Generative of Alberta FACULTY OF MEDICINE & DENTISTRY		ISTRY		Meeting Minutes			
Committee	FoMD Faculty Council						
Members:	Dr. B Hemmel	garn (Chair) e Post Secondary Learning Act	Date :	March 21, 2023			
		nted by those faculty members member present.					
Called to Order:	4:05pm		Location:	Via Zoom			
Guests	None		Scribe:	Erin Neil			
Approval of agenda	Approved by co	onsensus with no additions.					
Approval of previous meeting Minutes	Date: Novemb MOVED by G. \	er 15, 2022 /ilas and SECONDED by J. Schulz to approve	e the minutes a	is circulated. ALL IN FAVOUR. CAR	RRIED.		
Meeting Attachments:	All attachments	s provided via email March 7, 2023					
Торіс		Su	ummary		Action by whom	Target Date	Status
1. Cultu (For		1. Culture of Care (FOMD).pdf Dr. B. Hemmelgarn provided update:	e of Care }_pdf				
		 Well-being – would like to recognize the website they have developed wi Announcements made by the Provir program by a total of 30 which will be 10 and another 10 - 30 spots in tota When we were submitting our propertor to expand PGME. We need residence spots and we were approved for 36 And then the other proposal was for starting next fall of 2024, and then s The other thing that we were very prexpand. The medical training in part fortunate to get that approval. The AMHSP expansion will be 36 spots and general surgery, obstetrics are spoke to the regional training centers. Spoke to budget model 2.0 – the Un have been established. Townhalls to July 1st will be starting as the College 	ill be shared in the ncial Government be phased in. The osals, we were we y spots for these PGME spots, the r Alberta internation subsequently and ourposeful in this cicular, and what ots initially, and and the training alists in rural Alberta and gynecology, r in Grande Praini- viersity is develop be scheduled in e Dean of the Co	t last week - expanding the seats in or e first 10 spots will be implemented the ery clear that if you're going to expan- e trainees to then go into, and we pro- ose will come in phased after the med tional medical graduate spot - an expa- other 10 after that. expansion was ensuring that we acture that meant is an extension of our AN the Government was very clear that the programs are going to have a rural for erta. 12 spots will go to family medic anesthesia. ie. oping a new way of allocating funds car	ur undergraduate medical nis fall, and then subsequer d the medical school you d posed a one to 1.2 match fr ical school spots. ansion of those for a total of nally had the resources with 1HSP, and we were really p hey wanted those initial ex cus. The greatest needs are ine again with a rural focus alled budget model 2.0 – w	education htly another efinitely need or PGME of 15, so 5 h which to leased and pansions to e in family t, and then 6 orking groups	

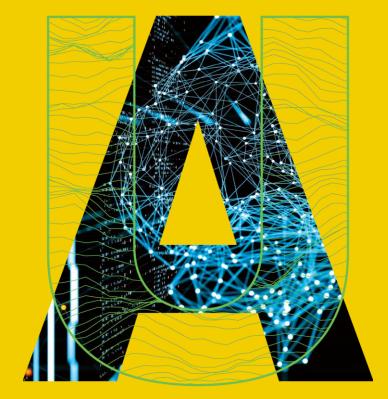
Торіс	Summary	Action by Whom	Target	Status
			Date	

	Selection of Deputy Dean – will be an appointed position.
3. Vice-Faculty Affairs	
a. Update	 Dr. D. Kunimoto provided update: Will be working on the AMHSP structure to move it forward.
b. FEC Standards – Ref Letters	 Difficulty in obtaining letters of reference. Difficulty in a niche areas – not very many experts that you do not have a conflict with. FEC recommended to decrease – would follow the U of A policy. External to the University of Alberta. Calgary requires 3 external letters. Motion: To change the current FoMD FEC Standards requirement for references letters from 2 internal letters and 3 external letters for tenure and 5 external
c. FAR Update	letters for promotion to professor: to 3 external letters for both categories. Moved by: D. Kunimoto Seconded by S. Forgie. All in favour. Carried. Dr. M. Gowrishankar provided update: • FAR is replacing the ARO as of this academic year. • Currently not ready – waiting for changes to accommodate FoMD needs. • A sandbox will be available in early April. • Requested that all Chairs be given access as "super users". • Do not have exact date of when FAR will be open. • System looks familiar to current system. • MedIT no longer available – super users will assist members in each department. • Position description will be carried forward – do not put change requests in the ARO system. IST has developed a new change request tool. Once approved will go into FAR. • Teaching categories – clinical work place teaching and general teaching. Defined in new Collective Agreement and new guideline will be shared. • Updates will be provided in the Dean's updates. • Vast majority open the ARO in September.
d. GFC Update	 Dr. Persad provided update: Budget model 2.0 was approved to move forward – will include equity variable. Townhall will be on March 29th to discuss the new model and how it is being co-designed with involvement from teams across the University and what principles are guiding its design. Review of College model – was presented and approved. New College Deans and also called Vice-Provost and restrict the term to Dean to the Faculty Dean. Tuition increase – students are going on strike this Friday. Students would like increase postponed until they have adequate time to review. Motion did pass. Recommended that the Board does not approve the increase. Will be a vote.
a. Update	 Dr. Lang provided update: Expansion of seats available – AMHSP – do have a shortage in rural communities – looking at a strategy. Working group has been established – have secured two consultants – to help build models that would work best for a Rural Regional Training Hub. Preliminary report completed by end of April. Supporting the community to thrive. Working with Grande Prairie. U of C is working with Lethbridge.

	Торіс	Summary	Action by Whom	Target Date	Status
5.	 5. Vice-Dean Research – Clinical Dr. L. Richer provided update: Alberta Health Services Clinical Trials Unit – CTU Manager has been hired and is working to transition those to new model. Connect Care and Research – is a privilege – 3rd party access – topic of discussion – proactive auditing system will be implemented looking for inappropriate access. Remind staff of rules. If privacy breaches – puts access to ConnectCare for research at risk. Spoke to Clinical Trials Management System – Provincial system. 				
6.	Vice-Dean Research – Basic Scier	Dr. R. Lehner provided update: Unable to attend. 			
7.	Announcements	Adjourned at 5:36pm			
Ne	Next Meeting May 23, 2023				

A Culture of Care: An Introduction

Presented to the FoMD Faculty Council March 21, 2023 Philip Stack, HSE Director



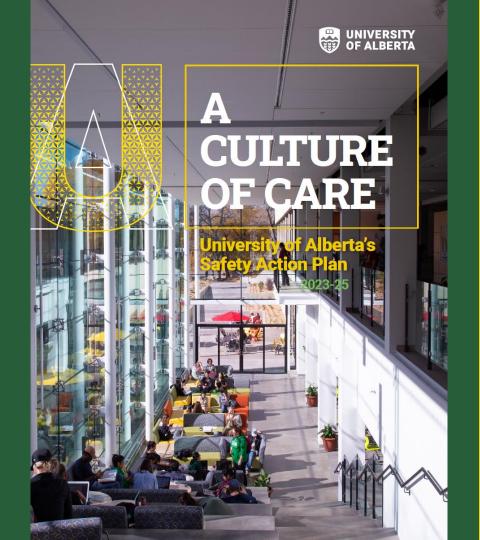


The University of Alberta respectfully acknowledges that we are located on Treaty 6 territory, a traditional gathering place for diverse Indigenous peoples including the Cree, Blackfoot, Métis, Nakota Sioux, Iroquois, Dene, Ojibway/ Saulteaux/Anishinaabe, Inuit, and many others whose histories, languages, and cultures continue to influence our vibrant community.



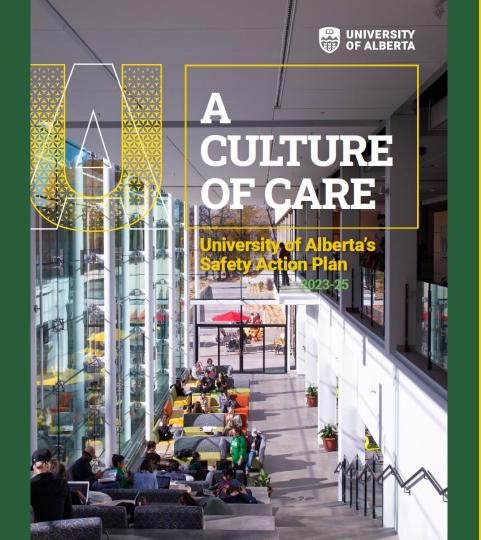
Session Outcomes

- Understand the need for and purpose of the Culture of Care safety action plan
- Learn how the plan took shape and what's ahead
- Know how to start building a Culture of Care in your faculty



What is **A Culture of Care?**

- Three-year comprehensive safety action plan
- Released December 1, 2022
- Encompuses physical, psychological and cultural safety with a focus on physical safety
- End state: Everyone owns their safety performance and that of others



Why do we need an action plan?

- Increase in reportable and serious near miss incidents
- Two incidents close to being fatalities
- Highly variable safety culture

Electrical vault incident

December 2021

Impact

- Serious injury to worker
- Psychological impact on workers
- Operational disruptions to multiple buildings
- Reportable incident
- Resource implications

Prevention

- Improve hazard identification
- Enhance engineering controls
- Enhance equipment labelling



Lab explosion

March 2022

Impact

- Near miss serious injury
- Psychological impact to students and lab workers
- Reportable incident
- Resource implications

Prevention

- Supervisory leadership
- Complete hazard assessments
- Up-to-date training and competencies
- Emergency preparedness



Introduction

Any organization that wants to develop a culture of care must address all aspects of safety – physical, cultural and psychological well-being.



What is safety culture?

"Safety culture is the enduring value and priority placed on worker and public safety by everyone in every group at every level of an organization. It refers to the extent to which individuals and groups will commit to personal responsibility for safety, act to preserve, enhance and communicate safety concerns, strive to actively learn, adapt and modify (both individual and organizational) behavior based on lessons learned from mistakes, and be rewarded in a manner consistent with these values."

- Weigmann et al

Models of Safety Culture

- ★ Bradley Curve Proprietary system developed by dss+
- ★ Hudson Model
- ★ Weigmann et al Synthesis of Safety Culture
- ★ American Chemical Society -Building Safety Cultures
- ★ Others Admiral Rickover, Nuclear Navy - Normalization of Excellence



Hudson Safety Culture Assessment Model

There are various models used to assess an organization's safety culture and assist in progressing from one stage to the next.

Applied Model to Assess Safety Culture

Hudson Model

01	Pathological	• Who cares as long as we don't get caught?	
02	Reactive	• Safety is important, we do a lot every time we have an accident.	
03	Calculative	• We have systems in place to manage all hazards.	
04	Proactive	• Safety leadership and values drive continuous improvement.	
05	Generative	• Safety is how we do business around here.	

<u>End State</u> "Everyone Owns their Safety Performance and that of Others"

HRHSE reviewed safety culture at the University of Alberta:

- \star Incident trends and responses
- ★ Inspections and the Safety Stand Down
- ★ Compliance with the Health, Safety and Environment Management System
- ★ General attitudes towards health and safety

Faculties and portfolio culture ranged from **pathological** to **calculative**, with the majority falling in the "reactive" stage.



Current State

The Board, through the Board Audit and Risk Committee, and senior leaders have expressed a desire to transform the university's safety culture.



Four Pillars - U of A Safety Action Plan

Buy-In and Organizational Alignment	Commitment from the highest levels of institutional leadership to supervisors and frontline employees, supported by health, safety and environment structures and processes.
Employee Empowerment	Every level of the organization is committed and has the skills to enhance health and safety practices and feels safe to speak to or stop unsafe practices (physical, cultural, psychological).
Recognition and Rewards	practices.
Reporting Systems	Systems that allow the organization to track its safety culture progress, identify any gaps in its safety practices and continually improve over time.

Safety Culture Stages and Pillars

HSE Current Initiatives	Calculative Safety Culture -	Step 3 Proactive Safe	ty Culture - Step 4 🔰 G	enerative Safety Culture - Step 5
Compliance with OHS Compliance with HSEMS	2023	2024	2025	
Safety Stand Down	Define and communicate what	Current and new	Embed safety in all job	
Health & Safety Accountabilities	constitutes a safety champion.	supervisors sign the safety commitment form.	descriptions.	Eutomo Ototo
Safety Culture Lunch & Learns	Embed safety as a value in the	Embed specific safety	Develop a comprehensive	<u>Future State</u> "Everyone
Health & Safety Communications	university's strategic plan	goals in the next university strategic plan.	safety recognition and rewards program.	Owns their
HSE Committees	Develop and implement a See	Build a reward system	Develop and implement a	Safety
Tools & Resources	Something, Say Something, Do Something program	connected to the See Something, Say Something,	formal self-inspection program for units.	Performance and that of
Inspections and Trending		Do Something program.		Others"
HSE Safety Performance Dashboard	Launch Quarterly Dashboard with leading and lagging indicators.	Publish highlights of effective, thorough incident reports that lead to	Develop and implement a safety event tool kit to enab units to hold dedicated safe	le
Chemical Roundup		learning and action.	days.	
	Pillar 1 Buy-in and Organizational Alignment	Pillar 2 Employee Empowerment	Pillar 3PillaRewardsReporting 3	

Next Steps

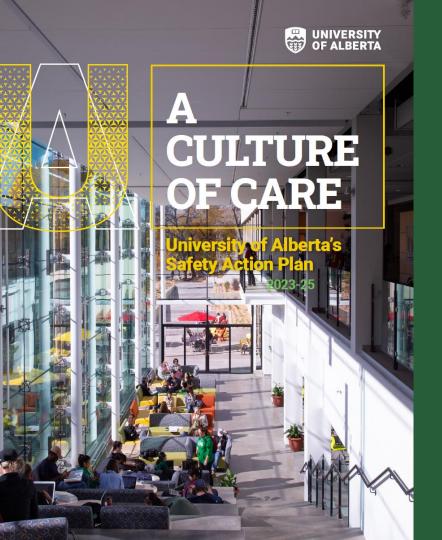
- \star Develop an implementation plan that will:
 - Prioritize initiatives
 - Align with EDI, II, Workplace Mental Wellness Plan etc.
 - Assign a specific lead for each initiative
- ★ Develop tools, support, and training to assist in implementation
- ★ Ensure change management plan/communications strategy
- ★ Prepare annual Report on outcomes
- ★ Release Year 1 Plan April 2023







When everyone owns their safety performance and that of others, behaviours and activities throughout the university community will demonstrate and reinforce our culture and commitment to ensure each and every member of our community goes home safely each day.



A Call to Action!

- 1. Read the Culture of Care: U of A's Safety Action Plan
- 2. Identify the initiatives that are key to your safety journey
- 3. Monitor the <u>Culture of Care</u> <u>Webpage</u> (http://uab.ca/safety)
- 4. Have a discussion about how to foster the Culture of Care within your Faculty

Leading with Purpose.

