Using a Community of Practice Model to Drive System Change in Physician Health and Wellness
Manitoba, Canada

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1. To describe the steps involved in setting up a Physician Health and Wellness (PHW) Community of Practice (CoP).

2. To describe the value of the CoP model as a PHW knowledge translation strategy.

3. To identify the essential elements for PHW knowledge-to-practice uptake and application.
Manitoba Context

**Size:** 647,000 km² (250,000 miles²)

**Population:** 1.369 million

**Physician total:** ~3,200

(One of the lowest per capita in Canada)

**Health System:**
Health Authorities, Restructuring in progress

**Traditional Territory:** Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene Peoples; Homeland of the Metis Nation
Opportunity for Shared Responsibility

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www.cma.ca/physiciansfirst
“Our knowing … is always too big, too rich, … and too connected for us to be the source of it individually.”

-Etienne Wenger-
Project Goals

1. Increased PHW knowledge and application at the CoP level

2. Increased collaboration and partnership development with/in CoP regions

3. Increase in regional readiness for PHW knowledge application

4. Development and implementation of PHW interventions; increase PHW regionally
Our Journey So Far

1. Collaborate
2. Recruit
3. Identify Causes and Solutions
4. Develop and Prioritize Actions

Project Manager
Step 1 Collaborate
Step 2. Recruit

“It took me some time to realize that physician health and wellness is more than just resources for personal resiliency.”

“If we improve the quality of life of physicians, we will improve patient care.”
Step 3. Identify Causes and Solutions

Build trust. Early and continuously.
• Acknowledging Vulnerability
• Ground Rules
• Round Tables, Small Groups
• Fun
• Sufficient Time

“… With relationship building … we could be vulnerable about how things are going.”
Drivers of Burnout + Engagement

Local Survey:
- Burnout
- Satisfaction
- Workload
- Efficiency
- Resources
- Work-Life
- Camaraderie
- Leadership Behaviours
- Mistreatment

Adapted from the Mayo Clinic’s
Step 4. Develop + Prioritize Actions

- Local Experiences + Evidence + Examples
- Top 10 Potential Actions
- Validation
- Consensus Based Decision Making
Action Plan Examples

• **Supports for workplace efficiencies**
  (navigation supports, identifying and tracking ‘pebbles in shoes’)

• **Reduce isolation, increase connection** (formal and informal peer support)

• **Strategy to prevent, report, address mistreatment** by colleagues/leaders/patients

• **Physician leadership** (coaching, communication, training)
Process Evaluation

- Learned more about PHW through Hub than I would have through self-led PD = 4.5 / 5
- Have already applied knowledge learned via the CoP = 4.4 / 5
- Have made valuable relationships with other CoP members = 4.15 / 5
- My CoP has raised the importance of PHW among my Regional Health Authority = 4.0 / 5
- My RHA will be open to adopting the action plans of my CoP = 3.8 / 5

“It will be hard to say no to an action plan grounded in evidence and supported by all Hub members, including those who represent regional leadership.”
Essential Elements for Knowledge Uptake and Application

- Physician voice
- Collaborative leadership (Physician Champion + Project Manager)
- Regional leadership participation
- Trust-building; relationship-building; time

- Variety of communication tools
- Clear, accessible information
- Awareness building outside CoPs
- Post-project sustainability
Lessons Learned

- Diverse membership recruitment
- Passion
- Site selection
- Virtual accommodations
- Compensating time
Next Steps

✓ Implement and integrate action plans
✓ Communicate plans across regions
✓ Evaluate outcomes / process
✓ Explore scaling to other settings
QUESTIONS?


Physician Health: Background to CMA Policy. CMA. 2017.