

Minutes from SIFEI Working Group Meeting
February 9, 2026 (1800-1945)

Members present: Krystal Cullen, Catherine Jenkins, Richard Reid, Annebeth Leurs, Jennifer Balfour, Shana Johnston, Michael Chen, Gaby Yang, Alicia Power, Guest: Fernanda Polanco (NP)

Staff present: Erica Kjekstad, Rita Webb, Julia Porter

1. Welcome and Introductions: (Dr. Krystal Cullen)

- Welcome & round table introductions
- Approval of Working Group meeting minutes from October 15, 2025

2. Well Doc Canada Survey Results - Garielle Brown, Evaluation and Measures Lead

- Short survey was sent to all members of the South Island MSA with Active or Provisional Privileges on April 1, 2025; mixed-methods survey included validated scales, single item measures, and open-ended questions
- 35% response rate – good response rate but recognize it doesn't capture everyone
- Prevalence of burnout was moderate: 46% on the Stanford Professional Fulfillment Index, 42% based on the Mini Z
- Burnout driven mostly by work exhaustion (emotionally and physically exhausted)
- Professional Fulfillment – Stanford Professional Fulfillment Scale shows group is low, average score of 5.90
- Statement “My work is meaningful to me” – 73% marked Very or Completely True
- 27% Very/Completely True to “I feel in control when dealing with difficult problems at work”
- Work Environment Drivers: Mini Z, EHR/EMR, Community, Civility, Collegial Social Support, Psychological Safety, Discrimination, Valued in Work Environment
- Mini Z highlighted moderate levels of joy in the workplace, a “busy, but reasonable work atmosphere”, and high levels of stress
- Personal experience using EHR/EMR varied:
 - 70% of early career physicians, 77% of mid-career physicians, and 87% of late career physicians agree that the EHR/EMR adds frustration to their day
 - 50% report excessive use outside regular work hours (64% on 2025 CMA survey)
 - 47% of respondents report insufficient documentation time
- Looking at the Work Environment, 87% felt their team works efficiently together; 53% disagreed their professional values align with clinical leaders
- Higher than average psychological safety
- Some perceived discrimination based on witnessed or personal experiences; various types of discrimination noted (e.g. Sex, Gender or Sexual Orientation; Race or Ethnicity; Age or Career Stage; Religion; Disability) from multiple sources (e.g. System-level, Leadership, Colleagues, Patients/Families)
- Change Readiness: 72% feel confident in ability to adapt to change, 46% feel confident in group leaders' ability to implement change
- Themes from Qualitative results: Insufficient Resources; Unsupportive and Toxic or Fragmented Environment; Work and System Inefficiencies; Unreasonable Workload Expectations; Desire for Greater Collegiality, Support, and Involvement

- Opportunities for improvement:
 - Optimize workforce sustainability and recalibrate workload expectations by enhancing recruitment and retention efforts, members’ control over workload, and efficiency of practice (especially related to the EHR/EMR and administrative work)
 - Foster a supportive culture that cultivates community, collegiality, and collegial social support, recognizes and values all members, and embeds system-level supports to promote and enable a positive work-life climate.

3. Engagement Projects:

- 343 projects approved since 2016, 32 ‘live’ projects
- 2 Green Light project applications for approval
- Process for Project Review:
 - Project Manager (Rita): Ensure proposals align with the priorities and spirit of the MOU and the Funding Guidelines, reviewed with physicians to provide clean and thoughtful applications
 - Core Group (Drs. Margie Bester, Alicia Power, Krystal Cullen, Jennifer Balfour, Michael Chen; looking for a Patient Partner): Vet proposals based on WG criteria, define additional information needed for follow up.
 - Green Light = Recommend WG Approve (Consent Agenda); Yellow Light = Discuss at WG; Red Light = Not brought to WG
 - Projects are also discussed in advance with Island Health

Green Light Projects – Approved		
VGH Pediatric Withdrawal Management Pilot	Dr. Ramm Hering	\$10,000
Cryoneurolysis for acute and subacute pain after specific surgical populations: lower limb	Dr. Garrett Barry, Dr. Jacques Smit, Dr. Adrian Vethanayagam	\$10,000

Yellow Light Project - Unable to attend meeting, will delay until next intake		
“Excellent health and care for everyone, everywhere, every time.” Operationalizing Health Equity When the Infrastructure Does Not Exist	Paul Winston, Andrew Round, Chloe Lemire-Elmore, Stephanie Muise, Michael Ruiz-Peters	\$10,000

4. 2025-26 Financial Update

- \$250,000 received October 31, 2025; unlikely to be in the financial position to request second gate
- Allocated \$100K towards Strategic Planning Funding in June
- \$300K allocated annually for engagement projects
- Last year’s projects spent just over 1/3 of the allocation
- Have not reached full engagement project allocation on the last three financial years
- Fewer projects with decreasing allocations and spends impacts our ability to access our second gate

- Exploring options for what we can we do moving forward:
 - Refresh connections with the Health Authority
 - Stronger interim report follow-up
 - Reconnect with physician leads
 - Decrease allocation for engagement projects
 - Diversify funding opportunities
 - Make physician-led engagement funding more flexible and fluid

2025-26 Updated Budget Status	Amount
Carryover from 2024-25	\$ 248,963
Annual Doctors of BC Allocation	\$ 500,000
Total available to allocate 2025-26	\$ 748,963

Budget 2025-2026

Activity	2025-26 Budget	2025-25 Spend to date	% Spend
Governance	\$ 73,000	\$ 44,287	63%
Communications	\$ 10,000	\$ 7,054	71%
Working Group	\$ 24,000	\$ 15,816	66%
Internal Operating Expenses	\$ 104,500	\$ 77,465	74%
Engagement Projects	\$ 300,000	\$ 122,774	41%
Engagement Project Promotion	\$ 2,500	\$ 1,326	53%
Physician Wellness & Social Ctee	\$ 45,000	\$ 23,092	51%
Medical Staff Engagement	\$ 40,000	\$ 25,383	63%
Medical Staff – HA Engagement	\$ 15,000	\$ 2,522	19%
Awards/Recognition	\$ 2,000	\$ 777	39%
Strategic Planning Funding	\$ 100,000	\$ 16,821	17%
Contingency/Unallocated	\$ 33,963		
Total Allocated/Spent	\$ 748,963	\$ 333,098	44%
<i>EHR Engagement</i>	\$ 21,658		

5. 2026-27 Financial Proposal

- Exploring different ways for accessing funding; will streamline application process
- Expand definition of Physician-Led Medical Staff Engagement to include Engagement Projects, Strategic Planning Funding, and Interdepartmental Meetups

2026-27 Updated Budget Status	Amount
Estimated Carryover from 2025-26	\$ 135,000
Annual Doctors of BC Allocation	\$ 500,000
Total Available to allocate 2026-27	\$ 635,000

Activity	2025-26 Spend to date	Proposed 2026-27 Budget
Governance	\$ 44,287	\$ 62,500
Communications*	\$ 6,646	\$ 3,250
Working Group	\$ 15,816	\$ 25,000
Internal Operating Expenses	\$ 75,031	\$ 95,500
Physician-Led Medical Staff Engagement*	\$ 142,687	\$ 300,000
MSA-Led Medical Staff Engagement	\$ 22,291	\$ 30,500
Medical Staff – HA Engagement	\$ 2,522	\$ 9,000
Engagement Project Promotion	\$ 1,326	\$ 2,500
Physician Wellness & Social Committee	\$ 23,092	\$ 84,500
Awards/Recognition	\$ 777	\$ 1,250
Doctors' Lounge*		\$ 8,500
Contingency/Unallocated		\$ 12,500
Total Allocated/Spent	\$ 333,098	\$ 635,000
<i>EHR Engagement</i>		\$21,658

Physician Funding Opportunities

Funding Pot	Spend to Date	Proposed Allocation 2026-27
Engagement Projects	\$ 122,744	\$ 300,000
Strategic Planning Funding	\$ 16,821	
Interdepartmental Meetups	\$ 3,092	
Walk a Doc	\$ 0	\$ 350
Culture Change Projects	-	\$ 50,000

6. Strategic Planning Funding Updates

- Increases each planning session depending on the number of participating members
- Asking for retroactive increases for the 7 departments who have already been granted funding: Urology, Pediatric Surgery, Emergency, Gastroenterology, Medical Genetics, Pediatrics, General Internal Medicine

Options	Physician Lead	Participating division/ department members
1. Conduct internal workshop(s) with MSA templates and guides	Up to 10 hours for coordination, preparation, facilitation and follow-up	Up to 3 hours sessional payment
2. Conduct workshop(s) with support from MSA Administrator	Up to 5 hours for coordination, preparation and follow-up	Up to 3 hours sessional payment
3. Conduct workshop(s) with an external facilitator (up to max. \$5,000.00)	Up to 2 hours for coordination and preparation	Up to 3 hours sessional payment

Discussion:

- Currently in a position to shift funding, no guarantee it will continue moving forward
- Benefit to more flexibility, meeting people where they are
- Can fund foundational Governance planning, cannot cover contract negotiations
- Interest in covering more Strategic Planning funding; intake every 6 months (April-September, October-March)
- Update application process so everything is applied for on the website
- Every department could benefit from this, want to make it open and easy to apply
- Consider sharing testimonials and outcomes/examples from completed sessions
- Collect feedback post funding that we can compile and share
- Explore opportunities to leverage the recent Medical Staff Leadership Restructuring; meet with new leaders and share what MSA can support to create solid foundations (e.g. Strategic Planning, Well Doc QI planning)
- Need clear understanding of how to get stuff done, what leaders you can go to for what, and where support opportunities exist
- Interest in exploring ways to support EMR improvement, workflow optimization, upskilling, “second phase” learning (e.g. how to create and use templates)
- Previously have rejected proposals seen as “education”, could look at other wording/different ways to achieve the work
- Potential to host small ad hoc meetings on various topics (e.g. how to make system navigation easier, discussions on Respectful Workplace)
- With EMR/EHR being identified as a barrier to FE project success and a cause of frustration on the Well Doc Survey, could explore ways to come together with Island Health to host “Workflow Optimization” and efficiency sessions
- Usage is very low on Clinical Order Sets; lots of “mini sets” are not easy to find/access
- A lot of interest in having support to build and share templates, and bringing in super users who can share tips and tricks

- Look at having a broader “Expression of Interest” instead of specific application forms
- For groups that need help with things like communication, need to include supports (e.g. external facilitator)
- **Strategic Planning Funding – Approved to retroactively offer groups who already used funding an increase from 1-hour to 3-hours**

7. Culture Change Project Proposal

- Request for \$50,000 be allocated to support this work; up to ten projects, \$5,000 each for 6-month Culture Change project
- Two intakes per year for April & October starts; approved through Physician Wellness and Social Committee
- Groups cannot access funding more than once per fiscal year
- Bound by DoBC funding guidelines

Department/Division-led QI Work based on Well Doc Survey Results

- Support a wellness leader or committee for the department/division to lead targeted interventions.
- Develop department/division-based commensality groups (compensate organization and facilitation, not meal).
- Roll out department/division-specific social supports and activities (compensate organization and facilitation, not meal or activities).
- Strike a task group to focus on improving processes and workflows.
- Offer a group learning opportunity to address areas of concern.
- Organize funded discussions with the Health Authority to address areas of concern.

Discussion:

- We want to move away from “Wellness” and look more at “Culture Change”
- This is the mechanism for “and then what” post Well Doc survey; projects needs to address a specific issue from Well Doc results
- Can’t fund people to attend social connections, but can fund someone to do the planning/leading; better draw to get people together around a specific purpose
- People made the effort to do the Well Doc Survey, why do it if we are not going to offer support to create solutions
- Some Departments will engage, others won’t, might increase interest if people see other groups success
- Only by starting can we move forward
- Suggestions for rebranding away from Wellness: “Building Flourishing Community”, “Cultural and Behavioural Change”, “Supporting Local and Regional Retention”
- Need to find out what is going to work for people/resonate
- **Action: Workshop proposal, change the name and build out a list of suggestions**
- **Request: \$50,000 to be allocated to support this work – Approved**

8. MSA Updates

- **South Island MSA Executive** - We now have a full Executive team!
 - Dr. Fred Voon and Dr. Catherine Jenkins – Co-Presidents
 - Dr. Richard Reid – Treasurer
 - Dr. Jane McGregor – Secretary
 - Dr. Krystal Cullen – Director at Large (Projects)
 - Dr. Gaby Yang – Director at Large
 - Dr. Shavaun MacDonald – Director at Large

- **Physician Wellness and Social Committee**
 - Well Doc Canada Survey
 - Engagement Events
 - BBQ, Reconnect and Recharge
 - Multicultural Mixer – Feb 20
 - Welcome and Thank You – Apr 30

 - March – Annual Planning
 - Planetary Health Working Group
 - Well Doc Canada next steps

- **South Island MSA Special Meeting**
 - Results and Discussion of the Doctors of BC Health Authority Engagement Survey
 - Wednesday, April 1, 2026; Dinner 17.30, Meeting 18.00; Woodward Room, RJH

9. Tentative next Working Group meeting – Monday, June 1

- **Monday, May 25** – Packages sent out to WG before meeting
- **Monday, May 18** – Feedback from Core Group, Island Health, and Exec received
- **Friday, May 8** – Packages sent to Core Group, Island Health, and Exec for review and feedback. Meeting with Island Health
- **Monday, May 4** – Closing date for project proposals

Meeting adjourned 7:45pm