

CME

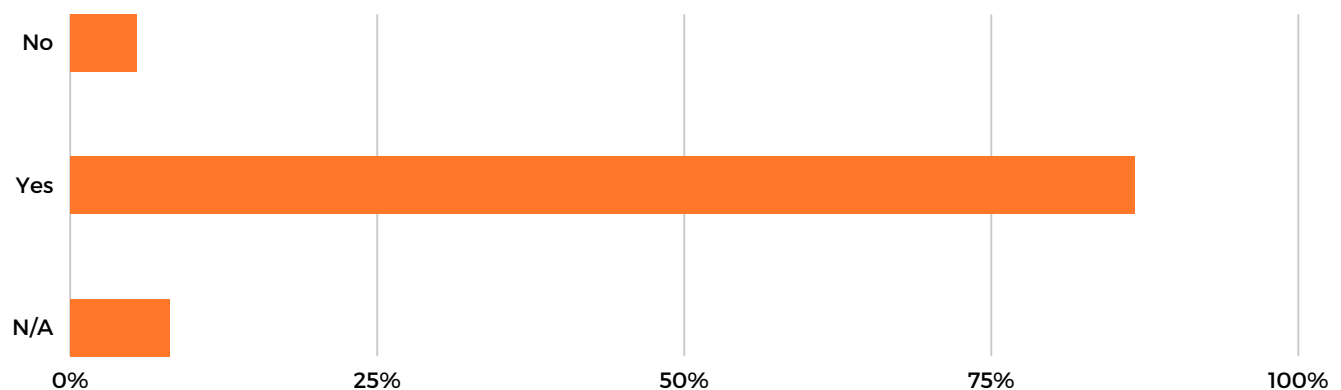
THE 4 CS OF EMERGENCY MEDICINE AND FAMILY PRACTICE

On November 30, 2022, 82 Family Physicians and hospitalists gathered for a frank conversation about the 4 Cs of emergency medicine and family practice: **Communication, Connection, Care and Collegiality.**

82

participants

75

survey respondents

Responses to the question: "I have a better understanding of the challenges an ER or hospitalist physician may be facing."

Following a presentation by Dr. Sanjay Khandelwal, an SMH ER physician and Dr. Mark Blinkhorn, a Family Physician in Surrey-North Delta, FP and hospitalist participants were divided into breakout groups to share the challenges they face with regards to the 4 Cs, and to brainstorm potential solutions.

90.7% of participants agreed or strongly agreed that there was sufficient time to brainstorm ideas about how to improve the 4 Cs.

93.4% of participants agreed or strongly agreed that there was sufficient time for people to share about their common experiences.

58.7% of participants felt that the discussions were well-balanced between airing frustrations and seeking solutions.

Do you you have feedback about your experience with SMH ED to share? Contact April Bonise at april.bonise@snddivision.ca

COMMUNICATION + CONNECTION + COLLEGIALITY

Participants noted that communication between ED physicians/hospitalists and FPs can be challenging, and that opportunities to connect naturally don't exist the way they used to. Proposed solutions included:

- Events/meetups to help build connections between FPs and hospitalists
- List of personal phone numbers so FPs and hospitalists can speak on the phone/bypass admin staff

CARE

Challenges with discharge were discussed as well, with proposed solutions including:

- a standardized discharge process
- typed Discharge Summary, rather than handwritten
- Discharge Summary shared digitally with MRP
- patient given more meds upon discharge (to last until an appointment with MRP is available)
- include a box on Discharge Summary to show whether patient needs a specialist referral

ACTION ITEMS

Division staff, ED physicians and FP committees are working on implementing some of the solutions proposed in this meeting. We will keep our members updated on our progress.



100%

*place a high priority on
conversations like the ones had at
this event*

93%

*feel more connected to their FP
and/or hospitalist colleagues*