

North Pacific Surgical Association
Annual Meeting Wrap Up and Strategic Planning Meeting
November 10, 2019
Empress Hotel, Victoria, BC

Councilors Attending:

- Allen Hayashi, MD
- Nathalie Johnson, MD
- Tim Bax, MD
- Sam Wiseman, MD
- John Waldhausen, MD
- Matt Martin, MD
- Nis Schmidt, MD

Others:

- Harvey Gail, NPSA Administrator

1. Annual Meeting, 2019, Wrap Up

Dr. Hayashi commented on the aspects of the meeting that went well, and some of the challenges. He said initially he had some concerns about the costs for the audio-visual services. The initial bids, based on the in-house AV company's assessment of our needs, was well over anticipated rates. However, after confirming Chris Sherman was able to provide equipment and onsite services, the AV costs came down quite a bit. Harvey Gail commented that Chris Sherman turned out to have his equipment in Canada already. He had thought initially that Sherman would not be able to provide the equipment and we would need to use the AV equipment already installed in the lecture theater (as it turns out, at very high rental costs).

Dr. Hayashi commented on industry support and the process he used to recruit sponsorships.

Gail noted that the contract with the Empress hotel had a requirement for a minimum food and beverage purchase of \$54,000 CDN. Gail noted that NPSA exercised the option to reduce it by 15% in early September. Gail anticipated that our F&B purchases were probably close to the required minimum, but we would not know until the bill came in. Dr. Hayashi noted the Friday's Game Night was kept in the hotel instead of at a different location in order to help meet the requirement.

Gail also said that we had exceeded the Empress Hotel's room attrition requirement. This is the amount of room nights that must be booked by contract. Gail noted this is an area in event contracts that is often difficult for organizations. A suggestion was made to move the "early bird" date for registration up to encourage people to register earlier.

Dr. Hayashi noted discussant assignments was another area we could have done better. However, Dr. Bax concurred this was challenging last year as well. Gail noted this is the case every year. It was noted that non-member fellows and residents are allowed to be discussants, but residents can't be peer reviewers, since *AJS* won't allow that.

ACTION ITEM

Refine guidelines for who can serve as a discussant and under what conditions.

Dr. Hayashi said Professor Rockall was impressed by the format of discussants and closers and how trainee focused the meeting is compared to meetings in U.K. where residents are just observers. Dr Johnson noted the need to strike a balance between too much of a focus on residents and with NPSA members.

Dr. Hayashi said we applied for an educational grant with Merck, which was a bit of more complicated process. He said we will expect to receive the fund's less some money for a lunch that was held at the hospital. He said the grant was for \$10,000 CDN.

ACTION ITEM

Send Dr. Waldhausen a draft of the letter of invitation for industry support and Excel file list of exhibitors by the end of the week.

Dr. Schmidt commented on the lunch presentations on Saturday. He said most people in a lunch meeting are somewhat distracted by the activity of eating, so topics cannot be overly complex. He felt the presentation on travel photography on Friday was great, and a good example of what works well.

Dr. Bax commented that one of the biggest draws to meeting is its collegiality. He commended Dr. Hayashi on that aspect of the meeting.

In relation to the Seattle meeting, Dr. Waldhausen said he is working on a presentation from the speaker we had this year on Cascadia Earthquakes, and possibly a presentation on the Klondike Gold Rush.

2. Strategic Planning

Gail reviewed the strategic planning worksheet. He said the three initiative areas were created from the discussion we had in Boise in 2018.

Gail said for each initiative goals, objectives and tactics should be created. He advised that this can be a daunting task, and that the council might want to just focus on one of the strategic initiatives that has the biggest impact. Dr. Waldhausen commented on the discussion on strengths and weaknesses opportunities and threats. He suggested to focus on the initiative that addresses the issue that is most threatening to the survival of the organization.

The group discussed some of these threats. One threat is the gradual aging of the NPSA membership. Also, the limit on the members (at 150) is potentially a threat to the long run health of NPSA.

The group returned to the discussion of the new member categories that was brought up at the NPSA member meeting. It was noted that this topic fits under the initiative of professional development.

Progression of "candidate" members to full members was discussed and it was agreed that the change in the bylaws should address this progression. Gail suggested the council could draft an administrative rule to guide the process rather than place too much detail in the bylaws themselves. Dr. Martin said adding advanced practice providers as a category would help drive meeting attendance, but we would need to file for CME for that group.

The group discussed formation of an ad-hoc committee to review the NPSA bylaws. Dr Johnson, Dr. Martin, Dr. Gow and Dr. Wisemen volunteered. It was agreed to set a goal of the end of January to have a draft of the definitions for the proposed new member categories. Dr. Martin asked that a copy of the

NPSA bylaws be sent as a Word doc to all the councilors. The committee should address additional membership category descriptions and dues rates as well as language that would allow for electronic voting.

ACTION ITEM

Bylaws committee to meet and prepare draft language for bylaws changes by the end of January.

Dr. Waldhausen said his biggest concern as President making sure the meeting gets enough industry support. He noted challenges in Seattle meeting in the past with costs. Gail said some of these issues fall under the initiative of infrastructure.

Another issue that falls under infrastructure is the website. Gail said the current website is more like a billboard and isn't particularly interactive. Social media can be embedded into the website, as well as other tools such as accessing the member database through a password process.

ACTION ITEM

Send the list of industry sponsors to all councilors since there are different reps in each region.

Under the initiative of professional development, Dr. Bax, said the discussant assignment process needs to be improved. Aside from simply sending more emails to people about volunteering as a discussant, there should be an active process of assigning people directly, particularly new members. Gail noted that a clear statement of the role of the discussant should be made. Dr. Martin noted the website has some information on that already.

Dr. Gow felt that the current voting process seems in need of refinement. Waiting a full year for them to be a formal member seems unnecessary, however it was noted that is the current wording in the bylaws.

Dr. Gow advised that the council should probably have teleconferences more frequently, but perhaps also limiting the agenda. The tasks for caucus leaders were discussed. One of the tasks is to work through the member list. Also, it was suggested each new member who is voted in should receive a letter from the president inviting them to be a discussant. Dr. Wiseman, suggested prominent surgeons (non-members) from the area could be invited to be on involved on a panel or symposium that would be a draw to local people, residents, etc.

The group discussed the presentation of videos at the annual meeting. It was felt the video session was very engaging for residents. It would be hard to do in manuscript format.

It was suggested NPSA have mentors where residents are paired up with an NPSA member for discussions. Also, writing a manuscript is daunting, so being able to send it for pre-peer review would be helpful. Dr. Martin noted the *AJS* accepts a "how I do it" statements, for example, an illustration of a maneuver during a procedure.

Dr. Gow noted the value of using social media to get new millennial members. It was suggested we could get an interview with the podcast, *Behind the Knife*, which is produced by Dr. Bingham at Madigan.

ACTION ITEM

Look into the podcast *Behind the Knife* for a possible interview.

Dr. Waldhausen suggested a relatively new NPSA member could be added to the council. He noted this would encourage a wider range of opinions. This could rotate to the caucus where the meeting will be located next. One of their duties would be to promote the meeting.

ACTION ITEM

Explore adding a new council position for young surgeon. This would require a change to the bylaws.

Dr. Waldhausen asked to send the strategic planning document to him. He also said we might need more frequent council meetings, perhaps monthly or every other month. He said the first meeting should be at the end of January so we can look at all the year end financials.

ACTION ITEM

Set date for council meeting at the end of January and dates for regular monthly council calls in 2020.

It was suggested NPSA's website add a feature so members can get access to all the other members, perhaps with a password protected page.

3. Executive Session

At this point in the meeting, the administrator was excused so the group could hold an executive session.

Notes taken by Harvey Gail, NPSA Administrator