DEPARTMENT OF FAMILY MEDICINE

STRATEGIC PLAN

2021 – 2024
Department Head Message

As we look toward emerging from the COVID-19 pandemic, it is apparent that returning to “business as usual” is not an option. Our healthcare and academic environments have markedly changed in the last year, and strategic planning has provided us an opportunity to think about the future.

The primary purpose of strategic planning is to connect the organization’s mission and vision by addressing three basic questions:

• What is our purpose? (Mission)
• What do we want to achieve? (Vision)
• How are we going to get there? (Plan)

Over the last six months, we have engaged widely with our departmental community and external stakeholders. We have listened to and engaged with more than 200 individuals through stakeholder interviews, focus groups and surveys, generating more than 1,600 comments. These interactions have helped us to understand emerging trends, identify our strengths, challenges and opportunities, and determine the best courses of action to attain the desired outcomes.

Strategic planning isn’t just about developing a document to keep everyone on track. The strategic planning process is also an opportunity to foster collegiality and deepen the relationship members have with their department. Despite not being able to hold in-person meetings due to public health restrictions, we effectively used multiple virtual means to engage people in the planning process.

As you read through this publication, I believe you will agree that this systematic and thoughtful strategic planning process has resulted in a refreshed mission, vision and set of orientations that ensure our success as the Department of Family Medicine prepares for its 50th anniversary in 2023.

José Francois MD MMedEd CCFP FCFP
Head, Department of Family Medicine
Max Rady College of Medicine | Rady Faculty of Health Sciences
Overview of the Department

Accredited by the College of Family Physicians of Canada (CFPC), the Department of Family Medicine provides a comprehensive training program that strives to teach whole-person medicine using a collaborative and interprofessional model. The goals of our educational programs are to train professionals to provide comprehensive, high-quality, continuous care in urban, rural or remote settings.

We continue to grow and evolve our network of training sites, ensuring that our department has a presence in each of our regional health authorities and now includes partnerships in Nunavut and the Northwest Territories. Our sites model comprehensive patient care and provide quality learning experiences to master of physician assistant studies (MPAS) students, undergraduate medical students and family medicine residents, as well as to a variety of other health professionals.

In July 2019, our first residents began their training in our new Interlake-Eastern training program, based in Selkirk. In July 2020, Thompson welcomed its first two residents. In the urban environment, the period was marked by the closing of the Family Medical Centre in St. Boniface after nearly four decades as a family medicine teaching unit that served thousands of patients. Associated with the closure was a redeployment of staff and resources, allowing Access Fort Garry and Access Winnipeg West to join Kildonan Medical Centre and Access River East in a renewed urban teaching network.

In September 2019, we welcomed MPAS, Canada’s only graduate-level physician assistant program, to our department. The generalist orientation of MPAS complements our work and will present unique opportunities for us to develop collaborative education models and advance team-based care in our clinical settings.

The Department of Family Medicine also offers a selection of enhanced skills programs designed to help develop expertise in family practice anesthesia, cancer care, care of the elderly, emergency medicine, obstetrics and women’s health, palliative care, and sports and exercise medicine. The enhanced skills programs are open to current second-year residents and practicing family physicians.

Our research endeavours continue to expand through a number of projects and collaborations, most notably in the area of quality improvement (QI). The Department of Family Medicine is leading the way by piloting new CFPC curriculum on QI, allowing our residents to develop the knowledge and skills that they will need in an evolving clinical context.

The health system and practice environments have undergone, and continue to undergo, significant change. We have had an active role in visioning what our future health system should look like by participating in provincial clinical and preventative services planning activities. Our family medicine practices have quickly responded to the COVID-19 pandemic, including pivoting to virtual care.

As we approach our 50th anniversary in 2023, there is much excellence and innovation to celebrate and build upon. Our residency program has been positively influencing the health of individuals, families and communities across Manitoba. Through clinical work, teaching and innovative research, family medicine is making a difference.
Planning Context

The directions within our new strategic plan were conceived through an inclusive, open and broad consultation and planning process that took place between November 2020 and May 2021. As a result of the pandemic, all stakeholder consultations and planning activities were completed virtually.

Participation and engagement levels were excellent, with more than 200 individuals providing feedback through structured dialogue, including stakeholder interviews and focus groups, as well as staff/faculty and learner surveys. With more than 50 hours of interviews and planning activities taking place and 1,600-plus comments logged, stakeholders, both internal and external, demonstrated their commitment to the process and to the outcomes. Their contributions have helped us shape our strategies moving forward.

The department’s Strategic Committee received the compiled stakeholder engagement and environmental scan results. Over a series of six workshops between February and May 2021, the committee actively set out to develop a three-year strategic plan for the department.

Our new strategic plan, with a refreshed vision, mission and values, will build upon the department’s successes in training the next generation of health professionals and developing focused areas of research, quality and scholarly activity. This will deepen and extend our leadership role in shaping Manitoba’s primary healthcare system and advancing our footprint and the discipline of family medicine.

Ours is a provincial department, stretching across the diverse and vast landscape of Manitoba. Working together with a renewed and shared purpose of building authentic relationships with our communities and partners and harnessing innovation, collaboration and collective impact is paramount to our path forward.

Affirming our commitment to building respectful relationships and creating pathways to Indigenous health, healing and achievement, we are committed to advancing and addressing the recommendations of the Rady Faculty’s Truth and Reconciliation Action Plan and working collaboratively with Ongomiizwin and our Indigenous communities and partners. A number of priorities were identified throughout our consultations and these have been woven into the five strategic pillars identified below.

As we approach our 50th anniversary in 2023, we want to pay homage to our history while committing to being innovative as we move toward our vision. We have identified five pillars and accompanying strategies that will guide us as we move forward with strategic purpose.

1. Advancing Family Medicine
2. Inspiring Our Learners
3. Empowering Our Workforce
4. Harnessing a Culture of Curiosity
5. Building Relationships
**Vision**
Together with our communities, inspiring learners and transforming care

**Mission**
Advancing excellence in patient care through education, scholarship, social responsibility and relationships

**Values**
Our values are more than just words. They are statements that were expressed repeatedly throughout our stakeholder consultations and planning activities. People spoke passionately about our values as key behaviours that we need to work and learn by each day to ensure we are working toward the same goals. Every decision we make must be aligned with our values in order to stay true to our vision and mission and shape our culture as we advance family medicine in Manitoba.

**Patient-Centred** – We value each person as a unique individual with a right to be respected, accepted and included. We value the importance of continuity, trust and relationship-building as the cornerstones of family medicine. Seeing services through the eyes of our communities and patients, we are committed to respond and adapt to the changing needs of our communities in a respective and inclusive way.

**Learner-Centred** – By placing learners at the centre of what we do, we strive to be a place where students feel accepted, connected and valued.

**Health Equity & Advocacy** – We are committed to listening to our communities, being transparent in our actions and advocating for health equity, access and quality patient care.

**Collaboration & Teamwork** – We take pride and are passionate in what we do. We care about each other. We are clear on our roles and understand how we contribute, individually and collectively, to our vision and mission. We value our diversity and see collaboration and teamwork as what make this a great place to work and learn.

**Culture of Curiosity** – We are proactive and responsive. We are willing to take risks and be innovative in building an ever-more-vibrant culture of curiosity. We build on our strengths to find new and better ways of working together, creating new pathways to better care in Manitoba.

**Cultural Safety & Humility** – We are authentic in our commitment to equity, inclusion, gender equality, anti-racism and reconciliation. Our success requires honest and continuous dialogue, grounded in respect; striving to address power imbalances inherent in the healthcare system; and humbly acknowledging oneself as a learner when it comes to understanding another’s experience.
Strategic Pillars

ADVANCING FAMILY MEDICINE
1. Advance family medicine to meet the changing needs of our communities
2. Celebrate and promote our members and our legacy

INSPIRING OUR LEARNERS
3. Transform our curriculum and training environments to meet the changing needs of our communities
4. Promote and support teaching excellence that is progressive, evidence-based and culturally safe
5. Empower and support learners in their learning journey and in being practice-ready

EMPOWERING OUR WORKFORCE
6. Foster an engaging workplace culture aligned with our vision, mission and values

HARNESSING A CULTURE OF CURiOSITY
7. Build capacity in quality improvement and research through innovation and scholarly activity

BUILDiNG RELATIONSHIPS
8. Continue to grow and strengthen our relationships with our communities and partners
Advancing Family Medicine

STRENGTHS
Our department has reach throughout the province, with learners, faculty and staff distributed in more than 20 communities. We have a strong footprint in the College of Family Physicians of Canada, with many faculty members doing excellent work nationally and internationally.

The role of family medicine is key to any provincial medical system and is viewed as an expanding resource within the province. We are strong at modelling comprehensive generalist care, comprehensive team-based care and working with our partners to advance initiatives such as primary healthcare, advanced access and the patient medical home. We help drive efficiencies in the hospital and outpatient systems and are able to shift focus when required to adapt to changing needs, as was evident during COVID-19. The integration of the master of physician assistant studies (MPAS) program into the department is an asset and has been a positive addition.

CHALLENGES
The health system and practice environments have undergone, and continue to undergo, significant change. We have played an active role in visioning what Manitoba’s future health system should look like and are participating in provincial clinical and preventative services planning activities. Our family medicine practices have quickly responded to the COVID-19 pandemic, including pivoting to virtual care, which will be a new reality as we move forward.

Scope of practice, credential creep and practice encroachment of other health professions are seen as a threat, with a concern that there may be less interest among new graduates in wanting to commit to a comprehensive family practice. There are concerns that the comprehensive nature and generalist focus of family medicine are gradually being lost, with more graduates wanting to pursue enhanced skills training.

OPPORTUNITIES
We are celebrating our 50-year anniversary in 2023. This is a time to pause and reflect, but also an opportunity to celebrate and recognize the many achievements and successes of our faculty, staff and learners. There is an opportunity to establish and grow professorships, to support scholarships and to launch a fundraising strategy to support projects not covered by baseline grants.

As we move forward in our strategic plan, there are many opportunities to advance our work. We need to be proactive and address trends and impacts to care, in order to meet the changing needs of our communities. Collaboration with the health system and our partners will be key to supporting the evolution of family medicine and primary healthcare in the province. On the radar is the potential for a three-year family medicine residency program, and this will be a priority for us to explore and start planning. We must also address recruitment and retention concerns. We need to make a concerted effort to attract and retain a more diverse workforce and student body, reflective of our changing demographics, and to promote family medicine and physician assistant studies as appealing career choices.

“Celebrating and advancing family medicine in Manitoba to meet the needs of our communities now and in the future”
## Advancing Family Medicine

### Strategic Priority #1

Advance family medicine to meet the changing needs of our communities

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Success Measures</th>
</tr>
</thead>
</table>
| Adapt and evolve family medicine to meet the changing needs of our communities | • Support the work of and collaborate with the Manitoba College of Family Physicians to advance family medicine in Manitoba  
• Work with our health system partners to support and advance the Patient Medical Home (PMH) model  
• Explore the potential implications and plan for a three-year family medicine residency program  
• Support the evolution of the medical licensure program for international medical graduates (MLPIMG)  
• Support the evolution of the master of physician assistant studies (MPAS) program | • Joint initiatives with partners are identified and promoted  
• Core residency sites have action plans to advance the PMH model at the local level  
• Report on feasibility and potential models for a three-year residency program in place and acted upon  
• MPAS strategic resource plan completed and being acted upon |
| Attract and retain the workforce needed to meet the changing needs of our communities | • Develop targeted strategies to attract and retain a more diverse student body and workforce that reflect our provincial population  
• Promote family medicine as an appealing career choice for medical students  
• Review and strengthen criteria and admissions processes to facilitate entrance of Indigenous learners to family medicine programs  
• Introduce the concept of “community adaptiveness” in selection processes for enhanced skills programs  
• Participate in and advocate for family medicine and MPAS needs and requirements in provincial workforce planning and clinical services plan | • Diversity targets established and being tracked  
• Vibrant, updated Family Medicine Interest Group in place  
• Revised admissions strategies, interview processes and criteria in place  
• Selection processes for enhanced skills programs have been adapted  
• International Medical Graduate and Northern Return of Service documents are updated  
• Department of Family Medicine participation on provincial workforce planning table |
## Advancing Family Medicine

### Strategic Priority #2
Celebrate and promote our members and our legacy

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Success Measures</th>
</tr>
</thead>
</table>
| Celebrate and promote ourselves, our work and our achievements | • Promote family medicine in Manitoba, celebrating and recognizing our members, our work and our achievements  
• Establish internal awards to celebrate achievements within the department  
• Increase nominations of Department of Family Medicine members for university-based, provincial and national awards | • A public relations campaign has been developed  
• Increased number of media contacts  
• Set of new awards is established  
• Increased number of awards received by learners, faculty and staff |
| Celebrate our legacy and plan for our 50-year anniversary | • Plan and implement a 50-year anniversary celebration  
• Establish and grow professorships/chairs to support scholarship within the Department of Family Medicine  
• Launch a fundraising strategy to support projects not covered by our baseline grants | • Schedule of 50-year anniversary events  
• Number of new professorships/chairs  
• Fundraising campaign developed and implemented |
Inspiring Our Learners

STRENGTHS
We have a presence across the province, are highly relevant to regional health authorities (RHAs) and have solid training sites where residents can learn. We have dedicated and experienced faculty who are here because they want to teach and develop strong clinicians. There is a commitment to train learners to be compassionate, competent and well-rounded physicians after their training program. There are broad exposure and practice environments available for learners to gain experience in handling different clinical scenarios, caring for a wide variety of patient presentations and practicing in strong interprofessional teams.

The majority of learners who responded to the survey felt they are afforded a variety of settings to help them better understand the diversity in care, and that we are training learners to have a diverse skill set that promotes employability and practice readiness. Learners also commented that the department is working hard to educate effectively during these trying times, creating good learning environments, providing feedback and support, and taking the time to teach, despite other demands arising from COVID-19.

CHALLENGES
With a distributed model, there are distinct differences in urban, rural and northern teaching sites, including standards, practice and funding models and teaching expectations. Capacity and workload issues were noted as a concern, including administrative support, amount of paperwork and committee work.

The pandemic has had impacts on both learners and teachers, with a lot of discussion of the challenges of having to teach and learn virtually. There have been fewer opportunities to practice hands-on procedures and physical exam skills. Connections with other learners and preceptors have also been challenging.

OPPORTUNITIES
There are many opportunities to review and implement new curricula and evolve clinical placements to ensure they are relevant and responsive to the needs of our learners and our communities, now and into the future. There has been a lot of change in our clinical teaching sites in the past several years, and there is a need to ensure practice environments are supported and consistent standards are maintained.

There is an opportunity to build capacity in our faculty through succession planning, recruitment strategies and professional development, and to promote and support teaching excellence and educational innovation. We must maintain competency-based assessment approaches to support learners in their learning journey and in being practice-ready. We must also address learner wellness and support needs.

“Empowering future-ready talent to realize their full potential in diverse learning and practice settings”
## Inspiring Our Learners

### Strategic Priority #3
Transform our curriculum and training environments to meet the changing needs of our communities

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Success Measures</th>
</tr>
</thead>
</table>
| Review and update educational programs to ensure they are relevant and responsive to the needs of learners and the health of Manitobans | • Review and implement new curricula to ensure they are relevant and responsive to the needs of learners and the health of Manitobans  
• Build capacity to further education, curriculum development and learner experience in Indigenous health, cultural safety, advocacy and implicit bias training | • Updated curriculum mapping identifies content reflecting needs of Manitobans  
• Curricula being developed based on review recommendations  
• Number of Indigenous teachers, Elders and Knowledge Keepers available  
• Learner evaluation results |
| Ensure that graduates of our programs are prepared to work in interprofessional teams through interprofessional education | • Evolve curricula to include opportunities to learn and work in interprofessional teams  
• Evolve clinical placements to support interprofessional learning and practice | • Interprofessional education (IPE) lens integrated into curriculum review and evaluation frameworks  
• Number of courses with an IPE component  
• Number of clinical teaching sites with interprofessional teams  
• Learner and faculty evaluation results |
| Ensure practice environments in our distributed model are supported and consistent standards of training are maintained | • Evolve the distributed teaching model in urban, rural and northern settings  
• Develop standards to ensure consistent training, clear roles and expectations, support and mentorship are in place for preceptors and learners | • Onboarding and training program for new preceptors developed  
• Performance feedback and appraisal mechanisms in place  
• Organizational policies and procedures support faculty in meeting teaching expectations  
• Teaching performance feedback  
• Post-graduate survey (one year) |
**Inspiring Our Learners**

**Strategic Priority #4**
Promote and support teaching excellence that is progressive, evidence-based and culturally safe

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Success Measures</th>
</tr>
</thead>
</table>
| Build capacity for teaching, scholarship and educational leadership | • Continue to recruit and engage community-based family physicians for teaching  
• Develop a succession plan for key faculty and staff roles  
• Advocate for fair, consistent and transparent compensation and funding models to support educational activities  
• Promote and support faculty and professional development | • Number of community-based family physicians teaching increases  
• Succession plan developed and implemented  
• Updated remuneration framework  
• Faculty development needs assessment completed and activities in place  
• Teaching Performance Feedback and End-of-Rotation Feedback  
• Leadership development strategies developed and being implemented  
• Program to support faculty seeking advanced skills in medical education, research and academic leadership in place |
| Promote and support educational innovation and integration of best practices | • Share and utilize best practices and innovations across Family Medicine teaching sites  
• Implement program evaluation processes to provide feedback to programs that results in improvement  
• Foster educational research and scholarship that support sharing of new practices | • Performance feedback and program evaluation reports include recognition/review of educational innovation  
• Formal teacher recognition/awards  
• Educational grants utilized to support educational research and innovations  
• A medical education research interest group is in place |
## Inspiring Our Learners

### Strategic Priority #5
Empower and support learners in their learning journey and in being practice-ready

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Success Measures</th>
</tr>
</thead>
</table>
| Empower and support learners in their learning journey | • Continue to support competency-based assessment approaches to support learners in their learning journey  
• Assess and address learner wellness and support needs | • Learning gaps as a result of the pandemic identified and addressed  
• Consistent approach for competency-based assessment used across sites  
• Entrada functionality and use improved  
• Learner supports in place  
• Learner concerns are addressed in a timely manner  
• Learner evaluation results |
| Empower and support residents to be practice-ready | • Provide opportunities for career planning throughout the learning journey  
• Provide exposure to variety of practice models  
• Support learners in their transition to practice | • Learners receive exposure to a variety of practice models and funding models  
• Learner evaluation results  
• Graduate surveys document that our graduates are prepared for residency and professional practice  
• Graduate surveys document satisfaction with placements/employment |
Empowering Our Workforce

STRENGTHS
We have a respectful, professional, collaborative work environment with a strong, passionate and committed team. Leadership is strong and conveys competence, openness and compassion. The core department team is more stable and there are better structures and processes in place than in years prior.

There is a good mix of team members, with many different interests and experiences. We have many Indigenous physicians, leaders and staff who are working in family medicine and are fantastic role models and ambassadors for the program. There is a genuine interest in being involved and engaged and many, including learners, expressed their appreciation for being asked to provide feedback and input into the strategic planning process.

CHALLENGES
Our diversity and reach across the province are strengths, but these were also identified as challenges for many in terms of communication and engagement. It was noted that it is difficult to find people to assume leadership roles, and there was a general feeling that leaders are spread too thin, sometimes resulting in communication challenges and less-than-timely responses to concerns.

Many felt that the use of virtual meetings as a result of the pandemic was a real benefit to getting people across the province more engaged. However, it was also noted that there was a feeling of de-personalization, a loss of connectivity, and people were feeling tired and burned out. Although there have been many improvements made to streamlining processes and adopting technology, there was agreement that there is still more work to be done.

OPPORTUNITIES
Despite the many hurdles we have faced in the past year with the pandemic, we have a tremendous team that has worked above and beyond what was expected in order to pivot in how we teach, learn and work. Staff and faculty were excited to be part of the strategic planning process, openly sharing their thoughts and ideas on building and capitalizing on our strengths and identifying important priorities to tackle in the next three years.

We need to continue to align and enhance our structures, communication and processes with an eye to integrating employee and patient engagement and change management strategies when implementing new initiatives. We need to foster a more diverse and inclusive workforce. We need to enhance the faculty and employee experience, building an inclusive, diverse and empowered team while supporting a healthy work/life balance and wellness initiatives.

“Creating connections with people – building an inclusive, diverse and empowered team”
Empowering Our Workforce

Strategic Priority #6
Foster an engaging workplace culture aligned with our vision, mission and values

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Success Measures</th>
</tr>
</thead>
</table>
| Continue to align and enhance our structures, communication and processes | • Improve communication, collaboration and engagement between distributed sites and faculty members  
• Formalize mechanism for streamlining administrative processes | • Department of Family Medicine website updated  
• New strategic plan rolled out to all stakeholders and integrated into departmental operations  
• Committee structures reviewed  
• Documented procedures in place |
| Enhance the faculty and employee experience                          | • Formalize departmental orientation and onboarding processes for new staff and faculty  
• Promote healthy work/life integration and support staff wellness initiatives  
• Provide growth and development opportunities for administrative staff  
• Foster a more diverse and inclusive workplace culture | • Onboarding and orientation process updated  
• Employee feedback solicited and addressed  
• Formalized support process in place for staff and faculty  
• Clear expectations about what work will look like in the post-pandemic world are articulated  
• Employee learning journeys developed for staff  
• All faculty and staff receive cultural safety and implicit bias training  
• Formal recognition program in place |
Harnessing a Culture of Curiosity

STRENGTHS
Our research endeavours continue to expand through a number of projects and collaborations, most notably in the area of quality improvement (QI). The Department of Family Medicine is leading the way by piloting new CFPC curriculum on QI, allowing our residents to develop the knowledge and skills that they will need in an evolving clinical context.

We have a new steering committee for QI and research that has developed a vision and strategic plan for the Office of Quality Improvement and Research. We have made progress and seen diversity in terms of research and scholarly activity over the past five years. We have also been working with the Price Faculty of Engineering on a number of process improvement projects.

CHALLENGES
Building effective networks and resources to advance the research and QI agenda across our distributed model has been a challenge. To be successful, QI and research cannot be seen as add-ons to clinical practice. The differing funding models across educational sites are perceived barriers to furthering QI and research. QI needs to be seen as an integral part of everyone’s practice, with champions at each site who have consistent, devoted time and resources.

There is more work to be done to ensure that the type and relevance of research we are doing is focused on advancing family medicine, primary healthcare and our clinical work. Supporting education research, scholarship of education, publishing, and promoting ourselves better were also identified as areas for enhancement.

OPPORTUNITIES
There are many opportunities that were identified to enhance QI and research capacity within the department. The Office of QI and Research has a plan to move this agenda forward and a proposed Innovation Support Hub model needs to be implemented. We have an opportunity to further enhance our collaborations with the Price Faculty of Engineering to build capacity in QI and lean six sigma.

We need to develop and promote a research agenda on areas of relevance to family medicine and patient care. Building a family practice research network and establishing research partnerships that are co-operative, interprofessional and reflective of community needs will be important to advance this work.

“Building on our strengths to find new and innovative ways to advance family medicine”
## Harnessing a Culture of Curiosity

### Strategic Priority #7
Build capacity in quality improvement and research through innovation and scholarly activity

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Success Measures</th>
</tr>
</thead>
</table>
| Enhance quality improvement capacity and spread to support health system improvement | • Enhance quality improvement capacity and spread to all clinical sites  
• Enhance collaborations with Price Faculty of Engineering to support development of QI capacity | • Innovation Support Hub is in place  
• Established network of champions is in place across all core training sites  
• Data management services and repository are in place to identify QI opportunities  
• Infrastructure and tools are in place to enable effective use of stakeholder resources  
• Development and delivery of a renewed advanced access curriculum  
• Increased number of learners and staff engaged in course work with the engineering faculty  
• Increased number and types of projects aligned with partnership with Price Faculty of Engineering |
| Foster leading-edge and relevant research and scholarly work         | • Develop and promote a research agenda focused on areas of relevance to advancing family medicine and patient care | • Develop and implement a plan to address research and capacity challenges  
• Family practice research network established  
• Annual list of research topics identified and being pursued  
• Implementation and tracking of research productivity measures |
Building Relationships

STRENGTHS
We are committed to looking at our role and how we can improve and be leaders in social accountability, health equity and advocacy. More than 90% of the learners who responded to the learner survey felt the department provided a quality education founded on social accountability. The diversity of our program, our distributed model and our reach across Manitoba are strengths. We have been working internally and externally with our partners (e.g. Shared Health, health systems) to advance new models of primary healthcare, advanced access and team-based models.

Many new learners entering the field of healthcare are coming in eager to learn to be better practitioners, especially in relation to providing culturally competent care. The establishment and foundational work of Ongomiizwin, the faculty’s work on the TRC Action Plan and our connections to Indigenous communities and partners are seen as positive steps toward truth and reconciliation, and an area requiring focused work and attention as we move forward.

CHALLENGES
The health system and practice environments have undergone, and continue to undergo, significant change. The pandemic has altered how we work, learn and interact with each other. Mental health, addictions, feelings of social isolation, people’s livelihoods and physical health have been impacted by the pandemic, presenting demanding challenges for family medicine. Virtual medicine is a new reality. Post-pandemic issues and challenges will need to be explored and addressed thoughtfully with our partners and communities.

We need to enhance our engagement and strengthen our relationships with Indigenous communities. We must creatively seek out opportunities to better meet the needs of underserved communities and address gaps in care and services.

OPPORTUNITIES
Building authentic relationships is the cornerstone of family medicine and the work we do. We need to live by our core values and be committed to listening to our communities, being transparent in our actions, and advocating for health equity, access and quality patient care. Our success requires honest and continuous dialogue, grounded in respect, and striving to address power imbalances inherent in the healthcare system.

We need to continue to grow and enhance our relationships and engagement with our communities and partners and develop strategies to improve patient and community engagement efforts. We need to continue our work to advance our social accountability mandate, working with our health system partners to address gaps and implement and evaluate new models of care, including those that advance primary care, health system integration and integrated team-based models.

“Being socially responsible and accountable to our communities through authentic engagement, listening and advocacy”
Building Relationships

Strategic Priority #8
Continue to grow and strengthen our relationships with our communities and partners

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Success Measures</th>
</tr>
</thead>
</table>
| Enhance engagement and strengthen relationships with our communities and partners | • Enhance engagement and strengthen our relationships with Indigenous communities and partners in rural, northern and urban settings  
• Enhance partnerships and opportunities to better meet the needs of our underserved communities and address gaps in services | • Relevant Rady TRC Action Plan recommendations are being addressed  
• Number of joint projects/initiatives with Ongomiizwin Health Services  
• Number of projects/initiatives with community organizations focused on underserved or marginalized populations  
• Number of clinical initiatives addressing care gaps |
| Contribute our expertise and efforts in addressing health equity and social accountability | • Showcase and build upon best practices that promote and advance principles of social accountability and health equity  
• Build and spread new and existing partnerships to advance social accountability and health equity work | • Number of best practices being shared  
• New programming developed  
• Health equity lens developed and being used in program/curriculum development  
• Learners are involved in practice improvement initiatives  
• Communities of practice are established and aligned with provincial clinical services plan and quality efforts  
• Number of new partnerships |