THE DEPARTMENT OF

FAMILY MEDICINE

UNIVERSITY OF ALBERTA

2024-25 YEAR IN REVIEW

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Territorial Acknowledgment

The University of Alberta, its buildings, labs, and research stations are primarily located on the traditional territory of Cree, Blackfoot, Métis, Nakota Sioux, Iroquois, Dene, and Ojibway/Saulteaux/ Anishinaabe nations; lands that are now known as part of Treaties 6, 7, and 8 and homeland of the Métis. The University of Alberta respects the sovereignty, lands, histories, languages, knowledge systems, and cultures of First Nations, Métis and Inuit nations.

MESSAGE FROM THE CHAIR

Family medicine is where it all begins. It's where care meets continuity, and where relationships form the foundation of healthier lives and healthier communities.

As Chair of the Department of Family Medicine at the University of Alberta, I have the privilege of working alongside passionate faculty, residents, and staff who are deeply committed to this mission. What makes our work special is not just what we do — but how we do it: with compassion, curiosity, and a clear sense of purpose.

Here in our department, we prioritize connection. We value learning environments that support wellness, flexibility, and the individuality of every resident's path. Whether you're delivering care in a rural clinic, exploring your interest in women's health, or working in academic medicine, we want you to feel empowered — not just as a learner, but as a future leader in our field.

We believe in becoming the best versions of ourselves, in showing up fully for our patients and each other. We believe in team-based care. And we believe that family medicine isn't just part of the system — it's the heart of it.

Thank you for being part of this journey with us. Whether you're a student, a colleague, or a community partner, your presence matters. Together, we're shaping the future of family medicine, and I'm so proud of the work we're doing.

Warmly,

Dr. Tina Korownyk
Chair, Department of Family Medicine
University of Alberta

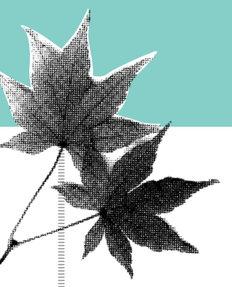
Contents

STORIES FROM THE HEART OF THE DEPARTMENT

Family medicine is personal. It's shaped by people who teach, lead, question, advocate, and show up for patients, learners, and each other. Here are just a few stories that brought heart to our department this year.

New Energy, Shared Purpose

We were thrilled to welcome several new faculty members to the department this year, each bringing their own path to family medicine.



Dr. Leigh Beamish

Rural/Regional Outreach and Community Liaison

Why Family Medicine? It drew me in with its variety and the chance to build long-term relationships with patients and families.
Why U of A? I trained at the U of A and have great respect for the incredible work happening here—it's been meaningful to stay connected through my role supporting rural and regional communities.
Favourite Edmonton gem? I grew up in Edmonton but now live and work in Hinton, so my favourite gem is the **Beaver Boardwalk**—an incredible piece of nature right in town. Every time I go for a walk there, I feel a deep sense of peace.

Dr. Jordan Bekkema

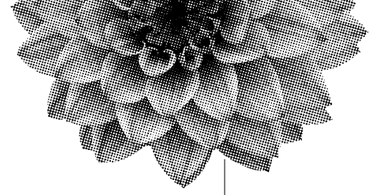
Major Clinical

Why Family Medicine? I value the opportunity to build long-term relationships with patients while managing a wide variety of medical concerns. Every day brings something new, and I enjoy partnering with patients to solve complex problems over time.
Why U of A? Growing up in Alberta, I saw the U of A as a centre of teaching and research excellence—a view only reinforced through my own training here.
Favourite Edmonton gem? When I'm not teaching or practicing, you'll find me at **Boulders Climbing** and **Dirtbag Café**—my family's go-to spot for coffee, connection, and climbing fun.

Dr. Caitlin Finley

Assistant Professor

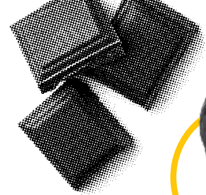
Why Family Medicine? I was drawn to family medicine for its depth, variety, and impact.
Why U of A? I've been connected to the Department since 2013, when I wandered into the Evidence-Based Medicine office looking for a job. That led to research assistant work with the PEER team, then a Master's, and eventually med school, residency, and faculty. It's been a full-circle journey rooted in mentorship, research, and meaningful relationships.
Favourite Edmonton gem? The pressed salmon sushi at **Japonais** and the park across from our house, our daughter's favourite, which makes it mine too.



Dr. Priyanka Hansraj

Assistant Program Director, Undergraduate Clerkship

Why Family Medicine? Its wide scope and deep community roots. It offers the rare opportunity to care for patients across all ages and stages, while being woven into the everyday fabric of their lives.
Why the U of A? I trained here, and it's where my identity as a family doctor was truly shaped. Now I get to help train the next generation in a department that values curiosity, compassion, and mentorship.
Favourite Edmonton gem? The **Botanic Garden** and the **St. Albert Botanic Park**—both beautiful places to unwind and reconnect with nature.



Dr. Chris Koo

Wellness Director

Why Family Medicine? I didn't want to give up any part of medicine, I loved it all. It offers the breadth, flexibility, and human connection to build a practice that's both diverse and deeply meaningful.
Why the U of A? The small-town feel within a big city, but I've stayed because of the people. The Department is one of the most welcoming and collaborative communities I've ever worked in.
Favourite Edmonton gem? Delavoye Chocolate Maker. The founder's bold career shift and dedication to craft are inspiring, and the chocolate's pretty amazing too!

Dr. Nathan Turner

Assessment Physician Lead, Family Medicine Residency Program

Why Family Medicine? For the variety, the flexibility, and the chance to build long-term relationships with patients. As I progressed through med school and residency, I realized something simple but important, family doctors are my kind of people.
Why the U of A? I trained here and it quickly felt like home. Both the city and the department are full of friendly, passionate people who make the work meaningful, and fun.
Favourite Edmonton gem? There's a hidden trail in the **Mactaggart Sanctuary**. At the top of one hill, you can't see a single building, just trees. It's a pocket of wilderness in the middle of the city.

Dr. Diana Hong

Major Clinical

Why Family Medicine? It's both intellectually challenging and deeply rewarding. The breadth of medical knowledge required keeps me learning every day, and the long-term relationships we build with patients are incredibly meaningful. I'm constantly humbled by the variety of presentations and people I care for.
Why the U of A? As a proud alumna, I'm excited to return to a centre of academic excellence and contribute to the training of future physicians as a Major Clinical.
Favourite Edmonton gem? Running in the **River Valley**, soaking up the views and recharging on the trails.

Dr. Mark Prins

Director, Office of Rural and Regional Health
Program Director, Enhanced Surgical Skills

Why Family Medicine? The autonomy, relationships, and purpose. It gave me the freedom to choose where and with whom I work, something that mattered more than the exact nature of the work itself.
Why the U of A? After relocating from Inuvik, I chose the U of A because its location allowed me to stay connected to the North while reducing travel time. It's a place that supports both urban and remote practice, which aligns with my work and values.
Favourite Edmonton gem? I've been exploring more of the city on two wheels. I am loving the expanding singletrack and **river valley cycling trails**.

Dr. Taryn Wicijowski

Major Clinical

Why Family Medicine? It offers the chance to build long-term relationships and truly know your patients, not just their health concerns, but their stories. The breadth of knowledge needed in this field also fuels a lifelong love of learning.
Why the U of A? I completed all of my medical training here, medical school, Family Medicine residency, and an Enhanced Skills program in Family Medicine Obstetrics. At every stage, it's been a consistently positive experience shaped by fantastic teachers.
Favourite Edmonton gem? Hands down, the restaurant **Olia**. Make sure to have the whipped ricotta.

Meet the **RESIDENTS**

Why choose Family Medicine?

Why choose the University of Alberta?

From continuity of care to rural practice, from mentorship to community, each brings a unique lens to the specialty, and a shared commitment to people-first medicine.

LEFT TO RIGHT *Dr. Derek Chan, Dr. Alice Huang and Dr. Payden Spowart*

A Different Kind of Prescription

He didn't just want to treat a condition, he wanted to walk the entire journey with his patients.

For **Derek Chan**, the path to medicine wasn't direct—but it was always there. He spent years behind a pharmacy counter, answering questions, offering advice, and watching people navigate their health one prescription at a time. It was good work. But it wasn't the whole story.

"I wanted to be part of the full journey," he says. "Not just a moment in someone's care—but all of it."

Now in his first year of residency in the Family Medicine program, Derek is doing exactly that. The days are full, the pace is quick—but the relationships? That's where the meaning lives.

"Family medicine lets me be a constant. Someone who sees the changes over time, and who can catch the small things before they become big things."

He's always been drawn to people's stories—their routines, worries, and wins. His time as a pharmacist sharpened that instinct, and in medical school, it deepened. "Sometimes someone says one small thing, almost offhand—and you just know it matters. That's the part I love most."

Choosing the U of A was easy. Everyone he spoke to described the same thing: a program with depth and support, where people worked hard and still had space for life beyond medicine. "It felt balanced," he says. "And the people seemed genuinely happy."

Edmonton itself surprised him. "The sunsets, the river valley—it's kind of quiet in the best way." His favourite running route winds past the skyline, where he says the light always catches him off guard. "It's a city that gives more than you expect."

> "It's like being a lighthouse—you don't chase the ship, you guide it. You're there through the storm, and through the calm." **Dr. Derek Chan**

As for the future, Derek is open. He's interested in addiction medicine and community-based care. He wants a practice that's broad and grounded. More than anything, he wants to be present.

"That's what drew me to family medicine. It's like being a lighthouse — you don't chase the ship, you guide it. You're there through the storm, and through the calm. That's the kind of doctor I want to be."

From behind the counter to the center of the story, Derek Chan is right where he belongs—steady, listening, and lighting the way forward. ■

TOP LEFT *Derek with his grandparents, Mr. Chak Pang Chan and Mrs. Janet Woon Yiu Choi, on his pharmacy graduation day.*

BOTTOM LEFT *Derek enjoying ice cream with fellow cohort residents, Jacky Tan (left) and Kuo Hsuan (Kevin) Lee (right).*

INSET *Ginny, named after the Harry Potter character.*

The Kind of Doctor We All Hope For

The quiet resolve of a young doctor finding her rhythm in a new city.

Alice Huang speaks with a kind softness. Not out of uncertainty, but out of care. The kind that notices when someone needs a moment to breathe or an extra minute to be heard.

She is 27, in her first year of residency at the University of Alberta's Family Medicine program. And for the first time in her life, she's on her own. Not just away from her parents in Burnaby, but truly on her own. A new apartment. A new cat. A new city.

"I liked everything," she says, explaining how she landed in family medicine. Surgery. Internal medicine. OB. She saw value in it all. "Family practice felt like the only place I could do it all and build strong relationships."

Ask her why she became a doctor, and she'll tell you about growing up in an immigrant family navigating a new country, a new language, and a new system. One family doctor helped bridge it all.

"I saw what it meant when a family doctor truly cared. Not just about medicine, but about helping a family feel like they belonged."

Dr. Alice Huang

Alice with fellow resident Dr. Leona Chan enjoy salmon nigiri at MSSM, their favourite sushi spot in Edmonton.

Now in Edmonton, Alice is building her own version of that story. She's enjoying the food scene, especially the sushi, and finding her footing in a program that prioritizes wellness, mentorship, and curiosity.

"We planted trees during orientation," she says. "We cooked together. We actually had space to get to know each other before the work began."

She's drawn to many areas. Women's health. Community outreach. Sports medicine. And she appreciates the flexibility to explore. "I want to work with everyone. Kids, parents, seniors. In the clinic, in the hospital, wherever I'm needed." Her voice is quiet but unwavering. "Cradle to grave," she says. And she means it.

Alice doesn't seek the spotlight, but her impact is undeniable. That's what makes her story so compelling. She's the doctor who remembers what it's like to be on the other side of the desk. Who listens fully. Who stays present. ■

Exactly Where He's Meant to Be

From mental health to rural medicine, a former psychologist finds his place on the frontlines.

Before starting medical school, **Payden Spowart** spent years helping people navigate their hardest moments. As a Registered Psychologist and mental health therapist, he worked closely with patients in crisis — listening deeply, offering support, and building trust. It was meaningful work. But something kept pulling him further.

"I realized I wanted to do more," he says. "Not just help with one piece, but understand the whole person and the full context of their care."

That realization eventually led him to the University of Alberta's Rural Family Medicine Program. Now in his second year of residency, based in Grande Prairie, Payden is seeing the full spectrum — from emergency care to long-term support, from newborns to seniors.

Even though he didn't grow up in Grande Prairie, Payden has settled in quickly. "You really get to know your patients out here. And they get to know you. That kind of continuity and connection — it's something special."

He's still exploring what his future practice will look like. He's interested in working at the intersection of mental and physical health, and he's committed to staying in a rural setting where he can have broad impact.

"This is where I can use all the skills I've built — and keep learning," he says. "It's the right fit, and it feels like the right place." ■

"You get to do everything out here. Clinic, hospital, ER, community. It's busy and complex, but that's what makes it rewarding." **Dr. Payden Spowart**

His background in mental health continues to shape his approach. He's quick to notice subtleties, open to the harder conversations, and thoughtful in how he builds rapport. "You learn to listen differently. To sit with people when things are tough. That carries over in every part of care."

What stands out most to him is the culture of the program. Faculty treat residents as colleagues. There's a sense of mutual respect and shared purpose. "You feel like you belong. Like you're part of a team that wants you to grow."

TOP *Payden with residents Dr. Makayla Teichroeb and Dr. Murphy Walker practicing a high-stakes teamwork STARS simulation exercise.*

BOTTOM *Payden enjoying some downtime with his garden in full bloom.*

Honouring Those Who Helped Shape Our Story

This year, we celebrated the careers and contributions of four beloved faculty members. Together, they represent decades of leadership, mentorship, and vision that have helped define the department. To mark their retirement, we commissioned custom caricatures—capturing their humour, humanity, and one-of-a-kind legacies.

Dr. Fraser Brenneis
For more than 33 years, dedicated contributions have advanced family medicine training, research, and mentorship, leaving an indelible mark on the department.

Dr. Paul Humphries
Across 26 years of service, there has been a consistent commitment to leadership, education, and advocacy for comprehensive family medicine.

Dr. Donna Manca
With over 20 years of continuous service, and deep roots in Family Medicine dating back to the late 1980s, there has been a lasting impact on both clinical care and academic leadership.

Dr. David Moores
After nearly 34 years of service, a steady presence has helped shape family medicine education and practice since 1990.

Awards and Recognition

Faculty Awards

Department Teaching Excellence
Dr. Joanne Baergen
Dr. Peter Bell
Dr. Renee Crawley
Dr. Ben Macedo
Dr. Jacobus Muller
Dr. Firdaus Mydeen
Dr. Mat Rose

Staff Award
Christine Taylor
Thomas Evans
April Lau

Team Award
BMED Research Group

Supervisor Award
Dr. Marco Mannarino

Resident Awards

IMG Award
Dr. Ijeoma Ekpenisi

Outstanding Resident Award
Dr. Della Wang

Research and Scholarship
Dr. Taylor Kandler

Resident Leadership
Dr. Samantha Brown
Dr. Tina Nash
Dr. Brittany Calibaba

Community Builder
Dr. Tina Nash
Dr. Alexandra Holmes

Patient Centeredness
Dr. Rachel Hamilton
Dr. Jordan Stariha

Resident as Teacher
Dr. Patrick Fung
Dr. Jingru Li

Dr. Joe Tilley and Allin Clinic Award
Dr. Alexandra Holmes
Dr. Stephan Guscott
Dr. Nicole Oszust

Dr. Lionel A. Ramsey Memorial Award
Dr. Holly Bull
Dr. Mary Cairns
Dr. Payden Spowart

Westview Resident Excellence
Dr. Peter Johnson
Dr. Emily Traynor

Promotions

Four outstanding faculty members were promoted this year, reflecting their outstanding contributions to teaching, research, and leadership within the department.

Dr. Sam Horvey
Associate Professor

Dr. Sheny Khera
Professor

Dr. Jessica Kirkwood
Associate Professor

Dr. Sanja Kostov
Associate Professor

NEW IDEAS, NEW SPACES, BOLD NEW DIRECTIONS

From Yellowknife to Camrose and beyond, this year saw big steps forward in how we teach, practice, and collaborate.

Family Medicine – Psychiatry Contracted Physician Project

A FIRST-OF-ITS-KIND COLLABORATION BETWEEN FAMILY MEDICINE AND PSYCHIATRY

Launched this year, the Compact Clinical Fellowship bridges the expertise of Family Medicine and Psychiatry to create a new kind of training opportunity—one that supports clinicians in building advanced skills for integrated, community-based mental health care.

Led by Dr. Sheny Khera and Dr. David Ross, the fellowship focuses on collaborative care models that meet patients where they are, especially in underserved or rural settings. Fellows benefit from mentorship across both disciplines, hands-on experience in primary and psychiatric care settings, and the opportunity to lead change in how mental health services are delivered within the family. ■

Dr. Rachel Hamilton, and Dr. Martin Tieu planting trees during a Foundation Block event.

Foundations Block 2024

Our first ever, launched in July 2024, the Foundations Block welcomed new residents with a month-long introduction to core clinical skills, wellness, and community connection. Residents rotated through procedural workshops in obstetrics, family medicine, and acute care; explored planetary health; and participated in experiential learning like the Indigenous Blanket Exercise and a wellness cooking class at the Stanley Milner Library. They built evidence-based medicine skills, tackled equity and social support topics, and joined continuity clinics across the city. ■

"It gave us time to settle in and build a community. I felt supported from the very beginning."

Dr. Rachel Hamilton

Rooted in Rural Practice

Each November, the Office of Rural and Regional Health hosts the Fall Harvest Conference, bringing together rural preceptors, physicians, and educators from across central and northern Alberta. Last year, 47 rural preceptors attended, with half of the presenters representing rural practice. The event celebrates learning, connection, and the strength of rural medical education.

PEER North

EVIDENCE-BASED NAVIGATION OF NORTHERN MEDICINE

In September 2024, Yellowknife welcomed clinicians, educators, and aspiring Northerners to PEER North, a one-of-a-kind conference focused on primary care in Canada's North. Created in partnership with the Northwest Territories Medical Association, Practice NWT, and the PEER team, the gathering blended rigorous evidence-based medicine with culturally grounded experiences. Attendees explored topics ranging from wilderness medicine and rural surgery — all while learning from Indigenous Elders, canoeing around Yellowknife's houseboats, and sharing stories over music and bonfires. A true reflection of the North: bold, community-centred, and deeply connected to land and people.

LEFT TO RIGHT *PEER team members enjoying the beautiful landscape of Yellowknife, NWT. Dr. Michael Allan, Betsy Thomas, Adrienne Lindblad, Dr. Jessica Kirkwood, Dr. Michael Kolber and Dr. Tina Korownyk.*

PEIP 2024

Evidence Based Learning, Edmonton Style

"Great value… a good reminder of how high yield this conference is for useful, actionable information."

"I truly enjoyed the conference and came away with good, practical information."

The 2024 PEIP Conference brought together 670 healthcare professionals—160 in person and 510 online—for two days of high-impact, practical learning. With over 30 clinic groups tuning in virtually, it was one of our most widely attended events to date.

Spanning topics from pediatrics to geriatrics (and yes, through menopause), the program featured 30 expert speakers exploring everything from artificial intelligence and ADHD to breast cancer screening and the evolving scope of family medicine.

What made it memorable? The clarity, humour, and relevance PEIP is known for—with a continued commitment to staying free from industry influence.

On behalf of the PEER team, thank you to our speakers, organizers, and everyone who joined us—both in person and online—for making PEIP 2024 such a success. See you in 2025.

"Great job! This conference is of so much value, it has to be mandatory for all GPs to attend."

LEFT *Dr. Loren Regier, former Program Coordinator and current consulting editor for Rx Files, presenting at PEIP.*

"Informative, witty, and practical advice from exceptional presenters. I'll be back!"

STANDOUT SESSIONS

What's New, What's True, What's Poo 2: *A returning favourite filled with myth-busting, humour, and high-yield learning.*
Hot and Bothered? Cooling the Heat in Menopause: *A timely and engaging session exploring emerging treatment options.*

BY THE NUMBERS

510 Virtual Participants
160 In-person Participants
30 Clinic Groups Represented
30 Speakers
9.25 CME Credits

Relevance to Family Medicine:
★★★★★

Likelihood to Recommend:
★★★★½

Overall Program Quality:
★★★★½

Family Medicine Forum 2024

U OF A MAKES ITS MARK IN VANCOUVER

From November 6–9, Vancouver hosted the College of Family Physicians of Canada's Family Medicine Forum (FMF) and the University of Alberta's Department of Family Medicine made a powerful impact.

The week opened with two workshops led by Dr. Lesley Charles on decision-making capacity assessment. Faculty and residents then delivered 18 sessions spanning leadership, women's health, simulation-based learning, preventive care, and primary care for people experiencing

Four poster presentations showcased fresh research and QI projects, reflecting the department's culture of curiosity and innovation.

U of A talent shone across Canada, with major national honours:

- Dr. Yiu Chung "Jason" Chan, *Resident Award for Scholarly Achievement*
- Dr. Robert Ian Greidanus, *Canada's Family Physician of the Year (Alberta)*
- Dr. Guy Robert Blais, *Award of Excellence*
- Ryleigh Vanderschee, *Medical Student Scholarship*
- Dr. Levi Ansell, *Resident Scholarship*
- Drs. Oluseyi Oladele and Sanja Kostov, *Janus Grants for CPD and Research* ■

Dr. Emily King and Dr. Sanja Kostov attending the 2024 Family Medicine Forum.

Camrose: The Newest Chapter in Rural Training

Launched in 2024, the Camrose site is the newest addition to the University of Alberta's Rural Family Medicine training network. With a balance of full-scope rural practice and strong preceptor support, residents gain hands-on experience across hospital, clinic, emergency, and long-term care settings — all within a welcoming, close-knit medical community. Just an hour from Edmonton, Camrose offers the feel of a true rural placement with easy access to urban resources. For residents seeking deep clinical variety, continuity of care, and meaningful mentorship, Camrose offers a place to grow, serve, and stay grounded. ■

Camrose Site Co-Directors Dr. Amber Jorgensen and Dr. Jeff Bennett.

Building the Future of Care in Grande Prairie

Family Medicine Associates in Grande Prairie has long been one of the department's highly rated rural teaching sites. In 2024, the department officially took over operation of the clinic, making it the fifth Academic Teaching Site.

Since then, the clinic has experienced remarkable growth. With 12 physicians now practicing there, it is well on its way to becoming a team-based, multidisciplinary Patient Medical Home. The clinic continues to serve as a strong residency training site and, for the first time, is also hosting four Integrated Community Clerkship (ICC) medical students.

Looking to the future, the long-term plan, pending funding approval, is to relocate the clinic to the new Maskwa Health Centre, currently under construction near the Grande Prairie hospital. This new space will support additional providers, allied health professionals, and learners, further strengthening care and training opportunities for the community. ■

MSK: The eBook Edition

200 VIDEOS. 20 CASES. ONE POWERFUL RESOURCE.

Developed by Dr. Teresa De Freitas and Dr. Constance Lebrun, *Clinical Evaluation of the Musculoskeletal System* is a new eBook designed to help family physicians build skills and confidence in diagnosing MSK-related injuries. This comprehensive, interactive resource includes over 200 videos, animations, and still images demonstrating practical examination techniques, along with 20+ case studies. Created over two years with the support of the CFPC's MIGS project funding, the eBook reflects over 700 hours of production time and is now available as a free desktop download. Ideal for learners and practicing clinicians alike, this project showcases the power of collaboration between sport medicine and primary care educators. ■

Members of the Black Medical Students Association at the University of Alberta.

Black Health Fair

On Saturday, April 26, 2025, the Black Medical Students' Association hosted a primary and preventive health care event at the Clareview Community Recreation Centre. More than 500 guests attended to learn about health screening, disease prevention, and available health services in the city. This year's event featured a dermatology clinic in collaboration with the Faculty of Pharmacy and Pharmaceutical Sciences and the Black Pharmacists of Canada. The event was also supported by the Faculty of Medicine and Dentistry, the Africa Centre, the City of Edmonton, and APIRG. ■

"Seeing 500 community members gather to learn and access care was inspiring. The Black Health Fair shows the power of preventive health through partnerships." **Dr. Eniola Salami**

WALKING TOGETHER IN TRUST AND LEARNING

Our commitment to reconciliation and culturally safe care continued this year through shared teachings, collaborative events, and relationship-building with Indigenous Knowledge Holders, Elders, and communities. These experiences reminded us that meaningful health care includes listening, presence, and learning together.

TOP *Elder Pablo Russell (aa'spahk'ko'mii'kwan), a Blackfoot ceremonialist and cultural consultant, leads a teaching on the Medicine Wheel with residents, faculty, and staff from the University of Alberta.*

BOTTOM *Residents, faculty, and staff gather at the Change Centre during June's Tipi Teachings.*

Tipi Teachings

THE PATH OF THE BUFFALO

June 2024 At the Change Health Centre in Gainford, Elder Pablo Russell led a land-based session exploring the Living Medicine Wheel and the Path of the Buffalo. Through story, ceremony, and reflection, department members gained insight into Indigenous perspectives on healing, health, and community.

SMUDGING AND INDIGENOUS MEDICINES

August 2024 In a department-wide Lunch & Learn, CHCP Indigenous Community Coordinator Loretta Tuttauk shared teachings on smudging, the role of traditional medicines, and their cultural significance. This hands-on session offered an accessible entry point into Indigenous wellness practices for faculty, staff, and residents alike.

WALKING THE LAND

October 2024 Knowledge Keeper Dr. Dwayne Donald guided participants through Terwillegar Dog Park, sharing the layered histories, plant knowledge, and wisdom traditions embedded in the land. As a Canada Research Chair in Indigenous Wisdoms, Dr. Donald reminded us of the deep relationship between place and reconciliation.

CEREMONY AND CONNECTION

May 2025 Elder Bob Cardinal welcomed department members to his teaching lodge at Enoch Cree Nation for a Tipi Teaching and sweat ceremony. The day invited deep reflection, connection, and spiritual learning. For many, it was a transformative experience that deepened understanding and strengthened relationships. ■

Indigenous Grand Rounds

The department continued its Grand Rounds series with a focus on Indigenous health and collaboration. Guided by leaders and voices from within Indigenous communities, these sessions aimed to broaden understanding of systemic issues, explore culturally safe practices, and strengthen our collective capacity to walk alongside patients with humility and respect. ■

To Be Healthy, You Must Know Who You Are

Siksika Elder Eldon Weasel Child believes that true wellness begins with identity. Through a partnership with University of Alberta researchers, he's helping lead Healthy, Fit & Strong: a pilot program that reconnects Indigenous youth and adults to culture, land, and traditional teachings. The initiative blends ceremony, food, and movement to promote holistic health and prevent chronic illness. From powwow aerobics to harvesting traditional foods, the program empowers communities to define health on their own terms. ■

Members of the Alexis Nakota Sioux First Nation alongside U of A researchers to co-create practical tools for better health.

KNOWLEDGE THAT MOVES PRACTICE FORWARD

Family medicine thrives on evidence-informed care. In 2024 our department advanced clinical practice across Alberta and beyond through meaningful contributions in research, teaching, and knowledge translation. From chronic disease prevention to caregiver support, our faculty led nationally funded studies, expanded research infrastructure, and shared practice-changing data through webinars, workshops, and clinical tools.

BEDMED, Bedtime and Big Questions

A Q & A with researcher Dr. Scott Garrison

Could changing when patients take their blood pressure meds actually reduce major health events? That question launched BEDMED, Canada's largest primary care trial. Dr. Scott Garrison shares how it started, what they found, and why real-world research matters.

What sparked the idea for BEDMED?
Two things. First, I wanted to build a network of family doctors to run large, real-world trials—and BEDMED's simple logistics made it the perfect starting point. Second, a 2010 study (MAPEC) claimed a 61% reduction in cardiovascular events if blood pressure meds were taken at bedtime. That kind of effect would be massive—if it were real. But the study had issues and wasn't widely trusted. We needed to see if it held up.

Why did the timing of blood pressure meds matter so much?
MAPEC and a follow-up trial, Hygia, both suggested huge benefits. And there was a physiological basis for it: blood pressure dips at night, and high overnight readings are more dangerous than daytime ones. The theory was that bedtime meds might better protect patients. But when BEDMED, BEDMED-Frail, and the TIME trial all tried to replicate the findings, the benefit just wasn't there.

What makes BEDMED a pragmatic trial—and why does that matter?
Pragmatic trials test interventions in real-world settings, with everyday patients and outcomes that matter—like heart attacks or hospitalizations. That's different from typical clinical trials, which often exclude frailer patients and focus on surrogate outcomes. Pragmatic trials give us answers that are actually useful in practice.

What surprised you most?
The scale. We had 436 providers across five provinces—three-quarters from Alberta—and none were paid. That makes BEDMED the largest primary care trial ever run in Canada. It showed that family docs will engage in research if the question matters and the trial respects their workflow.

What did the study teach you?
That we shouldn't accept dramatic claims without validation. We expected a smaller benefit than MAPEC reported—not zero. It also reminded me how much we still don't know about optimizing how we use existing medications.

How has family medicine shaped your research?
We see the complex patients often excluded from research. That's why we also ran BEDMED-Frail in nursing homes—to make sure results applied to the patients who need them most.

What's next?
We're launching MinMed, a new trial testing whether simplifying medications for older adults improves outcomes like survival and independence. We're excited to keep building on what BEDMED started.

One takeaway for family doctors?
We're uniquely positioned to ask—and help answer—the questions that matter most in real-world care. ■

Participants and Scale

3,357 **patients randomized**

- 1,677 bedtime + 1,680 morning
- 56% female
- median age: 67 years
- 18% diabetes, 11% coronary artery disease, 7% chronic kidney disease

436 **primary care clinicians**

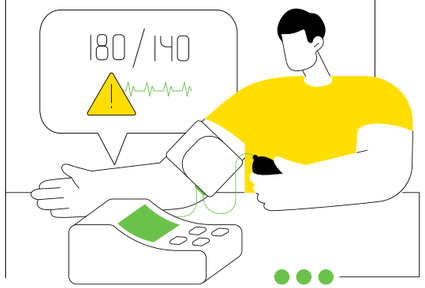
- 429 family doctors + 7 nurse practitioners

4.6 yrs **median follow-up**

Outcomes

Primary outcome event rates (death or major cardiovascular events):
- **Bedtime:** 2.3 per 100 patient-years
- **Morning:** 2.4 per 100 patient-years

Adjusted hazard ratio:
- 0.96 (95% CI, 0.77–1.19; P = .70)
  ⇛ no significant difference



Education That Impacts Practice

In collaboration with the Physician Learning Program (PLP) and the Office of Lifelong Learning (OLL), the department delivered 23 practice-changing webinars to Alberta physicians in 2024. Topics included chronic pain, concussion management, LGBTQ2S+ care, and more.

WEBINARS DELIVERED TO ALBERTA PHYSICIANS IN 2024:

- Managing Uncertainty in Primary Care
- Point-of-Care Ultrasound (POCUS) Pearls
- Managing Complex Chronic Pain
- Managing Anxiety in Primary Care
- Diagnostic Stewardship for C. difficile
- Changing Your Practice Using Data
- Managing the First Trimester in Primary Care
- Transgender Health in Primary Care
- Data-Driven Practice Changes: Pearls and Pitfalls
- Guidelines for Depression in Primary Care
- Opioid Prescribing Update
- MAiD for Family Physicians
- Managing Perimenopause in Primary Care
- Remote Patient Monitoring (AHS Pilot)
- Caring for Patients with Long COVID
- Navigating Long-Term Care
- ADHD in Primary Care
- Pediatric Obesity Management
- Managing Concussions in Primary Care
- Addressing Trauma in Family Medicine
- LGBTQ2S+ Inclusive Practice
- Opioid Use Disorder in Pregnancy
- Clinical Tools for Geriatric Assessment

Feature Publication:

Continuity of Supervision: Balancing Continuous and Episodic Relationships for Assessment and Learning

Medical Education (2025); 59(6): 596–605. Lee A, Jere A, Du Plessis L, Van Gerven PWM, Heeneman S, Ross S

Dr. Ann Lee highlights how residency supervision works best when it balances ongoing relationships (continuous supervision) with varied learning through different supervisors (episodic supervision). Continuous supervision fosters deeper trust and tailored feedback, while episodic supervision provides exposure to diverse perspectives. Together, they support better learning and assessment.

Listen to the podcast interview here:

Publications and Knowledge Sharing

Faculty and collaborators contributed:

64 + 13 = 77

Peer-reviewed publications

New **Tools for Practice** shared through CFPC.

Total documented publications — a number that likely underrepresents the full breadth of work, as we continue to collect final ARO reports from 2024–25.

Research funding secured to support new and continuing projects:

25 **new research grants** awarded between July 2024 and June 2025 totalling

$2.95 M

46 total **active research projects** valued at over

$10.2 M

Through the Northern Alberta Academic Family Practice (NAAFP) network, we supported community-based research with:

35 **new NAAFP projects** totalling

$204,836

84 **new and ongoing projects**, reaching

$566,166

These achievements reflect our faculty's commitment to advancing evidence-based care, building research capacity, and addressing real-world challenges across diverse settings.

Clinical and Educational Impact

170

Total Number of **Family Medicine Residents Trained**

79

Graduates (as of Nov 2024)

19

Rural-trained Graduates

36

Rural Residents in Training

960

Preceptors:
567 Urban
393 Rural

13

Enhanced Skills Graduates:
6 Emergency Medicine
4 Anesthesia
1 Sports Medicine
1 Obstetrics
1 Addictions Medicine

Turning Data into Action: NAPCReN

More than a data source, NAPCReN helps transform real-world clinical practice through research, reporting, and collaboration.

The Northern Alberta Primary Care Research Network (NAPCReN) expanded its reach in 2024, strengthening its role in practice-based research:

Recruited **1 new site** and **15 new sentinels**.

Supported **5 peer-reviewed publications**.

Delivered **627 custom reports** to sentinel practices across **8 clinical topics**.

Contributed to **3 webinars**, **2 workshops**, and **8 research presentations**.

Recruited for **6 national research studies**.

Supported **5 national grants**, including:
- CPIN-Umbrella (patient messaging)
- DRS OPEN (retinopathy screening via provincial health records)
- Dementia Dyad (caregiver navigation)
- CPIN-SPOR (patient-reported outcomes)
- SpiderNet (A Structured Process Informed by Data, Evidence and Research)

PUBLICATIONS USING NAPCReN RESOURCES:

- **Lau D, Manca DP, Singh P, Perry T, Olu-Jordan I, Zhang JR, et al.** Effectiveness of continuous glucose monitoring with remote telemonitoring and virtual educator visits in adults with non-insulin-dependent type 2 diabetes: a randomized trial. *Diabetes Research and Clinical Practice* (2024).
- **McCreary ML, Yeung RO, Manca DP, Greiver M, Singer AG, Lau D.** Use of SGLT2 inhibitors in adults aged ≥ 65 with type 2 diabetes and cardiovascular disease: a cross-sectional study of provincial drug funding policies. *Canadian Journal of Diabetes* (2024).
- **Kraut RY, Youngson E, Sadowski CA, Bakal JA, Faulder D, Korownyk CS, et al.** Antihypertensive deprescribing in frail long-term care residents (OptimizeBP): protocol for a randomized pragmatic trial. *BMJ Open* (2024).
- **Vucenovic I, Sadowski CA, Garrison SR, Allan GM, Korownyk CS, et al.** Facilitators to pharmacist-led deprescribing of antihypertensives in long-term care. *Basic & Clinical Pharmacology & Toxicology* (2024).
- **McCreary ML, Yeung RO, Manca DP, Greiver M, Singer AG, Lau D.** Use of SGLT2 inhibitors in adults aged ≥ 65 with type 2 diabetes and CVD. *Canadian Journal of Diabetes* (2024).

Caregiver-Centered Innovation

Led by Dr. Jasneet Parmar and Dr. Sharon Anderson, the department released the full Caregiver-Centered Care Champions program and Physician Education Modules in 2024.
- Over 1,000 Albertans surveyed on caregiver experiences
- Screening and referral tools integrated into primary care
- Ongoing education through Caregiver-Centered Care modules
- Development of a province-wide Alberta Caregiver Strategy

The team hosted a 3 hour workshop in Calgary on Caregiver-Centered Care Advanced Education for over 50 staff from their Seniors health /Palliative care teams.

TAKING CARE OF EACH OTHER AS WE CARE FOR OTHERS

From retreats to shared meals, this year reminded us how vital it is to nurture community, celebrate small wins, and show up for each other.

Celebrating Our Graduates

Graduating residents from the Red Deer stream.

Each year, the Department of Family Medicine proudly celebrates the next generation of family physicians as they complete their residency training. The 2024 graduation marked more than an academic milestone, it was a celebration of dedication, compassion, and the lifelong commitment to care that defines our specialty. Surrounded by mentors, peers, and loved ones, residents reflected on their journeys and the impact they're already making across Alberta and beyond.

TOP *Graduating residents from the Yellowknife stream.*

LEFT *Graduating residents from the Grande Prairie stream.*

BOTTOM *Graduating residents from the Urban stream.*

More Than a Meal:

Building Community Through Food

This past year, culinary experiences became a unique way to teach, connect, and support well-being across the Department. Through electives, wellness sessions, and social events, residents and medical students explored the role of real food in medicine and community care.

CULINARY MEDICINE ELECTIVE

This six-session elective for first and second-year medical students emphasizes food as a foundation of health. Co-designed with registered dietitians, we explored nutrition through hands-on learning and interdisciplinary collaboration.

CULINARY WELLNESS DURING OUR FOUNDATIONS BLOCK

New this year, Foundations included three hands-on cooking sessions focused on nutrition as a pillar of resident wellness. Each session encouraged connection, reflection, and nourishment—both in and beyond the kitchen.

RESIDENT COOKING SOCIAL

Residents gathered for a Thai Green Curry Night to cook, share skills, and connect outside of clinical life, a grassroots initiative that blended fun and friendship.

COOKED AT CaRMS

As part of our recruitment efforts, prospective residents were invited to a virtual cookie-baking session, an informal, interactive way to learn about the program while connecting with faculty and current learners.

Here's one of our favourite cookie recipes—*Nut and Oat Chocolate Chip Cookies*—to try at home. ■

Faculty and residents at the Cooked at CaRMS event on January 15.

NUT AND OAT CHOCOLATE CHIP COOKIES

Yield: 12 cookies **Prep Time:** ~15 min (plus optional chilling)

INGREDIENTS

1 c + 3 tbsp	All-purpose or Gluten-free Flour
1/2 tsp	Baking soda
1/4 tsp	Cinnamon (optional)
1/2 c	Unsalted Butter, room temp (or Plant Based Margarine if vegan)
3/4 tsp	Sea Salt (or 1/4 tsp Table Salt)
1 tsp	Vanilla Extract or Paste
1 tsp	Lemon Juice
1/3 c	Each Brown + Granulated Sugar
1	Egg, room temp (if vegan, 1 tbsp Ground Flax + 3 tbsp Water, rested 5 min)
250 g	Dark Chocolate, chopped
30 g	Oats (Gluten-free if needed)
100 g	Nuts, chopped (optional)
	Flaky sea salt (optional)

Instructions

1. If *not* chilling dough, preheat oven to 350°F.
2. Whisk flour, baking soda, and cinnamon in a bowl.
3. In a large bowl, cream butter and salt. Add vanilla, lemon juice, and sugars; mix well.
4. Add egg gradually, mixing between additions.
5. Stir in dry ingredients, chocolate, oats, and nuts until just combined—don't overmix.
6. Scoop dough into 12 balls, flatten slightly. Chill for 1 hour or up to 72 hours if time allows (or freeze and thaw overnight).
7. Preheat oven to 350°F. Line baking sheet with parchment. Place 6 cookies per tray.
8. Sprinkle with flaky salt and bake for 12–15 min until tops are matte and edges golden.
9. Let cool 2 min on tray, then transfer to rack.

Faculty and residents come together at the annual Kananaskis Wellness Retreat to celebrate community and well-being.

Kananaskis Calling:

A Wellness Retreat in the Mountains

In a profession that rarely pauses, the Department of Family Medicine took a deliberate breath.

From February 28 to March 1, a group of residents, staff, and faculty from across the University of Alberta's Department of Family Medicine stepped away from clinical life and into the stillness of Kananaskis for a department-wide wellness retreat. Organized by Dr. Chris Koo, the gathering was structured not just to recharge, but to rebuild community after years of pandemic-driven disconnection.

The retreat location was intentionally chosen for its mix of serenity and accessibility. The four-hour drive to the mountains offered just enough distance to mentally disconnect, while the scenic spa-side setting added calm and comfort.

Unstructured time encouraged walks, spa visits, and spontaneous conversations — creating natural connection across roles and career stages.

A sensory analysis session invited attendees to slow down and re-engage their senses through chocolate tasting, blindfolded cupcake decorating, scent recognition, sound identification, and macro photography. This hands-on workshop was an invitation to cultivate moments of awe in everyday life and get out of our comfort zones.

Another session focused on mind-body practices, drawing from current research on stress and self-regulation. Breathwork and self-care strategies offered simple but powerful tools that clinicians could carry into their everyday lives.

> "It reminded us that we are more than our clinical roles, and that wellness doesn't have to be complicated to be meaningful." **Dr. Chris Koo**

One of the most memorable moments was a "Canada vs. the World" wine tasting, led by a family physician with advanced sommelier training. While lighthearted and social, the session reinforced the retreat's sensory theme, encouraging attendees to tune into how we connect through taste, smell, and shared experience.

The Kananaskis retreat wasn't just a break. It was a purposeful investment in the department's culture. One that values presence, well-being, and the people who make the work possible.

In a year focused on renewal, this gathering served as a powerful reminder: well-being isn't an add-on, it's foundational. And sometimes, a little distance from the everyday is exactly what's needed to come back reconnected, re-inspired, and ready to care for ourselves and one another. ■

> "We wanted to create space to be together, not as colleagues in a meeting, but as humans. It was about building relationships, being present, and remembering what it feels like to enjoy the moment." **Dr. Chris Koo**

THE FUTURE IS PERSONAL

Whether it's matching fully to our Urban CaRMS program or launching new teaching models, the road ahead is filled with potential—and shaped by people who care deeply.

A Peek Inside Resident Life

Meet Dr. Kiera Keglowitsch

Every resident begins their journey with a mix of excitement, curiosity, and big dreams. In this Q&A, Kiera Keglowitsch shares her first impressions, what she's most eager to explore, and the small joys that keep her grounded outside the clinic.

Where are you from?
I'm born and raised in Edmonton.

What have the first few months been like?
They've been intense, fun, and busy. The biggest adjustment has been the administrative side of residency—documents, credentials, and new systems—which has felt more challenging than the medicine itself.

How has the community supported you?
Residents, lead residents, and staff have all been responsive and kind. Everyone genuinely wants the residency experience to go smoothly.

What are you curious to explore?
Emergency medicine—I'm considering a plus-one—and developing my teaching skills. With a master's degree and over a decade of ballet teaching, education is something I love.

Why did you choose the University of Alberta?
Edmonton is home, and the program is known for being flexible and strong in acute care. Friends spoke highly of it, which made the choice easy.

Favourite Edmonton discovery?
Not new to me, but I love the café scene. Square One and Ace are my go-tos for coffee, a river valley walk, or knitting with friends. ■

We Matched!

A chat with Dr. Michelle Morros and Dr. Martin Tieu

It's official—*we matched fully*! For the first time in five years, the Urban Family Medicine program filled every spot in the first iteration of CaRMS. No reversion, no nail-biting waitlists—just a clean sweep.

In a year when unfilled positions across the country hit record highs, we're calling this a massive win (and yes, we may have done a little happy dance in the office).

So what's the secret sauce? In one word: people.

Our residents are the heart and soul of this program. They don't just survive CaRMS season—they *thrive* in it. From interviews and file reviews to one-on-one chats with med students, they're front and centre, showing applicants what life is really like in our program. Add in a team of passionate faculty, a responsive curriculum, and an admin crew that keeps things running like a well-oiled machine, and it's no wonder people take notice.

We're also seeing a shift in what applicants want—and honestly, we get it. Flexibility is a huge priority. Learners are looking for space to grow, time to breathe, and the ability to shape their training to fit their future. Family medicine offers all of that and more, and our program leans into it. From acute care and off-service rotations to customized support and actual follow-through on resident feedback (yes, we really do listen), we aim to be both challenging and supportive.

And let's talk about the incredible residents coming in. They bring rich life experience, deep empathy, and an unshakable commitment to high-quality care. More and more, they're juggling families, complex personal lives, and a changing healthcare landscape. Their needs are evolving, and so are we.

WHAT'S NEXT?

Without spoiling all the surprises, we're exploring exciting additions in Indigenous health, artificial intelligence, and planetary health—because being future-ready matters.

To anyone considering joining us: if you love both the science and the art of medicine, if you're ready to care deeply and think broadly, and if you want to

> "Every match tells a story of teamwork, mentorship, and beli in our residents and in the future of famil medicine." **Dr. Michelle Morros**

TOP *Year-one residents during this year's Foundations Block.*

BOTTOM *Dr. Michelle Morros, Residency Program Director and Martin Tieu, Family Medicine Residency Assistant Program Director.*

A Final Word from Tina

As we look ahead, I'm filled with optimism and purpose. Family medicine is expanding into the North—and so is our vision.

With new training opportunities in Grande Prairie and other northern communities, we are embracing our potential to become the University for the North. These developments reflect our deep commitment to growing the number of family physicians serving communities across Alberta.

This growth is supported by a strong foundation. We're thrilled to welcome a new administrative leader who will help build a responsive, transparent, and future-ready team to support our learners, faculty, and partners. Their leadership will be pivotal as we scale our efforts in research, Indigenous health, and faculty development.

> "What gives me the most hope…is our people. The enthusiasm, compassion, and skill of our faculty, preceptors, and staff make everything we do possible."
>
> **Dr. Tina Korownyk**

I'm also excited about our ongoing work with Undergraduate Medicine. Together, we're opening more doors for family physicians to contribute to undergraduate medical education—offering lectures, mentorship, and insight into what makes Family Physicians skilled diagnosticians and expert generalists. These touchpoints will not only enhance training, but help spark interest in family medicine among the next generation of doctors.

What gives me the most hope, however, is our people. The enthusiasm, compassion, and skill of our faculty, preceptors, and staff make everything we do possible. They are the reason our residents thrive—not just clinically, but as leaders, collaborators, and advocates.

We have bold goals for the year ahead. And I'm proud to say: we also have the team to achieve them.

Dr. Tina Korownyk
Chair, Department of Family Medicine
University of Alberta

In memory of Dr. Sarah Walton

A talented physician, a fierce friend, and a compassionate soul. Her legacy of drive, warmth, and resilience will continue to inspire all who knew her.

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Leading with Purpose.