

LGH RETREAT GUIDELINES

Each Department *or Division* may host a retreat. This can be broken up or taken as a block. It cannot be carried over from one year to the next. The funding of any retreat will encompass the items listed below with a maximum of \$500 per attending physician per year.

As there is an annual limit to our funding, the Retreat organizer is required to submit to LGH FE a proposal including an overview/agenda outlining the goals of the retreat a list of attendees at least 6 weeks prior to the event. Proposals received after this time may be declined. Funding may not be approved if the Society has insufficient funds to cover a large number of retreats. Inter-Medical Department Retreats with a quality or educational focus will not count towards the annual allotment.

While it is not mandatory, retreat organizers are encouraged to have a facilitator for their sessions. This person can also help with outlining the goals and writing a report of outcomes after the retreat if budget allows.

The Society will fund:

- Room rental charges and audiovisual support costs
- Catering expenses
- Facilitator/Educator
- Physicians' time to work on the project and participate in project activities.
- Hiring expertise where required (i.e., data analysis, administrative assistance, etc.).
- Group activities that enhance individual approaches to manage burnout symptoms once they have occurred, such as resiliency training, maybe funded, but interventions aimed at organizational and work group strategies for reducing risk of burnout (e.g., working with health authority partners on reducing paperwork or developing efficient workflows for implementing electronic health records; departmental training on respectful peer-to-peer communication) will be ranked more highly by the Funding Committee.

Receipts are required. Claims must be submitted through FEMS within 90 days of the retreat and cannot be processed past the fiscal year end (March 31) by more than one month.

The Society will NOT fund:

- Alcohol
- Mileage
- Compensation of clinicians, health authority employees or contractors in the delivery of direct and indirect patient care.
- Paying physicians' sessionals and expenses for required CME accredited clinical training.
- Purchase of clinical equipment.
- Meeting attendance that is presently required as part of maintaining privileges.
- Physician research projects that are typically funded by research grants.
- Funding for capital costs associated with physical space modifications
- Costs related to individual or group fitness or social activities (e.g., gym memberships, yoga classes, ski tickets, golfing fees, escape room activity, etc.)