UNIVERSITY OF SASKATCHEWAN

Institutional context report

FOR THE HEALTH SCIENCES REORGANIZATION PROJECT

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DATE OF ISSUE: June 7, 2022

BE WHAT THE WORLD NEEDS

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Defining Terms

INSTITUTIONAL CONTEXT REPORT FOR THE HEALTH SCIENCES REORGANIZATION PROJECT

1. Defining Terms

1.1. Health Sciences Reorganization Project

The Health Sciences Reorganization Project will work to define a governance framework that will amplify each of the disciplines in the health sciences and model ways to connect while advancing shared academic and research priorities. The project is seeking to enhance collaboration between the university's health science colleges, schools, and the administrative University of Saskatchewan (USask) Health Sciences unit.

The project mandate is to:

1. undertake an environmental scan;
2. map the current state of internal USask structures;
3. engage with stakeholders to develop a comprehensive understanding of what "stands in the way" of collaboration; and
4. develop a proposed "future state" organizational structure and articulate the administrative, governance, and budgetary infrastructure that will be required to facilitate implementation of the future state.

NOTE: This report is the deliverable for the first and second elements of the project (environmental scan and current state).

1.2. Health Science Collective

This report will refer to the collection of health science colleges, schools, and administrative units as the Health Science Collective. The Health Science Collective is comprised of 10 units (nine academic units affiliated with health science plus the USask Health Sciences administrative unit).

- Arts and Science *(Department of Psychology)*
- Dentistry
- Kinesiology[1]
- Medicine
- Nursing
- Pharmacy and Nutrition
- Public Health
- Rehabilitation Science[2]
- USask Health Sciences[3] *(administrative unit)*
- Veterinary Medicine

[1] The dean of the College of Kinesiology has accountability for USask Rec operation and has delegated authority for Huskie Athletics.

[2] Rehabilitation Science is a college-level school embedded in the College of Medicine.

[3] USask Health Sciences is the name of an administrative unit and will not be used to refer to the collection of health science colleges, schools, and administrative units. Stakeholders often refer to "USask health sciences" or "health sciences" but are typically referring to the collective or the Health Sciences Building—not the administrative unit.

2

Executive Summary

INSTITUTIONAL CONTEXT REPORT FOR THE HEALTH SCIENCES REORGANIZATION PROJECT

2. Executive Summary

The University of Saskatchewan (USask) Health Sciences Reorganization Project is working to define a governance framework that will amplify each of the disciplines in the health sciences and model ways to connect while advancing shared academic and research priorities. The project is seeking to enhance collaboration between the university's health science colleges, schools, and the administrative USask Health Sciences unit.

There is a 10+ year history of "talking about" governance change in health sciences—especially as it relates to shared resources or collaborative efforts. Considerable time and effort have been invested exploring multiple governance models; however, the proposed changes have not been fully implemented and some proposals have been set aside citing insufficient stakeholder engagement. Changes that have been successfully implemented focused primarily on incremental or operational activities and not governance. This paper provides institutional context detailing previously proposed governance changes and summarizes the collaborative activities that have evolved over the last two decades.

One of the fundamental deliverables required from this project is to propose a "future state" governance model. The selection of this model may be contentious. Diverse stakeholders perceived the risks and benefits of governance change differently and, to date, there is not an agreed ultimate destination.

In 2009, the Council of Health Science Deans (CHSD) was established with a mandate to: provide academic leadership and set strategic direction and policy with respect to interprofessional curricula, research, service, and infrastructure; promote interdisciplinary discovery; provide governance and strategic direction for Health Sciences Building operations; and more.

The planning and occupation of the building have been at the forefront of many discussions for the last 20 years. The opening of the final wings of the facility in 2019 was a tremendous accomplishment requiring considerable collaboration and shared planning; however, with construction and renovation work completed, **it is time to shift focus and prioritize collaborative endeavours extending beyond brick-and-mortar infrastructure.**

To assist the understanding of the university's strengths, weaknesses, opportunities, and threats related to exploring governance change in health sciences, more than 70 engagements with USask committees, groups, or individual members of the campus community were held. These engagements included formal and informal presentations, stakeholder interviews, and feedback received as part of an open invitation for any interested member(s) of the campus community to participate.

The insights gained from these meetings were instrumental in helping capture pertinent institutional context; however, if the Health Sciences Reorganization Project is to be successful, additional engagement will be needed. **Throughout the stakeholder engagement process, groups of faculty and staff have reached out to request fulsome engagement with, or co-creation of, governance proposals that may directly affect their unit(s).**

Strengths

- Where roles and resources have been put in place with a clear mandate to work across boundaries, successful cross-cutting initiatives are in place. In these situations, facilitation of **collaborative work is not done "on the side of the desk" but "it is the work."**
- Existing shared functions in the Health Science Collective are closely aligned with Plan 2025 and the collective is well-positioned to work together on new areas of strategic agreement.
- **There is an interest and willingness from members of Health Science Collective units to work across boundaries. When the shared topic is compelling**, members of the campus community show up with enthusiasm, as they have done for many years. Many stakeholders sought out additional discussion time regarding ideas for micro-, meta- and macro-level changes in the health sciences.
- **There is a great deal of enthusiasm about the many topics that could be turned into shared courses/modules.** Many faculty have articulated enthusiasm to engage in this process.

Weaknesses

- **There is a 10+ year history of change efforts in the health sciences that were either interrupted mid-project, rejected, or not fully implemented.**
- College and school leaders, faculty, and staff face numerous competing priorities that they need to manage; **shared activities are not the top priority and can be crowded out by unit-specific needs.**
- **Unequal access to resources** has resulted in inter-unit competition and some hostility between the "have" and "have-not" units.
- **No shared strategic plan for the Health Science Collective exists.**
- **Numerous structural impediments to collaborative activities exist.**
- **New ways of working together cannot add to the overall base budget.** USask expects to operate from a smaller base budget going forward. Tough prioritization decisions will be required.
- Collaborative governance work takes time and sustained focus. **In some cases, leadership turnover directly links to lost momentum or significant changes in direction.** Since the Council of Health Science Deans was established in 2009, there have been at least 38 senior leadership transitions associated with the Health Science Collective. A "future state" governance model must be robust enough to cope with the cyclical turnover of leadership roles.
- The ten largely independent member units of the Health Science Collective have a **complex web of independent academic and administrative infrastructure.**

Opportunities

- **Clarify how the role of associate provost, health, integrates within the rest of the organization.** This academic leadership position was established as part of an earlier model that was not fully implemented.

- **Establish a shared strategic plan.** Use the plan to proactively identify the changes that the Health Science Collective needs to make today so that it is ready for the future. Confirm the intended functions to be served by the reorganized entity.
- **Change the narrative about the way we collaborate.** Successfully implemented collaborative projects quickly become part of the institutional landscape and are, at times, overlooked.
- **Find ways to entrench Indigenous perspectives at decision-making tables and in all we do.** Be guided by the Guiding Principles in ohpahotân I oohpaahotaan (The Indigenous Strategy for the University of Saskatchewan): "Nothing about us, without us" as an antidote to exclusion; belonging as a healing practice; allyship as a demonstration of humility.
- **Utilize change management methodology to address the "people side" of proposed governance changes.** Top-down governance changes have been repeatedly rejected at USask.
- **Use a quality improvement lens and appreciative inquiry approach to engage stakeholders to work through tough problems as a collective.**
- Re-imagine the way some academic leaders work and **explore a matrix management approach** with portfolios cutting across select topic areas.
- **Explore opportunities to share administrative services.** Many role types were suggested as part of the consultation.
- **Assess the value of creating a centralized academic home for shared courses.** It could potentially offer a mechanism to overcome numerous structural impediments.
- **Establish a mechanism to look for and facilitate new program offerings** (i.e., a shared structure or template for new program development, including how costs can be shared).

Threats

- **A number of strategic priority initiative projects outside of the Health Sciences Reorganization Project are currently underway; some of those projects will have integration points—or possibly downstream risks or benefits—impacting this project.**
- Governance changes are perceived as a paramount concern when viewed as a threat to professional / discipline-based identity and autonomy.
- Governance changes are seen to be a threat to accredited programs.
- Governance changes will not automatically result in great effectiveness or efficiency.

About this Document

This paper was written to report on the current state of health sciences and to serve as a reference point while the members of the Health Science Collective work to articulate future state governance options. At a retreat in June 2022, leaders from across the Health Sciences Collective will use the content of this report and external scan information to offer guidance on the options that should be further developed for presentation to the University of Saskatchewan campus community.

3

Historical Context: Collaborative Activities in the Health Sciences at USask

INSTITUTIONAL CONTEXT REPORT FOR THE HEALTH SCIENCES REORGANIZATION PROJECT

3. Historical Context: Collaborative Activities in the Health Sciences at USask

For nearly 40 years, a Health Sciences Deans Committee (HSDC) has existed to consider issues of common interest. In September 2003, the Government of Saskatchewan announced that a new Academic Health Sciences Facility (now known commonly as the Health Sciences Building) would be constructed to house the Colleges of Dentistry, Medicine, Nursing, Pharmacy and Nutrition, and the School of Physical Therapy[4,5]. The building represented a $350 million investment and its planning was the focus of significant effort for HSDC members and others.

Over the past 20 years, a number of projects[6] have been struck to alter the governance arrangements for the Health Science Collective. The mandates of those projects have been very similar in their strategic goals and the potential articulated. The proposed governance models and approaches to achieving those goals have varied significantly but, in each case, the models were only partially implemented or did not get to the implementation phase. **Perhaps the most influential of these projects, the 2009 [Discussion Paper[7]] on Health Sciences Governance, resulted in the establishment of the Council of Health Science Deans (CHSD).**

The vision and mission articulated in 2009 as part of the establishment of the Council of Health Science Deans remain in place and are aligned with University Plan 2025 but it is unclear when they were last affirmed. Plan 2025 and the existing vision and mission for the Health Science Collective emphasize the critical importance of interdisciplinary learning, research, and delivery of external impact.

> **Vision**
> Together, the health sciences will be leaders in advancing health, locally and globally, through excellence in interprofessional education and practice, interdisciplinary life and health sciences discovery, and committed engagement with stakeholders.
>
> **Mission**
> The health sciences will enhance the capacity for high-quality health care by enabling

[4] The renaming of the School of Physical Therapy to the School of Rehabilitation Science was approved at University Council in October 2017.

[5] The School of Public Health was approved by University Council in May 2007 after the new Academic Health Sciences Facility was announced.

[6] These projects include commissioned reports and internal initiatives such as: 1998 Report of the President's Task Force on Health Sciences Education (Schnell Report); 2006 Inter-Professional Health Sciences Office (IPHSO); 2009 [Discussion Paper] on Health Sciences Governance (resulted in the establishment of the Council of Health Sciences Deans); 2014 Report to the Provost on the Council of Health Science Deans (by Ronald Bond, resulted in the establishment of the Office of the Vice-Provost Health); the 2019 Re-imagined Interdisciplinary Health Sciences model proposed by Provost Dr. Anthony Vannelli and Dr. Steven Jones (resulted in the rebranding of the Office of the Vice-Provost Health to the USask Health Sciences).

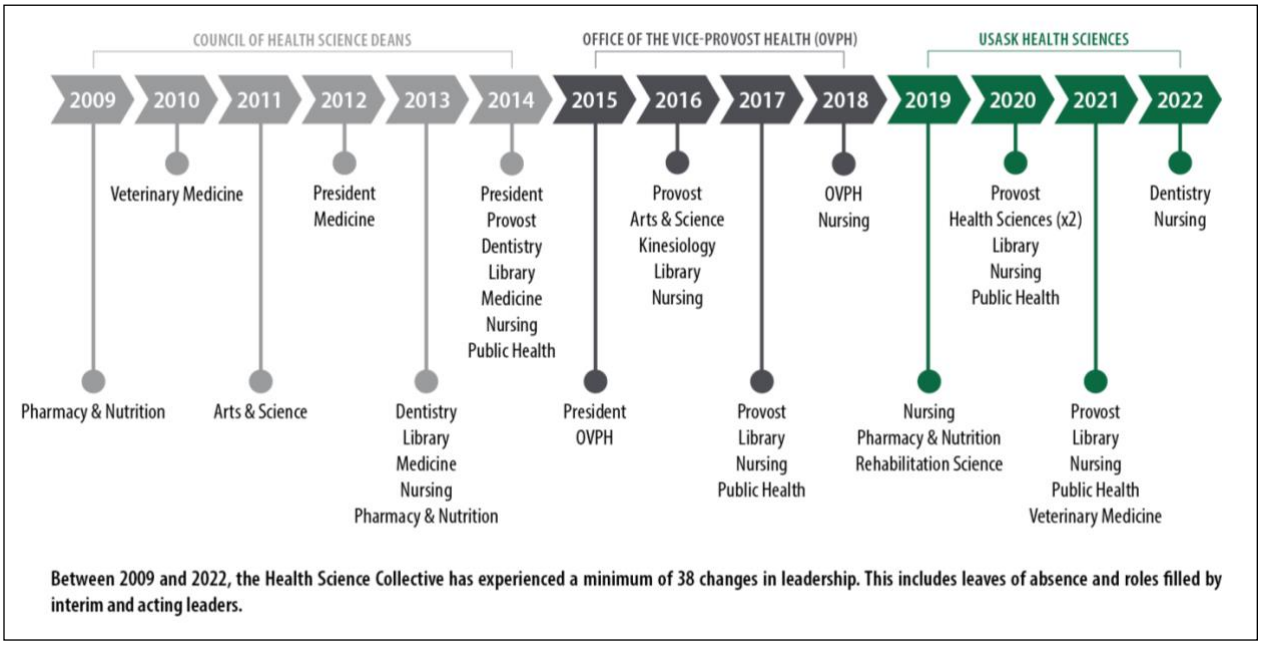
[7] This document was originally referred to as a "white paper" which has historically racist roots. The phrase "white paper" will be universally replaced with "discussion paper" in this report. For more information, refer to https://www.facinghistory.org/stolen-lives-indigenous-peoples-canada-and-indian-residential-schools/chapter-8/white-paper-red-paper.

the education of a new generation of healthcare practitioners with skills in interprofessional healthcare and health promotion, promoting excellence in interdisciplinary health research, and sharing in outreach and community engagement.

Figure 1 presents a high-level overview of the evolution of the unit since the CHSD was officially established in 2009, including the various names the unit has used. It also highlights that **there have been at least 38 leadership transitions between 2009 and 2022.** These changes are in addition to the rotating chair model that was used for CHSD leadership (2009-2015). Senior staff at the director or associate director level were unchanged for much of this period.

Collaborative work takes time and sustained focus. **In some cases, leadership turnover directly links to lost momentum or significant changes in direction.** Managing some degree of annual leadership turnover is a given, seeing as the Health Science Collective directly involves at least ten academic leaders typically serving five-year terms; however, **a future state governance model must be robust enough to cope with leadership transition.**

Figure 1: Leadership Transition—Health Science Collective, Provost, and President

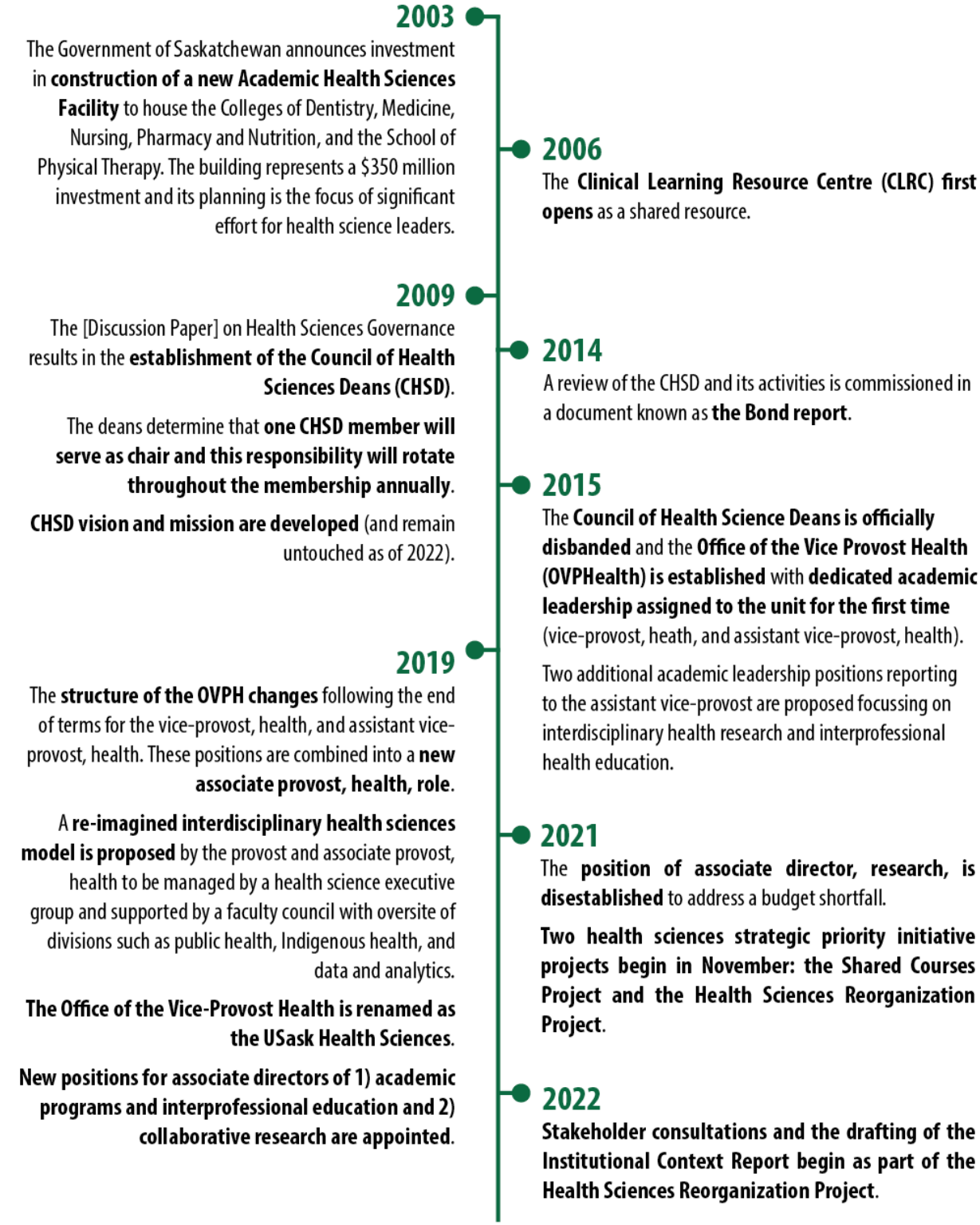


Between 2009 and 2022, the Health Science Collective has experienced a minimum of 38 changes in leadership. This includes leaves of absence and roles filled by interim and acting leaders.

The following section summarizes past change efforts to: learn from the significant planning, thought, and consultation of the past; uplift those ideas that may still hold merit; and to avoid the implementation issues of the past. Figure 2 provides an overview of noteworthy events.

- In 2009, the Council of Health Science Deans (CHSD) was established with a mandate to: **provide academic leadership and set strategic direction and policy with respect to interprofessional curricula, research, service, and infrastructure; promote interdisciplinary discovery; provide governance and strategic direction for the Academic Health Sciences Facility operations**; and more.
- The 2015 transition to the Office of the Vice-Provost Health was not fully implemented and the governance changes proposed as part of the 2019 transition to USask Health Sciences were not implemented.

Figure 2: A Timeline of Noteworthy Events



3.1. The Council of Health Science Deans (2009-2015)

In 2007, Acting Provost Ernie Barber tasked six health science deans[8] to:

- work together to gain a solid understanding of, and subsequently demonstrate, the vision that was established for the new Academic Health Sciences Facility;
- prepare a proposal regarding governance and administrative structures for interprofessional health sciences, including academic programming at the University of Saskatchewan; and
- recommend an implementation schedule for the proposed governance structure.

As part of the structural and governance arrangements implemented as a result of the [Discussion Paper] on Health Sciences Governance (University of Saskatchewan, 2009), the Council of Health Science Deans (CHSD) was established, and the deans determined that **one of the members of their group would serve as chair, with that responsibility rotating amongst their membership on an annual basis**.

The mandate of the CHSD was to:

- provide academic leadership and set strategic direction and policy with respect to interprofessional curricula, research, service, and infrastructure;
- control its own budget and oversee the fiscal integrity of joint operations and initiatives;
- work with life/health science research leaders to promote interdisciplinary discovery;
- negotiate and oversee the administration of internal and external agreements for the provision of inter-program courses;
- provide guidance and support for the Native [sic] Access service[9] (which was planned to report to the council via the council office);
- initiate mutually beneficial advancement initiatives (i.e., development, communications, alumni relations) as appropriate;
- provide governance and strategic direction for Academic Health Sciences Facility operations; and
- link with Saskatchewan Academic Health Sciences Network, health regions, and government.

Operational aspects of the CHSD mandate that were funded and fully implemented made progress. This included the planning and occupation of the Academic Health Sciences Facility and a **shared infrastructure service model for research and education services within the**

[8] Drs. Gerry Uswak (Dentistry); Carol Rodgers (Kinesiology); Bill Albritton (Medicine); Lorna Butler (Nursing); Dennis Gorecki (Pharmacy and Nutrition); and Chuck Rhodes (Veterinary Medicine).

[9] This was described as “Native Access for Nursing/Medicine service (to become Native Access for Health Science in the future)”.

building (including services such as the Clinical Learning Resources Centre (CLRC), Building Operations, Health Sciences Supply Centre, and the Lab Management Unit).

These services reduced the repetition and overlap of services and achieved economies of scale.

3.2. Report to the Provost on the Council of Health Science Deans – Ronald B. Bond (2014)

In April 2014, Provost Brett Fairburn commissioned a review of the CHSD and its activities in a document known as the Bond Report. The report indicated that, while there had been many significant achievements of the council and there continued to be a shared commitment to its intents, the CHSD's potential had yet to be realized. The council had been heavily **preoccupied with creating policy and addressing issues surrounding the occupancy of the new Academic Health Sciences Facility.**

The CHSD had a mandate beyond the Academic Health Sciences Facility, but reviewer Ron Bond noted that "the potential articulated in the 2009 [Discussion Paper] had yet to be realized." He went on to state that **"the operational and technical requirements of getting a remarkable new facility ready for occupation appear to have crowded out discussions (and more to the point decisions) on its academic [reason for being]"** (Bond, 2014, p. 6).

Bond also observed a deficiency in the work of the CHSD related to the amount of attention given to Interprofessional Education (IPE). The report concluded that the **structure and governance of the council were not sufficient** to meet the health science mandate in its current form and **made the following major recommendations**:

- That a **"neutral" chair**, perhaps with vice-provostial status, be appointed by the provost to provide leadership for the CHSD for a term of three to five years.
- That the university consider several options for **broadening the membership** of the CHSD.
- That a senior university body or official charge the CHSD with the **responsibility of developing bylaws based on the idea of "governance as leadership"** and on the corollary that its members have been entrusted by the university with responsibility and accountability for the cluster of health sciences at the university.
- That the **CHSD develop a strategic plan**, complete with performance measures, that systematically addresses the need for interprofessional education and collaborative research.
- That the university demonstrates its commitment to the council by **ensuring regular interactions between the CHSD and bodies such as the President's Executive Committee (PEC) and the Provost's Committee on Integrated Planning (PCIP)**; by setting up a working group on recognition and reward for those who undertake IPE and collaborative research; and by **clarifying budgetary arrangements**, under TABBS, for the CHSD.

3.3. Office of the Vice-Provost Health (2015-2019)

In 2015, Interim Provost Ernie Barber and Vice-President Research Karen Chad initiated significant changes to the health sciences portfolio. **The Council of Health Science Deans was officially disbanded and the Office of the Vice-Provost Health (OVPHealth) was**

established. For the first time, dedicated academic leadership was assigned to the unit. These changes to the administrative and governance structure for the health sciences were intended to provide dynamic leadership and stimulate interdisciplinary innovation.

Two new senior academic leadership positions were created:

1. **Vice-provost, health.** This position was attached to an existing dean position. Its focus was on *external* relationships for the health sciences.
    a. The inaugural appointee to this position was Dr. Preston Smith, dean of the College of Medicine.
2. **Assistant vice-provost, health.** This position was created to focus on developing *internal* relationships, processes, and structures to support interdisciplinarity in the health sciences.
    a. Dr. Lois Berry was seconded from the College of Nursing to fill this position on an interim basis until 2018.
        i. Dr. Berry's work focused exclusively on the OVPHealth to provide academic leadership to support and promote interprofessional education and interdisciplinary research.

To promote the success of interdisciplinary initiatives, two additional academic leadership positions reporting to the assistant vice-provost were proposed:

1. **Special advisor on interdisciplinary health research.**
    a. Dr. Lisa Kalynchuk, an accomplished neuroscience researcher from the College of Medicine, assumed responsibilities as a special advisor on interdisciplinary health research (in-scope of the University of Saskatchewan Faculty Association [USFA]) in September 2015.
        i. It became apparent that this position required more authority than an in-scope position provided. The in/out of scope issues related to the position could not be resolved.
2. **Special advisor on interprofessional health education.**
    a. Because of labour relations issues, the interprofessional health education position was never filled.

3.3.1. SCOPE OF WORK

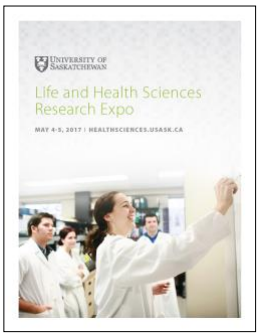
The scope of work for the OVPHealth fell into four key areas: interdisciplinary operations, interdisciplinary research, interprofessional education, and Indigenous engagement. The focus that began in 2015 on these key areas is still evident in work undertaken by the current Health Sciences administrative unit.

3.3.1.1 INTERDISCIPLINARY OPERATIONS

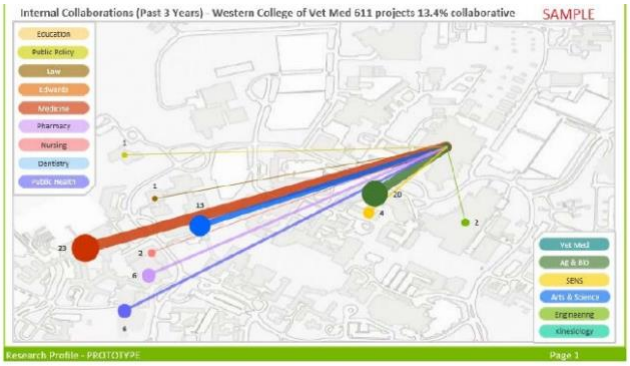
The work of interdisciplinary operations established under the CHSD continued uninterrupted during this period. This included the work of the Clinical Learning Resources Centre (CLRC), Building Operations, Health Sciences Supply Centre, and the Lab Management Unit.

3.3.1.2 INTERDISCIPLINARY RESEARCH

Efforts to make progress in the area of interdisciplinary research included negotiations involving shared research equipment and work to draft policy related to research space.



In 2017, the OVPHealth took over the work of organizing and hosting the **Life and Health Sciences Research Expo**—an annual event acknowledging exemplary research and learning activity at the University of Saskatchewan. The expo brings together trainees from many of the university's health science disciplines (and even units such as the College of Engineering and the Johnson Shoyama Graduate School of Public Policy) to present their research and compete for prizes in primary categories such as Basic Science, Clinical Science, and Social & Population Health. Depending on the year, and the guidance provided by each year's academic co-chairs, competition categories have also included interdisciplinary / interprofessional collaboration, Indigenous health research, and more.



In 2017, at the request of the Health Science Deans Committee and in collaboration with Institutional Planning and Assessment (IPA), a project was undertaken to **map interdisciplinary research collaborations** using administrative data captured in UnivRS. The purpose of this work was to show the scale of cross-college collaboration. Follow-up interviews with those who frequently worked collaboratively shed light on what motivated the collaborations. Almost universally, **scholars reported that the desire to resolve pressing real-world problems motivated them to persist in spite of institutional barriers**. The desire to meaningfully address issues of hunger, for example, allowed the scholars to transcend disciplinary boundaries.

3.3.1.3 INTERPROFESSIONAL EDUCATION (IPE)

Interprofessional Education (IPE) work in the form of **Patient Family Narrative (PFN)** sessions and **Interprofessional Problem Based Learning (iPBL)** continued as it had since the inception of those activities. As noted earlier, the special advisor on interprofessional health education position was never filled. The work in this area of scope was not moved forward by the OVPHealth in a notable way until 2019 when an associate director, academic programs and interprofessional education, was hired.

3.3.1.4 INDIGENOUS ENGAGEMENT

Starting in 2015, significant effort was invested in Indigenous engagement. This included establishing a faculty, staff, and community-member-engaged Health Science Indigenous

Engagement Committee (HSIEC)[10]. The HSIEC had two subcommittees: the Indigenous Space and Visual Symbols Committee and the planning committee for the Gathering for *miyomahcihowin* physical, mental, emotional, and spiritual well-being (the Gathering).

As of 2022, the Indigenous Space and Visual Symbols committee continues to meet and implement changes. The committee led a project to uplift Indigenization in the Academic Health Sciences Facility through **the installation of USask Indigenous symbols** in the D- and E-Wings and, as of June 2022, is in the midst of **installing a commissioned Buffalo Robe** in E-Wing and replacing the artwork in conference room GD04 with **Pow Wow photos**.

Since 2019, the committee has **spearheaded campus-wide USask Orange Shirt Day campaigns** and, in early February 2022, it partnered with Shop USask to make orange shirts available year-round.

This focus on Indigenous engagement also resulted in faculty, staff, and community members joining forces to develop and host the **Gathering for *miyomahcihowin* physical, mental, emotional, and spiritual well-being** in 2018 and 2020[11]. Faculty and staff from across the Health Science Collective joined with the Saskatchewan Indigenous Mentorship Network, the Saskatchewan Health Authority, and the Métis Nation of Saskatchewan to plan these events for audiences of 300-400 attendees. Dr. Holly Graham served as planning committee co-chair for both the 2018 and 2020 events along with co-chairs Dr. Jaris Swidrovich (2018) and Calvert Chiefcalf (2020).

The Gathering was a conference-style event that was intentionally planned using Indigenous worldviews to guide and shape the entire process. The purpose of this event was to showcase, and model collaborations between university researchers and Indigenous community organizations who are working together to build new understandings that can contribute to *miyo mahcihowin* for Indigenous peoples. Goals of the event included: sharing current information and promising practices about health issues identified as priorities by community members; and showcasing and modeling reciprocal, respectful partnerships grounded in a holistic approach to health across generations.

3.4. Re-imagined Health Sciences (2018-2020)

The Office of the Vice-Provost Health (OVPHealth) structure was established at a turbulent point in USask's history and struggled with fiscal insecurity and in/out of scope labour relations issues. It suffered from a period of rapid leadership transition and, once again, some progress was made; however, the potential articulated in the Bond Report was not achieved.

The structure of the administrative unit was changed again in 2019 by Provost Dr. Anthony Vannelli following the end of terms for the vice-provost, health, and assistant vice-provost,

[10] The umbrella HSIEC was criticized by some as duplicating the long-standing College of Medicine Indigenous Health Committee. The work of the HSEIC subcommittees moved informally to the IHC and the HSIEC stopped meeting sometime near 2018.

[11] The 2020 Gathering for *miyomahcihowin* and *mii yoo naa kaa twayh ta mihk* was cancelled last-minute due to the COVID-19 pandemic.

health. The positions were combined into a **new associate provost, health, role** with Dr. Steven Jones appointed to the position.

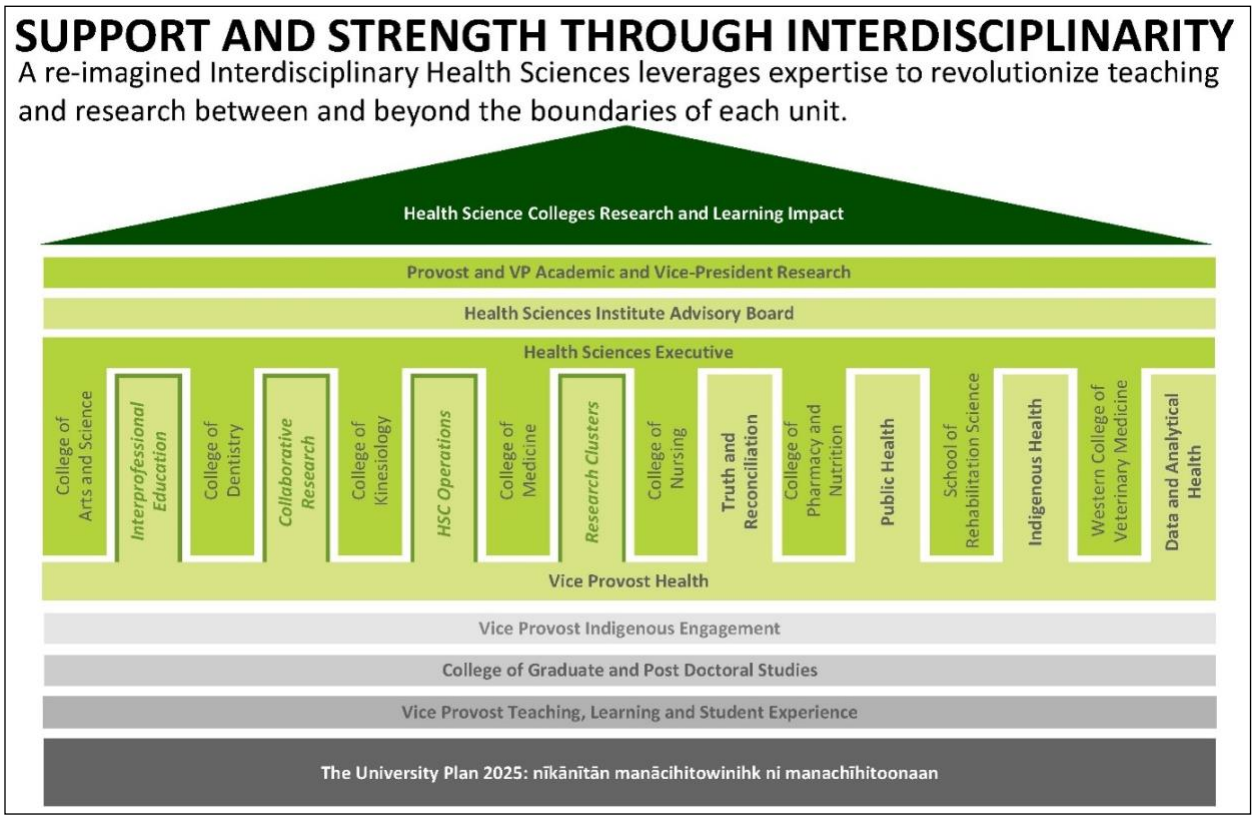
3.4.1. PROPOSED HEALTH SCIENCE INSTITUTE

A re-imagined interdisciplinary health sciences model was proposed by Drs. Vannelli and Jones. They **noted that the current health sciences structure was still siloed** and proposed incremental change toward a "Health Science Institute" governance structure. Drs. Vannelli and Jones proposed a model to "support and strengthen the colleges by leveraging expertise to revolutionize teaching and research between and beyond the boundaries of each unit" (Jones, 2018).

As represented below in Figure 3, it was proposed that a vice-provost, health, role would be re-established to lead the interspace operations and provide resources to **facilitate improvements in interprofessional education (IPE), collaborative research, and the research clusters.**

Planetary health, data and analytical health, Indigenous health, public health, and reconciliation were identified as areas where expertise could be leveraged and it was proposed that these topics could be introduced as divisions within the institute.

Figure 3: Re-imagined Health Sciences Structure



It was **proposed that the institute would be managed by a health science executive group** (formed by deans from the Colleges of Dentistry, Kinesiology, Medicine, Nursing, Pharmacy and Nutrition, and Veterinary Medicine) **and supported by a faculty council** with oversite of divisions such as Public Health, Indigenous Health, and Data and Analytics.

Drs. Jones and Vannelli noted a number of well-known and frequently cited challenges that persist today (see Figure 4: Summary of Challenges to be Overcome).

Figure 4: Summary of Challenges to be Overcome

3.4.2. NAME CHANGE AND APPOINTMENTS OF ASSOCIATE DIRECTORS

While the vision for the re-imagined Health Sciences was not fully implemented, it resulted in the **re-branding of the Office of the Vice-Provost Health to the USask Health Sciences** in July of 2019. As part of this model, associate directors of 1) academic programs and interprofessional education and 2) collaborative research were appointed.

The associate director, academic programs and interprofessional education (IPE), has worked to provide dedicated leadership and support to IPE. Interprofessional education offerings have been systematically reviewed and long-standing issues related to the content have been addressed. **IPE has become an area of active focus and significant progress has been made** (see Section 4.5 for details).

The mandate of the **associate director, research**, was not fully articulated at the time of implementation and, while the position provided significant support in the grant application for the SK-Network for Environments of Indigenous Health Research (SK-NEIHR), it is unclear how else the position was leveraged. The mandate of the position became less clear after Drs. Jones and Vannelli left their positions and the inaugural appointee took an administrative leave to pursue additional education. The **position was disestablished in 2021** to address a budget shortfall.

3.4.3. SHOWCASING COLLABORATIVE RESEARCH

Since at least 2009, there has been a mandate to provide academic leadership and set strategic direction and policy with respect to interdisciplinary or collaborative research. **In the era of the Office of the Vice-Provost, Health (OVPHealth), uplifting research related to highly collaborative Indigenous engagement and bringing together trainee researchers was the focus.**

Dr. Jones continued this work and, additionally, took steps to showcase collaborative research at USask related to planetary health[12] and the importance of the 17 Sustainable Development Goals (SDGs).

3.4.3.1 THE PEOPLE AROUND THE WORLD (PAW) CONFERENCES

In 2019 and 2021, members of the USask Health Sciences administrative unit played essential roles in the development and organization of the annual **People Around the World (PAW) conferences.** Hosted by the USask International Office, the PAW conference exists to examine the solutions required to address the implementation of the SDGs. In 2019, Associate Vice-Provost, Health, Dr. Steven Jones (PhD) and the Health Sciences associate director of collaborative research helped lead the organizing of the event as the scientific chair and organizing chair. Additional Health Sciences staff supported event communications and logistics in partnership with a collaborative event committee. In 2021, the Health Sciences communications strategist returned as the communications chair to help bring the event online during the COVID-19 pandemic and market the conference in the absence of the university's central marketing and design team, which had been downsized due to budget issues.

3.4.3.2 FOOD FOR THOUGHT PLANETARY HEALTH SERIES

Launched and organized exclusively by the Health Sciences administrative unit between May 2019 and January 2020, the University of Saskatchewan Food for Thought Planetary Health Series addressed the challenges of tackling global food security while acknowledging the delicate interdependencies of human civilization and the natural world. The series featured several events (including a presentation in Guatemala) exploring issues such as planetary health, globalization, nutrition transition and diabetes, the Sustainable Development Goals, and developing local solutions to address food waste issues.

[12] For more information about planetary health and its relation to global health and one health, visit https://www.forbes.com/sites/johndrake/2021/04/22/what-is-planetary-health/?sh=5b1fef5b2998

In addition to underscoring essential topics and related research, **the Food for Thought series was also intended as a community-builder to enhance USask relationships and reputation (both on- and off-campus) while offering a mechanism for faculty from various colleges/schools and community experts to collaborate.** The November 2019 event, for example, was held offsite at Station 20 West in Saskatoon and featured presentations from experts representing the College of Pharmacy and Nutrition, the College of Kinesiology, the College of Arts and Science (Canada Research Chair in Indigenous Community-Engaged Research), and the School of Public Health as well as Canadian Feed the Children.

In May 2020, an event in the Food for Thought series — co-presented in partnership with the College of Education and attended on campus by hundreds of Saskatoon middle years students — was awarded the Canadian Council for the Advancement of Education (CCAE) Prix D'Excellence Gold Medal for Best Community Outreach Initiative.

3.4.3.3 SUSTAINABLE DEVELOPMENT GOAL (SDG) AWARENESS

Since 2019, the USask Health Sciences administrative unit has consistently created and shared monthly "SDG Spotlight" information with the USask community and beyond. Content containing infographics and data from the United Nations has been hosted permanently on dedicated large-format display monitors in the Health Sciences Building. This content is shared monthly through the Health Sciences' website and weekly through its social media channels; it is also made available through the USask display screen sharing system, where communicators in other units are free to share this SDG content on their own display screens and social media accounts. **Typically, and wherever possible, attempts are made to relate the information to impacts on health** (e.g., climate action, hunger, poverty, clean water and sanitation, etc.).

3.4.4. REFRAMING THE WORK OF USASK HEALTH SCIENCES (2019)

Dr. Jones began the process of creating ambitions, commitments, and goals for the Health Sciences administrative unit to guide the Re-imagined Health Sciences Structure (as shown in Figure 5). He worked with staff in the unit to articulate commitments focused on 1) inspired learning; 2) collaborative research; 3) truth, reconciliation and decolonization; and 4) aligned structures. Dr. Jones left the university before this work was completed and it is not clear how far the stakeholder engagement process went before his departure. This work was later set aside with reasons cited as insufficient engagement with Health Science Collective Member units.

The work is shared here as part of the effort to learn from the significant planning, thought, and consultation of the past.

Figure 5: Dr. Jones' Proposed Strategic Framework for a Re-Imagined Health Sciences

Strategic Framework for the Health Sciences *(Draft v0-6)*

AMBITION

Be national leaders in inclusive scholarship, interprofessional education and practice, and transdisciplinary health science research. We will be the university the world needs by integrating education, research, policy, and practices to improve health outcomes for the diverse Peoples of Saskatchewan, Canada and the world.

COMMITTMENTS

INSPIRED LEARNING	COLLABORATIVE RESEARCH	TRUTH, RECONCILIATION, AND DECOLONIZATION	ALIGNING STUCTURES
Cultivate a transdisciplinary environment where learners and educators develop the competencies and perspectives that inspire cultural change at the student, faculty, staff, and community level.	Improve the health outcomes for the Peoples of Saskatchewan and across the world and deliver on the original promise of the Health Sciences project by realizing the full potential of transdisciplinary, team-based research and knowledge translation.	Work with Indigenous groups to realise meaningful truth, authentic reconciliation and lasting decolonisation to foster equity in health sciences employment and educational attainment. Ensure equity in health outcomes for Indigenous peoples and communities.	Develop compelling spaces, processes and academic structures that support and promote the success of the health sciences teaching, research and scholarly mission. Provide safe and appropriate spaces for faculty, staff, students, and communities to come together to solve global health challenges.

GOALS

1) **Foster the development of Interprofessional competencies in the health sciences.** Design, develop and deliver, interprofessional educational programs rooted in experiential learning and IP practices that build practical, technical and applied skills and provide authentic environments to practice these skills.	1) **Position the USask Health Sciences to address the world's most complex health problems.** Enhance our culture of curiosity driven solution finding, establish a pervasive research and discovery ethos that fosters life long learning among all university faculty staff, and students.	1) **Acknowledge and Communicate the Truth** about the impact of colonization and systemic racism on the health and wellness of Indigenous Peoples. Use this truth as a basis for systemic and cultural changes within the Health Sciences and authentic ethical engagement with communities.	1) **Lead the development of new academic structures** that provide a supportive ecosystem for novel and transdisciplinary educational and research programs enabling academic excellence and financial sustainability.
2) **Embed research and evidence-based learning in all USask health science education programs.** Harness the potential of diverse clusters of health and wellness research to build training programs and life-long learning opportunities that provide a full spectrum of health professionals with core research-based competencies.	2) **Stimulate research collaborations.** Strengthen partnerships to address complex problems that reach within, across, and beyond disciplines ensuring that knowledge and novel methodologies and innovative practices are implemented through policy changes, training and publications.	2) **Recognize, respect and adopt Indigenous processes** to honour Indigenous perspectives. Review systems, policies, processes, and practices within the health sciences and replace those which present barriers to equity in employment, educational attainment, and health outcomes.	2) **Reimagine USask Health Sciences shared spaces and programs** to ensure that our organizational and physical structures promote the functions needed for success. Enhance collaborative and creative third spaces which embolden our teaching, research, and scholarly mission.
3) **Enrich learning by integrating multiple ways of knowing**. Create equitable training opportunities which are relevant and accessible to diverse and varied communities, knowledge systems, and world views.	3) **Measurable return on investment.** Work with the USask Health Colleges to develop a culture of collaborative research that maximises efficiency and generates a significant increase in funding and resources for collaborative research and training opportunities.	3) **Champion the development of cultural capacity** for students, staff and faculty to decolonize our physical environment, ways of thinking and curriculum. Foster a culturally safe and aware working and learning environment, acknowledging and honouring Indigenous worldviews.	3) **Elevate community engagement through transdisciplinary programs and patient-oriented research. Acknowledge, review and revise systems which present real and perceived barriers** to collaboration.

4

USask Health Sciences Administrative Unit: Today

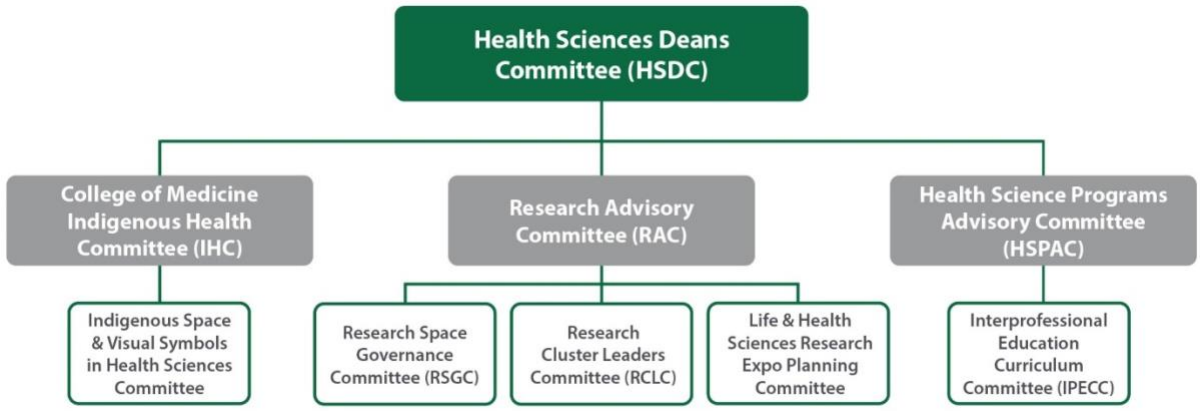
INSTITUTIONAL CONTEXT REPORT FOR THE HEALTH SCIENCES REORGANIZATION PROJECT

4. USask Health Sciences Administrative Unit: Today (2022)

In July 2020, Dr. Adam Baxter-Jones was appointed interim associate provost, health. He **focused on clarifying and formalizing governance arrangements for the USask Health Sciences administrative unit.** This includes refreshing governance committees (see Figure 6); addressing issues of committee function (updated membership and Terms of Reference, regularized meeting schedules and agendas), and policy revision and/or creation. **Renewed attention has been placed on committees advising on shared operations or governance topics.**

The USask Health Sciences administrative unit currently operates three key interspace portfolios—the Clinical Learning Resource Centre (CLRC), Building Operations, and Interprofessional Education—and coordinates the work of interdisciplinary committees.

Figure 6: USask Health Sciences Faculty-Engaged Committees



4.1. Current USask Health Sciences Funding

The USask Health Sciences operation is funded by a mix of envelope funding from the provost and fee-for-service charges:

- A balanced budget was submitted for 2022/23 (as noted in Table 1).
- The total funding for the unit is $7.5 million comprised of:
    - envelope funding of $1.6 million; cost recovery / fee for service of $5.6 million; a small amount of external revenue $220,000; plus $177,000 in one-time Strategic Priority funding.

Table 1: USask Health Sciences Administrative Unit 2022/23 Budget

Revenue Source	Budget
Operating Envelope Allocation	$ 1,665,759
Internal Cost Recoveries *(includes $2,500,000 for product sales from the Health Sciences Supply Centre)*	$ 5,612,726
External Revenue *(Saskatchewan Cancer Agency license agreement; revenue from external accreditation/licensing exam agencies; supply centre product sales to non-university agencies)*	$ 223,130
Total Funding	**$ 7,501,615**
One-time Strategic Priority funding for 2022/23	$ 177,900

4.2. Clinical Learning Resources Centre (CLRC)

The Clinical Learning Resource Centre (CLRC) first opened as a shared resource in 2006. **The primary focus of this interprofessional education (IPE) and training centre is to provide USask health science students and community partners with the opportunity to learn and practice clinical and communication skills in a safe, simulated environment.** In 2013, the CLRC moved to its current location in the E-Wing of the Academic Health Sciences Facility.

Simulation plays an important role in the education of health science students. Through the CLRC, students practice and learn clinical skills in a controlled, virtual environment. Students can be supervised while they practice on high-fidelity simulation equipment, standardized patients, and volunteer actor patients. Simulated real-life environments give students confidence in their ability to treat patients.

- **The Simulated Patient Program** at the CLRC supports student education in undergraduate and postgraduate health science programs through recruitment, casting, and training of Simulated Patients (SPs) to portray diverse scenarios in a variety of standardized and/or high-stakes learning and assessment sessions. At the CLRC, these sessions are specially designed to evaluate *how* health science students learn as well as *how much* they are learning in order to prepare them for fundamental collaborative practices and enriching careers.
    - The SP Program includes course-based sessions, Objective Structured Clinical Examinations (OSCEs), licensing exams, and continuing education events. CLRC staff also contribute to the development of patient scenarios for history-taking, physical exams, and advanced communication sessions.
- **The Sensitive Exam Teaching Associate (SETA) Program** was developed in 2015 through a collaboration with the University of Saskatchewan College of Medicine. In this program, male and female teaching associates are trained as health educators and advocates who then teach health science students how to perform sensitive exams using their own anatomy as teaching tools.

Figure 7 summarizes the volume of educational support, number of standardized patients, number of student practice hours, and the space bookings undertaken annually in the CLRC.

Limited comparative data is available dating as far back as 2010/11; however, the **growth in the number of learner contact hours is staggering. Between 2010/11 and 2021/22, the CLRC has experienced 148 per cent growth in the number of contact hours required by learners** peaking at more than 72,000 in 2021/22. The unit also supported 567 learners to participate in Independent Student Practice in the CLRC.

Figure 7: CRLC Usage Statistics 2010/11 to 2021/22

	2010/11	2020/21	2021/2022
Educational Support			
Events supported *	-	1,678	2,060
Events cancelled due to the COVID-19 pandemic	-	478	216
# of learning sessions supported		1,817	2,441
# of virtual sessions supported		727	363
# of session hours supported	3281	2887	3,927
# of learners visiting CLRC	-	18,821	25,013
# of learner contact hours **	29,160	54,628	72,424
Simulated Patient (SP) Program			
SPs recruited		4,307	4772
SP contact hours		17,263	18,424
SP sessions		753	968
SP training hours		3442	3,140
Student Practice Support			
# of learners participating in independent student practice		289	567
# of student practice hours		498	1,509
Space Utilization			
CLRC space booking requests		2,156	***
Rooms booked outside of regular CLRC hours		1,678	***
Bookings outside of CLRC space (# of hours)		4,360	***
# of weekend bookings		46	***

* Events are composed of one or more sessions. ** Between 2010/11 and 2021/22, the CLRC has experienced 148% growth in the number of contact hours required by learners. *** Data is currently being tabulated and is not available.

4.3. Licensing Exams

The CLRC partners with the major national examining boards and licensing bodies for each of the health science programs it supports during their **Objective Structured Clinical Examinations (OSCEs)** for new graduates—typically held 2-3 times per year. **This includes the Medical Council of Canada, the Pharmacy Examining Board of Canada, and the Physiotherapy Competency Exam.**

The Objective Structured Clinical Examination is a method of assessment used by health science departments to evaluate learner competency across a range of clinical skills including patient communication, physical exam, history taking, and interpretation of results. **Exams conducted by the CLRC on behalf of these partners are often prerequisites for residency, licensure, or advancement in a professional health science career.**

During these high-stakes examinations, CLRC clinic rooms and equipment are prepared as per the station circuit established by the external board. Standardization of station set-up, simulated patient portrayal, and exam administration is essential for all sites conducting these exams across Canada.

Candidates rotate through a circuit of timed stations designed to portray real-world scenarios; many involve simulated patients portraying a specific role. Student interaction, performance, and decision-making are observed by a faculty examiner who may also follow up with oral exam questions. OSCEs are typically held after the completion of a module, course, or semester.

4.4. Building Operations

The building operations portfolio **includes the management of space allocation; management of shared facilities and services; coordination of building health and safety; liaising with the central facilities department to initiate and monitor building renovations; and establishing strategic partnerships** (for example, initiating discussions for core facilities).

Shared facilities and services include the following:

- **Health Science Supply Centre (HSSC)**: The HSSC manages purchasing for almost all scientific purchases, ranging from equipment to consumables in the Health Science Building. The supply centre facilitates bulk purchasing to maximize savings for researchers and to minimize wastage and overheads. There is no markup—all savings are passed on to the researcher to maximize the value of research funding. This service is available to anyone across campus.
- **Histology Core Facility:** Tissue processing and staining, training, and some histology lecturing for three undergraduate labs (MED 115, MED 226, and DENT 291) and one graduate level course (Anatomy and Cell Biology ACB 806).
- **Tissue Culture Core Facility:** A suite of shared incubators and biosafety cabinets for human and mammalian in vitro cell line maintenance and experimentation.
- **Lab management:** Space, equipment, and safety management, for over 50 scientific labs covering over 6,500 square meters of space and shared by over 85 scholars based in the Health Sciences Building.
- **Lab support:** Glassware washing, autoclaving, and lab class support for more than 50 wet bench scientific labs saves researchers countless hours better spent conducting experiments, interpreting results, and writing papers.

4.5. Interprofessional Education (IPE)

Interprofessional Education (IPE) is an area that has long been identified as vital in the health sciences—it was among the most important mandates for the Council of Health Science Deans when it was established in 2009—and is a **prime example of how effective facilitation of collaborative work has been most successful where it is not done "on the side of the desk" but where "it is the work." In situations where roles have been put in place with a clear mandate to work across boundaries, successful cross-cutting initiatives are in place.**

4.5.1. BACKGROUND

Interprofessional health science education committees (using a variety of names) have been meeting since at least 2006. An earlier iteration of the modern-day USask Health Sciences administrative unit (the Interprofessional Health Sciences Office [IPHSO]) provided administrative support for the committee.

In those early years, the committee worked on topics such as the establishment of the **Clinical Learning Resource Centre (CLRC),** Patient Centered Interprofessional Team Experiences (P-CITE), Interprofessional Curriculum, setting the vision, mission, and goals for interprofessional education at USask, and IPE stocktakes that date back as far as 2001.

In 2011, an interdisciplinary team of faculty from the Colleges of Medicine, Pharmacy and Nutrition, Nursing, Arts and Sciences (clinical psychology), and the School of Physical Therapy along with faculty from the University of Regina and SIAST were presented with **national recognition—the Alan Blizzard Award from the Society for Teaching and Learning in Higher Education (STLHE)—for their work on Interprofessional Problem Based Learning (iPBL).**

The award-winning iPBL project was described as 10 years in the making with a focus on interprofessional collaboration as part of a health sciences education. In the iPBL, students worked together in small groups to consider the “case” of a patient within each module, relying on each other's discipline-specific knowledge while also learning how each discipline approaches care of the patient.

Only a few years later in 2014, Ronald B. Bond observed a deficiency related to the amount of attention given to IPE by the Council of Health Science Deans. Around this same time, there was also feedback that iPBL content and methodology were struggling to keep pace with changes in the topic area. Following the establishment of the Office of the Vice-Provost Health in 2015, efforts were made to uplift IPE but issues with the implementation of that governance model resulted in little notable progress.

As referenced earlier, Dr. Steven Jones made a new investment in Health Sciences IPE with the 2019 appointment of an associate director, academic programming and interprofessional education. The associate director started by undertaking an environmental scan looking for promising/best practices and gaps in research and practice. **Following the scan, IPE programming shifted intentionally to an increased focus on opportunities to learn and practice team skills using clinical cases and scenarios.**

With an associate director of academic programming and interprofessional education in place, the IPE committee(s) started to meet more regularly and development teams were introduced to

refresh clinical cases and scenarios[13]. New IPE opportunities and the Interprofessional Educational Competency Tracker (IPECT) were created. Software such as IPECT did not exist elsewhere at the time, so it was purpose-built to support interprofessional education and allow learners to track their interprofessional competency development. Relationships were also built with individual instructors/faculty to create a closer connection between centrally facilitated IPE activities and courses.

Working with health science colleges, schools and programs, faculty, instructors, staff and learners, the USask Health Sciences IPE Team currently supports the "interspace" of centrally coordinated interprofessional education initiatives. Through interprofessional education, learners cultivate the abilities and skills to be contributive, effective members of high-functioning healthcare teams.

The IPE team now uses a salutogenic[14] and strengths-based approach, along with continuous quality improvement practices and appreciative inquiry approaches to ensure the cases used in SITEs (Skills for Interprofessional Team Effectiveness, formerly known as the iPBL) continue to meet the needs of the programs and learners.

By March 2020, shared IPE offerings had been transformed. IPE had moved away from tutor-led iPBL groups of 10-12 to self-directed/managed and IPECT-facilitated teams of three to four learners. The new model requires no physical infrastructure, tutors, hard copy materials, or room bookings. IT requirements are managed and supported via IPECT and learners have increased opportunities to practice professional skills by negotiating their own meeting times and finding ways to accomplish their work together.

Interprofessional education programming now runs without the need for programs to hold a common space in their timetables—this is thought to be more aligned with real-world scheduling for case consultations and other coordinated efforts. Programs are now also provided with completion reports for their learners rather than attendance reports. **Individual and team**

[13] Development teams are cross-functional teams of subject matter experts who come together in a facilitated way to collectively produce and quality-assure a deliverable. They are typically short-term in nature.

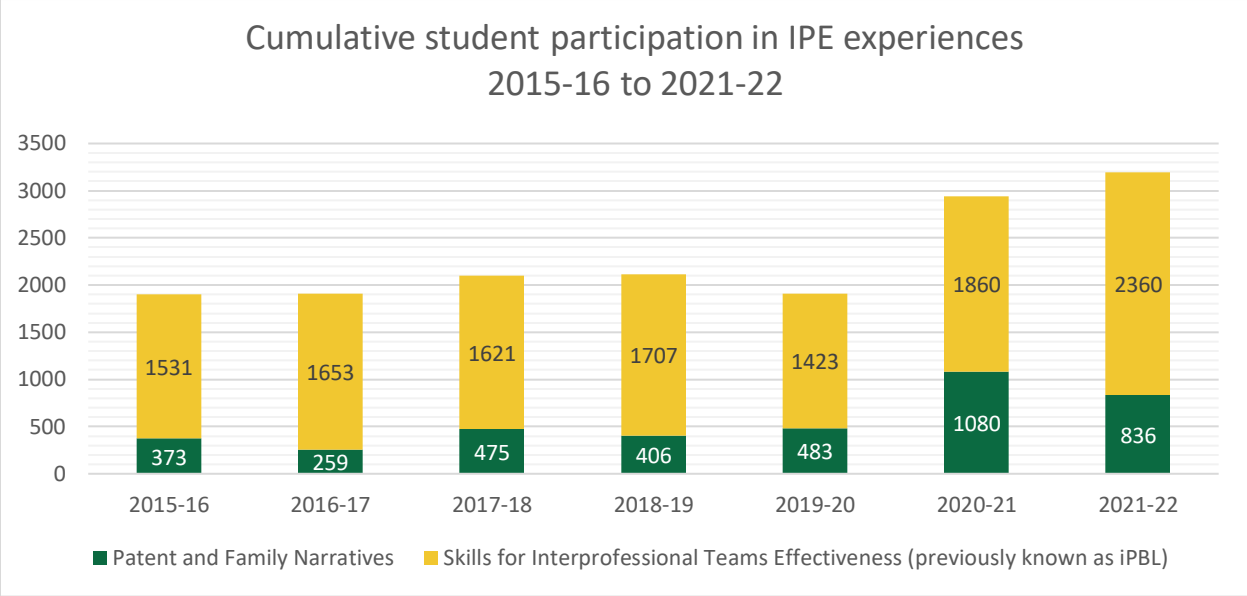
[14] From https://www.physio-pedia.com/Salutogenic_Approach_to_Wellness: "Salutogenesis is a term applied in health sciences, and more recently in other fields, to refer to an approach to wellness focusing on health and not on disease (pathogenesis)."

accountability were both increased through the use of IPECT. This was the case for both Patient Family Narratives (PFNs)[15] and SITEs[16].

The annual cumulative student participation numbers in IPE events show tremendous growth following these changes to the model.

The average annual cumulative student attendance at the Patient Family Narrative sessions from 2015 to 2020 was approximately 400 students in total (see Figure 8). In the last two years, the average annual cumulative attendance has increased 2.4 times to 958 with peak attendance in 2020/21 at over 1,000 participants[17]. Likewise, the average annual cumulative student attendance at IPBL/SITE events from 2015 to 2020 was approximately 1,600. In the last two years, the average attendance was 2,100—an increase of 1.3 times.

Figure 8: IPE Uptake 2015-2021



[15] In a PFN, community members share their healthcare experience in a 12-to-15-minute video. Learners watch this video and then meet in their interprofessional teams to complete their shared tasks and practice their team skills. Team tasks include exercises such as developing a timeline of healthcare, a scope of practice chart, and/or questions for the guest. Individual tasks include reflection on team contributions and a note to the learner's future professional self.

[16] Effective interprofessional teamwork is critical to patient care and safety, and worker well-being. SITEs provide an opportunity for learners from health science programs to practice the professional roles they are preparing for with future colleagues. Learners attending a SITE discuss and practice team and communication skills in small interprofessional teams of three to four people as they work through a clinical scenario or case. The emphasis is on teamwork.

[17] Participants were from the Colleges of Dentistry, Medicine, Nursing, and Pharmacy and Nutrition, and the School of Rehabilitation Science. A small number of students from allied health professional programs at Saskatchewan Polytechnic and the University of Regina also participated.

Alongside interprofessional education programming changes, there was increased integration of IPE into some programs as the new mode of delivery made it easier to integrate the materials into courses and the online format meant that learners from around the province could participate. **The timing of the IPECT app launch resulted in having IPE activities ready to seamlessly transition to online learning at the start of the COVID-19 pandemic.**

There is no cap on the number of learners, programs, or institutions that can participate in centrally facilitated IPE events using IPECT and virtual meeting spaces. Due to the mode of delivery and the elimination of physical locations as a barrier, additional learners, programs, or institutions could be added at virtually no additional cost.

The process used to facilitate IPE development teams has resulted in a wide array of faculty, instructors, learners, and staff engaging in the development and expansion of IPE opportunities. For example: in 2022, the IPE team held the first trial of connecting learners (who were in clinical practicums using IPECT) to facilitate virtual IPE opportunities. To share and reinforce the practise of working collaboratively, the development teams were invited to collaboratively write posts for the Collaborative Practices Blog. The blog posts are built into the reference items for future development teams.

5

Current Data from the Health Science Collective

INSTITUTIONAL CONTEXT REPORT FOR THE HEALTH SCIENCES REORGANIZATION PROJECT

5. Current Data from the Health Science Collective

The work of the Health Sciences Reorganization Project is to define a governance framework that will amplify each of the disciplines in the Health Science Collective and model ways to connect while advancing shared academic and research priorities. The project is seeking to enhance collaboration between the university's health science colleges, schools, and the administrative USask Health Sciences unit.

Sections 3 and 4 above were intended to:

- give a sense of governance models that were implemented or considered in the recent past;
- note where collaborative activities have been successful; and
- identify some of the implementation challenges that were encountered.

To begin to understand the scale of what might be included in the reorganization, this paper will articulate the scale of the units engaged in the project. Each of the units represented in the Health Science Collective varies significantly in terms of student numbers, workforce, and operating budget.

5.1. Enrolment Headcount

In 2020/21, there were approximately 3,000 undergraduate students enrolled in the University of Saskatchewan's health science colleges and schools and nearly 1,000 health science graduate students across the eight health science academic units[18]. Table 2 provides a sense of scale for student numbers:

- **The College of Nursing had the largest cohort of undergraduate students** with around 1,000 or 1/3 of all undergraduate students in the Health Science Collective, followed by Kinesiology at approximately 700 students.
- The College of Dentistry's new Dental Assisting program accounts for their non-degree students.
- **The College of Medicine (including the School of Rehabilitation Science) has the largest cohort of graduate students** at around 350, followed by Nursing at around 200 graduate students.

[18] The Arts and Science (Department of Psychology) Health Studies program and Clinical Psychology program are excluded from Table 2 as were biomedical sciences students.

Table 2: 2020/21 Student Enrollment Headcount[19]

Units	Undergraduate	Postgraduate Clinical	Non-degree	Graduate
Dentistry	143	4	68	7
Kinesiology	695			43
Medicine *(includes 118 Rehabilitation Science graduate students)*	416	570		346
Nursing	1008			202
Pharmacy and Nutrition	432			63
Public Health				154
Veterinary Medicine	332			178
Total	**3026**	**574**	**68**	**993**

5.2. Employee FTE

Employee numbers in each of the units within the Health Science Collective vary significantly. Table 3: 2020/21 Fiscal Year FTE by Unit summarizes the main employment groups (ASPA, CUPE 1975, Exempt Staff, USFA, and senior admin) for the Health Sciences colleges, schools, and admin units; detailed disaggregation of staff by union groups with job titles is also available.

In the 2020/21 fiscal year, there were 1082.6 FTE in ASPA, CUPE 1975, Exempt Staff, USFA, and senior administrative roles across the health sciences colleges, schools, and administrative units. At a unit record level, coding errors and variations by employee arrangements are sure to be found; however, when taken as an indication of scale, the size variation is noteworthy.

- **The School of Public Health has the smallest FTE total** at 13.3.
- **The College of Medicine, excluding the School of Rehabilitation Science (SRS) and medical faculty, had the highest total FTE** at 406.5 FTE.
    - Accreditation standards require all physicians who supervise medical students and residents to hold a medical faculty appointment. The College of Medicine has 1,858 medical faculty. 12 per cent are employed with a full-time contract, 13 per cent have a part-time contract, and the remainder use event-based arrangements.
- The College of Medicine, excluding SRS and medical faculty, comprised 44.5 per cent of the total FTE, followed by Veterinary Medicine at 26.1 per cent.

[19] Source: University of Saskatchewan Data Warehouse. Data as of Saturday, April 9, 2022. Produced by USask Information and Communications Technology - Reporting and Data Systems.

- Most of the colleges had approximately 3.0 FTE in the "out-of-scope senior admin category." The exception is the College of Medicine with 10.7 FTE. A summary of organizational charts for these units follows in Table 4.
    - The FTE data for the School of Public Health was only 0.2 FTE in this category for the reporting period as the dean of Dentistry was serving as the executive director for the School of Public Health.

Table 3: 2020/21 Fiscal Year FTE for Colleges or Admin Units by Select Bargaining Units

Units	Out of Scope Senior Admin (FTE #)	In Scope USFA Faculty (FTE #)	Out of Scope Faculty (FTE #)	ASPA (FTE#)	CUPE 1975 Staff (FTE#)	Exempt Staff (FTE#)	uView Total	Medical Faculty (outside of uView)
Dentistry	3.0	25.3	0.9	15.3	17.4	2.0	64.0	
Kinesiology	2.8	14.0	0.0	9.9	9.1	1.8	37.7	
Medicine (w/SRS)[20]	10.7	131.7	0.0	121.6	142.6	21.6	482.1	1858.0
Medicine (no SRS)	*9.7*	*121.1*	*0.0*	*114.9*	*139.2*	*21.6*	*406.5*	
Rehabilitation Science (SRS)[21]	*1.0*	*10.6*	*0.0*	*6.7*	*3.3*	*0.0*	*21.6*	
Nursing[22]	3.9	63.8	0.0	21.4	7.8	3.0	99.9	
Pharmacy & Nutrition[23]	3.2	30.6	0.0	23.0	6.7	1.0	64.4	
Public Health[24]	0.2	8.0	0.0	3.0	2.0	0.1	13.3	
USask Health Sciences	0.8	0.0	0.0	19.0	17.5	1.7	39.0	
Veterinary Medicine	4.8	82.4	0.8	51.9	135.7	6.7	282.2	
Total	**29.4**	**355.8**	**1.7**	**265.1**	**338.8**	**37.9**	**1082.6**	**1858.0**

[20] 0.1 FTE CUPE not balanced with disaggregation of College of Medicine and School of Rehabilitation Science.

[21] Extracted from College of Medicine at department level.

[22] Excluding 0.8 FTE assistant vice-provost coded to Nursing in 2020/21 likely linked to L. Berry.

[23] ASPA includes 7.5 FTE pharmacist.

[24] In 2020/21, the dean of the College of Dentistry was acting executive director (ED) of the School of Public Health (SPH). Normally, the ED is 1.0 FTE. 0.1 FTE Exempt Staff in SPH is likely double-counted from Dentistry.

- Collectively, the seven smallest units (those most heavily reliant on the operating grant), comprise 31.4 per cent of the FTE:
    - Nursing (9.2 per cent); Dentistry (5.9 per cent); Pharmacy and Nutrition (5.9 per cent); USask Health Sciences (3.6 per cent); Kinesiology (3.5 per cent); Rehabilitation Science (2.0 per cent); and Public Health (1.2 per cent).
- **In terms of faculty FTE**, there were just over 350 USFA faculty with the largest cohorts in the Colleges of Medicine (131.7) and Veterinary Medicine (82.4). The smallest cohorts of faculty were in the School of Public Health (8.0) and Kinesiology (14.0).
- **The ASPA employment group** accounted for 265.1 FTE.
    - 43 per cent of those employees were based in the College of Medicine (excluding SRS); an additional 20 per cent were based in Veterinary Medicine.
- 81 per cent of the **CUPE 1975 staff** were based in the Colleges of Medicine (excluding SRS) and Veterinary Medicine (41 per cent and 40 per cent respectively).
- The dean of the **College of Kinesiology** has accountability for the operation of USask Rec in addition to the academic and research missions of the college.
    - The majority of the college's administrative positions in the CUPE 1975, ASPA and Exempt Staff groups are linked to the USask Rec operation. This includes 52 per cent of the CUPE 1975 FTE, 60 per cent of the ASPA FTE, and half the Exempt Staff FTE.
    - The dean also has delegated authority for Huskie Athletics but neither the associated position nor the budget is formally included in the College of Kinesiology's operation.
- Regardless of overall size, **each of the colleges has at least one associate dean / vice dean** for academic programming **and an associate dean for research and graduate studies** (see Table 4).
    - The Colleges of Medicine, Nursing, and Veterinary Medicine have additional associate dean positions.

Table 4: Summary of Academic Leadership Positions[25]

units	Dean / Exec Director	Assoc. Provost	Vice Dean	Assoc. Dean	Asst. Dean	Dept Head	Program Director	Academic Lead
Dentistry	✓			✓✓	✓✓			
Kinesiology	✓			✓✓				
Medicine (w/SRS)	✓		✓✓✓	✓✓✓ ✓✓	✓✓	✓ x14	✓	✓✓
Medicine (no SRS)	✓		✓✓✓	✓✓✓✓	✓✓	✓ x14		✓✓
Rehabilitation Science (SRS)				✓			✓	
Nursing	✓			✓✓✓				
Pharmacy and Nutrition	✓			✓✓	✓✓			
Public Health	✓						✓✓	
USask Health Sciences		✓						
Veterinary Medicine	✓			✓✓✓		✓✓✓✓✓		

5.3. 2022/23 Resource Allocation of all Revenue Centres

In support of this project, to help articulate the overall fiscal environment at the university, Institutional Planning and Assessment (IPA) has prepared data about resource allocation (RA) changes that have taken place since 2017/18 (see Figure 9).

The operating grant has shrunk by more than $50 million during the reporting period while operating costs have escalated. Financial reserves have been depleted. The university anticipates operating from a smaller base in the future.

[25] Source: Unit Org Charts (Spring 2022).

Figure 9: Resource Allocation Change from the Perspective of all Revenue Centres (IPA 2022)

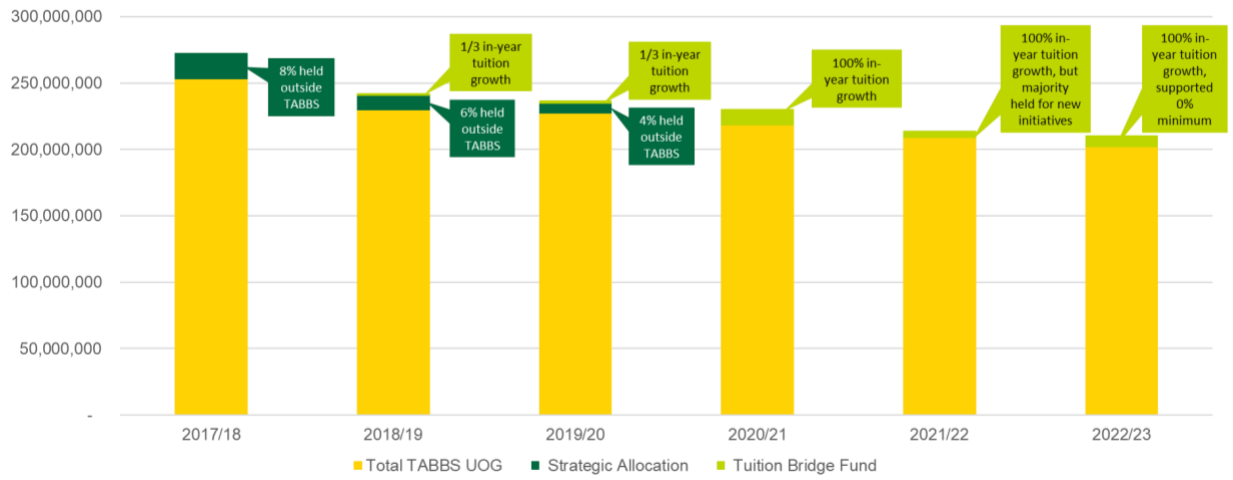


Figure 10 shows the **changes in resource allocation (RA) for the seven health science revenue centres**: Dentistry, Kinesiology, Medicine, Nursing, Pharmacy and Nutrition, Public Health, and Veterinary Medicine.

- This figure includes TABBS results + Tuition Bridge Funding (TBF) + strategic allocations.
- The 2022/23 RA is based on initial TABBS results (does not factor in year-end tuition adjustments) and will be adjusted slightly following 2021/22 year-end.
- The decline in the Health Sciences allocation from 2020/21 to 2021/22 is a result of $47.3 million of College of Medicine funding being shifted from the Ministry of Advanced Education to the Ministry of Health.

Figure 10: Resource Allocation Changes Separating the Health Sciences Group from Other Revenue Centres

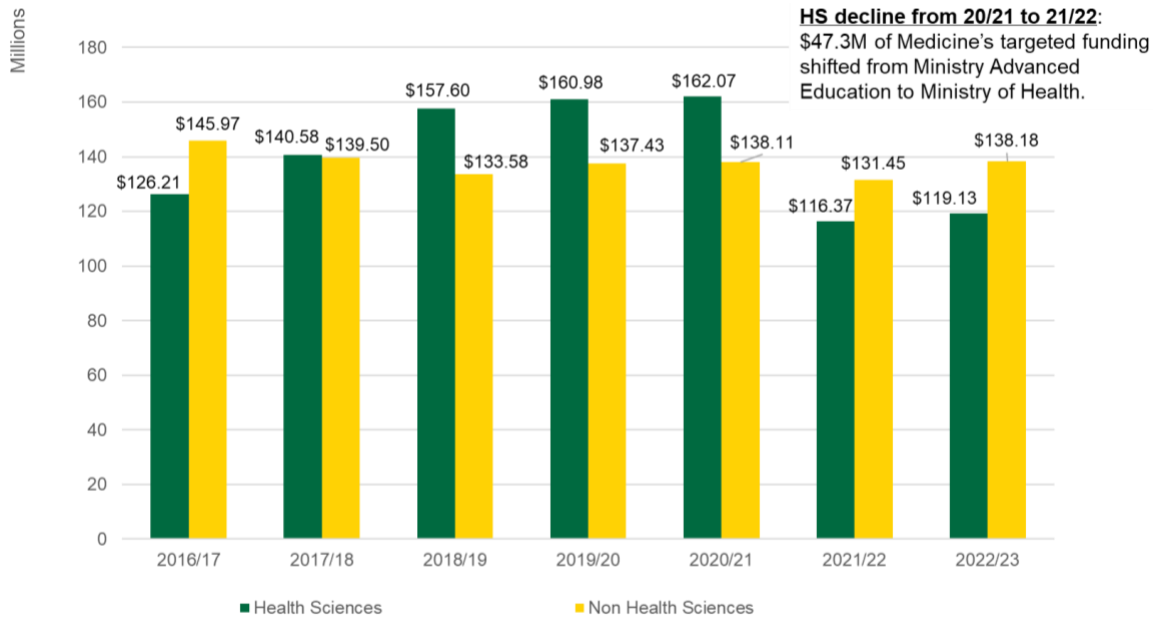
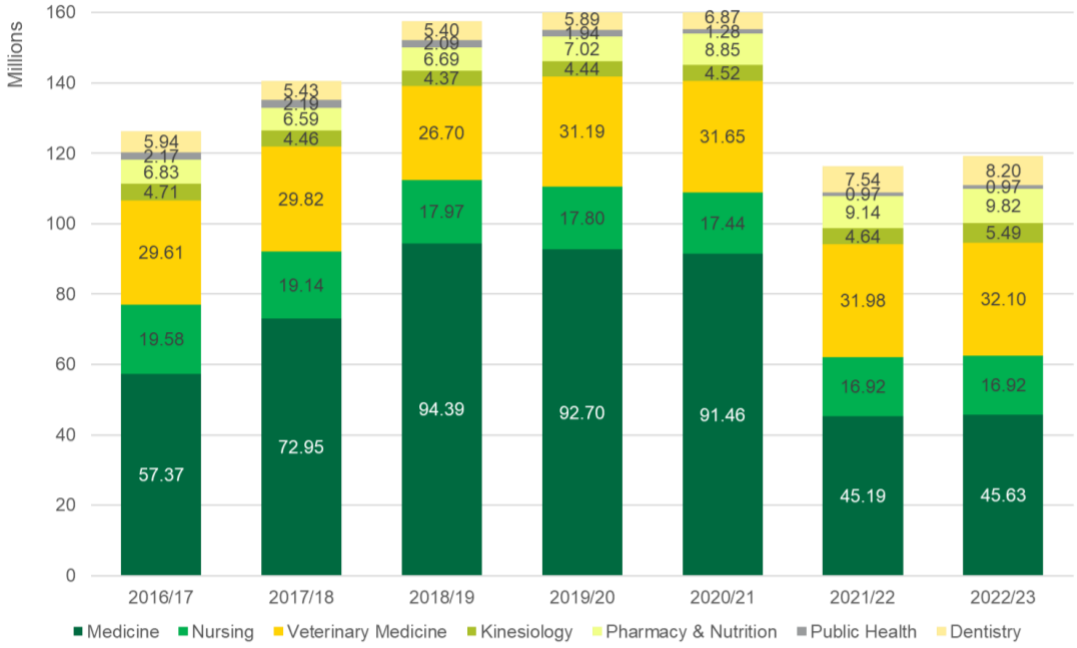


Figure 11 shows the resource allocation for each of the health science revenue centres from 2016/17 to 2022/23. As noted above, the change in the College of Medicine allocation is the result of a changed funding model for the college.

- Based on this data, the School of Public Health's resource allocation is down 56 per cent and the College of Nursing is down 14 per cent over the period.

Figure 11: Resource Allocation Changes Separating Each Health Science Revenue Centre to Show the Magnitude of Each Within the Total



6

Environment at USask

INSTITUTIONAL CONTEXT REPORT FOR THE HEALTH SCIENCES REORGANIZATION PROJECT

6. Environment at USask

Sections 6.1 Strategic Priority Initiatives, 6.1.2 University 2025 Plan, and 6.1.3 Strategic Priorities are taken verbatim from the Strategic Priority Initiatives SharePoint site to provide institutional context (USask, 2022).

6.1. Strategic Priority Initiatives

6.1.1. ADVANCING OUR ACADEMIC AND RESEARCH PRIORITIES AND ASPIRATIONS, WITHIN OUR MEANS

The University of Saskatchewan is taking action to address immediate financial pressures at our institution with a plan for transformation shaped by our commitment to excellence in teaching, research and community engagement. **The Strategic Priorities Initiatives are contributing significantly and measurably to our university moving forward to a sustainable financial position.** To sustain this vision over the long term, USask is embarking on a period of academic and administrative transformation that will reform our university.

Throughout, we are guided by the University Plan 2025 and priorities identified by members of the Senior Leadership Forum (SLF).

- Advancing USask academic and research priorities and aspirations, within our means includes the following five priorities: creating academic themes, refreshing through reorganization, identifying things that we will stop doing, ensuring labour force sustainability and refining academic programs

6.1.2. UNIVERSITY 2025 PLAN

The strategic priorities work is about our ability to deliver on the University Plan approved by members of University Council, members of the board, and members of the senate. To be the university the world needs is a bold ambition. It will require us to be very disciplined about tracking our progress against the five areas of impact to which we aspire.

The 2025 University Plan is grounded in our strengths. As our vision document states, “we use interdisciplinary and collaborative approaches to discovery.” **No other research-intensive, medical-doctoral university in Canada has the array of colleges and interdisciplinary schools we do. None has the unique scientific infrastructure we have, nor our unique signature areas through which we are having a global influence.** We have an unparalleled breadth of expertise in our professional colleges, social sciences disciplines, humanities and fine arts departments, and fundamental and applied sciences units.

Together, we have the tremendous variety of programming and research—and the faculty, staff, and student talent—to serve and inspire our communities: this city, this province, this country, and beyond.

6.1.3. STRATEGIC PRIORITIES

The Government of Saskatchewan has provided one-time funding in the first two years of a four-year funding agreement. The one-time grant ($31 million) is meant to support pandemic and post-pandemic recovery, efficiencies in academics and administration, revenue generation, and government priorities articulated in Saskatchewan's Growth Plan. The Government of Saskatchewan’s one-time grant provides USask with the opportunity to focus and strengthen the contribution made to the province, and to accelerate the institution’s recovery from the impact of the global pandemic.

USask has intentionally selected initiatives to receive allocation from the one-time government grant because they align with the province's Growth Plan, with the Ministry of Advanced Education's expectations of the post-secondary sector, and with our own institutional priorities.

With strategic transformation, we can build USask as a leader in higher education and research. We can drive even greater social and economic growth, innovation, and creativity for the good of the province and beyond.

On balance, the $31 million invested in USask by the Government of Saskatchewan will contribute to USask reducing ongoing operating costs by 3-6 per cent by 2026 ($20-$27 million), the restoration of reserves, and $12-$20 million for strategic investment annually from 2026 . (USask, 2022)

6.1.4. STRATEGIC PRIORITY PROJECTS CURRENTLY UNDERWAY

A number of strategic priority initiative projects outside of the Health Sciences Reorganization Project are currently underway; some of those projects will have integration points—or possibly downstream risks or benefits—impacting this project. Links to the Integrated Services Renewal and UniForum Benchmarking projects are being monitored on an ongoing basis. Care will be taken to operate in a coordinated way.

The Health Science Reorganization and the Health Sciences Shared Courses projects are closely linked. The Shared Courses Project is working to lay the foundation for the development of shared course offerings across the university's health science colleges and schools to avoid duplication of courses and to realize cost savings related to faculty and staff resources. The need to operate differently to support shared courses may be an important driver in the future state governance model options that are considered.

7

Case for Change

INSTITUTIONAL CONTEXT REPORT FOR THE HEALTH SCIENCES REORGANIZATION PROJECT

7. Case for Change

The following case for change statement was written by Dr. Airini, provost and vice-president academic, in May 2021 and reaffirmed as part of the stakeholder interview process in May 2022. (Airini, 2022)

How a university organizes itself should be as bold and ambitious as the teaching, research, and service it creates. By connecting in unique ways, together we can create a world-class One Health academic grouping—for Saskatchewan and from Saskatchewan.

Building on deliberations over the past years, academic reorganization is now happening in the health sciences. This is a leading-edge collaborative effort to amplify each of the disciplines in health sciences and will be a role model to the whole university on how to connect in ways that advance academic and research priorities, within our means. […] This innovative effort will create positive arrangements that make it possible for the reassignment of resources that support research and academic priorities for faculty, staff, and students in health sciences.

Six goals in the academic restructuring in health sciences/One Health are to:

1. focus more of our resources on the frontline delivery of our core mission of teaching and research, rather than unit-level administration;
2. create a more strategic, nimble, collaborative, and accountable leadership forum in health sciences/One Health at USask;
3. re-set our administrative structures to be more consistent and even more student-focused;
4. improve the scope and structures to support overall research excellence, interdisciplinary programs and research;
5. reduce course and program duplication, and create more focused and accessible academic programming within health sciences/One Health; and
6. support university objectives for Indigenization, and equity, diversity, and inclusivity.

Faculty should benefit from removing structural impediments to interdisciplinary collaboration and providing a structure conducive to both large- and small-scale connectivity and cooperation. Students should experience outstanding academic programs with greater scope for interdisciplinarity, ability to transfer into and between programs, more transparency of offerings, and greater consistency of services and support. Staff should experience more rewarding and specialized work opportunities within an operational model that reduces redundancies and simplifies procedures and workflows. At the institutional level, a leaner leadership structure should be more nimble and able to respond to strategic opportunities. The health sciences will be a leader in creating university structures that amplify bold ambition within and across the disciplines.

Academic restructuring is happening in several areas at USask and will be an incremental process. There are academic and financial benefits from the changes. In total, the university's academic and research priorities lead planning and decision-making, and budget realities inform these.

8

Strengths, Weaknesses, Opportunities, Threats (SWOT)

INSTITUTIONAL CONTEXT REPORT FOR THE HEALTH SCIENCES REORGANIZATION PROJECT

8. Strengths, Weaknesses, Opportunities, Threats (SWOT)

The following strengths, weaknesses, opportunities, and threats were identified following stakeholder interviews and the review of historical change efforts related to opportunities to share resources across the Health Science Collective.

8.1. Strengths

1. Where roles and resources have been put in place with a clear mandate to work across boundaries, successful cross-cutting initiatives are in place. In these situations, **facilitation of collaborative work is not done "on the side of the desk" but "it is the work."** In many cases, this means "doing or supporting the work" to move joint ventures forward. Attention to building and maintaining relationships is vital to the success of these roles. These roles include:
    a. **Academic leadership in the USask Health Science Office**. For the last two years, there has been a renewed focus on updating and clarifying governance arrangements for the Academic Health Sciences Facility and the collective activities coordinated or undertaken by the USask Health Sciences unit. Stakeholders noted appreciation for this work.
    b. **Building operations**. Managing and negotiating space allocation and utilization can be complex and sometimes contentious work that benefits from strong relationships, clear policy, and up-to-date governance frameworks.
    c. **Operational management of shared facilities and services** within the Health Sciences Building, including lab management, histology, laboratory support, and the Health Science Supply Centre. These services reduce repetition and overlap of services and achieve economies of scale.
    d. **Clinical Learning Resources Centre (CLRC)**. The CLRC is reported by stakeholders to be an excellent service that is heavily in demand; some stakeholders note it may have been underbuilt.
    e. **Interprofessional Education (IPE)**. New investment in this area began in 2019. The small team has facilitated a renewed approach to IPE and significant progress has been made.
    f. **Specialist communications, event marketing, and project support.** A small group of staff in specialist positions provide dedicated facilitation and expertise to uplift and, at times, carry out collaborative work under the direction of the HSDC. Individuals in these roles are called to serve the health sciences in a variety of ways.
2. **Existing shared functions in the Health Science Collective are closely aligned with Plan 2025** and the collective is well-positioned to work together on new areas of strategic agreement.
3. **There is an interest and willingness from members of Health Science Collective units to work across boundaries. When the shared topic is compelling,** members of the campus community show up with enthusiasm, as they have done for many years. Many stakeholders sought out additional discussion time regarding ideas for micro-, meta- and macro-level changes in the health sciences.
4. **There is a great deal of enthusiasm about the many topics that could be turned into shared courses/modules**. Many faculty have articulated enthusiasm to engage in this process.

a. **The Health Sciences Shared Courses Project is working to identify areas where modules or courses could be shared by more than two units.** Many topics have been identified by faculty and instructors as potentially sharable.

b. A Tuition Bridge funded project has allowed the Health Science Collective to pilot the development of ethics and professionalism modules using development teams. Two, one-credit unit (10-hour) modules have been built and added to IPECT and ready for asynchronous use. Once built, there is no cap on how many programs or learners could use these courses. Some faculty members from the development teams will test the modules in the coming term.

c. Development teams are cross-functional teams of subject matter experts who come together in a facilitated way with a clear purpose to collectively produce and quality assure a deliverable. Pilot projects using the development team approach have made progress quickly and have engaged a wide array of faculty, instructors, learners, and staff. **Development teams could be used to work on any type of project, including addressing structural impediments.**

5. **Formal shared governance committees** (the Health Sciences Deans Committee [HSDC], Research Advisory Committee [RAC], Interprofessional Education Advisory Committee [IPEAC[26]]) **and informal working groups have been working across unit boundaries, fostering cross-cutting relationships for years.** There are examples of great work that can be highlighted and amplified to help reframe the narrative regarding collaboration.
6. **Policies and procedures are updated and authority has been vested with the associate provost, health, in association with committees.**
7. Over the past two decades, significant thought and effort have been invested in generating ideas about how the Health Science Collective could work together more effectively or efficiently. Many of those ideas are still relevant and implementable.

8.2. Weaknesses

8.2.1. ENVIRONMENT

1. **There is a 10+ year history of change efforts in the health sciences that were either interrupted mid-project, rejected, or not fully implemented.**

a. These attempted change efforts occurred alongside **significant fiscal cuts** for the member units.

b. For approximately the past decade, the USask Health Sciences administrative unit has struggled with a **lack of clarity regarding authority, funding, structure, and governance**.

c. As noted in Figure 1: Leadership Transition—Health Science Collective, Provost, and President, there has been **significant leadership turnover** which has resulted in numerous changes of direction and an overall lack of implementation.

[26] Renamed Health Science Programs Advisory Committee (HSPAC) in 2022.

2. College and school leaders, faculty, and staff face numerous competing priorities that they need to manage; **shared activities are not the top priority and can be crowded out by unit-specific needs**.
3. **Unequal access to resources has resulted in inter-unit competition** and some hostility between the "have" and "have-not" units.
    a. Some of this unequal access links to different levels of privilege in professional environments (on- and off-campus) and differential influence with important internal and external stakeholders.
4. **No shared strategic plan for the Health Science Collective exists.**
5. **Numerous structural impediments to collaborative activities exist.** These impediments include unit-specific assignment of duties, tenure, and merit processes and resources tuition allocation processes (especially tuition allocation).
    a. It is **unclear how shared resources should be funded.**
        i. Services offered by the USask Health Sciences are currently funded via a mixture of indirect costs, fee-for-service, and one-off requests.
    b. The current assignment of duties process and methodology are unit-based, making new ways of sharing courses challenging.
    c. **Enrolling students from other programs (shared courses) is not rewarded in TABBS;** it has been described as "discounting" the tuition revenue. In an environment where cross unit competition for resources exists, it creates a major barrier to collaboration.
6. **New ways of working together cannot add to the overall baseline budget.** USask expects to operate from a smaller base budget going forward. Tough prioritization decisions will be required.
    a. Units with a high reliance on the provincial operating grant have been squeezed by annual budget decreases and escalating faculty and staff costs.
    b. USask seeks to reduce overall expenses by 3-6 per cent by April 2023. Institutional savings must be found. Most Health Science Collective member units must find savings.
    c. The allocation process for indirect costs is deemed unfair by some member units. The Allocating Support Centre Resources (ASCR) project may address these concerns.
    d. The work of this project is intended to be cross-cutting and the project itself is not anticipated to result in substantial financial savings; however, year over year, member units must find savings.
        i. Some member units must achieve tangible savings and retain access to resources via this reorganization. This creates a secondary and, at times, unspoken "why" for the project in terms of justifying buy-in for member units.
7. Collaborative governance work takes time and sustained focus. **In some cases, leadership turnover directly links to lost momentum or significant changes in direction.** Since the Council of Health Science Deans was established in 2009, there have been *at least* 38 senior leadership transitions associated with the Health Science Collective. A "future state" governance model must be robust enough to cope with the cyclical turnover of leadership roles.

8. **Shared services offered centrally by the university have had many transformations over the last decade and more change is currently underway. Understanding and relying on the provision of centrally provided services is difficult.**
    a. Some services previously provided by (or cost-shared with) central have been cut, resulting in the removal or downgrade of services and/or downloading of costs to the units.
    b. There is, in many cases, a disconnect between colleges and central, and it is not easy to understand the process of getting things done.
9. **Unintentional duplication within programs and across units is known to exist but is hard to address.**
10. **There are challenges in identifying areas of commonality that every college or school is equally interested in pursuing.**
11. There is **under-reporting or lack of recognition of successful initiatives.** Collaboration is thought to occur in a multitude of ways that are never formally recognized.
12. The CLRC provides/supports 72,000 learner contact hours annually; however, **the CLRC director has limited formal links to oversight committees.** Senior staff for building operations and IPE are more formally linked to oversight committees.

8.2.2. HUMAN RESOURCES

13. **The ten largely independent member units of the Health Science Collective have a complex web of independent academic and administrative infrastructure.**
    a. Some units are so lean that there is a reliance on “good citizens who do 200 per cent a day” absorbing additional cuts does not appear to be viable in the current model.
    b. Most units have limited cover for administrative staff and, in some cases, there is only one person who can undertake critical tasks. There is a lack of cover for key positions.
    c. Staff are being asked to serve ever-widening areas of unit operations and unit-specific hybrid roles have developed.
        i. In many cases, more specialized staff have become generalists.
14. **Some employees view themselves as working for a specific unit and not for the University of Saskatchewan as a whole, meaning that (at times) leaders endorse or agree to shared arrangements that employees resist.**
    a. Some units have work for only part-time specialist FTE while others have spare capacity in existing specialist FTE.
    b. There is, at times, a will to share staff across units but it can be difficult; requiring staff to report to numerous people leaders can be a source of tension.
    c. Some units have made successful one-off sharing agreements.

15. **Some faculty and staff report a sense of disenfranchisement**,[27] "no power or opportunities," or of not being "represented" on topics where they feel they have a stake or subject matter expertise.
16. Faculty across units have differential teaching assignments and, **in many cases, faculty refer to their teaching workloads as unsustainably high.**
    a. Faculty have been called upon to do an increasingly wide variety of work.
    b. In small units, some faculty are asked to do a disproportionate amount of administrative work.
    c. Many faculty have teaching assignments that focus on entry-level materials and note that there are missed opportunities for advanced offerings that would allow their unit to distinguish themselves from competitor programs.

8.2.3. ACADEMIC

17. **Students in some programs are not able to access required electives at USask.**
    a. They are sent to other universities via the Western Deans Agreement—not necessarily due to the pre-eminence of the other university on the topic but because USask does not have sufficient space to accommodate the students (especially in Indigenous Studies).

8.3. Opportunities

8.3.1. OVERARCHING

1. **Clarify how the role of associate provost, health, and the USask Health Sciences administrative unit integrate within the rest of the organization.** This academic leadership position was established as part of an earlier model that was not fully implemented.
2. **Establish a shared strategic plan.** Use the plan to proactively identify the changes that the Health Science Collective needs to make today so that it is ready for the future.
    a. Use this opportunity to address calls in the University of Saskatchewan Plan 2025, calls to action in ohpahotân I oohpaahotaan (The Indigenous Strategy for the University of Saskatchewan), and new institutional policies such as the Equity, Diversity, and Inclusion (EDI) Policy.
3. **Change the narrative about the way we collaborate.** Successfully implemented collaborative projects quickly became part of the institutional landscape and are at times overlooked. **Communicate successes and embed them in the speaking points used by senior leaders.**
    a. Facilitate internal and external engagement by communicating the value propositions and successes of the Health Science Collective and its member units to the president and provost, the provincial government, and the Saskatchewan Health Authority (SHA).

[27] https://dictionary.cambridge.org/dictionary/english/disenfranchisement

4. **Find ways to entrench Indigenous perspectives at decision-making tables and in all we do.**
    a. Indigenous engagement and Indigenous health and wellness have long been a topic of shared focus. Members of the USask Indigenous communities have toiled for years to be represented at committee levels and have asked for those roles to be entrenched.
        i. Be guided by the Guiding Principles in ohpahotân I oohpaahotaan (The Indigenous Strategy for the University of Saskatchewan):
            (1) "Nothing about us, without us" as an antidote to exclusion.
            (2) Belonging as a healing practice.
            (3) Allyship as a demonstration of humility.
5. **Utilize change management methodology to address the "people side" of proposed governance changes.** Top-down governance changes have been repeatedly rejected at USask.
6. **Use a quality improvement lens to facilitate progress on tough topics.**
    a. "Evolution not revolution"; grassroots changes; continuous improvement projects; incremental change focussing on areas of common concern, etc.
    b. Regularly assess committee function (to confirm subject matter discussed by the committee) and the frequency of the meetings (to allow the committee to deliver on their mandate).
    c. Ensure that centrally coordinated academic services have links to academic programming committees.
7. **Use an appreciative inquiry (AI) approach to engage stakeholders to work through tough problems as a collective.**
    a. Facilitated development team models can move forward priority topics (such as shared courses) and address issues cited as barriers.
    b. Recognize the faculty who have engaged in this work.
8. **Leverage the USask Health Sciences administrative unit to work more like a scientific collaboration.** The job is to coordinate; expand the offerings from the hub.
9. Collectively engage local, provincial, and federal government bodies and community stakeholders to **move forward strategically important topics including (but not limited to) Indigenous organizations.**
    a. People outside of the institution do not necessarily draw the same disciplinary boundaries that internal people do.
10. **Re-imagine the way some academic leaders work.**
    a. Example: Rather than always retaining a college-specific focus, explore a matrix management approach with portfolios cutting across select topic areas (e.g., faculty relations, Indigenous engagement, international/global, students, academic or research portfolios).
11. Opportunities to share administrative services came up a number of times, including:
    a. Research facilitators and administrative support for research (pre- and post-award).

b. Donor/fundraising support (noted as a gap for some units).

c. Outreach, or alumni engagement (noted as a gap for some units).

d. Communications (noted as a gap for some units but it was also noted that many communications officers are already heavily allocated).

e. Project management support for topics such as accreditation.

f. Faculty development (including professional development, teaching pedagogy, leadership development, anti-racism, EDI).

g. **Share administrative staff in a way similar to the Administrative Support Group (ASG) in Arts and Science does.** ASG provides support to many Arts and Science departments and programs. It was created to standardize operations and provide cover for staff who are away. Many ASG staff are embedded in departments.

    i. ASG Finance provides support for budgeting and forecasting, research fund management, student awards, and payroll for departments. ASG Finance also liaises with Connection Point.

    ii. ASG Graduate Programs Support works closely with the graduate chairs from departments to administer those departments' graduate programs, from admissions through to graduation, including the administration of graduate funding.

    iii. ASG Office Coordinators provide support for administration of departments and academic programs, including collegial processes, faculty recruitment, sessional postings, and other department- and program-specific duties.

12. **New faculty appointments present an important opportunity to invest in priorities; those priorities could include energizing research or collaborative endeavours.** Strategic appointment can yield significant long-term gains (as demonstrated by Dentistry's recent research success).

8.3.2. SHARED ACADEMIC OPPORTUNITIES

13. **Consider the establishment of a centralized academic home for shared courses.**

    a. A centralized academic home for shared courses could provide a mechanism to assess the overall level of interest in courses and help determine the required number of sections or section sizes.

    b. Establish a mechanism to look for and facilitate new program offerings (i.e., a shared structure or template for new program development, including how costs can be shared).

    c. A centralized academic home could become the home for new offerings related to emerging needs; for example, Indigenous health and wellness; equity, diversity and inclusion (EDI); and social accountability.

    d. More shared courses may mean more electives would be available for students to take at USask (some courses are currently at capacity).

    e. Shared courses offer the opportunity to tap into expertise that a member unit may not have.

    f. Shared coordination of graduate courses (e.g., 990 seminar series). Students can hear about more than research findings. They can hear about different methodologies, the research journey, and how challenges were overcome.

14. **Finding ways to save faculty time (opportunity costs savings) is very important.** Those time savings can be reinvested to address unmet, new, or pressing needs.
15. **Use governance changes to create an entity large enough to have influence and benefits that cannot be achieved with "little" colleges/schools.**
    a. A higher-level unit may help to accomplish tasks that smaller units cannot address on their own.
    b. Develop a united front and united voice for health science deans.
        i. In the 2009 [Discussion Paper], it was anticipated that this could carry a great deal of moral persuasion on health policy and other issues.
16. **Engage in shared global health programs.** Conduct global work together. Send interdisciplinary student groups to other countries.
17. **Leverage cooperative design principles in a governance model.**
    a. Cooperative design principles[28] include: 1) clarifying membership; 2) considering how benefits and decision-making rights are allocated to members; 3) providing rapid access to conflict resolution; 4) agreeing upon the process for making and modifying the rules; 5) clarifying how activities are monitored; and 6) articulating how multiple layers of governance activities connect.

8.4. Threats

1. **A number of strategic priority initiative projects outside of the Health Sciences Reorganization Project are currently underway; some of those projects will have integration points—or possibly downstream risks or benefits—impacting this project.**
2. **Governance changes are perceived as a paramount concern when viewed as a threat to professional / discipline-based identity and autonomy.**
3. **Governance changes are seen to be a threat to accredited programs.**
    a. Programs must retain sufficient academic independence to attend to accreditation standards.
4. **Governance changes will not automatically result in great effectiveness or efficiency.**
5. **Units that have been part of previous top-down governance change initiatives are nervous about this reorganization** and the implications that it may have for their department, school, or college
6. **Many of the proposed opportunities (or tactics) to support collaborative work could add to the financial bottom line but the outcome needs to be cost neutral or save money.**
    a. Changes must be financially sustainable in an environment with escalating costs.

[28] Fulton & Fairburn B. and Pohler, 2017.

7. Faculty and staff at Faculty Council meetings noted **concerns about job losses.**
8. **The strategic logic for the change—the "why"—may not be compelling enough.**
9. **USask culture has a history of resisting and/or refusing change efforts in the health sciences.**
10. **Institutional impediments linked to resource allocation do not reward collaborative work.**
    a. Tenure and merit process do not necessarily reward the extra effort that collaborative work takes.
    b. Assignment of duties across unit boundaries is problematic.

9

Appendix

INSTITUTIONAL CONTEXT REPORT FOR THE HEALTH SCIENCES REORGANIZATION PROJECT

9. Appendix

9.1. Lessons from U of A for Tomorrow[29] Comparator Analysis

9.1.1. UNIVERSITY OF ALBERTA FOR TOMORROW'S CASE FOR CHANGE

At its most basic, a case for change is a story that explains the changes coming to an organization. Creating a case for change includes understanding the current state realities, articulating the drivers for change, and articulating the desired future state.

A well-articulated case for change is said to connect and inspire. The case for change in University of Alberta for Tomorrow (see below[30]) touches on collaboration across boundaries and the needs of the province and future students while addressing barriers and articulating the drivers for change. The USask Health Sciences case for change is different; however, there are opportunities for USask to learn from a neighbour and peer.

Figure 12: U of A for Tomorrow Case for Change Statement

The case for change

The university recognizes that society's grand challenges require new forms of collaboration, and that the trend in research funding, in Canada and globally, is to promote collaboration across disciplines. Emerging areas of student demand are also interdisciplinary in nature. As we educate future citizens, workers, entrepreneurs, and leaders, we are increasingly asked to help our students work and think across traditional boundaries.

The university's current academic structure makes it difficult to respond to these demands. Our faculty-based structures do not encourage cross-faculty research collaboration as strongly as they could, and current reporting lines do not facilitate cross-disciplinary innovation in programs and teaching as smoothly as they might. Moreover, our current structure results in course and program offerings that are both complex and sometimes duplicative.

In addition to our academic imperatives, reductions in our provincial operating grant, combined with other provincial directives, mean that we have to reduce our overall expenses by more than $120 million over the next three years, net of tuition growth. It is important that we achieve this in a way that preserves the quality of our teaching and research mission. This means that we need to become more efficient, particularly in how we deliver administrative supports.

[29] "The University of Alberta for Tomorrow (UAT) initiative launched in June 2020, a bold plan for transformation precipitated by major reductions in provincial funding but also shaped by [its] steadfast commitment to excellence in teaching, research, and community engagement for the public good." Source: https://www.ualberta.ca/uofa-tomorrow/about/index.html

[30] (UofA for Tomorrow: Academic Restructuring Working Group (ARWG), 2020, p. 3)

9.1.2. U OF A FOR TOMORROW CONSULTATION THEMES

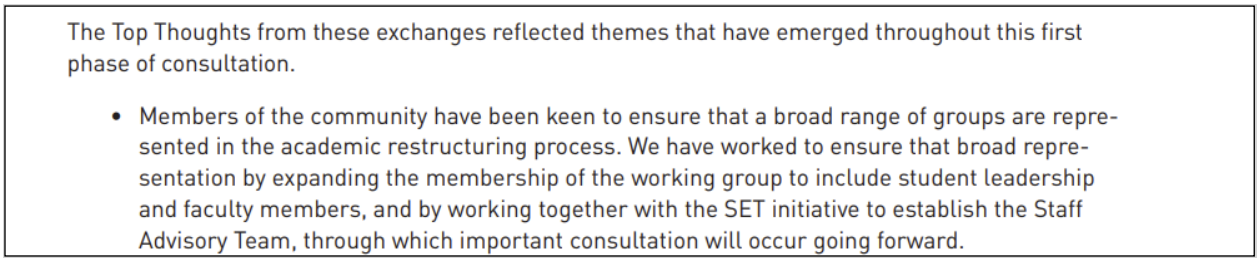
Excerpts from U of A for Tomorrow (UofA for Tomorrow: Academic Restructuring Working Group (ARWG), 2020, p. 12)

The U of A for Tomorrow consultation noted six themes that emerged as part of the university's initial processes. These themes have parallels with USask consultation feedback. The section that follows includes commentary involving USask stakeholder feedback related to the key themes identified by the University of Alberta.

Figure 13 addresses concerns related to who is represented in the decision-making process. This type of concern has also been brought up during the USask consultation. Faculty members, in particular, have identified internal and external groups that may have not been adequately engaged as of yet in the Health Sciences Reorganization Project.

As the USask work progresses towards the definition and refinement of "future state" governance options, consideration is required to assess whether broader-based engagement is desirable and how it can be achieved.

Figure 13: U of A Thought Exchange Theme 1 – Representation in the Process


The Top Thoughts from these exchanges reflected themes that have emerged throughout this first phase of consultation.

- Members of the community have been keen to ensure that a broad range of groups are represented in the academic restructuring process. We have worked to ensure that broad representation by expanding the membership of the working group to include student leadership and faculty members, and by working together with the SET initiative to establish the Staff Advisory Team, through which important consultation will occur going forward.

Figure 14 addresses concerns related to job losses and the increased workload of those who would remain at the institution. At USask, there have been many workforce planning initiatives over the past decade. As a result, faculty and staff have long-standing concerns about workforce stability and workload. Faculty members have asked if the project puts their college/school at risk and if jobs would be lost.

Figure 14: U of A Thought Exchange Theme 2 – Job Losses and Workloads

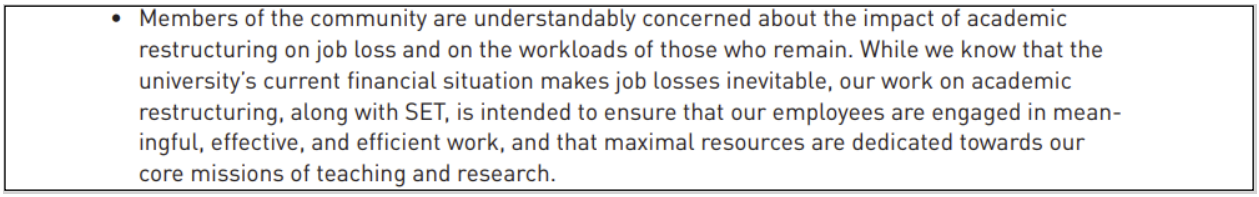

- Members of the community are understandably concerned about the impact of academic restructuring on job loss and on the workloads of those who remain. While we know that the university's current financial situation makes job losses inevitable, our work on academic restructuring, along with SET, is intended to ensure that our employees are engaged in meaningful, effective, and efficient work, and that maximal resources are dedicated towards our core missions of teaching and research.

Figure 15 notes the tension between restructuring activities and strategic goals related to equity, diversity, and inclusion (EDI). In the USask stakeholder engagement processes, members of the Health Science Collective expressed a desire to work collaboratively to address the new EDI policy and action plan.

New curricular development, faculty and staff development, and support for equity-seeking groups have been identified as topics that the collective should explore together.

Figure 15: U of A Thought Exchange Theme 3 – Strategic Goals Regarding EDI

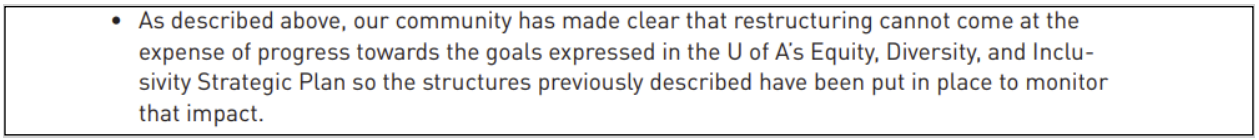


Figure 16 links governance structure and reputation and identifies the tension between new and traditional models. The USask engagement process resulted in many diverse perspectives regarding governance models. Some members of the USask community have first-hand experience in (or unique insights into) amalgamated health science models used elsewhere in Canada, causing them to have serious reservations regarding the likelihood of success. Other community members are proponents of more large-scale changes that are highly aligned with shared strategic goals.

Regardless of the model selected, retention of professional / discipline-based identity was identified as an area of paramount importance.

Figure 16: U of A Thought Exchange Theme 4 – New vs Traditional Governance Models

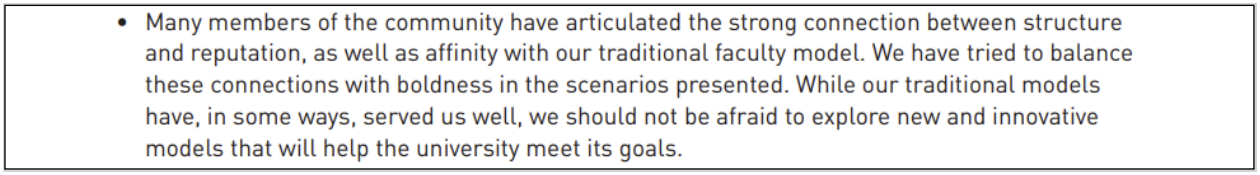


Figure 17 addresses the importance of student engagement. At the U of A, students advised that diligence was needed to ensure that the student experience was at the forefront of objective-setting for the university's restructuring. At USask, direct student engagement has been undertaken with the Health Sciences Students' Association (HSSA) executive, but further engagement will be required as we begin to understand and refine the proposed "future state" changes.

Curriculum leads from across the Health Science Collective have noted that outcomes should be "learner first" focused.

Figure 17: U of A Thought Exchange Theme 5 - The Student Experience

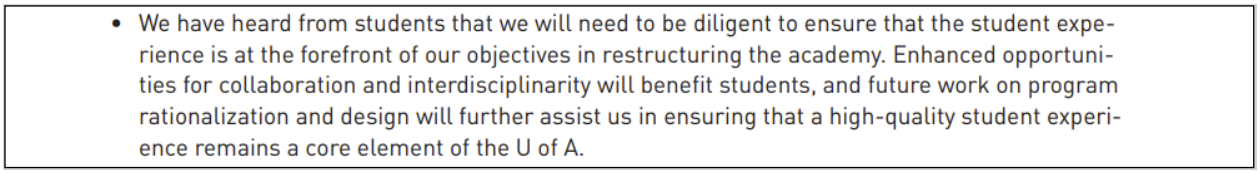
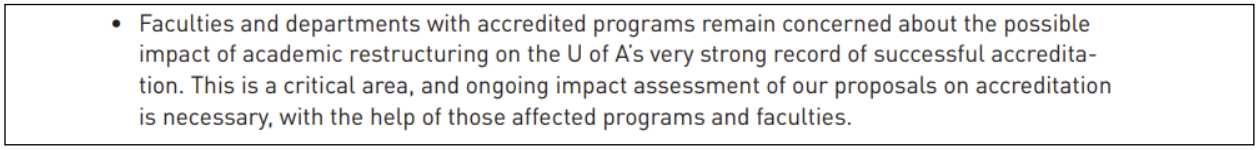


Figure 18 addresses concerns at the University of Alberta regarding accreditation. At USask, stakeholders were definitive in a shared view that accredited programs must retain sufficient academic independence to attend to accreditation standards.

Figure 18: U of A Thought Exchange Theme 6 - Accreditation



9.1.3. LESSONS FROM THE U OF A COMPARITOR ANALYSIS

Excerpts from U of A for Tomorrow (UofA for Tomorrow: Academic Restructuring Working Group (ARWG), 2020, p. 24)

The USask Health Sciences Reorganization Project can benefit from the U of A Canadian comparitor analysis completed in 2020. Figure 19 summarizes the key U of A findings related to the Canadian context.

Figure 19: U of A Comparator Analysis – Canadian Institutions

Faculty organization in Canada

The U of A is an outlier in Canada within the U15. The average number of faculties for a U15 university, excluding the U of A, is 12. The U of A has the highest number of faculties (tied with Laval); the fewest is six (Waterloo, McMaster, Queen's). Again, there is little correlation between structural complexity and institutional reputation and ranking.

TABLE 2 U OF A FACULTIES AND U15 EQUIVALENTS

U15 (EXCL. U OF A)	TOTAL FACULTIES	ALES*	ARTS	BUSINESS	EDUCATION	ENGINEERING	EXTENSION	FGSR	KSR*	LAW	FOMD	NURSING	PHARMACY	PUBLIC HEALTH	REHAB MED*	SCIENCE
UBC	16	3	1	1	1	1	6	1	4	1	3	4	1	4	4	1
Calgary	14	5	1	1	1	1	6	1	1	1	1	1	5	4	5	1
Saskatchewan	13	1	2	1	1	1	4	1	1	1	1	1	1	4	4	2
Manitoba	15	3	1	1	1	1	1	1	1	1	2	4	4	4	4	1
Western	11	5	3	1	1	1	6	6	4	1	1	4	5	4	5	1
Waterloo	6	1	1	4	5	1	6	4	4	5	5	5	4	4	5	1
McMaster	6	4	3	1	5	1	6	1	4	5	2	4	5	4	4	1
Queen's	6	4	2	1	1	1	4	6	4	1	2	4	5	4	4	2
Toronto	17	4	2	1	1	1	1	1	1	1	1	1	1	1	5	2
Ottawa	9	5	1	1	1	1	6	6	4	1	1	4	5	4	4	1
McGill	12	1	1	1	1	1	1	1	4	1	1	4	5	4	4	1
Montreal	13	5	2	1	1	5	1	6	4	1	3	1	1	1	4	2
Laval	18	3	3	1	1	2	4	1	5	1	1	1	1	4	5	2
Dalhousie	13	1	1	1	5	1	1	1	5	1	1	4	4	4	4	1

LEGEND: 1=stand-alone faculty; 2=consolidated with another faculty; 3=disaggregated into. multiple faculties; 4=sub-faculty department/school; 5=N/A or no information; 6=non-faculty central unit
*Comparators not directly equivalent and/or do not include major components of the U of A unit

Key summary findings within Canada include:

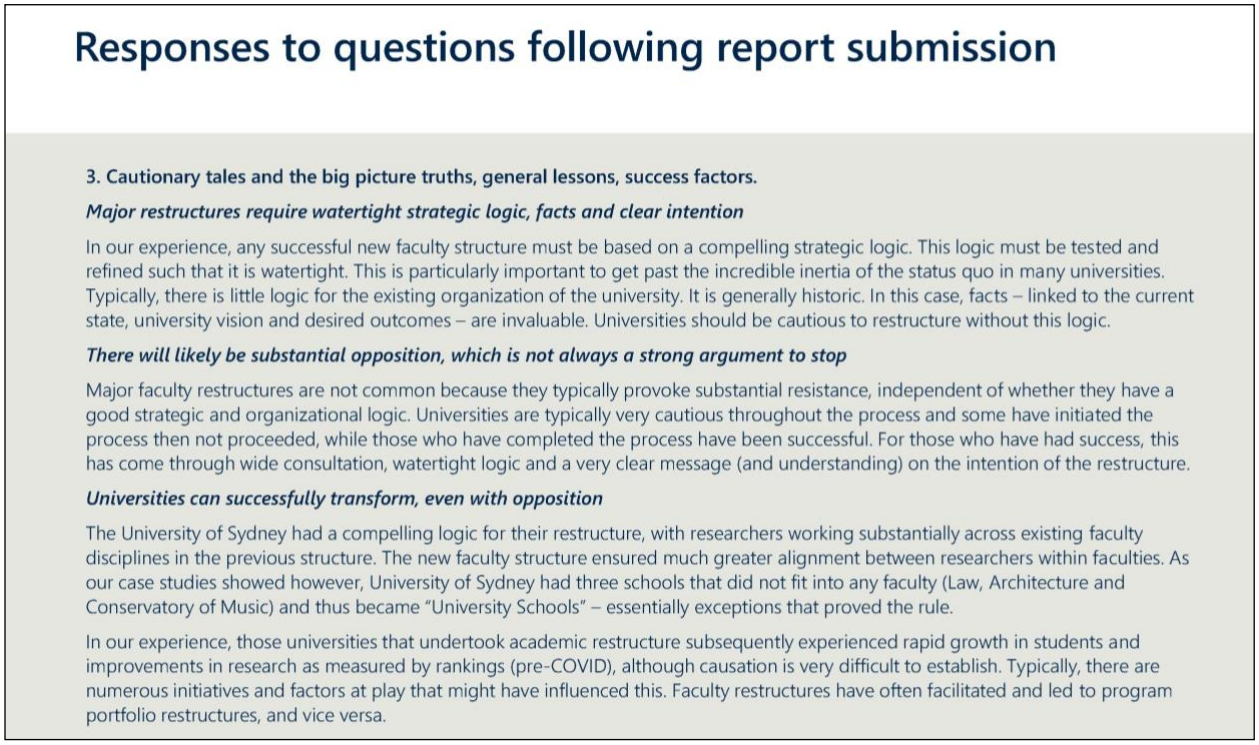
- Relative to comparators, the U of A is particularly disaggregated in the Health Sciences (most notably, Public Health, Rehabilitation Medicine, and Kinesiology, Sport, and Recreation).
    - Medicine is most often a stand-alone faculty, but in several cases is consolidated as part of a larger health sciences faculty.
    - Nursing is most commonly a subdivision within a broader faculty of health or applied sciences.
    - Public Health is typically a subdivision within Medicine (eight) or Health Sciences (four); is a stand-alone faculty at only two U15s.
    - Rehabilitation Medicine is not a stand-alone faculty at any other U15, and is typically a subdivision (at varying levels) within Medicine or Health Sciences.

9.1.4. ACADEMIC RESTRUCTURING: INTERNATIONAL CASE STUDIES BY THE NOUS GROUP (2020)

Excerpts from U of A for Tomorrow (UofA for Tomorrow: Academic Restructuring Working Group (ARWG), 2020, p. 52)

Figure 20: Nous Group Report - Drivers for Academic Restructuring

Figure 21: Nous Group Report - Cautionary Tales and Big Picture Truths



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