



FAMILY MEDICINE DEPARTMENT RETREAT

OCTOBER 25, 2013

Message from the Chair

Conclusions and key areas for follow-up

The McGill Department of Family Medicine held its Departmental retreat in October 2013. This was a wonderful day of networking and reflection engaging over 50 leaders from our Units, Divisions and Programs.

I would like to share with you my conclusions and key areas for follow-up based on the discussions.

1 Our Department's objectives and goals

While there were extremely useful discussions about our Department's goals and objectives at the Retreat, it is also clear that further discussion is needed in order to more clearly define and add detail to our objectives. While the discussion may seem abstract, it is in fact an essential and important discussion because it allows us to have a deeper understanding of the directions that our Department should be taking.

Our Department's objectives also define our core values and allow us to understand that while the Department may have core objectives and values, there is certainly diversity in how these objectives and values are expressed.

Interestingly, it was pointed out in one of the workshops that the Department is not the sum of its Family Medicine Units, nor is it the sum of its Programs and Divisions.

2 Is our Department and in particular our FMUs incubators for change? Are our FMUs drivers of innovation?

It is clear that there are many innovative experiences within our FMUs. It is not so clear whether these innovations are evaluated. It is not clear whether the knowledge that we gain from these innovations is shared in our Department and with the outside world. It is also not clear how we are



incubators for innovation in the transformation of the primary health care system. These changes are coming. If academic family medicine does not drive innovation, somebody else (government) will.

3 Sharing/Understanding/Communication particularly among the FMUs, but also among our Programs/Divisions and between Programs/Divisions and our FMUs

In almost all discussions, there was a clear expression of the importance that our FMUs share best practices, positive and negative experiences, and develop a community in order to best carry out their mission—as environments for innovation in care, education and research—in very diverse contexts. We need to share best practices in care, (for ex., chronic disease management; complex older patients; vulnerable populations; infant/maternal health; advanced access); education (teaching of residents in diverse settings, promoting scholarly activities, etc.); and research (ex. PBRNs, etc.). In this context, faculty development is also an essential element.

We first need to agree on the importance of sharing such information. Second, we need to start thinking outside the box in terms of our ability to communicate with each other and share these important experiences. In terms of cost and time, it is impossible that this be done face-to-face all the time. How, therefore, can we take advantage of new technology, social networking, and in particular the principles and technology of distance learning?

Another interesting challenge and opportunity is the network of over 100 community-based family physicians that we have created through the Longitudinal Family Medicine Experience. Think of the incredible possibilities of creating two-way communication and conversations with them about improving clinical care, optimizing their teaching experience and learning from that experience, and progressively including them in research endeavours, including soliciting their input on the development of research projects.

4 What do our residents think?

This question arose in relation to another question, which is: how are we training and inspiring our residents to practice general family medicine, whether GMF-type or medical home-type practice? What is the “message” that we are giving our residents, and what is their perception of our Department? Although we do have some information from exit questionnaires, we do not have systematic data on this. It certainly would be extremely useful to ask the residents themselves. In collaboration with the Centre for Medical Education, this would be an excellent longitudinal research project using both quantitative and qualitative methods.

5 In conclusion

Our strength lies in our collective involvement, and we will work together to maintain the level of excellence that characterizes us. Thank you again to all for your dedication and invaluable contributions to the health of the population and the sustainability of the health care system in Quebec, as well as in Canada and internationally.

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