



## Meet Dr Pamela Eisener-Parsche

*Our new Associate Executive Director and Director of Academic Family Medicine*

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Dear Colleagues,


On May 5, 2014, Dr Pamela Eisener-Parsche started work at the helm of Academic Family Medicine (AFM) at the CFPC, following in the footsteps of Dr Paul Rainsberry, who had led the department for nearly 37 years, and Dr Tim Allen, who had a 6-month interim stewardship. It is fair to say that the learning curve has been substantial, but I and others have been impressed by Pamela's ability to grasp complex issues and ask the right questions. Eight weeks in, it was important to reconnect. Here, I share elements of my conversation with her.

In applying for the position, Dr Eisener-Parsche believed that the requirements were well aligned with her professional journey. She began clinical work in a continuing comprehensive care practice near Ottawa, Ont; after a few years, she welcomed family medicine residents into her practice. She found this very stimulating and appreciated the mutual learning opportunities that arose out of such interactions. She has personally lived the challenges and opportunities presented by re-entry by doing an enhanced skills in family medicine training program in care of the elderly. As Chief of Staff at Bruyère Continuing Care in Ottawa, a post she occupied for 5 years, she honed her administrative skills. She chose to think of her role broadly, and as a result, influenced the organization of health care locally and regionally, and was engaged in numerous activities at the provincial level. Her clinical practice is now exclusively in care of the elderly (she works 0.8 full-time equivalents at the College). We often talk about how the 4 principles of family medicine are the foundation of this enhanced skills area. As she was Director of the Enhanced Skills Program at the University of Ottawa for 6 months before assuming her current position, she appreciated the need for the College to meaningfully support this area.

Academic Family Medicine has 4 large domains: education (curriculum, faculty development, support of teachers); assessment and examinations (in-training assessment; examinations leading to Certification in Family Medicine and the Certificate of Special Competence in Emergency Medicine; and assessment of the enhanced skills areas, which is under development); accreditation

of postgraduate training programs; and research. Pam and I concur that opportunities arise from challenges, and that notwithstanding how far family medicine has come, there is an ongoing need for validation of our discipline. This means that we need to deliver in areas of prime accountability in AFM (accreditation of residency programs, Certification in Family Medicine, Certificate of Special Competence in Emergency Medicine) and collaborate effectively on big projects in the academic arena (CanMEDS 2015 and the Future of Medical Education in Canada projects), while at the same time ensuring that the context of learning and education supports the kind of care Canadians expect of their family doctors. It is, as Pam says, about "how we work collaboratively without losing who we are as a discipline."

Pamela is working with the accreditation team to revise the standards, looking more at outcomes than at processes. "Fundamental teaching activities" are mentioned in the area of faculty development; all our teachers, in communities big and small, need to feel proficient in competency-based education. Pamela is working with the research team to increase capacity; through our own research, she believes we need to capture "the importance and value of good family practice to improved health outcomes." To address all this in a meaningful way and to better integrate our educational activities with the Patient's Medical Home initiative, Pamela is proposing the creation of a family medicine standards committee. It would be tasked with defining the competencies of a good family doctor in practice and, therefore, establishing pan-Canadian standards of training for family medicine residents. Such a committee would have good representation of our teachers and researchers, but would also include rural and remote family doctors, other professionals, regulators, governments, regional authority representatives, and citizens. This idea requires further exploration, and will be considered by the executive and the board. It has a great deal of merit, as it could be a building block in articulating the unique value of family physicians.

The learning curve has been steep, but I can tell that Pamela is up to the task and is excited to be part of our journey. Welcome, Pam! 

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