Amanda Condon, MD, CCFP, FCFP

I have been practicing comprehensive, community-responsive family medicine in Winnipeg since 2008. My practice has included in-patient hospital work, intrapartum obstetrics and long-term care, as well as clinic. I have been fortunate to work in interprofessional team-based clinics, with geographic mandates to provide service to residents in the surrounding communities. Building partnerships with community partners has been a vital aspect of the work, including local home care and public health teams and the local community hospital. I have been fortunate to work with a fantastic group of colleagues, with a shared purpose of collaboration and providing care across the continuum from community to acute care and supporting transition back to the community.

Several years ago, we were involved in a pilot, home-based primary care project that brought home care and primary care together and provided wrap-around, primary health care for homebound patients and those with complex care needs that often led to frequent use of acute care services. Through this work, I learned the importance of investing in growing and maintaining your team; simply working in the same office does not guarantee a well-run or collaborative team. I also learned about how we need to adjust our care delivery models to meet the needs of the patients and their caregivers. The patient's medical home model has been foundational in informing my work and teaching of family medicine and primary care models. This model provides a structure and allows us to think differently about how we provide care for patients, to ensure that everyone in a community has access to the primary care they need.

Collaborative, interprofessional team-based care has been integral to my clinical work. I am a fierce champion and advocate for care delivery in this way. Pursuing the Quadruple Aim has become my primary goal and framework for teaching and speaking about quality improvement and excellence in care delivery with my commitment to quality and equity. I have been fortunate to work on primary care teams and have seen the benefit of this approach, explicitly embracing interprofessional collaboration and patient safety competencies to establish teams with psychological safety as a foundational tenet. Further, I have been a part of teams where this commitment has been more tenuous. I have appreciated the explicit commitment to team functioning necessary for the benefits of interprofessional team-based care to come to fruition.

Teaching has been a big part of my clinical work. I have worked in academic sites for the Family Medicine program at the University of Manitoba. Within our teams, we had learners across the educational continuum and from various health professions. We had the opportunity to bring them together to provide care and learn from and with each other. This "real-life" interprofessional education is essential and an area for family medicine to shine; we are expert collaborators.

In my previous role as Interprofessional Education Lead for the Max Rady College of Medicine, I was the College of Medicine representative in the Rady Faculty of Health Sciences Office of Interprofessional Collaboration. Working with representatives from the other health sciences

colleges (Pharmacy, Nursing, Dentistry/Dental Hygiene and Rehabilitation Sciences), we developed a longitudinal curriculum in collaboration for all health sciences students as part of their pre-licensure training. Additionally, in partnership with the social accountability lead within the College of Medicine, we developed a longitudinal clinical exposure program for pre-clerkship medical students that provided clinical exposure in community-based family medicine clinics. Interprofessional, team-based and community-responsive and integrated primary care was an integral element of these exposures; providing an opportunity for medical students to experience community-based family medicine early on in their training was essential.

As the Undergraduate Director with the Department of Family Medicine at the University of Manitoba, championing family medicine in undergraduate medical education was a crucial part of this role. Working with the national group of undergraduate family medicine directors (CUFMED), we discussed family medicine representation in undergraduate medical education. I am a strong advocate for highlighting the role of family doctors, family physicians acting as mentors and role models for medical students and ensuring equitable representation of family physicians in leadership roles. Further, we must recognize the importance of family physicians as visible and vocal advocates as family physicians. We have seen many examples across Canada of this throughout the COVID syndemic

In my current academic role as Associate Dean PGME Student Affairs and Wellness at the University of Manitoba, I am working with programs and leaders across postgraduate programs. Resident and physician wellness and burnout are very timely, and I have incorporated the Quadruple Aim and a focus on teams and team culture into this work. I worked as co-chair to develop a PGME Resident Forum, an educational event for all residents that provides an opportunity to network with residents from all programs away from the clinical learning environment while focusing on wellbeing and professional sustainability-related activities. As part of this event, we incorporate feedback from residents in the development of the topics while providing an opportunity to explore non-clinical issues and have a bit of fun with their peers.

I have also partnered with colleagues within the Max Rady College of Medicine and Rady Faculty of health sciences to explore bias in the resident selection process. Through this work, I have learned about equity, diversity and inclusion at the policy level and the need to commit to systemic change and action at the program level. Further, these changes must occur not just at the postgraduate medical education level but across the clinical learning environment continuum.

My experiences bring a unique perspective of comprehensive community family medicine practice and academic leadership. My experience and commitment to teams and the quadruple aim align with current CFPC directions, including embracing quality improvement in primary care and the Patient's Medical Home. I would bring energy and creativity to the CFPC board, with advocacy for family medicine and family physicians as leaders and health advocates as we must now respond to the outcomes of the COVID-syndemic.

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