

# Fostering relationships and building connections

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*We must establish a personal connection with each other. Connection before content. Without relatedness, no work can occur.*

Peter Block<sup>1</sup>

In my 25 years in family medicine, I have learned that most decisions are not made during meetings, but are made owing to the relationships and connections we forged long ago.

My goal as this year's College of Family Physicians of Canada (CFPC) President is to connect. I aim to build and strengthen the connections between the CFPC and its members so that, together, we can further system changes to restore family medicine and stabilize health care for patients. Moreover, I will do this by engaging in in-person and virtual conversations with members and primary care allies. I will ask questions and actively listen to the answers.

"You've got to go slow to go fast" is a phrase attributed to the work of Dr Peter M. Senge, an expert in organizational learning.<sup>2</sup> The same applies to creating professional relationships—it takes commitment, humility, and time. Healthy relationships set the groundwork for success<sup>3</sup> and are important motivators: people are likely to feel more satisfied when relationships are established and maintained.<sup>4</sup> By meeting, learning, and understanding each other, we can find common ground, invent better solutions, and create collective impact.

A common interest for the CFPC and its members is advocacy. The CFPC is the only national organization in Canada exclusively dedicated to the interests of family physicians. As the voice of more than 42,000 members, the CFPC is responsible for amplifying the importance of family medicine to the public, media, and all levels of government.

The CFPC, along with our Chapters and partners, will continue to provide recommendations for short- and long-term solutions to ensure an equitable health care system. Short-term goals include having the government establish a time-limited fund to incentivize retention of family physicians and to add administrative support to primary care health teams, while long-term solutions include supporting the implementation of team-based, patient-centred care modeled after the Patient's Medical Home vision and Patient's Medical Neighbourhood.<sup>5,6,7</sup>

Collaborative team-based care has been shown to address the Quintuple Aim,<sup>6,8</sup> while the Patient's Medical

Home vision describes a set of evidence-informed characteristics to guide policy makers in stabilizing primary care.<sup>7</sup> However, little attention has been given to how to implement team-based models in high-demand family practices. High-functioning teams do not just happen; time is needed to build these relationships and to learn how to be a good, supportive team member.

Undoubtedly, there are many issues facing family medicine; however, this discipline remains one of the most rewarding. The reason we got into medicine is still there—we want to provide the best care possible for our patients—and the reasons we chose family medicine are still there—to foster relationship-centred and holistic care, across the lifespan and care contexts, adapting and learning as we go. We are at a critical juncture, and yet, I have no doubt that collectively we can have a positive impact.

In advance of the Annual Meeting of Members on November 2, 2022, the CFPC Board heard the strong message from members that it was not the time to increase membership fees. We listened and we deferred the motion. In his communications with members, CFPC Executive Director and Chief Executive Officer Dr Lawrence C. Loh was clear that for family medicine to be valued as the foundational element in a strong health care system, we must all stand together. Because we are stronger together.

I look forward to connecting throughout the course of the year. Please drop me a line at [cnewton@cfpc.ca](mailto:cnewton@cfpc.ca). 🍁

## References

1. Peter Block [website]. Cincinnati, OH; Peter Block Inc; 2022. Available from: <https://www.peterblock.com/>. Accessed 2022 Nov 8.
2. Peter M. Senge. Cambridge, MA: MIT Sloan School of Management; 2022. Available from: <https://mitsloan.mit.edu/faculty/directory/peter-m-senge>. Accessed 2022 Nov 8.
3. Chapter 14, section 7. Building and sustaining relationships. In: *Community Tool Box*. Lawrence, KS: University of Kansas; 2022. Available from: <https://ctb.ku.edu/en/table-of-contents/leadership/leadership-functions/build-sustain-relationships/main>. Accessed 2022 Nov 8.
4. Seppälä E, McNichols NK. The power of healthy relationships at work. *Harvard Bus Rev* 2022 Jun 21. Available from: <https://hbr.org/2022/06/the-power-of-healthy-relationships-at-work>. Accessed 2022 Nov 8.
5. *Position statement on administrative support for family medicine in Canada*. Mississauga, ON: College of Family Physicians of Canada; 2022. Available from: <https://www.cfpc.ca/en/position-statement-on-administrative-support-for-family-medicine-in-canada>. Accessed 2022 Nov 8.
6. *Position statement on physician burnout in Canada*. Mississauga, ON: College of Family Physicians of Canada; 2022. Available from: <https://www.cfpc.ca/en/position-statement-on-physician-burnout-in-canada>. Accessed 2022 Nov 8.
7. *A new vision for Canada. Family practice—the Patient's Medical Home 2019*. Mississauga, ON: College of Family Physicians of Canada; 2019. Available from: <https://www.cfpc.ca/en/resources/patient-s-medical-home/a-new-vision-for-canada-family-practice-the-patient>. Accessed 2022 Nov 16.
8. Nundy S, Cooper LA, Mate KS. The quintuple aim for health care improvement: a new imperative to advance health equity. *JAMA* 2022;327(6):521-2.

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