Brainstorming
What do we need to do to be ready for 2050 as CLINICIANS?

- Develop true teamwork
- Teach more face-to-face interactions, i.e. handling an angry patient, breaking bad news, etc.
- Be technologically savvy, aware and involved in social changes; be ahead of more informed patients; have a better integrated referral system
- Education public health, teaching specialists, social accountability, school education
- Être à jour avec la technologie et l'utiliser; train collaborators and advocates for family medicine; assurer notre 'place' et bien définir notre 'scope of practice' et la valeur qu'on apporte aux patients et les communautés; continue to protect the therapeutic relationship
- Consider social accountability with respect to our job
- Keep up with basic science
- Be leaders in collaborative care discussions and planning; understand, interpret, and explain data to trainees, patients, and governing bodies; arm ourselves with data supporting the idea that primary care MDs are essential to system; need to be part of a team or virtual team
- Be more political, so Family Medicine is heard
- Improve knowledge acquisition and analysis; better interpretation of data; professional development; stay general and demonstrate the value through population health; Geo medicine (using data to target health concerns based on geography) and prevention; be leaders in health community; develop guidelines; patient outreach
- Help keeping up with the science; Fac Dev on how to apply the changes in science and filter out the noise, help them make decisions; better pushing patient specific-info to patients based on their own profiles and booking them; Promote the value of generalism.
What do we need to do to be ready for 2050 as EDUCATORS?

- Be able to critically analyze and use data
- Augmenter le raisonnement clinique; promote independence; augmenter la relève; preserve “gut feeling”
- Change our approach to educating taking into account that learners and patients are more informed
- Engage in the education of specialists colleagues, i.e. a Royal College Centered in Family Medicine
- Use meaningful outcome-based medicine measures as well as evidence-based medicine to assess our learners; model and teach patient-centred care (motivational interviewing, etc.); teach shared decision making; teach how to manage a system (practice management, government, hospitals); adapt to the learning styles and values of this next generation
- Teach residents patients how to sift through the reams of data available to them
- Teach interaction with patients and broader communication skills; place value on not only making a diagnosis, but also understanding the illness experience, integrating the patient’s values with what the algorithm spits out as a treatment plan
- Teach specialists; never lose focus on the resident’s humanity, wellbeing, safety and wellness in light of recent advancements; limit dependence on technology
- Teach advocacy for the marginalized, and for all citizens
- Focus on need for better interaction with specialists, government and other team members
What do we need to do to be ready for 2050 in RESEARCH?

- Take back research in primary care
- Broadly connect our research potential and network
- Data management and interpretation related to our patient population
- Outcome based data where patients’ assessment of their health is integral to its value; more engagement in research in all its forms; focusing Family Medicine research on confirming our integral nature in the healthcare system
- Fully integrate Family Medicine with Community and Public Health
- Interpret data at a faster pace; personalize research
- Engage in more qualitative research in primary care
- Conduct research into our learners and what they do and how they are coping after graduation
- Bring “lived experience” into the equation; determine what is important to the population as a whole
- Create a funded PhD in Family Medicine
- Investigate evidence-based technology and which are more appropriate to use
- Enhance accessibility across Electronic Medical Records; increase funding for primary care and complexity
Voting on Priorities

TOP 3 priorities that we should be focusing on NOW to be ready for 2050 as CLINICIANS

- Address equity through social accountability: 5.45
- Manage practices with a population health lens: 5.14
- Maintain generalism: 6.56
- Address tech-savvy patients and be aware of social change: 3.57
- Understand data and explain it to patients: 5.09
- Train and model teamwork and collaboration: 5.4
- Keep up to date with technology and scientific advances: 5.78

28 users participated. All users were given the seven options above and asked to rank their top three priorities only. Their top priority was assigned a value of 7, the second assigned a value of 6 and the third a value of 5. The remaining four were to be assigned a value of zero. Some users ranked beyond their top three (see below).
29 users participated. All users were given the seven options above and asked to rank their top three priorities only. Their top priority was assigned a value of 7, the second assigned a value of 6 and the third a value of 5. The remaining four were to be assigned a value of zero. Some users ranked beyond their top three (see below).

<table>
<thead>
<tr>
<th>Priority</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teach system management</td>
<td>4.94</td>
</tr>
<tr>
<td>Teach advocacy for the marginalized</td>
<td>5.36</td>
</tr>
<tr>
<td>Address wellness</td>
<td>5.2</td>
</tr>
<tr>
<td>Teach specialists</td>
<td>5.25</td>
</tr>
<tr>
<td>Teach critical appraisal and data analysis</td>
<td>5.9</td>
</tr>
<tr>
<td>Teach communication skills and shared decision-making</td>
<td>6.42</td>
</tr>
<tr>
<td>Promote independence</td>
<td>6.22</td>
</tr>
</tbody>
</table>

![Bar chart showing top priorities](chart.png)
TOP 3 priorities that we should be focusing on NOW to be ready for 2050 in RESEARCH

- Patient-centered research
- Research what happens to our learners
- Integrate Family Medicine with community and public health
- Build research capacity
- Data management and analysis

28 users participated. All users were given the five options above and asked to rank their top three priorities only. Their top priority was assigned a value of 5, the second assigned a value of 4 and the third a value of 3. The remaining four were to be assigned a value of zero. Some users ranked beyond their top three (see below).