

THE PULSE

PRINCE GEORGE DIVISION OF FAMILY PRACTICE

THE BUSINESS OF FAMILY PRACTICE



 **Prince George**
Division of Family Practice
A GPSC initiative

IN THIS ISSUE:

Board President

DR. SUSIE BUTOW

Executive Director

MUSE GREENWOOD

Leadership Coach

DAVID KASCH

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GRATITUDE: A THANK YOU FROM OUR BOARD PRESIDENT

BY DR. SUSIE BUTOW BOARD PRESIDENT

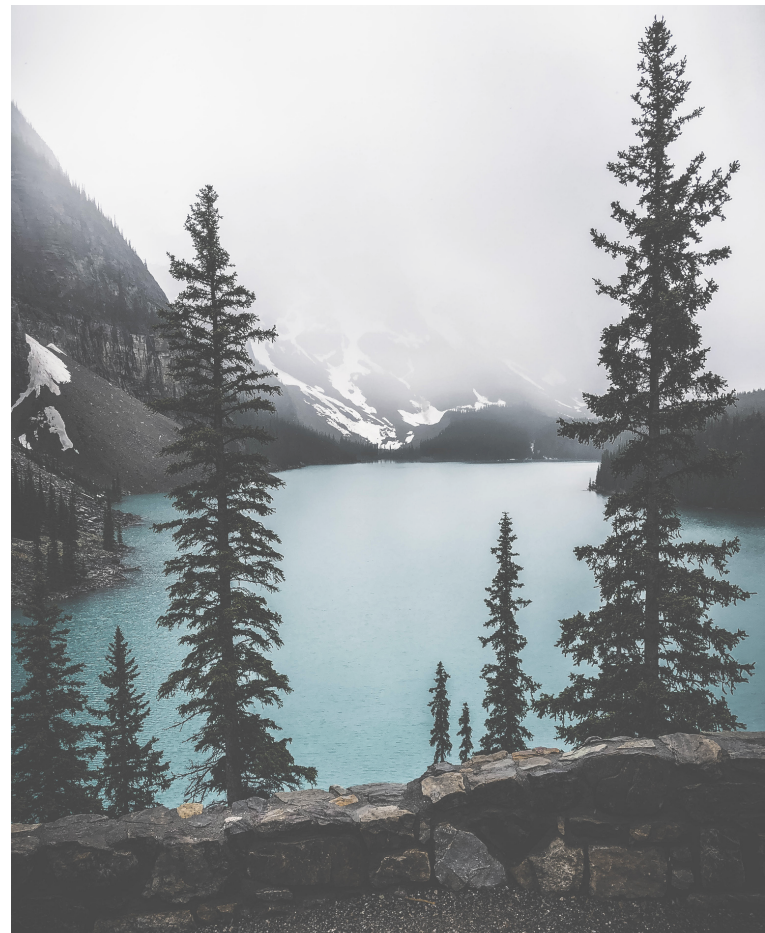
I love being a family physician in Prince George. Even in these times when it seems primary care is undervalued by the politicians, the administrators, and the public, I still love the work that I do. And largely, I have my colleagues to thank for that. Of course I enjoy my patients, but you are my inspiration. In this difficult last year,

I have seen family physicians perform many heroic feats:

- Address Covid outbreaks in long-term care homes
- Volunteer to work on Covid wards
- Continue to provide face to face care to patients in the face of unknown symptoms or risk
- Take on extra shifts at the UPCC, for call groups or covering for unwell colleagues
- Fight for equitable compensation for longitudinal comprehensive family medicine
- Advocate for patients separated from their families in hospital
- Learn new skills needed to care for complex patients (such as suboxone prescribing)
- Develop new methods for effective communication with patients (such as new websites, doxy accounts)
- Design a new ward in the hospital with a service model respecting the longitudinal physician-patient relationship (Hospital @ Home)

YOUR WORK MAKES A DIFFERENCE TO THE PEOPLE AROUND YOU.

There have been several times in the past few months when I have felt close to falling apart, and it has usually been the motivation I have drawn from my family medicine colleagues that has helped me the most. As such, it is my hope that your Division can accomplish work that helps make your work easier and more rewarding so you can continue to make a positive impact on your colleagues and your patients.



INTRODUCING OUR NEW EXECUTIVE DIRECTOR

BY MUSE GREENWOOD EXECUTIVE DIRECTOR

It is my great pleasure to introduce myself; I'm Muse Greenwood, the new Executive Director for PGDoFP. I'm honoured to have the opportunity to build on the amazing foundation and works of my predecessor Olive Godwin achieved. A dynamic woman who, along with co-founders such as board member Dr. Barend Grobbelaar, created a legacy that will continue to thrive in Prince George. My team and I are committed to enhancing the benefits and services offered to the Divisions membership and strengthening our community partnerships.

The Prince George Division of Family Practice members continues to contribute to some fantastic community primary care initiatives. Your commitment to our community during the ongoing waves of COVID 19 has been a reminder of the importance of having strong relationships with patients and our community partners. We know these last 15 months have been all hands-on deck for our members, staff, and families. In the coming months, we are looking forward to sharing more information about: initiatives that will strengthen longitudinal health care, support community attachment, bridge access, and educate the community on how to blend episodic health care with primary care through partnering with their family doctor (GP).



This upcoming Member's Meeting was developed from the feedback we gathered at the February Mini Members meeting. At that meeting, we learned that our membership wants more information on running a successful practice during times of significant change.

This coming Members Meeting will focus on managing your finances, hiring and developing MOA's, Human Resource tools you will need and a conversation on creating Indigenous-centred, culturally safe spaces. Our keynote speaker, David Kasch, brings a powerful look at leadership and its role in relationship care.

We hope you enjoy this newsletter, designed by our Practice Coaches, and the Members Meeting put together by the Prince George's Division of Family Practice team.

**VIRTUAL PGDOFP MEMBERS' MEETING: APRIL 21 5-9PM
PRINCEGEORGE@DIVISIONSBC.CA FOR THE MEETING LINK**

DARE TO LEAD IN MEDICINE

**BY DAVID KASCH
LEADERSHIP COACH**

Medicine, like the world around us, is facing new challenges marked by increasing uncertainty and complexity. Creating manageable practices, mitigating burn-out risks, and navigating a declining sense of control over healthcare have prompted a rise in early retirements and career departures. At the same time, there have been shifts to integrated medicine and models of physician-led team-based care.

HOW DO YOU MAKE SURE YOUR TEAM IS REACHING ITS POTENTIAL

Research supports the idea that physician-led team-based care can provide some of the most effective patient outcomes, but how do you make sure your team is reaching its potential within this model? After all, team-based care can mean differing perspectives, an increased potential for conflict, and the need to create psychological safety and trust so people can do their best work. As a physician and leader, how can you provide the leadership they need to manage these challenges within this changing clinical landscape?

Brené Brown's most recent research offers insights on how leaders can be successful in our complex and changing world. Across a global set of participants, there was one common answer -- we need braver leaders and more courageous cultures -- something she calls, "daring leadership."



At the heart of daring leadership is four skill sets of courage: rumbling with vulnerability, living into our values, braving trust, and learning to rise. These skills are learnable, observable, and measurable, and they provide the foundation for the honest, authentic, and wholehearted leadership that fosters psychological safety, trust, and high-performing teams.

COURAGE CAN INCREASE YOUR CONFIDENCE TO MANAGE THROUGH UNCERTAINTY

In my work with physicians, I have found these skills are also invaluable for leading more fulfilling medical practices and for creating more effective relationships with colleagues, team members, and patients. In my upcoming keynote, I look forward to sharing how courage can increase your confidence to manage through uncertainty and change and improve your team's performance.

BUSINESS PLANNING FOR PRIVATE PRACTICE

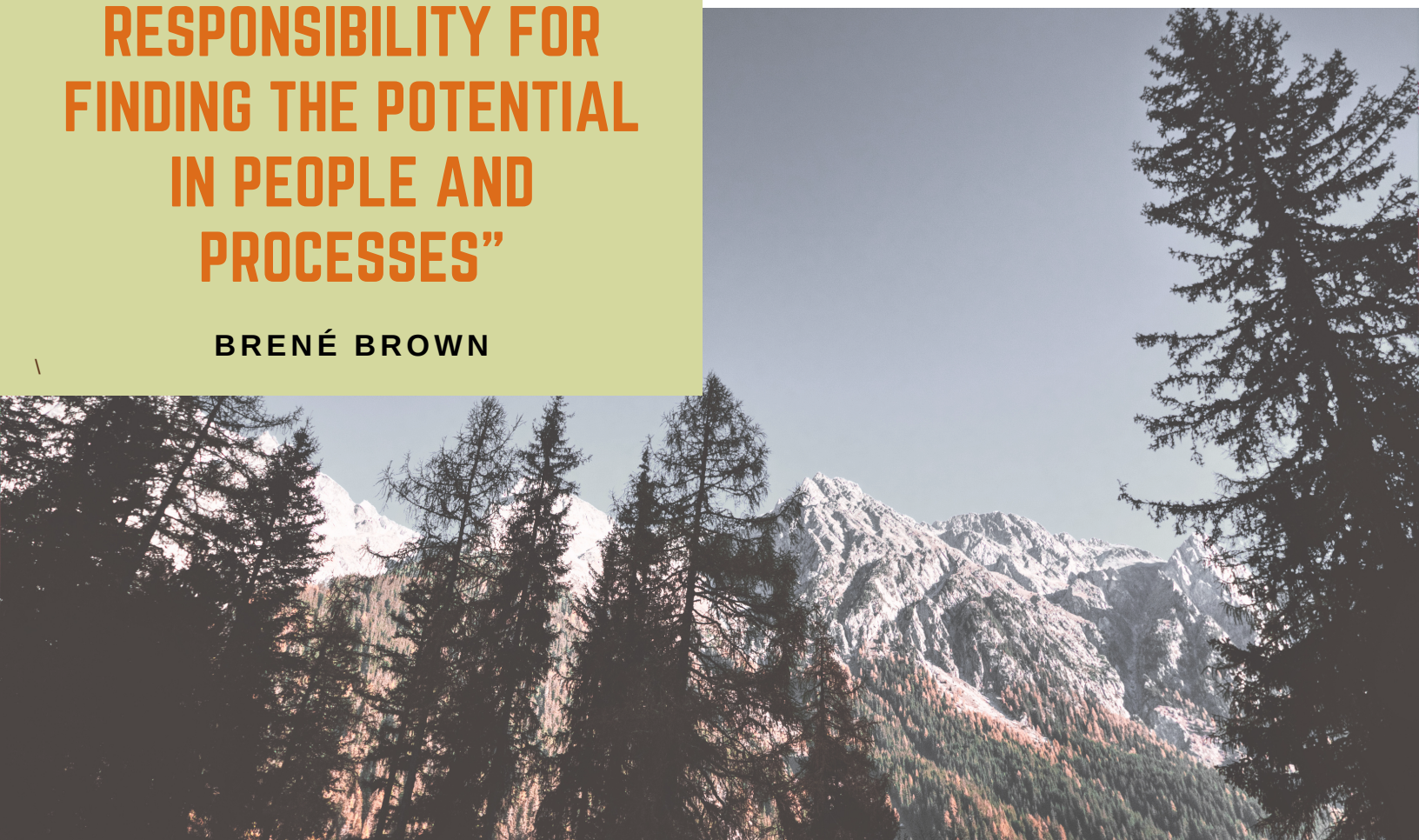
**BY DR. BILL CLIFFORD
PGDOFP MEMBER**

There is no escaping the fact that primary care clinics are businesses, either big or small. Many businesses, especially the most successful ones, make and maintain a formal business plan yet this is not a common occurrence in medical practices. Perhaps this is because of the Kinsellian “build it and they will come” situation most physicians find themselves in.

A good business model articulates the value proposition and identifies the drivers/constraints, resources (including investment), competencies, activities and partners that are needed to deliver the value. It makes explicit the tradeoffs that are made between revenue, value and patient / provider satisfaction. In return for this investment in time and energy, the business model process stands to make practice more enjoyable and sustainable while optimizing health care outcomes. Come and hear more about this at the next General Members Meeting!

**”I DEFINE A LEADER AS
ANYONE WHO TAKES
RESPONSIBILITY FOR
FINDING THE POTENTIAL
IN PEOPLE AND
PROCESSES”**

BRENÉ BROWN



NEW PROGRAM WILL PROVIDE MOA SUPPORT

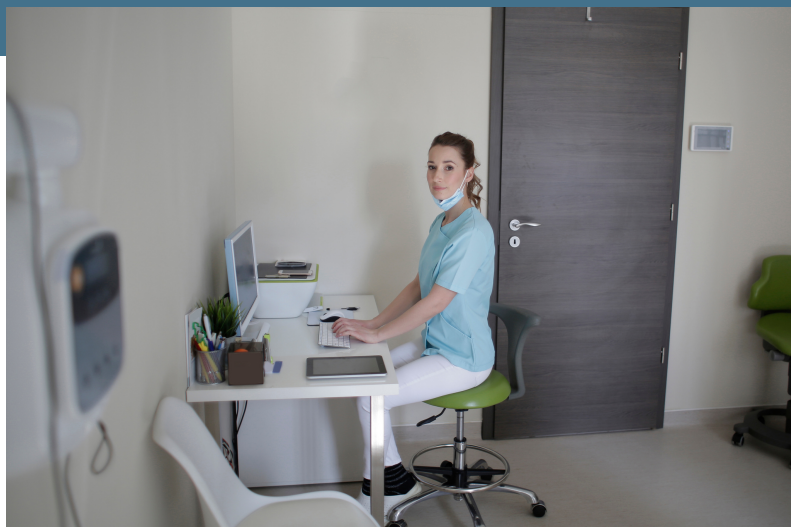
**BY TAMMY BRISTOWE
PRACTICE SUPPORT COACH**

Over the past seven years, I have made great relationships with many MOAs and it has been hard to sit back and watch as they struggle to find locum coverage. They will often give up holidays and coming to work sick because the locum pool has depleted to almost zero.

Physicians in turn have felt this impact, even taking on extra duties or close the office if their MOA is unable to work.

I am so excited to announce that the Prince George Division of Family Practice is now designing an in-house MOA program that will assist with locum coverage, training and creating an MOA pool, and continued education and support programs as a member benefit for our community.

The MOA Practice Coverage Program will be the first priority in order to help MOAs schedule greatly needed vacation after the past year dealing with COVID. Similar to the Physician program, MOAs will be able to request one week of vacation and will be provided a locum that is hired through the DOFP. As there will only be one position to start, priority will be given to solo MOA offices. More information will be available soon as we continue to develop the program.



The second component of the program will include creating a pool of MOAs to cover holidays and sick days not filled by the practice coverage position. This pool will eventually provide MOAs for part time and full-time work.

PRINCE GEORGE DIVISION OF FAMILY PRACTICE IS NOW DESIGNING AN IN-HOUSE MOA PROGRAM

The third component is to provide opportunities to increase collegiality among MOAs and to provide education and resources through consistent meetings and our website. Over the coming months, we will form focus groups and create surveys asking the MOAs for their input.

If you or your MOA would like to contribute, please email TBristowe@divisionsbc.ca

PATHWAYS VIRTUAL DIRECTORY

BY CHRISTINE SPIEDEL
PATHWAYS ADMINISTRATOR



The Pathways Medical Care Directory is a province-wide initiative to provide patients with a one stop online resource to easily find information about doctors and medical clinics in British Columbia.

Benefits to Providers

- Supports the message that family doctors are providing virtual care to patients across British Columbia by phone or video and that they know their patients best
- A listing in the directory can serve as a clinic website for physicians who do not have one.
- Minimizes administrative burden at the clinic level, alleviating the need to maintain a clinic website and reducing the time spent answer patient inquiries about how care is being provided.
- By compiling all virtual care listings in one place, linkages can easily be made between primary care providers and appropriate COVID -19 Assessment Centres and other community-based supports.
- 8-1-1 uses the directory to direct residents to unattached patient supports in their community.

Benefits to Patients

- People without a family doctor can enter their community name into the directory to find information about new virtual care clinics for unattached patients.
- For patients that are attached to a family physician, provides information about how their family physician is currently providing care.
- Provides instruction on how to prepare for a virtual visit with their family doctor.
- Houses COVID-19 patient resources including up to date COVID 19 Testing and Vaccine Information.

Search for Care

 The screenshot shows two search boxes stacked vertically. The top box is titled "My Family Doctor" and includes a person icon. Below the title is the text "Find clinic updates, booking, and contact information" and a search input field with the placeholder "Search MD, Clinic or NP". The bottom box is titled "Find a Family Doctor" and includes a magnifying glass icon. Below the title is the text "Find care today or register for a family physician or nurse practitioner" and a search input field with the placeholder "City/Town Search".

At the present time, the directory is still listed as “under development” for the community of Prince George as we have not met the minimum threshold of physician profiles. New listing requests are easily submitted by completion of an online form via <https://pathwaysmedicalcare.ca/ninja-forms/13qahz/>

BC RURAL HEALTH CONFERENCE

REGISTER NOW FOR THE BC RURAL HEALTH CONFERENCE

The Rural Coordination Centre of BC invites rural health practitioners to register for its BC Rural Health Conference (RHC) on May 29 and 30, 2021. This dynamic and unique Rural Medicine conference, supported by the Joint Standing Committee on Rural Issues, is designed for rural physicians, nurse practitioners, allied health professionals, residents, and medical students.

Due to ongoing pandemic restrictions, RHC 2021 will be held virtually, allowing participants to attend from wherever they are located in British Columbia and beyond. Participants will have the chance to expand their knowledge and skills by choosing from more than 25 rurally-relevant plenaries, sessions, and “add-on” workshops (Rural Airway Management in the Time of COVID-19; PICC Like a Pro: Ultrasound-guided Peripheral Central Line Insertions; and Basic Suturing Techniques).

As always, RHC 2021 will focus on connecting rural colleagues and fostering community and collaboration. Participants will have access to open corridors and a space for friends and colleagues to run into each other, allowing for conversations to meet and catch up. In addition, a special “Rural Booster Shot Social Hour” will be held for medical students and residents, along with an “rMEET Coffee Break” for new and experienced physicians.



Wellness and social activities are also peppered throughout the RHC 2021 program. Participants can engage in a Mindfulness Workshop and yoga and stretching sessions. And on Saturday evening, fun-filled social events, including a “Virtual Cocktail Hour and Mixology Class” and—for the whole family—a “Virtual Magic Extravaganza Show”, will be held.

RHC 2021 participants can earn up to 8.5 Mainpro+/MOC Section 1 credits. For providers engaged in their first two years of practice in a Rural Practice Subsidiary Agreement (RSA) community, funding to attend RHC may be available through the Rural Education Action Plan.

For more information about RHC 2021 and to register, visit the following links—and be sure to join the RHC social media conversation using #RHC2021:

RHC webpage: www.rccbc.ca/rhc

Registration link:

<https://events.epl.com/RHC2021>

WE LOOK FORWARD TO WELCOMING AND CONNECTING WITH YOU IN MAY!