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# Engagement Journey



**Prince George**

**Division of Family Practice**

A GPSC initiative

## Social activists fueled by courage and comradery



Canadian's are famous for being a united and inclusive group of people. We believe we are better as a whole, and consider our cultural diversity a tremendous strength. Our diversity ensures we have a vital blend of opinions, perspectives, and customs, which make us incredibly comprehensive in our values

The Prince George Division of Family Practice believes strongly in the philosophy that they are better together and values the input and ideas of their members. The shift to an integrated system of care via the Patient Medical Home (PMH) model will include the division, their partners, and their stakeholders, co-designing the transition as a united front.

The Prince George division is dedicated to working with a system lens. All parts of the puzzle are considered and they have found success in a unified, inclusive approach. Early on in their patient attachment work, the division determined that engagement was the critical foundation for success. It was evident that in order to achieve physician participation, there needed to be an obvious benefit to them either personally or within their practice.

Understanding a physician's reaction to change, the division is dedicated to meticulously communicating what they need from the members, as well as anticipating the value added for them. Constantly completing environmental scans during the change initiation ensures positive engagement results. The division has also adopted author Dan Pinks, principles of Autonomy, Mastery, and Purpose.

"We want to help physicians see that what works best for them aligns with the work that the divisions are doing. You make it all visible so they understand where they fit. This way when you bring the next step in the journey to them, you have credibility, you have capital in the bank," elaborates Dr. Garry Knoll, Board Chair of the division.

In 2009, the division began to write a comprehensive plan mapping the direction of their work but was instead called to action on the In-Patient Care program with the Health Authority. Together, the two bodies began working together to solve the in-patient problem.

"It quickly became clear that we had all these people out there that were not engaged with the division and we were flying off doing all this work, and we didn't even have them as members yet. We didn't clearly know who they were or anything. So I thought that we should invite all the potential members to a meeting," Olive Godwin, Executive Director of the Prince George Division of Family Practice, recalls.

The goals set for the first community engagement meeting was to have everyone leave the room a member of the division, and for everyone to have a chance to talk about what was going on within their practice.

"After that session, I was totally sold on my job. I had never seen such engaged people in my life. They moved from table-to-table having intense conversations. At the end of the night, they said it was great and we had 45 new members signed up," Olive remembers.

"It was so important for them to be heard. No one had ever really listened," Dr. Knoll adds.

Proper member engagement ensured that the division could manage the system transition for physicians on both a personal and system wide level.

"It's interesting, the evolution of someone who is oppositional at the beginning, especially at the first meeting. But you see, what you once thought was a total impossibility, becomes possible. It's all about incremental engagement," Dr. Knoll describes.

Within the division's strategic plan is the change plan, which was created cohesively with the physician members. Olive believes that inviting the full spectrum of people ensures insight into the full problem. The change plan specifically highlights what it entails, what's in it for physicians, and what's within the scope of work.

"This way you ensure you don't have to go madly off in all directions, it's all in this big container," Olive explains.

The Prince George division believes strongly that physicians do want to be part of leading a change.

Dr. Knoll mentions, "One of our youngest members is new to the board and she says this is what she has been missing in her first years of practice. Doctors want to do this. They do want to become social activists, but they also need something like this to give them the confidence they need."

There is a strong core team on the board, and each has a defined skillset that the division relies on. The visionary helps articulate the bigger plan and aid others in seeing it. The relationship builder is constantly networking and bringing people together – they tell a story that energizes and motivates people to care and act. Finally, the strategic operationalizer sees the big picture, understands the moving parts, and focuses on them to propel change forward.

The division identified their unique vision and began to map out some of the essential areas for change that were required. They used what they referred to as 'change themes' and highlighted those themes in the member's newsletter, the Coaches Corner publication, and in practice conversations. The themes accumulated and were summarized at the bi-annual member meetings for inclusive input and review.

"This requires everyone. It requires that we constantly make space for members to get involved in the work of making things different. It requires the Health Authority. It requires specialist colleagues," Olive proclaims.

Dr. Knoll adds, "Sometimes it feels by being bold you will alienate people. At the same time, we have committed to working hard to deal with the problems and finding a sustainable plan. Physicians need to commit to filling this gap and we commit to working hard on the problem."

The Prince George Division of Family practice will continue to work closely with their community of physicians and address what they need to embrace change. They understand that system change is a shared responsibility and are happy to be co-designing the transformation with the Health Authority and others.

"As physicians we need to be courageous and step into that place to lead change. I believe we have a social responsibility as a group of physicians. The challenge is how you foster what might be overwhelming to some physicians. So the first thing a board should do when they want to do things differently is to take an inventory of what they need and who in their community can help to lead that change. It is the first level of engagement," concludes Dr. Knoll.

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- OLIVE GODWIN  
Executive Director  
Prince George Division of Family Practice

