



My First 100 days

- This painting in the sub-basement of the university hospital by Gershon Iskowitz represents the degree of complexity of the position. My job in the first 100 days is to navigate through the seemingly complex maze and create a clear path forward.
- The department has 450 medical/scientific faculty members, 156 support staff, 44 BMLSc students, 65 graduate students (42 supervisors), 38 residents (4 active residency programs and an area of focused competency in transfusion medicine), and 2 clinical fellows.


AT FIRST GLANCE

- **Leadership instability**
 - McGill since 1896, 125 years history, 17 Chairs, average term 7.4 years (88.8 months).
 - UBC since 1951, 70 years history, 15 Chairs (6 were acting Chairs), average term 4.7 years (56.4 months).
 - Lots of qualified academic leaders in the department, not many are interested in the job when it opens.
- **“University-only” department.**

Lack the sense of unity and belongings to the UBC department from clinical laboratory physicians at different sites.



So, what are the problems? Do I have a solution for them?



I don't know where I'm going,
but I'm on my way.

The plan



The tasks

- Individual consultations, group meetings, and site visits
- Reflection, analysis, and planning
- Make decisions and take actions on immediate priorities

While, at the same time, maintain daily operations:

Workday, departmental approval- COI, human ethics, animal protocol, biosafety items related to research - from UBC's Research Information System enterprise (RISe), Human resources, budget approvals and planning, awards, annual reviews, pathology day planning, newsletter planning, etc.

In addition to my clinical work at BCCA.

Fact finding

- **Departmental level:**
 - What is working?
 - What is not working?
 - What are your suggestions?
- **Personal level:**
 - Your accomplishments (strength), priorities, plans, challenges, concerns, and needs.
 - How can the department help you to accomplish your goal?



Active listening is an ongoing process.....

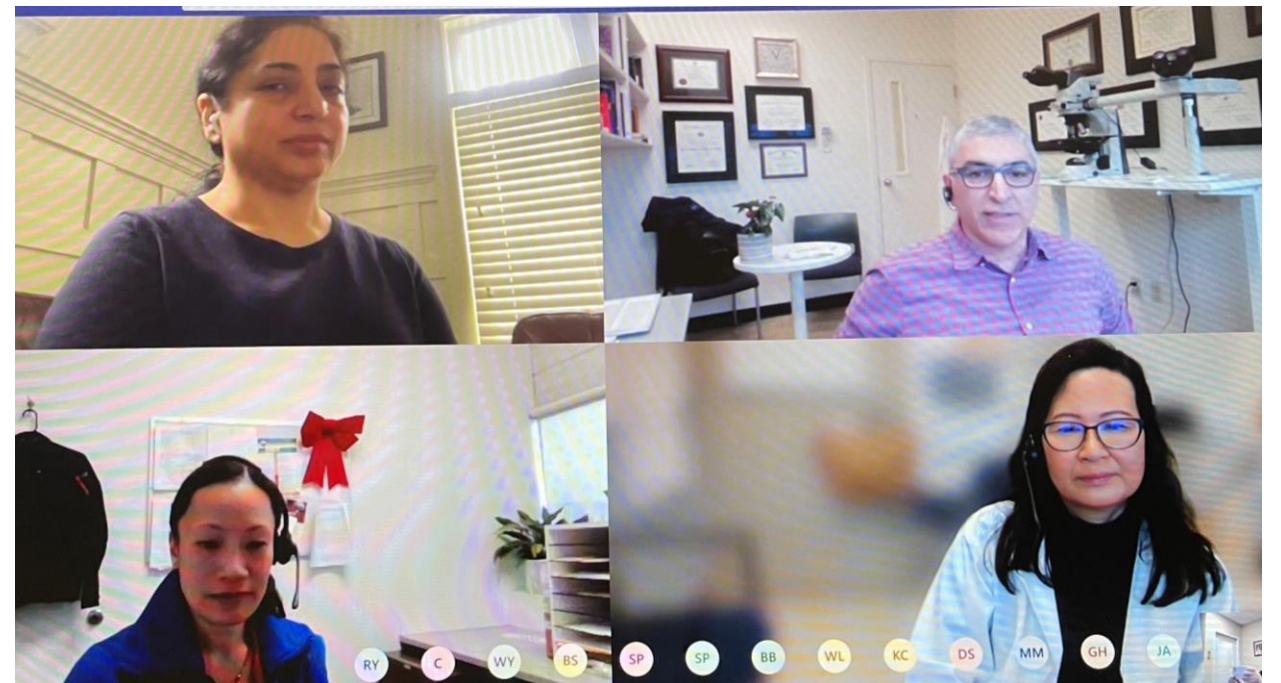
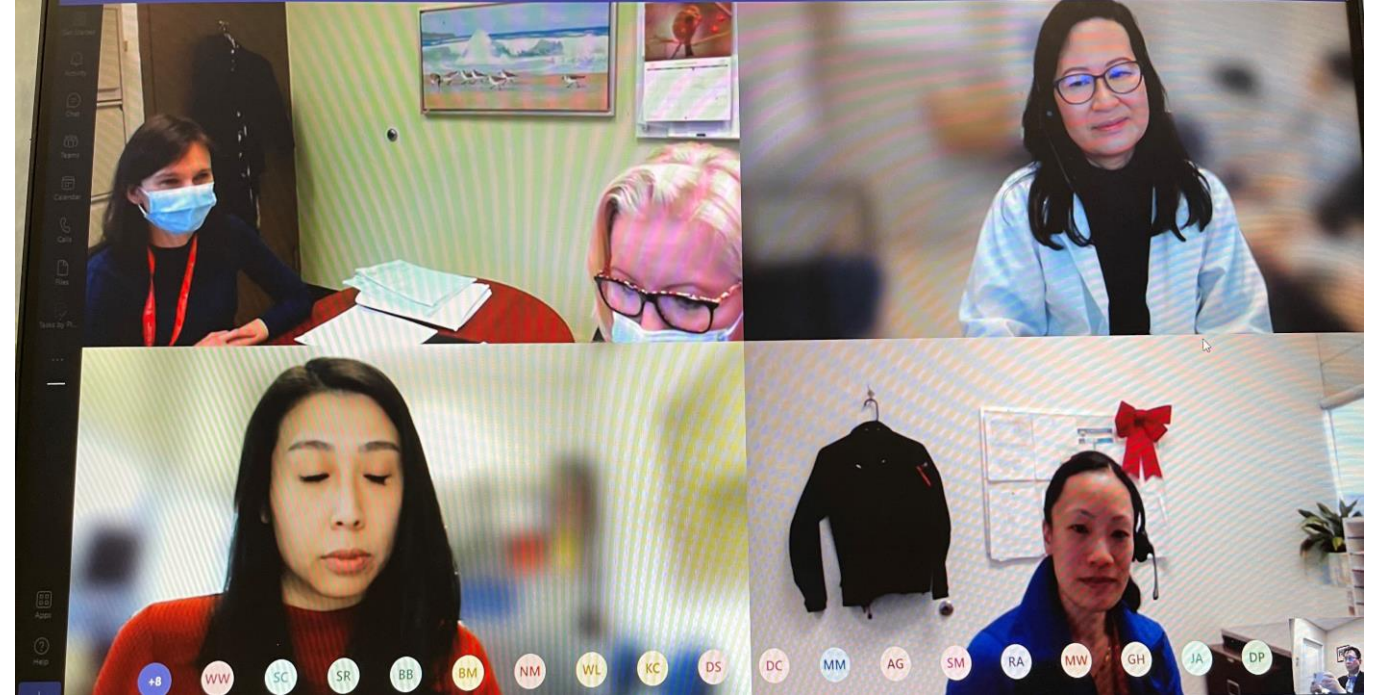
Individual consultations (95)

Raza Alaghehbandan; Mike Allardx2; Sam Aparicio; Marcel Bally; Ali Bashashati; Kevin Bennewith; Shelley Berkow x2; Francois Bernard; Debbie Bertanjoli; Meilin Bissonnette; Denis Bonin; Amanda Bradley; Sarah Brears; Don Brooks; Jon Bushx3; Kate Chipperfield; Michael Chen; Zhou Chen; Christine Collier; Robert Coupland (email); Andrew Churg; Mari DeMarco; Helen Dyckx2; Helene Cote; Dana Devine; Shelby Douglas; Sasha Finn; Arun Garg; Ramon Klein Geltink; David Granville; Maria Gyongyossy-Issa; Blake Gilks; Martial Guillaud; Lynn Hoang; Dan Holmes; Joanna Huang; Michael Hunt; David Huntsman; Hann Huynh; Craig Ivany; Shanda Jordan-Gaetz; Aly Karsan; Dermot Kelleher (Dean); Michael Kelly (email); Jong Wook Kim; Jay Kizhakkedathu; James Lan; Philipp Lange; Corree Laule; Victor Ling; Diana Lonescu; Christopher Lowe; Honglin Luo; Andre Mattman, Genevieve McMillan; Torsten Nielsen; Vicky Monsalve; Peter Watson; Wayne Moore; Mike Nimmo x3; Mike Noble x2; Sophia park; Yongjin Park; Jacquie Quandt; Susan Porter; Ghada Al Rawhai; Maziar Riazi; Aleksandra Stefanovic; David Schaefferx2; Andrew Shi; Carolyn Shiau; Graham Slack; William E. Schreiber; Chun Seow; Don Sin; Poul Sorensen; Suzanne Vercauteren; Bruce Verchere, Gang Wang; Li Wang; Ying Wang; Lora Ward; Cheryl Wellington; Steven White; paul Winwood; Michel Wong; Titus Wong; Jodi Wright; Bruce Wright; Wei Xiong; Decheng Yang; Linda Yang; Karen Yeung; Ivy Zhang;

Site tours, committee and group meetings

- **Site tours:** St Paul's Hospital; Children's; Woman's Hospital; Royal Columbian Hospital; *VGH to be done*
- **Zoom connections:** Interior Health, Island Health, Northern Health; Fraser Health; *Vancouver Coastal Health to be done.*
- **Committee meetings:** Dean's department heads and school directors committee, Finance committee (FoM); HR committee; awards committee; SPROT committee, Advisory committee for faculty renewals, Pathday committee, executive committee, Clinical appointment, reappointment and promotion committee, pathology learning Center; city-wide rounds committee; program directors group; etc.
- **Group meetings:** *all residents to be done; all graduate students to be done.*







*So, have you
found anything?*

- Administration
- Education
- Research
- Clinical (not my mandate)



*No sharp turns needed, only fine
adjustments*



*Caveat: I might have misinterpreted some of
your points, please correct me.....*

Administration: landscape

- Director of administration: Genevieve MacMillan
- Human resources team: Ivy Zhang, Lorra Ward, Shelby Douglas
- Finance team: Jong Wook Kim, Joanna Huang, Linda Yang
- Education: Shelley Berkow, Mayumi Shimada
- Communication: Debbie Bertanjoli
- Personal assistant: Ms. Heleena Mistry
- Clinical Department Heads and his/her supporting team at different health authorities and hospital sites.
- Leaders of education programs, research themes and EDI.
- Committees with its chairs and members: Dean's department heads and school directors committee, Finance committee (FoM); HR committee; awards committee; Summative Peer Review of Teaching (SPROT) committee, Inclusion Action committee, Advisory Committee for Faculty Renewals, Pathology Day Planning Committee, Department Executive Committee, Clinical Appointment, Reappointment and Promotion committee, Academic Appointment, Reappointment, Promotion and Tenure committee, Communications committee; David Hardwick Pathology Learning Center; city-wide rounds committee; program directors group; clinical operations committees of each hospital sites, etc.

Administration: working

- Very strong support from the Dean and his team.
- Excellent administrative and support teams
- Many dedicated leaders who cares about the wellbeing of the department for our common good.
- Very strong clinical departments with their respective meetings, rounds and administrative processes.
- Great website and newsletters
- Very effective committees with strong leaders and dedicated members in each committee.
- Annual PathDay: celebration of accomplishments, awards.

Administration: not working

1. Poor engagement between the UBC department with pathologists and laboratory physicians at clinical sites, particularly those in the community hospitals. University does not pay them, clinical work very busy, not interested in promotion, even not interested in having an university appointment.
2. Vancouver-centric culture. Committee members mostly from Vancouver, insufficient representation from remote sites. The cost for attending UBC on-site meetings from health authorities outside Vancouver.
3. Many faculty members are not clear with the promotion criteria and metrics of our department. Teaching component (esp. curriculum design), and service in the departmental committees needs to be better acknowledged and appreciated when it comes to promotion. Research and teaching were not appreciated equally
4. The clinical and academic excellence at the clinical sites particularly outside Vancouver are not captured, acknowledged at the award and promotion process.
5. Different programs and clinical sites function in silo, lack the sense of unity due to less interactions and collaborations, except the annual Pathology day.
6. The appointment of leadership positions were not transparent, no formal process and no terms of reference—results of EDI survey.
7. Departmental newsletter twice a year, other communications have been irregular on an ad hoc bases
8. There is no standard structured approach to assign/allocate tasks of teaching and committee work to ensure equity and fairness.
9. Perceived bias towards funding PhD scientists in independent research positions that seem to have no connection to pathology or clinical laboratory medicine.
10. The distribution of UBC funded pathologists among the core teaching sites is not equitable.
11. Financial structural deficit 175K on November 1st, 2021
12. The department doesn't have an overall long-term vision and strategy

Administration: suggestions and actions

- **Done:**

- Engagement: (1). Gao's consultation meetings and site visits; (2) Province wide rounds clinical, research and leadership development, on a rotation bases; (3) New award category for community lab physicians (9 to 15 suggested by Dr. Michelle Wong)
- Governance: Position openings and committee memberships disseminated to everyone. Open call and formal process for all leadership positions with clear terms of reference for all key leadership positions. A departmental executive committee was established.
- Communication: (1) Biweekly communications bulletin; (2) Monthly departmental meetings effective today.
- Finance: Achieved an improved five year budget forecast, but still very fragile.

- **To do:**

- Involve all stakeholders to establish and communicate shared vision, 5-year strategy, and first year plan.
- Raise fund for Hardwick Chair of Pathology and Laboratory Medicine, and other research and education chairs. (The concept of internal fundraising needs discussion).
- Develop a structured approach to assign/allocate tasks of administration, teaching and committee work
- Better acknowledge teaching contributions (classroom teaching, graduate student supervision and clinical teaching) in the promotion process.
- Have separate departmental wide meetings for clinicians, scientists and clinical scientists,
- Involve clinicians in teaching, research and committees of the department, distributed site model for committee membership
- Invite lab physicians from remote sites to the Pathday, get them involved in the planning
- Have structure in place to recruit pathologist teachers (protected time, contract, recruit residents, recruit teaching faculty from departments outside Vancouver), needs discussion.
- Consult other relevant department and schools to improve collaboration

Education

- UGME
- GME
- PGME
- Certificate programs
- CME

UGME: teaching landscape

- **Classroom-based:**

- BMLSc
- UGME: MEDD histopathology 411, 411C, 412, 421, 422
- CBL tutoring for the Medical School
- Occasional specialist lecture for the Medical Spiral
- Undergraduate small groups taught by residents and staff

- **Project-based:**

- BMLSc 448 or project
- Biochemistry 448/449
- Similar undergrad projects from other departments
- Med-UG – ‘Flex’ projects

UGME: strength and weakness

- **Working:**

- Strong leadership in BMLSc and UGME teaching programs
- Very successful BMLSc program with a long-lasting local and national reputation
- Vancouver Fraser Medical Program
- Dedicated teachers and very good evaluations

- **Not working:**

- Pathology is not an “undergraduate” department like Physiology or Biology or Biochemistry etc. Undergraduate classroom teaching opportunities are limited. *“Faculty must teach for promotion and tenure – but there are limited classes to be taught.”*
- Fragmented teaching structure, no single leader responsible for UGME education except BMLSc program (Amanda Bradley) and Vancouver Fraser Medical Program (Hanh Huynh) .
- No peer evaluation of teaching quality, no feedback or structured training for improving teaching skills (applies to all teaching domain).
- Funding and staff shortage for the BMLSc program. Difficult to recruit teachers from the clinical sites.

UGME: suggestions

- Create a bank of teaching videos, instead of repeating the same lectures every year. Each year with short updates, group responses sessions to students' questions to fill the gaps of student interaction.
- Establish a mechanism of teaching commitments for all clinical/basic science faculty members
- Establish a central registry of who teaches what classes and for which departments to get an overview of 'available' teaching.
- Raise fund for a full-time teaching faculty for the BMLSc program, or negotiate with FoM.
- Contact Med Undergrad each year to get the available teaching opportunities and then communicate with our staff. The Department needs to 'own' the available teaching slots and allocate them equitably. *"If faculty must teach – then they need access to classes"*.
- Having committed, trained peer-reviewers to evaluate teaching quality, and followed up with remedial and teaching skills sessions.

Graduate education

- **Landscape:**

- Classroom-based graduate seminar courses: Path 502, 510, 521, 531, 535, 635, 548L, etc.
- Project-based individualized supervision.

- **Working**

- Excellent leader with very effective administrative process
- Large multidisciplinary program
- Very high caliber supervisors
- Successful graduates all over the world

- **Not working**

- No clear admin process for Post-doct.
- Shortage of teachers on some lecture topics.
- Lack of standard for the evaluation of the quality of teaching/graduate student supervision.
- Lack of connection with clinical trainees-residents.

Graduate education: suggestions

- Applied research and knowledge mobilization can be a good theme for graduate students; Career session speaker: alternate careers: PhD, MD.
- Teaming up with translational medicine, exposing graduate students and post docs for careers in industry positions.
- More PR to make our graduate program a more competitive place for applicants across the world
 - Develop an alumni directory and make connections to them like home coming days, some of the previous graduates can give lectures. Some successful graduates could give donations)
 - Develop new courses in AI/bioinformatics.
 - Newly recruited PhDs brings in updated new courses
 - Have venues to bring graduate students/post docs--residents/fellows together.
 - More evenly shared contribution to graduate courses among research faculty members
 - Develop a standard for teaching/supervision evaluation, facilitate training to improve skills of teaching/supervision.

Postgraduate education: landscape

- Current residents 38: Anatomical pathology 24; General pathology 0; Microbiology 4; Neuropathology 4; Hematopathology 4; transfusion medicine 2; biochemistry 0; Clinical fellows 2.
- Junior resident's clinical rotations
- Resident daily 'sign -out'
- Resident work supervision, grossing, autopsy, frozen section
- Medical Resident 'academic half-days
- Professional advancement learning series (PALS)
- Subspecialty fellowship trainings

PGME: Anatomical Pathology

by Jonathan Bush

Strengths:

- Excellent administrative support: Shelley Berkow
- High research productivity
- “Prominent” fellowship positions obtained by graduates
- Staff content experts
- Emerging technology adoption (AI, molecular)
- Non-medical Expert CanMEDS content (PALS)

Weaknesses:

- Not full utilization of our potential teaching sites: busy community sites- interior Surrey/RCH, etc. Since the change to CPD, PGY1s no longer rotating at the community sites.
- Curriculum and requirements not clear to supervisors at community hospital rotation sites

Suggestions:

- Optimize rotations (e.g. community hospital rotation, gap week, research block) to adapt the CBD examination timeline (4th year)
- Funding support for conference, textbook, food, and other support of our residents.
- Research support: REB support, block/slides pulling and scanning, statistics etc.
- Recruit MD/PhD applicants through CaRMS. Support for those with this background
- More collaboration b/w grad students and residents
- Generate departmental publications (Gao’s book as an example)
- Get residents involved in projects on Digital pathology, AI/ML, 3D printing, molecular updates, QI/QA and lab management.

PGME: Neuropathology

by Ian Mackenzie

Strength:

- One of only 4 training programs in the country.
- Largest number of faculty x7, including national/international experts in all major areas (tumors, neurodegeneration, muscle/nerve).
- Largest number of current and recent trainees.

Weakness:

- a. Lack of access to forensic autopsies and autopsies in general.
 - Number of hospital autopsy cases has dropped dramatically in past decade.
 - Forensic pathology no longer done at any of the teaching hospitals – all moved to Burnaby/Abbotsford.
- b. Difficulty in recruiting high caliber new faculty

Suggestions:

- Make UBC an attractive center for future faculty recruitment by better bridging gap between clinical and academic pathology.
- In the past, potential candidates have been reluctant to take a faculty position when they don't get an academic appointment.
- Increase opportunities for “partnership” positions with more significant support (and expectations) from the UBC side.

PGME: Medical Biochemistry

by Andrew Mattman

Strength:

- Being only of 3 programs in the country that are active
- A new program director and a committed committee with collective desire to renew and adapt the program to the future dual entry system: (a) subspecialty of internal medicine and pediatrics (current), (b) subspecialty of general pathology (in development)
- Having universal coverage in terms of exposing internal medicine residents to medical biochemistry

Issues:

- No trainees since the last fellow graduated in 2019, part of a national decline in medical biochemistry training.
- Has a limited teaching faculty and relies primarily on clinical chemists for 50% or more of the teaching.
- Clinical chemists and medical biochemists do same work in resident education but not same recognition.

Suggestions:

- Continue the tremendous support of the program administrators.
- Link with UBC education to provide formal online case based training resources for residents in medical biochemistry or general pathology and for internal medicine residents on elective in medical biochemistry.
- Formally recognize the educational and scholarship roles provided by clinical chemists and other laboratory scientists in BC.

PGME: Medical Microbiology

by Chris Lowe

Strength:

- Recognized as a Leading Practice during the 2020 Royal College Accreditation
- PATH 722: 3 month course blending didactic and clinical teaching for PGY-2 med micro residents and PGY-4 Adult ID and Peds ID fellows. This enables the PGY-4 Med Micro resident to be the lead resident teacher, gaining valuable experience as an education and leader
- Training Sites: We have teaching sites from all over the province, and enables the residents to be exposed to a broad spectrum of clinical disease, pathology, high volume and different practices (academic tertiary care, pediatric, community, regional, reference and private labs). Residents are exposed to the variety of delivery models that Med Micro staff may work in.
- This is also true from the ID perspective, where residents are exposed to an extensive breadth of clinical cases (ID services at academic, pediatric and community hospitals; specialized clinics/rotations for HIV, transplant ID, TB and STI).
- Teaching Staff: very dedicated and talented teaching staff in Med Micro and ID, and relative to other programs, have a high staff to resident ratio

Issues:

- Administrative support for PATH722: Need to find a sustainable option for admin support for the PATH722 lead (Dr. Lisa Li) so that her and the Chief MM resident can focus on teaching (rather than scheduling)
- Disparity in teaching stipends for Med Micro staff (staff in community hospitals may be entitled to a teaching stipend while staff at academic hospitals (e.g. SPH/VGH/CW) are not).
- Combined teaching sessions for ID/MM, ID staff are entitled to a stipend, but Med Micro staff are not eligible despite teaching in the same sessions
- Clinical faculty don't have access to perks to which many academic staff are entitled, e.g., discounted tuition for UBC courses, free passes to fitness centers, etc. This inequity serves as a further disincentive to active participation in resident (and medical student) teaching.

Suggestions:

- Recognize and value the teaching provided by Clinical Faculty members (Common request, **require discussion**)

PGME: Hematopathology

by Kate Chipperfield

Strength:

- Dedicated faculty mentors who see working with residents as a core part of their jobs.
- Central referral care centers for acute leukemia/ SCT at VGH and BCCH provide high volume of cases for resident learning.
- Staffing/oversight of TM and Coag labs by Hematopathologists rather than Hematologists (differ from Ontario and Quebec) provides a unique perspective in management of these areas.

Issues:

- Recruitment of medical students to Hematopathology – lack of core rotations in laboratory medicine at UGME.
- Recognition of formal and informal post graduate teaching by Hematopathologists in promotions and other forums.

Suggestions:

- Help with “advertising” Lab medicine in UGME curriculum to promote recruitment.
- Incentives for clinical faculty to do formal Resident teaching at academic half day.

PGME: Transfusion Medicine

by Andrew Shih

- **Strength:**

UBC transfusion medicine (TM) AFC program is the first program in Canada to be competence-based and the first RC accredited AFC program at UBC. The program paved the way for other AFC programs in:

- Program committee/administration structure
- Sharing resources with other TM AFC programs across the country
- Having a network of participating sites outside the "downtown academic sites". We've included Fraser Health and Island Health, the UBC Centre for Blood Research and the BC Provincial Blood Coordinating Office; as well as other provincial/national committees such as the BC Transfusion Medicine Advisory Group and the National Advisory Committee for Blood and Blood Products (NAC).

- **Issues:**

- Administrative support. Unlike MoH funded residency positions, all AFC programs are not provided administration support or elective rotation accommodation supports in-kind.
- Budget: Canadian Blood Services pays all the trainee salaries in the TM AFC program. This has led to the UBC TM program needing to take one externally funded trainee for every two Canadian trainees to ensure our budget stays track, which greatly discourages high quality advanced trainees from entering the program. Dr. Mike Nimmo, Dr. Ravi Sidhu, Dr. Hannah Carolan and I have all met - where we've agreed that UBC PGME will waive the fees for the next two years, which is helpful but still leaves the program vulnerable in future years.

- **Suggestions:**

- Make AFC in our department part of the residency training program with the same UBC PGME support. Advocate for other AFC programs for the same support from UBC. (This requires approval by PGME office).
- Connecting pathology trainees to sites outside the academic centers for training and positions. .
- Cross-appointed positions with UBC ensure linkage of smaller sites to academic practice, e.g. cross-appointment with the UBC Department of Pathology and UBC Rural Family Medicine.

PGME: suggestions

- Increase community rotations/electives to learn how to practice in the community setting, deal with case volume, quality assurance/improvement and laboratory management
- Revitalize the general pathology residency program by having a program director from the community hospital and establish community based training sites.
- Residents needs to be trained in clinical epidemiology and public health, digital pathology, and artificial intelligence
- Recognize the teaching contributions made by clinical faculty :MDs and PhDs.
- Facilitate and encourage lab physicians to become course leaders/directors in the medical school, to promote our specialty and attract best students into our residency training program.
- Establish a funding mechanism for clinical fellowship programs: Oncological pathology fellowship, forensic pathology fellowship, subspecialty-based clinical fellowships, *require discussion on “how”*.

Certificate programs: Landscape

- **Existing successful programs**

- Laboratory quality management certificate program
- Infection prevention and control certificate program

- **Programs in consideration**

- Pathologist assistant training certification program: Xiong Wei et al.
- Data science and AI certificate program: Dan Holmes, Ali Bashashati, et al.
- Clinician scientist-training program: Mari DeMarco, et al.
- Tissue banking and research utilization: Peter Watson, et al.
- Others

Laboratory quality management certificate program

- **Strength:**

- Teaching faculty with International profile: Dr. Michael Nobel, now Lucy Perrone. One is the national manager for Quality at LifeLabs, one is with Canadian Blood Services (Ottawa) and one is with Ontario Provincial Laboratory, etc.
- Alumni: Many of our certificants are people with considerable reputations in laboratory quality across Canada and international. and their word-of-mouth is very helpful.
- PR: We promote heavily through Linked in. We combine our course with the annual Quality Conference.
- National and international reputation: 40 participants from 6 provinces (including BC, AB, Sask, Man, Ont, and PQ) and 6 countries (Canada, US, Trinidad, Saudi Arabia 12, Oman and Bangladesh).
- Course materials remains up to date and focus on innovation.

- **Issues:**

- Minimum or no resident's participation:
- **Suggestion:**
- Further discussion with program directors and residents

Infection prevention and control certificate program

- **Strength**

- BC government funding and support for the IPCC program
- Dedicated strong teaching faculty and effective administrative team.

- **Issues:**

- Dropping of student numbers due to shorter courses offered at Queens for the IPCC program.

- **Suggestions:**

- Revamp the curriculum of IPCC program with, more active advertisement, expand the number of seats.

CME programs

- **Landscape:** The department has leaders in multiple specialty areas. Multiple CME type conferences. e.g. Canadian Anatomic and Molecular Pathology (CAMP) courses run by Dr. Diana Lonescu at BCCA.
- **Strength:** Together these CME conferences raised the profile of the department, UBC, and their respective programs.
- **Weakness:** The department has no central registry for all the CME courses, no central administrative process. This part of strength was not fully captured (please email me if you are running CME conference) and acknowledged.
- **Suggestions:** have a central registry, organized approach, branding

David F. Hardwick Pathology Learning Center

- **Strength**

- Prepare displays, provides talks (and zoom talks) and presentations to medical students, allied health students and high school students, on average 1000 visits per year.
- Manage slide server for teaching
- Organize special seminar series for med undergrad students and residents
- Create video lectures

- **Issues (needs):**

- Manpower shortage: admins support, IT support, social media support
- Insufficient pathologists' engagement and support

- **Suggestions:**

- Pathology learning center as a source of fund raising and society engagement, The idea of “Health Science Museum”
- Collect new specimens (gross and histology slides) to complete the common disease list. and create an online teaching ATLAS

Research

Research: landscape and strength

- International leading research scientists involved in
 - Knowledge translation research 22 PI
 - Clinical applied research 11PI
 - Basic investigative research 13 programs
 - 105 global initiatives.
- Annual research fund 22,462, 741 dollars
- Six Fellows of Royal Society of Canada (Victor Ling, David Granville, Samuel Aparicio, Christian Steidl, David Huntsman, Poul Sorensen); 5 Fellows of Canadian Academy of Health Sciences (Don Brooks, Zu-hua Gao, David Huntsman, Dana Devine, Victor Ling), 5 Canadian research chairs (Tier I-Sam Aparicio CRC, David Huntsman CRC, and Glen Tibbits; Tier II, David Granville and Philipp Lange).
- Unable to capture all research programs and potentials particularly those done by clinical pathologists and laboratory physicians

Research: Issues identified

- Lack of connection between PhD scientists and practicing laboratory physicians
- Lack of mechanism to support research activities of practicing laboratory physicians.
- Lack of recognition of a distinct group of researchers in the department: clinician-scientist
- A large percentage of the grant overhead all gone to research institutes yet the department provides most of admin support for graduate students, postdocs and projects (COI, ethics approval, animal protocol, biosafety approval).
- No provincial policy or clear institutional guideline for the use of human tissue in research
- In Digital pathology and machine learning, it is not clear who owns the digital file and for what projects it may be used. For instance, if files are approved for one AI project, it is not automatically owned by the researcher for additional projects.

Research: suggestions

- The Chair has one-on-one meeting with PhD. scientists at least once a year to understand their needs and acknowledge their successes---done
- Each PhD in the department should have at least one collaboration with service lab physicians. Mutually beneficial
- Establish a platform to support research projects of frontline laboratory physicians: statistical support, experimental design, grant writing, manuscript editing, and fund small projects. Need to identify funding source for this.
- Work with the university on the overhead distribution issue.
- Develop a clinician-scientist training program at UBC. Have an update from the clinician scientist group in our next departmental meeting.
- Center for AI/bioinformatics and data science at St Pauls's hospital, facilitate application for faculty renewal positions.
- Joint Radiology-pathology-biomedical engineering AI research platform, Ali Bashashati, apply CRCs or research cluster funding.
- Center for therapeutic pathology at the Children's and Women's Hospital, facilitate application for faculty renewal positions.
- Center of excellence in rural health: facilitate application of academic renewal position in rural health, joint apply with transfusion medicine. Drone delivery of blood project.
- Facilitate application for Canadian research chairs for qualified candidates in the department
- Once or twice a year to have a venue to bring the researchers together. Collaborations start from there;
- Establish a committee to develop an institutional guideline for the use of human tissue and digitalized images for research (Drs Marziar Riaz, Susanna McRae, MeiLin Bissonnette, and others).
- Work with PLMS, get ethics approval, for mining the clinical database of PLMS,
- Capture the resources of big volume and unique type of specimens in the community hospitals for clinical research

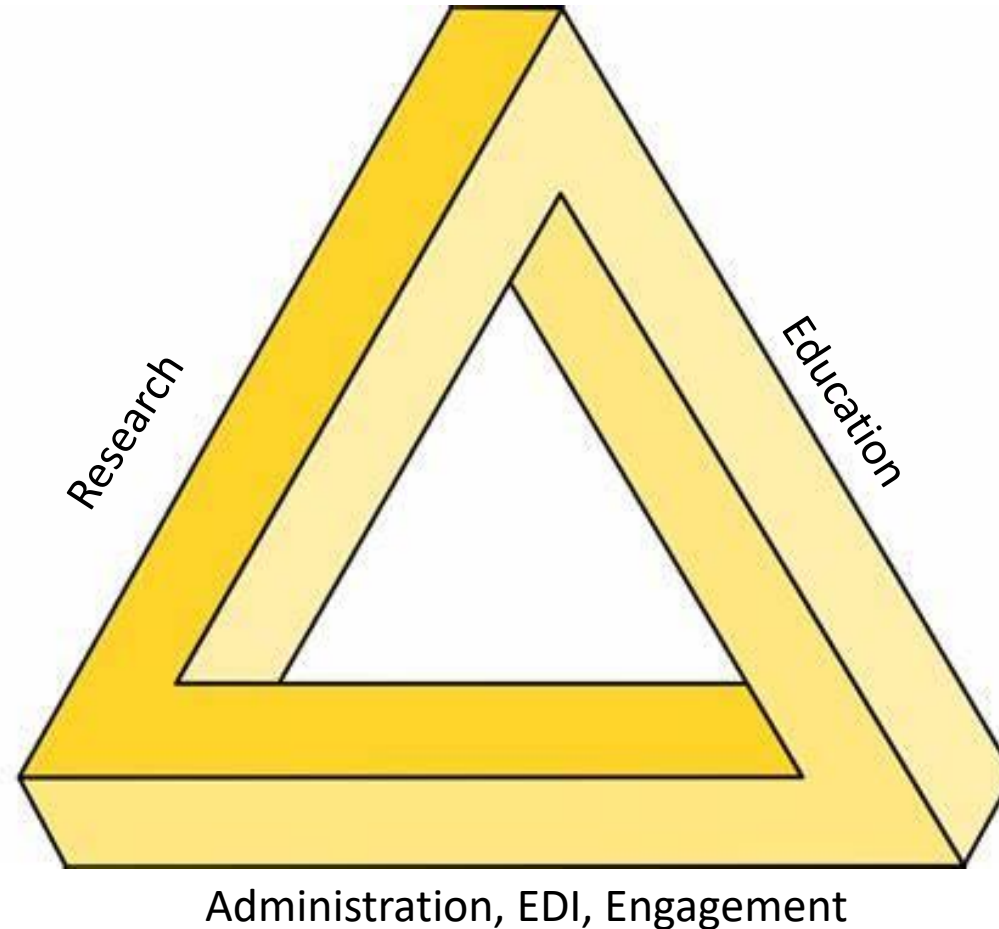
Suggestions require discussion

- University appointment vs university contributions (commitments trade off) such as teaching requirements as part of university letter of offer.
- Have a formula of staff's academic contributions or designations such academic clinician, clinician educator, clinician scientists
- Establish a University-based divisional structure:
 - Division head appointed by UBC Department head and separate from the clinical operations.
 - Division head unifies the academic forces across sites and fostering inter-site activities,
 - Division head foster connections between clinical service, education and research,
 - Division head organizes divisional rounds and CME sessions,
 - Have a division of Molecular and Genetic Diagnostics,
 - Have a division of data science
- Have the general pathology residency program situated at the health authority outside Vancouver.

Model Governance

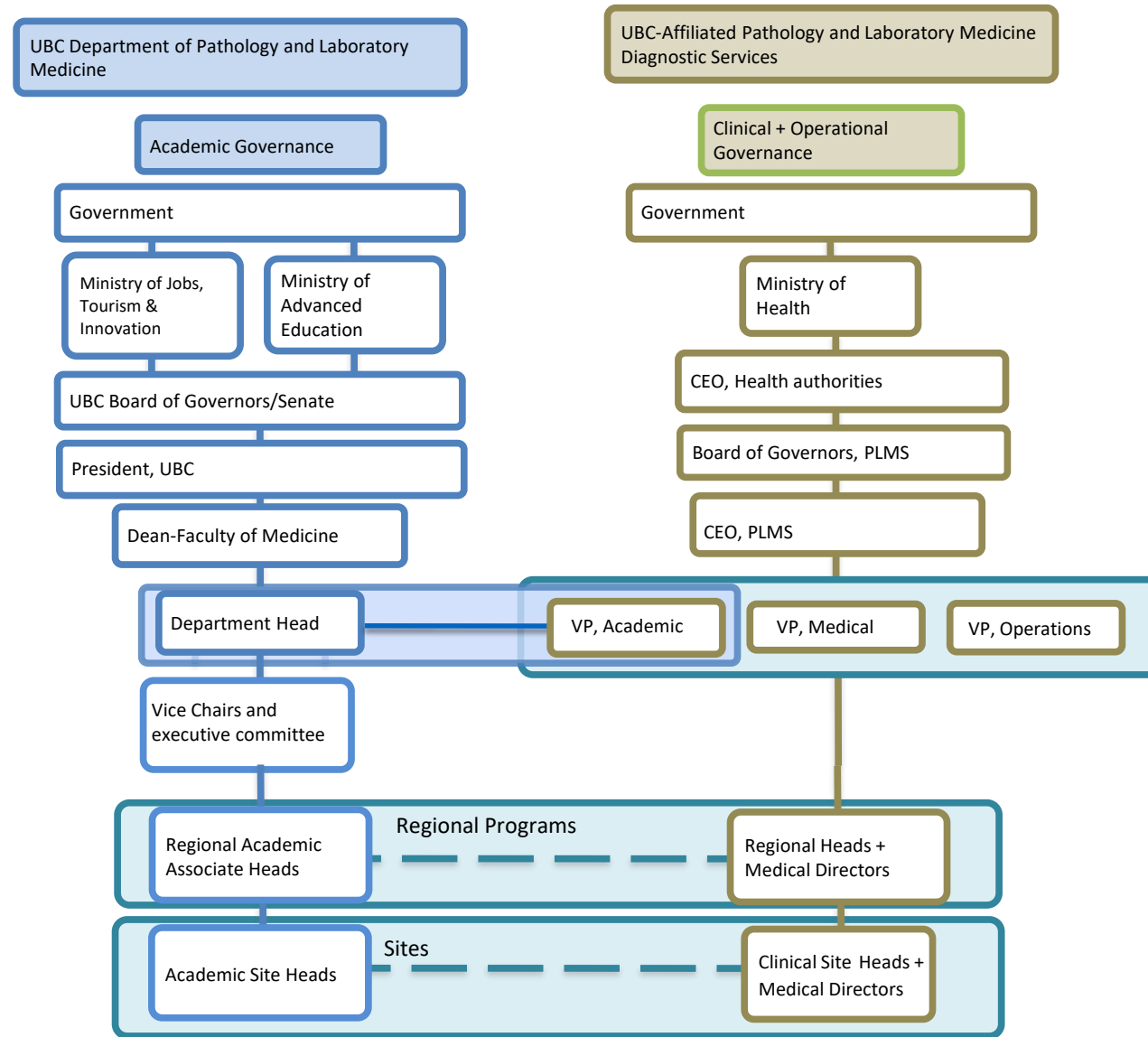
The golden triangle

UBC department of Pathology and Laboratory Medicine

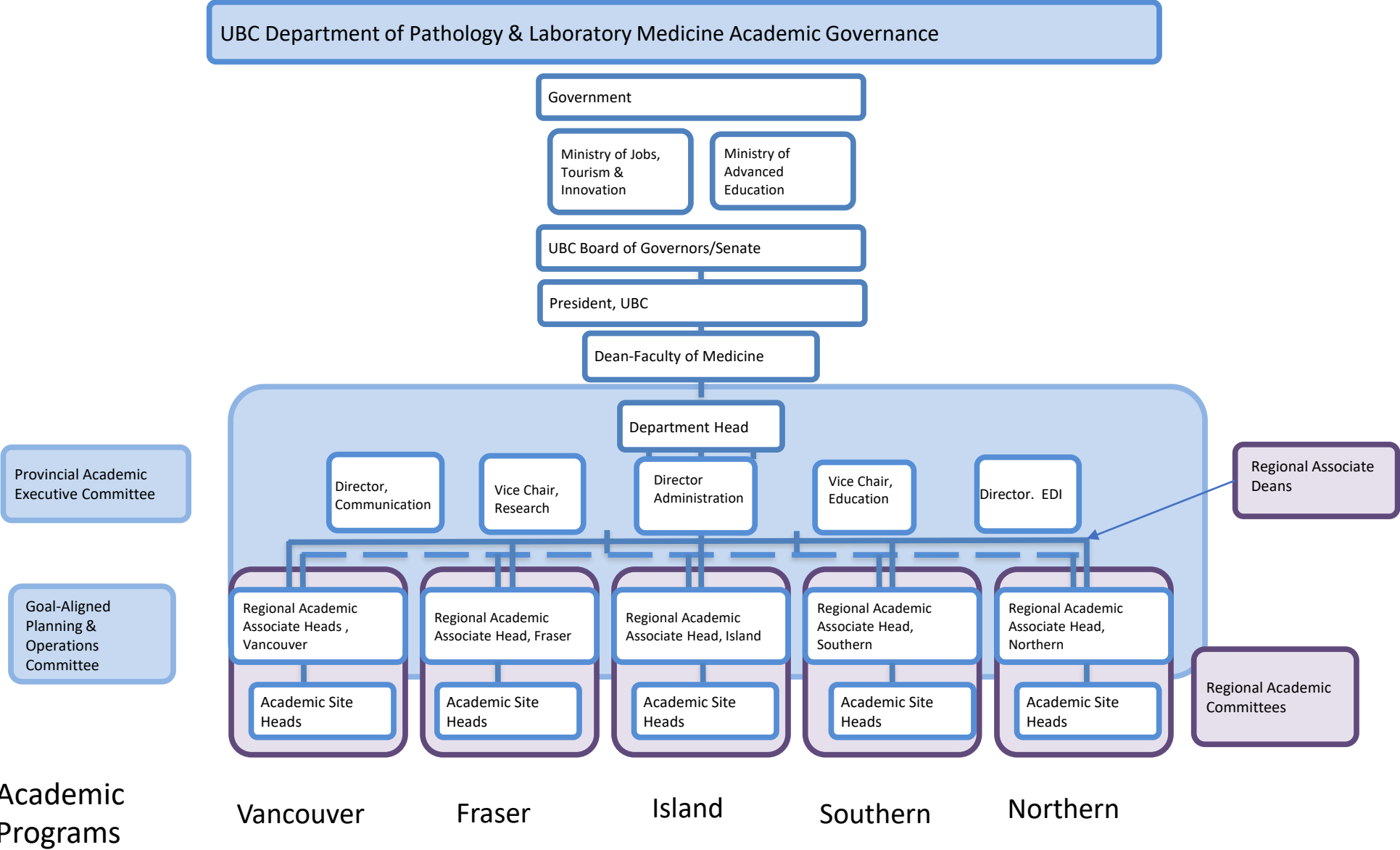


Make sure the vice chairs have ownership/authority on their domain and also admin support to do their job

Integrated Provincial Clinical Academic Model



Departmental Provincial Model



Aligned with Academic Programs of the UBC FoM

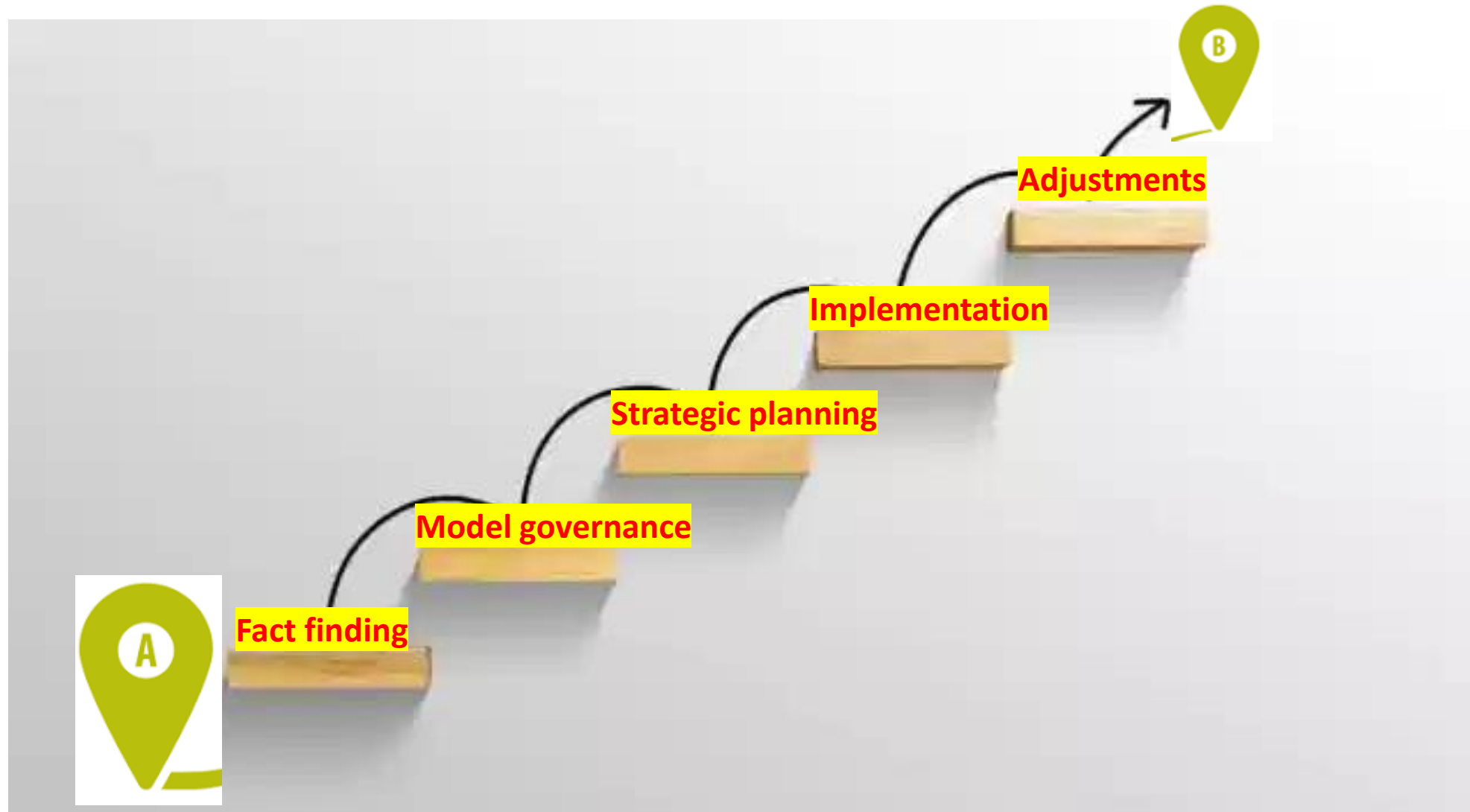
Roles and responsibilities

Zu-hua Gao Chair	Cheryl Wellington Vice Chair of Research	Michael Nimmo Vice Chair of Education	Suzanne Vercauteren Director of EDI	Genevieve MacMillan Director of administration	David Huntsman Director of Communication	Craig Ivany CEO, PLMS
1. Develop and implement a departmental vision and strategy 2. Chair the department executive committee. 3. Management of human resources 4. Fund management and fund raising 5. Annual performance evaluation 6. FoM Finance committee 7. Meeting with physicians and leaders at clinical sites 8. Presenting monthly departmental update at the rounds, and responsible for selecting speakers on the admin week.	1. Develop and implement a departmental 5-yr research strategy 2. Establish and chairs the research committee. 3. Department Advisory Committee for Faculty Renewals (2 to 3 times per year) 4. Sign off all grant applications. 5. Electronic approval of biosafety, human ethics, conflict of interest, and animal protocol application. 6. Co-lead the selection, recruitment, and appointment of research scientists in the department. 7. Provide the Communication	1. Develop and implement a departmental 5-yr education strategy 2. Establish and chairs the education committee 3. Chair Residency PD's group meetings 4. Provide the list of clinical speakers and chairs the clinical presentation on province-wide rounds. Chair the clinical presentation and introduce the speaker. 5. Co-lead the selection, recruitment, and appointment of educational leaders in the department. 6. Represent the Chair on SPROT Committee (education committee to review teaching accomplishments of faculty members) chaired by an	1. Chair the Departmental Inclusion Action Committee; monitor the department's culture, HR practices, policies, procedures and communication; make recommendations to Department Head for initiatives that will improve/enhance the inclusivity of those practices. 2. Represent the Chair on Pathology day committee, Chaired by an appointed faculty member (will Lockwood) 3. Representing the Chair on the award committee, Chaired by an	1. Operational management of the human resources and administrative functions of the Department. 2. Policy development, administration, management, internal and external relations 3. Faculty and staff resources management, planning. 4. Internal and external relations 5. Space and equipment planning. 6. Staff and student support, 7. Communications. 8. Information systems, operations management. 9. Special projects with a significant role in financial management and planning.	1. Chair the province-wide rounds committee 2. Provide the list of scientific speakers and chairs the clinical presentation on province-wide rounds. 3. Chair the scientific presentation and introduce the speaker	Liaison with PLM On issues related to clinical practice.

Next steps

- Continue the consultation process
- Identify and appoint an associate academic department head at each health authority
- Strategic planning: jointly develop our vision, mission, 5-yr strategy and plans for the first year.

The plan



Now do we know where we are going?



- Let us take the first step, together!
- <https://www.youtube.com/watch?v=nduqr4vUXbE>