



Beyond the Mask



Dr. Derek Manchuk

Dr. Derek Manchuk is a staff anesthesiologist and intensivist based at Sudbury's Health Sciences North. There, he balances his professional career between those clinical roles and his busy administrative roles as the Chief of the Department and Medical Director of the Critical Care Program. Dr. Jane Cooke-Lauder, the Section's strategic consultant, and Lindsay Kneteman, the Section's communications and administrative coordinator, interviewed Dr. Manchuk recently to discuss leadership, the importance of persistence and life up North.

Ask most physicians to name a single career highpoint and you're likely to hear some version of "That's tough" or "How can I pick only one?" But ask Derek and without hesitation he'll tell you, "The Virtual Critical Care Unit."

Also known as VCC, this video-based consultation program is essentially Skype over OTN for doctors. As Derek observes: "It is not about the technology but really about the people." Launched by Derek, Renée Fillier, the VCC Nurse Clinician, and their Health Sciences North (HSN) colleagues in 2014, the program now gives healthcare providers at 25 mostly rural hospitals in Northeastern Ontario, 24/7 face-to-face access to HSN's multi-disciplinary team of intensive care experts. "It's a made in Northern-Ontario-solution for Northern Ontario problems."

In 2015, VCC won the Minister's Medal Honouring Excellence in Health Quality and Safety, presented by Health Quality Ontario. It's an impressive accolade and one that Derek is quick to note is a team effort. He also doesn't hesitate to share how the VCC came to be, a story that doesn't begin with him. For Derek, teamplay is critical to leadership success, "You need good people around you because nothing can be accomplished working on your own." A patient and supportive spouse helps too!

In the early 2000s, the HSN ICU group, led at that time by two of Derek's mentors, Dr. David Boyle and Dr. Peter Zalan, both Sudbury anesthesiologists, read about two ICUs in Baltimore using video conferencing to consult on cases. As the NELHIN Critical Care Lead, Boyle tracked down the necessary funding, launched a small pilot study involving three hospitals and 20 successful call-ins took place. Unfortunately, funding was only available for two years and when it ran out, the program ceased.

However, Derek possesses both curiosity and persistence, helpful characteristics for both a leader and a physician. On becoming the North East LIHN Critical Care Lead in 2011, he set to work to revitalize the program. "I wrote a big proposal to the Ministry of Health and sent it off," he says, "And I continually bugged people about it." A year later, the province agreed to fund Derek's vision for the VCC.

Not surprisingly, initial reaction to VCC from rural physicians was mixed. While some eagerly welcomed it, others were not so sure—they had managed in the past; they were Northerners used to making things work. The idea of "Big Brother" being involved was uncomfortable. Fortunately, Derek understood the context. Born and raised in Timmins, he had spent time moonlighting in small, rural hospitals where he was often the only doctor in the building. "I remember during a crisis, calling London, which was our referral centre, for help and finding no one there, much as they tried, who was able to provide really helpful support. There was simply not the understanding of the reality of resource constraints and distance."

Recognizing that leading change almost always entails relationships and building trust, Derek focused on finding common ground, a shared goal: improving patient care. Now, five years later, VCC is an undeniable success, "I've had emergency room doctors say that they would quit if we took VCC away." It's also inspired similar programs in the Northwestern Ontario LHIN and a separate one for pediatrics, anchored at CHEO.

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An interest in and talent for science and biology started Derek on a path towards medical school while admiration for his family physician and how he contributed to the community, led to the choice of family medicine. From there, Derek thought about becoming a FP-A. However, after learning that the rural communities he hoped to work in wanted him as a FP and not as a FP-A, and after being encouraged by several FP-As to detour and become an anesthesiologist, Derek reworked his career path. However, "The government wasn't that keen on funding more education for me." There was funding for designated "underserved" specialties—but anesthesiology did not qualify. Being aware from his own Northern Ontario experiences that this did not reflect the on-the-ground reality, Derek reached out to chiefs from across the region to contact the provincial government about the need for anesthesiologists up North. The result of this persistence? A resident position as an anesthesiologist!



It was during this training that Derek discovered his true medical passion: intensive care. “It’s the perfect combination of family medicine and anesthesia. Critical care intensivists are ‘the family doctors for the critically ill’.” There was also no doubt that he would return to the North after completing his training in Southern Ontario.

His passion for intensive care took him to the critical care department at HSN in Sudbury, a city he praises. “This place is special,” he explained, “I can live in the wilderness and my children can grow up in a town that has amenities like sports and culture.” He also loves the professional opportunities that are available in Sudbury. “It’s growing in its capacity to deliver healthcare.” He noted that unlike many other major healthcare centres where new personnel are slotted into an existing model, Sudbury’s health ecosystem is still being developed. “You’re building a new system of healthcare education, of health research, of relationships.”

Growth presents opportunities for meaningful impact. Derek describes his own leadership journey as being “serendipitous,” evolving from agreeing to take on leadership roles that were presented to him. His encouragement to colleagues is to get involved by starting small, perhaps with a quality improvement project or by joining a hospital committee or working group. These present the opportunity to learn more about non-clinical activities and implementing change. “Once physicians see that they can make an impact and benefit the system, it’s kind of infectious.”

While the concept of changing the system can sound intimidating, Derek believes “anesthesiologists are well positioned to play these leadership roles.” He explained that many of the strengths that anesthesiologists display every day in the OR—conflict and crisis management, being level-headed, taking a number of points of view and determining how to move forward, communicating with a diverse group of colleagues as well as patients and families—translate well into leadership roles. In addition, finding a mentor, a senior colleague, willing to take the time to listen and help make choices can be invaluable.

Derek isn’t sure what’s next for him, but he does know that he will continue to champion VCC and to pursue both clinical and leadership work. “We need to bridge that gap between physicians and administrators because we’re all in it together for the patient’s benefit.”

PERI-OPERATIVE LEADERSHIP PROGRAM

Developing Peri-Operative Leaders: Informed, Collaborative, Effective

On May 11, nearly two dozen Ontario anesthesiologists gathered at Toronto’s Li Ka Shing Knowledge Institute for our spring leadership development day, which was entitled *Anesthesiologists as Change Leaders: In the OR and Beyond*.

The day started with Dr. Jane Cooke-Lauder, the Beyond the Mask’s strategic advisor, highlighting the key attributes of a change leader (spoiler alert: it all starts with knowing your values). Four Ontario anesthesiologists, including TAPMI medical director Dr. Tania Di Renna, then shared and discussed their journeys as change leaders. The afternoon was focused on participants’ personal change projects. In small groups, each led by a faculty member, attendees received practical feedback on how to bring their ideas to life.

Feedback on our May 11 event:

- Fantastic, engaging, informative
- It was a useful leadership course
- The faculty were all excellent and well-chosen



To the left is a photo of our May 11 leadership development day’s three panelists: Dr. Paul Gill, Dr. Sanjho Srikandarajah & Dr. Susan O’Leary

JOIN US ON SEPTEMBER 26 FOR OUR NEXT LEADERSHIP DEVELOPMENT DAY

HEALTH SYSTEM FUNDAMENTALS FOR THE ANESTHESIOLOGIST: PART II

8:00am-4:30pm

Westin Harbour Castle, Toronto, ON

Final touches are now being put on the design of our fall leadership development day. Back by popular demand, St. Joseph’s Health Care (London) President and Chief Executive Officer Dr. Gillian Kernaghan will lead a discussion of our health care system, including new developments such as the People’s Health Care Act.

This unique day, designed by anesthesiologists for anesthesiologists, will also feature opportunities to learn from anesthesiology leaders in different roles across the system. To create an optimal experience for our participants, space is limited. If you are interested in this exciting day, be sure to apply today!

APPLY HERE!