

## Appendix I

# Accountability Report 2018-19

Department of Family Medicine  
Faculty of Medicine & Dentistry  
University of Alberta

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# The Department of Family Medicine

## VISION

Alberta has a well-integrated, primary-care-based health care system in which all have access to a family physician who provides timely, proactive, individualized, comprehensive and continuity care through an interdisciplinary team of healthcare professionals led by that family physician. That team practices evidence-based, patient-centered care, and uses its own data, dialog with its stakeholders, and published research to continuously improve its service, quality, and safety.

## MISSION

The Department of Family Medicine at the University of Alberta exists to teach the discipline of family medicine for the future of practice, and to produce scholarly work that improves the practice of family medicine and primary health care. We will achieve this outcome by developing and demonstrating excellence in:

1. Training residents for team-based, systems-based, socially accountable patient care and leadership,
2. Providing medical students with high-quality education, and serving as role models of academically excellent, quality-and-safety-driven, socially accountable generalists;
3. Conducting and disseminating clinical, educational, epidemiological, and health services research that improves the teaching and practice of family medicine and primary health care.

## CORE VALUES

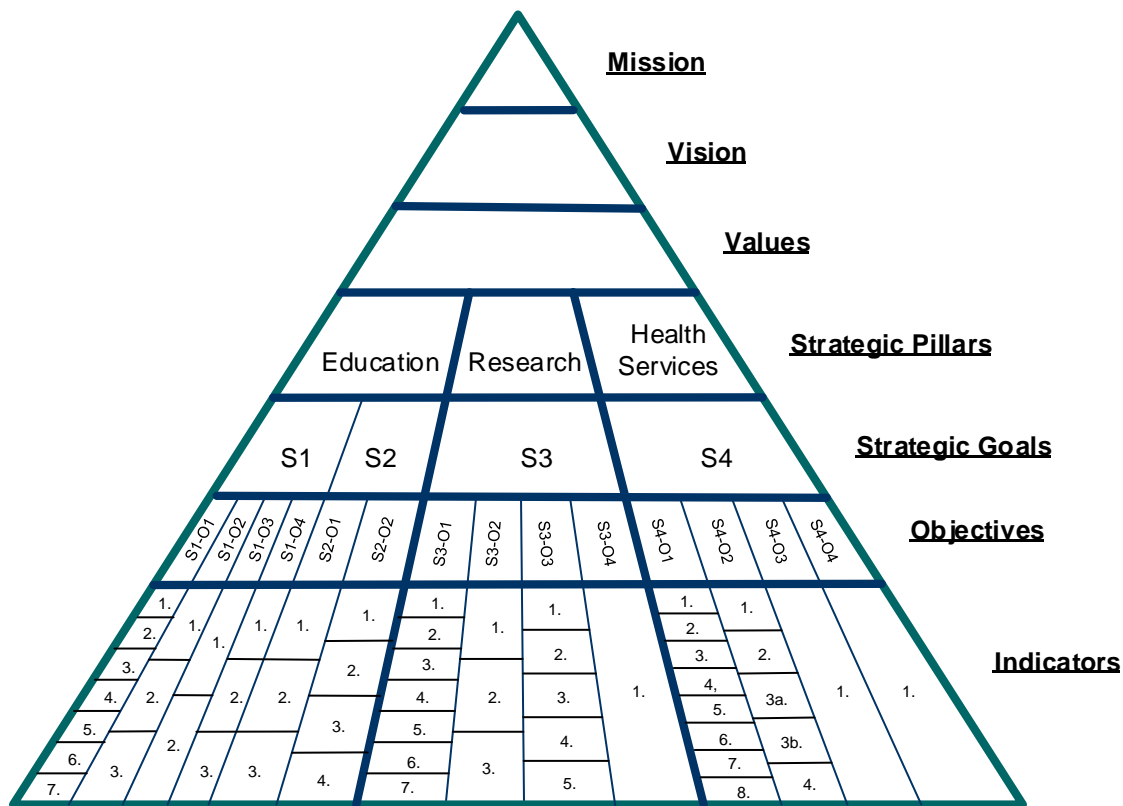
**We are a learning organization;** we seek constantly to improve how we do what we do for our learners, patients, communities, and other stakeholders, encourage and accept input from them, and use both our data and their feedback to improve.

**We support a culture of accountability;** Our Mission and how we pursue it will be responsive to our stakeholders; we are responsible with resources allocated to us and transparent in how we use them.

**We are committed to mission-focused innovation;** we are creative thinkers, producing high-quality academic work that we share freely with others, as well as welcoming what others have to share with us.

# ACCOUNTABILITY FRAMEWORK

The department's strategic plan has been crafted to facilitate achievement of the Vision and Mission of the Department of Family Medicine. The core of the strategic plan consists of the *Accountability Framework*. This **balanced scorecard** strategic management framework is designed to support the objectives of this department balanced across the areas of Education, Research and Health Services. Key indicators for each objective are tracked to ensure progress towards achieving the stated objectives. This Accountability Report covers the academic activity in the Department of Family Medicine for the period July, 2018 to June 30, 2019.



# Education

Family Medicine Education is aligned with the Triple C Competency-based curriculum (competency-based, continuity of education and patient care, comprehensive and centered in family medicine). Much of the learning occurs in the family medicine environments and assessment of learners is done with a focus on competencies across a group of essential skills called *Sentinel Habits, Clinical Domains* and *Priority Topics* as observed by the experts; their teachers.

The department’s strategic direction begins in undergraduate medical education where they provide high quality education for medical students while role modeling the discipline of family medicine. It also goes beyond the continuum of residency to offer opportunities for licensed graduates to obtain advanced skills over and above the basic family medicine objectives in the Enhanced Skills program. Commitment to the continuous education of faculty and staff in the areas of teaching, research, clinical care and administration remain a priority for this department through our Faculty Development program. The successful implementation of quarterly Grand Rounds offers the opportunity for case based learning and Significant Event Analysis as well as a venue for staff, residents, community teachers and faculty to network and learn together.

## **S1- STRATEGIC GOAL – PLACE LEARNERS IN FAMILY MEDICINE CENTERED EXPERIENCES WITH HIGH CALLIBER TEACHERS AND PRODUCE GRADUATES THAT MEET THE NEEDS OF COMMUNITIES THEY SERVE.**

**Table 1: Resident Continuity**

<b>S1-Objective 1:</b> Provide a Triple C competency based curriculum ( <i>competency based, continuity, comprehensive, centered in family medicine</i> )		2015-16	2016-17	2018-19
<b>Indicator 1:</b> Percentage of residents achieving target continuity with patient panels. (Data for this indicator reflects residents placed in the four academic teaching sites only as we do not have data for community placements)				
i.	Total visits by residents during their residency	32,761	36,023	33,742
ii.	Patients with visits to same resident twice during their residency	16.9%	16.2%	24%
iii.	Patients with visits to same resident three times during their residency	9.3%	5.3%	12%
iv.	Patients with visits to same resident four times during their residency	2.5%	2.1%	6%
v.	Patients with visits to same resident five times during their residency	1%	1%	2%
vi.	Patients with visits to same resident six or more times during their residency	1%	1%	4.5%
<b>Indicator 2:</b> Percentage of clinical half days spent with primary preceptor supervision		90%	85.5%	90.2%

**Table 2: Triple C Curriculum**

<b>S1-Objective 1:</b> Provide a Triple C based curriculum ( <i>continuity, comprehensive, centered in family medicine</i> )		2016-17	2017-18	2018-19
<b>Indicator 3:</b> Percentage of residents achieving FieldNote <sup>(1)</sup> targets		44%	41%	48%
<b>Indicator 4:</b> Total number of FieldNotes created over 12 month period		6776	6596	6322
<b>Indicator 5:</b> Percentage of residents achieving a pass in the <b>CFPC</b> <sup>(2)</sup> exam first time		90.8%	91%	90%
<b>Indicator 6:</b> Percentage of FieldNotes across all Clinical Domains				
i.	Doctor-patient relationship /Ethics	10.8%	9%	7%
ii.	Care of adults	37.2%	41%	39%
iii.	Care of children and adolescents	11.6%	10%	11%
iv.	Care of the elderly	8.9%	10%	9%
v.	Care of the vulnerable and underserved	3.6%	3%	2%
vi.	Maternity care	7%	7%	8%
vii.	Palliative care	2.3%	2%	2%
viii.	Surgical and procedural skills	12.1%	10%	10%
ix.	Not applicable	6%	8%	7%
<b>Indicator 7:</b> Number of weeks of rotational experiences that occur in family medicine environments		46%	49%	47%

(1) *FieldNotes – the process of documenting a sampling of direct observations and feedback given across all clinical domains, sentinel habits and priority topics. Notes are stored in an electronic format for ease of sorting, reflection and assessment. The intent is for the resident to have enough of a sampling of notes across all clinical domains and sentinel habits to show overall competency.*

(2) *College of Family Physicians of Canada*

**Table 3: Meeting Community Needs and Enhanced Skills**

<b>S1-Objective 2:</b> Provide opportunities for family medicine graduates to meet the needs of Albertans including the development enhanced skills	2016-17	2017-18	2018-19
<b>Indicator 1:</b> Applications to the Advanced Skills program	145	130	130
<b>Indicator 2:</b> Accepted enrollment / Successful completion of Advanced Skills program.	18/18	16/16	16/16

**Table 4: Knowledge Translation and Faculty Development**

<b>S1-Objective 3:</b> Foster knowledge translation of best practice and innovation in Family Medicine education ( <i>Research indicator; in 2015-16, based on 18 months data to catch up to the academic year reporting</i> )	2016-17	2017-18	2018-19
<b>Indicator 1:</b> Number of faculty presenting education workshops and presentations	Included in research section	Included in research section	30
<b>Indicator 2:</b> Number of teaching faculty on national and international education committees	19	53	19 <sup>(3)</sup>
<b>S1-Objective 4:</b> Provide educators with the opportunity to develop skills to keep up with evolving curriculum	2016-17	2017-18	2018-19
<b>Indicator 1:</b> Number of faculty development sessions held	16	22	14
<b>Indicator 2:</b> Number of participants in faculty development sessions	226	154	401
i. Number of Department of Family Medicine participants	114	131	134
ii. Number of Community participants	40	42	267 <sup>(4)</sup>
<b>Indicator 3:</b> Number of Faculty involved in producing education support documentation or products.	19	Data not available	Data not available

<sup>(3)</sup> See Appendix 1b for listing

<sup>(4)</sup> Increase in numbers attributed to quarterly Grand Rounds added to the Faculty Development calendar of events.

**S2- STRATEGIC GOAL – MAKE FAMILY MEDICINE AN APPEALING CAREER CHOICE FOR MEDICAL STUDENTS**

**Table 5: Undergraduate Family Medicine Exposure**

<b>S2-Objective 1:</b> Use curricula aligned with Can-Meds and Can-Meds FMU to increase the number of University of Alberta medical students choosing family medicine.	2016-17	2017-18	2018-19
<b>Indicator 1:</b> Number of University of Alberta students matching to University of Alberta Family Medicine after Round 1 <b>CaRMS</b>	29	35	41
<b>Indicator 2:</b> Number of student evaluations of the Longitudinal Clinical experience (previously called Community-based experience) rated as good to excellent	96%	93.5%	93.5%
<b>Indicator 3:</b> Mean overall rating of the <b>Family Medicine Clerkship</b> program from the graduation survey as compared to the national average /5	4.1	4.5	4.2
<b>S2-Objective 2:</b> Increase exposure of University of Alberta’s medical students to modern, progressive Family Medicine	2016-17	2017-18	2018-19
<b>Indicator 1:</b> Number of weeks of <b>Family Medicine electives</b> year 3 and 4 provided by Department of Family Medicine faculty and preceptors	231	166	158
<b>Indicator 2:</b> Number of hours of undergrad teaching by Department of Family Medicine faculty or preceptors	6256	1650 <sup>(5)</sup>	2142
<b>Indicator 3:</b> Number of weeks spent coordinating undergrad courses by Department of Family Medicine faculty or preceptors	53	68	10
<b>Indicator 4:</b> Residents as teachers – Number of hours of resident teaching; OSCEs, TOSCE’s	1165	1368	1368

(5) In prior years data LCE (longitudinal clinical experience) was included in error.

# Research

The Department of Family Medicine at the University of Alberta is a leader in primary care health systems and medical education research. Members cover a broad range of research topics and disseminate research findings through papers, books, manuals, presentations and workshops at local, provincial, national and international conferences. The research focus of this department is in conducting and disseminating research that improves teaching, the practice of family medicine, primary health care and to mentor residents in learning the important role research has in improving primary care. Residents are challenged through their Practice Quality Improvement projects to experience research using the quality improvement lens.

## S3- STRATEGIC GOAL – CONDUCT INNOVATIVE FAMILY MEDICINE AND MEDICAL EDUCATION RESEARCH

**Table 6: Research Activity (Grants & Publications)**

<b>S3-Objective 1</b> <b>Conduct research to improve primary care and medical education</b> <i>(This year 18 months reported to catch up to academic year reporting)</i>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
<b>Indicator 1:</b> Number of new research grants awarded <i>*DoFM faculty are PIs or Co-Investigators on the grant and funding administered/held by University of Alberta or other organizations</i>	32	38	11
<b>Indicator 2:</b> Total value of NEW grant funding ( <i>actual dollars</i> ) received and held by DoFM, University of Alberta ( <i>total amount of new funding in account for year reported - e.g. if total grant = \$100,000 but only \$50,000 was received during 2014, only \$50,000 is reported here</i> ). [Information obtained from TRAC]	\$1,704,157.	\$1,253,625.	\$1,582,917.
<b>Indicator 3:</b> Number of grants in progress ( <i>cumulative</i> ) <i>*DoFM faculty are PIs or Co-Investigators on the grant and funding administered/held by University of Alberta or other organizations</i>	38	49	72
<b>Indicator 4 (a):</b> Total value of grant funding NEW and IN PROGRESS (dollars) ( <i>cumulative</i> ) currently held by DoFM, University of Alberta in the year reported. [Information obtained from TRAC. <i>*Excludes U of A internally funded projects (e.g. NAAFP, almost all summer studentships, other funding from within U of A)</i> ]	\$5,728,925.	\$7,412,734	\$8,156,064..
<b>Indicator 5:</b> Number of peer reviewed publications	140	147	121
<b>Indicator 6:</b> Number of non-peer reviewed publications	16	10	11
<b>Indicator 7:</b> Number of books and chapters published		3	4



**Table 7: Research Activity (Research Findings)**

<b>S3-Objective 2:</b> Engage in the translation of research findings to inform on education and on policy in primary care		2016-17	2017-18	2018-19
<b>Indicator 1:</b> Number of presentations to policy makers, health professionals, stakeholders				
i.	Oral Presentations (excludes educational presentations such as faculty development, courses, etc.)(Peer reviewed )	166	174	142
ii.	Poster Presentations (research)	127	110	68
iii.	Workshops	37	57	27
<b>Indicator 2:</b> Number of peer reviewed presentations (research: poster& oral)		252	341	237
<b>Indicator 3:</b> Number of knowledge translation products, tools, manuals produced		61	86	73
<b>S3-Objective 3:</b> Expand research expertise		2016-17	2017-18	2018-19
<b>Indicator 1:</b> Percentage of research projects external collaboration, locally, regionally, nationally and internationally.		169	172	83 <sup>(6)</sup>
I.	Local	62.1%	60.4%	36.1%
II.	Regional	9.5%	7.6%	13.3%
III.	National	28.4%	32%	48.2%
IV.	International	0	0	2.4%
<b>Indicator 2:</b> Percentage of faculty with advanced degrees		60.5% (n=26)	65.1% (n=28)	63.4% (n=26)
<b>Indicator 3:</b> Number of research summer students ( person months)		49.5 months (n=15)	46 months (n=13)	37.5 months (n=14)
<b>Indicator 4:</b> Number of grad students, (Masters, PhD, fellows, post-doctoral and independent study students)		35	20	15
<b>Indicator 5:</b> Number of faculty who supervise fellows, graduate students, and independent study students		17	15	6
<b>S3-Objective 4:</b> Influence the health research agenda in Canada		2016-17	2017-18	2018-19
<b>Indicator 1:</b> Number and descriptions of positions on research funding organization committees, ethics, review and advisory boards (Details of positions and placements page xvii)		150 <sup>(4)</sup>	124	139 <sup>(7)</sup>

<sup>(6)</sup> Unable to determine the number of ongoing projects due to limitations in the ARO

<sup>(7)</sup> See Appendix 1a for listing

# Health Services

The vision of the department is to ensure residents are part of a health system where all patients will have access to a family physician and a team of interdisciplinary healthcare professionals that provide proactive, timely, individualized, comprehensive and continuous care. We role model by evaluating our own data to continuously improve the evidence-based, patient-centered care we provide. Measurement and evaluation are critical components to building organizations where quality improvement is part of the common culture.

Access to primary care services when the patient needs them and continuity with their primary care physician or their team improves patient care, patient and provider satisfaction and ultimately lowers health care costs. We monitor panel sizes on a regular basis to ensure quality patient care, while meeting the educational needs of our family medicine residents. Patient panels form the foundation for patient continuity of care.

In the Family Medicine program, the clinic is the curriculum. Role modeling in an environment that is patient-centered, practices team-based care and promotes the elements of the Patients Medical Home encourages residents to want to practice in similar environments upon graduation.

July of 2018 the Department closed the Royal Alexandra Family Medicine Centre, a hospital based, Alberta Health Services (AHS) affiliated clinic, and opened a non-AHS affiliated clinic, the MacEwan University Health Centre. This clinic, managed and operated by the Department of Family Medicine was purpose built, staffed and organized for teaching all disciplines in the Medical Home environment. This was accomplished through a unique collaboration between two Universities; the University of Alberta, Department of Family Medicine, and MacEwan University and the support of two Ministries; the Ministry of Education and Ministry of Health.

The following data is from our four academic teaching sites.

## S4- STRATEGIC GOAL – PROVIDE SAFE AND EFFECTIVE HEALTHCARE.

**Table 8: Academic Teaching Site Access Indicators**

<b>S4-Objective 1:</b> <b>Improve access to healthcare</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
<b>Indicator 1:</b> Average time to 3 <sup>rd</sup> next available appointment (days)			
MacEwan University Health Centre previously Royal Alex FMC	5.4	2.3	3.6
Grey Nuns FMC	4.4	5.2	4.8
Misericordia FMC	4.7	3.7	3.3
NEHC FMC	5	5.2	6
<b>Indicator 2:</b> <b>Average cycle time of appointments (minutes from check in to check out)</b>			
MacEwan University Health Centre previously Royal Alex FMC	47	58	42
Grey Nuns FMC	59	57	49
Misericordia FMC	60	56	47.6
NEHC FMC	47	47	42

<b>Indicator 3:</b> Average red zone time (time spent with provider, in minutes)			
MacEwan University Health Centre previously Royal Alex FMC	29	28	20.7
Grey Nuns FMC	N/A	19	20.1
Misericordia FMC	33	31	18.5
NECHC FMC	18	27	23.2

**Table 9: Academic Teaching Site Clinical Activity**

<b>S4-Objective 1:</b> Improve access to healthcare - continued	2017-18	2017-18	2018-19
<b>Indicator 4:</b> Continuity rate of provider panel (% of patients seeing own provider)			
MacEwan University Health Centre previously Royal Alex FMC	84%	86%	83% <sup>(8)</sup>
Grey Nuns FMC	87%	87%	90%
Misericordia FMC	84%	80%	80%
NECHC FMC	87%	88%	90%
<b>Indicator 5:</b> Number of new patients accepted to practice			
MacEwan University Health Centre previously Royal Alex FMC	379	205	953
Grey Nuns FMC	285	271	166
Misericordia FMC	76	112	88
NECHC FMC	352	235	204
<b>Indicator 6:</b> Average return visit rate / 12 month period			
MacEwan University Health Centre previously Royal Alex FMC	3.3	3.2	3.3
Grey Nuns FMC	3	3.3	2.9
Misericordia FMC	3.1	3.2	3.1
NECHC FMC	3.6	2.9	3.2
<b>Indicator 7:</b> Panel size – patients seen in the past 3 years			
MacEwan University Health Centre previously Royal Alex FMC	5,690	6406	8235
Grey Nuns FMC	3,795	3996	3776
Misericordia FMC	4,499	4605	4324
NECHC FMC	5,074	4818	3880
<b>Indicator 8:</b> Utilization of Primary Care Network allied health service professionals and programs (number of events)			

MacEwan University Health Centre previously Royal Alex FMC	2185	1442	1724
Grey Nuns FMC	695	694	587
Misericordia FMC	978	1500	672
NECHC FMC	1115	785	437

<sup>(8)</sup>Extended hours artificially lowers continuity rate. Evening and weekend shift physicians see all provider patients not just their own.

## Table 10: Academic Teaching Site Practice Quality Improvement

The four academic teaching clinics have successfully maintained a culture of continuous quality improvement informed by measures for many years. Role modeling quality and safety in primary care and quality improvement has become an important focus of this department's curriculum.

<b>S4-Objective 2:</b> <b>Foster best practice and innovations in primary care</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
<b>Indicator 1:</b> Number of practice quality improvement projects / initiatives in academic teaching clinics.			
MacEwan University Health Centre previously Royal Alex FMC	7	6	11
Grey Nuns FMC	8	10	10
Misericordia FMC	10	7	7
NECHC FMC	29	25	8

## Tables 11: Academic Teaching Site Health Screening Completion Rates

At the four academic teaching sites screening rates are measured on the entire panel of **active** (**active=seen in the past 36 months**) patients through the use of reporting tools which are part of the Electronic Medical Record. Those results appear seen on Table 11.

Screening rates in Table 11 only take age and sex into account as the criteria for eligibility for each maneuver. It does not take into account patient preference or the fact that a maneuver may not have been medically indicated. For this reason, a rate of 100% would be inappropriate.

<b>S4-Objective 2:</b>								
Foster best practice and innovations in primary care (continued)								
<b>Indicator 2:</b>								
Percentage of population health screening completion rates.								
	MacEwan Previously Royal Alex		Grey Nuns		Misericordia		NECHC	
	2018	2019	2018	2019	2018	2019	2018	2019
<b>Mammography</b>	67%	73%	77%	75%	54%	55%	77%	79%
<b>Pap Test</b>	61%	65%	66%	65%	44%	48%	54%	47%
<b>Blood Pressure</b>	66%	75%	76%	74%	50%	53%	53%	81%
<b>Plasma Lipid Profile</b>	77%	75%	64%	72%	67%	67%	75%	79%
<b>Colorectal Cancer Screening - Colonoscopy last 10 years or Sigmoidoscopy last 5 years or FIT test last 2 years</b>	62%	64%	74%	67%	46%	52%	52%	56%
<b>Diabetes Screen – One of Hemoglobin A1C or Fasting Glucose</b>	85%	83%	87%	75%	39%	79%	83%	71%
<b>CV Risk Calculation ( Framingham )</b>	35%	46%	8%	17%	14%	11%	66%	78%
<b>Height once</b>	90%	89%	97%	95%	77%	78%	90%	91%
<b>Weight 3 year</b>	72%	76%	73%	81%	56%	59%	64%	77%
<b>Smoking 1 Year</b>	48%	57%	3%	24%	22%	19%	37%	54%
<b>Exercise Assessment 1 year</b>	33%	37%	21%	19%	12%	11%	34%	52%

**Table 12: Leadership and advocacy in Primary Healthcare Policy and Education in Quality and Safety.**

<b>S4-Objective 3:</b> Demonstrate leadership and advocacy in healthcare delivery policy.	<b>2017-18</b>	<b>2018-19</b>
<b>Indicator 1:</b> Number of provincial, national and international committees or working groups affecting policy attended by faculty or senior staff.	No data	No data
<b>S4-Objective 4:</b> Educate and support in Quality and Safety in primary Care	<b>2017-18</b>	<b>2018-19</b>
<b>Indicator 1:</b> Number of large group sessions or sessions to clinics	3	4
Number sessions for learners	4	4

## Appendix 1a

### Faculty Members on Research Funding Organizations

1. Au L
  - a. Accreditation Committee, Dalhousie
2. Babenko O
  - a. Reviewer, Family Medicine Summit, Alberta College of Family Physicians
  - b. Reviewer, Canadian Conference on Medical Education
3. Campbell-Scherer D
  - a. Member, Steering Committee, Canadian Obesity Guidelines
4. Cave AJ
  - a. Chair, Pediatric Asthma Pathway Committee, Alberta Health Services
  - b. Co-Chair, Respiratory Strategic Clinical Network, AHS
5. Chan K
  - a. Co-Chair, Seniors Strategic Clinical Network, AHS
  - b. Member, Supportive Living Capacity Mentoring Team, Alberta Health Services
  - c. Member, Primary Health Care Integrated Geriatric Services Initiative, AHS
6. Charles L
  - a. Co-Chair, Decision Making Capacity Assessment Steering Group, Covenant Health
  - b. Member, Seniors Strategic Clinical Network, AHS
  - c. Member, Edmonton Zone Home Living Support Advisory Committee, Alberta Health Services
  - d. Member, Awards Committee, CGS
  - e. Member, Accreditation Committee, CFPC
  - f. Member, Continuing Professional Development Committee, CGS
  - g. Member, Working Group on the Assessment of Competence in Care of the Elderly, CFPC
7. Chmelicek J
  - a. Advisor, Governance Review Committee, ACFP
  - b. Chair, Post Graduate Directors, CFPC
  - c. Advisor, Governance Review Committee, CFPC
  - d. Member, NCCPD Sub-Committee on CPD Credit, CFPC
  - e. Chair, Accreditation Committee, Dalhousie University, CFPC
8. De Freitas T
  - a. Member, Bone and Joint Health Strategic Clinical Network, AHS
9. Dobbs B
  - a. Co-Chair, Community of Practice on Alternate Transportation for Seniors, Edmonton Seniors Coordinating Council
  - b. Reviewer, Family Medicine Summit, ACFP
  - c. Member, Seniors' Health Strategic Clinical Network, Alberta Health Services

10. Donoff M
  - a. Co-Chair, Patients Collaborating with Teams (Provincial), AMA
11. Garrison S
  - a. Member, PBRN Action Group, CFPC
  - b. Director, Pragmatic Trials Collaboration
  - c. Reviewer, CIHR SPOR Innovative Clinical Trial Grant, CIHR
  - d. Member, Action Group for Advocacy in Research, CFPC
  - e. Grant Panel Member, University Hospital Foundation Medical Research Competition
12. Green LA
  - a. Member, Primary Health Care Steering Committee, Alberta Health
  - b. Member, Physician Resource Planning Committee, Alberta Health & AHS
13. Gruneir A
  - a. Member, Alzheimer Society of Canada Research Policy Committee
  - b. Advisor, Public Reporting Consultation, Health Quality Ontario
  - c. Reviewer, Postdoctoral Fellowship Award, CIHR
  - d. Member, Canadian Longitudinal Study on Aging Data and Sample Access Committee
  - e. Reviewer, Family Medicine Summit, ACFP
  - f. Editorial Board, *PLoS One*
14. Humphries P
  - a. Committee Chair, University of Manitoba Accreditation, CFPC
  - b. Member, AHS Edmonton Zone Core Resource Team for Medical Assistance in Dying
15. Keenan L
  - a. Chair, Planning Committee, International Qualitative Health Research Conference
  - b. Director, Community Engaged Research, Faculty of Medicine & Dentistry, University of Alberta
  - c. Member, Conference Development, Canadian Bioethics Society Annual Ethics Conference
  - d. Reviewer, International Qualitative Health Research Conference
  - e. Advisor, Faculty Development Meeting, AMEE
  - f. Reviewer, CCME
  - g. Advisor, Quality Assurance Review Committee: Accreditation Review
16. Kolber MR
  - a. President, Alberta Society of Endoscopic Practice
  - b. Planning Committee, Practical Evidence for Informed Practice (PEIP) Conference
  - c. Chair, Endoscopy Skills Days for Practicing Endoscopists and their Teams
  - d. Co-Chair, GI for GPs Conference
  - e. President, Electronic Medical Procedure Reporting System (EMPRS) Inc
  - f. Editor, Tools for Practice, ACFP
17. Konkin J
  - a. Member, Global Health Network, AFMC
  - b. Member, Accreditation of Canadian Medical Schools, CFPC
  - c. Member, International Advisory Panel, Patan Academy of Health Sciences
  - d. Member, PGME Collaborative Governance Council
  - e. Member, Research Committee, Australian College of Rural and Remote Medicine
  - f. Member, International Committee, Society of Rural Physicians of Canada
  - g. Member, Accreditation Committee, CFPC



- h. Planning Committee, , Consortium of Longitudinal Integrated Clerkship Conference
- i. Member, Distributed Medical Education Group, The Association of Faculties of Medicine of Canada (AFMC)

18. Koppula S

- a. Member, Maternity and Newborn Care Program Committee, CFPC
- b. Member, Section of Teachers, CFPC
- c. Board of Directors, Secretary, ACFP
- d. Reviewer, Review and Expert Opinion, CPSA
- e. Member, Scientific Planning Committee Member, CCME
- f. Member, Educational Research Symposium Planning Committee, CCME
- g. Advisor, Society of Teachers of Family Medicine (STFM) Teacher Competency, CFPC
- h. Reviewer, Opioid Use Disorder in Primary Care Guideline, ACFP
- i. Reviewer, Family Medicine Summit Abstracts, ACFP
- j. Reviewer, Outstanding Paper of the Year, CFPC

19. Korownyk C

- a. Member, Quality, Safety and Outcomes Improvement Executive Committee, AHS
- b. Member, Cervical Cancer Screening, Canadian Task Force on Preventative Health
- c. Editorial Board, Tools for Practice
- d. Member, Polypharmacy, Canadian Task Force on Preventative Health
- e. Member, Osteoporosis, Canadian Task Force on Preventative Health

20. Lebrun CM

- a. Member, Continuing Professional Development Committee, CASEM
- b. Chief Medical Officer, Canadian Team World University Games
- c. Member, Therapeutic Use Exemption Committee, Canadian Centre for Ethics in Sports
- d. Member, Education Committee, American College of Sports Medicine (ACSM)
- e. Member, Faculty/Planning Committee, Advanced Team Physician Course Conference, ACSM
- f. Member, Fellowship Director's Committee, Canadian Academy of Sport and Exercise Medicine (CASEM)
- g. Member, Fellowship Director's Committee, Canadian Academy of Sport and Exercise Medicine (CASEM)
- h. Member, Olympic and Paralympic Sports Medicine Issues Committee, ACSM
- i. Member, Team Physicians' Committee, CASEM
- j. Editorial Board Member, *Clinical Journal of Sports Medicine*

21. Lee A

- a. Member, Family Medicine Undergraduate Peer Consultative Review Committee, CFPC
- b. Member, Undergraduate Family Medicine Directors Committee, CFPC
- c. Reviewer, Family Medicine Summit, ACFP

22. Manca D

- a. Chair, Family Medicine Summit, Alberta College of Family Physicians
- b. Grant Reviewer, Alberta Innovates
- c. Facilitator, Quality Improvement Symposium, CFPC
- d. Accreditation Committee, Dalhousie, CFPC
- e. Member, Practice Based Research Network Action Group, CFPC
- f. Member, Alberta Primary Health Care Strategic Network, AHS
- g. Member, Diabetes Infrastructure for Surveillance, Evaluation and Research Committee, AHS
- h. Member, CDAM-DISER (Diabetes) Advisory Committee, AHS
- i. Member, EMR Working Group, CFPC
- j. Member, PII – Practice Improvement Initiative, CFPC

- k. Member, QI Bootcamp Workgroup, CFPC
  - l. Member, Research Directors Committee, CFPC
23. Moores D
- a. Committee Member, Academic Medicine Health Services Program, Alberta Medical Association (AMA)
  - b. Member, Complaint Review Committee and Hearing Tribunal, College of Physicians and Surgeons of Alberta (CPSA)
  - c. Member, Peer Assessor and Reviewer, CPSA
  - d. Member, Quality Referrals Curriculum Advisory Group, Alberta Health Services (AHS)
24. Nichols D
- a. Committee Member, AFMC Distributed Medical Education Committee, CCME
  - b. Working Group, Distributed Medical Education, Committee on Accreditation of Canadian Medical Schools
25. Parmar J
- a. Member, Alberta Health Services Provincial Seniors and Primary Health Care Initiatives Committee
  - b. Member, Dementia Education Committee, AHS
  - c. Member, Seniors Strategic Clinical Network, Alberta Health Services
  - d. Member, Alberta Seniors Care Coalition (ASCC)
  - e. Member, iSENIORS Research Unit Advisory Committee
  - f. Co-Lead, NESHW Strategic Planning, Covenant Health
  - g. Co-Chair, NESHW Innovator' Challenge, Covenant Health
  - h. Co-Lead, Assessing Frailty/Enhancing Care in the Community – Homecare Project, AHS
  - i. Co-Developer, Network of Excellence in Senior's Health & Wellness (NESHW) Innovation Fund, Covenant Health
  - j. Committee Chair, Health Workforce Training Conference Development, CIHR
  - k. Planning Committee, 6<sup>th</sup> Building Dementia Awareness Conference
26. Ross S
- a. Member, Certification Process and Assessment Committee, CFPC
  - b. Member, Program Evaluation Advisory Group, CFPC
  - c. Reviewer, Review Committee for Education Innovation Symposium Submissions, CCME
27. Salvalaggio G
- a. Reviewer, NAPCRG
  - b. Advisory Board, Alberta Addicts Who Educate and Advocate Responsibly (AAWEAR)
  - c. Advisor, Primary Health Care Opioid Response Initiative, ACFP
  - d. Advisor, Provincial Supervised Consumption Project, AIHS
28. Szafran O
- a. Member, Health Research Ethics Board (Health Panel), University of Alberta
  - b. Reviewer, Family Medicine Forum, CFPC
  - c. Reviewer, Research Showcase, Family Medicine Summit, ACFP
29. Triscott J
- a. Member, Glenrose Rehabilitation Hospital Ethics Committee
  - b. Member, Planning Committee for Geriatric Medicine Conference
  - c. Member, Seniors Health Strategic Clinical Network, Alberta Health Services
  - d. Reviewer, Seniors Health Strategic Clinical Network Summer Studentship Competition, AHS
  - e. Reviewer, Family Medicine Summit, Research Showcase – What's Up Doc?, ACFP

- f. Reviewer, Family Medicine Forum, CFPC
- g. Reviewer, Fellowship Awards, CFPC
- h. Member, National Chronic Kidney Management Working Group