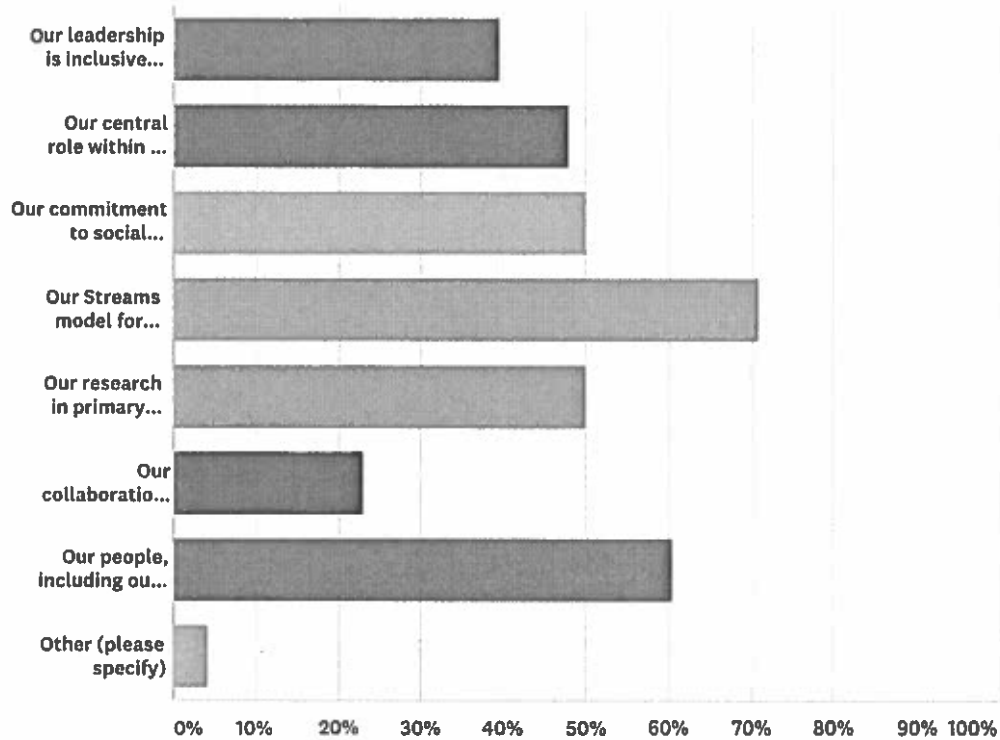


Family Medicine Strategic Planning Survey

Q1 What do you think are the DFM's strengths? Please check all that apply.

Answered: 48 Skipped: 0



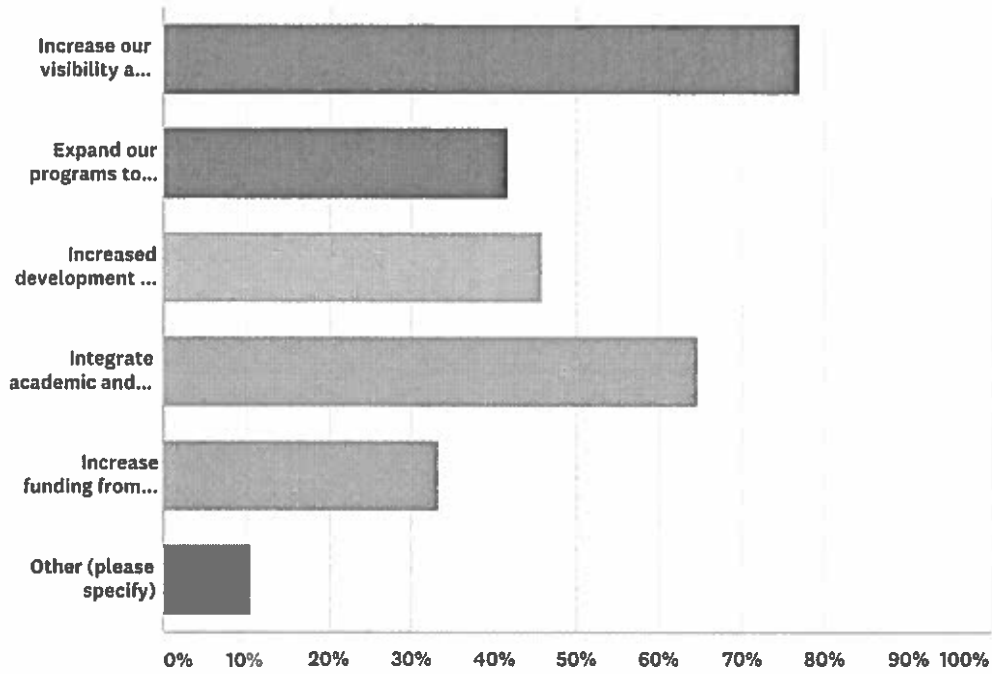
ANSWER CHOICES	RESPONSES	
Our leadership is inclusive, representative, and distributed across the province.	39.58%	19
Our central role within the Faculty of Medicine as the largest postgraduate program.	47.92%	23
Our commitment to social accountability with rural and vulnerable populations.	50.00%	24
Our Streams model for distributed medical education, rural focus, and community engagement.	70.83%	34
Our research in primary healthcare and medical education, including the Primary Healthcare Research Unit (PHRU), the Centre for Rural Health Studies (CRHS), and 6for6.	50.00%	24
Our collaboration and communication networks with other disciplines, schools, and organizations.	22.92%	11
Our people, including our committed faculty and staff and our satisfied and competent learners.	60.42%	29
Other (please specify)	4.17%	2
Total Respondents: 48		

#	OTHER (PLEASE SPECIFY)	DATE
1	We are involved in our communities	8/31/2018 10:24 AM
2	we are leaders in interprofessional education	8/30/2018 9:01 AM

Family Medicine Strategic Planning Survey

Q2 What opportunities do you envision for the DFM in the next 5 years?
Please check all that apply.

Answered: 48 Skipped: 0



ANSWER CHOICES	RESPONSES
Increase our visibility as a primary care resource to the province for health care providers, medical disciplines, health authorities, government decision makers, the public, and our community colleagues.	77.08% 37
Expand our programs to include more learners and teaching sites, and lengthening learner experiences in specific regions/sites.	41.67% 20
Increased development of interprofessional learners and practitioners in training sites (such as nurses, pharmacists, etc.)	45.83% 22
Integrate academic and clinical services across the province using our rural Streams model.	64.58% 31
Increase funding from sources outside Memorial University.	33.33% 16
Other (please specify)	10.42% 5
Total Respondents: 48	

#	OTHER (PLEASE SPECIFY)	DATE
1	Not sure	8/30/2018 4:13 PM
2	Central role in linking family practice networks with MUN research through PHRU	8/30/2018 9:01 AM
3	Increase our visibility in service, research, and education regarding the health of Indigenous and other underserved populations in our province (social accountability).	8/29/2018 11:48 AM
4	Continue to improve the quality of the program by rewarding preceptors and sites that focus on supporting residents in their learning rather than using them as a source of income.	8/25/2018 6:45 AM
5	Take a greater leadership role in FPNs and dawning of primary care reform in the province	8/21/2018 10:59 PM

Family Medicine Strategic Planning Survey

Q3 A vision statement is a vivid aspiration of the higher-level influence an organization aims to have on others. For the DFM, it articulates the positive impact the Discipline can make through education, research, and social responsibility for the learners, communities, and the patients we serve. Using words or phrases, please describe your 5-year vision for the DFM.

Answered: 40 Skipped: 8

#	RESPONSES	DATE
1	- The "specialty" of family medicine - Chosen by those who embrace a bio-psycho-social approach to health, disease and wellness. - serves communities, families and individuals	9/4/2018 2:30 PM
2	enhanced patient outcome respectful workplace team based	9/4/2018 2:16 PM
3	Modelling and advancing best practice and knowledge for learners, patients and communities	9/2/2018 9:21 PM
4	To continue to champion our mandate of educating family physicians with competency to practice in rural areas and to provide leadership to policy makers regarding best models of integrative care for rural practice including physician retention strategies.	8/31/2018 5:27 PM
5	the DFM will be recognized for its vital, collaborative and successful MD, PG and CME role for FPs in all parts of NL and for leading rural medicine education and research nationally.	8/31/2018 1:12 PM
6	Through the application of the best medical evidence, teaching and practice and in a spirit of engagement, service and partnership with other disciplines, professions and the community at large, the Dept of FM strives to respond to the present and future health needs of all the people of Newfoundland and Labrador	8/31/2018 10:37 AM
7	continue to develop resources to enhance the FM program to best serve our learners in our programs.	8/31/2018 10:00 AM
8	Collaboration Excellence in teaching and clinical care	8/30/2018 10:25 PM
9	That the discipline continue use	8/30/2018 6:03 PM
10	Inclusive, accountable, socially responsive	8/30/2018 4:15 PM
11	Expansion Moving onward and upward	8/30/2018 3:06 PM
12	Valuable-DFM Focus Areas-Rural Education and Community Engagement Achieve our objectives that are set out by the DFM to reach our MAIN GOAL. Destination Excellence	8/30/2018 1:44 PM
13	Through improved primary care education at all levels of medical learners, to improve the quality of care of patients in Canada and improve medical systems.	8/30/2018 12:34 PM
14	Meet goals, improve mental health learning	8/30/2018 9:34 AM
15	A socially accountable discipline integrating evidence based practice and research to enhance the health of the people and communities and train competent physicians	8/30/2018 9:23 AM
16	the discipline in the next five years will play a major role in developing the steams educational base both at the UG and PG levels to enhance community centered training . Simultaneously the disciplines research arm through PHRU will fully incorporate the family practice networks working with provincial partners such as NILCHI and NCAHR locally and CHIR nationally to enhance the disciplines research endeavours locally and nationally. The discipline over this period will be a leader forging closer links with the schools of pharmacy ,nursing and social work to further enhance interprofessional education in the primary care network clinical settings throughout our province.	8/30/2018 9:23 AM

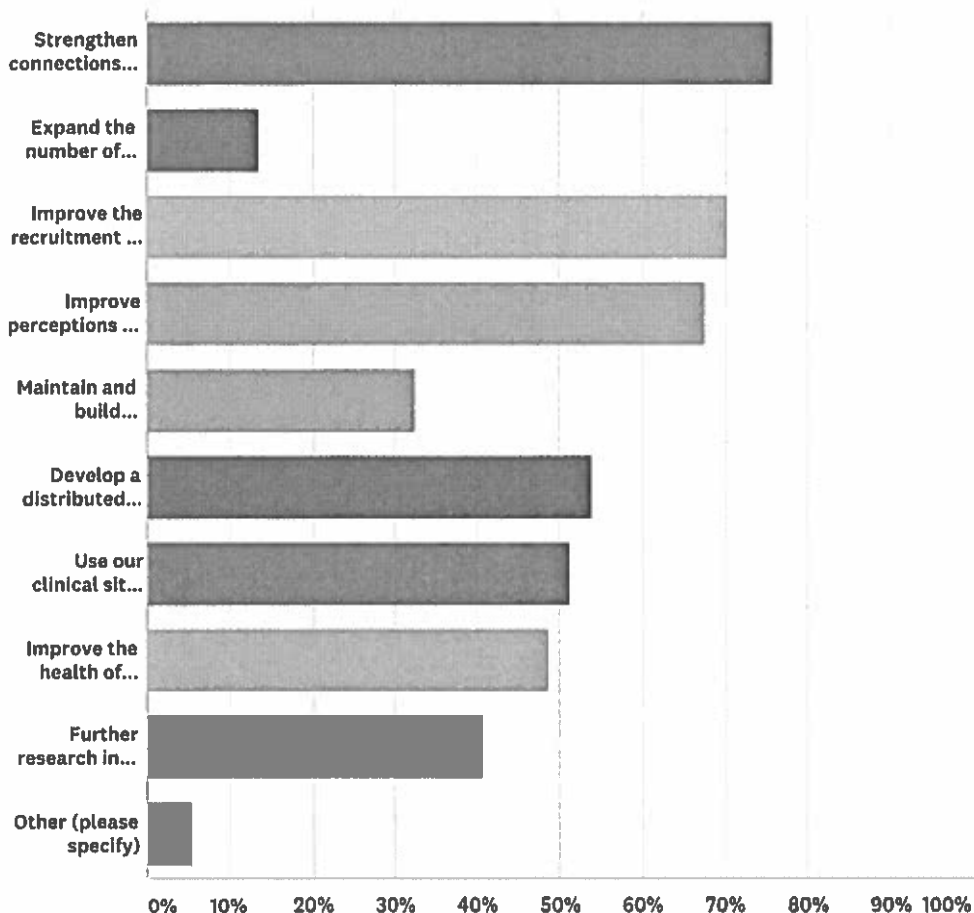
Family Medicine Strategic Planning Survey

17	commitment to enhance opportunities for recruitment and retention of our new graduates to rural and remote areas; continue and expand on our commitment to improve access to primary care for our marginalized and underserved populations, as well as our commitment to indigenous health; continue to promote research and medical education innovations to ensure the DFM and the FoM as a whole are competitive and rank highly on the national level and beyond; re-integrate professional development learning opportunities and create an environment of lifelong learning to support and engage staff as well as faculty in achieving their potential.	8/30/2018 9:15 AM
18	some words:visionary, community and personal actualization, evidence based	8/29/2018 2:25 PM
19	strive to be a highly functioning Discipline strive for a balanced lifestyle and implement workplace polices and activities that contribute to wellness.	8/29/2018 2:20 PM
20	Memorial will become a national leader in socially accountable clinical service, medical education, and research for and among our patients and communities.	8/29/2018 11:51 AM
21	To provide excellent family medicine care to our patients, excellent learning for our learners, and excel in research in primary care.	8/28/2018 2:38 PM
22	Exploring innovative strategies for transforming rural health care in a resource limited environment. Providing excellent training and support for students, residents and practitioners in rural and underserved areas.	8/25/2018 6:51 AM
23	Trend setting as opposed to reactive, improving the quality of the program	8/25/2018 12:01 AM
24	To develop the best family physicians who contribute the most to improving the health and well being to residents of Newfoundland and Labrador	8/24/2018 2:47 PM
25	The DFM is a Center of excellence in teaching, training and research.	8/23/2018 2:01 PM
26	To effectively train general family physicians building on a knowledge of anatomy and physiology to accomplish that task.	8/23/2018 1:58 PM
27	Similar to the Faculty of Medicine's vision statement.	8/23/2018 1:33 PM
28	health and well-being providing the best care to every patient integrated clinical practice, education and research	8/22/2018 9:17 AM
29	Growth.	8/22/2018 8:25 AM
30	the patient medical home innovation in education and clinical practice scholarship leadership in family medicine and primary care	8/21/2018 11:06 PM
31	as the discipline grows, its objectives and goals may change. Therefore, vision statements should be revised as needed to reflect the changing program as goals are met. To increase support and resources will help the program to be successful.	8/21/2018 3:20 PM
32	Increase resources Improve perception of FM	8/21/2018 2:59 PM
33	continuation excellence	8/21/2018 1:54 PM
34	Leaders in primary care education and patient care delivery	8/21/2018 1:25 PM
35	I sometimes feel that the general public (and sometimes other health care workers) do not know the scope and benefits FM has in our health care system. I think we should consider advocating for ourselves, as to the work each of us does to in UG/PG/clinical/research. I think some of our patients understand, but many of our patients and the communities we serve do not understand the complexities of our profession or all the hats we wear.	8/21/2018 11:56 AM
36	Continue to make a positive impact on learners, communities and patients but to also extend it further across the island, which would include the recruitment of more positive preceptors!	8/21/2018 11:56 AM
37	To provide more resources and support for our rural faculty to provide rich and diverse longitudinal learning opportunities for our learners.	8/21/2018 11:52 AM
38	position ourselves as the central focus of care provision in the province	8/21/2018 11:51 AM
39	Efficient, evidence based clinical skills and innovative and enthusiastic leadership to guide new family Dr's to be engaged and happy clinicians and teachers	8/21/2018 11:49 AM
40	sdfg	8/16/2018 1:10 PM

Family Medicine Strategic Planning Survey

Q4 What do you think should be the top strategic priorities for the DFM over the next 5 years? Please choose up to 5 options.

Answered: 37 Skipped: 11



ANSWER CHOICES	RESPONSES
Strengthen connections with learners before, during, and after medical school and residency to attract, produce, and support thriving and competent family physicians.	75.68% 28
Expand the number of Family Medicine resident seats and training sites to meet the College of Family Physicians of Canada guidelines for medical schools and our populations' needs.	13.51% 5
Improve the recruitment and retention of Family Physicians in the communities we serve.	70.27% 26
Improve perceptions of the DFM at Government, Regional Health Authority, and community levels.	67.57% 25
Maintain and build relationships with national, provincial, and local stakeholders.	32.43% 12
Develop a distributed academic primary health care network to improve education and primary health care for the populations we serve.	54.05% 20
Use our clinical sites to promote interprofessional teams in primary care training and practice (such as nurses, pharmacists, etc).	51.35% 19
Improve the health of under-served populations in our communities.	48.65% 18

Family Medicine Strategic Planning Survey

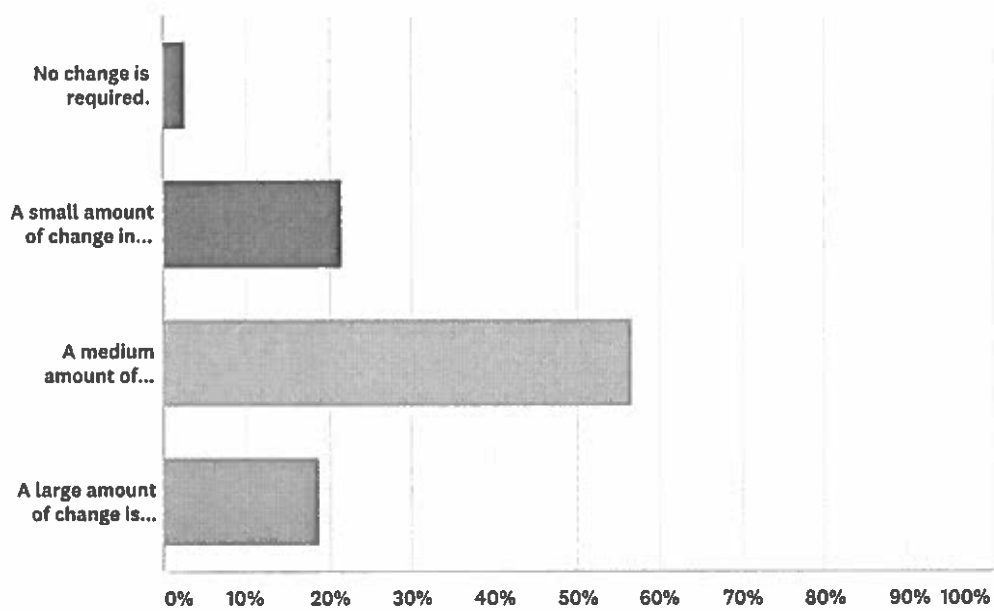
Further research in medical education and primary care across the province and beyond.	40.54%	15
Other (please specify)	5.41%	2
Total Respondents: 37		

#	OTHER (PLEASE SPECIFY)	DATE
1	Evaluate the impact of streams model to identify barriers and enablers and use the findings to support training of rural physician	8/30/2018 9:39 AM
2	find a strategy to re-integrate professional development opportunities and lifelong learning for staff to provide a supportive and engaging work experience which will support and enhance the DFM and its programs overall	8/30/2018 9:34 AM

Family Medicine Strategic Planning Survey

Q5 In your opinion, what amount of strategic change is required in the DFM in order to achieve higher levels of success in education, research, and integration with the community?

Answered: 37 Skipped: 11



ANSWER CHOICES	RESPONSES	
No change is required.	2.70%	1
A small amount of change in required.	21.62%	8
A medium amount of change is required.	56.76%	21
A large amount of change is required.	18.92%	7
TOTAL		37

Family Medicine Strategic Planning Survey

Q6 How can we get there? What resources do you think we need? What can we access internally/externally?

Answered: 37 Skipped: 11

#	RESPONSES	DATE
1	We should explore opportunities for connections across our university campuses. To involve other disciplines such as psychology, kinesiology, pharmacy for expertise sharing. Our campus is rich in Applied health research that can be translated into our medical practice and training.	9/4/2018 2:36 PM
2	Support from the Dean Financial accountability Government action for primary care with less emphasis on specialty care	9/4/2018 2:19 PM
3	Not able to answer this question	9/2/2018 9:24 PM
4	We need more distributed resources in order to allow the streams to engage local preceptors to strengthen their roles in teaching. Resources internally can be used for curriculum development but ultimately curriculum delivery and engagement need to occur at the local level. Currently, we have limited capacity locally to engage preceptors who are already stretched doing clinical teaching. We need a mechanism to compensate local preceptors for teaching time. Ultimately this will improve the learning experience for the learners and will improve their engagement with local community with the view to improve recruitment and retention.	8/31/2018 5:38 PM
5	Need to always relate what we do* to the needs of the province especially in terms of underserved and rural populations and tell that story over and over and over again to all the key stakeholders. * This relates to clinical care provided to the most needed in St. John's and the rural communities by DFM students, residents staff and faculty. It relates to our social accountability in focusing on producing doctors with the skills to meet the challenges of Newfoundland and Labrador. It relates to the DFM research related to the healthcare needs and healthcare delivery and health status. All this needs to be clearly and repeatedly articulated to stakeholders within the medical school, government and health authorities as of the importance of family medicine, the patient's medical home, and the huge role that DFM plays. This message needs to be delivered by all that can deliver it to all who can receive it, i.e. not just the chair, but faculty members in all the roles throughout the province. Resources needed include continuing the current or similar alternate funding plan for full-time DFM faculty; numbers of full-time and part-time faculty based on the proportion of family medicine versus specialist physicians in the province and needed for the province. Need to develop positive well-funded receptor sites (jobs) for our graduates throughout Newfoundland and Labrador which may involve advocacy for patients medical home and alternate funding mechanisms that are competitive with other provinces.	8/31/2018 1:26 PM
6	By sharing a common goal and being supported in our individual efforts at scholarship and teaching . We would benefit by having more access and inclusion to research initiatives.	8/31/2018 10:44 AM
7	We need to develop more rural sites for our learners.	8/31/2018 10:03 AM
8	Faculty have different strengths and interests. All duties should perhaps not be expected of all faculty.	8/30/2018 10:28 PM
9	Financial, Human Resources, FOM support	8/30/2018 4:17 PM
10	Funding is a major need in all aspects Private Clinics with only one doc and a large number of patients would be ideal for residents to gain the required experience	8/30/2018 3:09 PM
11	Connections (Communities, Government) Leadership Funding	8/30/2018 1:51 PM
12	Increased Admin support Increased accountability of faculty to the process	8/30/2018 12:37 PM

Family Medicine Strategic Planning Survey

13	I think we have a rough road in the short term as our clinical arm in Eastern Health is not interested in the academic work we do and the provincial government leadership seems adversarial to the current family medicine leadership throughout our province. At the same time they are promoting alternatives to family medicine . This is partially because we have undersold what we do and how we do it. Whether we like it or not we have got to get back in the trenches in some limited extent to re-earn this credibility. I think one of our strengths is in the enhanced skills programs particularly Er and Geriatrics which are very service oriented but fill an important gap for Eastern health and may be a lever we can use more effectively.The area of community mental health and addictions is one we need to further enhance and be seen as community leaders. This needs to be done at a time of fiscal restraint and I suspect high faculty turnover as a result. We need to influence the decision makers by getting a higher community research profile so that they come to us for the answers to community issues. This will mean ramping up our community research visibility. As crass as this may sound having a speakers bureau that trains in the discipline to address community issues and having a regular spot on the NLMA speakers bureau is essential. Our partners with the CFPC locally and nationally need to be touting the importance of academic medicine and our close relationships. Yes we are in an adversarial environment with many competing interests for primary care however we still have high public support on an individual level. Hard times are good for family medicine but only if we are hungry enough to fight.Only by public visibility do we get the public/political recognition we need as in our offices we are invisible.We somehow need to get the public speaking for us and we need to be responding to their needs.Raising the level of this conversation will need to involve our partners at the NLMA and CFPC in a coordinated fashion. I wonder if a town hall format or a 15 min spot like ask the doctor could help achieve some momentum.	8/30/2018 9:51 AM
14	na	8/30/2018 9:39 AM
15	N/A	8/30/2018 9:37 AM
16	This is more a comment on how to use resources - utilize staff input in resource planning to avoid a disconnect between higher level decision makers and how things work operationally, so decision making (particularly in terms of finance) is not reactive but is strategic. View our human resources with less of a "top-down" lens and more across the board. The ongoing challenge of breaking down silos in order to use our resources to the best advantage.	8/30/2018 9:34 AM
17	money, advancement of the thoughts and experiences of senior FDs who can be not only good mentors but key planners and advisors	8/29/2018 2:28 PM
18	n/a	8/29/2018 2:22 PM
19	Transdisciplinary connections, including the community organizations and Indigenous band councils in our province. An education specialist like Patti would be helpful for curriculum-development and program evaluation projects to improve and increase the visibility of the DFM's work.	8/29/2018 12:26 PM
20	A good vision A doable vision Good communication/	8/28/2018 2:39 PM
21	More involvement of community fps ideally remunerated for their efforts	8/25/2018 12:04 AM
22	internally - unknown at present externally - a way for family physicians tertiary and rural to best communicate their issues, integrate and communicate to improve community health	8/24/2018 2:49 PM
23	Specialist	8/23/2018 1:59 PM
24	Develop better relationships within the DFM - mentorships, improve morale, create a more supportive and encouraging environment. Frequent staff and faculty changes seem to decrease morale. Important for the DFM to be seen as a great place to work.	8/23/2018 1:49 PM
25	government support preceptor support onsite support (organization/consistency)	8/22/2018 9:21 AM
26	Let the streams have more autonomy in decision making. More responsibility to streams.	8/22/2018 8:28 AM
27	-requires significantly more non physician support / resources - both in clinic and academically physician faculty are spending too much time on tasks not requiring their knowledge and skills. - could also benefit from family med / primary care specific PhD medical education resources either internally or better liaison with faculty resources -AFP for plus one physicians working in academic st john's teaching clinics. Recognition that this is standard across the country and the awareness that academic clinical units function in a unique way and are not suitable for a FFS practice. That being said - I think we should be shadow billing to better show case our worth clinically	8/21/2018 11:12 PM
28	we need team building, team leadership, social and personal skills, resources. community support and rural support amongst the Discipline.	8/21/2018 3:28 PM

Family Medicine Strategic Planning Survey

29	Research support Increase faculty numbers	8/21/2018 3:01 PM
30	Increased funding and preceptors Both of these require external access	8/21/2018 1:56 PM
31	Positive working environment. Empower each other. Accountability for our work. Time to focus on moving forward while not having to count clinics.	8/21/2018 1:28 PM
32	I think we need to continue our partnership with the NLMA and the CFPC. I think the DFM is doing a great job of collecting data as to what each of us does. I think this information should be shared.	8/21/2018 11:59 AM
33	NA	8/21/2018 11:59 AM
34	position ourselves strategically in the medical school and the hospitals as THE main providers of education and care	8/21/2018 11:53 AM
35	More resources and support for our rural faculty.	8/21/2018 11:53 AM
36	Unsure	8/21/2018 11:51 AM
37	asdf	8/16/2018 1:11 PM

Family Medicine Strategic Planning Survey

Q7 If you have additional comments, observations, reflections, or ideas about the DFM Strategic Plan or know of best practices from similar organizations, please comment below.

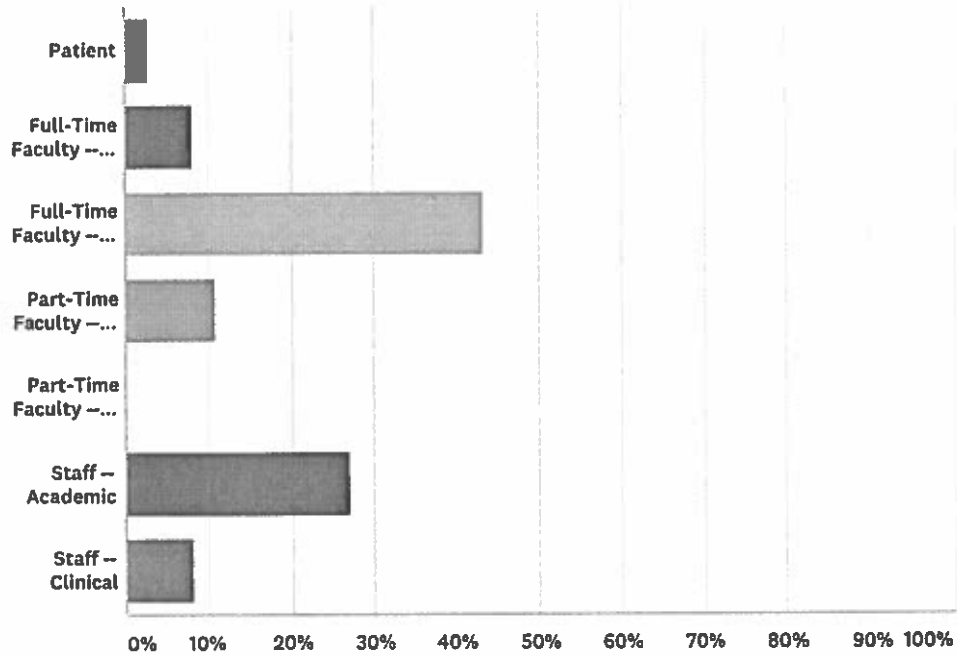
Answered: 11 Skipped: 37

#	RESPONSES	DATE
1	We need to boost moral among Family Med residents. One way to do that is to start referring to Family Medicine as a specialty. We need to start changing the vernacular surrounding family medicine. This is not a 'fall back' career; it is a chosen career. We need to emphasize this distinction.	9/4/2018 2:36 PM
2	Medicine has to be brought back to basics. Strong leadership, well equipped family physicians for populations	9/4/2018 2:19 PM
3	From the perspective of the streams, it does feel that we are working within a "house of cards" with many preceptors already stretched very thin and unwilling to engage further with teaching. With the loss of our streams GFT positions in Central, I am concerned about even finding enough people willing to review files for CARMs this year. We have no carrot to engage physicians who already feel that they have provided much valuable service. This is proving detrimental to the development of the streams and, I fear, leaving stream learners feeling that they do not get good access to local teaching.	8/31/2018 5:38 PM
4	Be patient and open to change and support one another. In the final analysis is not the building or infrastructure that make a great program it is the people. We have a strong group and together we can accomplish magnificent feats. however we can't be all things to all people and as a group now more than ever we need to strategically focus.	8/30/2018 9:51 AM
5	na	8/30/2018 9:39 AM
6	n/a	8/29/2018 2:22 PM
7	Clarification of expectations, support for professional growth and development; encouragement to become innovative and a true leader in health care.	8/23/2018 1:49 PM
8	Through experience and research, has proven to reliably lead to a desired result. A commitment to using the best practices in any field is a commitment to using all the knowledge and technology at one's disposal to ensure success.	8/21/2018 3:28 PM
9	N/A	8/21/2018 1:56 PM
10	NA	8/21/2018 11:59 AM
11	Family medicine is undervalued. We need to be seen as the MAJOR player	8/21/2018 11:53 AM

Family Medicine Strategic Planning Survey

Q8 What is your affiliation with the DFM?

Answered: 37 Skipped: 11

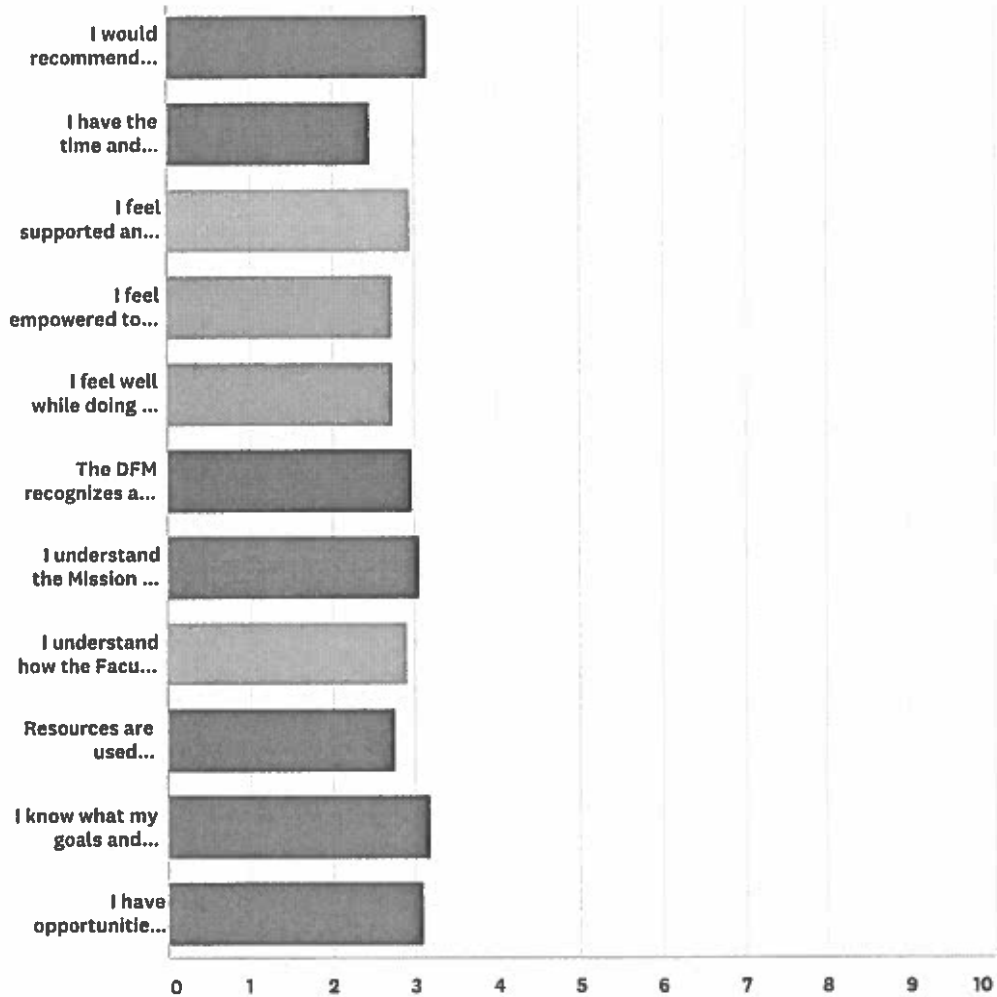


ANSWER CHOICES	RESPONSES	
Patient	2.70%	1
Full-Time Faculty – Rural (outside Avalon Peninsula)	8.11%	3
Full-Time Faculty – Urban (Avalon Peninsula)	43.24%	16
Part-Time Faculty – Rural (outside Avalon Peninsula)	10.81%	4
Part-Time Faculty – Urban (Avalon Peninsula)	0.00%	0
Staff – Academic	27.03%	10
Staff – Clinical	8.11%	3
TOTAL		37

Family Medicine Strategic Planning Survey

Q9 Please indicate your level of agreement with the following statements as they relate to your work with the DFM.

Answered: 35 Skipped: 13



	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
I would recommend working in the DFM to a friend or colleague.	0.00% 0	12.90% 4	58.06% 18	29.03% 9	31	3.16
I have the time and resources I need to carry out my work, including adequate access to technology, equipment, physical space, professional development, and information.	8.82% 3	38.24% 13	50.00% 17	2.94% 1	34	2.47
I feel supported and heard by leaders and coworkers in the DFM.	5.71% 2	14.29% 5	60.00% 21	20.00% 7	35	2.94
I feel empowered to create and embrace opportunities for effectiveness and excellence in the DFM and the Faculty of Medicine.	2.86% 1	25.71% 9	65.71% 23	5.71% 2	35	2.74
I feel well while doing my work. The DFM fosters an environment that encourages wellness for all.	2.86% 1	31.43% 11	54.29% 19	11.43% 4	35	2.74

Family Medicine Strategic Planning Survey

The DFM recognizes and celebrates individual and team achievements.	0.00% 0	17.65% 6	67.65% 23	14.71% 5	34	2.97
I understand the Mission and Vision of the Faculty of Medicine as described in Destination Excellence 2018-2023 Strategic Plan.	0.00% 0	14.71% 5	64.71% 22	20.59% 7	34	3.06
I understand how the Faculty of Medicine Destination Excellence 2018-2023 Strategic Plan relates to my daily goals and objectives.	0.00% 0	24.24% 8	60.61% 20	15.15% 5	33	2.91
Resources are used effectively in the DFM.	2.94% 1	26.47% 9	61.76% 21	8.82% 3	34	2.76
I know what my goals and objectives are for my work.	0.00% 0	5.88% 2	70.59% 24	23.53% 8	34	3.18
I have opportunities to learn and develop in my role.	0.00% 0	20.59% 7	50.00% 17	29.41% 10	34	3.09