



## A transformational journey

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Classes had just started. Two days into the Master of Clinical Science in Family Medicine program I was already in a complete fog. I listened to how this would be a “transformational journey.” All I knew was that my sciatica was flaring up and that I was not used to being in a classroom after having graduated from medical school 16 years earlier. This journey back to academics was a trip into the great unknown—uncomfortably so.

Most people didn't understand why I would go back to part-time studies in family medicine, particularly as it was unlikely to result in an increased salary or a substantial career change. *Personal development* seemed the most appropriate explanation. I was content with my community family practice, where I supervised clerks and residents from nearby medical schools. But the program might help me become a better preceptor and would be a good challenge at a time when my kids were getting older.

### Birth of a notion

The coursework over the next several years revealed a fascinating new world of academic medicine—a plethora of articles and books on education, research, care, and theory. Concepts once vaguely gleaned from experience now had labels and models. One such concept was *distributed medical education* (DME). There were discussions about planning the Northern Ontario School of Medicine and DME at other schools in Canada. I had a thought: could DME involve our own Kitchener-Waterloo, Ont?

Linda—my life and practice partner—and I started to chat with colleagues about collaboratively developing a new office dedicated to teaching family medicine. Soon we were going around town discussing how teaching might be used to attract new family doctors to the area.

When the topic came up at a social function, someone suggested we contact the local university's president. The president, a brilliant man, quoted George Bernard Shaw upon hearing our plan: “You see things; and you say, ‘Why?’ But I dream things that never were; and I say, ‘Why not?’” He was right. Why *not* a family medicine teaching unit in Kitchener-Waterloo? Why *not* an interprofessional primary care teaching clinic? Why *not* a new health campus with a school of pharmacy? Why *not* build the foundation for a regional medical school?

### Wheels in motion

Our small group started to think about team building. We decided to create a team based on several core principles: excellence in interprofessional clinical teaching; excellence in patient-centred, interdisciplinary care;

dedication to the development of a safe, supportive, sustainable environment; and dedication to best practices. We contacted interested physicians, health care providers, administrators, and support staff, and created a new team with a new vision and a corresponding mission.

Amidst a whirlwind of meetings with politicians, local physicians, university officials, community representatives, and ministry folks, plans began to take shape. In a stroke of luck, the innovative concept of the Family Health Team coincided perfectly with our own interdisciplinary plans. In the interim, a downtown school was converted into a family medicine teaching site. McMaster University and the University of Western Ontario began sending full-time family medicine residents. A new school of pharmacy was started; the University of Waterloo school of optometry set up a clinic within our Family Health Team; eventually, McMaster started a regional medical school campus. A new health sciences campus is under construction to house these developments.

### Road to discovery

As I look back on the past 5 years, much has happened. There have been office changes, too many meetings, more locum coverage for my patients, less time to teach clerks and residents—and less time for family. Time needed to be intentionally set aside even to think and reflect.

What have I learned on this transformational journey?

There has been joy in creating interesting and innovative programs and collaborative initiatives. A greater joy has come from bearing witness to how so many others have grown and developed, personally and professionally. It has been a life-changing experience, not only for me but for our entire team of health professionals.

I think of all the many people I have had the privilege to walk beside on this road to discovery. As our scattered ideas have slowly come together, we've discovered a new, invigorated form of family medicine with a comprehensive, collaborative approach to patient care. We developed a new local family medicine residency program that uses the principles of teaching and learning and strives for academic excellence. From humble ideas in a classroom to the creation of a unique program of interprofessional education and care, the experience has been nothing short of remarkable. 🌟

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### Competing interests

*None declared*