



Sioux Lookout LEG Development



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SLLEG




Disclosures & Conflict of Interest

- Honorarium as President of SLLEG
- NOAMA support to attend



Learning Objectives

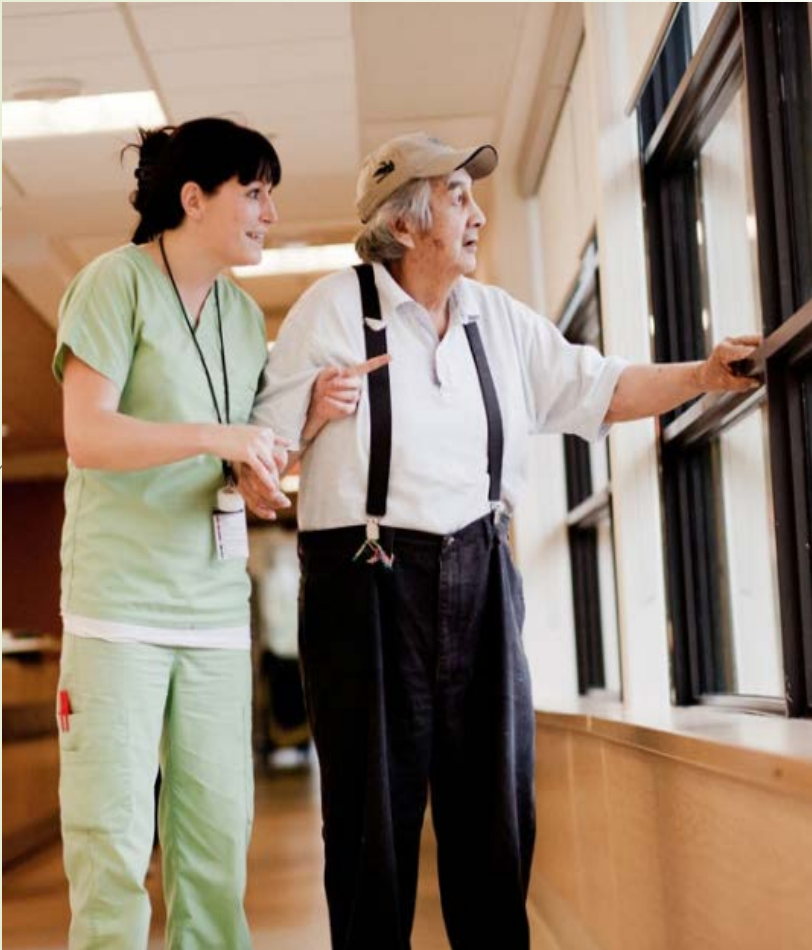
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1. Identify programs and structures that our LEGs utilizes
 2. Discuss challenges associated with implementing a LEG and new programs

Sioux Lookout Meno Ya Win Health Centre

Setting: Catchment 29,000; town 5000+
60 bed 'GP Hospital'; Surgery & GP-OBS



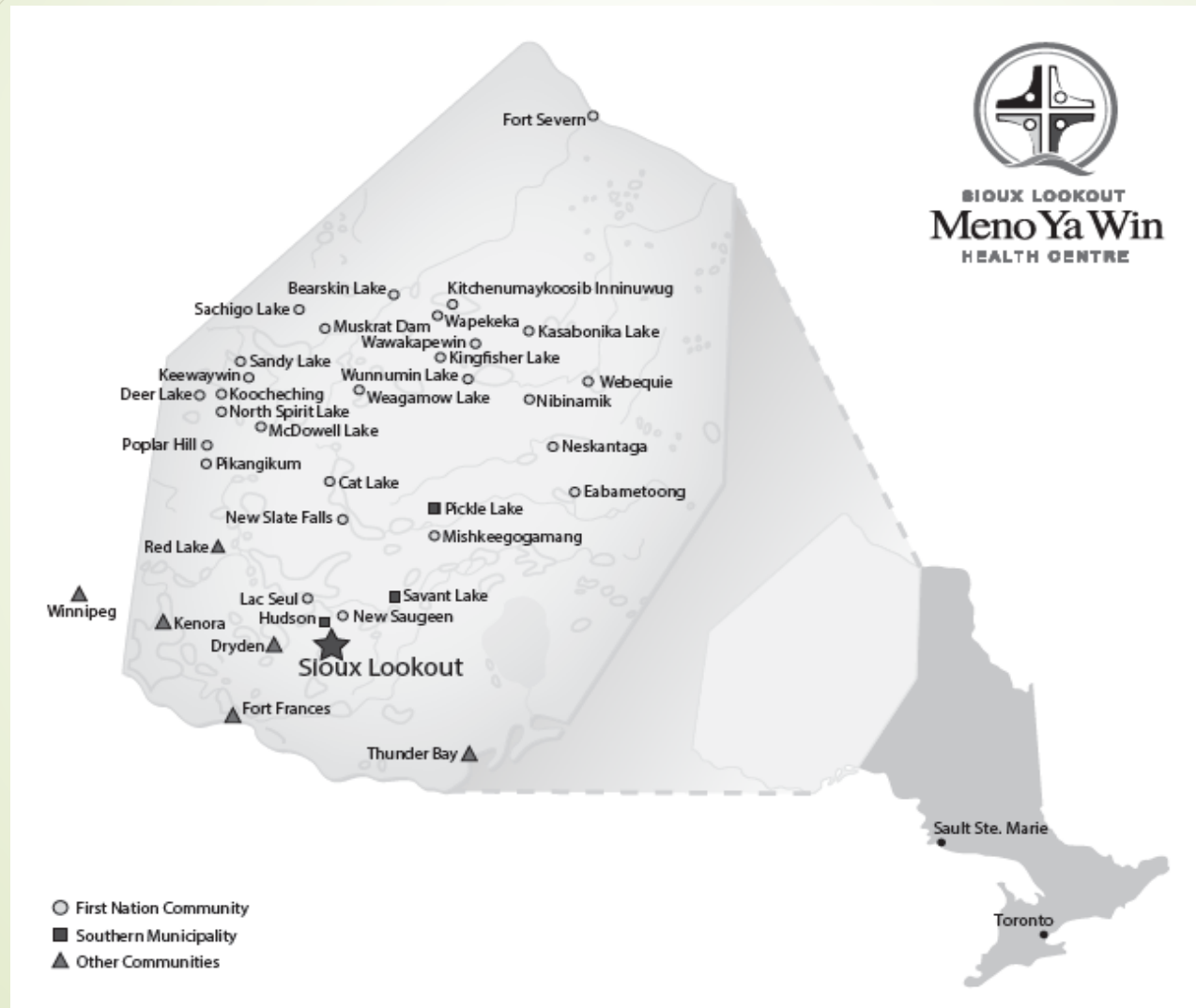
Context – *Remote First Nations Health*



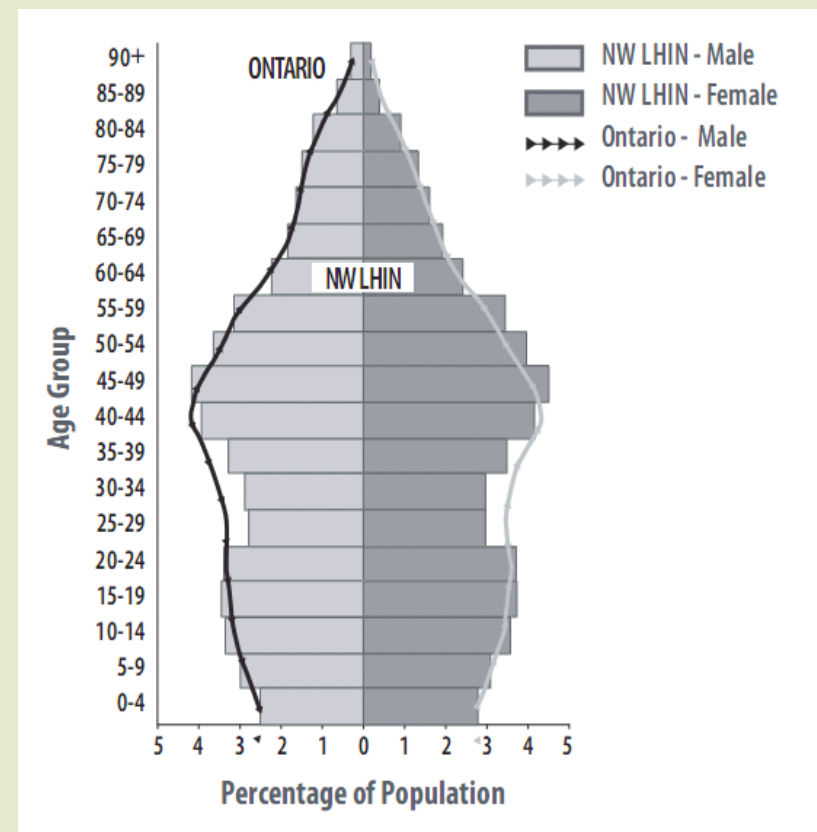
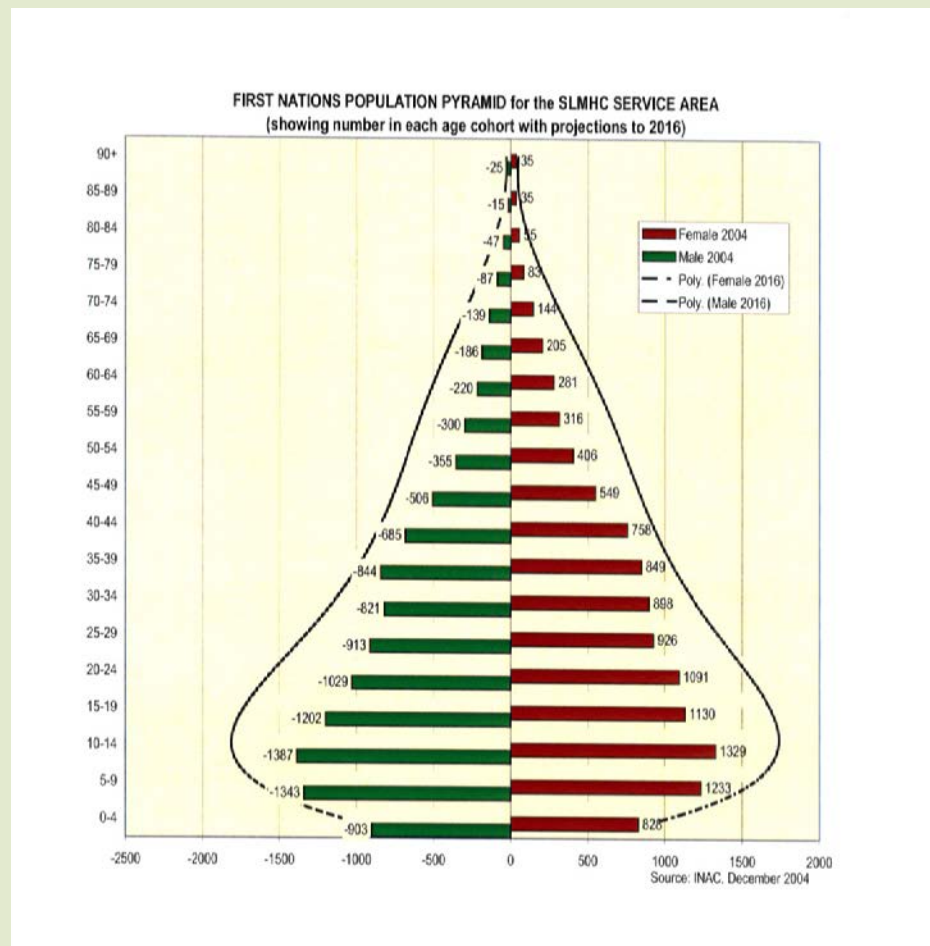
Most of 28 communities only accessed by plane;
MDs spend week in community



50 MDs, ** Dispersed: community vs. hospital weeks
& varied - live SLKT, 'part-time away' or locums



POPULATION – Ours vs. NW LHIN/Ont.

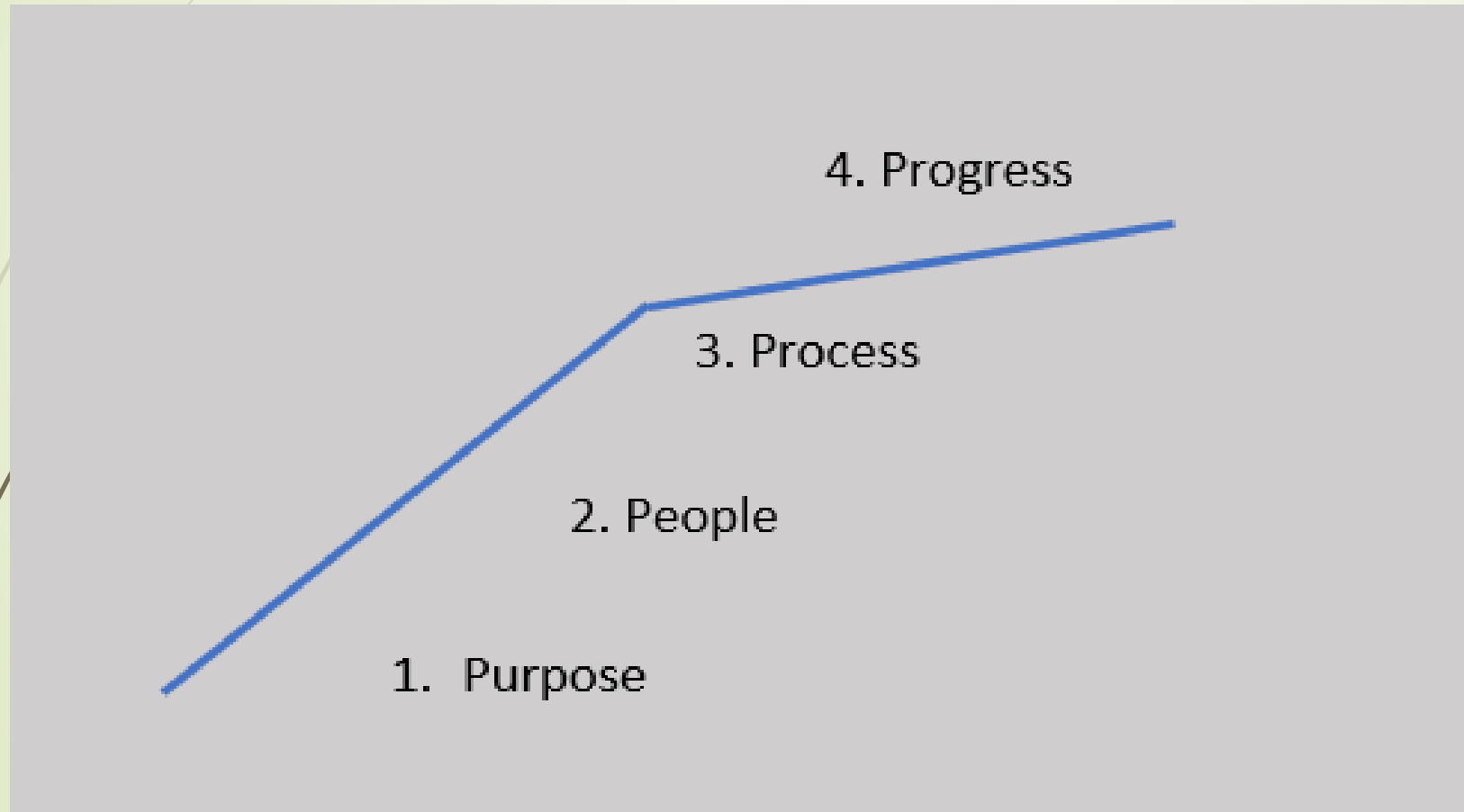


Different demographics

Morbidity > Ont. (DM, amputations, Mental Health & Addictions)

'Path'

- initial challenge = Governance





Purpose

- 'Academic Environment' to support scholarly activities
 - CME & Faculty Development, Leadership
 - High-quality opportunities – Bring locally
 - recognize local expertise, Promote 'Peer-to-Peer'
 - 'Collegial' and connect with Regional experts
 - & Research
- transparent organization
- Fiscal management
- Strong teaching culture already existed




People

- Combined: LEG Admin assistant & SAC role
 - Organizational and people skills
 - Ideally has a long-term commitment to community
 - Coordination & reporting to NOSM (CCCs)
 - Lots of interaction with learners and MDs
- LEG executive = Leadership as First Followers
 - Takes persuading; includes SLC, Resident Coordinator, COS, CME
 - KISS; agenda, present well thought out issues requiring decision
 - Have previous Exec & other 'informal' members involved as 'ex-officio': corporate history, insight, transparency




Process

- Learning curve:
 - lots of corporate info/duties (corp., accounting, legal, etc.)
 - NOAMA reporting
- “Translation” curve:
 - Explaining to LEG members that the LEG can only support some requests, not all
 - Encourage participation NOSM activities, N. Constellations

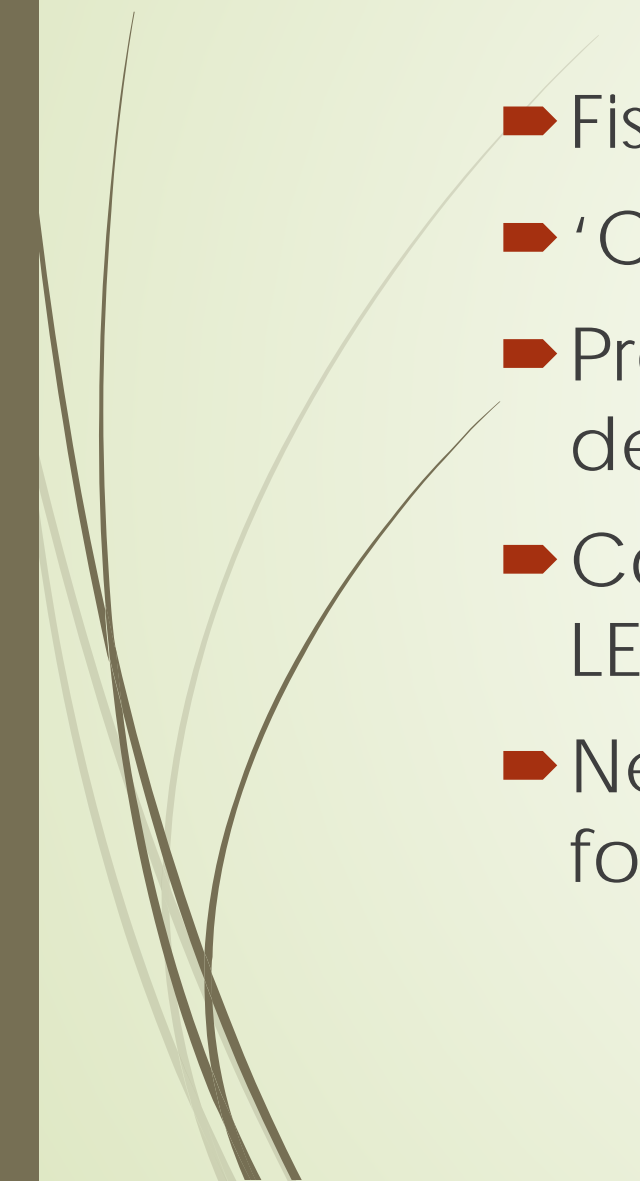


Process – funding of

- Monthly Grand Rounds (\$500 Honorariums & catering)
- Annual Academic Days; 2 day CME & Faculty Dev'n each October
- 'Packaged' courses CME: ACLS, Casted, ALARM etc.
- Participation in UG & PG application & Interviews: \$1000/d
- MD Conference Presentations; \$2,500
- MD Leadership Development; \$2,500
- MD Academic Development; \$2,500
- Research support \$30,000/yr.
- Honorariums LEG President & CME organizers

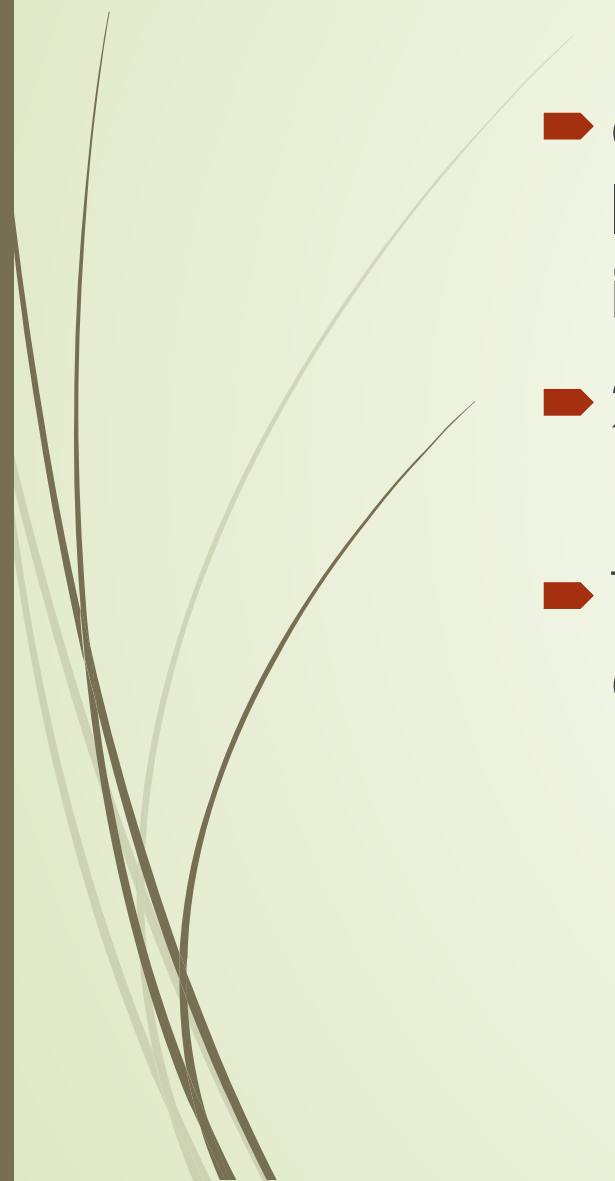


Progress – Essentials

- Fiscal and corporate predictability; Transparency
 - ‘Critically’ support academic activities (requests+)
 - Productive research program may be LEG dependant
 - Collaboration with other LEGs - good fit for some LEGs
 - Neither research nor collaboration are necessary for successful LEG academic activity.
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Initiatives for ‘progress’

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- ongoing summer research assistant positions for local university students (2-3 x \$6,000.00); ‘cottage industry’
 - 25 students → careers in medicine, nursing, physiotherapy, academia and law.
 - Trained in & perform literature searches & basic data collection for LEG members



Challenges for ‘progress’

- maintain capacity in LEG leadership and executive
 - To establish a long-lasting research infrastructure, independent of intermittent funding.
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Barriers to LEGs & Precepting

Competing heavy clinical workload:

- time and interest in faculty development/teaching
- challenging learners can end a teaching career
- primary role is clinician; teaching is secondary
- early career MDs learning to practice medicine
- no formal training in teaching

Understanding NOSM admin structure and who to call

Administrative requirements for LEG (necessary)

DON'T KNOW what we don't know



thank you.....



requires supporting some activities and not others