How many hats do you wear?

By Dr. Lynne Harrigan

I wear many hats. On any given day I could be wearing a Vice President of Medicine hat, a General Internist hat, a Doctors Nova Scotia hat, or a health care consumer hat. Each of these hats represents a different role that I must assume depending on the circumstance. I find it difficult keeping these “hats” separate, especially since the individual “hats” may be in direct conflict with one another. I am sure that many of you are in similar situations and feel the same tensions.

The environment in which we are all working is changing and the resultant pressures are enormous. In addition, there is constant scrutiny directed at the health care system and its providers nationally and locally. We are all working in a world that is also being played out in the newspapers, radio, television, and social media. This makes an already challenging job even more challenging.

The trend is to create an “us” vs “them” environment. I know that depending on the issue that is being raised and the “hat” that I am wearing, I may be both “us” and “them”.

I think that it is time for a reality check. I had my reality check when my 92 year old mother was admitted to hospital this past month. Going through the health care system as a family member of someone in need reminded me of the reason why we are all in this field. We are here to provide care for the people of Nova Scotia. In the past month, I have watched nurses, doctors, physiotherapists, occupational therapists, and managers all work as a team with my family to provide excellent care. This world is detached from all of the swirling rhetoric and is focused on one thing: the patient.

So here is my suggestion. In order for health care to move forward, we need to wear one hat and one hat only. That is the hat of the people of Nova Scotia.

To succeed, we all need to work cooperatively with one focus only, better health care for the population. We need to step up and embrace our roles and work together to improve the health of our population.

I’m in . . . are you?

Practice Ready Assessment Program Development

By Grayson Fulmer, Senior Director, Medical Affairs

In partnership with Dalhousie University Department of Family Medicine and the Department of Health and Wellness (DHW)—working closely with the Nova Scotia College of Physicians and Surgeons, NSHA has brought on Davis Pier Consulting to help coordinate a Practice-Ready Assessment Program for family medicine.

Since the discontinuation of the CAPP program in 2014 there has been no direct path to licensure for International Medical Graduates which has translated to between 10-14 fewer recruits among this cohort in the years since.

The development phase of this project is scheduled to be completed in early December 2017 with the formal deliverable being a proposal to the DHW. This aligns well with the DHW Priorities announcing ten seats for a Practice Ready Assessment program in 2018.
Physician Evaluation Tool  
*By Grayson Fulmer, Senior Director, Medical Affairs*

Evidence related to physician engagement calls for regular opportunities for physician feedback.

During the summer, NSHA hosted a Master of Health Administration student whose project was to help us develop a program.

Mr. Benjamin Clark led a project to select and propose a consistent approach to physician evaluation as per the NSHA By-Laws. Ben’s recommendation included a 3 year multi-stakeholder evaluation with an abridged annual assessment.

One of the core objectives of the project was to align the evaluation processes of Dalhousie and the Nova Scotia College of Physicians and Surgeons. The proposed tool will be accepted by both Dalhousie and the College and should result in a lower administrative burden for physicians and leaders.

The recommended approach is currently before Executive Leadership Team for decision.

---

**NSHA Anti-Microbial Strategy**  
*By Dr. Paul Bonnar and Dr. Andrea Kent, Program Co-Leads*

The NSHA Antimicrobial Stewardship Program (ASP) helps ensure the safe and effective use of antimicrobial agents administered to patients of the health authority. The first initiatives have been guided by a Point Prevalence Study (Black et al, 2015) that revealed 60% of all excessive antibiotics were used intravenously, the highest use was in the ICU, and low uptake with local guidelines (30% compliant with CDHA 2012 handbook).

Our team formed in Spring and early activities focused on program structure and surveillance. Our interventions are:

- IV to PO policy (policy.nshealth.ca)
- Prospective audit and feedback with academic detailing.
- A NSHA Antimicrobial Handbook that will be available by topic in priority sequence, electronically.

The ASP group has completed a review of provincial formularies to streamline to a unified NSHA formulary. This work included reviewing and implementing formulary automatic substitution/therapeutic interchanges and restrictions.

Purchasing data was used to calculate antibiotic use and cost, standardized according to patient-days for FY2016-17. To view this data please see the full report on our site at the link below. Dispensing data will be added in the future.

Visit our NSHA AMS website at [http://www.cdha.nshealth.ca/nsha-antimicrobial-stewardship](http://www.cdha.nshealth.ca/nsha-antimicrobial-stewardship)
More than Medicine
Physician Recruitment Update
By Wendy Walters, Senior Communication Advisor, Physician Relations

Physician Recruitment has been a hot topic and continues to be a high priority for the NSHA. In our province, we know that strong relationships and peer to peer recruitment are key elements that both help bring doctors to the province and makes them want to stay. We are also encouraged by the success of the rural Family Medicine Training Programs and what these programs contribute to our communities.

In addition to our four recruitment consultants working to reach out to potential recruits we have increased our targeted advertising to broader physician audience. Our recruiters still continue to work with community partners as well.

Some local recruitment committees have been working with their communities and have created some excellent physician recruitment tools that we will be including in our conversations with physicians.

Thanks to everyone who continues to participate in this work. It is a team effort and we have been seeing success as a result of these partnerships. Here are a couple of examples of some great work happening in the communities to support physician recruitment.

**Cape Breton Recruitment Site**
https://doctorscapebreton.com/

**Liverpool Recruitment Video**
www.doctors-wanted.ca

In addition to the many activities we do to work with our engaged physicians and communities to bring doctors to Nova Scotia, NSHA hired external support to help with our branding and recruitment marketing approach. National Public Relations has been hired to help create a robust recruitment strategy which involved consulting with doctors across the province to glean their insight into recruitment opportunities and challenges. The new campaign is “More than Medicine” and it capitalizes on the common theme that physicians are happy in Nova Scotia because of the lifestyle, the opportunities to practice and to be connected to their community. We are in the early stages of this design but can show you an early piece of collateral that we will be testing at the BMJ Career Fair in October. Please, tell us what you think!

---

**Dr. Harrigan Begins Zone Visits**
By Wendy Walters, Senior Communication Advisor, Physician Relations

In September, Dr. Harrigan began a province-wide tour in Western Zone. She will be visiting doctors in a different zone each month to engage with physicians on the ground and hear their concerns and ideas. Dr. Harrigan commits to report back to doctors on what she heard and what, if any, changes result. This tour is the subject of her next video, which can be accessed here (a full transcript is now provided under the video for those who prefer to read): https://vimeo.com/235954252