



## Langley Physician Engagement Case Study

**The division's project-based approach led it to focus on the wellness and work-life balance side of engagement**

### Division Features

**Incorporated:** August 2010

**Urban, Suburban, Rural:** Suburban

**Board members:** 7

**Members:** 100

**Employees:** 1

- Executive director

**Contractors:** 4

- 1 Bookkeeper
- 1 Recruitment specialist
- 1 Website specialist
- 1 IT specialist

### Overview

"The more the better," says Langley Executive Director (ED) Ellen Peterson to describe what she and other division leaders believe to be a topic of paramount importance to the division's mission – physician engagement. "We're a society set up to serve our members' needs," the ED continues, "and the only way to truly understand our members' needs is to engage with them."

Ellen Peterson says physician engagement is usually the first step in addressing any challenge a division may face, be it administrative, operational or program related, and that problems tend to be solved collectively. "One of the really wonderful things about divisions is that physicians feel their voice is being heard and that what they say makes a difference."

With such sentiments coming from its membership, it is not surprising that Langley continues to make physician engagement a top priority. It touches practically all areas of the division's work, and the ED and her team are highly cognizant of this and make every effort to accommodate it.

"'Together in Health' is our division's mantra - and that is very true; we are in this together. That's what engagement is all about."



Ellen Peterson says the overriding need for physician engagement rests on the fact that the primary care offered by family physicians (FP) is the "doorway to get into the health care system." That FPs operate at that foundation level of the system speaks to their importance, and so the need to be engaged with them is so that they can achieve their patient care goals.

The ED says another need for physician engagement is that FPs, at various points in history, had "lost their voice" within the system and had struggled to communicate from a primary care perspective with the governing bodies of health care. Divisions of Family Practice now "provides the platform" from which to communicate – and engagement with members ensures the appropriate messages are delivered to each other and to the division's partners.

The ED also cites a need for physician engagement because "we can't continue on the same path we've been on" and "we must be able to accommodate change."

Ellen Peterson sees this change everywhere: changes in the way that younger generations of FPs want to practice medicine as opposed to the generations before them; and changes in the communities themselves by way of rapidly increasing populations, cultural shifts in community dynamics, and the daunting number of FPs set to retire in the coming decade. The ED says all of these challenges - which she describes as "urgent" - need physician engagement in order to be prioritized, met and overcome.

But perhaps the greatest need for physician engagement is the need to feel you belong and are part of the community you serve, and to know you are not alone and there are others who face the same challenges. This "social" element never fails to impress its importance upon the Langley team.

Whether it's a small committee meeting or a major continuing medical education (CME) event, the social side always shines through. Division members clearly enjoy opportunities to discuss shared experiences and get to know each other. In fact, most divisions now look to embrace the social side of physician engagement. They understand that FPs are busy people, so that when they gather for yet another work function (often after work hours), most divisions include some social aspect, even if it's just a bit of time to mingle.

"The social elements of physician engagement can never be underestimated," says Ellen Peterson. "It is always a key component of our physician engagement efforts. It's that important." The ED says that having a champion family physician in this area has assisted Langley immensely. She mentions that Dr. Geeta Gupta, in particular, provides ongoing leadership and dedication to creatively meeting member needs in all forms of engagement.

## **The Challenge**

According to Ellen Peterson, a constant challenge is the basic task of "getting people in the same room," while the impersonal communications side (getting responses from members to an e-survey, for example) also brings the usual challenges that are not exclusive to health care but are experienced in any field or industry.



Another challenge is ensuring that members understand “process” and that a great deal of

planning is often required before any action can be taken. This can be a challenge because FPs, by the nature of their work, must often be reactive and action-oriented: a patient comes to them with a problem and they must react to that problem (and often quickly as there are more patients waiting). The environment of the doctor’s office can be very fast-paced; the environment of the boardroom, on the other hand, can seem the opposite of fast.

An additional challenge is how receptive FPs themselves may be to engagement. Their differing personalities, work schedules, and stages of their careers may be factors in the degree to which they are able or willing to engage. This challenge ties into another: offering opportunities to engage that fit an FP’s time allotment or skill set.

Yet another challenge at the Langley Division is keeping members engaged. For example, if a member decides to step down from the board or from a committee, does this mean that member’s engagement is done? Or are there other engagement opportunities for that member to explore? Every strategic effort is made to increase engagement as a part of an ongoing continuum.

## The Solution

Ellen Peterson says the solution to getting people, especially busy people, in the room lies in the implementation of very general strategies such as scheduling events after patient hours, avoiding holidays and long weekends, providing food in case attendees have not had a chance to eat, and inviting spouses to attend functions (this is usually for evening events as opposed to the more meeting-style events closer to business hours). “For those larger group engagement efforts especially, you can do a lot of little things like these I mention and, in the end, they add up,” says Ellen Peterson.

The solution to the challenge of having members understand “process” and the amount of time it can take is, says Ellen Peterson, to show by example:

“Once members see the result of all the planning, once they see how a planned action has improved their work environment, they tend to immediately ‘get it’ and they become more attuned to – and patient with – the various processes that divisions must go through before actions are engaged. I would identify this ‘understanding of process’ as a key solution, because really, process is so woven into a division’s work – members need to understand it and be on board with it.”

As a solution to the challenge of how receptive FPs are to engagement, Ellen Peterson works with her board to ensure that different learning styles and input styles are factored into engagement activities. This may involve knowing that some members prefer plenary sessions while some prefer the small group setting that a committee or working group provides. To solve the challenge of keeping members engaged, the ED works with her board to ensure that different types of work are made available to ensure all members have the opportunity to engage in the ways in which they feel most comfortable.

“We try to get different members involved at different levels, so even if a board member decides they want to transition off the board, we will always ask them if they would like to take on another role, one that may require less of a commitment, and we have had great success in doing this and



members will often take something on.” The ED says the benefits of this extra effort at

engagement are twofold: not only does it keep a member engaged, it keeps experience and leadership involved at the various committee levels.

In general terms there are, according to Ellen Peterson, “engagement tools that work really well and engagement tools that don’t.” For Langley, a somewhat novel solution was found in the now common practice of graphic recording. The ED has found that the use of visual elements has been an effective way to make ideas that come from meetings resonate and become more engaging.

The practice involves hiring an artist trained as a “graphic facilitator” who attends meetings and visually draws out what is being said. Ellen Peterson says the visuals captured are “very graphic, dynamic and interesting in the way they capture the main themes of all that was said in the room. Our members have been very receptive to graphic recording; it’s just one more way to enhance our physician engagement efforts.”

As an MBA with extensive business training, Ellen Peterson found additional solutions in the business tenet of “going to your front lines” and asking them about what is going on, what challenges they face, what is working and what isn’t.

“I don’t believe there is a smarter front line than physicians,” she says. “Our members are very adept at spotting challenges and issues and just as smart in offering up solutions. It’s a real privilege to work with them and, with a front line of such high calibre, why wouldn’t you make every effort to engage with them?”

## Results and Lessons Learned

Ellen Peterson relies on her Peer-to-Peer (P2P) Committee to help “strike a balance” between the work and the social elements of physician engagement and wants to emphasize the importance of this group and how its make-up and approach can reflect the nature of a division’s engagement with its members. The Langley board, too, is very involved in engagement - is a driving force behind it - and Ellen Peterson also advises other divisions to work closely with both groups on engagement initiatives.

The board, especially, says the ED, is very involved and “will usually wrestle with something before it goes anywhere else; they are key to that integration strategy that decides what kind of engagement practices the division takes on and who, in terms of members, might be involved.”

Another lesson learned by this division is that the personal side of engagement - the face-to-face, be it one-on-one or in a group - yields much more than any survey or questionnaire ever could. “That’s not to downplay surveys,” the ED says. “We use them to great effect; but they don’t compare to the volumes of valuable insight I receive from a personal visit, or even a personal email, or a focused meeting with a small group or a well organized plenary session. That’s a lesson I definitely want to share with other divisions – the importance of the personal side of engagement.”

Finally, Ellen Peterson sees it fitting to emphasize the importance of work-life balance which, among Langley members, has been deemed very important. The engagement events that involve



## Divisions of Family Practice

A GPSC initiative

this topic tend to be the best attended. All aspects of wellness – physical, emotional,

financial, family, the long work hours and the gravity of what FPs deal with on a daily basis – resonate deeply with Langley division’s members. Recognizing this has been one of the main reasons why its members are so engaged and so willing to help. It is not uncommon for this division to see attendance rates in the 70 percent range for its various physician engagement events.

“Our members all know that work-life balance is top of mind for this division and that it plays a role in every aspect of our physician engagement efforts. It really is a highest priority and I think they really appreciate that effort and that approach and they show that in their high level of engagement with the division.”

### **Divisions of Family Practice**

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