **A burning platform for Change**
- **Crisis in anesthesia human resource in Ontario**
- **MOHLTC negotiation of Recruitment Fund**
- **Comprehensive case-mix and caseload**
- **Consolidation of surgical services allow subspecialty development and academic excellence – M1, M2**



# Leadership: Visionary

“I don’t skate to where the puck is, I skate to where the puck is going.”





PHOTOGRAPH BY/TAKAFT BORG IMAGES

# Leadership: Creditability

## Leadership amongst peers

- **Discover yourself**
- **Appreciate constituents**
- **Affirm shared values**
- **Develop capacity**
- **Serve a purpose**
- **Sustain hope**

Kouzes and Posner

# Fast Track Cardiac Anesthesia & Recovery

- Safety: morbidity & mortality

*J Thorac Cardiovasc Surg 112:755- 64, 1996*

- Cost benefits, improve resource utilization

*Anesthesiology 85: 1300-10, 1996*

- Cost reduction: one-year follow up

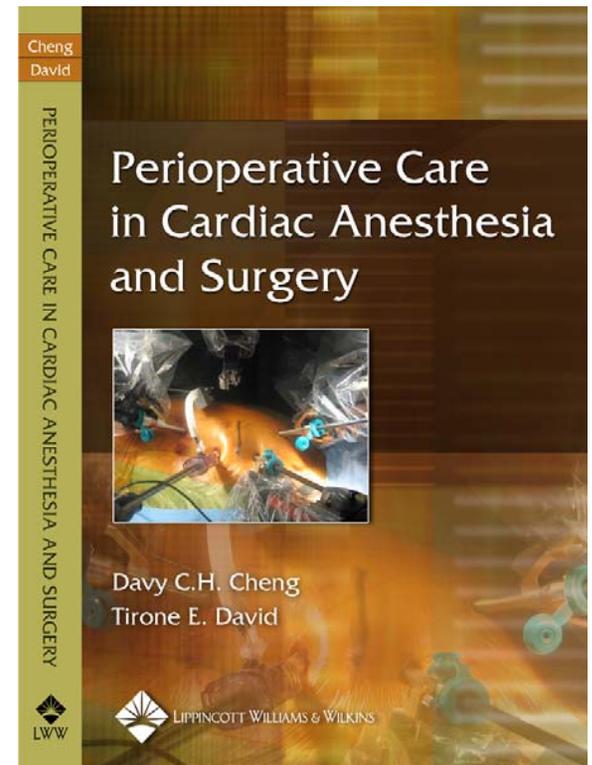
*Anesthesiology 98: 651-7, 2003*

- Evidence-based perioperative clinical outcomes research

*Anesthesiology 102: 188-203, 2005*

*J Thorac Cardiovasc Surg 133: 623-31, 2007*

*Lancet 380:1075-81, 2012*



# Academic Anesthesiology

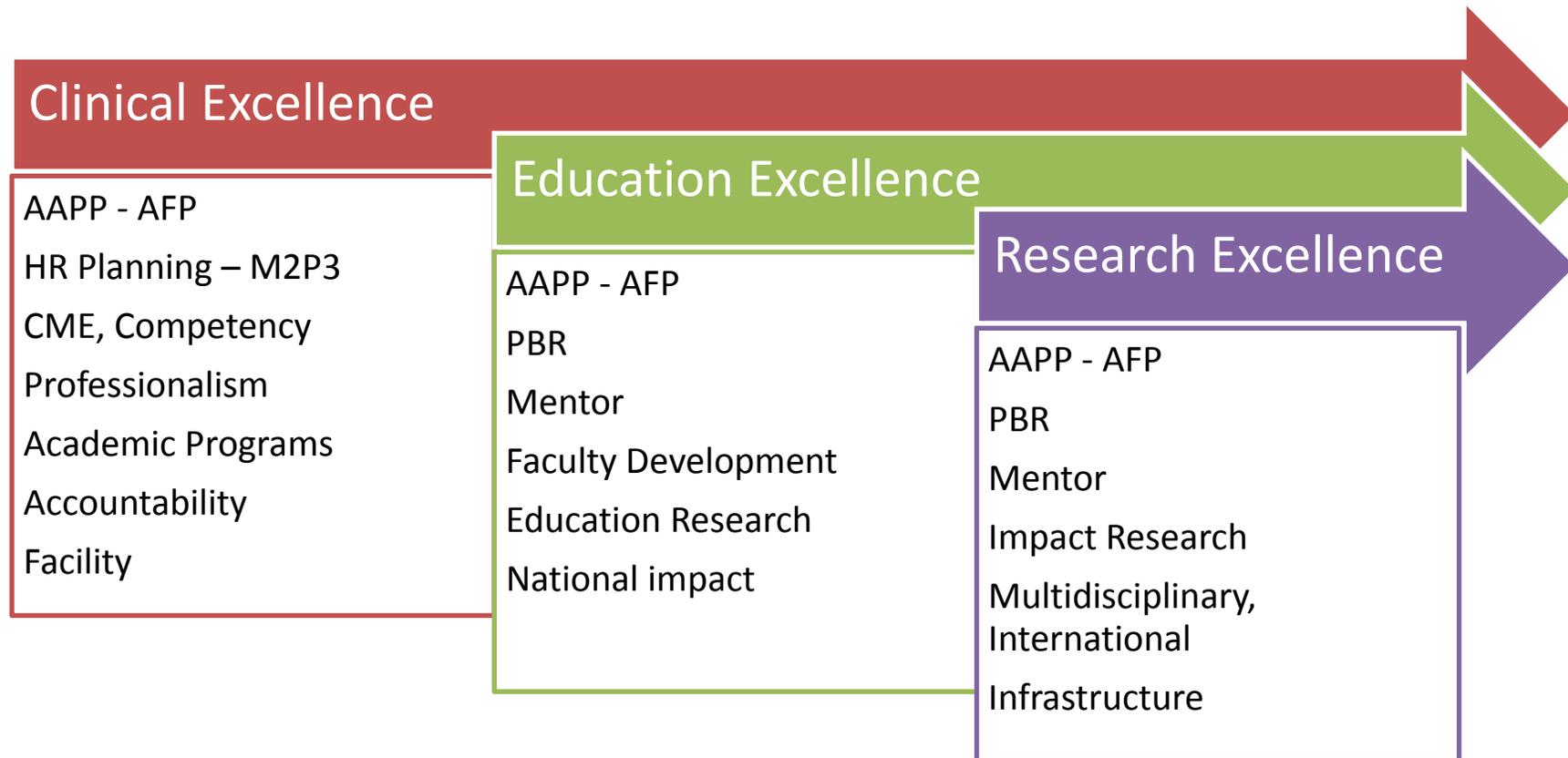
Service



Research

Education

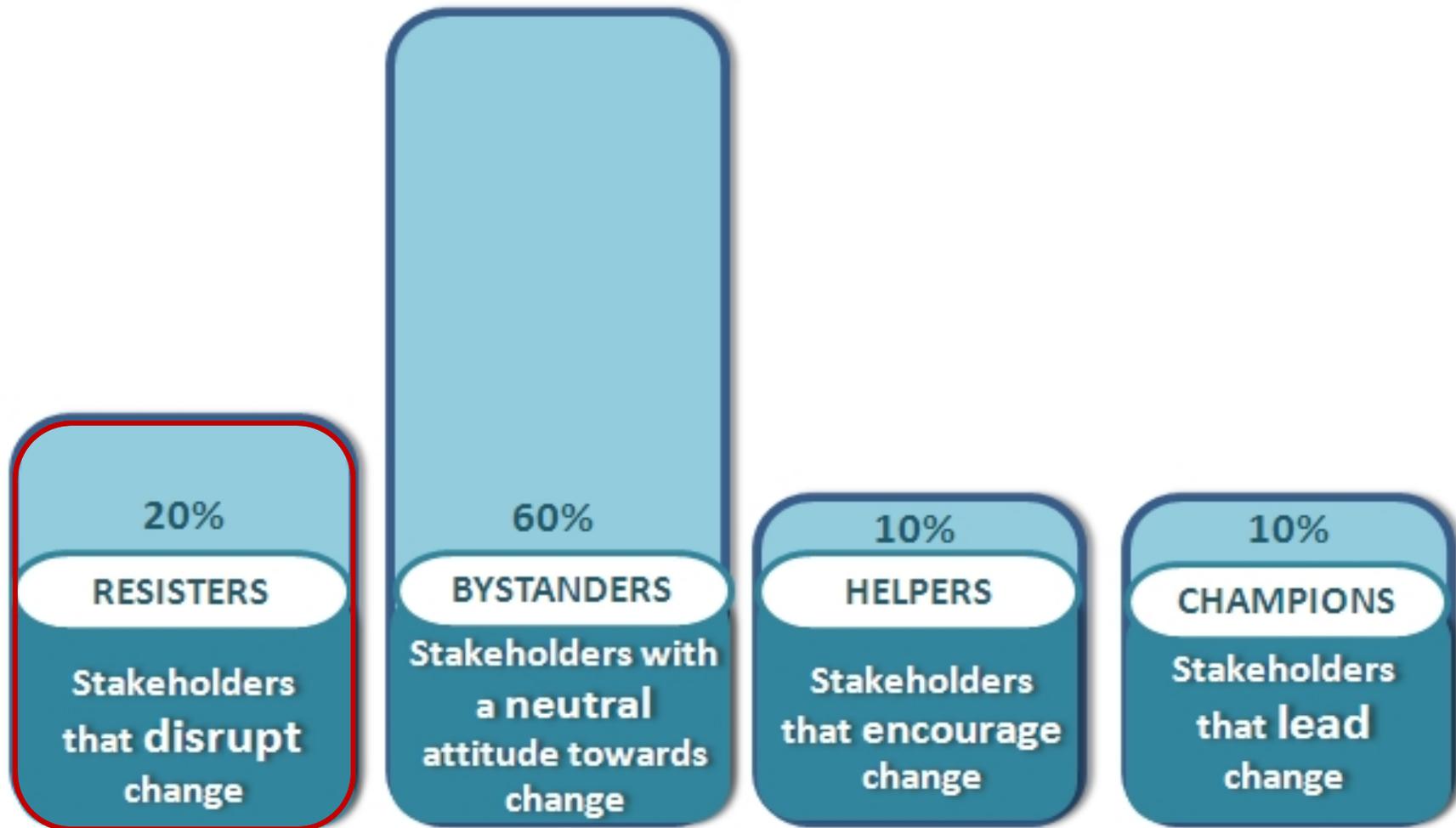
# Q: What can You do to help building a world class academic department?

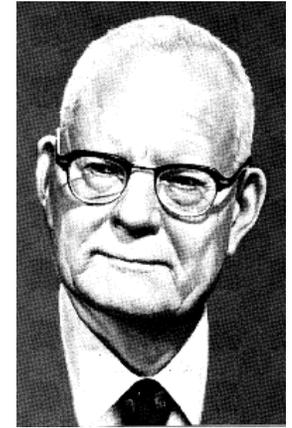


# Administration & Governance

- **Governance Structure: Accountability and Transparency**
- **Departmental Executives: Site Chiefs**
- **Departmental Council: Site Chiefs, PGE, UGE, Research, Academic, and Clinical Divisions**
- **Academic Affairs Committee: Priority programs, research and teaching time**
- **Finance Management Committee: AAPP**

# Change Management





**“Everybody doing his best is not the answer. It is first necessary that people know what to do.”**

**W. Edwards Deming, Out of the Crisis**

# Together Everyone Achieves More



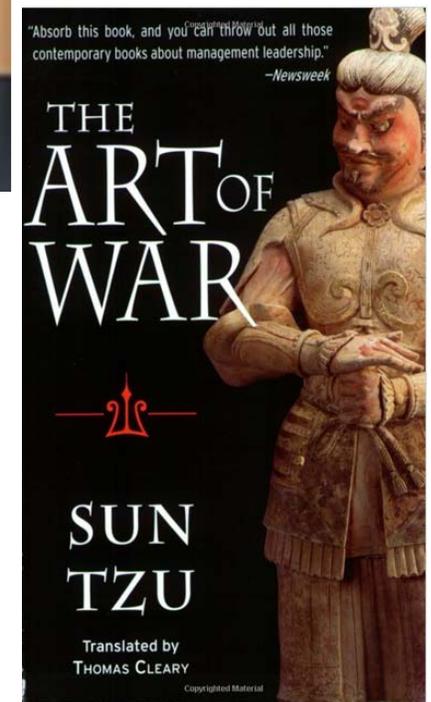
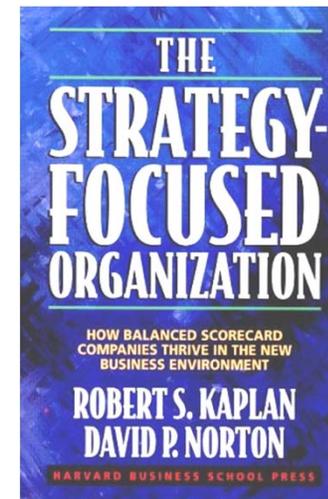
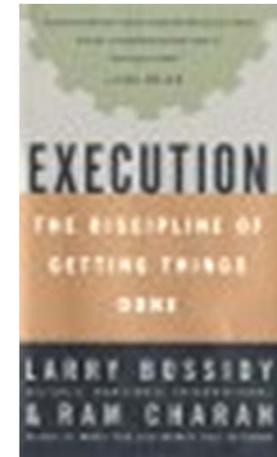
**“Some is not a number.  
Soon is not a time.  
And Hope is not a strategy.”**



- Don Berwick, CEO IHI 2004

# Strategy: Outcomes (SMART)

- Specific
- Measurable
- Aligned
- Realistic
- Time-based



# Strategy: Implementation Barriers

**Barriers to Implementation  
(Only 10% of Organizations  
execute their strategy)**

# The Challenge

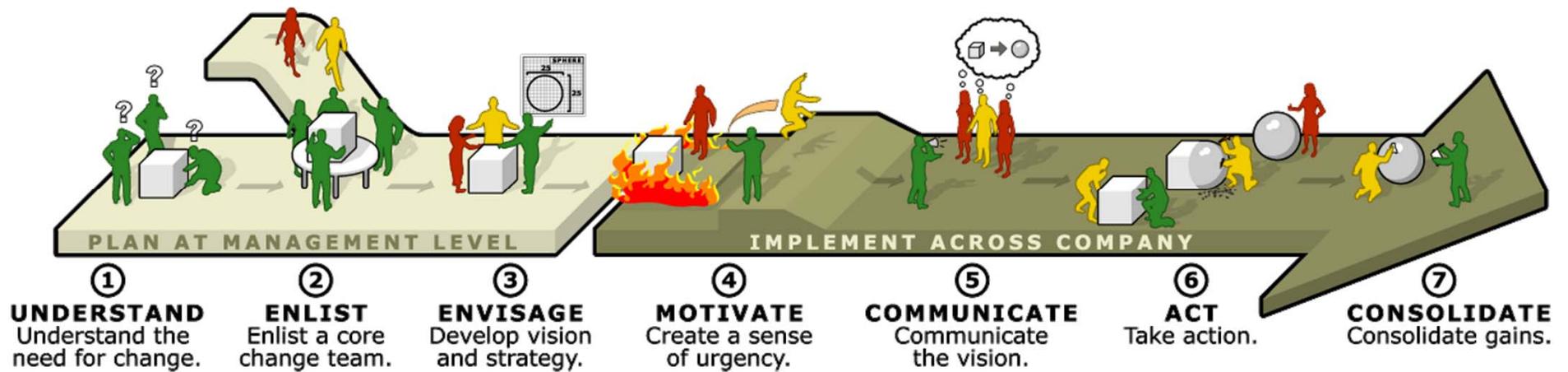
**“It is never strategy, structure or culture or system design that is so hard to change. The real challenge is changing the way people think & behave (culture).”**

-- John Kotter, *The Heart of Change*

**Lesson learned:**

***“Culture Eats Strategy For Lunch.”***

# The 7-steps Kotter Model of Change Management



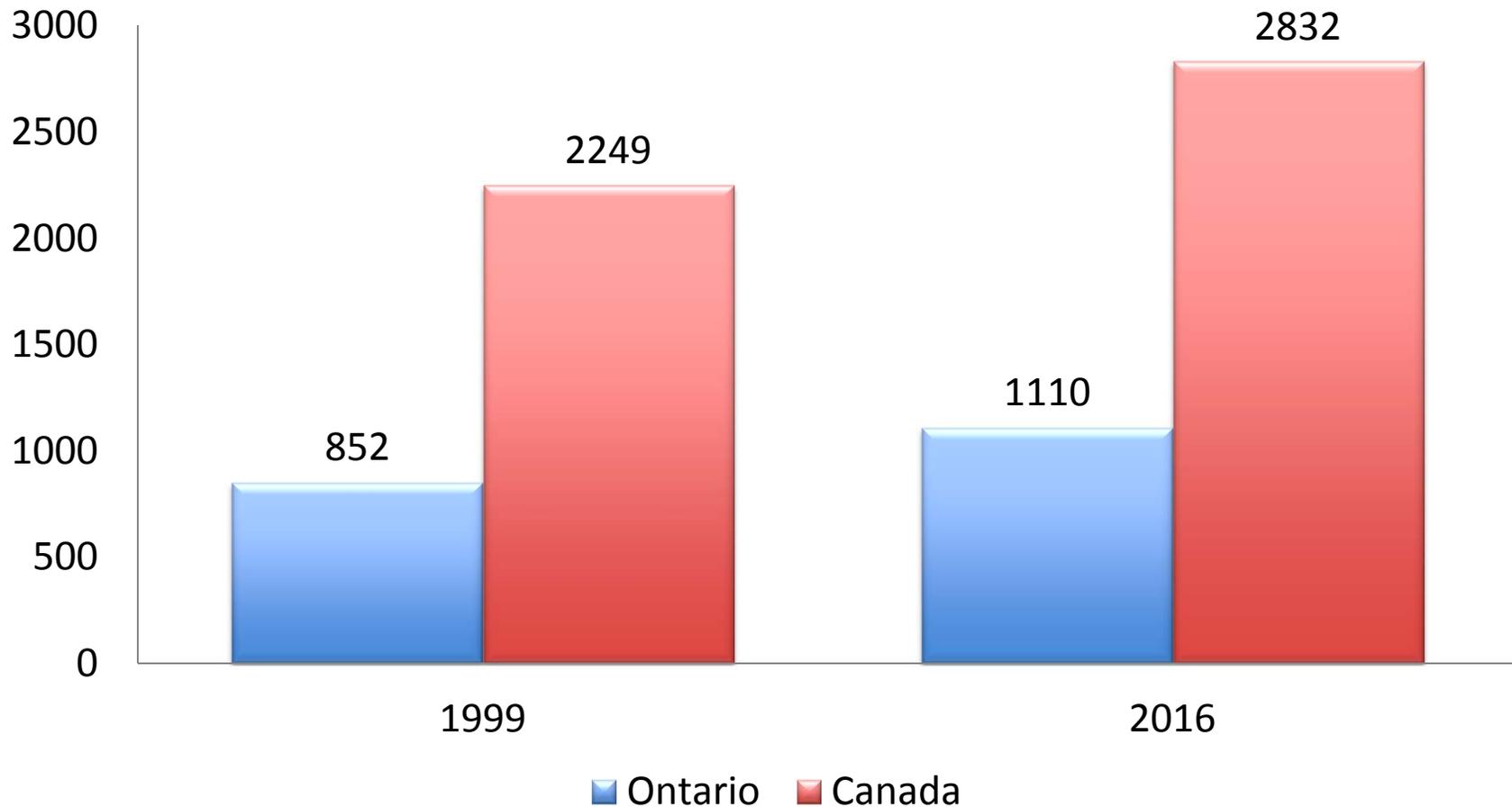
# Anesthesia Human Resource

Supply

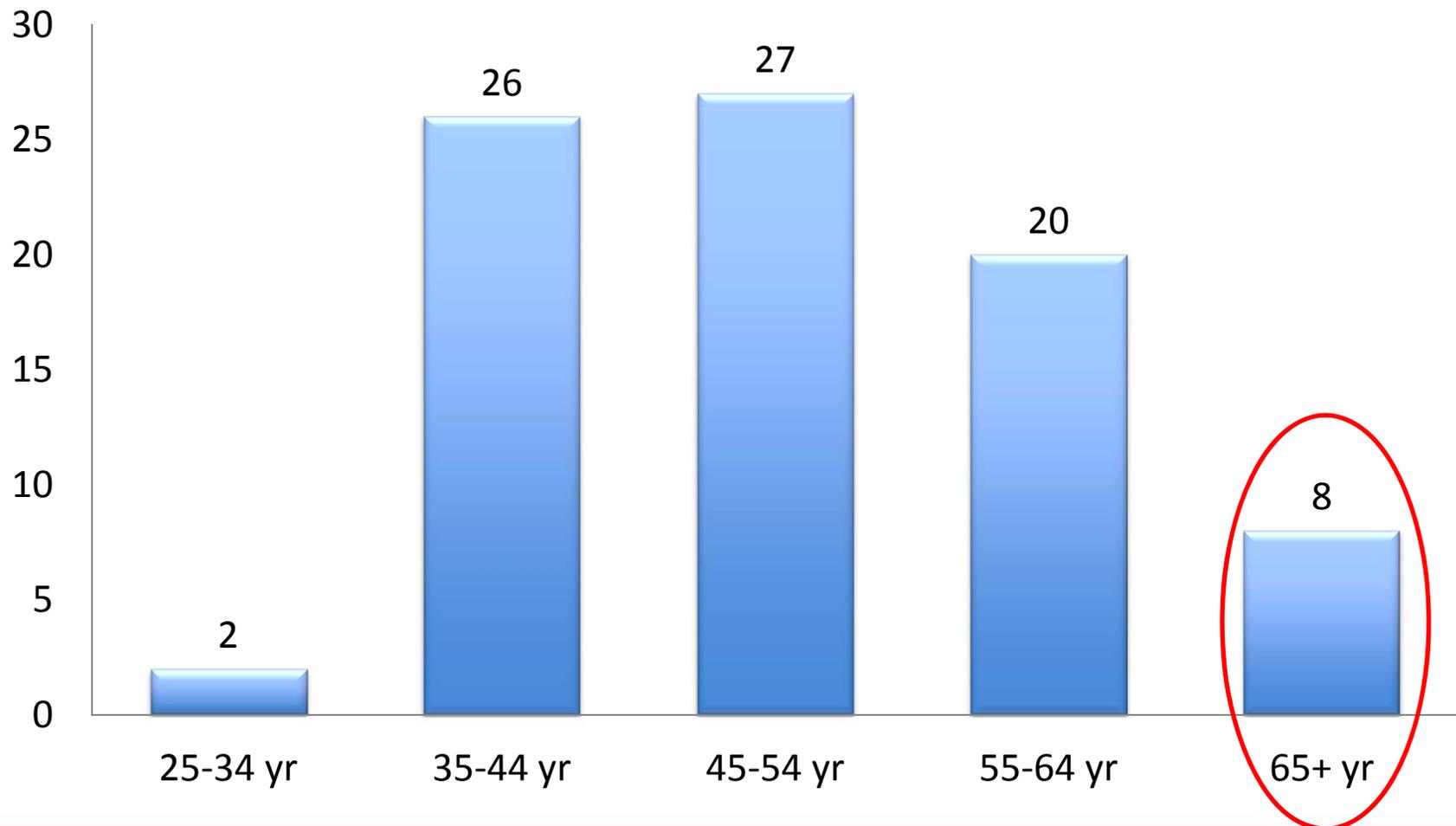
Demand



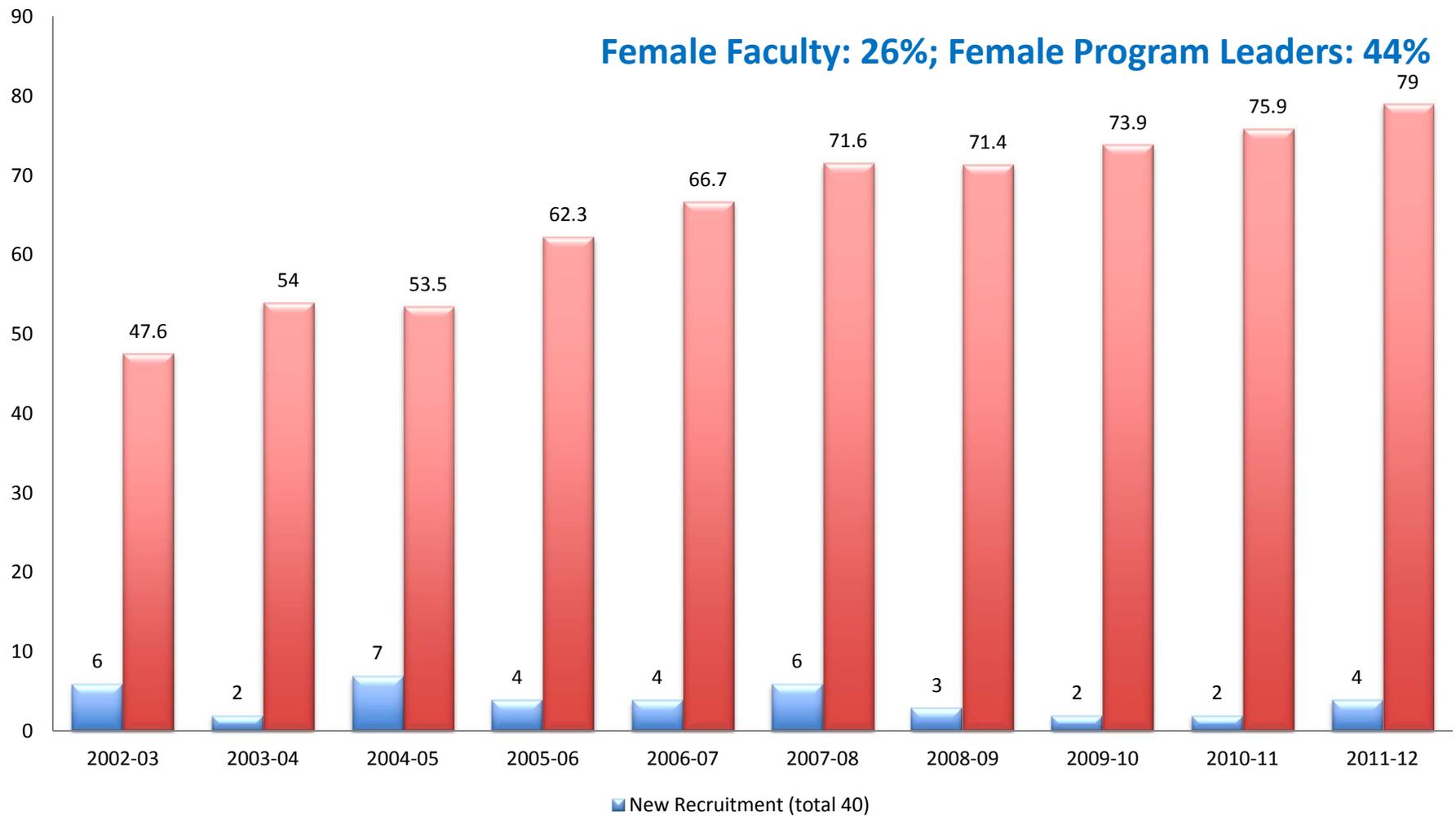
# Estimated Demand for 'Clinical' FTE



# Department: Age Range in 2009

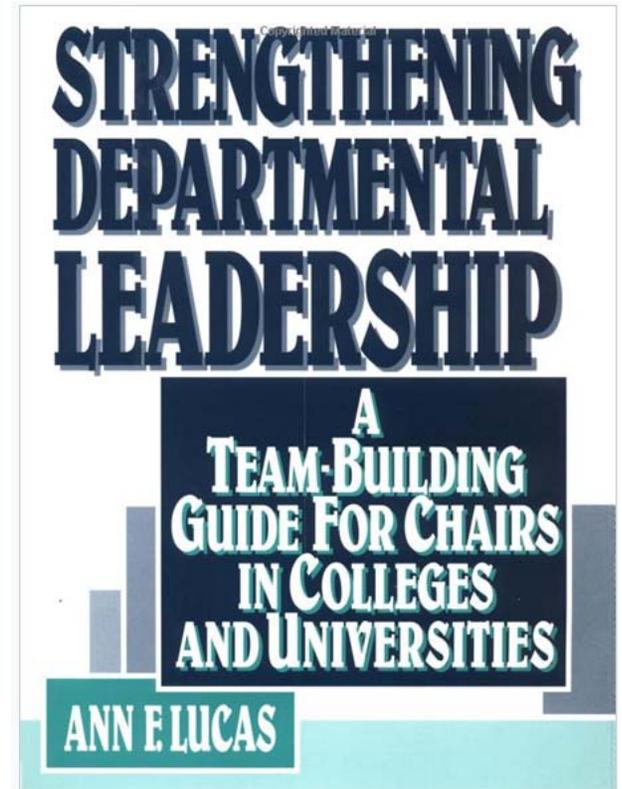


# New Recruitment & Faculty 2002-12

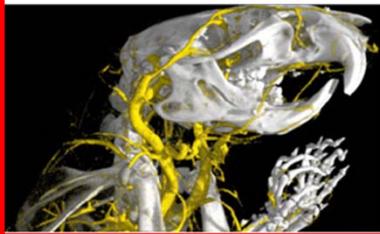


# Academic Role Category

- **Clinician - Teacher**
- **Clinician - Educator**
- **Clinician - Investigator**
- **Clinician - Scientist**
- **Clinician - Administrator**



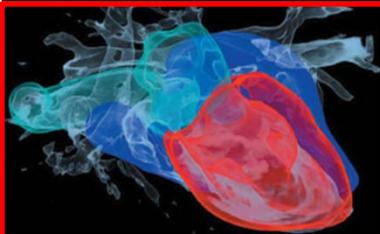
# Research Excellence At Schulich



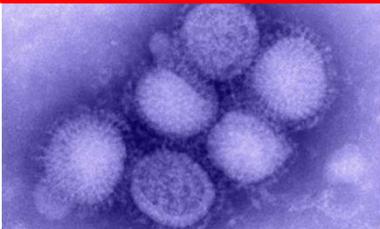
**Biomedical Imaging** focuses on the discovery and development of innovative imaging techniques and instrumentation to improve the understanding, diagnosis and treatment of human diseases.



**Cancer** research ranges from fundamental science, to research on new and innovative treatments and cures for the various types of cancer, to clinical trials, and features a strong emphasis on translational activities.



**Cardiovascular, Respiratory Health, and Metabolic Diseases** includes basic and clinical research on a range of topics areas such as atherosclerosis, cardiac valve biology, vascular biology, vascular imaging, sepsis, inflammatory lung diseases and diabetes.



**Infection and Immunity** includes immunopathogenesis of type 1 diabetes and transplantation, chronic inflammation, immunoregulation, innate immunity, infectious diseases and probiotics.



**Musculoskeletal Health** includes researchers in skeletal biology, orthopaedics, rheumatology, dentistry, clinical trials, imaging, rehabilitation and geriatrics.



**Maternal, Fetal, Child and Family Health** encompasses research into reproductive, maternal and fetal health, developmental biology, newborn, child, youth and family health occurring at the Children's Health Research Institute, and research on the enhancement of family medicine and primary health care practice occurring at the Centre for Studies in Family Medicine.



**Neuroscience and Mental Health** is a broad area with emphases on complex neurological and neuropsychiatric disorders, neuro-imaging, and the effectiveness of existing and new therapies and surgical interventions that may alleviate the symptoms or slow the progression of neurological diseases. Western's Graduate Program in Neuroscience provides a focus for research in these areas.

# MAKING AN IMPACT

A Preferred Framework and Indicators to Measure Returns  
on Investment in Health Research



Summary of the Report on the Return on Investments in Health Research  
January 2009



# Value = Quality / Costs

**Patient-centered care**

Patient declaration of values  
Patient relations processes  
Patient satisfaction surveys

**Continuous quality improvement across the system**

Dedicated quality committees  
Annual quality improvement plans  
Executive compensation linked to quality improvement  
Employee and care provider satisfaction surveys

**Evidence-based standards of care**

Evidenced based funding of services  
Reducing avoidable hospitalizations and diagnostics

**Payment, policy and planning support quality and efficiency**

Funding Reform  
Case mix funding for organizations and targeted activities  
Policies for non-case mix and funding allocations

EDITORIALS

## Evidence-based practice and health technology assessment: a call for anesthesiologists to engage in knowledge translation

Davy Cheng, MD • Janet Martin, MSc (HTA)

Canadian Journal  
of Anesthesia

With renewed calls for accountability and strengthened focus on quality, value, and evidence-based care, anesthesiologists will have a unique opportunity to engage and

anesthesiologists are ideally positioned to provide effective leadership with broad implications in translating evidence to practice and in achieving evidence-based accountability in the acute care setting.

pain, and acute palliative care at the end of life. Thus, anesthesiologists are ideally positioned to provide effective leadership with broad implications in translating evidence to practice and in achieving evidence-based accountability in the acute care setting.

Multimodal analgesic approach incorporating paravertebral blocks for open radical retropubic prostatectomy: a randomized double-blind placebo-controlled study  
The 90° rotation technique improves the ease of insertion of the ProSeal™ laryngeal mask airway in children  
Comparison of Isoflurane and 2-chloroprocaine for spinal anesthesia for outpatient surgery: a double-blind randomized trial  
**Case Reports/Case Series**  
Postoperative adrenal crisis in an adolescent with Lorenz-Dietz syndrome and methylglucosyl aldosterone dehydrogenase  
Dynamic hyperinflation and cardiac arrest during one-lung ventilation: a case report  
Prolonged methylene blue infusion in refractory septic shock: a case report

Available  
online  
at  
www.springer.com

 Springer  
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58(4) 348–416 (2011)

# Why MD not follow clinical practice guideline?

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## Knowledge

- Lack of familiarity / Awareness (Vol info, no time, guideline accessibility)

# Additional Barrier in HTA Uptake

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## Skill

- Lack of technical training opportunity
- Learning curve

# Strengthening People and Culture

- **Leadership Executive Program**
- **Talent Management Program**
- **Physician Leadership Development**
- **Crucial Conversations - Crucial Confrontations**
- **Enabling Technology**

# Recruitment and Retention: HR Asset



# Mentor and Mentee



# Citywide Scheduling System

Wednesday, October 31, 2012

MAIN MENU | PERSONNEL | SCHEDULE | FACILITY | AA

St. Joseph's | University Hospital | Victoria Hospital

Oct, 2012 | Available

Name	Nn	Primary Assign	Site	List Pre-Assignment	Second Assign	Site	Notes	1st Room	2nd Room	3rd Room	Start	End
Arango, Miguel	1	Regular Day	UH					OR #10			0900	1500
Arellano, Ramiro	1	Regular Day	UH					APS	PAC		0900	1600
Bainbridge, Daniel	1	Regular Day	UH					OR #06			0900	1800
Brookes, Jon	1	Regular Day	UH	Pain				APS	N RAD		0900	1600
Cave, Anita	1	Regular Day	UH	Cardiac				OR #04			0900	1800
Cuillerier, Daniel	1	Regular Day	UH					OR #13			0900	1600
Dain, Steven	1	Regular Day	UH	PreAdmit				PAC			0900	1600
Dobkowski, Wojciech	1	Regular Day	UH					OR #16			0900	1600
Herrick, Ian	1	Regular Day	UH					OR #09			0900	1800
Iglesias, Ivan	1	Regular Day	UH					OR #12			0900	1600
Kutt, Judith	1	Regular Day	UH					OR #17			0900	1600
Mezon, Bernie	1	Regular Day	UH	Cardiac Call	OR 2nd Call	UH	book cardiac	OR #08			0900	1600
Murkin, John	1	Regular Day	UH					OR #05			0900	1800
Ralley, Fiona	1	Regular Day	UH		Liver Trans Call	UH	(2) early list	OR #15			0900	1500
St-Amand, Marc	1	Regular Day	UH				(1) finish by 5pm	OR #11			0900	1500
Taneja, Ravi	1	Regular Day	UH	Cardiac			needs short list (lab work)	TEE			0900	1600
Vannelli, Tony	1	Regular Day	UH					OR #14			0800	1600
Bellingham, Geoff	1	Regular Day	UH		OR 1st Call	UH		OR #07			0900	1800

Name: \_\_\_\_\_ Site: \_\_\_\_\_

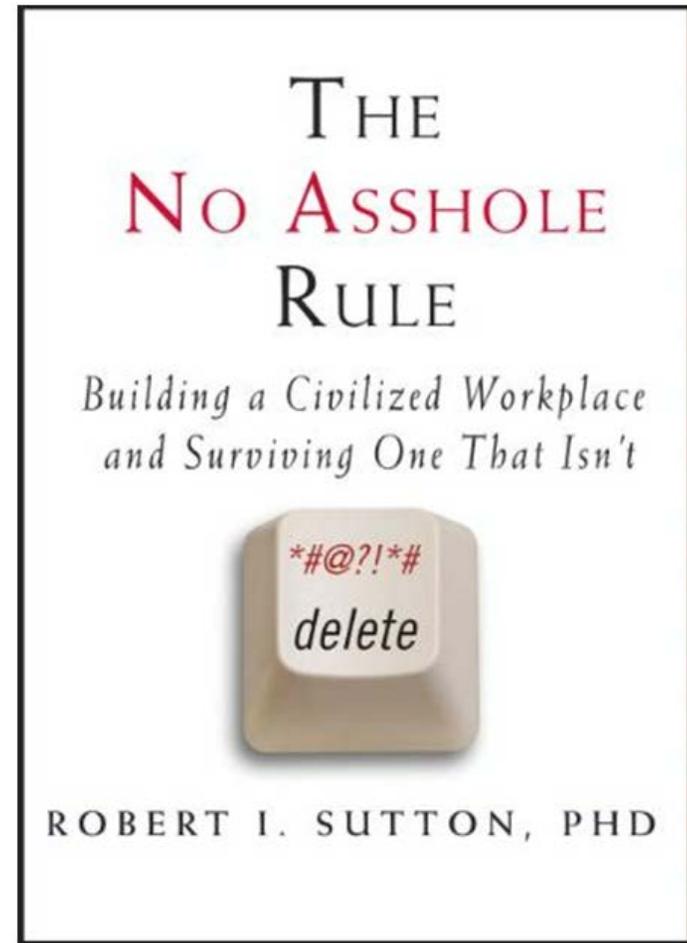
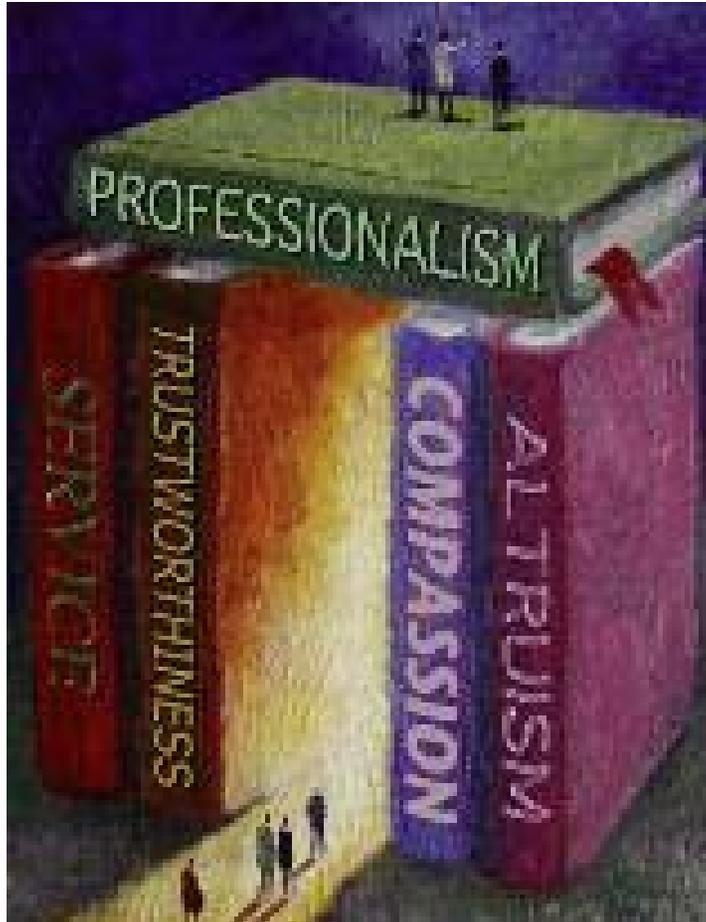
Wednesday, October 31, 2012

Unavailable

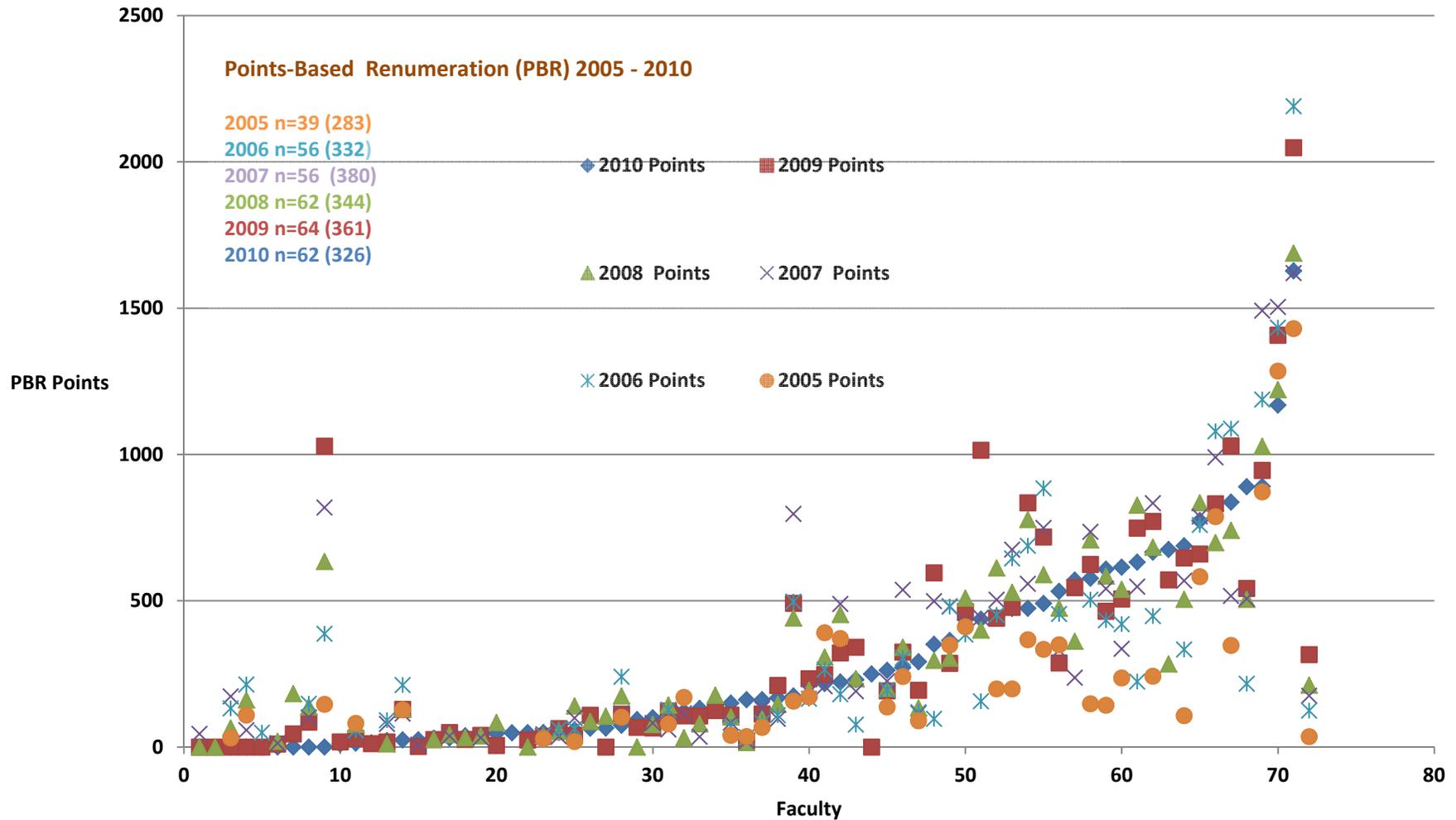
Name	Primary Assign	Site	List Pre-Assignment	Second Assign	Site	Notes	1st Room	2nd Room	3rd Room	Start	End
Armstrong, Kevin	Regular Day	VH	C-Section				C-Sec			0900	1800
Armstrong, Pádraig	Regular Day	SIHC					Endo			0900	1600

0 | Post Call | Assigned 1 | Required 1

# Code of Conduct - RESPECT



# PBR Performance Measurement



# The Present

- **Increased Trust in department faculty (AAPP)**
- **Target Recruitment-Retention (from 42 to 80 faculty)**
- **Full Departmental participation in Phase 3 AFP**
- **Citywide academic practice plan and Sites cooperation**
- **Increased clinical deliverable services in OR and non OR**
- **Addressing job satisfaction (workload, Day length, ACT)**
- **Program leadership development and mentoring**
- **Academic enrichment in academic productivity (PBR)**

**From:**

**To:**

<b>Individual Autonomy</b>	<b>High Performing Teams</b>
<b>Ineffective Silos</b>	<b>Effective System</b>
<b>Command &amp; Control</b>	<b>Empowerment</b>
<b>Competition</b>	<b>Collaboration</b>
<b>Complacency</b>	<b>Accountability</b>

## Successful Story e.g. from fellow

“ I also believe working in an anesthesia department like UWOs which **fosters and celebrates success in research** would be the ideal place to develop and explore my academic interests .. I had the pleasure of doing a cardiac anesthesia elective at University Hospital in..... I was impressed by how talented and diverse each member of the **perioperative team** was, but more **importantly how they worked together to provide such extraordinary healthcare. It would be an immense privilege to join your talented roster of anaesthesiologists and contribute to this tradition of excellence.**”



# DEPARTMENT OF ANESTHESIA AND PERIOPERATIVE MEDICINE

2010-11 ..... Annual Report

- Annual operating budget over \$40M  
(excluding research funding)

# Academic Anesthesiology:(SOS)

- ❖ Secrets of Success
- ❖ Success to Significance

# Academic Chair: Accountability

**Dean**  
**(University Medical School)**

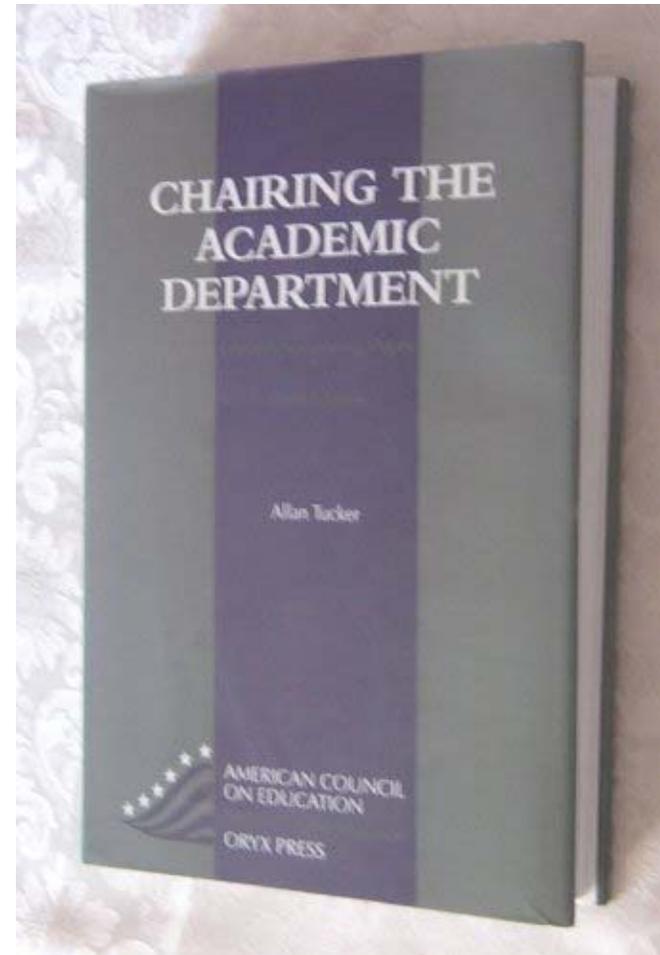


**CEO**  
**(Medical Center)**

**Faculty**  
**(Department)**

# Roles of Chair

Leader, Manager, Mentor,  
Advisor-Counselor,  
Mediator-Negotiator,  
Delegator, Advocate,  
Communicator, Motivator,  
Supervisor, Peacemaker,  
Decision-Maker, Problem  
Solver, Recruiter, Peer-  
Colleague ..

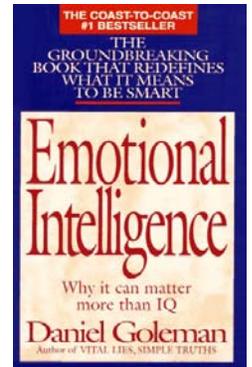


# Leadership (CHLNet/CCHSE)

- **Lead Self (Self-motivated)**
- **Engage Others (Engaging)**
- **Achieve Results (Goal-oriented)**
- **Develop Coalitions (Collaborative)**
- **Systems Transformation (successful leader)**

# Lead Self (self-motivated leader)

- **Self aware:** values, principles, strengths, limitations
- **Manage Themselves:** own performance and health
- **Develops themselves:** personal learning, character building, growth
- **Demonstrate Character:** honesty, integrity, resilience, confidence



# Lead Self: Self-Aware

RED

Action oriented,  
focused, productive

YELLOW

Options, Broadminded,  
adaptive

Personalisation:  
Strengths

GREEN

Precise, structure,  
reliable

BLUE

Self-reliant, creative,  
empathetic

# Engage Others (Engaging leader)

- **Foster development of others:** support and challenge others to achieve goals
- **Creation of healthy environment:** safe environment
- **Communicate effectively:** listen well, encourage open exchange and communication
- **Build teams:** facilitate to achieve results

# Yin - Yang: Balance and Guiding Values

Creativity and  
Innovation



Consistency and  
Stability

**Position power (Authority)**

**Personal power (Leadership)**

# Achieve Results (goal-oriented leader)

- **Set direction:** inspire vision, clear communication and meaningful expectations and outcomes
- **Strategically align decisions** with vision, values and evidence
- **Action to implement decision**
- **Assess and evaluate:** accountability

## **Develop Coalitions (collaborative leader)**

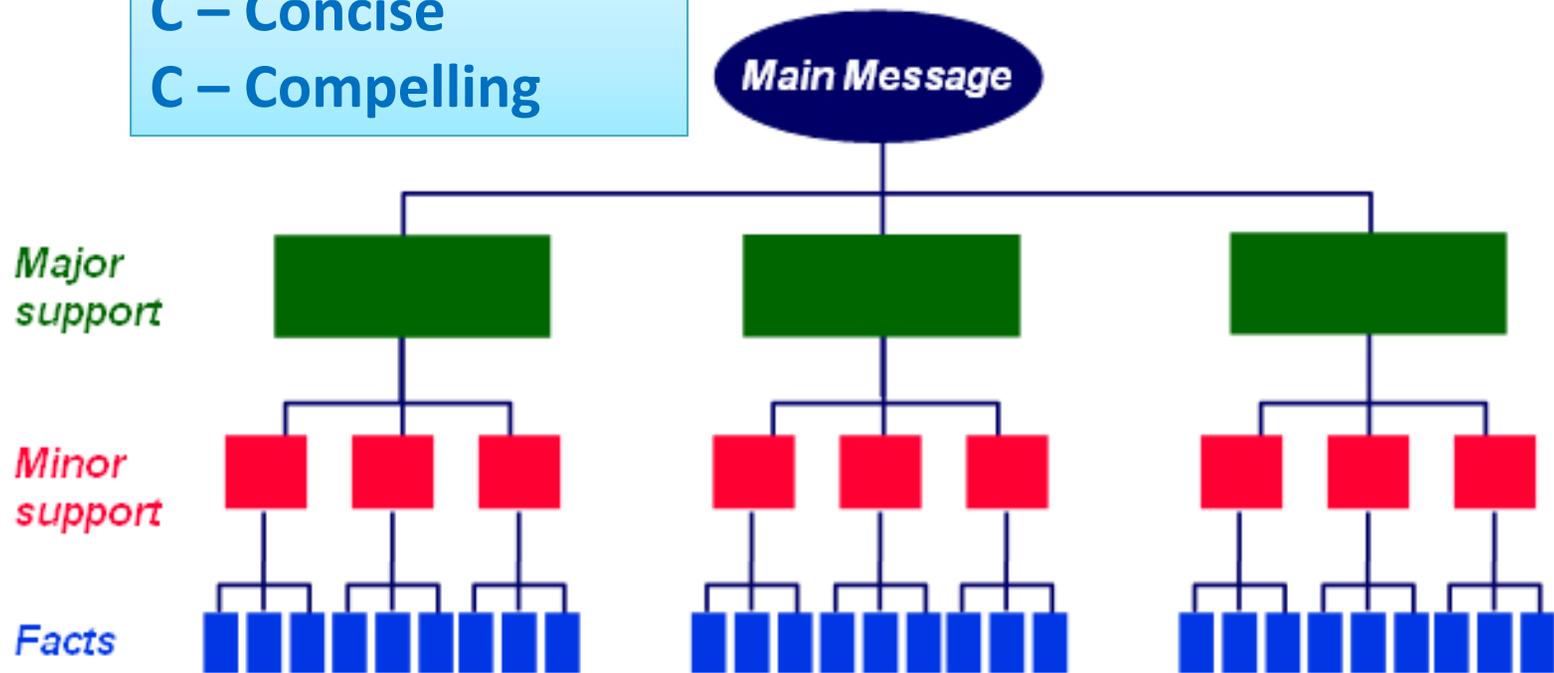
- **Build partnership and networks:**  
create connections, trust, shared goals
- **Political intelligence**

# Systems Transformation (successful leader)

- Demonstrate **systems / critical thinking**
- Encourage and support **innovation**
- Orient themselves strategically to the **future**
- Champion and orchestrate **change**

# Three 'C' to Make Your Case (Business Plan & Budget)

C – Clear  
C – Concise  
C – Compelling



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**“Either lead, follow, or get out of the way.  
But never try to do all three at the same time!”**

# What does the “Academic Anesthesiology” really mean?

**At 30: Learn the trade – Service**

**At 40: Advance the subject – Research Education**

**At 50: Help the young people – Mentoring**

# **SOS (Secrets of Success): Leadership**

- ❖ **C**ommitment - dedicated, diligent, prepare
- ❖ **C**ompetence - technical, cognitive, interpersonal,
- ❖ **C**haracter – integrity, respect, value, emotional intelligence
- ❖ **C**ollaboration - Colleagues, Credit
- ❖ **C**oach - Have a mentor and Be a mentor



# Do not Loss Sight on Priorities!



# Leadership is a Choice, not a Position



# Chair: Conductor of the Band



# Job Performance

- Know the “score” !
  - Strategic Plan
  - Department and Faculty
  - Collective Agreements
  - University practices and procedures
- Hear the score “in your mind”
- Develop the vision !

Page 1 of 2

## O Canada!

English words: R. Stanley Weir  
Texte français: Adolphe B. Reaumur  
Musique: Musique: Calixa Lavallée

Maestoso

O Ca - na - da! Ter - re de nos aï -  
O Ca - na - da: Our home and na - tive

eux, Ton front est ceint de  
land! True patriot lore in

flou - rons glo - ri - eux! Car ton bras sait por - ter l'é -  
all thy aons - com - mand. With glow - ing hearts we

pé - e, il sait por - ter la croix! Ton his -  
see thee rise, The true North strong and free, And

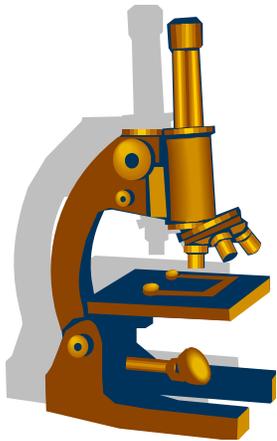
toire est une à - po - pé - e des plus bril - lants ex -  
stand on guard, o Ca - na - da, We stand on guard for

# Conductor makes NO SOUND!



# Successful Chair

## Insight - Oversight - Foresight



**“If everything seems under control,  
you're not going fast enough.”**

**- Mario Andretti, 2006**



# Final Fruits for Thoughts

- “Be careful of your **thoughts**, for your thoughts become your **words**.
- Be careful of your words, for your words become your **actions**.
- Be careful of your actions, for your actions become your **habits**.
- Be careful of your habits, for your habits become your **character**.
- Be careful of your character, for your character becomes your **destiny**.”

**“Be careful of your leadership,  
for your leadership becomes  
your legacy”**

**“It’s ALWAYS About  
Leadership!”**

# THINK BIG, AIM HIGH

