

+ BEYOND THE MASK: Interview with Dr. Valerie Schulz

Interviewed by Dr. Jane Cooke-Lauder, BA, MBA, DM, CMC, the BTM Strategic Consultant, and Emily Hill, the OA Administrative Coordinator



Dr. Valerie Schulz is a highly regarded clinician, researcher and teacher in the disciplines of palliative care through anesthesiology. Her interest in the combined disciplines began when completing her anesthesiology training in London, Ontario. Given there were no formalized fellowships at that time, Dr. Schulz took it upon herself to organize a year in pain management training, and began a practice of acute pain, chronic pain and cancer symptom management. She completed her Master's in Public Health at University of Alberta in 2001. Valerie is currently in the Department of Anesthesia & Perioperative Care, practicing in palliative care in London, Ontario. Our *Beyond the Mask* Strategic Consultant, Dr. Jane Cooke-Lauder, had an opportunity to speak with Dr. Schulz about her incredible work on a national, provincial and local level.

Dr. Schulz's interest in palliative care began back in the mid 90's through pain and symptom management. She started reading widely and doing her own research in order to develop new care models. She quickly identified Dr. Neil MacDonald as one of the leaders in the field, familiarized herself with his writings, called and arranged a meeting with him at an upcoming conference where he was presenting. This contact led to her linking with palliative providers nationally, "I met them individually and then developed a network of colleagues who were doing similar work and who had similar questions and concerns. This all happened literally from the patient upward." Dr. Schulz believes in following her curiosity, learning and sharing, being open to new ideas, and then connecting and creating a network.

As a systems thinker, she looks for patterns to determine whether an individual patient reflects a population i.e., by having replicable symptoms, "I wonder, how do I care for this patient with the best evidence and does this person represent a population of people?" An example of such a population is Dr. Schulz's current focus of interest in creating a local collaborative to explore the needs of the frail patient in the perioperative period. This collaboration is at the intersection of multiple disciplines such as pain management, palliative care, geriatric care, and anesthesiology. Creating a care system for them would be "an example of creating health systems to enable bedside care adaptation. Within our department we have the opportunity to bridge the gap between disciplines, policy and clinical practices, utilizing research evidence and aiming to share the results at the provincial level. We're starting to look at a patient's experience rather than just the silos that are set up within our health system." For Dr. Schulz, success is found in harnessing the energy of the collective will to enable change: mobilizing both top down and bottom up and working at multiple levels across the system.

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The frail patient example demonstrates another one of Dr. Schulz's beliefs: that change happens at the edge and/or overlap of seemingly separate health systems. She has learned that change and innovation initiatives are more effective in partnership with health administrators when they understand and want the change. Leaders benefit by 'going in through the front door' and engaging with others. Over the years, Dr. Schulz realized that sustainable success is to be found not with the heroic individual professional providing care above and beyond the call of duty, but rather by pointing out the opportunity

and indicating an interest in pursuing it. And then, she seeks out and embraces the ideas of others who are also interested. She urges young leaders to be cautious of alienating their colleagues. Rather, she suggests, it is important to connect the dots, identifying where you are at and a collaborative way forward. For Dr. Schulz, leadership is about staying strong, positive, and open: open to new thinking and to new energy.

Dr. Schulz is passionate in her pursuit of patient care while recognizing the realities of today's economy and the resultant constrained resources. Not surprisingly, Dr. Schulz supports the idea that every patient must be considered as though there are no limitations, "That is good bedside care. But now we are required by our colleges to consider resource utilization. This presents the opportunity to realign healthcare systems to get the best care at the best time in the patient's journey. This will mean engaging in difficult conversations to determine what is appropriate and achievable, particularly at a time like the present when Canada's population is aging and

Dr. Valerie Schulz Interview Continued...

we know that the elderly are disproportionate consumers of healthcare. We must shift focuses and acknowledge that carrying on with the current model of healthcare doesn't actually provide the best care in some circumstances."

We asked Dr. Schulz to comment on medical assistance in dying (MAID) and its relationship to palliative care, "It is not a part of palliative care. MAID will have its place in health care for the population of patients that request to foreshorten life, and meet criteria set out by health law. It is my understanding that training programs are being set up for MAID so that patients receive high quality care." Dr. Schulz knows that all patients' have choices – with MAID: respectfully shortening life when appropriate; with palliative care: allowing a natural death when accepted; or dying within acute care: striving for life extension. Since, the vast majority of people want to live longer than their health state will allow, "we (palliative care systems) are trying to find that space to retain a philosophy of care where dying is a phase of life, it's natural and normal with support for providers, families and primarily the patient going through that journey. It is critical that we have a palliative/hospice space allowing natural dying where patients/families don't feel threatened that life is being foreshortened. And that outside of palliative care, health care is developing the thoughtful, specialized procedure of MAID for eligible patients."

For Dr. Schulz, relationships are essential for fostering change and developing good leadership. She believes that change is enabled by creating a strong network of people, including the type of change that is being sought through initiatives such as *Beyond the Mask*. "The health system is currently designed for the needs of a population 20 years ago. There is a new population to be served. Health transformation is not just essential, it is a given, it must occur." In reflecting on her own journey, Dr. Schulz observed, "What is most rewarding is to be present with a group of people interested in evolution in health systems. It feels like there is energy, it feels like barriers turn into opportunities. My recommendation to young leaders: when moving forward focus on what does work, instead of paying attention – as we all do - to what doesn't. Find like-minded people, allow your own thinking to evolve, nurture curiosity, and be a part of system changes – get invited to the table and focus on the needs of the patient."

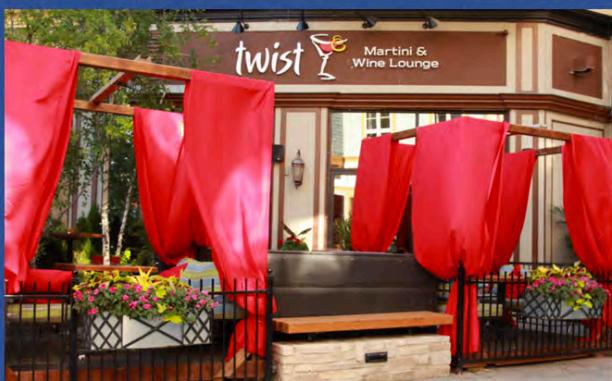
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