



**How to**  

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**Build**  
**Partnerships**  
**with Physicians**

***...The Best Start Experience***

One of a series of  
“How to...” resources developed by  
**Best Start: Community Action For Healthy Babies**

## The “How To” Series

The Best Start “How To” resources were developed to help you work with specific audiences. Participation from the audience you want to reach is critical in creating effective initiatives. Young mothers, small business owners, students, physicians and other community members have unique and important skills. However, they are often busy people and their time needs to be respected and input valued. There are many commonalities when working with different audiences. However there are also considerations and challenges specific to each. The “How To” series will help you involve different groups and individuals in your work.

October 2000

# HOW TO . . . *Build Partnerships with Physicians*

## *Why work with Physicians?*

Physicians can bring credibility, expertise and knowledge to any project or initiative. Many are more than willing to donate time to a project that they believe is worthwhile and that they are passionate about. Physicians also, naturally, have a large impact on the health of individuals in a community. Patients recognize their physician as a reliable source of health information, and most say they would make behaviour changes recommended by a physician. Involvement of physicians can help improve the medical services and increase the number as well as the effectiveness of health promotion approaches in a community. Through stories, quick tips and explanations, this booklet will provide ideas on how to successfully approach and work with physicians.

## *A Physician's Life*

Many physicians, particularly those working with pregnant women, are busy people with unpredictable and long hours. They may have little time for lengthy meetings. Some health professionals are salaried employees and can assist committees during work hours as a part of their normal responsibilities. Keep in mind that physicians volunteer their time for these projects, and often see committee work as time away from patient care. To partner well with physicians, their viewpoints, workload and schedules must be respected. Physician input is critical to the success of many community initiatives. It is important to look creatively at how a partnership can be initiated and maintained with each physician.

## *Best Start and Physicians*

Because of the key role physicians play in the health of pregnant women and couples planning a pregnancy, Best Start was particularly interested in working with them. Physicians have insight into current needs and concerns of the community due to

their regular contact with pregnant women. An increasing number of men and women talk with their physicians about reproductive health prior to pregnancy, thereby increasing the potential for physicians to help couples plan the healthiest pregnancy possible.

Best Start partnered with physicians in many ways and on many types of initiatives. Physicians provided input that helped determine the general direction for Best Start. They were involved in planning individual initiatives and used many of the resources Best Start developed. Physicians helped committees plan and implement the Prevention of Preterm Birth, Folic Acid Campaign and Healthy Body Image initiatives. They provided expert advice, suggested initiatives that would be helpful to physicians in general, were interviewed for television and videos, displayed posters in their offices, advised patients and distributed resources such as brochures and fridge magnets. Training sessions were set



up for physicians on a variety of topics including smoking cessation, folic acid, and fetal alcohol syndrome. Best Start asked, involved and respected physicians throughout planning and implementation of initiatives that had implications for local medical professionals.

## **WAYS TO INVOLVE PHYSICIANS**

- Ask a physician to review draft resources
- Interview a physician on television, radio or video
- Look for a physician to champion on an issue
- Provide physicians with posters for their offices
- Ask physicians to hand out brochures and other resources to their patients
- Provide physicians with any new information
- Ask physicians about what role they think your committee should take
- Ask a physician how you can help them
- Ask physicians what type of training they might be interested in
- Ask physicians how you can make training convenient to them

## **INSIDE:**

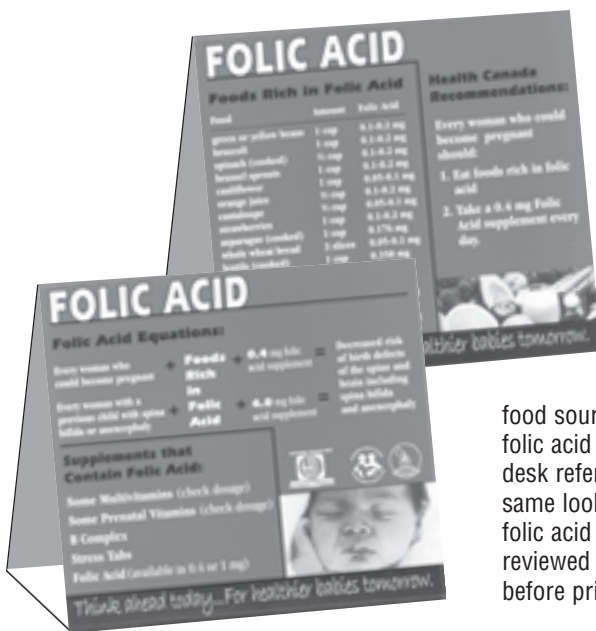
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## THE BEST START EXPERIENCE

This section of the booklet describes some of the work Best Start did in partnership with physicians. The following stories illustrate how physicians were involved in different types of work and the range of initiatives that can be accomplished through partnerships. Some were successful experiences, some not. Each example provides a picture of ways to approach and work with physicians.

### PATIENT COUNSELLING TOOL

## Physicians Desk Reference on Folic Acid



be helpful in their work. But what was a desk reference? After some research we found there were many styles of desk references or laminated information sheets for physicians. We felt that a tent card style would be suitable, as it would not get hidden under other papers on the desk.

With input from physicians, we decided the desk reference should include information on food sources, supplementary sources of folic acid and recommended dosages. The desk reference was designed to have the same look and identity as the rest of the folic acid materials. Physicians then reviewed and commented on the drafts before printing.

When we worked on a media campaign about folic acid, we also wanted to prepare physicians for an increase in the number of patients who might ask about folic acid. We talked with physicians and nurse practitioners about the proposed campaign components (e.g. posters with tear off sheets, the displays, newspaper articles and ads). They felt that a desk reference would

Interestingly enough, physicians found that the tear off sheets designed for the posters complemented the desk references. These sheets were small handouts with brief information about folic acid and its sources. Many physicians kept a pad of tear off sheets on their desk for distribution to patients. As a result, we had to print more tear off sheets, but that was an unexpected positive outcome.



### Insight

Physicians knew what would assist them and were helpful in designing a useful desk reference. The tent card reminded physicians to talk with their patients about folic acid. They also provided physicians with a quick review of information such as foods that were high in folic acid. By being open to unexpected uses of other resources, we were also able to provide the physicians with extra tear off sheets to distribute to their patients.

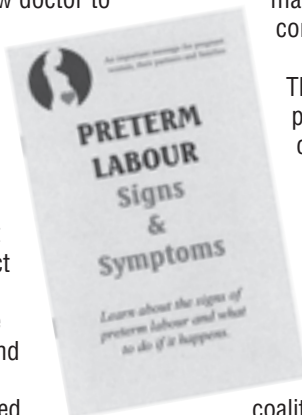
Visit our web site at: [www.beststart.org](http://www.beststart.org)

## OPPORTUNITIES

# Inviting a Physician to Join a Coalition

Following a successful training event for physicians sponsored by Best Start, one of the doctors who attended (a new doctor to the area) forgot to take her Continuing Medical

Education credit with her. She later came to the Best Start office unannounced to pick it up. After she spoke in glowing terms about the presentation, the resources and the work that Best Start was doing, the project manager seized the opportunity to involve another doctor. There was coffee in the boardroom, and the project manager invited the physician in for a chat. She talked with her about the preterm labour



committee and their plans. The physician again expressed interest. When the project manager invited her to join the committee, she accepted.

This doctor became an important part of our preterm labour committee and provided leadership for much of the work accomplished, including the development of a video, booklet and hospital protocols. She also narrated the preterm labour signs and symptoms video. She gave medical credibility to the

coalition and its work and acted as a liaison with the medical community

### *Insight*

The committee was able to benefit from the physician's involvement because the project manager took advantage of the opportunity when she expressed her interest in the initiatives. Her medical knowledge helped us produce accurate, up to date resources. Her involvement gave the coalition access to physicians and she acted as a spokesperson for their needs and concerns. This physician was instrumental in championing the cause with other doctors.

## PROVIDING TRAINING

# Guide Your Patients Workshop

Physicians expressed frustration with the difficulty in helping patients quit smoking in a small town with high smoking rates. They wondered if effective training was available. At that time, the Program Training and Consultation Centre and the Canadian Council on Smoking and Health offered Guide Your Patients training.

We requested a list of possible presenters and asked the physicians which presenter would most interest them. They chose a doctor from a prominent University who specialized in Heart and Cardiac Surgery Follow-Up. Much to our surprise and delight, he agreed to do the workshop. We contacted a pharmaceutical company and they offered to provide funds for the training. With all the major components in place, we went back to the physicians and asked for their input on logistical details.

Physicians wanted the event to take place in the hospital around lunch. They discussed the agenda and identified a list of community partners to invite.

The workshop went very well. We had heard that it was notoriously difficult to get doctors to attend workshops, but not in this case. Most physicians were able to benefit from the presentation. Staff from the pharmacy, Public Health, Nurse Practitioners, Tobacco Education, Diabetes Education, Lung Association, Drug and Alcohol Assessment, First Nations and other interested health promotion workers attended. The speaker brought energy, interest and credibility to the topic through his knowledge and dynamic presentation style. Although it took time to plan a local event, it was very cost effective. The total cost for the day was very similar to the cost

of sending one person away for training. Since the workshop, all clinics and nursing stations started marking patient files, in order to identify and assist their patients in quitting smoking.

### *Insight*

Physician participation in the workshop was high because they were involved in planning. They had a say in what was presented, where and when it was held and who was invited. Holding the training at a location and time that was convenient for the physicians was very important. Also the speaker was a respected peer of their choice. Medical credits from the College of Family Physicians were provided.

**DEVELOPING A VIDEO**

# Some Body To Love

When we made a video called Some Body To Love we invited local professionals to provide an educational component by answering specific questions on videotape. Anyway, here is the story of how the footage of one of the best interviews with a prominent doctor was lost.

We first approached a doctor (a specialist in Obstetrics & Gynaecology) to answer the question, "What kind of weight loss practices should a pregnant woman avoid?" She was very excited and immediately agreed to be a part of the project. She let us know early on that it would be difficult for her to find time for filming as she ran a very busy practice. True to her word, when we tried to schedule time for filming we found that it was indeed a difficult task. Finally, we scheduled a time for all involved in the filming to meet.



The first filming took many takes, as everyone was very uneasy in front of the camera.

Finally after about an hour and a half there was enough footage that we thought we could do something with it. However, it was a different story back in the studio when the director and the editor looked over the footage. The young interviewer was washed out. His blond hair melted into the white wall behind him. We had to go through the entire scheduling process again for more filming. To the delight of everyone, the second filming was absolutely fabulous.

Now just when we thought that things were moving along fine, we discovered that the best footage was missing. We looked everywhere but it was nowhere to be found. We figured that another volunteer group must have accidentally taped over it. Anyway, we had to go through the scheduling ordeal yet again. This time we

were not as lucky. The doctor did not have the time available to participate. Disappointed, we had to find other possible candidates and the whole scheduling process was repeated again. In the end the dietician from the hospital answered the question.

*Insight*

The physician was very interested in the issue and wanted to be videotaped for the body image video. However, when her section had to be re-taped a third time, she was unable to commit more time. We learned the hard way just how important it is to keep track of resources such as video footage. Although we valued the commitment of the physician who volunteered her time, perhaps we should have considered having back up copies of her footage or had alternate plans in case problems came up.

**REACHING PHYSICIANS**

# Preterm Labour Awareness Event

We developed a campaign to increase awareness of the signs and symptoms of preterm labour and to create hospital protocols for women who were in preterm labour. Best Start wanted physicians to talk to their patients about the signs and symptoms

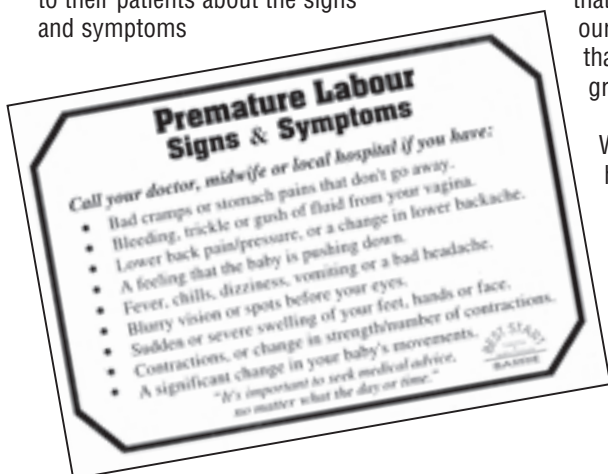
of preterm labour, and to distribute campaign materials (e.g. brochures and fridge magnets) to their patients. Support from the physicians was also important in establishing hospital protocols. We knew that reaching doctors would be key to our success, but we also recognised that this had been a challenge for other groups.

We held an awareness event to highlight the launch of the preterm labour signs and symptoms campaign. We retained a renowned expert on the subject and held a free community information session. We offered doctors who attended a continuing medical

education credit through the College of Family Physicians. This event was our single greatest success in reaching the medical community. The turnout, interest and requests for resources surpassed expectations.

*Insight*

Both the high profile speaker and the medical credits increased the credibility and interest in the awareness event. Because the awareness event was a success, physicians were happy to support and become involved in the preterm labour campaign.





## FORMING A PARTNERSHIP

# Prenatal Packages

One coalition wanted to provide consistent information to pregnant women. The local health unit and Best Start felt that women, as early as possible in their pregnancy, should receive information about healthy pregnancies. Physicians, if they were providing any printed information at all to pregnant women, were distributing pregnancy guides produced by pharmaceutical companies. Information packages were distributed at prenatal classes, but women do not typically attend classes until late in the pregnancy. Ideally, a consistent package would be available at many locations in the community so that pregnant women would have access to information as early in their pregnancy as possible. In speaking with physicians about the issue, they expressed interest, and suggested we work through the clinic nurse practitioner, since she did most of the work with pregnant women.

A health unit nurse, the nurse practitioner and Best Start developed a partnership and met to review available materials on healthy pregnancies. We agreed on a small selection of brochures. One French and one English brochure was selected for each risk area, for example, smoking. After some discussion, we decided to package the brochures in envelopes. Defining what the packages should look like took some time, as issues around ownership, identity and who would be ordering and assembling the material surfaced.

Eventually physicians, the health unit and nurse practitioners agreed on the content and style of the package. The benefits of partnerships became apparent as the group worked together, roles for each partner were determined and planning proceeded. The package was focus tested and distributed. It

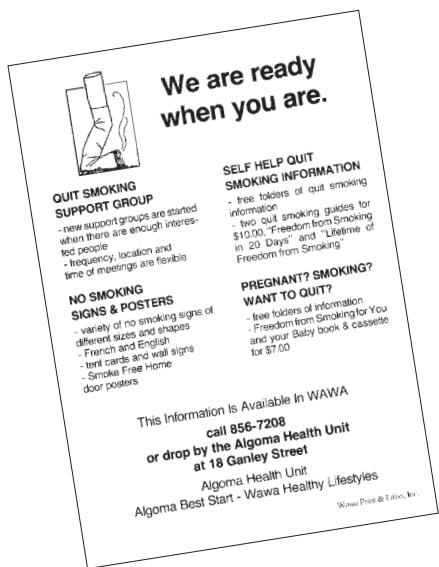
took a year from inception to production. Because this was our first partnership with physicians, it took time to reach agreement at all levels and to identify ways to work together.

### Insight

Physicians and nurse practitioners began to see Best Start as a potentially useful partner, as Best Start started to provide up to date information for their patients. Although the product developed in this initiative was merely a package of information, it played a role in building partnerships and establishing credibility for Best Start. The package and the process helped bring maternal newborn issues into discussion.

## REFERRAL TO LOCAL SERVICES

# Smoking Prescription Pads



Physicians in a community were concerned about high smoking rates. Although they wanted to help patients quit smoking, they were not always sure what local quit smoking supports were available.

A committee decided to help them by creating a prescription pad style resource that listed local cessation services including self help resources, support groups etc. Addresses and phone numbers of the agencies with quit smoking supports were included on the sheets, as well as descriptions of each service offered. Physicians and other health professionals reviewed the draft design. The prescription pads were supplied to physicians as

required. The tear off pads helped the physicians counsel their patients more effectively about smoking cessation. The pads were inexpensive to produce and easy to update as information changed.

### Insight

A simple inexpensive tool made it easier for physicians to give their patients needed information. By creating the prescription pads with input from physicians, the partnership with physicians was strengthened and physicians were able to more effectively refer patients to other community supports.

## **HOW TO PARTNER WITH PHYSICIANS**

### **Topics of Interest**

Working with physicians involves respect for their interest areas as well as their schedules. They may or may not be interested in your work. They will know what sort of initiatives will help them with their work. Do not forget to ask them what they are interested in and concerned about. These may be key areas around which you can partner.

### **Current Research**

Physicians, as with many other groups, are scientifically trained and make changes to their treatment plans based on current research data. Feedback on results and outcomes is very important both to aid in reinforcement of effective practices and in capturing new physician interest. You can help by bringing new information, best practices or implications to the attention of physicians.

### **Awareness of Services**

Connecting physicians with the health promotion system keeps them up to date on local health issues, program development and outcomes. Physicians are not always aware of local services such as smoking cessation programs. Letting them know about your programs and priorities prepares them for requests for involvement. It also keeps them informed about appropriate referral programs. Newsletters, fact sheets, service directories and brief presentations can increase physician awareness of local services. Inviting community partners to put up displays at training events can also offer opportunities for local networking.

### **Team Approach**

Often several groups or programs are requesting the attention of physicians, whether it is for a survey, input on their work or a proposed training session. By working together you can reduce the impact on physicians, and can act in an organized manner. For example surveys can be combined, presentations can be shared and approaches to physicians can be

coordinated. A central unified effort to approaching physicians will enhance the credibility of your organisation.

### **Getting Input**

Getting input from physicians is perhaps the most important task, but the most often neglected. Physicians, being busy people, are not always easy to contact. You may be able to speak briefly to a group of physicians on departmental or grand rounds. Find out the names and interests of key physicians such as the Chief of Family Practice and the person who organises departmental or grand rounds. You may want to consider making short appointments to meet with individual physicians in their own offices. Sometimes a physician will offer to act as a spokesperson for other physicians.

### **Contacts**

Physicians who are passionate about your subject of interest and who are respected by their peers are good contacts. They will likely have thought about the issue, community concerns and effective solutions. If they value your issue and approach, they can help gain the support of other local medical professionals. Ask medical professionals or other community partners you have previously worked with to help you identify which physicians may be interested in your issue. They may give you ideas of who to approach first, for example a physician with a particular area of interest, the Hospital Chief of Staff or a Departmental Chief. Medical Officers of Health can be instrumental in doing the groundwork in supporting the development of partnerships with physicians. Participating on standing committees that have physician representation will also help you get to know key opinion leaders. The College of Family Physicians provides assistance in identifying physicians for committees at the provincial level and has a database that can be used to identify local physicians for committee work. Local Academics of Medicine and District Health Councils are also important resources in identifying local physicians who might be interested in your work.

### **Timing**

Timing is also important. Even if you find an interested physician, it may be a busy time of year for them. Do not be discouraged if the physician you call turns you down. This may happen a few times before you find someone with time and interest. If a physician turns you down, leave an open invitation to be involved in some way in the future. Later on they might be able to take on a role in your health promotion initiatives. You can also take the opportunity to ask them if they can suggest someone else to approach.

### **Critical Stages**

Identify the critical moments in your timelines when input from physicians would be beneficial, such as reviewing draft resources, suggesting activities or providing input on training sessions. By looking at the most important areas for involvement, you can maximize the results and minimize any negative impact on physicians' practice. A few individuals may have the time and conviction to be involved in every level of planning. These physicians are pure gold and should be treated as such.

### **QUICK TIPS**

- Ask about the best location and time
- Ask who they would like as a speaker
- Ask for their ideas and concerns
- Ask about their perception of the problem
- Arrange for Continuing Medical Education
- Respect the fact that physicians are busy people
- Recognise that physicians prefer to learn from other physicians
- Look at ways to involve physicians who do not have time to sit on a committee
- Make it easy for them to be involved
- Provide food



## ***Making it Convenient***

Physicians, as with any other group, know what would be helpful, and what would make things easier for them. In planning a training session, or any other initiative, it is important to ask physicians for input on approaches, location, timing etc. Respecting these details in planning will make it easier for physicians to participate. Physicians are subject to many surveys, receive volumes of written information and are selective as to what gets their attention. Written information for physicians should be clear and concise. If you want input on a draft resource or initiative, one way to make it convenient for them is to design a brief yes/no tool for distribution at a departmental meeting. If you make it convenient for physicians, you will increase the chances that physicians will assist you. At times it is practical to work through the physicians' receptionists, for example in making arrangements to drop off posters, brochures or other resources. Anyone who handles a physician's schedule may also be helpful in identifying a good time and location for your event.

## ***Peer Education***

Physicians prefer to learn from their peers. A prestigious physician with new research on a topic of interest will draw a larger crowd than a local health professional. Physicians often have ideas about whom they would like as a speaker. Local physicians should also be afforded an opportunity to inform their peers regarding their successful involvement in a project.

## ***Continuing Medical Education***

Continuing Medical Education is important and time consuming for physicians. Many

have to obtain minimum Continuing Medical Education credits to retain their standing in hospitals and professional organisations. Obtaining Continuing Medical Education status gives an event credibility and increases visibility. When arranging for Continuing Medical Education for physicians, it is important to plan ahead. The process takes at least eight weeks. For accreditation, it is necessary for a physician to be involved in the entire planning process, to assess needs of the audience of physicians and for the topic to fit within the certain guidelines. Contact the College of Family Physicians (see Page 8) for more information on Continuing Medical Education.

## ***Working Together***

Initial projects with partners often take a long time as individual roles and issues of identity are clarified. You will need to reach agreement on the purpose of the committee and to identify ways to work together. This process of partnering and consensus building takes time. Physicians, in particular, may have less patience with the time it takes for a coalition to accomplish tasks. Smaller, less controversial initiatives open the doors for bigger tasks and better partnerships. Writing a series of articles for the paper, creating a brochure or arranging for a physician to be interviewed on a local radio station are some examples of good first projects to involve physicians. Choose your first initiatives based on physician concerns and comments. Once physicians see that you listen and respond to their concerns, they will be open to working on larger issues and more complex problems.

## ***Small Budgets***

Some of the things that can help you partner well with physicians require funding, for example, bringing in an expert speaker, developing resources or providing lunch to

a group of physicians. Not all budgets can cover these costs. If you feel you have a good idea and that there is physician interest, you may have to look creatively at ways to fund your initiative. Community groups, associations or pharmaceutical companies may also be interested in your initiative and may be willing to provide financial support.

## ***Acknowledgement***

Remember to acknowledge the work of a key physician or group of physicians. Let them know how important they are to your work and how much you appreciate their time. Providing them with an opportunity to report back to their peers may be an important vehicle to say thank you to the physician. You can also credit them on resources they helped to develop, send them notes of thanks or arrange for a more public commendation for the key role they played in the partnership.

### ***KEEP IN MIND***

- They may not be interested in your issue
- They may not be ready for your issue
- They may not be able to spare a lot of time
- It takes time to form a good working relationship
- It may take time to find the right physician
- A physician might not be able to make a long term commitment to help
- You might not know what will help them

## ***FINAL COMMENTS***

*This booklet reflects on the things Best Start learned about working effectively with physicians. The stories and insights have been shared with you in this format in the hopes that they will help you in your health promotion work with physicians. Although Best Start's work was primarily focussed on maternal newborn issues, the main points have much in common with health promotion work in other areas. In summary, remember to ask, involve and respect physicians in your work.*

## **WHERE TO GET MORE INFORMATION**

### *Other Best Start resources*

Here is a list of Best Start resources which may be of interest to you. Some are available in french. To order these resources or to find out about other Best Start services, call 1-800-397-9567 or visit our website [www.beststart.org](http://www.beststart.org)

Folic Acid Physicians Desk Reference

Folic Acid Poster

Folic Acid Tear Off Sheets

Preterm Labour Booklet

Preterm Labour Video

*Work and Pregnancy Do Mix* Booklet

*Work and Pregnancy Do Mix* Poster

*Work and Pregnancy* Poster

### *Other relevant sources of information*

College of Family Physicians of Canada Tel. 905-629-0900  
website: [www.cfpc.ca](http://www.cfpc.ca)

Health Canada website: [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)

Motherisk - *Pregnancy Wallet Card* Tel. 416-813-6780  
website: [www.motherisk.org](http://www.motherisk.org)

Ontario Medical Association website: [www.oma.org](http://www.oma.org)

Wellington Dufferin Guelph Health Unit - *Reaching Health Care Professionals in Wellington and Dufferin Counties* Tel. 519-621-2370

The Ontario College of Family Physicians Tel. 416-867-9646  
website: [www.cfpc.ca/ocfp](http://www.cfpc.ca/ocfp)

Society of Obstetricians and Gynaecologists of Canada  
website: [www.sogc.com](http://www.sogc.com)

*Please feel free to copy all or part of this brochure.*

*Best Start is funded by the Ontario Ministry of Health & Long Term Care  
and supported by OPC.*

### *How to contact Best Start*

The Best Start Resource Centre  
c/o OPC  
#1900-180 Dundas Street West  
Toronto, ON, M5G 1Z8  
1-800-397-9567  
Fax: 1-416-408-2122  
[www.beststart.org](http://www.beststart.org)



## Notes...



Best Start: Community Action for Healthy Babies is a unique health promotion project funded by the Ontario Ministry of Health and Long-Term Care. It is a comprehensive population-based model for improving maternal newborn health through community development. Two locations, Algoma and Barrie, were selected by the Ministry to develop and demonstrate the Best Start model. From 1992 to 1998 the two sites worked with their communities on areas of concern to maternal newborn health. They were supported and guided by the Best Start Resource Centre in Toronto.

Best Start addressed a wide range of factors that contribute to the birth of low birth weight babies. Low birth weight as a health indicator lends itself to a community wide approach and Best Start initiatives were directed at the entire child bearing population. Poverty, smoking, substance abuse, violence, nutrition, stress and workplaces, all have a significant effect on the health of an unborn child and were a focus of Best Start's work. Best Start brought together agencies, services and individuals to form working groups on local concerns. The community groups were involved in selecting, designing, implementing and sustaining initiatives that increased awareness, provided support and addressed policy.

The Best Start Resource Centre continues to offer support to individuals and groups working on maternal newborn health in Ontario. Best Start services include on-site consultations, training, facilitation of planning, telephone support, information, resources, and a web site.