



: DOING HYBRID WELL

## UBC FACULTY OF MEDICINE – TRANSITIONING TO SHARED WORKSPACES

### PHASE 2 ENGAGEMENT SUMMARY – PROJECT INITIATION & DEVELOPMENT

#### Background + Introduction

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Between Spring 2023 and Winter 2024, as part of a broader initiative called Work(place) Evolution: Doing Hybrid Well, the Faculty of Medicine introduced a shared workspace model at existing worksites.

Faculty of Medicine units are transitioning from individually occupied and dedicated offices/cubicles to bookable shared spaces. The goal is to use the Faculty of Medicine’s existing and limited space more effectively to address space pressures and better support individuals and teams to connect, collaborate, and do their best work in a hybrid environment.

The project is being rolled out iteratively over multiple phases and location by location, allowing the project team to integrate lessons learned and adjust. Key aims include ensuring affected stakeholders feel appropriately informed, engaged, and well supported through the planning and transition.

During Phase 1 (March-November 2023), 11 Dean’s Office units piloted the model on UBC’s Vancouver campus. Building on Phase 1, Phase 2 (targeted to wrap by the end of 2024) involves rolling out the model across the Vancouver Fraser Medical Program (VFMP) space at the Gordon and Leslie Diamond Healthcare Centre (DHCC 11th and 2nd floors) and UBC Vancouver campus Life Sciences Centre. The first stage of Phase 2 – Project Initiation & Development – began in February and concluded in June.

This report summarizes input from early engagement with VFMP teams in the Project Initiation and Development Stage, and next steps. The focus was hearing how VFMP teams have adapted to working in a hybrid environment and currently use physical workspaces, how the new model would enable them to work more effectively, and what should be considered to support teams through the transition.

#### Phase 2 Engagement Process – Project Initiation & Development Stage

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In this stage, engagement with VFMP stakeholders involved 13 meetings and engagement sessions with VFMP leadership and staff between February and May. This included:

- an initial meeting with the VFMP director and managers
- an initial meeting with all unit representatives
- 11 engagement sessions with individual VFMP teams, UGME and TTPS

FLEX Team	Year 1 & 2	Fraser Health Locations Team	Undergrad Medical Education team
Clinical Skills Team & VFMP Patients Programs	Clinical Education Administration Team	Undergraduate Family Medicine Team	Teacher Tracking & Payment System
Provincial Learner Assessment Team	VFMP Admin + Curriculum Management Team		

Engagement meetings and sessions included a presentation with project background, a facilitated discussion, an outline of the project's next steps, time for questions, and a short three-question survey. Each group was asked what was working well for their teams in a hybrid model, how they used VMFP physical workspaces when onsite, opportunities and challenges they anticipated facing in a shared workspace model, and what would support them in making a successful transition.

Other options for sharing feedback included an anonymous feedback form, emails to the project team, unit representatives, and short 'pulse-check' polls.

Project communications included:

- Emails to all affected staff with project info and upcoming milestones
- An updated MedNet [project site](#)
- Resources containing information for unit representatives to share with their teams

## **Summary of Input**

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This report is based on feedback gathered through engagement meetings and sessions and pulse-check polls. No emails or anonymous forms were received.

### **Identified Needs & Operational Considerations**

Stakeholders identified a range of wants, needs, and operational considerations to support their work when onsite in a shared workspace model, including:

#### **➤ *Equipment, storage, and accessibility needs and accommodations***

- Storage for teams and individuals seen as necessary
  - Secure team storage needed for: team equipment (i.e. medical equipment, linens), stationery, forms, instructional supplies, tokens of appreciation; highly secure physical file storage (tests, exams, financial records, or other confidential files). DHCC storage is over capacity.
  - Personal storage wants and needs: individual files and personal belongings (cups, ergonomic keyboards, backpacks, commuting equipment/rain gear, computers, etc.); ability to leave some things on site/overnight. Several questions on personal storage available and comments on desire for storage for convenience.
- Some workspaces currently don't accommodate individual ergonomic needs. There is interest in ensuring workstations are adjustable in shared workspaces and questions on how workstations will be set up.
- Interest in better equipment/universal plug-and-play equipment setups (multiple monitors, dock, etc.) at each workstation to support the work.
- Questions and concerns around transporting individual equipment to each workstation and inconvenience of setting up multiple workspaces and connecting to various printers at different locations.
- Importance of access to phone lines/voicemails. Questions on how access to desk phones will work. Noted that hospital numbers cannot be forwarded. Preference not to use personal cell phones for work.
- Interest in updates/improvements to common and individual workspaces, and addressing current infrastructure challenges, such as poor Wi-Fi access at DHCC and poor soundproofing.

#### **➤ *Access/proximity to certain spaces, locations, or amenities and building security***

- Some job functions require proximity to specific locations, such as lecture spaces, case based learning and clinical skills rooms, storage rooms, and meeting spaces. Priority for such functions should be provided. Some such functions involve time for set up and/or transportation of items, contributing to the need for proximity.
- Some groups must be onsite most days and/or during busy periods to support academics, students, or volunteers and events (workshops, small group sessions, lectures, orientation, volunteer patient recruitment, seminars, room set up).

- Desire to have access to spaces that support confidential conversations, including impromptu meetings.
- Questions around how shared workspaces will accommodate front-facing activities, such as couriers and deliveries, and pick-ups and drop-ins by students, faculty, tutors, student advisors, etc. Desire to maintain high level of interaction, support front-facing activities.
- Access to locked offices and corridors and elevators after hours will need to be addressed; some of these spaces have physical keys.
- Concerns about public access to certain spaces, personal safety when working alone, and security issues around theft and how this will be managed.
- Important to have easy access to supplies storage, printing, shredding.

### **Transition to the New Model and Readiness for Change**

VFMP stakeholders gave feedback on their understanding of the shared workspace model, and shared questions, opportunities, and concerns. They also addressed their level of readiness for change and gave suggestions for the transition.

#### ➤ ***Understanding key changes required for the transition to shared workspace:***

- According to post-meeting/engagement session polls, most VFMP stakeholders (93%, 37 out of 40 responses) said they have a basic understanding of the key changes required for the transition to shared workspace.
- Overall, the comments received were positive and constructive, indicating overall support and very few major concerns.
- Several questions centred on how the shared workspace model would function:
  - whether there would be capacity or competition for workspaces
  - which spaces will be part of the shared workspace model and who will have access
  - what is the responsibility of the user to clean shared workspaces
  - whether it is possible to know who is working where/when and ability to contact them
  - how Phase 1 stakeholders are adapting to the change
  - when the Phase 2 transition will take place
  - how stakeholders would be informed as the project progresses
  - how others will know where to find VFMP individuals/teams
  - how to use the Condeco platform for booking and check-in

#### ➤ ***Perceived opportunities and advantages to the shared workspace model:***

- access to different worksites and diverse workspaces, including access to quiet, light, windows
- flexibility for individuals and teams to plan on/offsite schedules
- opportunities for increased collaboration, improved communication, and more organic conversations within VFMP teams and with other teams
- more conducive to doing onsite trainings
- opportunity for facilities enhancements

#### ➤ ***Potential challenges and concerns anticipated in the transition:***

- competition for workspaces - closed offices, VC rooms
- insufficient capacity to accommodate size of teams wishing to co-locate, especially at peak times
- teams getting fractured into different spaces due to other teams booking the same space
- not having access to the spaces needed to accommodate specific work requirements, such as dedicated spaces for front-facing activities or workspaces located near storage or training spaces
- desirability of DHCC over LSC
- noise/distractions and cleanliness issues

- having to book multiple workspaces in a day and set up each workspace
- potential tech issues
- not having amenity spaces that can accommodate larger groups (i.e., places to eat)

➤ **Readiness for change**

- According to post-meeting/engagement session polls:
  - Most stakeholders (95%, 38 out of 40 responses) felt satisfied with the engagement sessions and some gave the project team kudos.
  - More than half (23 out of 40 responses) of stakeholders said they feel ready or close to ready to transition to the new model.

➤ **Supporting the transition**

- Communication will be required to:
  - ensure VFMP teams and individual users understand how to book and be respectful users of shared space. Shared space guidelines are needed that address the importance of cleanliness, etiquette, clear signage, and a process to manage issues when they arise.

**Next Steps**

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**Phase 2 (Upcoming 2024)**

Now that initial engagement with VFMP teams is complete and requirements have been gathered, the project team has drafted shared workspace guidelines. VFMP managers and unit representatives will have the opportunity to provide input to refine the guidelines.

Prior to implementation, VFMP teams will receive communications explaining how the rollout will unfold and have an opportunity to participate in a pre-implementation survey. Training on the shared workspace booking tool Condeco and using shared workspaces will be provided.

Between July and August, teams will transition to shared workspaces. Between August and December, the project team will refine shared workspace guidelines, continue to implement technology standards, and make facilities enhancements. It will evaluate the initiative, including gathering data on shared workspace bookings, check-ins, adherence to the guidelines, and space usage, as well as stakeholder input. Once Phase 2 has been completed and evaluated (targeted for the end of 2024), the Faculty will look at opportunities to broaden the initiative at other worksites.