

# Alberta Rural Physician Action Plan (RPAP)



Proceedings from the

## Rural Alberta Community Physician Recruitment and Retention Workshop

September 23 & 24, 2009  
Nisku, Alberta



Community  
Recruitment  
& Retention

## Acknowledgement

---

The workshop organizers wish to give a big thanks to all the community members who brought such an array of great items from their communities to use as door prizes throughout the event.

As well, a big thanks goes to those communities who completed the Alberta Physician Link templates. These will definitely enhance the APL website and go a long way to attracting potential physicians to explore said communities further.

The panel of medical students and residents as well as the panel of community committee members provided another level of understanding and dialogue to the workshop. The time taken by panel members to attend and speak to the workshop participants is greatly appreciated.

Appreciation goes out to the AHS recruiters who attended the workshop this year. Their willingness to work with the communities on recruitment efforts in their respective geographical areas of responsibility enhances the success factor in recruitment significantly.

Finally but certainly not least, many thanks to the Northern Alberta Development Council and Alberta Employment and Immigration for the generous funding provided – without these two contributors the workshop would not have been possible.



## Table of Contents

---

Acknowledgement.....	2
1. Introduction.....	4
2. WEDNESDAY, SEPTEMBER 23 .....	5
Panel: Medical Students / Recent Graduates Hopes and Expectations re: Rural Family Medicine.....	5
Cross Generational Presentation, Facilitator: Bruce Lee .....	9
International Medical Graduates (IMG's) & Furthering Cultural Integration, Facilitator: Melissa Magder.....	35
Enhancing Relationships Between Alberta Health Services (AHS) and Rural Alberta, Speaker: Pam Whitnack, Executive VP Rural, Public and Community Health, AHS.....	41
Presentation on Rural Locum Services, Speaker: Barry Brayshaw, Director, AMA Physician Locum Services .....	48
A Night at the Movies: "Seducing Dr. Lewis" .....	58
3. THURSDAY, SEPTEMBER 24.....	59
Building Community Support and Involvement, Facilitator: Cesar Cala .....	59
Resourcing the Work: Sharing Community Examples, Community Presenters: Shirley Hope, Rocky Mountain House; Nona Elliott, High Prairie; Brent Hall, Claresholm .....	73
List of participants .....	75
Alberta Physician Link (APL) Update and Contest Winners.....	78
Appendix A: Press Release .....	81
Appendix B: Agenda .....	83
Appendix C: Session Information Sheets.....	84
Appendix D: Alberta Physician Link Competition and Community Submissions.	88
Appendix E: Workshop Evaluations .....	179

# 1. Introduction

---

This second annual Rural Alberta Community Physician Recruitment and Retention workshop was built upon the successes of the first workshop held in March 2008. This year saw significant growth, with attendance of over 60 individuals from more than 30 communities across Alberta. Most of the participating communities have active rural physician recruitment and retention committees in place which contribute significantly to supporting the successful attraction of physicians to live and work in rural Alberta. The workshop provided the opportunity to explore in more detail the successes and challenges found in the work of these committees, and further learn from best practices.



## 2. WEDNESDAY, SEPTEMBER 23

---

### ***Panel: Medical Students / Recent Graduates Hopes and Expectations re: Rural Family Medicine***

Panel – Medical Students and Recent Graduates

- Be part of community
- Do a broad range of treatment
- Misconception that you can't specialize in a smaller practice
- Understand community (grew up rural) and have a more personal relationship
- Patients can see you as a member of community
- Quality of life, outdoors, family life
- Involvement in municipal life
- Experience in different fields of medicine
- Slower pace, full scope of practice, outdoors on time off, close to work no commute.

Re: school is there a negative connotation to rural medicine?  
Made to feel a lesser doctor?

- Some pressure to choose a.s.a.p.
- Negativity around family medicine in general

3 types of people

- Never rural
- Fence sitters
- Goal is rural

Need to attract people in the 1<sup>st</sup> year.

- Get physicians involved in training 1<sup>st</sup> year students to share rural options.



What are the expectations of recruitment?

- You are wanted, needed and have a role in community
- Some are provided dollars for three year contract
- Dinner and discussion was well received
- Paying for part of schooling would be appealing as long as it was a community I wanted to live in.
- Dollars and grants are not a big deal- fit for you and your facility is better a big cheque will not attract someone who will stay long term
- Getting to know the grad and their family. Education is tough on spouse and family so doc owes them to make up for it. Need to see community to family.

### **Medical Student / Resident Panel:**

Andrew Halladay: 1<sup>st</sup> Year Medical Student, U of A

- Wants to raise a family in rural area
- Rural gives you the opportunity to practice many skills learned in med. School
- You can see families grow over time in a rural area
- There is a myth that you can't do specialties in rural areas – this is not true

Kelsey McLeod: 1<sup>st</sup> Year Medical Student – U of A

- Originally from Edson / grew up on farm near High River
- You are visible in a rural community and you are seen as a community person and as a human being not just as a doctor
- The outdoors is a draw for rural med. Students
- She likes public health and would want that to be a part of her practice
- Likes the variety rural medicine offers – every day everything is different

Kristy Penner: 2<sup>nd</sup> Year Rural Resident based in Lethbridge

- Likes meeting people in small towns
- Full scope of practice- likes the minimal driving/commute time
- Lifestyle is a slower pace
- Close to the outdoors
- Likes snowboarding- is an adrenaline junkie and that's like rural med. Nothing is standard and things are often pushed to the limit- she likes that challenge

Rob Warren: 2<sup>nd</sup> Year Rural Resident based in Red Deer:

- Started journey to rural medicine as family partner to physician recruited to and retained in small rural community.
- Now resident himself and plans to practice in same small town as family partner.

### **Q & A with Students and Residents – Moderated by Dr. Olson**

There are 3 types of students:

1. no rural
2. rural
3. fence sitters – need to get to them early before they decide to specialize  
Communities: you need to get your communities involved in training so you expose grads to your communities

Q: What do you expect to get? Incentives?

Answers:

- It's nice to be recognized, and wanted in the recruitment process, but money is not as important as the community/ practice you choose
- Want to be able to choose where to practice vs. some sort of monetary incentive
- Students mentioned a dinner where they had rural and urban communities and had dinner to discuss in a casual way the benefits of what they have to offer. Students found this dinner (wine and dine) to be a good way to break the ice and felt appreciated. This took place at a restaurant in Calgary. Communities could take students out to dinner and let them know about their communities as a way to get the word out.

Q: What would make you practice in a rural area?

Answers:

- The recreation, practice and facilities that are there
- Less debt is good for some – i.e. the incentives help them pay off their student loans quicker
- Students liked the idea of the community paying for their school
- In the end, it is the communities itself that will make them choose to stay
- Students encouraged communities to bring exposure to themselves
- \$ Is not as big a deal as retention

***Choosing a community to practice in / live in is like dating. You may have three dates, and like qualities of each person, but in the end you need to find one that is “a good fit” and will last for the long term. This same process is what you have to do when choosing which community to come and practice in.***

Medical school is really hard on families. The SPOUSE and kids are very important because they put up with all the hardships during medical school, so you'll go where the spouse is happy once medical school is done.

\* So important for communities to be marketing to the spouse as well – this does play a large role in a physician ultimately choosing a community or deciding to stay after the residency is over.



## ***Cross Generational Presentation Facilitator: Bruce Lee***

### **BRUCE LEE**

Bruce is a strategist, speaker, productivity coach and MC. As a former business owner and having been involved in training all across North America for over 20 years and in high level health care training for 8 years, Bruce brings a hands on approach to management productivity and employee retention issues. His passion is working with organizations and their staff to enhance their leadership results and individual productivity through strategic planning sessions and hands on workshops with real solutions to their current challenges through high-value “what to do” content rich information, an engaging style and real life situations audiences can relate to.



### **PERSONAL**

Semi-professional and published photographer, columnist, private pilot, scuba diving enthusiast, down hill skier and a regular blood donor with 270 donations to date. Bruce got “up close and personal” with dolphins in Bermuda; an experience not to be missed! He has two terrific children, Robert and Patrick, and as of Feb. 20/04, is married to the delightful Toni, who has three boys of her own.

A stand up comedian and singer, has survived wild horse racing in rodeos, is a successful bungee-jumper (mastering both single and tandem “leaps of faith”), performed five roles in one play – a musical version of “A Christmas Carol”, occasionally sings in a band, has appeared in several commercials and has performed as a background actor in 15 movies and 3 television pilots

	<b>Traditionalists</b>	<b>Baby Boomers</b>
<b>They Value</b>	Loyalty, dedicated, honor, sacrifice, hard working, compliance	Personal growth, ambition, youthfulness, equality, collaborative
<b>Expectations</b>	Stability, support from the company during re-organization	Ambition & hard work rewarded, opportunities to climb corp. ladder
<b>Behaviour</b>	Respect of authority, loyal to organization	Challenge authority, loyal to the team and teamwork
<b>Their Goal</b>	Create a legacy!	Put their stamp on everything they do!
<b>Organization Expectation</b>	Long term commitment	Add value by going the extra mile
<b>Authority Expectation</b>	Seniority and job titles are respected – “Tell me what I should do for you.”	Democratic flat organizations – “Let me show you what I can do”!

	<b>Generation X</b>	<b>Generation Y</b>
<b>They Value</b>	Independent, pragmatic, flexible, adaptive, results driven	Optimistic. confident, innovative, diversity focused, Technology rules
<b>Expectations</b>	Challenging work, environment, continuous learning, work-life balance	Rapid career growth, continuous change, personalized experiences
<b>Behaviour</b>	Focus on results, loyal to their manager, unimpressed by authority	Loyal to peers, respect for skills not title, focused on change through technology
<b>Their Goal</b>	Maintain independence in all areas of life	Find work and create a life with meaning

	Generation X	Generation Y
<b>Organization Expectation</b>	Exceed the expectations and deliver results	Wants to be treated equally
<b>Authority Expectation</b>	Skills and competence respected – “Tell me what you can do for me”.	They are the competence! – “Show me what you can do for me right now”.

# Working Across The Generations



**RPAP** The Alberta Rural  
Physician Action Plan

Bruce Lee  
Sept. 23<sup>rd</sup>. 2009



Proven! Practical! Performance based!

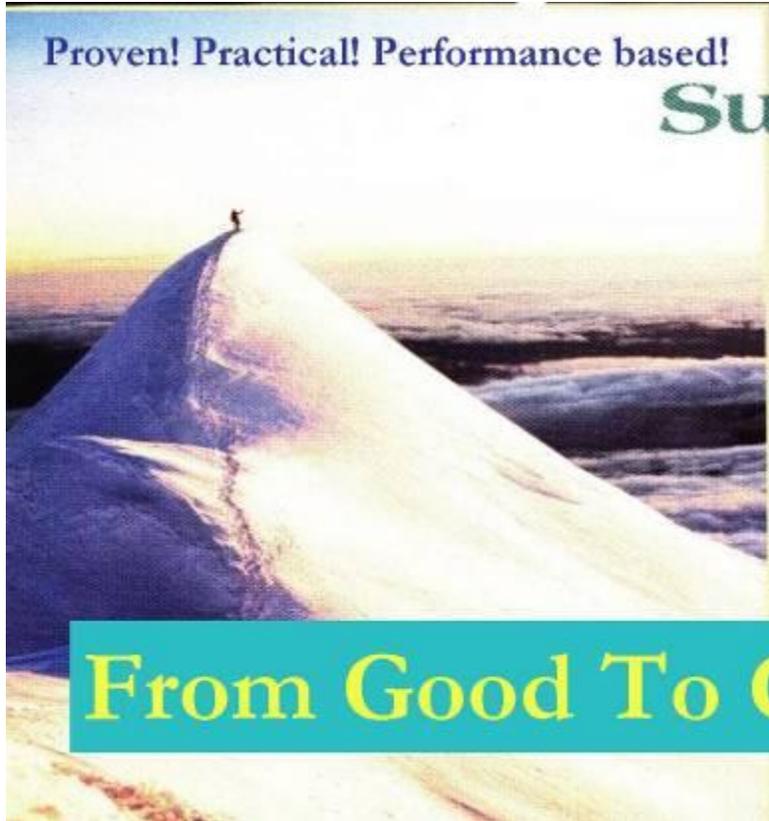
# Success

*Success is dependent on effort.*  
- Socrates

Productivity up to 40% +

## From Good To Great!

Extra Slides



## Why Employees Leave

Prior to Hiring Winners, Understand:

- People leave bosses
- 22% are planning to leave
  - 1/3 changed jobs to escape co-workers
- Less than 20% consider fully engaged
  - 63% plan to stay with employer

### The #1 Reason Employees Leave

A recent poll of the 1000 largest North American companies showed that lack of recognition and praise is the Number One reason employees leave an organization.

- Robert Half International

## Recent Newspaper Add

I came for the job,  
I stayed for the team.

New Challenges, New Horizons  
(Health Care)

**Engagement  
= Retention**

**Must Be Inspired**  
- from the inside out

## Setting The Stage To Interview

A “Welcome” sign at front door with name on it

Receptionist expecting them and welcomes them

Treated as if a guest in a home visit

and

Debriefed before they leave as to how it went  
and asked if they have any final questions

## The 4 Generations

### Demographers:

**Generation Y**                      1981 – 1999                      20% workforce  
- 14% are over 55, and will retire in 10 years  
- Canada faces pot. shortage of 1.2 m by 2020  
- Echo Generation

**Baby Boomers**                      1946 – 1964 (age 44 – 62)                      42%

**Generation X**                      1965 – 1980                      29%

**Traditionalists / Silent**                      Pre 1945                      9%

### Time Magazine:

- “What’s-in-it-for-me generation
- “never-ending adolescence generation”
- “the generation that won’t grow up?”

# More On Gen Y

- Aged 19 – 27 today.
- Less deference to authority
- Bosses to earn their respect
- Work in a business they respect
- Lifestyle matters
- Prefer texting over phoning, read online than meetings
- Have higher than average motivation & work ethic
- High job supply means quitting on impulse \*\*\*\*\*
- Parents coddle them, not hold them accountable

## Traditionalist Boomers

<b>Value</b>	Loyalty, dedicated, honor sacrifice, hard working, compliance	Personal growth, ambition, youthfulness, equality, collaborative
<b>Expectations</b>	Stability, support from the company during re-organization	Ambition & hard work rewarded, opportunities to climb corp. ladder
<b>Behaviour</b>	Respect of authority, loyal to organization	Challenge authority, loyal to the team and teamwork
<b>Goal</b>	Create a legacy!	Put their stamp on everything they do!
<b>Organization Expectation</b>	Long term commitment	Add value by going the extra mile
<b>Authority Expectation</b>	Seniority and job titles are respected – “Tell me what I should do for you.”	Democratic flat organizations – “Let me show you what I can do”!

## Gen X

## Gen Y

<b>Value</b>	Independent, pragmatic, flexible, adaptive, results driven	Optimistic, confident, innovative, diversity focused, Technology rules
<b>Expectations</b>	Challenging work, environment, continuous learning, work-life balance	Rapid career growth, continuous change, personalized experiences
<b>Behaviour</b>	Focus on results, loyal to their manager, unimpressed by authority	Loyal to peers, respect for skills not title, focused on change through technology
<b>Goal</b>	Maintain independence in all areas of life	Find work and create a life with meaning
<b>Organization Expectation</b>	Exceed the expectations and deliver results	Wants to be treated equally
<b>Authority Expectation</b>	Skills and competence respected – “Tell me what you can do for me”.	They are the competence! – “Show me what you can do for me right now”.

## Gen Y is all about Technology

- 97% own a computer
- 94% own a cell phone
- 76% use Instant Messaging.
- 75% of students have a Facebook account <sup>[12]</sup>
- 60% own some type of expensive portable music and/or video device such as an iPod.
- 49% download music using peer-to-peer file sharing
- 34% use websites as their primary source of news
- 28% own a blog and 44% read blogs
- 15% of IM users are logged on 24 hours a day/7 days a week

In their book, *Connecting to the Net, Generation: What Higher Education Professionals Need to Know About Today's Students*, Reynol Junco and Jeanna Mastrodicasa (2007) <sup>[13]</sup> found that in a survey of 7,705 college students in the US:

## Social Networking Sites

- Facebook 250 m
- MySpace (14 & up) 264 m
- Friendster (2002) 90 m
- Twitter 55 m
- LinkedIn 45 m
- MSN (Windows Live) 120 m
- Bebo (blogs, bands, books) 40 m
- YouTube 258 m
- Classmates 50 m

## Strength: Technology

How to engage and develop?

- **Work environment**
  - Cell phones
  - PDA's/Laptops
  - Instant Messaging
  - Corporate Intranet
  - Telecommuting

## Issue:

# Communication

How to engage and develop?

- Image
- Recruitment
- Orientation
- Daily
- Listen to Gen Y
- Sharing of information
- Training
- Tap into their network of friends

## Developing People

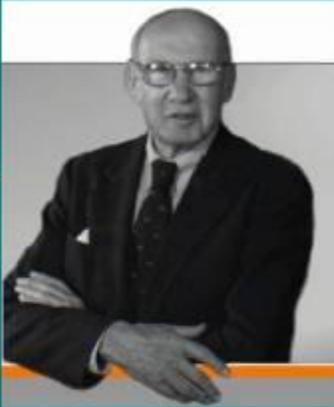
1. *CARE*
2. *LISTEN*
3. *DO*
4. *SURPRISE*

Which are good customer care attributes too.

# Inspired Leadership

*“Leadership is lifting a person’s vision to higher sights,  
the raising of a person’s performance to a higher  
standard, the building of a personality beyond  
its normal limitations.”*

Peter Drucker (39 books)  
1909 – 2005 (age 95)



Focus on their strengths

Then make high demands based  
on a persons strengths

Periodically review their performance

Create workplace conditions  
where employees can live up  
to their potential

# Gen Y as a Resource

How to engage and develop?

- Skills Assessment
- Individual Development Plan
  - Webinars
- Functional Scheduling
- Employee Opinion Surveys
- Employee Incentive Surveys

# Developing Rapport

Tell me about yourself...

So I can learn how to  
motivate you!

## Managers Don't Manage People

They manage people's behavior

Managers shift behavior  
to improve productivity

# The Fuel To Make It Happen

## Enthusiasm!

Definition - God in you

*“People often say that motivation doesn’t last.  
Well, neither does bathing –  
that’s why we recommend it daily.”*

- Zig Ziglar

# How To Accelerate

S

A

M

# Set High Expectations

*“High achievement always  
takes place in the framework  
of high expectations.”*

Jack and Garry Kinder

General Norman Schwarzkopf

## WHY?

# Appreciation Is Key

“Pretend that every single person you meet  
has a sign around their neck that says:

“Make me feel important”.

Not only will you succeed in sales,  
you will succeed in life.”

Mary Kay Ash, 1918 – 2001

Founder, Mary Kay Cosmetics

# Making a Difference

“Treat people as if they were  
what they should be,  
and you help them become  
what they are capable of becoming.”

Johann von Goethe

Empowerment!

## RIGHT

- R** Respect
- I** Integrity
- G** Gratitude
- H** Honesty
- T** Trust

# Recognition

## “Thank you”

*“Feeling grateful or appreciative of someone or something in your life actually attracts more of the things that you appreciate and value into your life.”*

Christiane Northrup  
Medical Doctor and Author

## The Greatest Management Principle

Things that get  
recognized and rewarded,  
get repeated!

- Michael LeBoeuf

# The Goal

## Empowerment Definition

Seeing the best in others, (& you)  
helping them see it in themselves,  
and holding them accountable.

## Grow The Generations By Challenges

You create high morale  
by creating an atmosphere of trust.

How do you encourage an employee  
to accept greater responsibility?

Constantly challenge them.

# Ways To Support GEN's

- Gives respect
  - value diversity, gender, sexual orientation, age, race, physical abilities, culture
- Communicates effectively
  - two way conversation get people to open up, it's not just what you say, it's how you say it
- Leads by example
  - change agent, practice what you preach
- Constant feedback and recognition
  - supportive and corrective feedback, ask: "What drives you crazy about the way I manage you?"

## Additional Ways To Support

Empowers in a timely way

Ensures everyone has the proper tools and training to do the job

Creates a "great place to work" culture

Is a coach, cheerleader and champion

## Additional Ways To Support

- Delegate effectively.
- Make effective decisions.
- Treat your people as your greatest asset!

## The Power of 1% Excellence

Excellence (Latin roots) “ex” meaning “out from”  
“cellere” meaning “rising”

Rising out from the original state of potentiality.

**Be the best you can be!**

- A rejection of the status quo
- “Good Enough – Never Is!”

**Journey of a Lifetime!**

# EXCELLENCE

What happens when  
you give a task  
your best shot,  
and you know it!

**"You are what you repeatedly do.  
Excellence is not an event  
- it is a habit."**

Aristotle  
384 - 322 BC  
Greek Philosopher and Scientist

Please Share  
**Now!**



**RPAP** The Alberta Rural  
Physician Action Plan

**The Best Idea You Will Implement**

Well, be at least  
Monday!

First hour back concept



# Presenter Details

Bruce Lee

Strategist, Productivity Coach,  
Speaker, MC, Comic

(403) – 241 – 6212



[Bruce@BruceLeeSpeaker.com](mailto:Bruce@BruceLeeSpeaker.com)

[www.tonimcmillanlee.com](http://www.tonimcmillanlee.com)

[www.BruceLeeSpeaker.com](http://www.BruceLeeSpeaker.com)

# Persistence - Don't Give Up

*“Our greatest weakness lies in giving up.  
The most certain way to succeed  
is always to try just one more time.”*

-Thomas Edison 1847 – 1931

## Persistence Pays

That last ditch effort can pay off

# Book Of The Month

## Global Perspective

“The World Is Flat” 2005

A Brief History of the Twenty-First Century

by Thomas L. Friedman

[www.thomaslfriedman.com](http://www.thomaslfriedman.com)

“Hot, Flat and Crowded”

Why we need a green revolution....

“Longitudes & Attitudes” 2002

“The Lexus and the Olive Tree” 2000

# Complimentary Resources

## Complimentary Productivity Articles:

1. Conflict Resolution (Winning With Difficult People)
2. How To Remember Names
3. Meetings That Count (productive meetings)
4. Time Management Templates
5. Time Management Strategies & 50 Time Saving Tips

## Complimentary Retention Articles

6. Top 100 Canadian Companies Compensation Incentives + 6A Oil & Gas / Energy / Engineering
7. Corporate Retention Strategy #1 – TRUST!
8. The Total Cost of Employee Turnover
9. What The Best CEOs Know
10. Working With Generation Y

## Complimentary Articles

11. Recommended Reading / Listening / Viewing
12. Famous Lefties of the World

## Complimentary Tests

13. Self Image & Leadership Success Test
14. Leadership Empowerment Survey
15. COACHING Skills Self Assessment Test

## Unique:

16. Personality Styles Matrix (optional fee based TTI DISC PAIV reports)
17. Tele-seminar / Newsletter / e-zine list
18. Corporate Ombudsman service (confidential employee complaint handling)
19. Singing Inspirational Keynotes [www.tommyemillan.ca](http://www.tommyemillan.ca)
20. This Power point presentation

## RATING YOUR SOFT SKILL LEADERSHIP ATTRIBUTES

Just as you have attitudes about customers, they also have attitudes about you. Each of the following characteristics play an integral part in determining the response you get from others. Evaluate yourself from several perceptions how you see yourself, how your manager sees you, how your customer sees you, and how your co-workers see you. Rate yourself on a scale of 1-10 (10 being highest) on each of the characteristics, then total each column.

	Attributes of Success	See Yourself	Manager	Fellow Worker	Customer
1.	Enthusiastic				
2.	Persistent				
3.	Determined				
4.	Positive Thinker				
5.	Smile/Say Hello				
6.	Helpful (go out of your way)				
7.	Sincere (care)				
8.	Appearance				
9.	Initiative				
10.	Consistent				
11.	Punctual				
12.	<b>TOTAL RATING</b>				

Instructions:  
Make copies and:

### Confidential Leadership Empowerment Satisfaction/Retention Survey

I report to: \_\_\_\_\_ (first name), \_\_\_\_\_ (last name)  
 Date: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

To assist your leadership team in its mission of creating a "customer driven culture through people empowerment," we sincerely appreciate your completion of the confidential survey and forwarding it to the location and deadline noted below. **Please circle 1 response for all 10 questions.** PLEASE DO NOT IDENTIFY YOURSELF IN ANY WAY. Thank you.

5 - Always    4 - Usually    3 - Sometimes    2 - On Occasion    1 - Never

The Leader I report to:

- |  |     |    |   |   |   |
|--|-----|----|---|---|---|
| 1. <b>Respect</b><br>Treats me with courtesy, dignity and respect.   | 5   | 4  | 3 | 2 | 1 |
| 2. <b>Communication</b><br>Encourages open, honest 2-way dialogue and actively listens.  | 5   | 4  | 3 | 2 | 1 |
| 3. <b>Alignment/Trust</b><br>Leads by example and practices what they preach (i.e. customer driven, continuous improvement).                               | 5   | 4  | 3 | 2 | 1 |
| 4. <b>Recognition/Feedback</b><br>Values my contribution and recognizes service "above and beyond."  | 5   | 4  | 3 | 2 | 1 |
| 5. <b>Empowerment</b><br>Involves, consults with and empowers me. (Empowerment - "gives me sufficient authority to satisfy my customers in a timely way"). | 5   | 4  | 3 | 2 | 1 |
| 6. <b>Insider Information</b><br>Keeps me well informed about changes so that I truly feel like a knowledgeable "insider."                                 | 5   | 4  | 3 | 2 | 1 |
| 7. <b>Coach/Champion</b><br>Is an effective coach, who adapts their leadership style to my unique needs and helps me see the "Big Picture."                | 5   | 4  | 3 | 2 | 1 |
| 8. <b>Training/Tools</b><br>Ensures that I have the tools and training to do my job in a timely and effective way.   | 5   | 4  | 3 | 2 | 1 |
| 9. <b>Leadership</b><br>OVERALL, I rate my satisfaction with the leadership provided as:   | 5   | 4  | 3 | 2 | 1 |
| 10. <b>Friendship/Empathy</b><br>P.S. I really look forward to coming to work.   | Yes | No |   |   |   |

Please insert into Confidential Envelope and return

To: \_\_\_\_\_

### Coaching Skills Self Assessment

Below are 20 characteristics employees have used to describe bosses they rate as effective coaches. Rate yourself in terms of what you think your employees would say about you. Please be honest. These answers are meant for your eyes only. SCORING KEY: 1. Rarely Displayed 2. Sometimes Displayed 3. Frequently Displayed 4. Usually Displayed 5. Almost Always Displayed

#### As a coach, I:

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Capitalize on my employee's strengths   | 1 | 2 | 3 | 4 | 5 |
| 2. Give my employees visibility  | 1 | 2 | 3 | 4 | 5 |
| 3. Provide freedom to do their job   | 1 | 2 | 3 | 4 | 5 |
| 4. Set high standards of excellence  | 1 | 2 | 3 | 4 | 5 |
| 5. Orient employee to our company values and business strategies                                     | 1 | 2 | 3 | 4 | 5 |
| 6. Hold employees accountable  | 1 | 2 | 3 | 4 | 5 |
| 7. Protect employees from undue stress at work   | 1 | 2 | 3 | 4 | 5 |
| 8. Encourage employees when he/she is discouraged or about to undertake new or difficult assignments | 1 | 2 | 3 | 4 | 5 |
| 9. Provide information about the company and the employee's role in the attainment of company goals  | 1 | 2 | 3 | 4 | 5 |
| 10. Make performance expectations and priorities clear   | 1 | 2 | 3 | 4 | 5 |
| 11. Take the time to build trust   | 1 | 2 | 3 | 4 | 5 |
| 12. Provide appropriate training and support when needed   | 1 | 2 | 3 | 4 | 5 |
| 13. Solicit and really listen to their ideas   | 1 | 2 | 3 | 4 | 5 |

## "Working With Generation Y Employees" Join Bruce Lee and Alan Keith Wed. Aug. 27th.



The employee shortage and your challenge of finding and retaining talent will only get worse as the years go on. With a major increase in retiring Baby Boomers over the next 5 years, who will you be hiring as your future leaders? Generation Y, who are entering the workforce now, have different expectations of what the work week will look like and how they expect to be treated. This fast paced 60 minute session will explain why they are called the "Echo Generation" and how to bring out their intense loyalty and enthusiasm.



- Understand the demographics of all 4 of the Generations in the workforce.
- Learn what really motivates them to contribute and stay with a company.
- Identify the soft skills of leadership and communication they respond to and respect.
- Learn what not to do - the dissatisfiers that drive Gen Y away.
- A powerpoint slide deck will be sent to you two days before the presentation.

[LEARN MORE](#)

Join us  
Wed. August 27th.

2:00 pm Eastern  
1:00 pm Central  
12:00 Mountain  
11:00 am Pacific

Register here for details:

First Name:

E Mail Address:

[Send me more info](#)

Listen  
Now!



For the first time in this series, I am delighted to jointly present with Alan Keith. His presentation on July 23rd, "The Big Secret For Maximizing Employee Performance and Retention", was the most popular one in the series yet! We had registrations from: Australia, India, Nepal, Russia, Saudi Arabia, France, Spain, Brazil, Portugal, Mauritius, Trinidad-Tobago, the United States and Canada.

We respect your privacy and we will not sell or distribute your e-mail address

Welcome to the Replay of "Employee Motivation,  
Training & Retention recorded June 24th.

- Welcome >
- Listen-In >
- Slides >

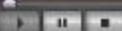
## Webinar: Employee Motivation Training and Retention



Presented by



June 24, 2009



powered by  
XIOSOFT

## ***International Medical Graduates (IMG's) & Furthering Cultural Integration***

***Facilitator: Melissa Magder***

**Melissa A. Magder, M.A., B.A.**

**Cross-Cultural Training Consultant, MCB Solutions**

Melissa is a Cross Cultural Training Consultant with a professional background in Human Resources. She has traveled to 34 countries across 5 continents and has a Masters Degree and Honours B.A. in Psychology.

Over the past several years Melissa has developed a Recruitment expertise working for organizations such as PricewaterhouseCoopers, BMW Group Canada and Unilever Canada. She also has International experience, having lived and worked in Melbourne, Australia.

Melissa is an experienced Facilitator and Seminar Leader who has taught at universities and led several corporate presentations. Since joining MCB Solutions, Melissa has delivered presentations to the Organization of Women in International Trade, Canadian Employment Relocation Council, Canadian Association of Career Educators and Employers, Northumberland Manufacturer's Association and the Canadian Human Rights Commission Discrimination Prevention Forum (among many others).

In the past year Melissa has coached over 200 foreign professionals, helping them navigate the Canadian recruitment process and integrate successfully into a Canadian professional environment. Melissa's objective is to help both foreign and Canadian professionals understand the impact of cultural differences in the workplace, work through the challenges they present, and reap the benefits of cultural diversity.



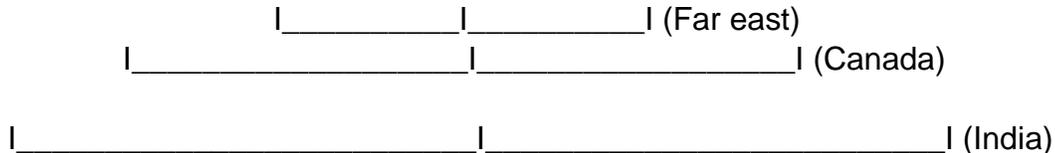
## Helping IMG's integrate into rural Albertan communities

Here are some suggestions that will help IMG's integrate more smoothly into rural Albertan communities.

- Show continuous support and appreciation. The support and appreciation provided by the community needs to extend for a longer period than what we tend to think is normal (i.e. more than a few weeks).
- Remember that the first winter is the most difficult!
- Offer support for IMGs' spouses and children. The happiness of the family is a critical component affecting whether the IMG succeeds in the community and stays in the community.
- There is a need for IMG's to connect with their own culture. Try to place IMG's from the same country in the same town so they can build an ethnic community of sorts and connect with their roots.
- Convince local grocery stores and supermarkets to carry foods that are popular in the home countries of IMG's.
- Easy accessibility to satellite television, internet, newspapers, etc. so IMG's can watch programming and read news about events in their home country.
- Host different events on a regular basis and invite IMG's. It may be a dinner party at your house or a curling tournament in the town arena.
- Be prepared for IMG's to experience the 'down periods' of culture shock. And more importantly, continue to help them through it. This is a very difficult time which requires strength to see past the negativity. An IMG may reject everything about Canada and speak negatively toward aspects of Canadian living that are important to you. Especially at this time, patience is a virtue! Remember it is often the people closest to us that bear the brunt of negativity when we are going through something. Don't give up at this critical time because your help is still needed!
- When an IMG does or says something that seems weird and/or wrong, give him or her benefit of the doubt and ask yourself: "How else could I interpret these words or actions?"
- If things are not going well despite your best efforts, suggest the IMG get some outside assistance or coaching.
- Help IMG's discover the positive aspects of life in rural Alberta.
- Cultural differences go much deeper than what people think and the way they dress
- Incentives to immigrate: IMG's sometimes see rural as being a step down from the urban areas

	India	Canada
Technical Skills (TS)	90%	60%
Soft Skills (SS)	10%	40%

- Often we see that technical skills have a larger importance placed on them than do the soft skills in other cultures. In Canada much more importance placed on soft skills.
- “Canadians tend to wrap negative feedback in many layers of positive wrapping paper”
- The way people perceive feedback varies from country to country. Melissa gave three examples Canada, India and the Far east to show that if you are giving negative or positive feedback to someone from those areas, they will likely be interpreting your feedback as different from what you intended. I.e. a Canadian manager was unhappy with a Filipino worker being late – so wanted to be firm with saying you need to be on time. The Filipino worker interpreted the stern warning as a sign that she was fired and started packing up her desk. This was not the message, but how the message was interpreted based on pre-programmed cultural sensors.
- A number of diagrams were used:



On each end of the spectrum was a -/-- and +/++.

Essentially – a Canadian may give a – message to a person from India, who would not interpret it as – but as neutral and therefore not change the behavior. By knowing these differences, the person from Canada could be more forceful with the – comments, to get an accurate message across to the person from India –without anyone being offended or offending.

Key message: it is important to understand other cultures and how they were raised / operate in order to ensure that you are helping them to adjust to Canadian ways when giving advice on how to better produce good “soft skills”

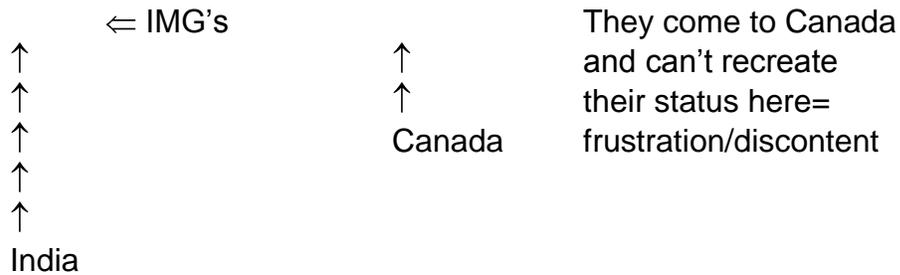
- In urban areas you can get local groceries/ media/ are close to others from home country
- But in rural you can promote selling points: i.e. safety
- Sometimes IMG’s can find rural areas boring because they are use to so many activities. You need to make your community exciting or have lots

going on so they feel like there are things happening that they can become involved with.

- Culture shock is 6 months. At 2 months, they are still in the honeymoon phase. It is critical not to abandon them during that culture shock phase, because that's when they will feel the most alone and may want to move back to where they came from, or at least to a more urban area where they feel more at home.

	GDP/capita	SP (what grades earn w/good degree)
CANADA	\$40,000/yr	\$30-80,000/yr
India	\$1,000/yr	\$8-20,000/yr

- shows why outsourcing and reason to immigrate
- technical knowledge is equal
- status of professional in India is far higher than in Canada



Often a perceived loss of status by going to a rural community.

Tech Skills	H	xIMG	□	□	□	Medical field emphasis
	M	□	x□Can	x□		Developing countries TS 90%
	L	□	□	□		SS 10%
						Canada TS 60%
						SS 40%

Soft skills (by Canadian standards)

- leadership, negotiate, communicate resolve

What it means to be a good doctor is different. India focus on papers published. In Canada, patient is frustrated with lack of empathy.



## Community

- Most IMG's come from areas where privacy is not as high Canada so small town structure is a good fit.
- High need to connect w/their home culture when they first arrive in your community helps w/retention.

## Safety

- Advocate safety as a selling point but avoid sense of boredom.

## Support

- Needed for 3 to 10 yrs. for integration
- Culture shock kicks in after 6 months so don't think they are okay once settled.



## ***Enhancing Relationships Between Alberta Health Services (AHS) and Rural Alberta***

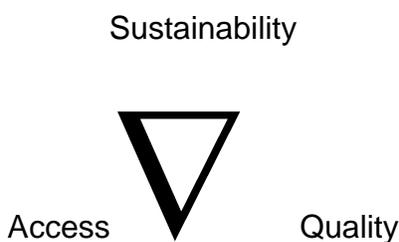
***Speaker: Pam Whitnack, Executive VP Rural, Public and Community Health, AHS***

### **Pam Whitnack Presentation**



### **Enhancing Relations between AHS and Rural Alberta**

Financial challenge and want to balance



\$3.5 million Albertans need primary care.

Overview of Rural, Public and Community Health Area of AHS

Managing staff → efficient staffing mix, working to full scope of practice and right type of provision to meet patient needs.

- Seniors should be able to discuss care in their home communities
- Rural Health Strategy (Rural Health Framework): just met with their team to see who to consult to determine what needs to be included in this type of strategy
- Northern AB used as an example for the need for obstetrical services. We know that these services will be required across the province.
- There needs to be a mix of skills in the care networks
- Support the geography of Alberta in delivering service
- Communities need to “grow your own” LPN’s and health aides
- There will be a dialogue to identify what is needed in the rural communities
- In rural (50km) is as wide as it should get to access services – especially for seniors
- PC strategy is to go to the CEO in December 2009
- Seniors Strategy signed off by new board now its before the committee to consult
- Mental Health / Addictions – is underway



## Q&A with rural communities – moderator Dr. Olson

Q: Will there be signing bonuses for recruitment?

A: They will create a new plan. There are different recruitment challenges for different areas across the province. So they will make it so that people aren't "Bull whipping" each other for attracting people.

Q: Med. Students out of school indicate overhead costs to start up practice too costly.

A: Remuneration and support for overhead costs is being looked at. Clinics located in hospitals are a much better model.

Q: Midwifery? What is the deal with all this?

A: This should be offered across the province

Midwives can only look after 40 patients/year according to current regulations

- Midwives must usually work under a physician
- Referenced the situation in La Crete and the fact that this "won't help La Crete" – I think this is referring to the high number of births and the access to pre-natal/labour/delivery services

Q: What about Nurse Practitioners?

A: Need the faculty of medicine to train people to do nurse practitioner duties for rural not just to work alongside doctors/specialists in urban areas.

Q: Are all new hospitals on hold?

A: Currently, the entire capital plan is on hold.

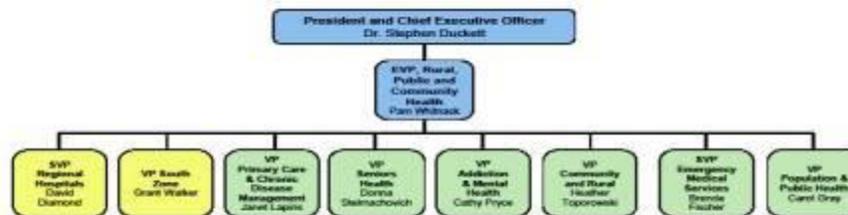


# **RPAP**

## **Recruitment and Retention**

September 23, 2009





Return to main organizational chart

## Key Messages

- To ensure rural communities receive quality, accessible and sustainable health care, Alberta Health Services is in the process of developing a **comprehensive rural and community health planning strategy**
- It is vital for communities to play an active role in the further development of the health care system. To that end, this strategy will include a **mechanism to engage and involve communities** in recommendations around health services delivery in rural Alberta
- Any **decision regarding health facilities will take a number of factors into consideration**, including long-term sustainability of services, ability to continue to provide essential quality and accessible health care, and finances.

## Key Messages

- We will develop and implement a **standardized method to gather information about health service usage in rural communities** across the province. We will examine what types of services are being used, how often those services are used, etc. Once that step is complete, we will take that information and use it to plan for effective and sustainable health service delivery in communities across Alberta.
- Decisions about the future mix and type of services provided will be based on **standards for quality and safety of services**, and what support services need to be in place to ensure we meet those standards. We are committed to ensuring each community has the volume of services necessary to ensure safety.
- We will also examine the **key health characteristics of the population** of each community to determine the type and volume of health services required. Leaders from each zone will be responsible for ensuring services in a community or service delivery area are responsive to the health needs of the public.

## Key Messages

- Managing staff is another aspect of our strategy. To maximize efficiency, we will need to address **staffing mix** in each facility, ensuring that staff are working to **full scope of practice**, and that we have the right type of health care providers in place to meet patient needs.
- **Staff retention** is an equally important matter. Alberta, and rural communities in particular, need to ensure they are “**growing their own**” LPNs and Health Care Aides from within, and that they are provided opportunities to upgrade their education and skills as appropriate. This will be key in retaining the staff necessary to provide quality health services.
- To provide the greatest range of services possible, we should also explore using **other types of healthcare providers** in rural communities. Enhanced use of EMS in our Emergency Departments for example, or making more use of the skills of Alberta’s physician assistants. At any rate, ensuring the right skill mix for the range of services is a critical issue we need to address.

## Next Steps:

- **Development of Rural Health Strategy as defined by the key messages**
- **Development of a Rural Health Framework which provides a consistent approach to service planning across the Province**

**Questions.....???**

***Presentation on Rural Locum Services***

***Speaker: Barry Brayshaw, Director, AMA Physician  
Locum Services***

# Physician Locum Services Update

Presentation to  
Community Recruitment & Retention  
Workshop  
September 23, 2009

## Physician Locum Services Update

- Program Overview
  - History, mission, eligibility, benefits.
- Program Operation
  - Day-to-day operations, service statistics.
- Feedback from Locum and Rural Physicians
  - Appeal of program
  - Complaints
  - Encouraging return of locums/retention of rural drs.

## Physician Locum Services Update

- Program Overview:
  - Rural Locum Program (RLP) created in 1992.
  - Among recommendations from Task Force on Rural Health Care to address rural health service issues.
  - Expansion: weekend & specialist programs.
  - Ongoing evaluations indicate locum service is a significant factor in retaining rural Alberta physicians.

## Physician Locum Services Update

- Program Overview:

- Mission**

- "...replacement locum-physician services for family physicians and specialists in rural/regional Alberta."**

- Replacement: vacation, CME, illness, reasonable call.
      - Supplement local resources when "short" &/or as a recruitment aid.

## Physician Locum Services Update

- Program Overview:

- Goal:**

- "...create and maintain an environment that encourages retention of rural physicians by improving their personal lifestyle."**

## Physician Locum Services Update

- Program Overview:
    - 4 Programs:
    - Family Physicians:
      - Regular (Short-term); Weekend\* & Seniors Weekend\* Locum Programs
    - Specialists:
      - Specialist Locum Program.
- \* Indicates RPAP-funded program

## Physician Locum Services Update

- Program Overview:
    - Regular (Short-term) Program:
      - communities with fewer than five physicians.
      - each (AMA member) physician is eligible for four weeks of locum coverage per year.
      - office & (on-call) emergency room coverage
      - rural physician receives overhead payment
    - Weekend Program\*:
      - communities with fewer than four physicians
      - weekend emergency room coverage
      - relief so rural physicians are on call no greater frequency than one-in-four weekends.
- \* Indicates RPAP-funded program.

## Physician Locum Services Update

- Program Overview:
  - Seniors Weekend Program\*:
    - senior retention; option to decrease/eliminate weekend hospital call.
  - Eligibility:
    - Physicians older than 54 years of age.
    - have practiced in rural Alberta more than nine years.
    - communities with fewer than 16 physicians.

\* Indicates RPAP-funded program

## Physician Locum Services Update

- Program Overview:
  - Specialist Locum Program:
    - 5 regional centers outside Edmonton & Calgary: Lethbridge, Medicine Hat, Red Deer, Grande Prairie & Fort McMurray.
    - Core services: Anesthesia, Obstetrics, General Surgery, Internal Medicine & Pediatrics;
    - other services based on requests/locum availability: e.g. Urology, Orthopedics, Psychiatry, Plastics, Neurology, Radiology...

## Physician Locum Services Update

### Program Overview: Benefits – GPs

- Guaranteed daily minimum income payment
- Travel expenses paid at the rate of \$.48 per km
- Travel honoraria of \$500 to \$1,000 per assignment
- Accommodations provided
- All bookings, hospital privileges, commercial travel and financial tasks administered by the AMA

## Physician Locum Services Update

### Program Overview: Benefits - Specialists

- Guaranteed daily minimum income payment
- Travel - \$.48 per km or commercial travel
- Travel honoraria of \$500 to \$1,000 per assignment
- Accommodation provided by regional health authority
- All bookings, hospital privileges, commercial travel and financial tasks administered by the AMA

## Physician Locum Services Update

### Program Overview: Daily Operations

- Locums join PLS under contract with no term or minimum number of assignments; added to roster & email lists.
- Locums provide availability with up to 4 months notice.
- Eligible rural physicians submit requests with up to 4 months notice and ongoing.
- Block scheduling 3 times per year, plus request list is emailed to locums frequently/daily.
- Locums select assignments & request booking
- PLS staff book assignments, travel, & send documentation; Rural Dr/RHA book accommodation.

## Physician Locum Services Update

### Program Overview: Daily Operations

- Paperwork facilitated by PLS.
- Payments each week once documentation is submitted.
- Additional payments when AHW FFS payments are received.

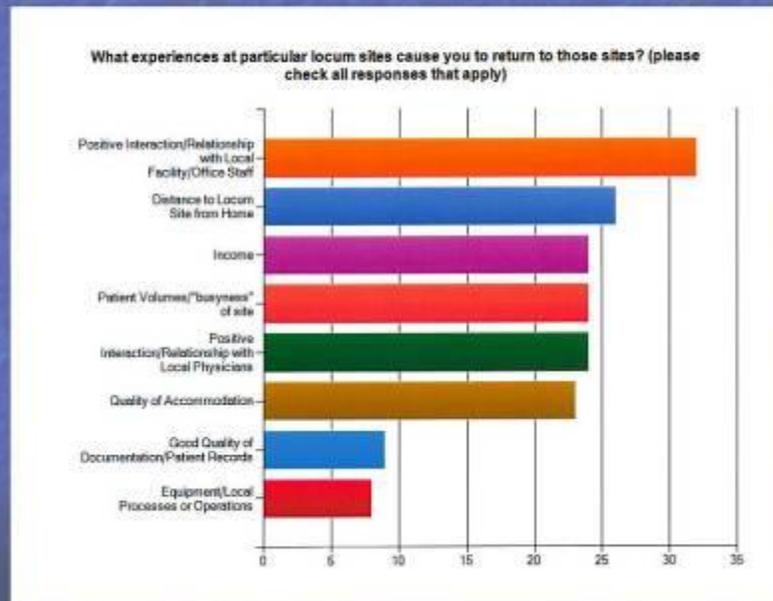
## Physician Locum Services Update

- Program Overview: Service
  - Service Provision Statistics 2008/09:
    - Days of locum relief:
      - GPs: 3151
      - Specialists: 2806
    - Number of communities serviced: 65 (GP), 10 (SPEC)
    - Number of physicians receiving service: 136 (GP), 50 (SPEC)
    - Numbers of active locums:
      - GPs: 105
      - Specialists: 118

## Physician Locum Services Update

- Appeal of Program (to locum physicians):
  - **Guaranteed minimum income:** estimate of minimum income for assignment.
  - **Flexibility:** locums have full choice in selecting assignments; suits locums' lifestyles/availability.
  - **Variety:** different sites and experiences; e.g. new grads experience communities before settling.
  - **Convenience - full service by PLS:** paperwork & bookings completed by PLS staff.

## Physician Locum Services Update



## Physician Locum Services Update

- **Complaints/Dissatisfaction** (from locum physicians):
  - **Accommodation:** does not meet locum expectations or previous experience.
  - **Poor orientation or support by local staff; resources missing** – cell phone, pager, passwords.
  - **Communication breakdown/ misunderstandings:** experience different than letter agreement discussion (greater call, etc.); locum practice different from local processes.
  - **Cancellations:** especially with short notice.
  - **Billings:** locums do own billings after assignments.

## Physician Locum Services Update

- **Appreciation of Locum Service (by rural physicians):**

*"RLP is an essential program for rural physicians. I could not stay rural without the program"*

*"This program is one of the reasons that I will continue to practice a longer period of time vs. totally retiring"*

*"If it was not for RLP there would be no doctors in rural Alberta."*

## Physician Locum Services Update

- Complaints/Dissatisfaction:

- **Take-away message** : create an environment where locums like to work = return visits by locums; retention of rural physicians; possible recruitment locum physician looking for long-term practice option.

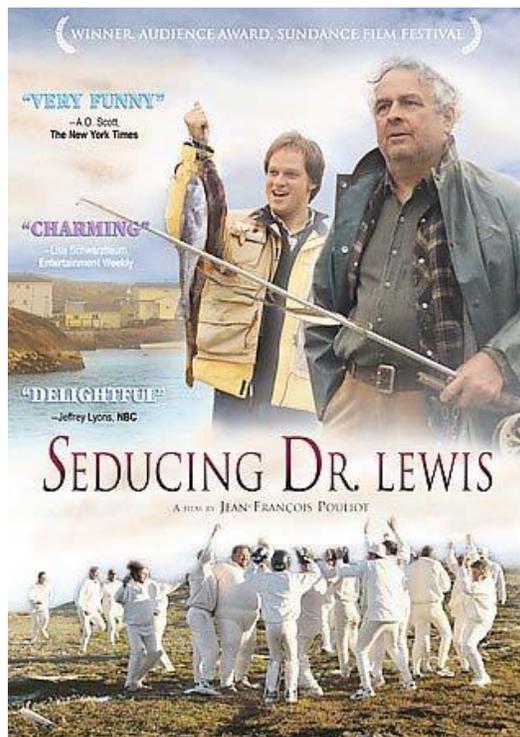
# Physician Locum Services Update

Questions/Comments/Additional Information:

Barry Brayshaw  
Director, AMA Physician Locum Services  
W: 780-732-3366  
barry.brayshaw@albertadoctors.org

Thank you.

## ***A Night at the Movies: "Seducing Dr. Lewis"***



### 3. THURSDAY, SEPTEMBER 24

---

#### ***Building Community Support and Involvement*** ***Facilitator: Cesar Cala***

##### **Biography: Cesar Cala**

Cesar was involved community development in the Philippines and Asia for more than 15 years on issues of democratic reform, community participation and grassroots development. He helped set up a number of organizations, among them the Institute for Popular Democracy, the Education for Life Foundation and the Movement for Popular Democracy. Cesar moved to Canada in 1996 with his partner Marichu Antonio and their two children. He pursued his passion for community work, both in volunteer and professional capacities, with organizations like the Arusha Centre,



Oxfam-Canada, the Developmental Disabilities Resource Centre of Calgary, the Ethno Cultural Council of Calgary, the Children's Legal and Educational Resource Centre, Sustainable Calgary, The Calgary Foundation and the Asian Heritage Foundation for Southern Alberta. He occasionally teaches community development at the University of Calgary. Cesar currently works as a Strategy Lead on Neighbourhoods for United Way of Calgary and Area.

##### **“How” is the question**

1. How can we involve our youth in healthy communities?
2. How can we bridge our physicians from different clinics and facilities to cooperate in recruitment?
3. How can we close the communication gap between the communities?
4. How can we help the family of the Doctor bridge into the school system?
5. How can we bridge our community members to help with housing for Locums?

“By” is the answer

- By trying to understand the other groups need and/or visions.
- By having all existing members bring one new member into the group.
- Engage youth by creating value for the volunteer/youth/individual the community.
- By calling an emergency meeting of your local interests groups.
- By providing information sessions to showcase our community needs and offerings.

## Flip Charts

- Business/Economic Development/Chamber
- Community volunteers
- MLA's/ councils
- Coffee shops (hubs)
- Medical staff/Health
- General Public
- RPAP
- Not for Profit
- Service Clubs
- Student Placement/Education Institutions

## GAPS

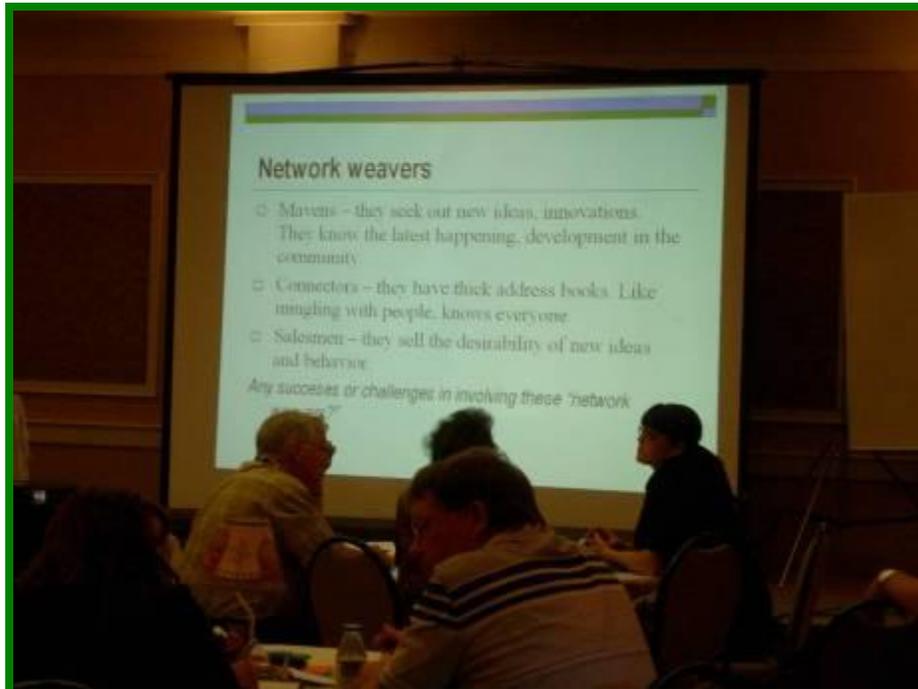
- Communication with the broader public
- Health services
- General Public Apathy/nay Sayers
- Media                      traditional



Social media

- Local Doctors ↔ R & R
- Source/Pool to draw from

- How can you .....
- How can we .....
- Do .....



Rural Alberta Community Physicians Recruitment  
and Retention Workshop  
**Building Community Support and Involvement**

---

September 24, 2009

## **Our approach**

---

- Learning from what is already successful
- Input on some Ideas to consider
- Discussing areas that need improvement / new approaches

---

## Table Activity:

---

- Networks in the community

Different groups, associations, individuals in your communities are already participating / contributing to the recruitment and retention of physicians.

---

## What are networks?

---

- Networks are channels through which community members exchange support, information and resources.

---

## Why are networks important?

---

- They link otherwise dispersed individuals, groups.
- They embody a community's potential for collective action.
- They impact on the quality of public and private initiatives.

*“Behind every successful community initiative is a network of involved individuals, groups, organizations.”*

---

## There are different types of networks:

---

### Personal Support Networks

- Ties with friends, acquaintances, relatives, neighbours, workmates and other community members that individuals and households use for everyday and emergency support.
- All individuals and families need strong personal networks to get by and to move up.

---

## Something to consider:

---

Do recruited rural physicians come in with reduced or diminished personal support networks? What challenges does this pose to the individual doctors and their families? What challenges does this pose for the recruitment and retention initiative?

---

## Organizational / project networks

---

- The networks that an organization or project builds around its activities. For example: an employment program builds a network among local employers, volunteers and referring agencies.

*What network is built around the Recruitment and Retention initiative?*

---

## Community Networks

---

- The collection of networks present in the community.

*A community with a dense and intertwined web of groups and organizations has a greater capacity for collective action.*

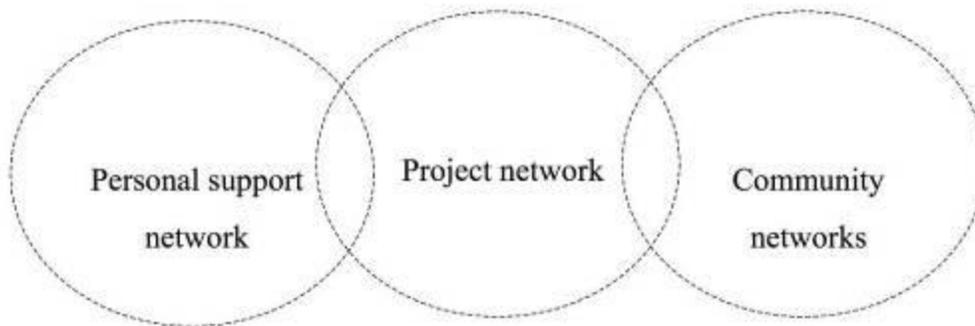
---

## Bonding and Bridging

---

- Bonding – networks that bring similar individuals/groups together;
- Bridging – networks that bring individuals and groups of different backgrounds together.

*Is it important for your committee to be both bonding and bridging ? How can it do both?*



Our starting point as R&R initiatives is the project network. The challenge is two-fold:

- To help build personal support networks for recruited physicians
- To expand our project networks into community networks

---

## Activity:

---

- How is your network doing?

---

## Constructing/Sustaining your committee

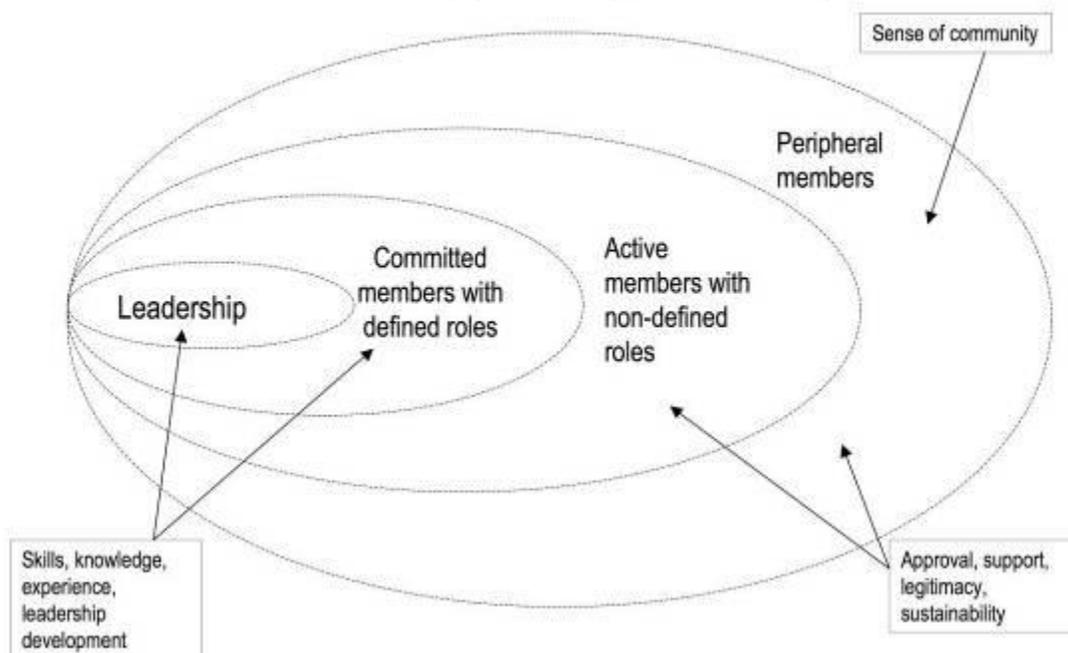
---

- Ideally, a committee that wants to undertake a community wide initiative needs to bring together the various networks involved in its success (in the case of R&R – those represented in the Success Factors Mapping).

## Tips on involving networks:

- Involve more than 1 person from a network (maybe a regular alternate)
- Make sure there is **reciprocity** in benefits to the networks you are involving (what they call a win-win)
- Good flow of communication make people feel they are involved even if they are not directly participating.

### Community Participation Map



---

## **Leadership / Committed Members with defined roles**

---

- Those who get involved, initiate action, lead in planning, organizing and implementing. These are community members who take active roles in getting things done. Often they have formal roles. Sometimes, they do the work even without having formal roles.

---

## **Committed attendees, occasional volunteers – Active members, non-defined roles**

---

- They form a logical pool of talent and resources to be developed and utilized for more active/defined roles in committees or for simply helping out.

*The challenge is how to keep these community members involved – through activities and specific tasks.*

---

## **Peripheral members – building wider support**

---

- These community members liked to be kept informed, want to be in the know.
- They are important because they provide the base for community acceptance and also provide a possible pool of volunteers.

---

## **Network weavers**

---

Individuals that contribute to healthy community networks. You want them on your side.

- Natural neighbours – acts as an informal helper, first to respond to the need of a neighbour.
- Gatekeepers – act as bridge between individuals/groups and the wider community. They keep themselves aware of and in touch with resources / information in the community.

---

## Network weavers

---

- Mavens – they seek out new ideas, innovations. They know the latest happening, development in the community.
- Connectors – they have thick address books. Like mingling with people, knows everyone.
- Salesmen – they sell the desirability of new ideas and behavior.

*Any successes or challenges in involving these “network weavers?”*

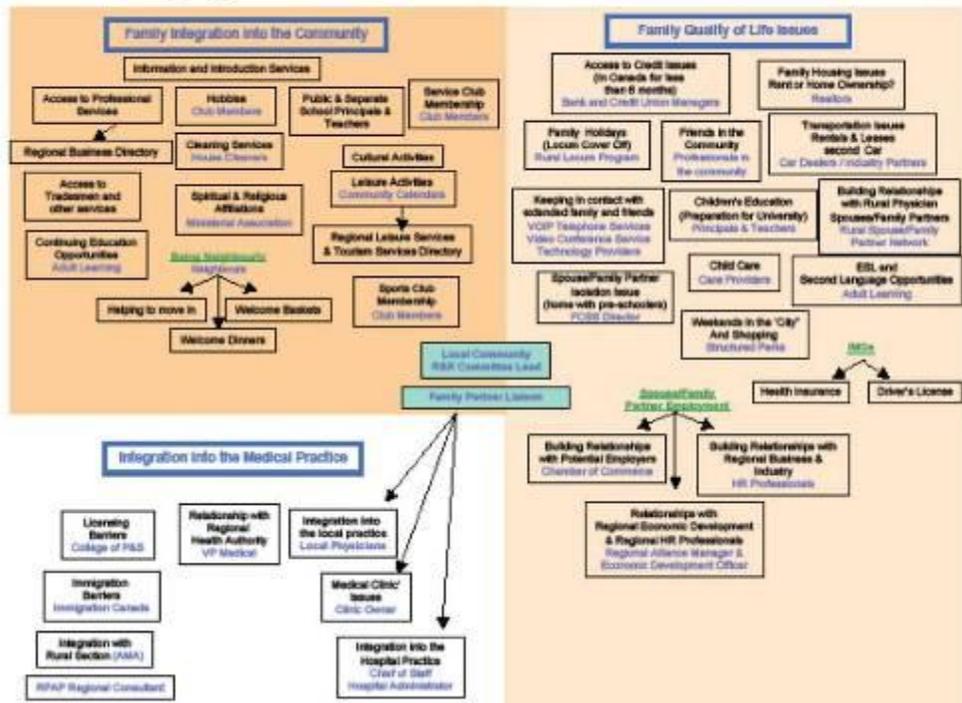
---

## Discussion

---

- Going back to the gaps discussed earlier, how do we reach out and involve people from other networks? Any successes or challenges that people want to share?

# R&R Success Factors Mapping



***Resourcing the Work: Sharing Community Examples  
Community Presenters: Shirley Hope, Rocky Mountain  
House; Nona Elliott, High Prairie; Brent Hall, Claresholm***

**Panel- Resourcing the Work- 3 Rural Communities Share their experiences.**

**Claresholm: Brent Hall**

- Young docs. Don't want to buy into the existing practice
- Claresholm has created the "Claresholm and District Health Foundation"
- They have hired a professional person Tara Bishof to do the recruitment piece
- They offer 2 years of housing assistance as their incentive
- They have 5 fulltime physicians with one more on the way – many are IMG's
- The clinic is owned by 4 docs – 2 still working 2 are retired.
  
- Mail outs, paper ads, TV funded
- Now have 5 full time Doctors with one more coming
- But never sure how long IMG's will stay
- Have individuals who are doing work to bridge (Co-coordinator of Health Foundation)

**High Prairie: Nona Elliott (had power point slides but due to technical could not be seen will be available on website)**

- Got \$40,000 from AEI to do an HR toolkit (she passed out copies)
- Not getting a new hospital as they were promised in High Prairie and therefore no new docs (those were turned away as well)
- They have raised to date \$460,000 towards a CT Scan
- For 2 years they have hosted a black and white Gala to raise funds for this project
- Formed a foundation.
- Focus on fully equipped facility to attract Doctors and support community needs.
- Human resource plan for solid demographics → \$40, 000.00 grant (CD) to do the project (E & I funded)
- No longer functioning hospital

- Promised new health center
- Recruited doctors but then they were denied by AHS
- Fundraising for CT scan
- People are in desperate need of health service in the community.

### **Rocky Mountain House: Shirley Hope (video will be available on website)**

- Important to let the community know that any funds raised by events stay directly in the community
- They do a gala dinner – Table for 8= \$1,000
- \$10,000 to sponsor the event, there are entertainment and wine sponsors
- They always match a seasoned volunteer with a new volunteer so that they know what the process is, and so that they always remember that this is a “Gala” supper not a “harvest dinner bbq”
- Pamphlet was given out with a few more details/pictures – see for more info.
- Fundraising gala dinner
- Show physicians are in need and funding is there for the equipment they need.



## List of participants



### 2009 Rural Alberta Community Physician Recruitment & Retention Workshop Participants

Name	Title	Organization	Town
Wendy Bickerstaff	Secretary		Athabasca
Trevor Martin	Chairperson		Athabasca
Mike Demko	Councillor	Athabasca	Athabasca
Brian Schulz	Mayor	Barrhead	Barrhead
Robert Young	Councillor	Tofield & Area Health Services Fdn	Beaver County
George Brightwell	councillor	MD Peace	Berwyn
Martin Shields	Mayor	City of Brooks	Brooks
Wanda Mortensen	CAO	City of Brooks	Brooks
Alan Martens	Deputy CAO	City of Brooks	Brooks
Andrea Taylor	regional recruiter	AHS	Calgary rural
Dennis Twomey	Economic Dev. Coor	City of Camrose	Camrose
Trina McCarroll	HR Consultant	City of Camrose	Camrose
Heidi Marcin	Medical Services Ass.	AHS	Camrose
Marilyn Weber	Executive Director	Our Lady of the Rosary Hospital	Castor
Mike Faught	Board member	Our Lady of the Rosary Hospital	Castor
Brent Hall	Business Manager	Claresholm Medical Clinic	Claresholm
Glen Alm	Councillor	MD Willow Creek	Claresholm
Jim Martin	Councillor	Flagstaff R&R cttee.	Daysland
Myrna Lanctot	Chairperson	Smoky River R&R committee	Falher

Name	Title	Organization	Town
Nels Nelson	Councillor	Town of Grimshaw	Grimshaw
Jenny Wallace	Municipal Director	Town of Grimshaw	Grimshaw
Shirley Matula	Director	Community Health Foundation	High Prairie
Wilfred Willier	Director	Community Health Foundation	High Prairie
Alice Mary Olansky	member	High Prairie R&R Committee	High Prairie
Nona Elliott	community member	R&R committee	High Prairie
George Keay	cttee member	R&R committee	High Prairie
Geraldine Clark	CEO	Killam Health Care Centre	Killam
Ann Knelsen		La Crete Mun. Nursing Assoc.	La Crete
Joyce Fehr		La Crete Mun. Nursing Assoc.	La Crete
Lyne Kover	Manning R&R cttee	Manning	Manning
Gail Scott	CEDO	Olds Inst. Community & Reg'l Dev	Olds
Pamela Kathol	Physician Recruiter	AHS	Red Deer
Pat Alexander	Councillor	Clearwater County	Rocky Mountain House
Tracy King	Manager	Clearwater Regional FCSS	Rocky Mountain House
Larry Kowatch	councillor	Clearwater County	Rocky Mountain House
Donald Verhesen	councillor	Town of RMH	Rocky Mountain House
Sheila Mizera	Councillor	Town of RMH	Rocky Mountain House
Jason Wallsmith	Municipal Intern	Lac Ste Anne County	Sangudo
Leslie Heck	Special Projects Coordinator	Flagstaff County	Sedgewick
Cory Ollikka	Reeve	Smoky Lake County	Smoky Lake

<b>Name</b>	<b>Title</b>	<b>Organization</b>	<b>Town</b>
Lori Danyluk	Councillor	Smoky Lake County	Smoky Lake
Ron Bobocel	Councillor	Smoky Lake County	Smoky Lake
Dareld Cholak	Deputy Reeve	Smoky Lake County	Smoky Lake
Bob Long	councillor	Kneehill County	Three Hills
Barry Kletke	Mayor	Town of Trochu	Trochu
Al Campbell	member at large	Kneehill County R&R committee	Tofield
Nabil Chehayeb	Mayor	Town of Tofield	Tofield
Glen Hutton	Chairperson	Vulcan R&R committee	Vulcan
Darrell Garceau	Tpwn Manager	Westlock	Westlock
Tammy Woroschuk	Councillor	Westlock	Westlock
Corinne Cornell	Senior Admin/Physician Recruitment	ASH	Westlock
Holly Dudley	Admin Assistant	Wetaskiwin Hospital & Care Centre	Wetaskiwin
Doris Splane	Councillor	Boyle R&R cttee	Boyle
Gary Spitzig	Director Marketing & Development	Town of Gibbons	Gibbons
Diane Gordon	councillor	Town of Killam	Killam
Ernie Murias	Town Councillor	Town of RMH	Rocky Mountain House
Jim Bague	Mayor	Town of RMH	Rocky Mountain House
George Turk	Councillor	Lac Ste Anne County	Sangudo
Barton Coady	Councillor	Smoky Lake County	Smoky Lake
Alan Deane	Deputy Reeve	Woodlands County	Woodlands County
Tina Coates	Health providers recruiter	AHS	High Level

# Alberta Physician Link (APL) Update and Contest Winners

---

Submissions were made by the following communities:

- Gibbons
- Grimshaw and area
- Manning
- Olds
- Smoky River
- Vulcan

The winners were:

1<sup>st</sup> prize: Manning R&R committee

2<sup>nd</sup> prize: Vulcan R&R committee

3<sup>rd</sup> prize: Grimshaw and area R&R committee

## ***Community R & R APL Template Competition – Judge’s Comments***

**Judging Criteria as Follows:**

### Total Overall Impression

- Brochure is nice
- Nice photo album
- Great, excellent, good
- Positive and welcoming

### Most Complete Template

- Very appealing
- Could use additional positives in some areas
- Great, excellent
- Complete

### Most Creative Photo Album

- Very nice presentation, pictures attractive
- Great pictures, great selection
- Very creative and informative

1. Does the information presented give the reader an idea of the type of people who live in the community?

- Very well done – very descriptive
- Gives overview of demographics
- Nice story presented
- Very good use of photos and description of life in community
- Nice to see age range of population included
- Demographics info shared
- Good to focus on people as well as facilities
- Limited information on specific types of people (culture, etc.) but good description of “country” people
- Good general description – and good depiction in pictures

2. The culture of the community (its history, its overall character)?

- Good – could also consider including cost of living, climate information, services/amenities
- Very good detail, great activities list
- Tells a nice story with great examples and highlights
- Business hub, learning and events
- Good description of overall character

3. The amenities of the community:

- Great information about businesses and resources
- Excellent highlights of community
- Shows shopping centres, health, education facilities
- Good general description
- Very well explained and detailed

4. The strengths of the community?

- Advance economy in a rural setting/technology
- Supportive community, recreation and future growth
- Welcoming hospitality, location and facilities
- Well described – focus in natural beauty of area
- Positioned in a very positive manner

5. The areas currently being developed/worked on?

- Included growing construction on new sports complex
- Community growth and goals given

6. Addresses needs of families, spouses/partners?

- Good overview of schools, activities and community resources
- Directory gives good extra information
- Good description of things to do (leisure)
- Good description of services/activities

7. Do the photos identify how people live (where they spend their leisure time, what the housing stock looks like, what do different areas of town look like – downtown, parks, etc.)?

- Great photos, gives a good overview of community & variety of interests
- Good photo gallery
- Fantastic photo presentation

8. Show the health facilities/services available (clinic, health centre, emergency room, hospital, etc.)?

- Great shots, beautiful facility
- Good explanation of facilities, excellent descriptions and photos inside the hospital
- Well described, good visual representation

#### Judge's Comments

- Very good package, appealing images and good information
- Very well done. Creates positive impressions but also a high level of information.
- Very appealing package, good range of info and written very well creates a nice, memorable story of the community
- Good information. Nice selection of photos gives a good overview. Directory booklet was interesting info and resources.
- Good images

# Media Release

## Provincial Workshop to Address Community Physician Recruitment and Retention

Edmonton, 21 September 2009

Volunteers from 30 Alberta communities will converge in Leduc 23-24 September 2009 to learn from experts and from one another about how best to recruit and retain physicians. Recruiting and retaining physicians in many rural communities is an ongoing challenge.

On the first day of the workshop, participants will hear directly from medical students and recent graduates about their expectations for rural family medicine. Later, experts will provide presentations and lead discussions on topics such as the changing expectations of younger physicians and their families related to work and family life; enhancing the cultural integration of physicians and their families from foreign countries; enhancing relationships between Alberta Health Services and rural Alberta; and rural locum services. The second day will focus more on the nuts and bolts of the work of the community recruitment and retention committees and important issues such as committee leadership and sustainability, and enhancing community support. Committee members from communities such as High Prairie, Claresholm and Rocky Mountain House will share stories on fundraising initiatives before the workshop wraps up.

This is the 2<sup>nd</sup> Annual Rural Alberta Community Physician Recruitment and Retention Workshop. Last year's workshop participants gathered stories about their community efforts and identified the need to keep in touch over the year to share ideas and support through videoconferencing and a blog.

While living and working in rural Alberta brings many benefits to physicians - such as practising a more comprehensive hands-on style of medicine and enjoying the quieter pace and beauty of rural living - practising in small communities can also pose unique challenges for physicians. These may include higher workloads, demanding on-call schedules, limited access to specialists, and difficult strains on their spouses and children.

Rural communities, however, can play an important role in co-managing their local physician resources by understanding the unique challenges facing physicians, creating physician-friendly environments and by participating more fully in recruiting and retaining physicians.

This annual workshop is sponsored by The Alberta Rural Physician Action Plan (RPAP), the Northern Alberta Development Council, and Alberta Employment and Immigration.

For more information, contact

David Kay, Executive Director  
The Alberta Rural Physician Action Plan (RPAP)  
Phone: 1-780-423-9911 x 109 or 1-780-720-7332 (cell)

Rebekah Seidel  
RPAP Community Physician Consultant  
Phone: 1-403-843-4879 or 1-403-704-5634 (cell)

## Appendix B: Agenda



Community  
Recruitment  
& Retention

## Workshop Agenda

*2009 Rural Alberta Community Physician Recruitment and Retention Workshop*

*Wednesday September 23, 2009*

11:00 AM	Registration and Package Distribution
11:30 AM	Lunch & Welcome/Introductions
12:00 noon	Panel: Medical Student/Recent Graduates Hopes and Expectations re: Rural Family Medicine
12:45 PM	Cross Generational Presentation: Interactive Session Facilitator: Bruce Lee
2:45 PM	Health Break
3:00 PM	International Medical Graduates (IMG's) & Furthering Cultural Integration: Interactive Session Facilitator: Melissa Magder
5:00 PM	Enhancing Relationships Between Alberta Health Services (AHS) and Rural Alberta Speaker: Pam Whitnack, Executive VP Rural, Public and Community Health, AHS
6:00 PM	Supper & Presentation on Rural Locum Services Speaker: Barry Brayshaw
	A Night at the Movies: Special Showing of "Seducing Dr. Lewis" 

*Thursday September 24, 2009*

7:30 AM	Breakfast
8:30 AM	R & R: Building Community Support and Involvement (i.e. sustainability, leadership, burnout) Facilitators: Cesar Cala & Marichu Antonio
11:30 AM	Resourcing the Work: Sharing Community Examples on Fundraising Initiatives Community Presenters: Rocky Mountain House, High Prairie, Claresholm
12:30 PM	Alberta Physician Link (APL) Update and Contest Winner
1:00 PM	Workshop Wrap Up and Next Steps Lunch (bag lunch is provided)

- \* All sessions will be held in the Lancaster Ballroom, Executive Royal Inn, Nisku, AB.
- \* Agenda is subject to change.



Government of Alberta   
Employment and Immigration



## Appendix C: Session Information Sheets

---



**“You can take the boy out of the country...  
but once the boy becomes a doctor,  
how do you get him back there?”**  
*JK Heid, 1979*

### The Issue

There is currently a shortage of physicians internationally, nationally and provincially. The main challenge for Alberta is to increase the number of family physicians and specialists, and the availability of health services and other health professionals in rural, remote and northern areas of the province. The Alberta Rural Physician Action Plan (RPAP) and Alberta Health and Wellness (AHW) work with Alberta Health Services (AHS) and other operators, such as Covenant Health, to support and enhance recruitment and retention strategies for physicians.

### Recruitment Strategies

Key recruitment strategies in Alberta are designed to address professional issues and lifestyle issues and include rural initiatives and initiatives to integrate and register internationally trained physicians.

- The Alberta Rural Physician Action Plan (RPAP) is an Alberta Health and Wellness (AHW) funded program that provides a number of recruitment supports for rural physicians. These supports include: an Orientation Guide for new physicians, two Community Physician Consultants, Recruitment Expense Assistance, Community Recruitment and Retention Tools and a provincial Recruitment Website.
- In the summer of 2009, there was a pilot initiative funded by AHW for six physicians from the United Kingdom to trial a “working holiday” in Alberta. For three months, these family physicians worked in rural-based practices and experienced life in Alberta. This pilot was an opportunity to enhance Alberta’s recruitment efforts overseas. The pilot will be extended until March 2011 to permit an additional two physician from the UK to

participate. Of the first four physicians, three are committed to permanent practice in Alberta; the fourth is still in the midst of his 89-day experience.

- Immigration is an important part of ongoing physician workforce planning. A number of programs have been instituted to support international medical graduates through the registration process and integration. For example, a special register of the College of Physician and Surgeons of Alberta (CPSA) that allows physicians to work independently within a specific area of medical practice in a community identified by AHW as having an emergency need for those services.

**“On his own skill, knowledge and resourcefulness, the welfare of his patient altogether depends. The rural district is therefore entitled to the best trained physician that can be *induced to go there.*”**

**Dr. Abraham Flexner. *Advancement of Teaching Medical Education in the United States and Canada*, 1910**

## Retention Strategies

Key retention strategies include addressing difficulties physicians experience in maintaining their practices and a healthy work-life balance; recognizing physicians for the years they have practiced in Alberta; addressing the concerns of rural physicians related to time off and continuing medical education; spousal and family programs; and supporting models of collaborative, multi-disciplinary approaches to service delivery.

Alberta’s hot economy has created additional challenges for physicians in practice, and Alberta has responded with various initiatives. For example:

- The Clinical Stabilization Initiative establishes financial incentives for physicians practicing in difficult-to-recruit/-retain areas of Alberta, including the *Rural Remote and Northern Program* which provides incentives to practice in rural, remote and northern communities; and the *Communities in Crisis Program* which supports communities such as Grande Prairie and Fort McMurray which require additional support due to their pressing situations.
- *The Retention Benefit Program* encourages older or part-time physicians to remain in practice by providing financial recognition for the years they have provided services to Albertans.

- *The Physician Locum Services Program* helps rural physicians take leave from their practice for weekends and periods of five days to four weeks for vacation or to complete additional education.
- The opportunity to provide service in collaborative arrangements with other physicians and health professionals in Primary Care Networks is available throughout Alberta.

### **Alberta's Record in Recruitment and Retention**

Alberta has had more success in recruiting and retaining physicians than many other provinces. On December 31, 2008, Alberta had 3,564 Family Physician/GP physicians and 3,650 other specialist physicians registered with the College of Physicians and Surgeons of Alberta, representing an increase of 303 in the year. According to the Canadian Institute for Health Information, Alberta continues to have one of the highest migration percentages (16.6 percent) for physicians moving to Alberta. The Canadian average is 4.9 percent.

#### **For more information on this topic contact:**

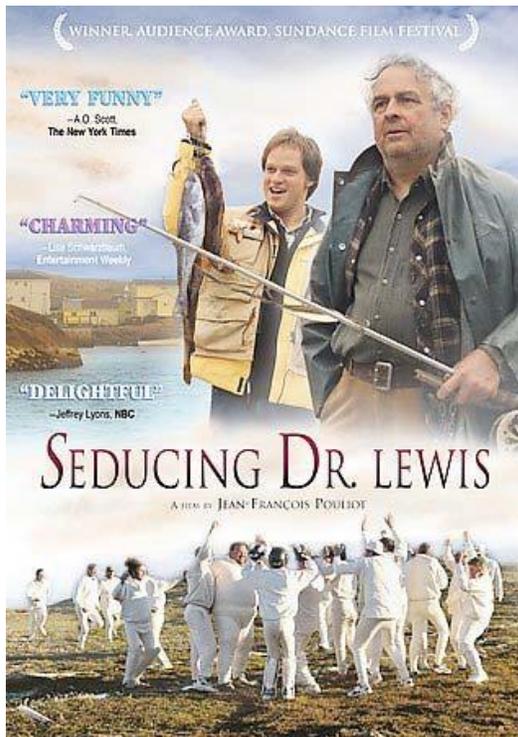
**David Kay**, CHE, FACHE, Executive Director

#### **The Alberta Rural Physician Action Plan**

780-423-9911 or 1-866-423-9911

[www.rpap.ab.ca](http://www.rpap.ab.ca)

## Movie “Seducing Dr. Lewis”



Jean-François Pouliot's Sundance Film festival award-winning film is the beguiling story of a ragtag fishing community on a tiny, impoverished island who must persuade a young Montreal-based doctor to live in their town in order to get a much needed factory.

And thus the seduction of the young Doctor Lewis (David Boutin) begins, as the entire village works to convince a big-city, cosmopolitan doctor that this isolated village is the ideal place to live. From pretending to love cricket to preparing a “Festival de Beef Stroganoff” (his favourite dish), the villagers will do anything they can to keep Dr. Lewis. However, as Dr. Lewis begins to fall under their spell, will they end up going too far?

### Things to Consider:

1. The film portrays a rural community and their tactics to recruit and retain a physician. Have you found your community considering similar tactics?
2. How do the strategies/themes identified in the film compare to the Alberta context? Consider the current situation for Alberta and the recruitment and retention strategies that are in place for health professionals.
3. How might the issues identified in the movie relate to recruiting physicians from other countries?

## Appendix D: Alberta Physician Link Competition and Community Submissions

---



*Community involvement in developing vacant physician positions being promoted.*

### The Alberta Physician Link

#### The Competition

RPAP has organized a competition, with prizes, for the most thorough vacancy template that is completed by a community. The 2<sup>nd</sup> Annual Community Recruitment and Retention Workshop (Sept. 23-24, 2009) will be used as the place to showcase the APL templates completed by communities. Your committee is encouraged to complete the sections of the template and then bring a copy of the finished version to the September workshop. Submissions will be profiled and judged by an independent panel. There will be prizes for the top three.

- 1<sup>st</sup> Prize: A group of dinner theatre tickets
- 2<sup>nd</sup> Prize: A special lunch for the R&R committee
- 3<sup>rd</sup> Prize: A basket of upper end promo items

#### Checklist

Please bring to the 2<sup>nd</sup> Annual Community R & R Workshop (September 23-24, 2009):

1. A hard copy of your completed template (text and photos); and
2. A CD containing labeled photos and the finished template.

The templates will be judged the first day of the workshop, and then posted for all participants to view. We look forward to the results of your creative energies!

**Judging Criteria as follows:**

- Total overall impression
- Most complete template
- Most creative photo album

Within these 3 main categories, judges will look for the following:

**Does the information** presented give the reader an idea of the type of people who live in the community? The culture of the community (its history, its overall character)? The amenities in the community? The strengths of the community? The areas currently being developed/worked on? Address needs of families, spouses/partners? **Do the photos** identify how people live (where they spend their leisure time, what the housing stock looks like, what do different areas of town look like – downtown, parks, etc.)? Show the health facilities/services available (clinic, health centre, emergency room, hospital, etc.)?

**Post a Physician Vacancy Form  
Community: \_\_\_\_\_**

**POSITION**

**Vacancy:**

**Position Type:**

**Number of Positions Available:**

**Start Date:**

**Qualifications & Experience (Please indicate R – Required, D – Desired):**

**Additional Competencies (Please indicate R – Required, D – Desired):**

---

**COMMUNITY**

**Name of Community:**

**Community Description (*Free text - expand form as necessary*):**

**Travel Time:**

**CLINIC**

**Name of Clinic:**

**Clinic Type:**

**Practice Description:**

**Number of Physicians in Clinic:**

**Clinic Hours:**

## HOSPITAL

Hospital Name:

Hospital Statistics:

Available Specialty Services (*full-time and part-time*):

Radiology Services:

Radiology Hours of Operation:

Laboratory Hours of Operation:

Kidney Dialysis Unit on Site:

Cancer Treatment Services Available on Site:

---

## PHOTO GALLERY

## COMPENSATION

Compensation Type:

Average Annual Income:

Provincial On Call Stipend (POCP) :

Community Incentives (if applicable):

PCN Incentives (if applicable):

Clinic Incentives (if applicable):

Relocation Incentives (if applicable):

The following individuals were consulted to gather the information collected on this form:

Hospital Representative

Name:

Clinic Representative

Name:

This template has been completed to enhance your practice opportunity on the Alberta Physician Link website.

\_\_\_\_\_  
Community Representative

Date: \_\_\_\_\_

**Name:**

**Address:**

**Phone:**

**Don't forget to bring this completed form and the accompanying CD to the:**

**2<sup>nd</sup> ANNUAL RURAL ALBERTA COMMUNITY  
PHYSICIAN RECRUITMENT & RETENTION WORKSHOP  
Executive Royal Inn – Nisku, AB  
September 23 & 24<sup>th</sup>, 2009**

**Your community will be eligible to win:**

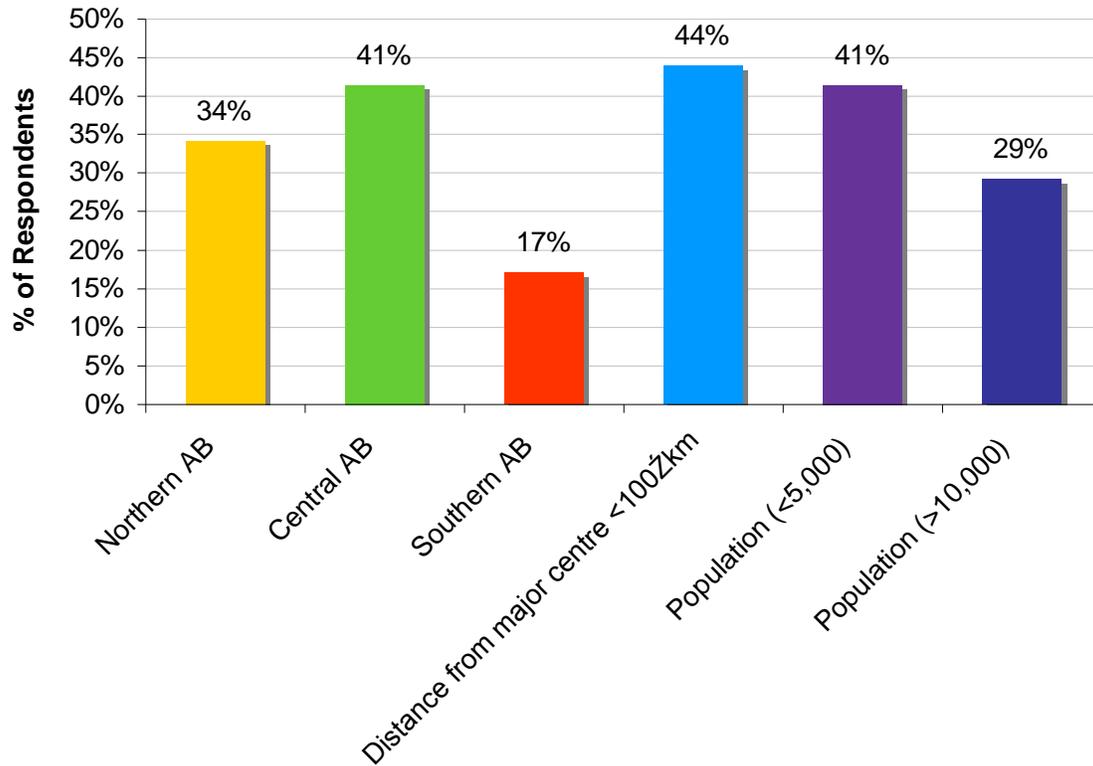
- **1<sup>st</sup> Prize**
- **2<sup>nd</sup> Prize**
- **3<sup>rd</sup> Prize**

**Insert Contest submissions here (pdf – 86 pages)**

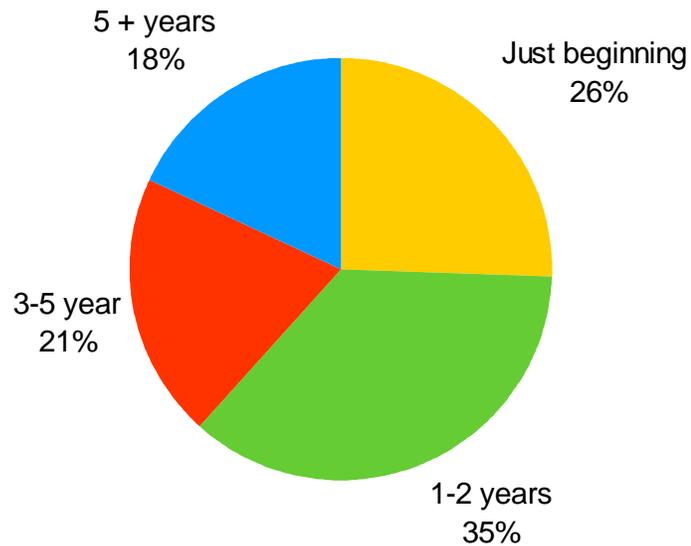


## Appendix E: Workshop Evaluations

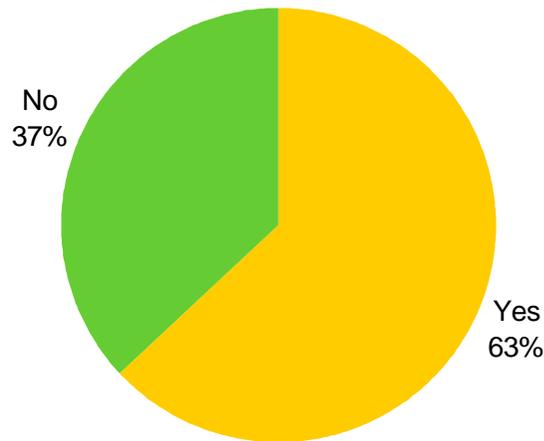
1. Identify which type of community you best represent:  
(Check all that apply)



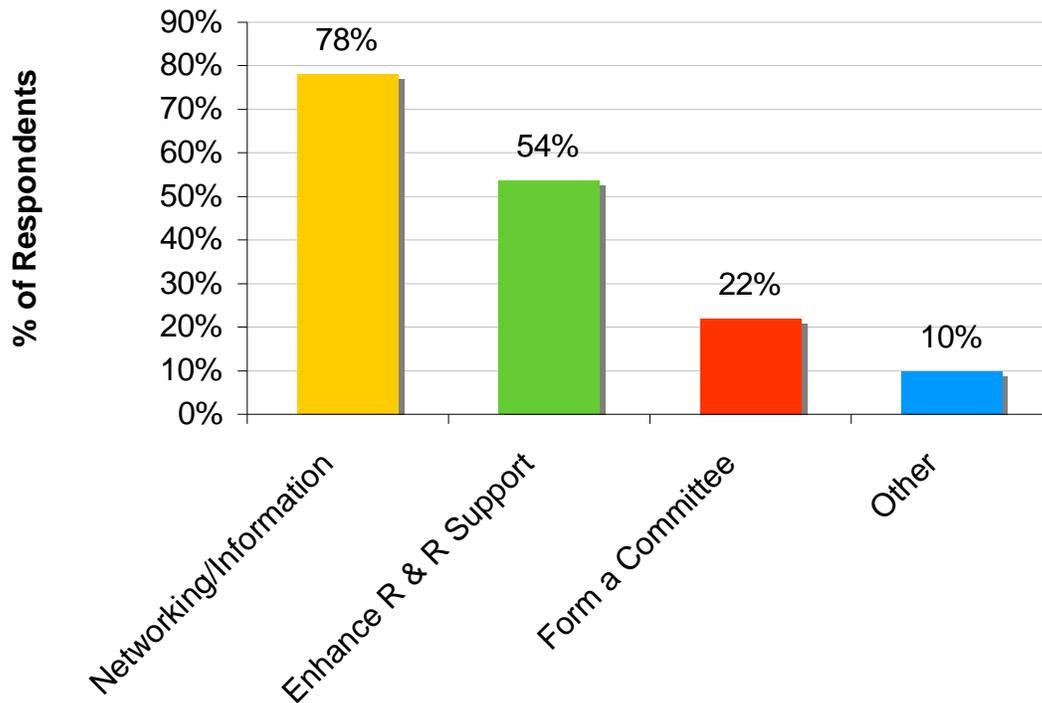
2. How long has your community been involved in physician recruitment and retention?



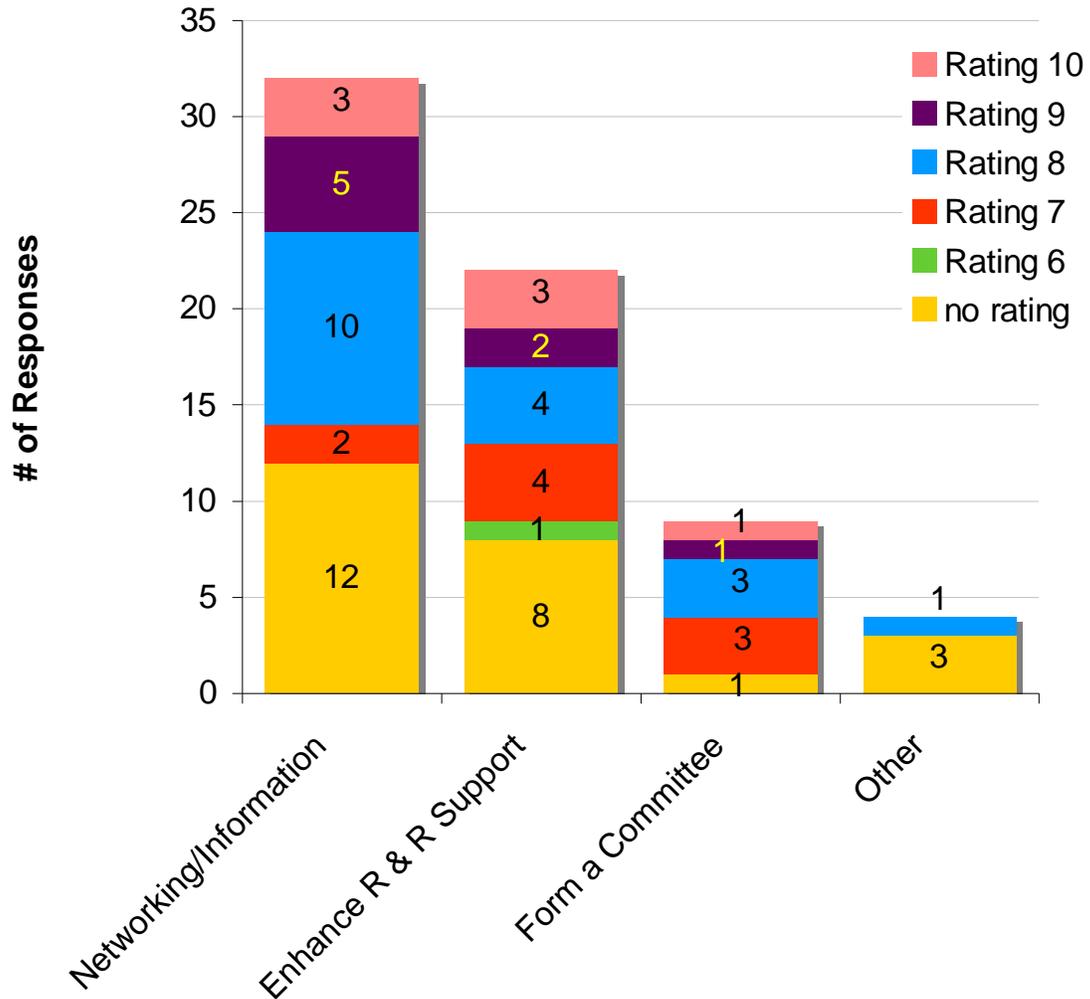
3. Did you or a representative from your community attend the 2008 workshop?



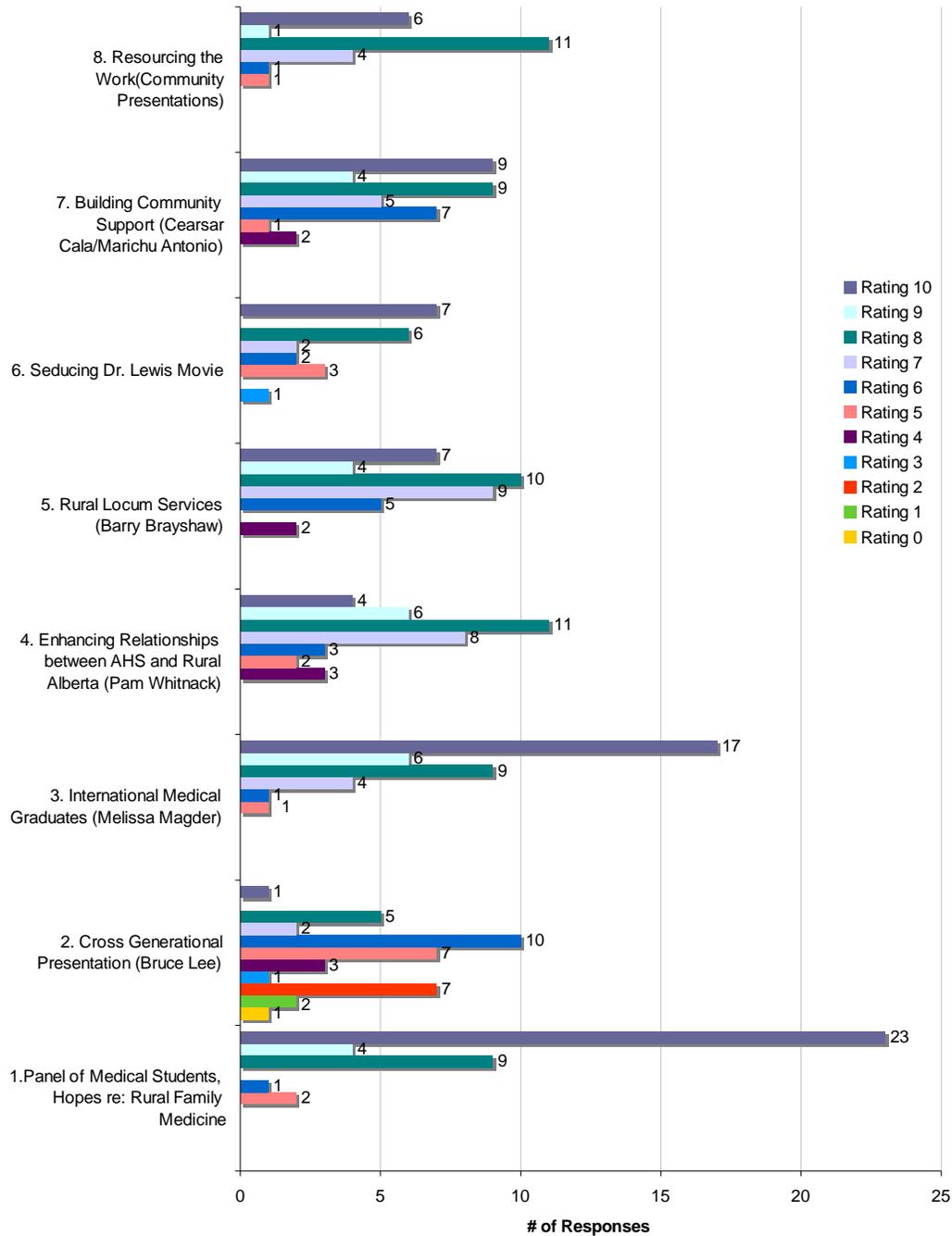
5. Please indicate your main objectives in attending this workshop.



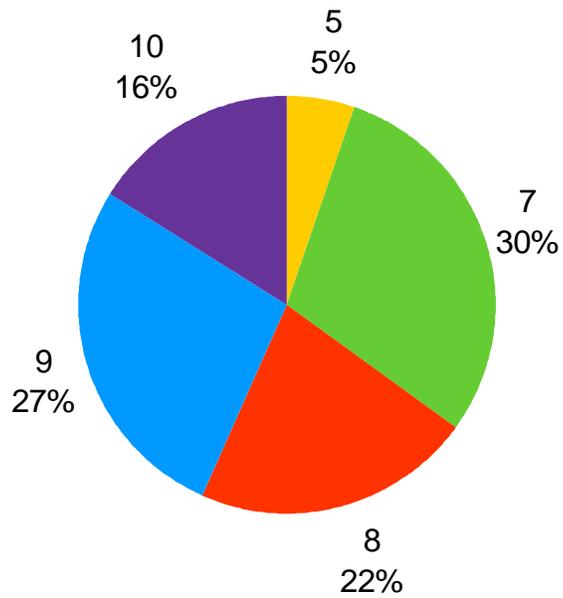
5. Please indicate your main objectives in attending this workshop & rate how well the event met these objectives 1 (poor) to 10 (excellent).



7. Please rate how relevant each of the presentations you attended were to your community R&R committee's interests and needs.



9. Please rate your overall learning experience at this Workshop.  
(not satisfied) 1 2 3 4 5 6 7 8 9 10 (very satisfied)



10. Based on this experience, would you attend another Community R&R Workshop?

