



2014-2015 Annual Report

Department of Family Medicine

University of Alberta

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COVER PHOTO CREDIT: KAREN MONIZ

MISSION, VISION AND CORE VALUES

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 high-quality education to, and role models for, medical students, and
3. conducting and disseminating clinical, educational, epidemiological, and health services research that improves the teaching and practice of family medicine and primary health care.

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-centred care, and uses its own data, dialog with its stakeholders, and published research to continuously improve its service, quality, and safety.

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.



MESSAGE FROM THE CHAIR

As you can see in the sections of this edition of the Annual Report, it has been a very busy year here. We've welcomed new faculty, others have stepped up to new roles, and all across the Department the same theme is evident: stepping up our game.

In the residency program, we thanked Dr. Paul Humphries for his steady hand on the helm as Interim Program Director, and welcomed Dr. John Chmelicek as permanent director. Dr. Michelle Morros took up the post of Assistant Program Director for resident support, rounding out the assistant director team of Drs. Humphries, Janke, and Ross. The new director and team, as you can see, have continued building on the program's success. An outstanding CaRMS match was just one highlight; the Residency section provides the full details.



Special mention must be made of the significant strides in undergraduate medical education made this year. Under the leadership of Dr. Amy Tan, the department took on a major role in the revised MD Program curriculum. The influence of this increased role, both in attracting the best students into Family Medicine and providing the essential generalist perspective in education for future specialists, cannot be overstated, nor can Dr. Tan's visionary approach to creating it. We were also fortunate to have Dr. Lillian Au join as Assistant Undergraduate Director, our first step in building the undergraduate program team as the residency program team has been strengthened.

The research program has clearly stepped up the game this year, in too many ways to list here – it has to be read to be appreciated. It's difficult even to pick out highlights, between the growth of research programs led by Drs. Campbell-Scherer, Garrison, and Klein, the ongoing successes of Dr. Manca's BETTER team and Dr. Dobbs' nationally renowned work in the MARD Centre, the continued rise of CPCSSN, and the strategically important province-wide large-scale collaboration spearheaded by Dr. Drummond. The Educational Research team's national and international profile continues to rise, and we expect even more in the future with the addition of Dr. Oksana Babenko this year.

This year has also seen the game stepped up in other ways. We have a new interim dean, whom department representatives were very involved in choosing, and with him a new and genuinely engaged Faculty-level strategic planning process – in which the department is also very involved. The provincial government initiated a review and redesign of the entire province's Academic Medicine Framework, and again the department was given a significant role, recognizing the importance of the department's mission to the province and the maturing of the department's ability to be a key resource to the province.

The department's fledgling Grand Rounds program shifted into high gear this year, with excellent and engaging presentations quarterly. Our accountability to ourselves and to our stakeholders advanced as well, with the initiation of a Department-wide academic site metrics group and commitment to data-based attention to quality and safety.

The common success factor in stepping up the game across all these areas is the department's amazing people, both faculty and staff. The creativity and teamwork on display throughout this report set a pace for the future that is exciting to look forward to indeed.

Dr. Lee A. Green, MD MPH Professor and Chair



Education

Family Medicine has five educational programs that support education for medical students, residents and teaching faculty. These five programs are:

- Undergraduate Program in Family Medicine
- Family Medicine Residency Program
- Enhanced Skills Residency Program
- Faculty Development Program
- Education Support Program

UNDERGRADUATE

**2014-2015
Team**

Dr. Amy Tan, Dr. David Pickle, Dr. Fred Janke, Dr. Mike Kolber, Dr. Tina Korownyk, Erika Siroski, Elylea Ramos, Kerri Hample

Physicianship Year One and Two

Led by Dr. Amy Tan, the 2014-2015 academic year was the start of the Year Two Physicianship course and the second year of Year One Physicianship. The physicianship curriculum is grounded in generalism and family medicine physicians are involved throughout the curriculum in small group teaching sessions, clinical teaching etc.

The Resident as Teacher pilot was successful and the program continued to grow in the 2014-2015 academic year. We have expanded the opportunities for the residents into the second year communication and physical exam sessions and have made enhancements to ensure quality of learning opportunities for both the students and residents. The student enjoy being taught by the residents who they feel are closer to their stage in training so they can relate to them more as it wasn't long ago that they were in medical school.

Family physicians also participate as Physicianship Discussion Group facilitators, where the uncertainty of medicine and the impact of the doctor-patient relationship is explored in small groups that will continue through all four years of the MD program.

Along with the start of Year Two Physicianship, the class of 2017 were the first group of students to have longitudinal clinical experience in family medicine (LCE-FM) sessions throughout their second year of medical school. Our objective was to schedule the students with the same physician for both Years One and Two so that they could expand on their skills and knowledge with a physician who was familiar with them. We were lucky in that 86% of the Year Two students were able to stay with their Year One placement. In Year Two the students really focused on the skills that they developed in Year One while expanding the physical exam skills to include palpitation, range of motion, single joint exams and reflexes. LCE-FM is

the only core clinical experience in the pre-clerkship curriculum. For Years One and Two combined we had a total of 156 preceptors with 97% the Year 1 students rating their preceptors good to excellent and 96% of the Year Two students rating them good to excellent.

Clerkship

In the 2014-2015 academic year we placed 148 students for their four-week urban family medicine clerkship rotations. We had 41 lead physicians within Edmonton and surrounding areas of Leduc, Beaumont, Spruce Grove, Stony Plain, Sherwood Park and St. Albert who provided our students with exceptional experiences in family medicine. This year 49% of the 2015 graduating class matched family medicine for their residency.

We recently awarded urban excellence in teaching awards to the top preceptor of the year as well as top overall clinic of the year for the urban clerkship program. Dr. Kourosh Dinyari of the Family Medicine Associates clinic received the preceptor award and the Allin Clinic team of Dr.'s David Fields, Janice May and Barbara Woods won the top overall clinic of the year.

Rural and Regional Clerkship

2014-2015 saw 145 students placed in rural community teaching sites for their four-week rural family medicine experience. Students have reported this to be a valuable learning experience, both clinically and from the point of view of experiencing rural life. We continue to expand our reservoir of rural community teaching sites and are very pleased to have 46 lead (or coordinating) rural preceptors. Fred Janke continues to lead our rural and regional clerkship and continues to actively recruit new rural community teaching sites. During the year, there were 139 Year Threes and Year Four students placed for an elective in

rural family medicine, many of these being for two weeks.

Family Medicine Interest Group

The Family Medicine Interest Group (FMIG) was busy during the 2014-2015 Academic year hosting events that were engaging and well-received by both Year One and Two medical students. Introduction to Family Medicine presented by Dr. Mike Allan was an enthusiastic introduction to the many opportunities in family medicine. Life as a Family Medicine Resident with Dr. Alim Nagli invited the students to see what it is like to be in the 2+1 residency program and won over the crowd with his humour and engaging speaking style.

Clinical Skills Night is a resident demonstrated evening for procedural skills in areas such as female/male catheterization, breast and pelvic exams, suturing, as well as birthing. This event is a favourite among the students and continues to be popular. The events were planned and executed by the FMIG executive senior and junior representatives, Danika Leung and Kelly Ma, respectively.

- Dr. Michael Kolber, Acting Director Undergraduate Program



Members of the Family Medicine Interest Group attended the Edmonton North Primary Care Network dinner on April 7, 2015 to find out about the function of PCNs in the health care system.

(L-R):Viktor Sekowski, Danika Leung,Benedict Yong, Ashley Tse



Clinical Skills Night

RESIDENCY

**2014-2015
Team**

**Dr. John Chmelicek, Dr. Paul Humphries, Cindy Heisler, Shelley Veats,
Sandy Boychuk, Joanne Lafrance, Dr. Michelle Morros**

In 2014-2015, the University of Alberta Family Medicine Residency Program continued to expand and refine teaching and learning experiences offered at our range of distributed sites: urban, rural, regional, institutional, and community. The popularity of our program and our practices in family medicine has increased dramatically over the past few years, indicated by the highly competitive CaRMS match.

The proportion of resident time spent in family medicine based integrated programming continues to grow. This advancement of integrated learning based in family medicine meshes very well with the successes we have had in leading the way in competency-based learning and assessment.

The program has now established competency-based relevant guidelines for selection and management of teaching sites and for assessment, remediation and appeal. Following the external consult for the internal review, the program has expanded the emphasis on unity and equity of sites.

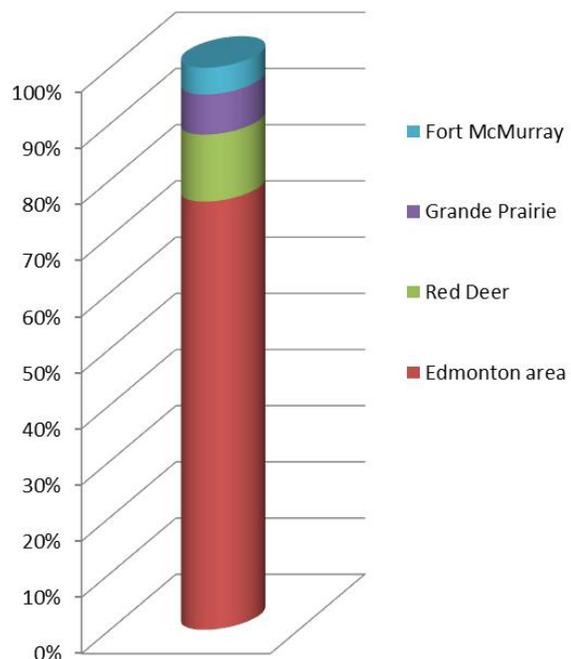
In order to manage the growing responsibilities of a larger and more complex residency, the program has expanded the director's team to keep apace of the daily operations and future planning for learners and preceptors. The year was marked by Dr. John Chmelicek taking over as Postgraduate Education Director in December 2014 and by Dr. Michelle Morros joining full-time faculty as her portfolio for resident assistance grew.

Supported by a hard-working and competent team of administrative assistants, the program office offers timely contact and process for our learners and preceptors.

*- Dr. John Chmelicek, Director,
Postgraduate Education*

**2014 – 2015 Residency Numbers at
June 30, 2015.**

Residents	Year One1	Year Two
Total	84	87
Edmonton Area	64	67
Red Deer	10	10
Grand Prairie	6	6
Fort McMurray	4	4



DISTRIBUTED RESIDENCY

Our distributed family medicine residency training programs include three sites: Fort McMurray, Grande Prairie and Red Deer. All three sites provide an environment of collegiality in which residents become an important part of the health care team and the medical community. For Red Deer and Grande Prairie, the bulk of the family medicine experience occurs at rural community teaching sites with which we partner. There are 39 such sites throughout Central & Northern Alberta, extending into the Northwest & Yukon Territories. Many of the sites accept multiple levels of learners and therefore work with undergraduate and postgraduate learners. Overseas opportunities are also available for second-year residents. Rural sites provide great training opportunities with one-to-one preceptor-based teaching. Smaller learner numbers means that our residents have a greater opportunity to manage medical, surgical, and obstetric cases as the primary learner and caregiver.

- Dr. Fred Janke, Director of Rural and Regional Health

Grande Prairie & Red Deer

Grande Prairie and Red Deer launched as family medicine training sites in 2001. In addition to their rurally-focused Family Medicine residency programs, both sites provide excellent training for medical students and urban specialty residents. Both locations provide excellent opportunities for one-on-one teaching with preceptors and exposure to a great variety of clinical presentations and procedures. Our specialty preceptors are committed to teaching family medicine residents and are involved in weekly teaching rounds.

Our academic planning committee, which includes our co-directors as well as residents from each year and each site, meets monthly to discuss and organize topics for academic days and workshops. Our chief residents also get together on a monthly basis with administrative coordinators and co-directors to review resident well-being and to develop strategies to enhance the programs at each site.

Our monthly academic days follow a two-year calendar of academic topics. These are supplemented by a series of workshops and special skills courses including a critical care workshop, ALARM, ATLS, ACLS, PALS, NRP, CBT, Emergency Ultrasound and CASTED courses, and a Communication Skills workshop. Grande Prairie also schedules a two-hour critical care SIM sessions at the STARS hangar at the end of each academic day whereas Red Deer has a similar session with the STARS bus each month.

Our programs are competency-based and can readily adapt to meet perceived gaps in training and Triple "C" curriculum requirements. Residents are paired with family medicine preceptors who have a broad scope of practice. Doing both office and hospital based work ensures continuity with family medicine in the first year by having weekly half-days with family medicine preceptors when at their home base, and gives residents the opportunity to develop their own patient panel during the five-month rural rotation in their second year. Grande Prairie and Red Deer residents meet with Fort McMurray trainees in Hinton for an annual resident retreat in August. Additional get-togethers are organized around academic workshops either in Grande Prairie or Red Deer with input from the resident social representatives.

- Drs. Valentin Duta and Brad Martin, Site Directors, Grande Prairie

- Dr Jack Bromley, Site Director, Red Deer

Fort McMurray

2015 has been another busy year for Family Medicine in Fort McMurray. Our relatively new program continues to grow and expand. We started the 2015/16 academic year with 12 residents and one fellow(13 learners) at various stages of their training. The Fort McMurray family medicine residency program is fully integrated with a horizontal approach to family medicine training that is competency-based.

Residents host and present in weekly grand rounds to which the local medical community are invited. Allied health professionals also attend our rounds and the sessions are video-conferenced for anyone

who wishes to participate.

Monthly academic days and workshops in evidence based medicine, practice management, behavioural medicine, critical care, and SOO training sessions are shared with the Red Deer and Grande Prairie programs allowing the residents from all three sites to connect and network with their colleagues. Additional courses in our program include hemodynamics, casted and CBT which all give our residents a broad education and hands-on training. The residents not only appreciate the learning opportunities these events provide but also appreciate the work required by the administrative staff to organize these events.

As with all the University of Alberta Family Medicine program, our residents undergo a rural experience in a more rural/remote community which allows them to practice to the full scope of a future rural family physician. The residents usually look forward to this time!

Over the past year some of our residents have attended the Family Medicine Forum (FMF) conference in Toronto, the St. Paul's Continuing Medical Education (CME) conference in Vancouver and in August 2015 all the residents enjoyed a series of workshops and academics over a week at the Hinton training center. Our residents have further broadened their experiences with electives throughout Alberta. We have also continued to experience a steady interest from medical learners across the country and beyond.

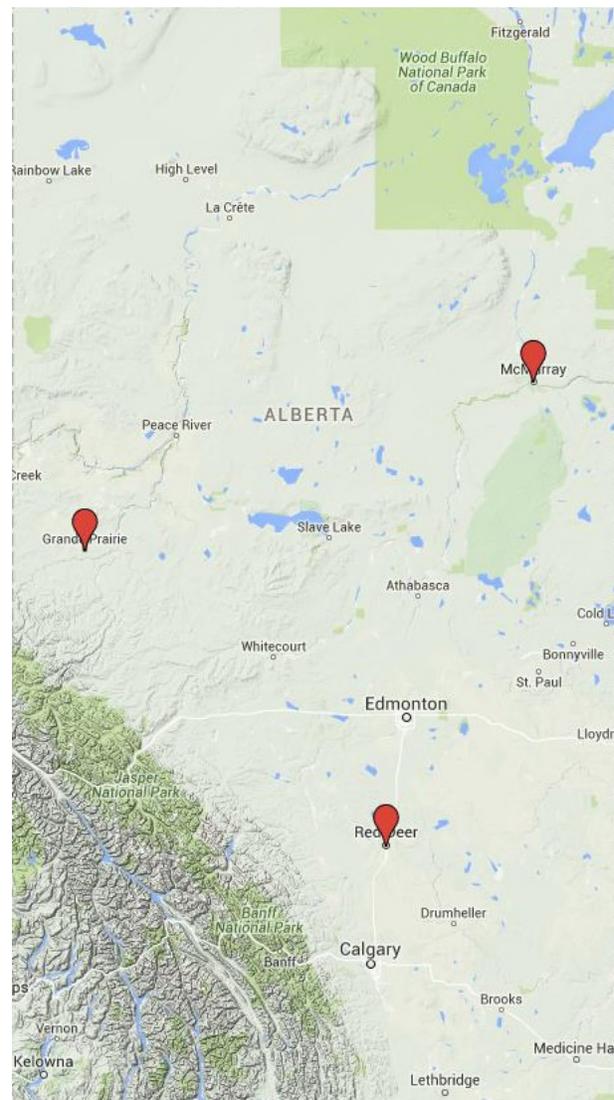
We offer an approach to medicine that seeks to sustain residents' identity as family physicians by offering training that emulates real family practice. Our teaching provides continuity of patient care through repeat visits and prolonged exposure with a panel of patients. This allows residents to build rewarding relationships with patients and encourages them to take specific learned skills back to the family medicine setting.

We continue to actively recruit additional faculty across various disciplines, and especially in family medicine. We enjoy tremendous support from the local community, Alberta Health Services(AHS) and from the University of Alberta. The Office of Rural and Regional Health (ORRH) and the Department of Family Medicine have worked very closely with us this year to promote faculty development. We maintain regular communication with the

university to ensure that our program receives all the necessary support. We are very thankful for our amazing site administrator, Leslie Lefebvre, without whom most of this would be nearly impossible.

In spite of the global economic downturn, Fort McMurray continues to thrive and to maintain its popularity as a preferred site for remote family medicine elective experience for medical students and residents.

*- Dr. Edward Denga, Site Director
Fort McMurray*



ENHANCED SKILLS RESIDENCY

2014-2015
Team

Drs Constance Lebrun, Jeremy Beach, Lesley Charles, John Chmelicek, William Flexer, Fred Janke, Sudha Koppula, Angela Naismith, Doreen Oneschuk, Kay Kovithavongs

The University of Alberta Enhanced Skills Residency Program continues to grow and prosper with the individual Program Committees meeting quarterly, and the Enhanced Skills Program Committee meeting two - four times yearly. A total of 13 residents across seven programs graduated in the 2014-2015 academic year. Of the graduates, six were from the University of Alberta, six were from other family medicine programs and one was a physician returning from practice to obtain additional skills and training.

Program Committee

The members of the Enhanced Skills Committee are Connie Lebrun (Chair), Jeremy Beach, Lesley Charles, John Chmelicek, Will Flexer, Fred Janke, Sudha Koppula, Angela Naismith and Doreen Oneschuk.

The Enhanced Skills Residency Program (ESRP) is an active participant in the College of Family Physicians of Canada (CFPC) National Enhanced Skills Directors' Committee, through the Chair of the ESRP. The National Committee is associated with what are now called the Communities of Practice (COP), formerly Special Interest Focused Practice (SIFP). Drs Roman Tulis (SEM) and Laura Matemisz David Sibley (FM-EM) were the designated Resident Enhanced Skills Program Committee representatives for 2014-2015.

To recognize family physicians who have achieved a distinguished level of skill and experience in a specific COP program area, the CFPC Board of Directors approved the awarding of Certificates of Added Competence (CACs) as special designations for five Category 1 Enhanced Skills programs: Family Medicine-Emergency Medicine, Palliative Medicine, Care of the Elderly, Family Practice-Anesthesia, and Sport and Exercise Medicine (SEM). Work continues with special Working Groups on Assessment of Competency for each of these programs, to better define the Enhanced Skills competencies for each discipline. In April 2015 applications opened for these CACs, through

one of two routes: the resident route (which only required documentation of a previous enhanced skills training program in that area), and a leader route (which required a longer application, as well as three letters of reference). For Family Medicine-Emergency Medicine, the only documentation required for the Resident route was evidence of successfully passing the CCFP (EM) national exam.

The application process closed on November 15th, 2015, and a separate committee for each discipline will review applications and submit their recommendations to the CFPC Board of Examiners for approval. The CAC certificates will be awarded to successful applicants at the 2016 Family Medicine Forum meeting in Vancouver. Eventually a practice eligible route will also be developed. Members of our department are very active in the CFPC special Working Groups for Assessment of Competence in their respective disciplines, and are contributing enormously to this national initiative.

- Dr. Constance Lebrun, Director

Anesthesia

After close to 10 years of service the Enhanced Skills - Family Practice Anesthesia (FPA) program has bid adieu to its program director, Dr. Ed Lazar. During his tenure the program grew to a nationally recognized centre of learning and produced many excellent practitioners. The new program director is Dr. Will Flexer, who was himself previously a FPA, and is now a full time specialty anesthesiologist at the Misericordia Community Hospital. We offer

thanks to Dr. Lazar for his years of hard work, and welcome Dr. Flexer to his new position.

One resident completed the program this year and plans to return to work in Slave Lake. The selection process for the 2015-2016 academic year is now done. It was an unusual year with six applicants for two positions plus another resident who was accepted last year but deferred for maternity leave. Now that the selection process is complete, we are pleased to announce that we have a record three residents in the program. We are grateful to the Anesthesiology Residency Program for allowing us to expand the enrollment during this exceptional year.

In an effort to meet changing community needs as mandated by the College of Family Physicians, we have expanded the curriculum to offer residents a one month elective in ICU based critical care. This is being offered at the Grey Nuns Community Hospital to those residents who feel that their chosen communities would benefit from the extra skills that ICU training offers.

Care of the Elderly

Congratulations to Drs. Ali Khaleifa, Amber Peters and James Huang on completing the Care of the Elderly (CoE) program, including the exit examination, in 2015. Two residents are registered for the 2015-2016 academic year.

Competency-Based Achievement System (CBAS) is being utilized in the outpatient clinic and the entire group is slowly being exposed to the CBAS process, with the hope of being able to use it on other rotations.

I sit on the College of Family Physicians of Canada (CFPC) Working Group on the Assessment of Competence in Care of the Elderly and the CFPC Peer Review Committee for CACs in Family Medicine in Care of the Elderly.

- Dr. Lesley Charles, Program Director

Emergency Medicine

Family Medicine - Emergency Medicine (FM-EM) had another successful year with continued strong interest in the program. We wish to acknowledge the successful completion of the FM-EM program

by seven FM-EM residents: Drs Alim Nagji, Lauren Feldhoff, Vickie Lee, Josh Fanaeian, Colleen Sweeney, Laura Matemisz, and Marc Curial.

- Dr. Angela Naismith, Program Director

Occupational Medicine

The Enhanced Skills Program in Occupational Medicine continues to be available but there were no applicants for the 2014-2015 academic year. The University of Alberta Foundation Course in Occupational Medicine which provides continuing professional development in this area for community based physicians, primarily family physicians, continues to be oversubscribed and it is hoped that as there are more graduates from this course there will be increased interest in the enhanced skills program.

- Dr. Jeremy Beach, Program Director

Palliative Medicine

The Year of Added Competency (YAC) in Palliative Medicine continues to operate as a conjoint program. This will likely change when the Royal College two-year sub-specialty program is up and running, which will likely be in July 2017 for most Canadian universities. The first year will be primarily clinical with a focus on cancer, and the second year with a focus on clinical non-cancer and academics including research, leadership, and education. Family medicine residents will be able to apply following their two-year family medicine residency. There will be established entrance criteria that have yet to be confirmed for these interested family medicine residents. The College of Family Physicians of Canada will continue to offer a one year clinical program that will likely be similar to the current conjoint YAC year.

There were two residents in the 2014-15 program, with the same number of residents in the 2015-16 program. One of the residents who graduated in July 2015 is working with the Edmonton Zone Palliative Care Program, and the other, with the Ottawa Palliative Care Program.

Following the recommendation from the September 2014 Internal Review, the University of Alberta Division of Palliative Medicine staff will be meeting in the fall 2015 to work on better linking the Core Rotation Objectives and Goals to the current and likely additional Assessment Tools.

- Dr. Doreen Oneschuk,
Residency Program Director for Palliative Medicine

Sport and Exercise Medicine

The Sport and Exercise Medicine (SEM) Enhanced Skills program continues to grow. Congratulations to Dr. Roman Tulis on successfully completing the program and on passing the Diploma Examination of the Canadian Academy of Sport and Exercise Medicine (CASEM). The current PGY3 resident in SEM is Dr. Olesia Markevych.

The College of Family Physicians of Canada (CFPC) Working Group on Assessment of Competence in SEM has continued to develop the Key Features for assessment of competency. I am an active participant on this committee. In terms of evaluation of competency in SEM, and in line with the above application procedures, the University of Alberta SEM Program has developed and is using a SEM-specific Competency-Based Achievement System (CBAS). We are also continuing with the research project that was submitted by myslef along with Shelley Ross, PhD and Dr. Michel Donoff from the University of Alberta, and Dr. Lisa Fischer, Western University.

This is a pilot project, comparing the electronic version of CBAS at the University of Alberta with a paper-based version of CBAS and FieldNotes, at Western University. In 2014-2015 the University of Calgary was added as a second site using the paper-based system. Researchers will be assessing the efficacy and efficiency of CBAS and comparing the quantity and quality of the electronic and paper system FieldNotes. The ultimate aim is to refine this tool for use by all PGY-3 Enhanced Skills SEM programs across Canada.

- Dr. Constance Lebrun, Program Director



Dr. Roman Tulis demonstrating joint injections.



**2nd Annual Dr. David C Reid
Glen Sather Sports Medicine Clinic Conference**

**Managing the Aging Shoulder
Conservative and Surgical Care**

When: Saturday October 17th, 2015
9:00 a.m. – 3:00 p.m.

Where: University of Alberta

Cost: Clinicians \$250
Students \$100

For: Physicians,
Physical Therapists, Nurses,
& other health professionals

To Register Visit: uab.ca/pd

MAINPRO Credit Available through the CFPC & RCPC (in process)

Enhanced Skills residents have the opportunity to take part in conferences and workshops throughout their program.

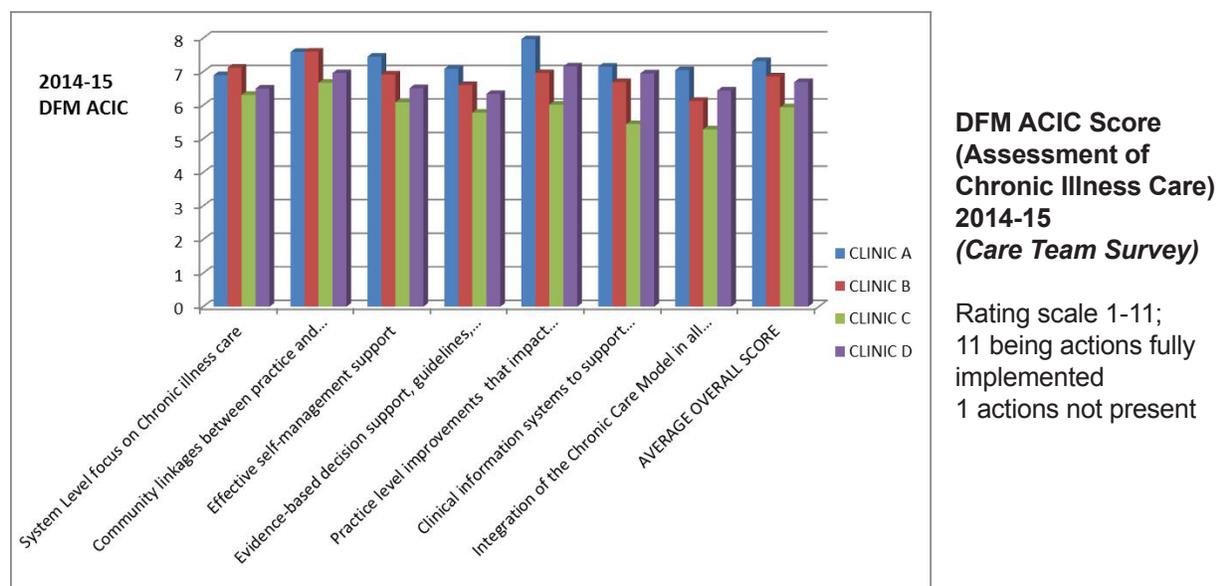
CLINICAL TEACHING SITES

Clinical Teaching Sites

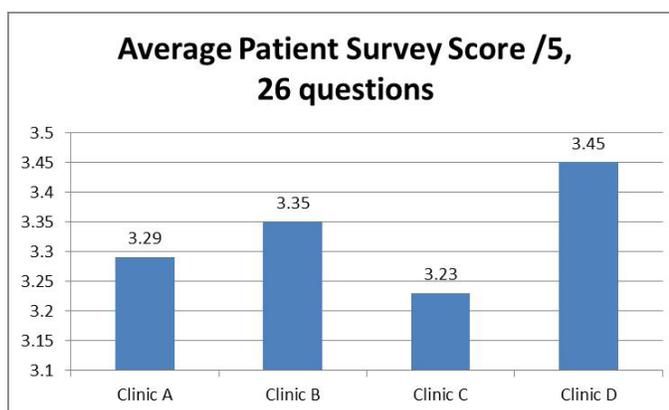
Our academic teaching sites, community sites and rural and regional teaching sites excel in role modelling family medicine environments which focus on team based, systems based, and socially accountable patient-centered-care. These practices encourage a culture of continuous quality improvement, integration and utilization of PCN team members and use and evaluation of their own data to inform their clinical quality improvements.

Department Sites

In addition to the usual efforts in access and office efficiency improvements, the department sites decided to begin to look at health care teams and the management of chronic illness. A Metrics Project Working Group was formed and responsible for finding and evaluating tools which could be used to measure teamwork effectiveness in the care of chronically ill patients as well as the use of technology to easily monitor this demographic of patients.



DFM PACIC Score (Patients Assessment of Chronic Illness Care) 2014-15 (Patient Survey)
Rating scale 1-5; 5 being "Almost Always", 1 being "Almost Never"

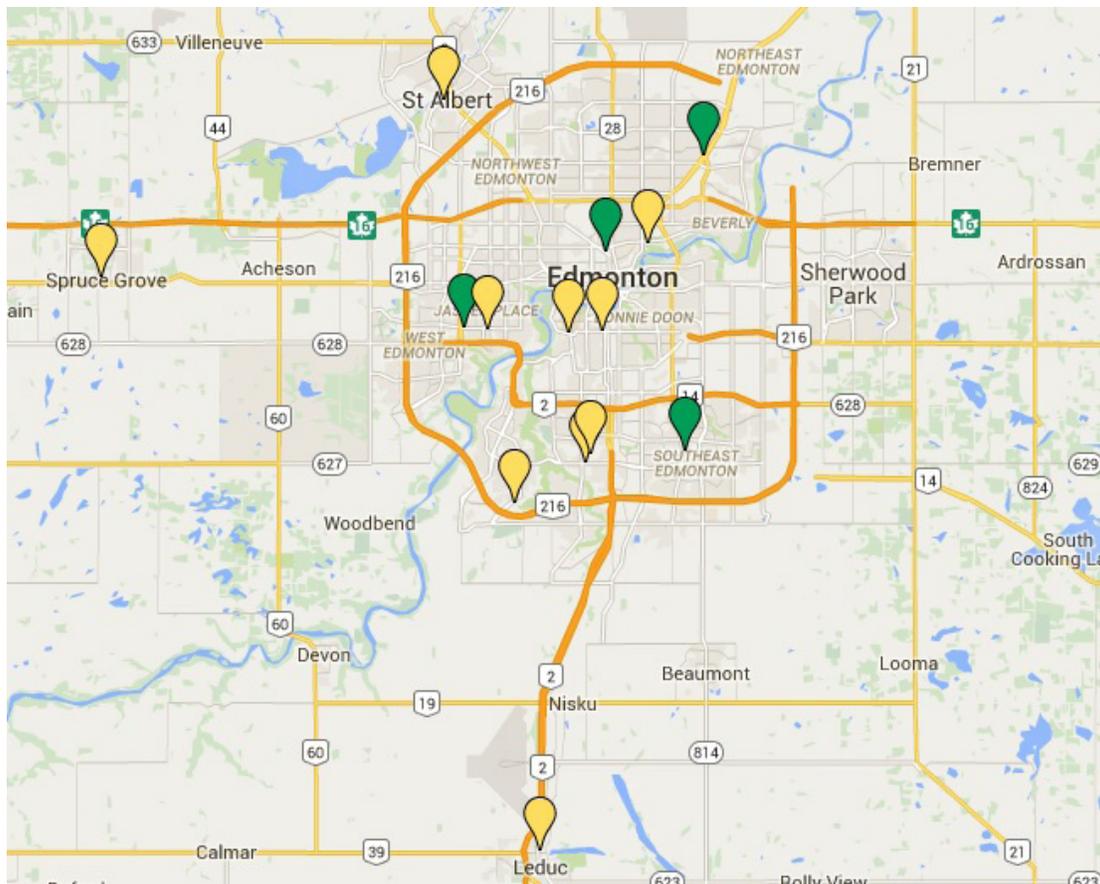


A decision was made to use a modified version of the validated ACIC (Assessment of Chronic Illness Care) team survey and PACIC (Patient Assessment of Chronic Illness Care) patient survey created by the MacColl Centre for Health Care Innovation, Group Health Cooperative, copyright 2000. Baseline data was very promising; not only did it show all of our four academic sites were very similar across all domains, but it also showed all four sites were doing very well. Although there was room for improvement, no blatant deficiencies were noted. The four family medicine academic sites are: Grey Nuns Family Medicine Centre, Royal Alexandra Family Medicine Centre, Misericordia Family Medicine Centre, and Northeast Community Health Centre.

Community Sites

The Department of Family Medicine is fortunate to be able to offer residency placements in community clinics. In 2014-2015, 10 community-based teaching sites in the Edmonton Metropolitan Area hosted residents: Dominion Health Centres (Mactaggart and Century Park Clinics), Heritage Medical Clinic, LA Medical Clinic, Meadowlark Family Clinic, East Edmonton Family Care Clinic, Westview Physician Collaborative, Grandin Medical Clinic, Justik Medical Clinic and Kaye Edmonton Clinic.

Green = Department Site
Yellow = Community Site



FACULTY DEVELOPMENT

FREzER

FREzER (Faculty and Resident Extravaganza and Education Retreat) was held at the Fairmont Jasper Park Lodge from March 27 - 28, 2015 and was once again a great success. The event was attended by 80 residents and 34 faculty who benefitted from a number of workshops:

Faculty and resident joint workshops

Incorporating Exam Preparation into Everyday Clinical Practice with Samantha Horvey and Keith Huber.
The Amazing Race: The Teaching, Learning, and Exam Preparation Edition with Sudha Koppula.

Faculty Workshops

Mainpro Plus: CME Credits with Khurram Jahangir
Competency-Based Achievement Systems (CBAS) with Mirella Chiodo, Shelley Ross

Booths

Research at the Department of Family Medicine with Donna Manca

FREzER also included discussions with sponsors and many social events such as:

- Site vs Site Hockey Tournament
- The Chair's Reception: hosted by Lee Green and Michele Eickholt
- Evening Social hosted by the FREzER Resident Planning Committee
- Jasper Park Lodge dining, shopping, and amenities, Marmot Basin Skiing, and exploring Jasper National Park
- Formulation and gathering of ideas for future planning

On-Campus Faculty Development Sessions

On June 18, 2015 visiting speaker Dr. Bruce Arroll presented his session How to Keep Up With Medical Knowledge and Answer Clinical Questions Quickly to 13 participants.

Workshops by Rural and Community Preceptors

SNAPPS, RIME, One Minute Preceptor, and How to Incorporate a Learner into a Busy Medical Practice workshops were held.

EDUCATIONAL SUPPORT PROGRAM

2014-2015
Team

Dr. Paul Humphries, Dr. Shelley Ross, Dr. Mike Donoff, Dr. Shirley Schipper, Kay Kovithavongs, Mirella Chiodo

The Education Support Program (ESP) provides support to preceptors and advisors to improve teaching and assessment. The ESP team meets with preceptors for one-on-one assistance with clinical teaching and assessment as needed. Our master teachers are Drs. Mike Donoff, Paul Humphries, and Shirley Schipper. In addition to this focus on quality improvement of teaching, the ESP team is responsible for continuing evaluation and refinement of the Competency-Based Achievement System (CBAS).

The electronic interface for CBAS (eCBAS) has been completely revised. The new version of eCBAS was piloted in early 2014, and was expanded across the full residency program by the end of 2014. Preceptors, residents, and advisors are now able to tag field notes with the CFPC priority topics and key features. Additionally, electronic versions of the Periodic Progress Reports have been developed, and are in beta testing.

The CBAS team continues to present at national and international conferences, and to be involved in local, provincial, and national committees. Workshops in particular have been very effective; each workshop is often followed by multiple contacts from outside groups and programs who wish to adopt CBAS for their own clinical assessment programs.

The ESP team is developing a new online module-based curriculum for CBAS to improve use and resident experiences. This new curriculum is targeted to be released in summer 2016.

- Shelley Ross, PhD

In June of 2015, The CBAS team was awarded the 2015 Information Technology Excellence Award. This award, given by University of Alberta Information Services and Technology, recognizes teams which have demonstrated “innovative use of hardware and/or software technology to successfully deploy a major information technology project with significant impact to research, teaching, administration, and/or the campus experience”.

The screenshot displays the 'eCBAS' interface for entering field notes. At the top, it identifies the user as 'UNIVERSITY OF ALBERTA FACULTY OF MEDICINE & DENTISTRY Department of Family Medicine'. The form includes several fields: 'COMM Learner' (a dropdown menu), 'Observer' (a text input field), 'Observation' (a text input field), 'Priority Topic (optional)' (a dropdown menu), 'Feedback' (a large text area), 'Sentinel Habit' (a dropdown menu), 'Clinical Domain' (a dropdown menu), 'Progress Level' (radio buttons for 'Stop, important correction', 'In progress', and 'Carry on, got it'), 'Follow Up' (radio buttons for 'No' and 'Yes'), 'Stack Name' (a text input field), 'Observed Patient/Resident Interaction' (radio buttons for 'No' and 'Yes'), and 'Attachments' (a button to 'Add Attachment'). At the bottom, there are 'Submit FieldNote' and 'Cancel' buttons.

Pictured above: the electronic CBAS interface.

DOCTOR PATIENT RELATIONSHIP COURSE

The Doctor-Patient Relationship Course (DPR) is an integral component of the Family Medicine Program as established by the College of Family Physicians of Canada (CFPC) accreditation.

The department's ongoing and groundbreaking work, commitment of small group facilitators, narrative reflection experts, and mentors who contribute their valuable time, expertise, and passion for the subject, has evolved into a comprehensive course that ensures progressive, continuous learning in the development of a strong patient-centered approach to the practice of family medicine.

The DPR course consists of established and evolving components. All residents entering the Family Medicine Residency Program begin the course with a DPR Skills Assessment Evaluation, followed by participation in a series of DPR Workshops, providing residents with the opportunity to implement theory and skills in simulated authentic patient experiences with Standardized Patients. Additionally, all family medicine residents are welcome to participate in a mentorship program where faculty members offer their experience and guidance to their junior colleagues within a supportive environment.

Building upon the DPR course success, further contributions to the development of the DPR course are in progress to continually respond to the change needs of the residents. DPR continues to evolve to ensure progressive and continuous learning through innovative project. New additions to the curriculum over the past year have been training in Advance Care Planning discussions and Communication Skills in weight management. New changes are planned that will provide the opportunity to add emerging new topics like Physician Assisted Death and Refugee Health Communication.

- Dr. Doug Klein, Director



Photo Credit: University of Alberta

NARRATIVE REFLECTIVE PRACTICE

In 2014-15, the department continued its leadership of a three-dimensional narrative inquiry approach in a developmental, narrative curriculum. Our early focus on undergraduate learning and family medicine residency has expanded to consider the faculty facilitators' experience of, and involvement in, the narrative inquiry process with learners.

The Narrative Reflective Practice (NRP) initiative is based on the belief that the physician's subjective clinical judgment is essential in knowledge application, rooted as it is in personal professional experience and understanding of each patient's story. Narrative competency - the ability to think with stories for patient benefit - has been identified as a necessary competency for physicians.

NRP Outcomes Research resulted in one chapter submitted, another in process, and three papers currently being reviewed for publication. The citations of our work continue. Across the University of Alberta, interdisciplinary collaborative NRP research is linking faculty in Family Medicine, the Division of Studies in Medical Education, and the Faculties of Nursing, Arts and Education. We are also participants in an Alberta Health Services Storytelling Community of Practice.

Over the past year, presentations and workshops were delivered at Family Medicine Forum, the Canadian Colleges of Medical Education Conference and the Creating Space Symposium. The Narrative Reflective Practice Journal Club, which consists of medical faculty from the University of Alberta and the University of Calgary, is presently completing a participatory research study on a dialogued understanding of NRP in medical education.

Looking ahead to 2016, the main focus will be the professional formation and retention of NRP facilitators. As narrative reflective pedagogies evolve, our understanding of process is leading us to new areas of inquiry in the research; in particular, further consideration of the context in which NRP is going on is required as is the issue of power in the reflective practice learning environment.

- Ms. Marie Cave, Coordinator



Photo Credit: University of Alberta

ABORIGINAL HEALTH

In my role as Assistant Professor Aboriginal Health, I have continued to work toward providing an all-encompassing holistic model of Aboriginal beliefs, standards, principles and political insights as an integral part of maintaining a common bridge between First Nations, Metis, Inuit people and the medical community. The work of Aboriginal Health this year and in previous years has resulted in many positive changes, notably an increase in Aboriginal communities and individuals being more comfortable and confident to take greater interest in and responsibility for their own health and the health of their families and communities.

Alongside other organizers I worked to bring about the highly successful traditional Wisdom Engaged: Traditional Knowledge and Northern Community Well-being conference. There has been a great deal of benefit from the sharing that occurred at this gathering, including the initiation of a number of publications.

I was selected to participate in developing a Medical Dictionary for the Anatomy for Cree Speakers (medical practitioners, nurses and health care-givers) at the Saskatchewan First Nation University, April 2015 for a full-week period. There were 10 Fluent Speakers of the Plains Cree People selected in this workshop.

Community outreach and support continued to be an important part of the work of Aboriginal Health. Native Perspectives, the Aboriginal health radio show which I take part in, continues to air every second Sunday night on 98.5 FM Edmonton and 94.5 FM Fort McMurray. The show focuses on healthy lifestyle choices for urban Aboriginal people.

I have been selected to represent the University of Alberta on the Fox Farms Project. This Edmonton-based initiative includes all ceremonial leaders of Edmonton and Greater Edmonton Region who have been asked to utilize a parcel of land given to Aboriginal people so that they can have their clan groups practice their brand of ceremonies including sweatlodges, community feasts, and tribal gatherings. In 2014, I also began working with the Minister of Human Services as an advisor on the government framework for child foster care.

Interest in the Exposure to Traditional Healing Practices, the Health Belief Model Course I developed, continued with three students taking this medical education elective course in 2014-2015. Further, interest grows with presentations on Aboriginal health concerns that are offered to community and in the greater Edmonton region.

The suicide prevention workshops that I began in 2014-2015 evolved into the provision of primary traditional health care in five communities. In addition to the health care support and education provided to these communities, I also run a mental health support group in Edmonton. I continued seeing patients in the Traditional Healing Clinic I have established. Patients from all over the western provinces come to Edmonton on a regular basis seeking traditional healing. Further, I have developed week long visits to Aboriginal communities providing traditional healing, addressing community health concerns, and providing mental health supports, the communities so far include; Ft. Chipewyan, AB, O'Chiese/Sunchild Salteaux Reserves, AB, La Ronge and Stanley Mission, Saskatchewan. Each year I see 700 to 900 patients and 300 to 500 mental health patients.

I am also a regular member of the Aboriginal Initiatives Council at the University. As this Council grows larger within the University Campus, a more diverse council sits quarterly to discuss the social and political atmosphere in which aboriginal staff and students must prevail to remain viable members.

- Clifford Cardinal, Assistant Professor, Aboriginal Health

Health Services

Through leadership in the study and delivery of family practice and primary care, the Department of Family Medicine seeks to improve the health and well-being of the people of Alberta. We endeavor to provide very good access to high quality health care services, resulting in healthy and productive individuals, families, and communities.

The foundation of health care services in the department is the concept of the **Primary Care Home Model**. Features of this model include:

- Individual patients have an ongoing relationship with his or her family physician and team.
- Patient care is directed by the physician and nurse but may be provided by the entire care team.
- The complete medical record resides at the **Primary Care Home Model** to facilitate co-ordination of care
- Health care services are readily accessible.
- The quality of care and safety are defined and measurable.

HEALTH SERVICES

2014-2015
Team

Mirella Chiodo, Leslie Bortolotto, Sharon Cunningham, Karianne Hanak, Cheryl Berezan, Dr. David Moores

Quality and Safety in Family Practice/Primary Care continues to be a significant focus for the department. Since the introduction of our residency objectives in Quality and Safety over 320 family medicine residents have successfully completed the program and obtained recognition.

Ensuring better access to comprehensive services, best practice behaviours, family practice/primary care leadership and advocacy, quality and safety and establishing patient centred medical homes remains our focus.

The Health Quality Council of Alberta's report on their Continuity of Care Study continues to be the benchmark by which all family practices are challenged to consider how they would prevent a Greg Price incident happening in their practice.

Improving the consultation referral process has resulted in the production of QuRE. This represents the first time in Canada both referring and consulting physicians are challenged and provided with guidelines for effective consultation/referral processes.

Quality and Safety in Primary Care is the thematic focus of two of our four annual Family Medicine Grand Rounds. Faculty, residents and community teaching colleagues share the realities of their mistakes with each other and focus on the core quests: what happened, why did it happen, what can be learned, and what is to be done to prevent it from happening again. We've deliberately adopted the term 'significant events' rather than critical incidents to capture the breadth and depth of Quality and Safety in Family Practice. We can learn from our own and each others' mistakes.

2016 will represent the department's more active engagement nationally and internationally in the quality and safety movement.

- Dr. David Moores, Lead,
Quality Health Services

QuRE Quality Referral Pocket Checklist

PATIENT INFORMATION Name, DOB, PHN, Gender, Address, Phone, Email, ACB#, Alternate contact

PRIMARY CARE PROVIDER INFORMATION Name, Phone, Fax, CC for:

REFERRING PHYSICIAN INFORMATION Name, Phone, Fax

REASON FOR REFERRAL
Diagnosis, management or treatment?
Procedure issue / transfer of care
Urgency

PATIENT'S CURRENT STATUS
Stable, worsening or urgent/emergent consult?
What do you think is going on?
What are the key symptoms and findings?
When did they start / duration?
Are there any red flags?

FINDINGS AND/OR INVESTIGATIONS
What has already been done?
What has been ordered but still pending?
What results will be available by consultation?

CURRENT AND PAST MANAGEMENT (list with outcomes)
None
Unsuccessful treatment(s)
Previous consultation outcomes

COMORBIDITIES
Pertinent concurrent medical problems
Current & recent medications
• name, dosage, PRN basis
Known allergies
Warnings and challenges

QuRE Quality Consult Pocket Checklist

PATIENT INFORMATION Name, DOB, PHN, Gender, Address, Phone, Email, ACB#, Alternate contact

REFERRING PROVIDER INFORMATION Name, Phone, Fax

CONSULTING PROVIDER INFORMATION Name, Phone, Fax

PURPOSE OF CONSULTATION
Diagnosis, management or treatment?
Procedure issue / transfer of care
Urgency

DIAGNOSTIC CONSIDERATIONS
What do you think is going on?
• definitive / provisional / differential
Why? (explain underlying reason)
What else is pertinent to management?

MANAGEMENT PLAN
Goals of treatment
Options for treatment & management
Recommended treatment & management
• rationale
• anticipated benefits & potential harms
• contingency plans for adverse event(s) or failure of first choice treatment
Particular advice given to the patient
Situation(s) that may prompt an earlier review

FOLLOW-UP ARRANGEMENTS: WHO AND WHEN
Indicate who (referring or consulting provider) will:
• order & organize patient re-assessment, new tests / investigations
• review tests / investigations arising from consultation
• notify patient about results of tests / investigations
Suggested time frames

Sep 2015

Developed by the Quality Referral Evolution (QuRE) Working Group

Research

The Department of Family Medicine is conducting research in primary care of relevance to primary care practitioners and policy makers. Research agendas in health services, medical education, care of the elderly, distinct populations and the discipline and context of family medicine will reinforce our position as a leader among research-intensive departments.

Our Research Program supports research activities in strategic areas of emerging developments in primary care. This fulfills our research mandate of:

- Promoting, supporting, creating, disseminating and integrating research knowledge and scholarly activity in the discipline of family medicine.
- Increasing research capacity in the department.
- Enhancing the research skills of faculty members, residents and students.

RESEARCH

The Research Program started the 2014/2015 academic year with the move and consolidation of its offices to the 6th floor of the University Terrace building. Research space was previously scattered throughout the College Plaza building. With the move to our new space, researchers are now co-located in close proximity to one another.

The research activities in the Department of Family Medicine during 2014-2015 continued to be dynamic, vigorous, and brought notable media attention to our research. Dr. Drummond obtained CIHR-SPOR funding for the Primary and Integrated Health Care Innovations Network (PIHCIN). SPOR PIHCIN “is a network of networks that builds on provincial/territorial/federal networks and national assets in community-based primary health care.”* Dr. Doug Klein was successful in obtaining a CIHR grant to evaluate the CHANGE (Canadian Health Advanced by Nutrition and Graded Exercise) lifestyle intervention in primary care, and was part of a team of investigators who obtained a \$600,000 grant from Technology Evaluation in the Elderly network to conduct a national study on improving general practice advanced care planning (iGap). In August 2014, Dr. Andrea Gruneir joined the department as Assistant Professor in the Division of Care of the Elderly. Dr. Gruneir is an epidemiologist and health services researcher whose research focus is on the elderly population.

Congratulations to Dr. Tina Korownyk and the Evidence Based Medicine (EBM) group on their December 2014 research publication in the British Medical Journal titled “Televised medical talk shows – What they recommend and the evidence to support their recommendations: A prospective observational study.” This study received an overwhelming amount of media attention: 137 stories reaching approximately 46 million people. It was the top story arising from the Faculty of Medicine & Dentistry, based on the audience reached.

- Dr. Donna Manca, Director of Research
- Ms. Olga Szafran, Associate Director of Research

Primary Care Research Initiatives

Primary care research in the Department of Family Medicine benefits from involvement in a larger network of primary care research initiatives forming the Alberta Primary Health Care Research Network (APHCRN) a closely collaborating structure within Alberta. The initiatives listed below are involved in APHCRN efforts to advance primary care research in Alberta and throughout Canada.

Enhancing Alberta Primary Care Research Networks (EnACT)

EnACT (Enhancing Alberta Primary Care Research Networks) spent its second year developing and growing to increase visibility, partnerships, and support of primary care research in Alberta. Visibility of the primary care research infrastructure,

created by the Alberta Innovates Health Solutions (AIHS) Translational Health Chair grant, has increased through the use of digital media and presentations at regional, national, and international conferences such as Family Medicine Forum (FMF), Annual Scientific Assembly (ASA), Accelerating Primary Care Conference (APCC), North American Primary Care Research Group (NAPCRG), and International Naturalistic Decision Making Conference (INDMC).

We had a number of successes in our second year, including:

- Dr. Andrea Gruneir being awarded \$93,000 from the M.S.I. Foundation for her two-year project on older adults with dementia and their use of acute care services using national CPCSSN (to which EnACT provided pre-award development support),
- providing pre-award development for four Alberta Innovates Health Solutions (AIHS) Letter of Intent applications (three of which were invited to full application),
- four Canadian Institutes of Health Research

* CAHSPR ACRSPS website: www.cahspr.ca/en/community/news/528a71ca37dee8133882d518

(CIHR) grant applications (Foundation and KTA grants), and

- one M.S.I. Foundation Letter of Intent.

We are also providing in-kind project support to clinical and pragmatic trials, such as Dr. Scott Garrison's InRange trial, Dr. Michael Kolber's AFPEE study, and Dr. David Keegan's treatment of pain from acute Zoster/shingles study proposal. Our in-kind project support now also includes graduate research in health policy and economics.

We continue to provide major operational support to CPCSSN, and are now also supporting the Pragmatic Trials Collaborative (pragmatictrials.ca) led by Dr. Garrison. In addition, our own qualitative work using Cognitive Task Analysis has gained interest from physicians and researchers across Canada, and resulted in collaborations with Toward Optimized Practice (TOP) and Choose Wisely Canada (CWC) to look at over-use of MRI for low back pain, as well as AHS-KI to test cognitive coaching to assist facilitators' sense of efficacy and success.

The team, Tanya Barber (coordinator), Nicole Olivier (clinical study coordinator) and Matt Taylor (data manager), continues to maintain and enhance our existing partnerships with primary care key players and has reached out to include new ones such as Tec Edmonton, Institute of Health Economics, the School of Public Health, PaCER and Choosing Wisely Canada. They also work to support the growth of CPCSSN in Alberta, and are anxious to see what our next year will bring!

For more information, please visit www.primarycareresearch.ca or follow us on Twitter @EnACT_Ab.

- Dr. Lee Green, Chair

Capital Health Chair in Primary Care Research

This year has seen us achieve new research funding of \$1.3 million, publish several peer-reviewed papers in scientific journals and present a number of talks and posters at national and international research meetings, and consolidated our position as an Alberta-wide resource for primary care research.

Canadian Primary Care Sentinel Surveillance Network

As well as significant expansion in numbers in the past year, the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) in Alberta has been working on and validating case definitions for pelvic floor disorders and speech disorders, studying the incidence of hypertension, the prevalence and management in primary care of dementia, and contributed significantly to several national CIHR SPOR Chronic Disease Network proposals, including two (chronic kidney disease, diabetes complications) which were funded. CPCSSN in the province has this year been funded by the Surveillance and Assessment Branch of Alberta Health as well as by CIHR, AIHS and the EnACT primary care research support infrastructure.

SAPCREN -CPCSSN

The Southern Alberta Primary Care Research Network (SAPCREN) undertakes research with community-based primary care practitioners and CPCSSN extracts anonymous data from the electronic medical records of participating family physicians and nurse practitioners and makes it available for public health surveillance, health services research and epidemiology, and quality improvement projects. Currently 185 sentinels participate in the south of the province, representing 190 000 patients. Published studies include evaluation of an intervention for nursing home-acquired pneumonia and urinary tract infections, evaluation of an evidence-based intervention in primary care for obesity, evaluation of a pharmacist-led protocol for anticoagulation treatment in long-term care, a study of sleep quality and career intention among family physicians and a study describing the representativeness of CPCSSN data across the country. Studies nearing completion include a survey of obstetrical services in rural Alberta and an evaluation of the Better Living with Cancer programme. For more information visit the SAPCREN website at www.sapcren.ca

SAPCREN and the southern Alberta section of CPCSSN have recently merged to create a single network hosted jointly by the Departments of Family Medicine at the University of Alberta and the University of Calgary, and coordinated at the University of Calgary by Stephanie Garies with the help of Marta Shaw (both PhD students in epidemiology in the Department of Community Health Sciences).

Alberta SPOR PIHCIN

We successfully applied for a CIHR/AIHS Strategy for Patient Oriented Research (SPOR) Primary and Integrated Health Care Innovation Network (PIHCIN) for Alberta. As a member of the SPOR 'family' it has close linkage with the Alberta SPOR Support Unit. It will focus on the development and support of patient-oriented research between Alberta and other provinces and territories. Current PIHCIN studies include an investigation of complex high use/high needs patients in primary care, the prevalence and management of chronic kidney disease in primary care, and fragility in elderly primary care patients.

Coordinated by Cliff Lindeman (at the University of Alberta) and Boglarka Soos (at the University of Calgary), the Alberta SPOR PIHCIN joins with SAPCRen-CPCSSN and several other primary care research networks and agencies in creating a consolidated Alberta Primary Health Care Research 'Network of Networks'. This is set to become a major contributor to primary care research capacity within the province and beyond. For more information about the Alberta PIHCIN see the website at www.alberta-spor-pihcin.com.

*- Neil Drummond, PhD,
Chair in Primary Care Research*

Northern Alberta Primary Care Research Network

Dr. Donna Manca is the CPCSSN director and leads the Northern Alberta Primary Care Research Network (NAPCReN), which collects, processes and distributes standardized data from 11 practices, 34 physicians and a total of 58,515 patients in Northern Alberta. This network also collects data from 25 providers and 26,517 patients in the Northwest Territories. The network utilizes validated CPCSSN algorithms to identify eight chronic diseases including hypertension, diabetes, COPD, osteoarthritis, depression, dementia, Parkinson's disease and epilepsy. The validated algorithms used to identify patients with specific chronic diseases, facilitate research through data linking projects, the development of disease registries, and the potential to recruit patients into trials.

Pragmatic Trials Collaborative

The Pragmatic Trials Collaborative is a group of close to 400 BC and Alberta family physicians,

nurse practitioners, registered nurses and pharmacists all working together to optimize the use of existing therapies. Department of Family Medicine faculty involved in this initiative are Drs Scott Garrison (Director), Mike Allan, Lee Green, Mike Kolber and Tina Korownyk, along with collaborator Adrienne Lindblad (PharmD). The Pragmatic Trials Collaborative is a welcome complement to the department's primary care research efforts.

For more information, visit the Pragmatic Trials Collaborative website at www.pragmatictrials.ca.

CPSSN (Canadian Primary Care Sentinel Surveillance Network)

Canadian Primary Care Sentinel Surveillance Network (CPCSSN) is a pan-Canadian electronic medical record surveillance system that extracts data to be used in primary care research. Based out of Queen's University, CPCSSN has two nodes in Alberta supporting primary care research: NAPCReN and SAPCReN. The data provided by CPCSSN makes the incubation and realization of primary care research initiatives across the country possible. For more information, visit the CPCSSN website at www.cpcssn.ca

Medical Education Research

The primary goal of our medical education program of research is to produce comprehensive family physicians who can meet the needs of community; a secondary goal is to contribute to theory development. Medical education research is an integral part of both our research program and our education program. Many of our faculty are involved in medical education innovations at all levels of training – undergraduate, postgraduate, and faculty development/continuing professional development. These dedicated faculty work to ensure that their innovations are evidence-based, and work with the medical education research program to carry out evaluations of the work they are doing. Our department is a leader in the area of competency-based assessment in family medicine.

As a result of our medical education program of research, we have implemented and are evaluating multiple innovative programs in the medical school, in residency, and with clinician

educators in our department and in the community. These innovations are being shared within our university and beyond through presentations and workshops at provincial, national, and international conferences. Innovations are also shared through publications in peer-reviewed journals. Some of the projects that have been presented or published in the last year include: effectiveness of the Competency-Based Achievement System (CBAS), an assessment framework developed within our department that has been adopted by other programs in Canada and the United States; outcomes for international medical graduates on certification examinations; effectiveness of remediation approaches within residency before and after implementation of CBAS; residents as teachers in the medical school; physicians' lifestyles and how that influences their choices in counseling patients about lifestyle; formative feedback patterns in our residency program; use of electronic medical records to examine relational continuity between residents and patients; and practice patterns of family physicians who perform endoscopies.

- Shelley Ross, PhD,
Medical Education Researcher

Centre for Health & Culture

The name of the Centre for the Cross-Cultural Study of Health & Healing (CCSHH) was changed to the Centre for Health & Culture (CHC) by the Centre Board on January 27, 2014 and approved by the Academic Planning Committee at its July 2014 meeting.

The Centre for Health and Culture (CHC) was involved in a number of projects this year that have raised the department's profile and opened up opportunities for the future. From a public perspective, the success of the Wisdom Engaged: Traditional Knowledge and Northern Community Well-Being still brings accolades, with delegates from all over the world and participants from major tribal configurations among the Canadian Inuit, Dene, Cree, Tlingit, etc. as well as a contingent from Alaska. Spurred by our fruitful connection to Dr. Leslie Main Johnson from Athabasca University and her skilled leadership, the conference examined issues such as a return to traditional diets and health and such things as the role of geography and land in well-being. A wealth of papers have come from the gathering, suggesting that our

Northern Peoples Traditional Medicine Series might have to publish two volumes on the Northwest instead of the planned single. Dr. Johnson also took much of the results from the conference on tour to remote communities in northern BC and the NWT.

Due to our interest in and promotion of Aboriginal and Traditional medicines we have taken an active role in establishing the Integrative Health Institute (IHI), headed by Dr. Sunita Vohra from Pediatrics; Academic Planning Council (APC) approved the initiative during the winter, and I am now director of the Aboriginal/Traditional/Indigenous Wellness (ATI) group within the IHI unit. IHI has over 100 scholars within the university affiliated with it, and is set to have an important impact on health care over the next few years. One research initiative by IHI is an application for the \$25 million national-wide Strategy for Patient-Oriented Research (SPOR) grant that will look at mental health and cancer from an integrative medicine perspective.

Many of our past initiatives have come to fruition this year: Idioms of Sami Health and Healing, edited by Professor Barbara Miller from Amsterdam (UA/CCI Press, 2015), and Women in Medicine, (Waugh, Ross, Schipper) are about to be sent off for review.

The leadership of Valerie Plante, BA and Dr. Francisco Valenzuela from the Board of CHC continues to have an impact on dissemination of knowledge. Co-sponsored by the Centre and Le Soleil in Roots on Whyte, regular monthly sessions have once again drawn strong attendance. The theme this year was Transformation: Engaging the Spirit with presentations that drew from alternative and complementary health speakers from the Edmonton area. Everyone agrees that the Town/Gown Series is a continuing and valuable outreach from the university.

Dr. Maryam Razavy and Dr. Earle Waugh are in the final stages of completing fact-finding interviews for the Covenant Health Muslim Sensitivities Project; the study revolves around issues of bioethics and medicine for those committed to Islam.

Dr. Jean Triscott, Olga Szafran and Dr. Earle Waugh have had a busy year of presentations and conferences and international meetings. For example, Ms. Szafran will be presenting a poster on our IMG study entitled International Medical Graduates (IMGs) Within the Canadian

Cultural Medical Context at the ICRE (International Conference on Residency Education) conference to be held in Vancouver, BC. Like our work on Young Carers, these opportunities open doors to others working in culture-related fields.

- *Dr. Earle Waugh, Director,
Centre for Culture and Health*

The BETTER Program

The BETTER trial demonstrated the effectiveness of an integrated, multifaceted, paper-based approach that proactively targeted at-risk patients to attend an individual Chronic Disease Prevention and Screening (CDPS) intervention through a Prevention Practitioner (PP). This approach involved blending resources and guidelines across diseases and lifestyle risks to develop an integrated approach that is tailored to the individual patient's CDPS needs. The PP was a clinician available to the practice who developed skills in CDPS and the use of the BETTER tool kit. The PP met with patients and through a process of motivational interviewing and shared decision-making, tailored prevention prescriptions to each patient.

In 2012, further funding was obtained to expand the program and deepen the impact into the Northwest Territories and Newfoundland & Labrador until September 30, 2015. In the NWT, the BETTER program was given the designation of a "Choose NWT program", which meant that it was endorsed by the Government of the NWT. The BETTER resources developed for providers and patients in the north are publically available on the Choose NWT website. In March 2015, further funding was obtained through collaboration with the Teams Advancing Patient Experience: Strengthening Quality (TAPESTRY) project based out of McMaster University. This collaboration, called the TAPESTRY with BETTER for the Prevention and Screening (TAP-BPS) project, will evaluate electronic versions of the BETTER tools and the patients' use of a personal health record for CDPS.

- *Dr. Donna Manca, Director,
Family Medicine Research Program*

CanIMPACT

Dr. Donna Manca is a team member of the Canadian Team to Improve Community-Based Cancer Care along the Continuum (CanIMPACT) contributing to the qualitative inquiry and the personalized medicine stream. CanIMPACT is a pan-Canadian team of clinicians, researchers and policy makers working together on a program of research led by principal investigator Dr. Eva Grunfeld. The research program has four streams of inquiry: diagnosis, treatment, survivorship and personalized medicine. There are also four cross-cutting methods: quantitative inquiry of administrative data-sets, qualitative inquiry, knowledge translation and patient advisory committee.

CHANGE Alberta

CHANGE Alberta is an initiative led by Dr. Doug Klein to support research and clinical practice on integrating nutrition and exercise interventions into primary care environments in Alberta. CHANGE (Canadian Health Advanced by Nutrition and Graded Exercise) is an evidence-based interdisciplinary primary care intervention designed to support patients in achieving their healthy eating and physical activity goals. The intervention is led by primary care physicians in collaboration with an interdisciplinary team of dietitians and exercise specialists.

The portfolio of projects under the umbrella of CHANGE Alberta includes:

- focus groups with CHANGE participants to explore patient experiences with the CHANGE intervention,
- a stakeholder meeting with researchers, administrators and Primary Care Networks in Alberta to discuss the role of lifestyle interventions in primary care,
- a study surveying Primary Care Networks in Alberta on the capacity to provide lifestyle interventions,
- E-CHANGE, a research project exploring the use of technology to connect patients with their primary care team for support of nutrition and exercise goals, and
- a randomized control trial to evaluate the effectiveness of the CHANGE intervention in the Alberta Primary Care setting.

The CHANGE Cancer Alberta Project builds upon the success of the CHANGE Demonstration Project, which examined the feasibility of the CHANGE protocol in three Canadian cities (Edmonton, Quebec City and Toronto). CHANGE Cancer Alberta is a project with provincial scalability providing an innovative, primary care, interdisciplinary team-based, exercise and nutrition intervention that aligns with Alberta's commitment to being a leader in cancer prevention through targeted prevention, screening and research. CHANGE Cancer Alberta incorporates national CHANGE program tools and resources for a patient-centred approach specific to Alberta primary care settings. A comprehensive evaluation of the CHANGE Cancer Alberta project will support province-wide implementation.

Stakeholders have been engaged from Primary Care Networks (PCNs), Strategic Clinical Networks, Alberta Health Services, Toward Optimized Practice and include subject matter experts across Canada.

The CHANGE Alberta Research team is supported by Dr. Serena Humphries (Research Associate) and Ms. Madiha Mueen (Project Coordinator) and includes collaborators from across Canada, and includes Dr. Lee Green, and Dr. Denise Campbell-Scherer, experienced family physician researchers from the University of Alberta.

For more information please visit www.changealberta.net

- Dr. Doug Klein, Lead,
CHANGE Alberta

Care of the Elderly Research

The division is delighted to welcome new members. Dr. Andrea Gruneir, an Assistant Professor, is an experienced epidemiologist and health service researcher. Drs. Ali Khaleifa, Amber Peters-Stack, and James Huang have started their enhanced skills training in Care of the Elderly this year.

The Division continues to support resident research. Dr. Khaleifa did a chart review on the prevalence of inappropriate catheterizations among hospitalized elderly patients. Dr. Peters-Stack did an online survey on family physician's practices in diagnosing memory problems. Both residents presented their

findings at the Geriatric Grand Rounds. Additionally, Dr. Khaleifa presented his research orally at the Department of Family Medicine's Research Day. Dr. Huang, working with Dr. Jean Triscott, updated a checklist for geriatric consultations.

The Division's faculty continues to pursue research in addition to their clinical duties. Dr. Lesley Charles has published and presented on developing Care of the Elderly core competencies. She and Dr. Jasneet Parmar have presented and published on decision-making capacity assessments and on supporting family caregivers of seniors. Dr. Bonnie Dobbs continues to study medically-at-risk/impaired drivers and issues related to promotion of transportation mobility for those who chose to or can no longer drive. In addition, she and Dr. Diane McNeil developed and have disseminated a Toolkit for the Early Identification of Mental Health Disorders in Seniors, with this research funded by Alberta Addiction and Mental Health Research Partnership Program and Alberta Human Services. Dr. Karenn Chan received funding for her research on validating the Test Your Memory tool.

Dr. Andrea Gruneir is off to a busy start. She has a number of on-going projects still based in Ontario including those looking at health care transitions and the implications of multiple chronic conditions on health services use in older adults. In addition to these projects, she has been focusing on building her research program here in Alberta. In less than a year, she's received two grants to study dementia and has established new collaborations with people in the Department of Family Medicine, other departments at the University of Alberta, and other universities across the country.

The division provides research support to Care of the Elderly physicians practicing in the Greater Edmonton area. Dr. Jed Shimizu studies the effectiveness of geriatric services in the emergency departments in identifying and assessing frail older adults and enhancing utilization of community-based geriatric services. Dr. Marjan Abbasi has been advocating for an improvement services to seniors. She is looking to implement and evaluate the effectiveness of a PCN-based geriatric assessment team in addressing the increasing demand for elderly health care

- Bonnie M. Dobbs, PhD,
Director of Research, Division of Care of the Elderly

Medically At-Risk Driver Centre

The Medically At-Risk Driver Centre (MARD) aims to enhance the safety and mobility of medically at-risk drivers. MARD is committed to improving the safety, mobility, and support of medically at-risk and medically impaired drivers and all road users. It also is committed to reducing the social and health impacts, as well as the economic costs, associated with medically-impaired driving.

For the past year, we have continued our research and knowledge translation activities. We highlight the development and dissemination of a Toolkit for the Early Identification of Mental Health Disorders in Seniors. The Toolkit is designed to assist health care professionals in the primary care setting in the early detection of anxiety, dementia, depression, and alcohol use disorder in community dwelling seniors. In the last year, we have expanded our research on transportation for seniors and persons with disabilities and have partnered with the Capital Region Board to conduct a transportation needs assessment in a sub-region of the Capital Region. We also continue to update on a regular basis our searchable Online Compendium of Alternate Transportation Providers and our Guide to Mobility and Independence: A Comprehensive Listing of Essential Services and Transportation Providers in Edmonton and Outlying Communities (6th Edition). The Online Compendium and Mobility Guide are highly useful resources for older seniors aging at home as well as community-based service providers. These resources enhance the mobility and independence of seniors in our communities throughout Alberta.

MARD's projects have been presented in conferences locally, nationally, and internationally. Most important of all, our products have been disseminated in communities and by policymakers, where they are needed most. For more information, visit the [MARD website](#).

*- Bonnie M. Dobbs, PhD, Director,
Medically At-Risk Driver Centre*

The 5As Team Study

The 5AsTeam (5AsT) Study, funded by Alberta Innovates Health Solutions and supported by the Edmonton Southside Primary Care Network,

continues their work in improving obesity management in primary care.

The team has been active in extensive knowledge translation (KT) efforts across Canada with highlights being engagement with Alberta Health for the obesity refresh strategy, workshops at the Canadian Obesity Summit, the Canadian Dietician Conference, and a strong presence at the North American Primary Care research Group (NAPCRG) in New York City. We are excited about interest from international colleagues in the Middle East and Iceland, including an unexpected outcome of our materials being translated into Icelandic!

5AsT is led by the co-principal investigators Drs. Denise Campbell-Scherer, Arya Sharma, and Sheri Fielding, NP, and is supported by: Drs. Jeff Johnson, Andrew Cave, and Donna; Manca; study team postdoctoral fellows Drs. Jodie Asselin and Ayo Ogunleye; study coordinators Ms. Adedayo Osunlana and Ms. Melanie Heatherington; and clinical champion Ms. Robin Anderson, RD.

Our medical students working on curricula for medical students and residents are Carlos Lara, Emily King, and Albert Vu. Eniola Salami is working on analysis of the impacts of the 5AsT Intervention. Nisreen Chehemi, pharmacy student, is active on our patient cohort study. Our post-doctoral fellow Dr Jodie Asselin is moving on to a faculty position as an Assistant Professor in the Department of Anthropology at the University of Lethbridge.

The 5AsT intervention can be accessed at: http://www.obesitynetwork.ca/5As_Team. Membership in Canadian Obesity Network (CON) is free, and provides access to all of the materials and tools. The tools and their development have been accepted for publication in the Journal of Clinical Obesity.

Details about the ongoing longitudinal patient cohort study and qualitative patient study are available at <http://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-9-78>

*- Dr. Denise Campbell-Scherer,
Co-Principal Investigator, Implementation and
Evaluation of the 5As Team Project*

Evidence Based Medicine

The 2014-2015 academic year featured a variety of academic collaborations, including podcasts

and publications for the Evidence-Based Medicine (EBM) team. Supported by grants from the Alberta College of Family Physicians (ACFP), the College of Family Physicians of Canada (CFPC), Primary Care Networks (PCNs), and Toward Optimized Practice (with the AMA), the continued success of the program is a testament to the cooperation of the ACFP and the Department of Family Medicine.

The EBM program is made up of four family physicians - Drs. Mike Allan, Scott Garrison, Mike Kolber, and Tina Korownyk - as well as Knowledge Translation and Evidence Coordinator Adrienne Lindblad (PharmD) and Program Coordinator/Administrative Assistant Sharon Nickel.

Building on the work recognized in 2014 by the CFPC's Continuing Professional Development (CPD) Program award (for a MAINPRO®-accredited educational program that has provided an exceptional learning experience to practicing or practice-eligible CFPC members), the team continues to deliver a multitude of programs to advance the understanding of evidence and knowledge translation.

PUBLICATIONS

Tools for Practice

Written by practicing family physicians and other allied health care professionals, Tools for Practice (TFP) is a bi-weekly article summarizing medical evidence with a focus on topical issues and practice-modifying information. The content is developed free of industry bias, based on the best available evidence, and peer-reviewed. Twenty-four articles were published in TFP last year, and 12 also appeared in Canadian Family Physician. In August 2014, Tools for Practice became an accredited learning resource with the launch of the ACFP's online accreditation tool, GoMainpro. With the launch of GoMainpro, Tools for Practice now reaches over 22,000 family physicians and allied care providers across the country and internationally.

Journal-based Publications

The EBM team worked with various researchers and academics on many publications this year. Research collaborations, including Tools for Practice in Canadian Family Physician, were published in the following journals, most notably the popular "Televised Medical Talk Shows" paper in December

2014:

- July 2014: *American Journal of Gastroenterology, Circulation*
- August 2014: *American Journal of Gastroenterology, Current Opinion in Lipidology*
- September 2014: *Canadian Medical Association Journal, Journal of Physiotherapy*
- October 2014: *Journal of Thrombosis and Thrombolysis*
- December 2014: *BMJ*
- January 2015: *Canadian Family Physician*
- March 2015: *Canadian Family Physician, Canadian Medical Association Journal, Medical Care, The Cochrane Database of Systematic Reviews*

Pricing Document

A collaborative work authored by Dr. Mike Kolber and pharmacists Tony Nickonchuk and Jayson Lee, this document compares commonly prescribed pharmaceuticals in Alberta. It identifies generic products from brand name products, a 90-day cost for standard doses, and Alberta Blue Cross and Indian Affairs coverage. The document is grouped by medication class and then ordered by cost. While it is not exhaustive, it contains many commonly-used medications and is the only pricing document of its kind in Alberta. [The document is available for download on the ACFP website.](#)

CONTINUING MEDICAL EDUCATION PROGRAMS

Roadshows

The Continuing Professional Development (CPD) Roadshows continue to be a popular offering of the program with more than 20 modules for delivery on a variety of common clinical topics. Tailored to the host community's needs, Roadshows offer unique, interactive, accredited CME sessions, varying from two to eight hours in length. Sessions are free from industry bias, and evaluations are consistently rated 4.5 to 5.0/5.0. With the addition of new communities this year, Roadshows have been delivered across the province in more than 15 communities. In 2014-2015, we visited Camrose, Canmore, Hinton, Lethbridge, Medicine Hat, and Three Hills.

Practical Evidence for Informed Practice Conference

The Practical Evidence for Informed Practice Conference (PEIP) brings together clinical leaders that speak on the latest findings that can affect

practice and patient treatment, and is applicable to a variety of disciplines, including physicians, pharmacists, nurses, nurse practitioners, and other allied health care providers. It highlights relevant, evidence-based, and thought-provoking topics in health care.

The third annual conference, held October 24-25, 2014 at the DoubleTree by Hilton West Edmonton Hotel, again sold out by the early bird date, nearly six weeks before the event despite increased venue capacity. One and a half days of short plenary sessions and rapid-fire question and answer periods featured 17 sessions and 12 speakers, and was delivered to a total of 438 attendees (including speakers and staff), exceeding the event goal of 400. Program development earned a rating of 4.96/5.0 for relevancy to family medicine, while the overall conference experience was rated at 4.75/5.0. Ninety-seven percent of attendees indicated they will attend PEIP again and a contract has been signed with the DoubleTree for 2015 to build the conference a “home” in Edmonton.

Best Practice Support Visits

Like academic detailing, these evidence-based sessions start with detailed training of pharmacists within PCNs who then spend the next four to six weeks delivering the 30-minute session to physicians in their practices. There are eight lunch sessions per year; topics are chosen from requests by the PCN pharmacists based on the needs of their PCNs. In 2014-2015, there were five PCNs with approximately 25 pharmacists and 700 physicians involved.

COLLABORATIONS

Best Science Medicine Podcast

Presented weekly by Dr. James McCormack (University of British Columbia Pharmaceutical Sciences) and Dr. Mike Allan, the Best Science Medicine (BSM) Podcast promotes healthy skepticism and critical thinking. Our overriding messages encourage physicians to be familiar with the evidence (not critical appraisal) for the conditions they treat and to engage patients in shared-informed decision-making by discussing with them their risk without treatment, their risk with treatment, and any potential adverse effects, including cost. Approximately 25,000-30,000 podcasts are downloaded each month, with 65% of listeners from Canada, 15% from the US, and 5% from the UK.

Of approximately 2,500 medical podcasts, BSM is usually number one in Canada and Portugal, and is in the top 20 in remaining English-speaking countries.

*- Dr. G. Michael Allan, Director,
Evidence Based Medicine*

Multidisciplinary Teams

Research assessing multidisciplinary team-based care within the primary care setting included a study led by Ms. Szafran on patients' perceptions of team-based care within PCNs. This study complements two previous studies on family physicians' and nurses' perspectives on working in primary care teams. Dr. Salvalaggio and her team also undertook a project on enhancing multidisciplinary care for inner city patients with high acute care use.

Other Health Services Research

Dr. Gruneir was part of a team examining predictors of admission to long-term care facilities and continued to analyze repeat emergency department visits among long-term care residents and health services utilization associated with multi-morbidity. Dr. Green was part of an international team who received a grant to assess the effectiveness of maximizing care management in primary care.

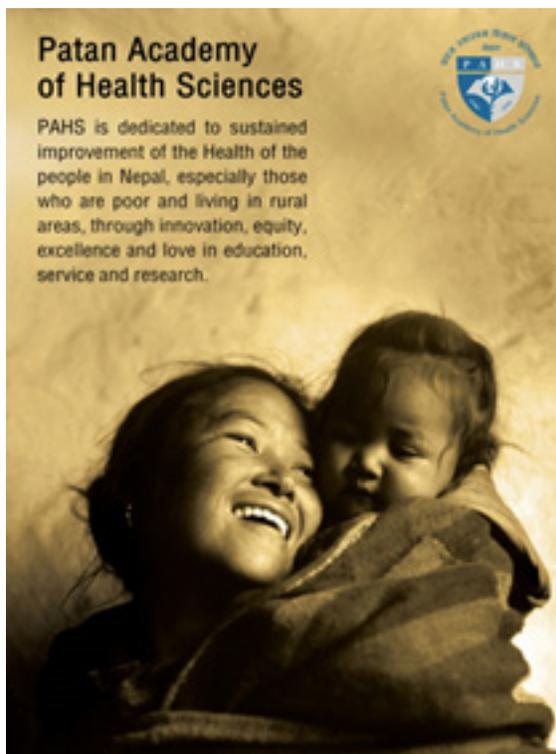
Research on Distinct Populations

Dr. Salvalaggio continued her research focus on vulnerable inner city populations. Dr. Keenan obtained a grant to conduct a mixed methods study on the impact of homeless and incarceration on the health of women. She was also involved in a study about information seeking and diffusion among Chinese immigrant women in Alberta. Research and scholarly activities on culturally distinct groups and the medically-at risk driving population is described elsewhere in this report. Dr. Connie Lebrun continued her research on sport concussions in athletes.

INTERNATIONAL PROGRAMS

The University of Alberta and the Patan Academy of Health Sciences collaboration

Since 2009, Dr. Darren Nichols has been working with colleagues at the Patan Academy of Health Sciences (PAHS) to foster socially accountable medical education.



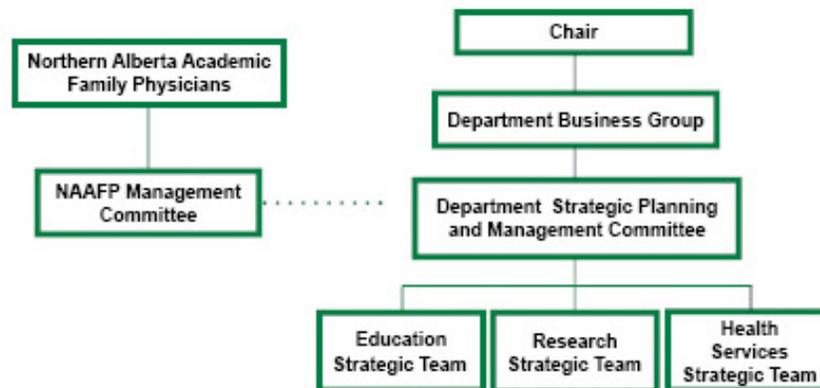
Recently PAHS graduated six of Nepal's first emergency physicians in 2015, just prior to the April and May earthquakes.

When those Nepali faculty visited Canada five months later, they told audiences at UAlberta: "Were we prepared for the disaster? Yes we were!" As a part of their education in emergency medicine they ran large scale disaster drills for hospitals in the Kathmandu Valley, and subsequently shared their preparation and operational successes with physicians in Vancouver, Calgary and Edmonton.

*- Dr. Darren Nichols, Director,
Year 3 Integrated Clinic Clerkship,
Division of Community Engagement*

So far the University of Alberta collaboration has seen over a dozen faculty from the Faculty of Medicine and Dentistry visit Nepal. Although he worked clinically and taught at the PAHS medical school in 2012-2013, Dr. Nichols now plays a catalytic role in the development of emergency medicine education and competency-based assessment from our Department of Family Medicine. Dr. Nichols recruits Canadian emergency physicians to serve as visiting faculty members as PAHS develops its acute care education capacity.

DEPARTMENT OF FAMILY MEDICINE GOVERNANCE STRUCTURE



FACULTY AND STAFF

Chair and Professor

Lee A Green

Administrative Officer

Mark Perreault

Faculty Service Officer

Sheny Khera

Olga Szafran

Support Staff

Adam, Karen

Aguilar, Carolina

Babenko, Oksana

Berezan, Cheryl

Bhardwaj, Param

Bortolotto, Leslie

Carstensen, Jennifer

Chiodo, Mirella

Cunningham, Sharon

Dery, Zahra

Duerksen, Kimberley

Edmonstone, Shufen

Ferbey, Susan

Forst, Brian

Grace, Judy

Hample, Kerri

Hanak, Karianne

Harvey, Bernadette

Hrechka, Tessa

Heisler, Cindy

Heritage, David

Hutchinson, Cecilia

Johannson, Elizabeth

Johnson, Carley

Kovithavongs, Kay

LaFrance, Joanne

Lavery, Kay

Lewis, Peggy

Lindeman, Clifford

Lindsell, Meghan

Lukk, Jan

McKay, Rhianne

Moniz, Karen

Nickel, Sharon

Pidborochynski, Tara-Lee

Ramos, Elylea

Rockall, Kari

Siroski, Erika

Sopcak, Nicolette

Swearingen-Klyne, Amy

Veats, Shelley

Vincente, Kerri-Lyn

Wittenberg, Mary

Professors

NR Bell

A Cave

BM Dobbs

MG Donoff

N Drummond

P Humphries

C Lebrun

DG Moores

J Triscott

Associate Professors

GM Allan

HL Banh

FR Brenneis

D Campbell-Scherer

S Garrison

F Janke

L Keenan

D Klein

MR Kolber

J Konkin

C Korownyk

D Manca

D Nichols

J Parmar

D Ross

S Ross

S Schipper

L Steblecki

Assistant Professors

L Au

C Cardinal

K Chan

L Charles

J Chmelicek

T DeFreitas

A Gruneir

S Koppula

M Morros

G Salvalaggio

A Tan

Clinical Professors

FW Armstrong
SK Aung
AE Ausford
AL Bailey
G Blais
JF Chiu
I Colliton
TFX Corbett
NP Costigan
N Flook
K Gardener
T Graham
TD Kolotyluk
EP Schuster
TD Sosnowski
A Taube
H Woytiuk
H Zirk

Associate Clinical Professors

M Abbasi
JB Armstrong
PMD Armstrong
BV Brilz
J Bromley
MA Cherniwchan
WE Clelland
JE Craig
GE Cummings
NAC Da Cunha
DP Edgcumbe
CGM Evans
AC Gigg
JJ Hankinson
N Hans
HR Hindle
M Hurlburt
AA Indar
K Jahangir
P Jensen
P Kivi
GA Lamoureux
DL Larose
A Lindblad

CJ Lord
KAH Lundgard
B Lycka
LM Ma
BK McPeak
BJ Millar
AM Milne-Epp
MB Moran
R Naiker
P Ondrus
EW Papp
KM Peterson
RA Purser
WF Patton
OS Rahaman
BD Ritchie
JM Robinson
M Rose
S Simon
A Spak
RJ Wedel

Assistant Clinical Professors

D Abdellatif
KJM Abel
S Ahmadinejad
G Ahmed
FO Akindede
T Bakshi
DH Banmann
D Behn Smith
PM Belda
E Berdusco
JE Bell
RS Birkill
DW Bond
M Boorman
M Boulanger
BW Boyko
TB Bray
JJ Brown
MJ Caffaro
PA Caffaro
DA Carew
R Carter

J Caulfield
S Chakravarty
SW Chambers
TS Chan
HJL Chen
SA Christenson
D Corby
R Cunningham
WJ Daviduck
E Denga
KKD Dinyari
LD Dujon
S Edani
B Edgecumbe
LR Edwards
SM Fairgrieve-Park
SL Fallis
TF Flanagan
WV Flexer
DC Fung
TL Fung
AL Gainer
K Ghali
CR Gingles
MS Gross
CE Haig
RA Halse
RS Hauptman
CD Hodgson
ES Holmes
J Janmohamed
RB Kaasa
H Kammerer
KP Kelly
DW Korzenowski
RT Kruhlak
D LaBuick
MW Langer
R Laughlin
ASO Lee
K Loeffler
MJ Long
SE Low
JA Makokis
LE Mann Hosford
MG Mannarino

CW Marcet
A Marin
RA Martin
T McKeown
DP Miller
A Mirza
RC Misfeldt
EM Mori-Torres
S Murji
AR Murray
A Naismith
B Nankisoor
ED Ndovi
M Nouh
RL Oishi
TM Penrod
EB Persson
SA Poplawski
M Rafati
TF Ranieri
N Rao
GJ Rey-Parra
M Rico
RD Rogers
C Rowntree
K Rylance
S Samuel
GR Sawisky
WE Schneider
G Schwalfenberg
Y Shi
J Shimizu
CA Sikora
LL Smith
SD Smith
S Soehn
TPW Souster
RM Stepanko
H Sternberg
J Stickney-Lee
L Thomas
GA Torok-Both
EB Tredget
SA Tsikata
AW Ushko
PM Verones

DRJ Vincent
C Vos
AF Walker
L Wasilenko
ML Wesner
ML Wickland-Weller
I Williamson
JA Wismark

Clinical Lecturers

S Abood
RJ Ackroyd
M Addison
FO Adebayo
KP Adzich
I Ahmad
RM Ahmad
I Akinjise
DR Akintola
J Aleker
A Algu
N Alingary
N Al-Kayssi
MC Allan
E Almaden-Camacho
EJ Alonso
I Amusan
RR Anderson
K Anderson-Hill
JR Andreiuk
E Andrews
DM Andriashek
K Andrusky
KL Anstey
A Aradi
IJ Argals
GL Armstrong
GM Arps
M Askar
K Atchison
LL Atkinson
WM Azzi
H Bablitz
SA Backlin
B Bahler
JL Baker

DJ Barer
EA Barker
CA Barnsdale
CS Barr
CA Barreth
KR Barry
N Bector
PE Bell
M Benard
K Bennett
JE Bergens
K Bernes
L Bernier-Lycka
A Bertagnolli-Hansen
S Beshai
S Bhardwaj
A Bhimji
LS Bick
JJ Blaker
JD Bly
GM Bokenfohr
S Borrelli
N Botha
PJ Bouch
HG Bowden
L-ES Bredesen
LE Brehmer
KL Brown
HD Brussow
RM Buck
LA Buhr
LE Burger
EA Button
TJ Byers
E Calhoun
GL Campbell
KB Cardinal
LJ Carter
MR Cassim
DB Cave
DR Chan
JC Chan
JSK Chan
HS Chana
M Chapelski
SG Charbonneau

A Chari
I Chatterjee
HN Chau
M Chaudhry
FJ Cheng
V Chetty
J Cheung
R Cheung
BP Chew
S Chiang
ME Chisholm
AYL Chiu
PK Chiu
K Chow
J Chronopoulos
Z Chrzanowski
WG Church
NN Chychota
J Clarke
L Coetzee
JM Colebrook
A Coma
PR Comeau
JR Corrigan
NB Corser
EC Côté
P Coulson
RF Crowe
S Crum
H Cuddihy
C Cull
M Currie
L Curtis
JA D'Costa
MC Darby
TS Darnell
S Datar
RG Davidson
WLM Dawson
BC Deane
J de Bruyn
L de Freitas
HL De Jongh
LM Der
H de Ridder
WT De Vos

N Dhaliwal
GS Dinsa
A Dobrousin
A Draginda
M Dry
D Duffy
B Dufresne
S Duia
GS Dulai
RH Dunbar
GC Du Plessis
M Du Plessis
V Duta
T Du Toit
M Easwara Murthi
MS Eckhart
FF Elesin
EO El-Hajj
CJ Ellis
MS Elmusharaf
JF Erasmus
M Erasmus
TN Erickson
AJ Esterhuizen
D Ethier
DG Faulder
LA Fernando
DW Fields
MT Fillion
BL Fischer
SD Flanagan
AH Fong
C Foolen
MA Forder
JS Fowke
AB Franke
I Gagnon
KE Game
CM Gannon
AS Garbutt
E Gawley
C Gee
AG Genge
SC Ghitter-Mannes
SK Gill
JM Godel

AB Gokul	SL John	E Li	GW Ming
H Goosen	PM Johnson	Z Li	S Minnett
CG Gordillo	CG Johnston	MM Lim	JR Minsos
HA Gordon	LDT Jones	D Lisoway	R Modi
A Gossmann	AL Jorgensen	FH Lo	GC Moe
A Goswami	NS Karnik	JM Loge	RA Moffatt
R Gounden	MMK Karpiyevich	RM Loiselle	TM Mogus
RJ Gregg	S Karpman	BM Long	ZA Mohamed
RI Greidanus	D Kasavan	SS Lou	TM Mohanraj
W Griffin	KA Kasha	AJ Louw	JA Mohler
RR Gurges	J Kassam	C Lu	W Molberg
J Hamm	M Kauchali	C Ma	MK Morrison
RR Hanelt	K Kay-Pfau	CJ MacCarthy	FM Mosaico
VM Hanlon	JS Keay	IR MacDonald	SM Moussa
AL Hargrove	RE Keller	DW MacIver	JM Muller
AC Harmse	CJ Kendall	SBA MacLean	JD Murphy
MR Hartt	OT Khan-Afridi	BA Macedo	RJ Muthanna
B Hasan	M Khurana	JM Maciejko	F Mydeen
DA Hasinoff	S Kibria	T Madzimure	O Naidoo
M Hauptfleisch	RL Kijewski	KD Mailo	L Nanninga-Penner
J Hawkwood	DG Killick	SA Makhdoom	AS Narula
BC Hayden	JEM Kirkwood	SS Malik	MR Nawrot
JA Herberger	M Kirwan	AG Mallett	CA Naylor
S Heydenrych	AJ Kohler	S Manchikanti	S Needham
EE Hibbitts	AM Kohler	M Maneshgar	KD Neilson
JS Hilner	KM Koliaska	K Mangan	RAJ Neuls
J Hirji	S Konyonenbelt	M Marcu	PJ Newnham
C Hlushak	S Kostov	PA Marner	LP Nguyen
WD Hogarth	VD Krinke	BW Martin	KM Nicholson
J Holm Jhass	IE Kritzinger	KAC Martin	R Nieman
SM Hood	SG Kroeker	S Mausolf	MJ Nizam
S Horvey	LM Kulak	JL May	AE Noga
AJ Hrdlicka	AL Kutash	A Mayes	TC Nordli
DJ Hryciuk	P Kwan	GG Mazurek	RD Northcott
K Huber	S Kwon	AM McBain	BC Nwaka
KW Hult	C Laidlaw	K McBeath	J Obst
C Iordache	M Lal	M McCall	JA O'Connor
HS Irvine	RA Lamoureux	DM McCarty	SO Ogbeide
S Jabbari-Zadeh	EP Landsbergen	A McDonald	JO Ojedokun
A Jackson	JM LaRue	TJ McDonald	OS Oladele
WG Jacobs	CR Lavoie	KD McFarlane	CE Olson
L-A Jansma	HP Le	C McKibbin	P Oosthuizen
AJ Jarema	JH Lee	NE McNeilly	WDL Orr
A Jaroni	K Letley	KL McNicol	C Otto
A Jeraj	PJ Lewis	KL Meador	SE Oyama
AL Jerome	B Li	D Millard	P Palma

P Paludet
JT Paproski
CD Parameswaran
DJ Paras
AA Pathan
M Pattison-Bacon
TA Peebles
LD Pernisie
G Perry
B Pezeshki
LM Pfeifer
TJ Phillips
DA Pickle
K Piebiak Patterson
BL Piepgrass
HM Plucinska
M Poitras
AJD Pope
HHJ Potgieter
NS Potvin
NA Potvin
GD Prince
J Prins
M Pronovost
JK Quong
AR Rahn
R Rajput
J Ramsahoye
G Ramsay
NP Rattan
A Raubenheimer
S Raubenheimer
JC Regehr
PI Renfree
D Rengan
A Riaz
Q Rizvi
JA Robinson
AM Rosborough
DR Ryan
A Sadiq
AQ Saincher
M Saint-Martin
JM Sametz
GM Samyca
JJ Saunders

Al Sawchuk
A Sayani
MR Sayeed
GD Scheirer
JE Schimpf
MA Senekal
B Sereda
N Shahoo
E Shaker
S Shakil
MTL Shandro
RK Sherman
R Shute
HS Sidhu
SP Silvalingam
RJ Simard
A Singh
S Slack
J Slanina
V Smith
D Smyth
CM Soneff
RS Soni
P Sonpar
KJ Sorenson
JA Soto
OA Soyeye
S Squires
WB Steed
TP Stetsko
DF Stewart
D Steyn
FM Steyn
H Strydom
S Sultana
A Swinton
E Tailfeathers
OA Taiwo
T Taiwo
K Tariq
IS Taylor
C Ticu
MJ Thain
MA Theman
G Tirschmann
RH Tomy

LB Torok-Both
R Torrie
A Train
T Tran
JWY Tsang
JE Tse
JK Tupper
RL Turner
SL Turner
F Unwala
ZAN Van Den Heever
H Van Der Watt
JP Van Der Westhuizen
R Van Rooyen
SA Van Zyl
A Vasanji
L Venter
O Vicaruddin
Z Vicaruddin
M Viljoen
GS Vitug
JS Voldeng
EG Walter
RG Warren
VM Warren
SP Warwick
W Wash
S Wat
J Weaver
DS Welch
CN Westover
RJ White
BM Wiens
MF Wilderdijk
B Willis
LA Willox
TM Withers
AD Witten
CT Wong
AJ Woo
BL Wood
JL Woodruff
KW Worry
S Yaltho
DL Yamabe
M Yan

S Yao
MA Yatscoff
AK Yeung
J Yeung
TTC Yeung
MJ Young
J Yue
JFW Yue
F Zakaria
DK Zalasky
RX Zhang
JM Zielinski

Professors Emeriti

RG Chaytors
GL Higgins
GR Spooner
I Steiner

Adjunct Professors

DJ Clandinin
RL Fainsinger
DK Heyland
B Holroyd
P Jacobs
N Keating
E Waugh
B Williams

Adjunct Associate Professors

S Esmail
J Jackson
DL Myhre
DM Oneschuk
N Shaw

Adjunct Assistant Professors

J Arndt
F Esfandiarpour
D Naidu
C Poth

Division of Care of the Elderly

Director and Professor

J Triscott

Clinical Professor

H Zirk

Associate Clinical Professors

M Abbasi

P Kivi

LM Ma

MB Moran

Assistant Clinical Professors

S Ahmadinejad

H Kammerer

A Marin

EM Mori-Torres

N Rao

S Samuel

J Stickney-Lee

L. Wasilenko

Clinical Lecturers

A Bertagnolli-Hansen

J Gounden

AL Jerome

M Khurana

AL Kutash

B Li

E Li

Z Li

BM Long

C Otto

B Pezeshki

T Taiwo

J Weaver

AWARDS AND ACCOLADES

Peer and Community Recognition

Misericordia Trainee Awards

Pascal DeCaigney: Geriatrics
Robert Flook: Psychiatry
Alan Brilz: General Surgery
Christopher Lin: Emergency

Grey Nuns Hospital Awards

Alyssa England: T.R. Clarke Award on behalf of the Grey Nuns Hospital Obstetrics and Gynecology
Karen Leung: Geriatric Resident of the Year
Jacques de Jager: Resident of the Year for Family Medicine

Westview Physician Collaborative Awards

Michael Lai: Family Medicine Resident Research Award
Heather Craig (PGY1) and Ivy Zuidhof (PGY2): Family Medicine Resident Clinical Excellence Award
Ivy Zuidhof (PHGY2): Family Medicine Resident Leadership Award

Jaspreet Mangat: Family Medicine Award for Scholarly Achievement

Karen Leung: Family Medicine Research and Scholarship Award

Alma Bencivenga: Family Medicine Resident Leadership Award

Tara Dawn (Red Deer) and Alix Blackshaw (Grande Prairie): Dr. Lionel Ramsey Award, RAN

Orysa Svystun: Patricia Ann Peat Residency & Student Family Medicine Enhancement Fund Award

Kevin Desmarais: Dr. Joe Tilley Allin Clinic Family Medicine Award

On August 8, 2014 Dr. Rick Spooner, former Chair and Professor Emeritus of the Department of Family Medicine, was honoured in a Feather Ceremony conducted by Dr. Earle Waugh.

University Recognition

The Department of Family Medicine Competency-Based Achievement System (CBAS) Team was chosen as the winner of the 2015 Information Technology Award. The CBAS Team members are Mirella Chiodo, Mike Donoff, Kay Kovithavongs, Shelley Ross, John Chmelicek, Paul Humphries, Fred Janke, Darren Nichols and Shirley Schipper.

Provincial Recognition

Dr. Alim Nagji: ACFP Resident Leadership Award

National Recognition

Ms. Charley Switzer: CFPC Medical Student Scholarship

Dr. Sarah Stonehocker: CFPC Medical Student Leadership Award

Dr. Lindsey Campbell: CFPC Leadership Award for Family Medicine Residents

Dr. Anthony Seto: CFPC Family Medicine Resident Award for Scholarly Achievement

Ms. Emily King: NAPCRG Student Family Medicine/Primary Care Research Award

Appendix I

Accountability Report 2014-15

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 high-quality education to, and role models for, medical students, and
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 framework *is designed* to support the objectives of this department in the areas of Education, Research and Health Services. Key indicators for each objective are tracked to ensure progress towards achieving the stated objectives.

Education

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

Our strategic direction begins in undergraduate medical education where we provide high quality education for our 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 remains a priority for this department through our Faculty Development program.

Table 1: Resident Continuity

S1-Objective 1: Provide a Triple C competency based curriculum (competency based, continuity, comprehensive, centered in family medicine)		2013-14	2014-15
Indicator 1: Percentage of residents achieving target continuity with patient panels			
i.	Total visits by residents during their residency	22,075	37,435
ii.	Patients with visits to same resident twice during their residency	16%	17%
iii.	Patients with visits to same resident three times during their residency	5%	6%
iv.	Patients with visits to same resident four times during their residency	2%	2%
v.	Patients with visits to same resident five times during their residency	1%	1%
vi.	Patients with visits to same resident six times during their residency	2%	1%
Indicator 2: Percentage of clinical half days spent with primary preceptor supervision		84.5%	87%

Table 2: Triple C Curriculum

S1-Objective 1: Provide a Triple C based curriculum (<i>continuity, comprehensive, centered in family medicine</i>)		2013-14	2014-15
Indicator 3: Percentage of residents achieving * FieldNote targets (FieldNotes targets changed based on faculty and resident feedback; 2014-15 data based on 1 note per week – 50 notes per year)		61.7%	79.1%
Indicator 4: Total number of FieldNotes created over 12 month period		5245	8897
Indicator 5: Percentage of residents achieving a pass in the CCFP exam first time		96%	96%
Indicator 6: Percentage of FieldNotes across all Clinical Domains			
i.	Doctor-patient relationship / Ethics	12.6%	11.9%
ii.	Care of adults	33.6%	34.7%
iii.	Care of children and adolescents	11.8%	11.8%
iv.	Care of the elderly	8.3%	8.1%
v.	Care of the vulnerable and underserved	4.1%	4.0%
vi.	Maternity Care	8.3%	8.2%
vii.	Palliative Care	2.2%	1.8%
viii.	Surgical and procedural skills	11.1%	12.1%
ix.	Not applicable	7.6%	7.0%
Indicator 7: Number of weeks of rotational experiences that occur in family medicine environments		37%	43%

*FieldNotes – the process of documenting a sampling of direct observations and feedback given across all clinical domains and sentinel habits. 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 competency.

Table 3: Meeting Community Needs and Enhanced Skills

S1-Objective 2: Provide opportunities for family medicine graduates to meet the needs of Albertans including the development enhanced skills		2013-14	2014-15
Indicator 1: Practice location after completion of Residency and Enhanced Skills Program. <i>June 30, 2014 Graduating Class</i> N=89		New Metric	
i.	Practicing in Canada		100%
iii.	Practicing in Alberta		92%
ii.	Unknown		8%
Indicator 2: Applications to the Advanced Skills program		113	121
Indicator 3: Accepted Enrollment / Successful completion of Advanced Skills program.		15/16	14/14

Table 4: Knowledge Translation and Faculty Development

S1-Objective 3: Foster knowledge translation of best practice and innovation in Family Medicine education (<i>Research indicators; based on calendar year</i>)		2013	2014
Indicator 1: Number of faculty presenting education workshops and presentations (<i>inconsistency in 2013 data</i>)			37
Indicator 2: Number of teaching faculty on national and international education committees		11	17
S1-Objective 4: Provide educators with the opportunity to develop skills to keep up with evolving curriculum		2013-14	2014-15
Indicator 1: Number of Faculty development sessions held		9	3
Indicator 2: Number of participants in Faculty Development sessions		97	185
i.	Number of Department of Family Medicine participants	94	173
ii.	Number of Community participants	New Metric	12
Indicator 3: Number of Faculty involved in producing education support documentation or products.		16	17

Table 5: Undergraduate Family Medicine Exposure

S2-Objective 1: Use curricula aligned with Can-Meds and Can-Meds FMU to increase the number of University of Alberta medical students choosing family medicine.	2013-14	2014-15
Indicator 1: Number of students matching to University of Alberta Family Medicine after Round 1 CaRMS	37	39
Indicator 2: Number of student evaluations of the Longitudinal Clinical experience (<i>previously called Community-based experience</i>) rated as good to excellent	96%	96.5%
Indicator 3: Mean overall rating of the Family Medicine Clerkship program from the graduation survey as compared to the national average /5	3.9	4.2
S2-Objective 2: Increase exposure of University of Alberta's medical students to modern, progressive Family Medicine	2013-14	2014-15
Indicator 1: Number of weeks of Family Medicine electives year 3 and 4 provided by Department of Family Medicine faculty and preceptors	209	219
Indicator 2: Number of hours spent teaching undergrad courses by Department of Family Medicine faculty or preceptors	1024.75	1105
Indicator 3: Number of weeks spent coordinating undergrad courses by Department of Family Medicine faculty or preceptors	236	345
Indicator 4: Residents as teachers – Number of hours Residents spend teaching, OSCE's, TOSCE's	580	709

Research

The Department of Family Medicine at the University of Alberta is a leader in primary care health systems and medical education research. Our 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 and primary health care. Research data in this report is based on a January to December calendar year as opposed to all the other areas which are based on the July to June Academic Year.

Table 6: Research Activity (Grants & Publications)

S3-Objective 1: Conduct research to improve primary care and medical education	2013	2014
Indicator 1: 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>	44	27
Indicator 2: 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</i>). [Information obtained from e-TRAC]	\$1,840,661.31	\$559,132.12
Indicator 3: 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>	23	54
Indicator 4 (a): Total value of grant funding NEW and IN PROGRESS (dollars) (<i>cumulative</i>) currently held by DoFM, University of Alberta in the year reported. (<i>Information obtained from e-TRAC. *Excludes U of A internally funded projects e.g. NAAFP, almost all summer studentships, other funding from within U of A</i>)	\$4,833,557.21	\$5,081,719.00
Indicator 5: Number of peer reviewed publications	82	78
Indicator 6: Number of non-peer reviewed publications	29	12
Indicator 7: Number of books and chapters published	3	8

Table 7: Research Activity (Research Findings)

S3-Objective 2:			
Engage in the translation of research findings to inform on education and on policy in primary care		2013	2014
Indicator 1: Number of presentations to policy makers, health professionals, stakeholders			
i.	Oral Presentations (<i>excludes educational presentations such as faculty development, courses, etc.</i>)(Peer reviewed)	77	116
ii.	Poster Presentations (research)	59	123
iii.	Workshops	10	10
Indicator 2: Number of peer reviewed presentations (research: poster& oral)		146	252
Indicator 3: Number of knowledge translation products, tools, manuals produced		26	61
S3-Objective 3:			
Expand research expertise		2013	2014
Indicator 1: Percentage of research projects external collaboration, locally, regionally, nationally and internationally.		150	138
I.	Local	68.7%	61.6%
II.	Regional	10.7%	6.5%
III.	National	17.3%	25.4%
IV.	International	3.3%	6.5%
Indicator 2: Percentage of faculty with advanced degrees		55%	72.5% (n=29)
Indicator 3: Number of research summer students (<i>person months</i>)n = X students		16.5 months (n=7)	27.5months (n=8)
Indicator 4: Number of grad students, (<i>Masters, PhD, fellows, post-doctoral and independent study students</i>)		4	17
Indicator 5: Number of faculty who supervise fellows, graduate students, and independent study students		2	7
S3-Objective 4:			
Influence the health research agenda in Canada		2013	2014
Indicator 1: Number and descriptions of positions on research funding organization committees, ethics, review and advisory boards		See attached Appendix II	See attached Appendix II

Health Services

The vision of this department is to ensure our residents are part of a system that ensures 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. Panels then form the basis for patient continuity of care. The following data is from our four academic teaching sites.

Table 8: Academic Teaching Site Delay Indicators

S4-Objective 1: Improve access to healthcare	2013-14	2014-15	Target
Indicator 1: Average time to 3 rd next available appointment (days)			
Clinic A	5.2	4.9	5
Clinic B	3.5	4.6	5
Clinic C	4.3	4.6	5
Clinic D	4.3	7.1	5
Indicator 2: Average cycle time of appointments (minutes from check in to check out)			
Clinic A	54	52	35
Clinic B	58	60	35
Clinic C	56	56	35
Clinic D	48	56	35
Indicator 3: Average red zone time (<i>time spent with provider, in minutes</i>)			
Clinic A	30	27	20
Clinic B (No data)	N/A	N/A	20
Clinic C	30	33	20
Clinic D	25	33	20

Table 9: Academic Teaching Site Clinic Activity

S4-Objective 1: Improve access to healthcare - continued	2013-14	2014-15	Target
Indicator 4: Continuity rate of provider panel (% of patients seeing own provider)			
Clinic A	79%	79%	75%
Clinic B	80%	81%	75%
Clinic C	85%	86%	75
Clinic D	80%	76%	75
Indicator 5: Number of new patients accepted to practice			
Clinic A	213	242	
Clinic B	232	307	
Clinic C	178	154	
Clinic D <i>(working on building panels for new physicians in 2013-14)</i>	734	397	
Indicator 6: Average return visit rate / 12 month period			
Clinic A	3	3	
Clinic B	3.8	3	
Clinic C	3.1	3.1	
Clinic D	3.6	2.4	
Indicator 7: Panel size – patients seen in the past 3 years			
Clinic A	5515	5500	
Clinic B	3418	4403	
Clinic C	4575	4642	
Clinic D	4620	5017	
Indicator 8: Utilization of Primary Care Network allied health service professionals and programs (number of events)			
Clinic A	1900	1617	
Clinic B	772	663	
Clinic C	868	780	
Clinic D	52	21	

Table 10: Academic Teaching Site Practice Quality Improvement

S4-Objective 2: Foster best practice and innovations in primary care	2013-14	2014-15	Target
Indicator 1: Number of practice quality improvement projects / initiatives in academic teaching clinics.			
Clinic A	7	24	
Clinic B	12	10	
Clinic C	12	7	
Clinic D	n/a	21	

Table 11: Academic Teaching Site Health Screening Completion Rates

S4-Objective 2:								
Foster best practice and innovations in primary care (continued)								
Indicator 2:								
Percentage of population health screening completion rates.								
	Clinic A		Clinic B		Clinic C		Clinic D	
	2014	2015	2015	2015	2014	2015	2014	2015
Mammography	64%	74%	61%	73%	55%	56%	49%	84%
Pap Test	63%	62%	48%	52%	49%	42%	38%	44%
Blood Pressure	93%	66%	78%	79%	46%	48%	49%	58%
Plasma Lipid Profile(Female)	86%	76%	71%	70%	68%	63%	75%	72%
Plasma Lipid Profile (Male)	80%	75%	65%	69%	53%	65%	62%	63%
Colorectal Cancer Screening - Colonoscopy last 10 years or Sigmoidoscopy last 5 years or FIT test last 2 years	61%	60%	61%	66%	30%	50%	75%	54%
Diabetes Screen – One of Hemoglobin A1C or Fasting Glucose	56%	80%	32%	76%	50%	69%	54%	65%
CV Risk Calculation (Framingham) Males	4%	10%	14%	14%	5%	9%	9%	69%
CV Risk Calculation (Framingham) Female	6%	14%	21%	21%	8%	13%	8%	76%
Height once	73%	89%	66%	92%	55%	69%	52%	82%
Weight 1 year	43%	43%	40%	39%	30%	31%	35%	52%
Weight 3 year	75%	70%	69%	72%	57%	57%	57%	66%
Alcohol Screening 1 year	37%	37%	12%	30%	19%	22%	23%	46%
Alcohol Screening 3 year	67%	64%	23%	57%	52%	40%	24%	56%
Smoking 1 Year	40%	37%	34%	40%	31%	30%	34%	51%
Smoking 3 year	76%	71%	55%	62%	52%	56%	51%	66%
Exercise Assessment 1 year	34%	35%	27%	54%	13%	19%	23%	46%
Exercise Assessment 3 year	60%	63%	48%	67%	16%	28%	23%	56%

Note 1: Data shown above for screening rates uses only age and sex as the criteria for eligibility for each maneuver. It does not take into account patient preference or medical reason for not having a maneuver done. For this reason, a rate of 100% would be inappropriate.

Note 2: Reports were run on the clinics entire panel of active patients. “ACTIVE” is defined as having had a visit in the past 3 years (36 months).

Table 12: Academic Teaching Site Assessment of Chronic Illness Care

Part of the transformation of the teaching clinics to a Patient's Medical Home environment includes the management of patients with chronic illness using team based, systems based, evidence based care while promoting patient self-management of their illness. Our measurement tools adapted from the "Assessment of Chronic Illness Care, copyright 2000 by the MacColl Centre for Health Care Innovation, Group Health Cooperative, are a validated set of surveys which elicit the perspective of patients (PACIC) and the care team itself (ACIC) in assessing care given and received for chronic illness patients. For the 2014-15 year, all patients with diabetes were sent the survey. A response rate of 20 percent was achieved for a total of 215 patients. As for the team survey, a 92 percent response rate was achieved for a total of 123 team members. The table below contains a high level summary of the results. Application of the tool gives a far deeper dive into each of the summarized domains below.

Indicator 3a: DFM ACIC Score (Assessment of Chronic Illness Care) (Care Team Survey)								
NOTE: The team survey consisted of 34 questions related to the 7 domains . Domain summaries shown below. (n=123)							New metric for 2014-15)	
Rating scale 1-11; 11 being actions fully implemented 1 actions not present	Clinic A		Clinic B		Clinic C		Clinic D	
		2015		2015		2015		2015
Average overall program Score		7.32		6.86		5.94		6.69
1. System Level focus on Chronic illness care		6.90		7.12		6.31		6.50
2. Community linkages between practice and community resources		7.59		7.60		6.67		6.96
3. Effective self-management support		7.45		6.92		6.09		6.51
4. Evidence-based decision support, guidelines, protocols, education		7.09		6.60		5.78		6.34
5. Practice level improvements that impact provision of care		7.97		6.96		6.02		7.16
6. Clinical information systems to support chronic illness care		7.15		6.69		5.44		6.95
7. Integration of the Chronic Care Model in all elements of chronic care		7.05		6.13		5.28		6.44

<p>Indicator 3b: DFM PACIC Score (Patients Assessment of Chronic Illness Care) (Patient Survey)</p> <p>NOTE: The patient survey consisted of 26 questions about their care for their chronic illness. A clinic average of those responses is shown below. (n=215)</p> <p>Most responses were consistently in 3-4 range.</p> <p>All 4 clinics showed room for improvement in the area of patient self-management, linking patients with community resources, social supports and offering take home written information about their condition.</p> <p>All 4 clinics scored highest around “well organized practice” with a range of 4-4.3.</p>							New Metric for 2014-15	
Rating scale 1-5; 5 being “Almost Always”, 1 being “Almost Never”	Clinic A		Clinic B		Clinic C		Clinic D	
	2014	2015	2015	2015	2014	2015	2014	2015
Average patient score out of 5, 26 questions / domains of chronic illness care		3.29		3.35		3.23		3.45

Indicator 3C: PCN-E Readiness Assessment Score - To be reported for 2015-16							New Metric 2015-16	
PCN-E Readiness Assessment Score								

Table 13: Leadership and advocacy in healthcare delivery policy and Education in Quality and Safety in primary care.

S4-Objective 3: Demonstrate leadership and advocacy in healthcare delivery policy.	2012-13	2013-14	Target
Indicator 1: Number of provincial, national and international committees or working groups affecting policy attended by faculty or senior staff.			
S4-Objective 4: Educate and support in Quality and Safety in primary Care	2012-13	2013-14	Target
Indicator 1: Number of information sessions given to clinics	3	0	
Number Information sessions for learners	2	4	

Appendix II

Faculty Members on Research Funding Organizations

Faculty Member	Type of Activity
Allan, GM	Coordinator & Lead Editor, Alberta College of Family Physicians, Tools for Practice Editorial Advisory Board, Canadian Family Physician
Bell, N	Member, Canadian Task Force on Preventative Health
Cave, Aj	Reviewer, HSRC Grant Reviewer, Government of Scotland Reviewer, Canadian Thoracic Society Grant Reviewer, CIHR Knowledge Research and Synthesis Grant Panel Chair, CIHR Knowledge Research and Synthesis Panel Chair, Primary Care Group, Pediatric Asthma Pathway Committee, Alberta Health Services
Chmelicek, J	Reviewer, Janus Continuing Professional Development Grants, CFPC
Drummond, N	Director, DementiaNET Research Group
Garrison, S	Director of Research for Vancouver Coastal Health
Green, LA	Member, Primary Health Care Steering Committee, Alberta Health Reviewer, The College of Family Physicians of Canada Murray Stalker Award
Grunier, A	Grant Panel Member, University Hospital Foundation Medical Foundation
Kolber, M	Associate Editor, Alberta College of Family Physicians, Tools for Practice
Koppula, S	Member, Primary Health Care Steering Committee, Alberta Health Reviewer, The College of Family Physicians of Canada Murray Stalker Award
Korwonyk, C	Associate Editor, Alberta College of Family Physicians, Tools for Practice
Manca, D	Chair, CPCSSN PESC Committee

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