

# Without Partnerships, There is No 'Us'

*The Relationships that Underpin the Technological Enablement of BC's Medical School.*

Tuesday, April 25 2017

# Panelists

## **Doug Nicolle**

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## **Nav Bassi**

Director, Academic & Admin Services, University Systems, University of Victoria

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Director Information Technology, Faculty of Medicine, UBC

# Session Objectives & Agenda

- Describe the general context and constructs of BC's Medical School
- Identify the complex intersections between partnerships
- Explore approaches for building relationships and trust
- Discuss and contrast approaches for developing partnerships in your context

“You can achieve anything as long as you don’t care who takes credit.”

**Dr. Joanna Bates**



# A PROVINCE-WIDE ENTERPRISE

UBC FACULTY OF MEDICINE



a place of mind  
THE UNIVERSITY OF BRITISH COLUMBIA



# BC's Medical School Context

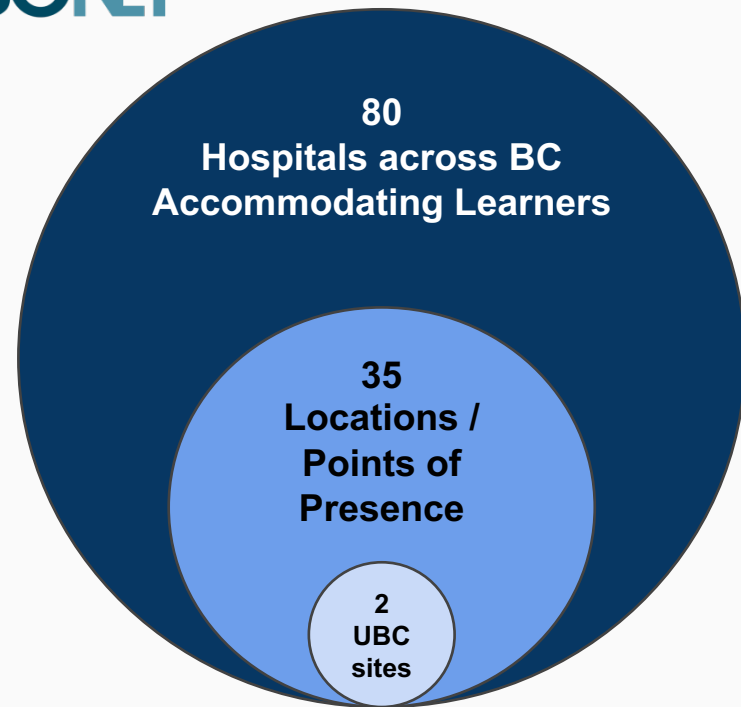


**University  
of Victoria**

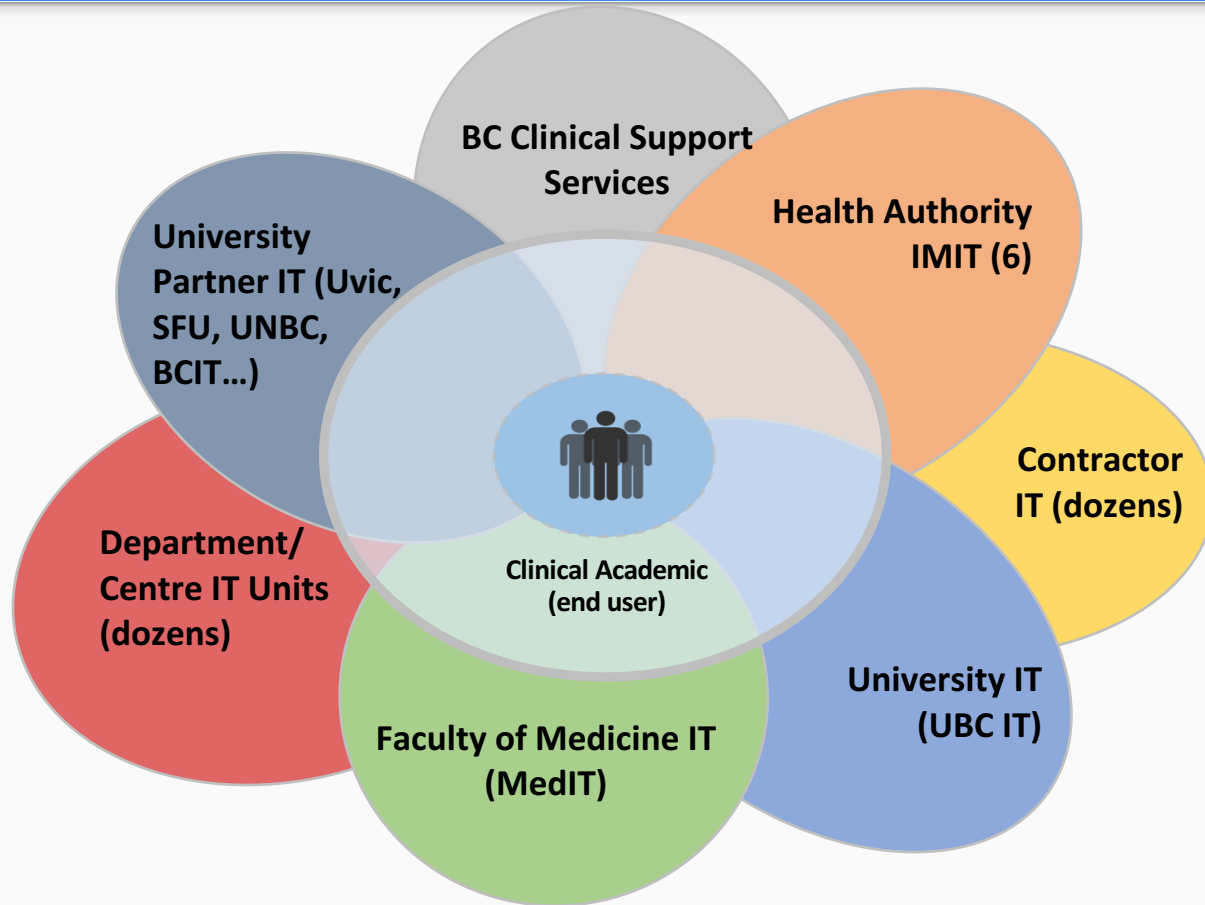


**BCNET**

- Points of presence in 30-40 site locations; learners in 80 hospital locations
- UBC is only in control of ~2 physical sites; guest in all other spaces
- FOM by the numbers (2014/15)
  - \$305 Million Research
  - 677 Full time Faculty
  - 6,059 Clinical Faculty (of 11,152 physicians in BC)
  - 1,146 undergraduate MD learners, 1,169 residents



# IT Service Provider Ecosystem in Clinical Academic Setting



# *Getting Things Done* - Navigating the complexity

- Identify the right person/group to speak to
- Common ground / common interests / common challenges
- Identify area of value to offer
- Capacity building opportunities
- Awareness and acknowledgement of local cultures
- Focus on partner's needs, not self needs
- Embrace diversity

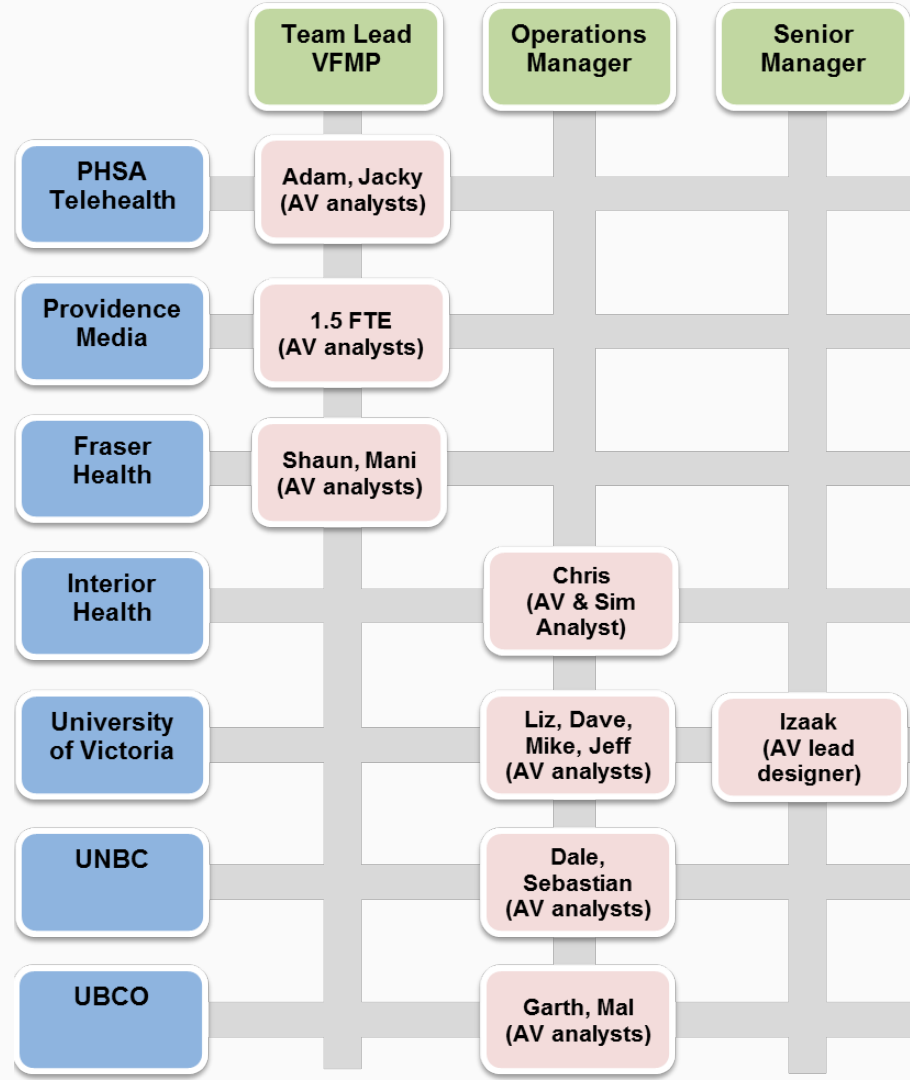


# Challenges

- Each organization, region and site has differences
- HR / union considerations (can't all be UBC employees)
- “Big Ask” taking place at several levels
- Health Authority's primary mandate is healthcare, not research or education
- Health Authority IT transformation (shared services)
- Differences in IT architecture and operations in each region
- Competing priorities

# Organization Approach

(Matrix reporting)



# Creating something that none of us could do by ourselves

## **Together we have:**

- Graduated over 3000 'made in BC' physicians in distributed model
- Enabled world-class medical research
- Formalized a Telehealth network for BC (Videoconferencing)

## **Peripheral successes:**

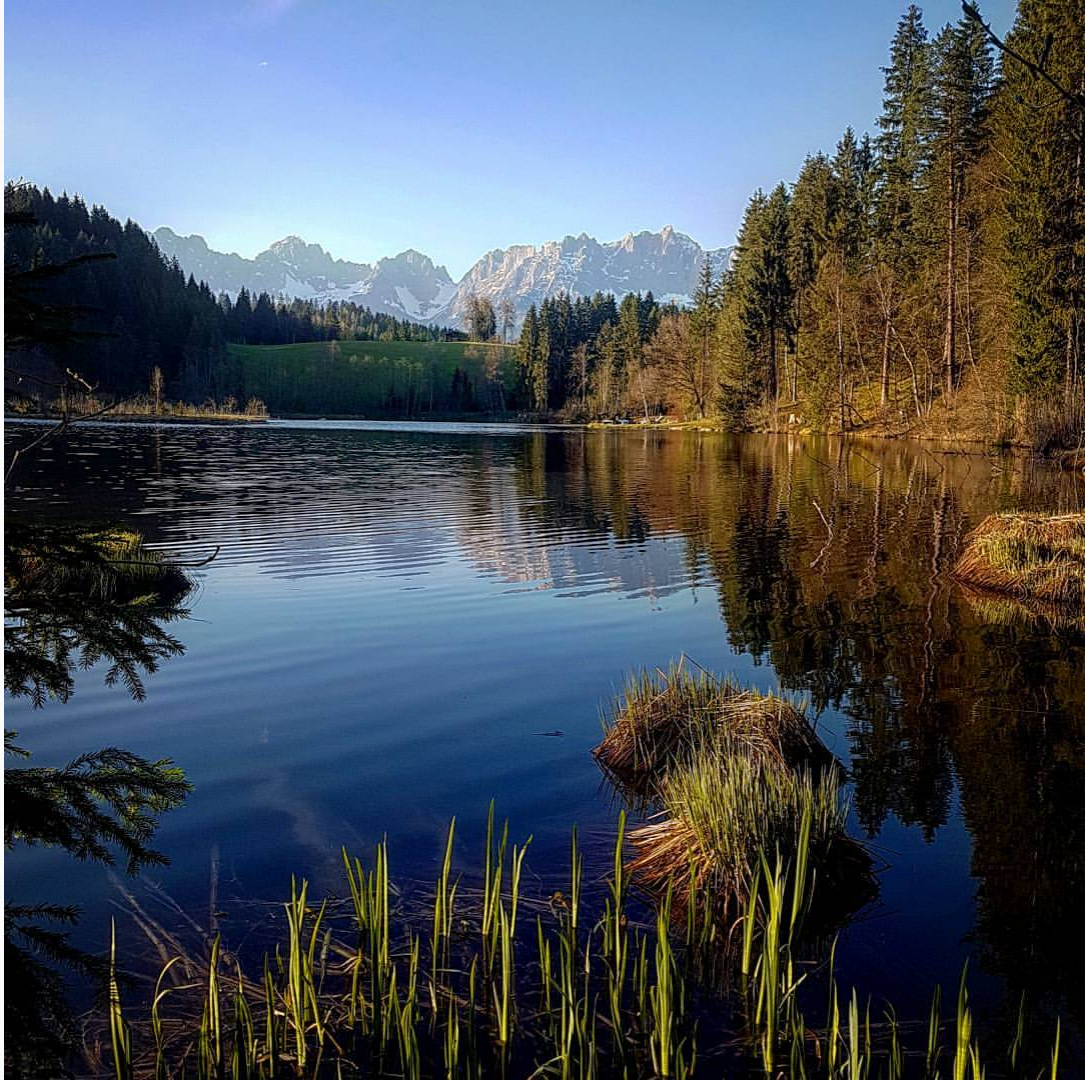
- 'Spending the dollar once'
- Leveraging strengths of partners
- Sharing best-in-class solutions

# 'Clinical Pearls'

1. Building relationships and maintaining trust
2. Finding common ground
3. Bring a bottle of wine and an appetizer



# Reflections



# Discussion

- What are some of your examples of working with partners to achieve a common goal?
- Do you have tips/suggestions for building and maintaining trust?