

Appendix K – Participant input on how to realize priorities

Worksheet 2: How will we reach our strategic priorities?

Priorities:

- ❖ *Internal Culture and Communication*
- ❖ *Social Accountability*
- ❖ *Public Relations*
- ❖ *Research*
- ❖ *Education*

**Internal Culture and Communication**

Briefly describe how we would achieve this priority:

- -Design organizational chart-emails-questions/info.  
-Ensure dissemination: Updates.  
-Streamline communication amongst admin staff vs community preceptors.  
-PG/UG collaboration >RMEN.
- -Faculty inventory: roles and responsibilities.  
-Main person to connect: Outside facilitation to organize process.  
-Communications expert: branding the message.  
-Recognize the role of new technology.  
-Presence in social media (full time position).

Who would be responsible for leading and implementing your plan?

- OAP in collaboration =admin.
- Faculty take their role (expertise/ higher-level, employees).

Who else do we need to involve? (For example: Regional Health Authorities, community groups, other people in the Faculty of Medicine etc.)

- PG, UG, RMEN, RHA (Regional needs/access/passwords).
- -RHA: Department who knows Alt.
  - Patient voice/ Patient advisory council.
  - Faculty.
  - Inter-professional/ health professions.

How long do you think it will take to implement this plan?

- Ideally 6 months.
- -A, B, D: Within 6 months to a year.
  - C: External support may take a little longer.
  - Rest of items within 5 years.

How would you measure success?

- -Streamlined communication.
  - Ease of placing students.
  - Ask the key players for feedback.
- -When your message comes back towards you.
  - Positive feedback rather than negative.

Are there any potential risks present in this plan, and how would we address them?

- -resistance to change.
  - organizational shift.
- If you communicate badly, it can blow up in your face: For example, Social media.

How does each person in your group contribute to the success of the plan?

- -Establish role descriptions.
  - Get feedback prior to and after implementation.
  - Clearly communicate the plan and reasons behind it.
  - Everyone needs to see the value /impact of the proposed change.
- -If everyone is not invested, less chances of success.
  - Everyone responsible to contribute to the success of the plan; individual strengths.
  - Implement and follow through.

## Social Accountability

Briefly describe how we would achieve this priority:

- - Co-curricular record (formalized experience)
  - Accountable to society- every aspect
  - Student affairs
  - Keep term general
  - Longitudinal competences for residents
  - Implement reserved community sessions for medical students to reflect diversity. (GP, Refugees, and High school students.)
  - Formalize credit.

Who would be responsible for leading and implementing your plan?

- -Student clinic
  - Smaller places vs 1 year
  - Faculty team across province with explicit responsibility for social accountability for nurturing social accountability and interdisciplinary.
  - Faculty job description, mentoring to medical residents.
  - After hour clinics.
  - exhaust relations, needs interdisciplinary.

Who else do we need to involve? (For example: Regional Health Authorities, community groups, other people in the Faculty of Medicine etc.)

- -Working group: Specific mandates
  - Physician coalition links in with the group.
  - Faculty team cross with explicit province responsibility

How long do you think it will take to implement this plan?

- 2-4 months to one year (social accountability)

How would you measure success?

-N/A

Are there any potential risks present in this plan, and how would we address them?

- Implementation across province

How does each person in your group contribute to the success of the plan?

N/A

### Public Relations

Briefly describe how we would achieve this priority:

- -Proactive communication strategy
  - Strategic plan on how to deliver our messages
  - Groom faculty in each stream to be responsible for PR and delivering messages to the public
  - Examples: DFM response to issues with flu shots, face of DFM for events such as world breastfeeding week, Alzheimer's week and bell let's talk day etc.
  - Family doctor forums/public Q and A sessions
  - Proactive not reactive and have a list of topics to discuss each month.

Who would be responsible for leading and implementing your plan?

- Particular faculty members in each stream identified to address public. Liaised by chairs office/Kristen

Who else do we need to involve? (For example: Regional Health Authorities, community groups, other people in the Faculty of Medicine etc.)

- -Liaise with NLMA/CFPC/Deans office
  - Open line monitor public opinions (open line social media)
  - PR training work shop for faculty identified.

How long do you think it will take to implement this plan?

- -Short term
  - 6 Months + to identify appropriate faculty members, obtain PR training, plan aspects of FM to highlight aspects such as: arranging media presence and implementing social media presence.

How would you measure success?

- -Interest/attendance (short term)
  - Surveys/evaluations of communication events.
  - Feedback from: community, Dean, FOM, NLMA.
  - Less issues with FM arising in the media overtime given proactive approach (long-term).

Are there any potential risks present in this plan, and how would we address them?

- -Need to be circled back to communications at dean's office (FOM).
  - Approach dean with communications plan for each week/month. (Again in keeping in proactive approach.)
  - Is PR training available?

How does each person in your group contribute to the success of the plan?

- -Protect people in PR position.
  - Raylene FRN board member to liaise between DFM and FPN.
  - Other faculty members who specialize in certain areas (ex, geriatrics)
  - DFM staff put together advance list of weekly/monthly communication strategies.
  - Partnerships with CFPC, Dean's office (Role of chairs office).

## Research

Briefly describe how we would achieve this priority:

- -Create seed funding for research and innovation to write proposals to access funding.
  - Hire someone to do the legwork, complete applications and find journals to apply to most suitable.
  - Collaborative approach all faculty: be more nonexclusive, more collaborative. Keep list of projects on going. (Enhance for rural areas).
  - Need time for this work: Need guidance for movement.
  - Journals have long timeline ask for multiple revisions and still deny.
  - Present research in progress.
  - Look for interested parties to join/bring a skill/

Who would be responsible for leading and implementing your plan?

- - Committee of different stages of faculty to advise/create plan so that it is inclusive for all who are interested.

Who else do we need to involve? (For example: Regional Health Authorities, community groups, other people in the Faculty of Medicine etc.)

- -People who have research experience to help learn.
- Research assistants or staff to help faculty.
- Hire a person to do legwork- when successful we can find a group/ a team.
- + Required infrastructure.

How long do you think it will take to implement this plan?

- It can be started within 6 months to a year and keep building/ improving.

How would you measure success?

- -More preceptors in research
- More funding
- Down the road more publications

Are there any potential risks present in this plan, and how would we address them?

- -People not having time. Support/ mentorship and writing support.
- By doing this you are choosing not to do something else.

How does each person in your group contribute to the success of the plan?

- Everyone should be able to be involved if the plan is implemented proper

## **Education**

Briefly describe how we would achieve this priority:

- -Explain to medical school what our resources/ man power are
- Choose areas of teaching to get exposure: “Bang for your buck” exposure to students.
- How clinical demands differ for example, in family vs. neurology.
- Obligations vs directed investment of teaching.

Who would be responsible for leading and implementing your plan?

- -Overall- educational coordinator → “Big picture view.”
- Integration of VG-PG

Who else do we need to involve? (For example: Regional Health Authorities, community groups, other people in the Faculty of Medicine etc.)

- -Medical school faculty → undergrad leaders and admin leaders
- Streams-R.H.A

How long do you think it will take to implement this plan?

- -4 years (Med class cycle)

How would you measure success?

- -Mun applicants to family medicine.
- More family physicians.
- More retention.
- Stay/return to Newfoundland or Labrador.
- Specialty resident's knowledge of family medicine.

Are there any potential risks present in this plan, and how would we address them?

- -Overburden- (Manpower)
- How to let go.
- Confidence to teach new areas.
- Medical school stagnation.

How does each person in your group contribute to the success of the plan?

N/A