

Communication to build community

What techniques are being used in Interior Health to create a community of communities among physician leaders and the health authority, and to build an underlying culture of respect, safety, and mutual support?

Interior Health physician leaders Drs Mike Ertel and Harsh Hundal share practical strategies and reflections.



Dr Mike Ertel
Vice President,
Medicine & Quality



Dr Harsh Hundal
Executive Medical
Director, Physician
Engagement and
Resource Planning

READ OUR STORY

WATCH INTERVIEW

SEE INTERVIEW REFLECTIONS

STRATEGIES: What are we doing and how?



Creating a sustainable, resilient and constantly improving system of health care with an underlying culture that is built on respect, safety and the ability to articulate and support each other. **Some key strategies include:**



Establishing a psychologically safe, supportive and inclusive environment. Creating a space where people can connect and communicate openly and where relationships thrive.

- Safe to express vulnerability, anxiety
- Open to courageous, frank dialogue, while respectful
- Removes silos; no group is dominant
- Inclusive for people who wouldn't normally speak up
- Elevates positive action and hope
- Makes wellness a priority

"It comes down to creating community at the local level and healthy authority-wide. Message number one: you're not alone. Message number two: the anxieties that you feel, there's others who feel it as well. And message number three: we can get through this together. We can work out solutions. We can support each other. We may not solve everything but we're here together."

— Dr. Harsh Hundal



Creating a regional forum that is a conduit for burning issues, wellness, anxiety and hope. Holding regular, robust virtual meetings with MSA and division physician leaders and health authority medical and operational leaders.

- Shared agendas among all groups
- Bold, relevant topics
- All views: insights from the ground, region and province
- Useful facts and details to fill the void
- Agenda space for mindful cross-pollination and problem solving
- Round table to solicit ideas, concerns



Leading with commitment, humility and transparency. Present, consistent and responsive leaders to facilitate culture change.

- Commitment to the work: regular attendance, listening, follow-up
- Gratitude for the value of medical staff to the health authority & system
- Transparency about health authority limitations and challenges
- Care when making and delivering on promises
- Escalation and support for challenges

RESULTS: What changes are we seeing?



Relationships; faster responses and problem solving; broader conversations

- Forges relationships to act together
- Enables faster responses and problem solving
- Creates a proactive, pre-emptive culture
- Shifts, elevates and broadens the conversation
- Broadens physicians' understanding of the health care system
- Increases physicians' understanding of the health authority and its operations

TIPS YOU CAN USE: Effective meetings



More than just a meeting: creating a safe, effective forum and environment for building trust, relationships, and collaboration



BEFORE THE MEETING

Timing and method

- Respect schedules: meet outside of clinic hours.
- Ramp frequency up /down as needed.
- Face to face is best: Zoom is popular for flexibility of schedules.

Planning for discussion

- Co-create agendas with each group's burning issues + shared priorities.
- Include topics worth everyone's time: bold, relevant, burning issues + wellness.
- Invite guests as needed: e.g. operations, engagement partners, quality leaders.
- Discuss rules for facilitating a respectful, psychologically safe environment.

Facilitation

- Have consistent leaders commit to attend meetings regularly, and listen.
- Try to include physician facilitators who still do clinical work.



DURING THE MEETING

Setting the tone

- Acknowledge and check in around wellness.
- Allow people to express vulnerability and anxiety.
- Be inclusive: encourage people who wouldn't normally speak up.
- Be open to courageous and frank discussions.
- Elevate the positive: gratitude, hope; what people *can* do.
- Be mindful of silos: ensure one group doesn't dominate.

Effective engagement

- Fill information voids with facts and details.
- Have an open round table to solicit ideas and concerns.
- Don't have the host do all the talking. Let physicians discuss problems together.
- Be transparent about health authority limitations.
- Be mindful about setting expectations.

Sharing up down and across

- Share news from the ground & regional/provincial tables.



AFTER THE MEETING

Follow through

- Flag what can be escalated and supported.
- Follow up and always get back to people using formal and personal feedback loops.
- Have leaders available after the meeting for continuity of strategies.

Continued sharing

- Have participants commit to sharing information back to their local groups.
- Connect groups together for further cross-pollination.



Communication to build community

INTERVIEW EXCERPTS | INTERIOR HEALTH

Dr Mike Ertel and Dr Harsh Hundal

REFLECTIONS ON STRATEGIES

[WATCH INTERVIEW](#)

Establishing a psychologically safe, supportive and inclusive environment: a space where people can connect and communicate openly and where relationships thrive.

- **Safe.** "It's about creating a psychologically safe environment for individuals to speak up, to be vulnerable, to say they don't know - or to bring up concerns and know they are not going to be judged."
- **Respectful.** "We set the tone that this is going to be respectful and thoughtful exchange."
- **Inclusive.** "People who wouldn't normally speak now feel free to speak up; not just those who are dominant."
- **No silos.** "It's also about leveling – removing silos and not 'you're an MSA, you're a division, you're health authority leadership.' We're all leadership. We're all conduits for wellness, anxiety and hope."
- **Courageous and open.** "We get very useful information from physicians, who tell it like it is. We welcome that."
- **Wellness as a priority.** "We talk a lot about wellness, which really lands well with the group. It's about wellness and engagement and safe culture. That's the secret. Always has been."

Creating a regional forum that is a conduit for burning issues, wellness, anxiety and hope: holding regular, robust virtual meetings with MSA and division physician leaders, and health authority medical and operational leaders.

- **Shared priorities.** "Everyone contributes to the agenda to talk about the burning issues for them as well as shared priorities."
- **Relevant and timely topics.** "We have talked about COVID. We've talked about PPE. We also talk about wellness. We have talked about gratitude, and our relationships with administrators and our staff. We've talked about racism."
- **Bold conversations that are worth everyone's time.** "Attendance has increased because we're not nibbling around the edges. These are some pretty big topics we're discussing, and often controversial."
- **Practical, useful.** "It fills the void with facts. Physicians like to talk facts. We like to get the details. We want to know what's going on, just like anybody else."
- **Spotlight on the positive.** "If we focus on everything that went wrong, it mentally sets us up to expect bad things. If we focus on what's good, it's less about anxiety and helplessness, and more about hope and what we can do."
- **Elevation of coordination and support.** "We do a round table and ask for ideas, concerns. What can we escalate up, and what can we provide to physicians in terms of support? Whatever topic comes up we always try our best to get back to them."
- **Mindful cross-pollination.** "Chiefs of Staff and MSAs from the larger sites hear the concerns from our more rural sites. It's really beneficial that our rural sites feel heard. Then they give advice to each other and connect after meetings."
- **Real life perspectives.** "It's incredibly valuable for the organisation to hear what's happening on the ground in the community. What are people talking about in the supermarket in Williams Lake or in Creston or in Fernie?"
- **Sharing up, down and across.** "We give them an update on where things are at in the health authority. Going the other way, we rely on operational and medical leaders to update people in their area. We have multiple channels for difference audiences."
- **Big picture view.** "When we report back on a provincial meeting, doctors get a bit of a 10th floor view instead of the second-floor view, and they really appreciate that."

Leading with commitment, humility and transparency: present, consistent and responsive leaders to facilitate culture change.

- **Gratitude and servitude.** "We're here to serve. Not to teach or discipline or tell them the bad things they're doing. Physicians and medical staff need to hear that they're valued; what they're doing is making a difference and how important it is to the health authority."
- **Being consistent, committed and present.** "It's hard work, but we show up, and we're available. We've been around for a while, and they trust us."
- **Transparency.** "We listen and tell. If we don't know, we'll say we don't know. If there's a rock that we can't move, we'll admit it. We're very honest with them about our struggles."
- **Credibility.** "A key thing is to have physician leaders who still do clinical work. You have to be able to talk to them at that level."

REFLECTIONS ON RESULTS

Enabling relationships, faster responses and problem solving and broader conversations

- **Forges relationships needed to act together.** "It puts a human face to the person on the other end of the call. It is an opportunity to build those relationships that need to be there to help you work effectively."
- **Faster responses and problem solving.** "It has allowed us to respond to COVID together, quickly. And now we're finding the same return with our anti-racism work. So it really does pay off for the organisation. And I think it has saved lives at the end of the day."
- **Creates a proactive, pre-emptive culture.** "It solves issues before they become a crisis, because we communicate with physicians. It avoids having to react to e-mails. When you actually connect with people you get a better context, instead of an interpretation."
- **Shifts, elevates and broadens the conversation.** "We can be more future-oriented. What is the positive future we want to build, as opposed to what we don't have?"
- **Broadens physicians' understanding of the health care system.** "It's opportunities for medical staff to learn and understand how the health system works and what they can contribute to it. That is absolutely essential and fundamental to robust and sustainable responses in the long run."
- **Broadens physicians' understanding of the health authority.** "Physicians have always advocated for their patients, nurses, their staff, but not for the health authority; because they don't understand who we are or what we do. But now they do."