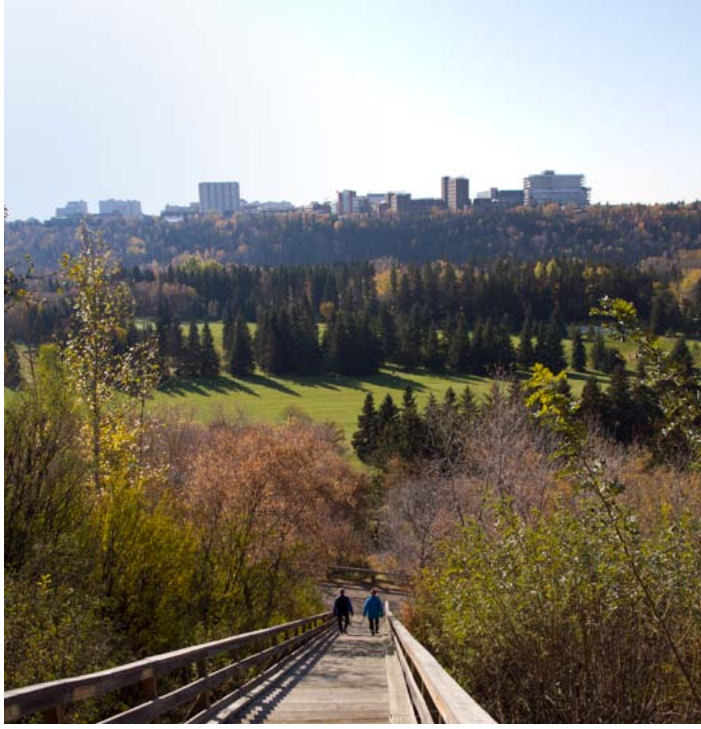
UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY
Department of Family Medicine



ANNUAL REPORT 2012-2013

DEPARTMENT OF FAMILY MEDICINE
University of Alberta

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Acknowledgements

The Department of Family Medicine wishes to thank faculty and staff whose time and commitment in support of the department's vision, mission and core values made this report possible.
Photos within the report were generously provided by many family medicine shutter bugs.
Cover photos by Karen Moniz and Cecilia Hutchinson. Cover designed by Andrea Van Der Ree.

OUR VISION, MISSION & CORE VALUES

In the 2012-2013 Academic Year, a wide consultative process brought together Family Medicine faculty, staff and community partners to develop the department's Vision, Mission and Core Values.

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.

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.

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

Dr. Lee Green, Chair Family Medicine

In our 2012 annual report, our department committed itself to predicting the future by creating it. Over the 2013 academic year, we were hard at work doing just that. Our vision, and our mission statement (which is our role in bringing that vision to be), are elsewhere in this annual report. They're also in front of us at department meetings and when we make decisions, because we are committed to living them.

In each area of this annual report, our leaders review the contributions we made over the last year to bring us closer to that vision. The educational accomplishments, presentations, publications, grants, and other contributions add up to a very long list indeed, but all point in the same direction - toward that vision of great primary care in Alberta.

Undergraduate medical education is a key part of our mission, and a strong and humanistic undergraduate curriculum is essential to realizing our vision. We've been building our contribution to UGME for several years, and with the Faculty of Medicine and Dentistry laying the groundwork for its MD program accreditation visit next year, we have stepped up to the plate to contribute even more. Beyond our highly-rated direct teaching, our UGME faculty have been making crucial contributions to curriculum and course design, and the value of their work has been recognized with increasing opportunities to lead in these areas. Generalist physicians are uniquely positioned to meet the learning needs of MD students, and we're excited about our growing role in doing so.

In residency education, the CBAS team's international leadership in the development of competency-based assessment continued to grow over the last year. Other Family Medicine departments are increasingly recognizing the value of this advanced approach, grounded in the science of educational research, and Royal College specialty programs are now approaching our CBAS team to learn from them as well.

In the various sections of this report, you will read of the many awards garnered this year by our faculty members, for research, clinical practice, education, and leadership. Several received national awards from the CFPC. Dr. Mike Donoff was this year's ACFP Family Physician of the Year, and Dr. Allan Bailey received ACFP's Recognition of Excellence for his teaching and service. Dr. Earl Waugh received the SAGE award as an inspirational leader in arts and culture. Dr. Connie Lebrun won the JC Kennedy award for research in sports medicine. We're proud of the recognition these awards signify, but more important is the substance, the work toward better health care, that earned them. Each one is another indication of our living our mission and moving closer to that vision.

Lee A. Green, MD MPH
Professor and Chair

UNDERGRADUATE

The Department of Family Medicine is actively involved in the University of Alberta's undergraduate medical education (UME) MD Program, helping to ground undergraduate curriculum in generalism.

2012-2013 was a very busy and productive year. Department faculty coordinated a number of courses in the pre-clerkship and clerkship years, including the introduction to the profession course, evidence-based medicine block of community health, addictions block of patient-centered care II, and family medicine clerkship. We were also involved as co-coordinators or advisors for numerous other courses, including the cardiovascular block, gastrointestinal block, and reproductive medicine and urology block. In addition, family physicians provided small-group teaching in almost all pre-clerkship courses, including discovery learning, Gilbert's clinical skills, patient-centered care, narrative reflective practice and teaching OSCEs. A department faculty member is also coordinating the career planning program within UME which provides guidance to graduating students regarding career choice and the CaRMS match.

Undergraduate Program Team

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

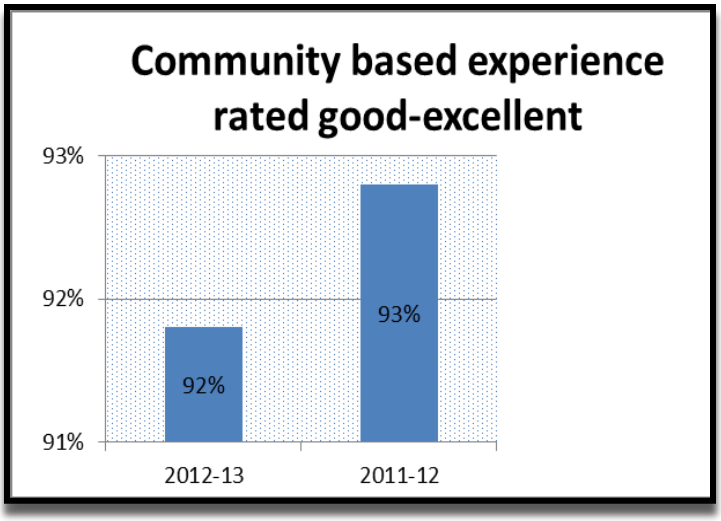
Pre-Clerkship Programs

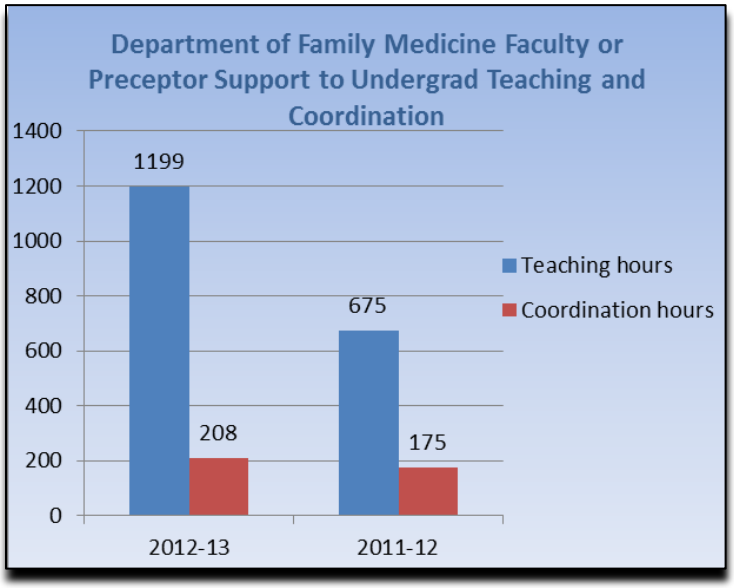
The Year 1 community-based experience was a great success this year. From September 2012 to March 2013, students were placed in a community family medicine practice for nine half-days of early experiential learning that included exposure to the discipline of family medicine. Under the tutelage of community family physicians, students were able to practice interviewing and examining real patients while observing the doctor-patient relationship being role-modeled in these clinics.

This program is being renamed the *longitudinal clinical in experience in family medicine* (LCE-FM) and will be fully integrated as one of the anchor components of the new physicianship course being planned and coordinated by a member of the department for the incoming Year 1 class in September 2013. The new course is grounded in generalism and the physician-patient relationship. The longitudinal clinical experience in family medicine will be an important experiential learning component of this overall course and will provide cases and topics for deeper exploration and

discussion in the longitudinal physicianship discussion groups. Family physicians will be involved in this initiative as facilitators and will help students navigate the uncertainty and ambiguity inherent to the practice of medicine.

Another exciting initiative being planned within the department for the new physicianship course is the *resident as teacher project* whereby senior family medicine residents will teach foundational communication and physical exam skills to the Year 1 medical students in Sept 2013. The residency program committee has approved the physicianship course as a mandatory program requirement for residents, and the program has been designed so that residents will be trained and coached by family medicine faculty members to ensure a robust multi-level educational experience for both students and residents. This will help prepare medical students for their community clinical experiences in LCE-FM.



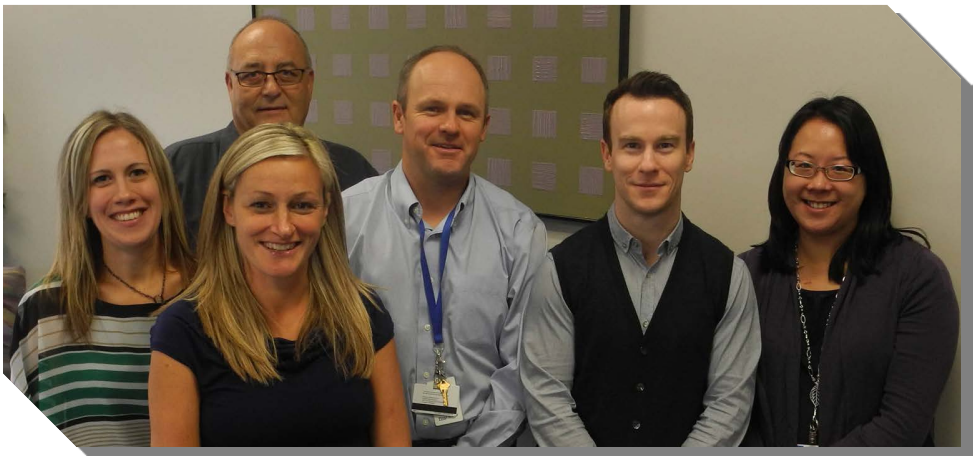


Family Medicine Interest Group (FMIG)

The Family Medicine Interest Group had many successful events during the 2012-2013 Academic Year that were appreciated by both students and residents. *Family medicine and beyond* with Dr. Paul Humphries introduced types of training available beyond family medicine residency; *faculty mingle* saw students meet and mix with 11 faculty members; the Edmonton North Primary Care Network provided a PCN dinner; and *clinical skills night* encouraged residents to demonstrate common skills such as IV and injections and - the most popular - suturing, and where the birthing model, female/male pelvic models and a breast examination model were provided for training. Thank you to FMIG organizers, Ren Zhu Tao and Alexandra Chesley.

Electives

The demand for electives in family medicine increases every year, and each year we attempt to accommodate more students. During 2012-2013, we placed 95 Year 3 and Year 4 medical students with electives in urban family medicine, and 55 students through Rural and Regional Health. We also offered Edmonton experiences to 15 visiting students.



Undergraduate Clerkship Committee

Front L-R, Erika Siroski, Christina Korownyk

Back L-R, Fred Janke, Mike Kolber,David Pickle, Amy Tan

Family Medicine Core Clerkship Rotations

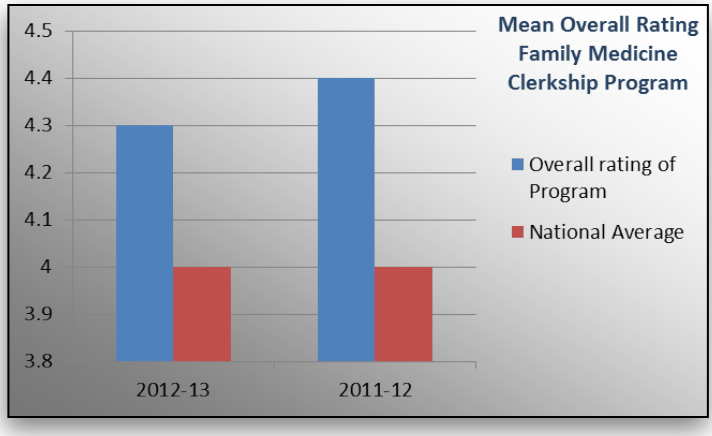
Family Medicine is one of six core Year 3 clerkship components with a four-week urban and a four-week rural rotation. In 2012-2013, the clerkship placed 157 students.

Urban Clerkship

We are very fortunate to have over 60 enthusiastic community preceptors committed to student education. A number of our community preceptors have continuously received excellent evaluations. In the spring, Drs. Mike Kolber and Tina Korownyk became clerkship co-coordinators, continuing Amy Tan's work. One of our current initiatives is to update the course manual, including learning objectives and the final exam.

Rural and Regional Clerkship

2012-2013 saw 154 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 37 active rural preceptors. Fred Janke continues to lead our rural and regional clerkship.



Teaching Awards

We recently awarded urban and rural excellence in teaching awards to our top preceptors of the year as well as top overall urban and rural clinics. Dr Timothy Yeung of the Capilano Medical Clinic received the urban award, and Dr. Eddie Denga of Fort McMurray was the rural award recipient; Erminskin Medical Clinic of South Edmonton received the urban teaching site of the year award and Westlock Health Centre, Westlock, received the rural award.

Dr. Amy Tan, Undergraduate Program Director

RESIDENCY

In 2012-2013, the University of Alberta *Family Medicine Residency Program* continued to expand and refine teaching and learning experiences offered at our range of sites – urban, rural, regional, institutional, and community. The popularity of our program and our practices in family medicine have increased dramatically over the past few years to the point that during the 2013 CaRMS match we filled every position offered. A total of 85 new residents started with us in the 2013/14 Academic Year.

Residency Program Team

Paul Humphries
Cindy Heisler
Shelley Veats
Kari Rockall
Joanne Lafrance
Bernadette Harvey

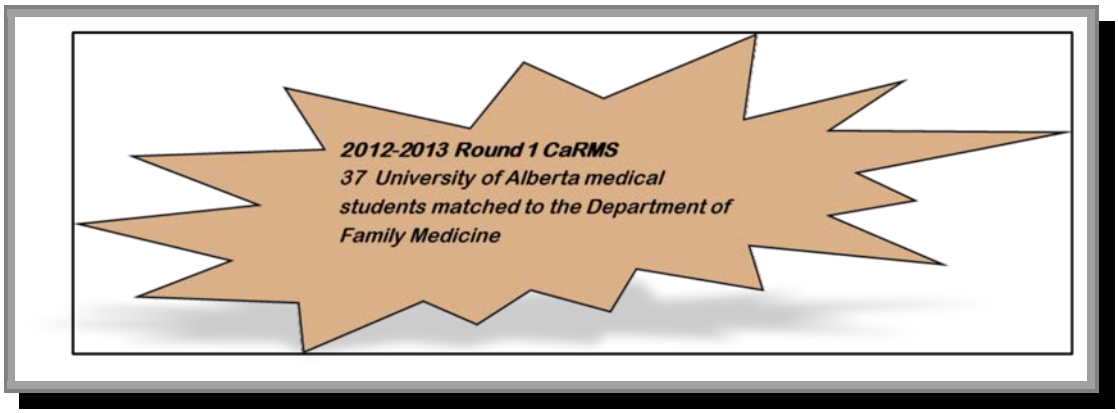
The proportion of resident time spent in family medicine based integrated programming continues to grow with the successful year of full integration in Fort McMurray leading the way. This advancement of integrated learning based in family medicine meshes very well with the successes we have had in leading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

The program has also embarked on major revisions of policies for selection and management of teaching sites and for assessment, remediation and appeal. Notably, the latter policies have necessitated a departure from the similar guidelines of the rest of the Faculty of Medicine & Dentistry that are still basing their programs on time-based segments of learning and evaluation.

In order to manage the growing responsibilities of a larger and more complex residency, the program has embarked on the expansion of the director's team of assistant directors to keep apace of the daily operations and future planning for learners and preceptors.

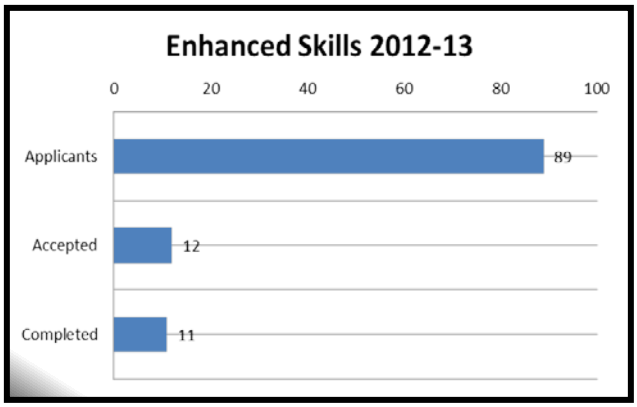
Supported by a hard-working and competent team of administrative assistants, the program office offers timely contact and process for our learners and preceptors.

Dr Paul Humphries, Postgraduate Education Director



ENHANCED SKILLS RESIDENCY

The University of Alberta *Enhanced Skills Residency Program* continues to grow and prosper with individual program directors meeting quarterly. 2012-13 registration included 12 residents, five from the University of Alberta, and seven from other family medicine programs in Canada.



Program Committee

The enhanced skills residency program is an active participant in the College of Family Physicians of Canada (CFPC) national enhanced skills directors' committee which is associated with special interest focused practice (SIFP) committees. While SIFP committee members address national issues of curriculum, management, selection and resources together, they also work individually within their diverse and specific specialty areas to incorporate the elements of both triple-C curriculum and competency-based training and assessment. Two resident representatives, Drs. Jessica Liddle (FM-EM), and Karenn Chan (CoE) were the resident representatives for 2012-2013.

Members of the Enhanced Skills Committee:

Front L-R: *Dr. A.Naismith, Dr. C.Lebrun, Ms. K.Kovithavongs*

Back L-R, *Dr. D.Oneschuk, Dr. F.Janke, Dr. J.Beach*

To recognize family physicians who have achieved a distinguished level of skill and experience in a specific SIFP program area, the CFPC board of directors recently approved, in principle, the awarding of certificates of added competence (CACs) and special designations. Emergency medicine, palliative medicine, care of the elderly, GP anesthesia, and sports and exercise medicine are being considered for the CAC awards. Work is underway to better define the enhanced skills competencies in these areas and to confirm when and how CACs and special designations will be implemented. At that time, a practice eligible route will be developed. Members of our department are also very active in their respective special working groups for this initiative.

Dr. Connie Lebrun, Director
Enhanced Skills Residency

Family Medicine-Emergency Medicine

The family medicine-emergency medicine program (FM-EM) has had an exciting and productive year. Our faculty continues to provide cutting-edge education in the areas of disaster medicine, toxicology, human patient simulation, and emergency department ultrasound, among others.

Our residents navigate a busy and challenging year and are finding new ways to give back to their colleagues, expanding their role as educators by providing up-to-date emergency medicine education to paramedics in and around Edmonton. This is in addition to their work with FM resident colleagues.

In order to meet the needs of our communities, our program now graduates seven residents annually, an expansion that has happened at an opportune time considering the fact that we have received a record-breaking 100 applications for the 2014-2015 cycle.

We wish to acknowledge the successful completion of the FM-EM Program by graduating residents, *Drs. Navdeep Dhaliwal, Ian Williamson, Jessica Liddle, Matthew Carroll, Tyler van Mulligen, James Reid, and Kevin Mailo*. Congratulations!

Dr. Keir Peterson, Program Director

Care of the Elderly

Congratulations to residents, *Drs. Susan Mercer, Karenn Chan and Jed Shimizu,* on successfully completing the one year Care of the Elderly (CoE) program, including exit examination, in 2013. The new home-living rotation was very successful and will be extended to one month for year-long CoE residents. Program director Lesley Charles also sits on the CFPC working group on the assessment of competence in health care of the elderly.

Dr. Lesley Charles, Program Director

Family Practice-Anesthesia

There are currently two residents in the Family Practice-Anesthesia (FP-A) program. In 2012-13 the program underwent a successful internal review and has full accreditation as an enhanced skills program. Educational objectives have been updated for this year, and residents are scheduled to spend one of their rotations at the Fort Saskatchewan Hospital where there is great opportunity to work with family practice anesthesiologists.

Dr. Edward Lazar, Program Director

Sports and Exercise Medicine

The Sports and Exercise Medicine (SEM) enhanced skills program continues to grow. Congratulations to Dr. Terry McDonald on successfully completing the program and on passing the diploma examination of the Canadian Academy of Sport and Exercise Medicine (CASEM); this year, two Fellows are enrolled in the program.

The CFPC working group on assessment of competency in SEM is progressing towards application for Category One status. In terms of evaluation of competency in SEM, and in line with the above application procedures, SEM Fellowship developed and is using a SEM-specific competency based achievement system (CBAS).

Drs. Lebrun, Shelley Ross and Michel Donoff, University of Alberta, along with Dr. Lisa Fischer, Western University, were successful with their CASEM grant application, *A feasibility study into the application of CBAS to assessment of SEM Fellowship programs,* and they received additional funding directly from the CFPC sport and exercise program committee. The two grants will fund a pilot project to compare the electronic version of CBAS at the University of Alberta with a paper version of FieldNotes, a documented observation of a resident's skill and competency at a specific task, at Western University. Researchers will be assessing the efficacy and efficiency of CBAS and comparing the electronic and paper systems. The ultimate aim is to refine this tool for use by all PGY3 enhanced skills Fellows in SEM across Canada.

Dr. Connie Lebrun, Program Director

Palliative Medicine

The year of added competency in palliative medicine continues as a conjoint program through the CFPC and the Royal College of Physicians & Surgeons of Canada (RCPSC). In addition to elective time, the year includes training on the tertiary palliative care unit at the Grey Nuns Hospital, acute palliative care hospital exposure at either the University of Alberta or the Royal Alexandra Hospital, training with the palliative care community consultation team (home and hospice exposure), two weeks of medical oncology and two weeks of radiation oncology outpatient exposure at the Cross Cancer Institute. While the majority of patients seen by the residents and preceptor staff have advanced cancer, more patients with advanced end-of-life cardiac, pulmonary, renal, and neurological diseases are also being seen.

Doreen Oneschuk, residency program director for palliative medicine, will assume the role of chair of the SIFP group in palliative medicine with the CFPC in January 2014. She is also on the CFPC competency and assessment working group for palliative medicine.

Dr. Doreen Oneschuk, Program Director

Enhanced Surgical Skills Program

Much has happened locally and nationally in the evolution of the Enhanced Surgical Skills (ESS) Program. As a result of a Western Canada working group established through the Society of Rural Physicians of Canada (SRPC) to review ESS course offerings within Canada, a modular curriculum in ESS has been developed. At the College of Family Physicians, a working party is developing an application to make enhanced surgical skills a Category One program similar to Family Practice-Anesthesia within the section of family physicians with focused practice. Taking this route will ensure that any program offering ESS will become nationally accredited.

I am very pleased to announce that we will be offering an ESS training program based in Grande Prairie starting July 2014.

Dr. Fred Janke, Director, Rural and Regional Health

Occupational Medicine

There is a growing recognition that training in occupational health for physicians has been insufficient to meet societal needs, given that problems are commonly encountered at the work-health interface. The CFPC created an SIFP in this area in 2012, and there is broad interest across Canada in initiatives to tackle this deficit. In the 2012-2013 academic year, the occupational medicine program at the University of Alberta successfully piloted a new *foundation course in occupational medicine* for community based physicians in Alberta, with a second cohort running this academic year in Alberta and a pilot course being run at the Northern Ontario School of Medicine. The course is designed to help physicians manage patients who have work-related health problems. Plans are in place to extend the foundation course next year to centres in the Maritimes and British Columbia.

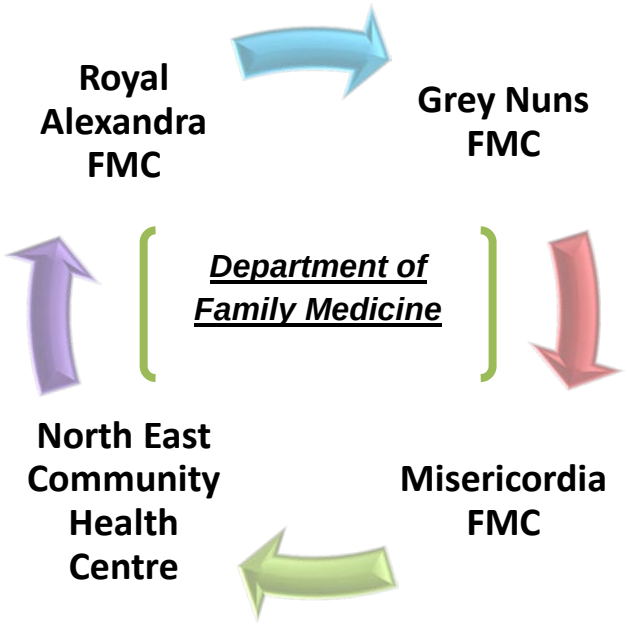
In 2013, an enhanced skills program in occupational medicine was created at the University of Alberta through collaboration between occupational medicine and family medicine. The program has recruited two established family physicians in Alberta as students for this academic year, both of whom have completed the foundation course and who are undertaking a combination of academic work and field rotations to enhance their skills in occupational medicine. The program has been structured so that physicians can maintain links with their own communities while learning. It is envisaged that family physicians who have completed the foundation course will continue to show an interest in the occupational medicine enhanced skills program in future years.

Dr. Jeremy Beach, Program Director

The enhanced skills residency program is an active participant in the College of Family Physicians of Canada (CFPC) national enhanced skills directors' committee which is associated with special interest focused practice (SIFP) committees.

CLINICAL TEACHING SITES

The Department of Family Medicine is very proud of the clinical work and residency training within our four academic sites, ***the Misericordia Family Medicine Centre, the Grey Nuns Family Medicine Centre, the Royal Alexandra Family Medicine Centre, and the Family Health Clinic located in the Northeast Community Health Centre*.** The four clinics treat approximately 18,000 patients annually in the greater Edmonton metropolitan area.



The Department of Family Medicine and our academic sites are committed to the Patient Care Medical Home principles, goals and recommendations set by the College of Family Physicians of Canada (CFPC) in their September 2011 report, *A Vision for Canada Family Practice – The Patient's Medical Home (Pg 8):*

> The Patient's Medical Home (PMH) is a family practice defined by its patients as the place they feel most comfortable—most at home—to present and discuss their personal and family health and medical concerns. It is the central hub for the timely provision and coordination of a comprehensive menu of health and medical services patients need.

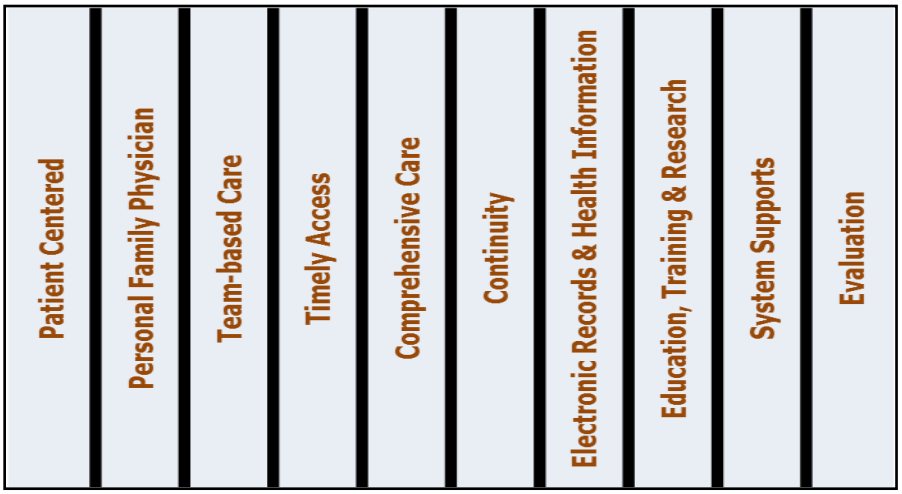
Our academic sites are working towards patient-centered medical home status in order to teach and model best practices for family medicine residents learning within a Primary Care Medical Home environment.

In December 2012, the site directors held a special *Patients Medical Home Kickoff* workshop with representatives from Alberta Health Services, physicians, program site administration, quality

coordinators, primary care network managers and clinic managers to introduce the intention of Patient Care Medical Home initiatives and to explore ways to best achieve the goals of this initiative within each of the FM academic clinics. Discussion focused on questions such as, “What are the next steps to achieve PCMH status?” and “What do we need in place?”

The adeptness of our four academic family medicine clinics to model the medical home will be greatly facilitated through a smooth transition to primary care governance for the clinics. During the spring 2013, Drs. Lee Green and Mike Donoff, along with Ms. Mirella Chiodo visited each of the academic sites with a Road Show to introduce and explore the ideas within the Primary Care Medical Home model, focusing on the key features of team-based and systems-based care, as well as measurement and using our own data for QI as a regular part of practice.

The Pillars of Patient’s Medical Home



A Vision for Canada Family Practice-The Patient’s Medical Home, Page 21

Community Based Teaching

During the 2012-2013 Academic Year, 60 Year 1 and Year 2 family medicine residents were placed in nine clinics in the Edmonton metropolitan area. These include the ***Boyle McCauley Health Centre, Dominion Health Centres, Family Medicine Clinic at Kaye Edmonton Clinic, Heritage Medical Clinic, Meadowlark Family Practice, East Edmonton Family Care Clinic, Westview Physician Collaborative, St. Albert, Justik Medical Clinic, and LA Medical***.

Rural and Regional

Our distance networked family medicine residency training programs include three sites***, Fort McMurray, Red Deer, and Grande Prairie***. 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 overlap and are also involved with undergraduate teaching. 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 residents have a greater opportunity to manage medical, surgical, and obstetric cases as the primary learner and caregiver.

Dr. Fred Janke, Director
Rural Program

Fort McMurray

We have had an exciting and successful academic year with the introduction of our new residency program with the University of Alberta's Department of Family Medicine. This opportunity has provided Fort McMurray with a new integrated and horizontal approach to family medicine training that is also competency based. The program began in July 2012 with two International Medical Graduates (IMGs) and increased by four additional IMGs in July 2013. Residents participate in weekly rounds, monthly academic days, and workshops in evidence based medicine, practice management, behavioural medicine, critical care, and SOO training sessions, all in conjunction with the University of Alberta rural family medicine program.

Dr. Edward Denga
Site Director

As our number of residents and students grow, we continue to recruit additional faculty across various disciplines, and especially in family medicine. We enjoy tremendous support from the local community as well as from the University of Alberta Office of Rural & Regional Health (ORRH) and the rural family medicine program through ongoing faculty development and regular meetings with the director of the ORRH.

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 that allows residents to build

rewarding relationships with patients and encourages them to take specific learned skills back to the family medicine setting.

Fort McMurray continues to be a popular site for rural family medicine electives for medical students and urban based family medicine residents, and we are experiencing a steady interest from students from other Canadian medical schools.

Dr. Edward Denga, Site Director
Fort McMurray

Grande Prairie & Red Deer

Grande Prairie and Red Deer launched as family medicine training sites in 2000 and 2001 respectively. Both sites provide excellent training for medical students and urban specialty residents who choose these locations for the opportunity of having 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 now organizing weekly teaching rounds for core rotations.

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

Our monthly academic days include two-hour critical care SIM sessions at the STARS hangar, a critical care workshop (emergency ultrasound training, SIMs sessions, airway management, cast clinic, SOOs), a hemodynamics course (hands on central line insertion training, different type of shocks management), an ALARM course, ATLS, ACLS, PALS, NRP courses, a behavioural medicine workshop, and a monthly resident-driven journal club to review a significant clinical paper using evidence based medicine tools.

Our programs are competency based and continuously adapt to meet the Triple “C” curriculum requirements by pairing residents with family medicine preceptors who have a full 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 clinical preceptors from home base, and gives residents the opportunity to develop their own patient panel during the five month rotation in their second year of practice. Grande Prairie, Red Deer and Fort McMurray trainees meet in Hinton for an annual resident retreat. Additional get-togethers are organized either in Grande Prairie or Red Deer by the resident social representatives.

Drs. Brenda Millar & Valentine Duta, Co-Site Directors, Grande Prairie
Dr Jack Bromley, Site Director, Red Deer

RESEARCH

The Department of Family Medicine research program continues to be a leader in expanding research knowledge and expertise. In 2012, we substantially increased our products of scholarship and tripled our research funding.
Overall, nine graduate students and 13 summer research students assisted us in conducting research of relevance to family medicine. We are grateful to our research and support staff for their productive contributions to our research activities.

Products of Scholarship	**2011**	**2012**
New Research Grants Awarded	**13**	**33**
Peer Reviewed Publications	**58**	**72**
Non-peer Reviewed Publications	**24**	**32**
Books and Chapters	**6**	**10**
Oral Presentations	**103**	**205**
Poster Presentations	**91**	**61**
Translation Products, Tools, Manuals	**143**	**125**

Research Funding Held by DoFM

	2011	**2012**
New Grant Funding	**$ 595,247.**	**$ 1,510,802.**
Total New and in Progress	**$ 2,247,616.**	**$ 2,993,895.**

In July 2012, epidemiologist Dr. Neil Drummond joined the department as the AHS Endowed Chair in Primary Care Research. His research interests are in dementia in primary care, primary care surveillance, the public health - primary care interface, and health care for vulnerable populations. And in March 2013, our department chair, Dr. Lee Green, was awarded the first Alberta Innovates--Health Solutions Translational Health Chair at the University of Alberta. The seven-year award, totaling $4.2 million, will provide stable infrastructure funding for an engaged-scholarship approach to research in, and on, the practice of family medicine.

Dr. Denise Campbell-Scherer was co-principal investigator of a team that received an AIHS CRIO grant to study obesity management within the primary care setting. The BETTER 2 Project (Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Family Practice) led by Donna Manca, expanded within the Northwest Territories, Newfoundland & Labrador, Nova Scotia, Ontario and Alberta to improve chronic disease prevention and screening in family physicians practices.

Activities in medical education research included residency curriculum evaluation, resident assessment, practice patterns of family medicine graduates, experiences of international medical graduates, and social media and professionalism of medical students. The Care of the Elderly

Program conducted a survey of its graduates, examining their practice patterns and satisfaction with the program. The Medically At-Risk Drivers Center continued its research on medically at-risk and medically impaired drivers and established new community collaborations involving nurses delivering presentations to seniors on medically at-risk drivers. The Centre for the Cross-Cultural Study of Health and Healing established a monthly *Town and Gown Series* of presentations open to the general public and academia; inaugural talks were on the topic of traditional Chinese medicine.

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

Alberta Innovates-Health Solutions Translational Health Chair

The Translational Health Chair (THC) grant supports an *engaged scholarship* approach to research ***in*** practice and research ***on*** practice. Engaged scholarship means co-development of projects from the very start between community practices and academia. Ideas may come from either; and both work together to turn those ideas into projects that ask the right questions in the right way to deliver answers useful and important to the community of practice. Research ***in*** practice is answering the questions we have about the best care for our patients by doing the needed research studies in our own practices – the practice-based evidence that evidence-based practice needs, evidence that can be applied in the real world because it was created there. Research ***on*** practice is studying how we organize our teams, how we manage panels and populations, how we use information systems, how we do quality improvement, how to be more systematic and effective in caring for our patients. For both kinds of research, the THC will help those with ideas develop them, pilot test them, pursue funding for them, run projects – whatever the community of practice needs to get its important questions answered.

Dr. Lee Green, Chair

The 5As Team Study

Obesity is a pressing public health concern in Canada, and there is an urgent need for practical, effective strategies to manage it in primary care. The 5AsTeam (5AsT) Trial will provide a wide range of insights into current practices, knowledge gaps, and barriers that limit obesity management in primary practice. The project is funded through a three-year Alberta Innovates Health Solutions CRIO Project grant and is supported by the Canadian Obesity Network – Réseau canadien en obésité (CON-RCO) to build from its previously developed tool for obesity counselling and management in primary care settings, the “5As of obesity management.”

The 5AsT trial is a theoretically informed, pragmatic randomized controlled trial with mixed methods evaluation of an intervention on primary care providers to improve obesity management. Clinic-based multidisciplinary teams (RN/NP, mental health, dieticians) will be randomized to control or the 5AsT intervention group. The intervention providers will participate in biweekly learning collaborative sessions supported by internal and external practice facilitation. The use of existing resources, collaborative design, practice facilitation, and integrated feedback loops cultivate an applicable, adaptable, and sustainable approach to increasing the quality and quantity of primary care weight management visits.

5AsT is led by the co-principal iInvestigators Drs. Denise Campbell-Scherer, Arya Sharma, and Sheri Fielding, NP, and is supported by Drs. Jeff Johnnson, Andrew Cave, and Donna Manca, the study team postdoctoral fellows, Drs. Jodie Asselin and Ayo Ogunley, the study coordinator Ms. Adedayo Osunlana, and clinical champion Ms. Robin Anderson, RD.

Dr. Denise Campbell-Scherer
Co-PI, 5AsT

Primary Care Research Networks

Collaborative, province-wide research infrastructure for primary care is essential for the advancement of research and evidence to support policy decisions, clinical innovation and planning, and knowledge exchange and uptake in Alberta. Primary care research is generating momentum in Alberta with the development of new partnerships and the expansion of existing networks.

The Alberta Primary Care Research Network is under development and will incorporate the Southern Alberta Primary Care Research Network (SAPCReN) (sapcren.ca) and the Northern Alberta Primary Care Research Network (NAPCReN) (napcren.ca) as semi-autonomous regional nodes.

When fully assembled, the AbPCRN will host primary care research studies of provincial relevance through linkage with Primary Care Networks (PCNs) and Strategic Clinical Networks, and through the provincial CIHR/SPOR provincial Foundations of Integrated Health Care Innovations Network will undertake primary care research of national and international importance.

This province wide primary care network will be able to conduct large studies of national and international relevance, address research questions within a rigorous but rapid research-to-implementation cycle, “whole-system” participatory research approach.

Both NAPCReN and SAPCReN contribute to the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) (cpcssn.ca), and this will result in expanding CPCSSN in Alberta to become representative of patients and primary care physicians across the province in order to undertake major studies of the epidemiology and management of disease in primary care across the province and beyond.

Dr. Donna Manca, PI

AHS Endowed Chair in Primary Care Research

Primary Care 2012-2013 research focused on the expansion of the Southern Alberta Primary Care Research Network (SAPCReN) (sapcren.ca) and its studies. SAPCReN studies included, pharmacist-led warfarin management in long-term care; pneumonia and urinary tract infections in nursing homes; group medical visits for people with diabetes attending the Calgary Urban Project Society (CUPS); organizational responsiveness to patient needs in the Alex Senior's Centre in Calgary; sleep quality and career intention among primary care physicians; and MRSA transmission in a small rural hospital.

The pan-Canadian DementiaNET research group has been completing its longitudinal study of the outcomes of transition in people with dementia and has been preparing for its next research challenge investigating the management of dementia in primary care. SAPCReN contributes to the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) (cpcssn.ca), and expanding SAPCReN has resulted in expanding CPCSSN in southern Alberta to become representative of patients and primary care physicians across the province in order to undertake major studies of the epidemiology and management of disease in primary care across the province and beyond. SAPCReN and CPCSSN are themselves core components in the developing Alberta Primary Care Research Network.

Dr. Neil Drummond
Research Chair in Primary Care

Distinct Populations

Research activities on distinct populations have explored Aboriginal health, cross-cultural health, patients living with addiction, and homeless populations. These include a program evaluation of the Royal Alexandra Hospital's inner city health and wellness program, a knowledge translation initiative focusing on the implementation of best practice in primary care addiction assessment and patient engagement, and a qualitative study exploring the experiences of professionals who care for marginalized women and children during and after pregnancy.

Traditional Aboriginal medicine leader and assistant professor Clifford Cardinal, in collaboration with the Centre for the Cross-Cultural Study of Health and Healing, is working to develop a clinic in the Edmonton area that will bring together traditional healers and trained aboriginal physicians. David Young, University of Alberta professor emeritus, has worked with traditional Cree healer Russell Willier and has documented his medicinal plants. His study, *Russell Willier's Medicine Bag,* will be published by the California Press.

Research on cross-cultural health has included a study on international medical graduates' (IMGs)

experiences with cross-cultural patient populations, led by Sudha Koppula, and IMGs becoming culturally competent within the Canadian medical context conducted by Jean Triscott, Earle Waugh, and Olga Szafran.

Dr. Ginetta Salvalaggio, Assistant Professor
Dr. Earle Waugh, Director, Centre for Health and Culture

Primary Health Care Strategy Working Group

In 2013, Dr. Lee Green, Department Chair, became a member of the recently formed Primary Health Care Strategy (PHCS) Working Group initiated by Minister of Alberta Health & Wellness (ABHW), Mr. Fred Horne. The Working Group is comprised of health care leaders whose in-depth knowledge and expertise in primary health care delivery, administration, research, education, and community service will guide the development of a primary health care strategy to transform PHC in Alberta.

A crucial area of interest for FM physicians is ABHW's development of draft policies and procedures to support the application for, and establishment and operations of, additional Family Care Centres (FCCs), and to support the transition of interested Primary Care Networks (PCNs) to similar standards. Discussion and planning for this initiative is an evolutionary process that encourages engagement opportunities to ensure all perspectives are heard and considered.

To date, health providers and several PCNs around the province have been involved in discussions and the Minister of ABHW has promised to provide frequent information bulletins that our department will circulate to faculty and staff via e-mail, as well as linking on the FM website and in future FM newsletters.

Dr. Lee Green, Chair

Medical Education Research

It has been a strong year for medical education research. Several faculty have been involved in multiple projects, including residency program curriculum evaluation; improving assessment of residents; family medicine graduates' practice patterns; experiences of international medical graduates; influence of physicians' lifestyle issues and subsequent counseling to patients; the effectiveness of virtual patients for training medical students and residents; social media and professionalism with medical students.

All of our research looks at what is being done well in the training of future family physicians, and the findings from all of our research is used to inform and improve our educational programs. We had multiple publications in peer-reviewed journals, and dozens of workshops, presentations, and posters

at national and international conferences. Additionally, we were successful at winning awards for our research results at various venues; and, finally, several faculty have been successful at obtaining small but highly competitive grants for medical education research.

Awards

- *Best Poster Award* at the Faculty of Medicine and Dentistry Celebration of Teaching and Learning, and *Best Communication & Research Project Explanation Poster* at the University of Alberta's third annual Festival of Undergraduate Research Symposium, to Orysya Svystun (3rd Yr BSc) for her summer student research project "Remediation of Family Medicine Residents Pre- and Post-Implementation of the Competency-Based Achievement System (CBAS)".

- *Top Poster Award* at Family Medicine Forum to third year medical student, Amy Hegstrom, and the CBAS team, Drs. Mike Donoff, Shelley Ross, Paul Humphries, Shirley Schipper.

- *Top Paper Award* at the International Conference on Residency Education to Drs. Shelley Ross, Mike Donoff, Paul Humphries, Shirley Schipper.

Dr. Shelley Ross, Medical Education Researcher

Centre for the Cross Cultural Study of Health & Healing

The Centre for the Cross Cultural Study of Health & Healing (CCCSHH) had a busy, productive year. We moved a step forward with the 2010 publication of the *Cultural Competence Skills for Health Professionals: Learning Manual* by incorporating three new films into the manual: *Modesty Codes in Sikhism*, *Mexican Perspectives on Depression* and *Post-Traumatic Stress Disorder and the Cambodian Experience*. We are working with Roger Parent, Campus St. Jean, to create a French version of the manual.

This year, the Centre established a *Town and Gown Series*, a collaboration of members of the CCCSHH Board and Global Health's David Zakus, to bring University of Alberta expertise to the public. Monthly presentations focused on *Traditional Chinese Medicine* and featured talks about Chinese acupuncture, herbal medicine, and pharmaceuticals. The series was a great success and we are now planning our next talks on *Alternative Therapies and Chronic Illness*.

On the publication front, we are collaborating with colleague Dr. Shelley Ross on a volume, *Women in Medicine,* that examines women's changing role in medicine. In 2012-2013, the Centre collaborated with a conference with the University of Tromso, Norway, on the second book of our series on

circumpolar traditional idioms of health, *Idioms of Healing Among the Sami*. This book will be published by September 2014 by University of Alberta Press.

As a result of a major research study on the future of the Muslim community of Edmonton, *The Muslim Community: Envisioning 2030*, we have successfully obtained a grant from Covenant Health to develop an information package on *Muslim Ethical Perspectives on Contemporary Medical Procedures*. We plan to have a conference on the topic and to upload the outcomes to an app for professionals.

Dr. Earle Waugh, Director

Division of Care of the Elderly

Three new Care of the Elderly (CoE) residents commenced the program in September 2012 and each completed a research project over the past year. Dr. Susan Mercer examined *Medical Fitness to Drive: Attitudes and Knowledge of Physicians in Newfoundland and Labrador*; Dr. Karenn Chan's project was entitled *Validation of the Test Your Memory (TYM) Self-Administered Cognitive Screening Test in a Canadian Geriatric Assessment Clinic Population*; and Dr. Jed Shimizu, with support from Drs. Paul Kivi and Marjan Abbasi, completed his project on *Warfarin Management in the Elderly: A Pharmacist Managed Anticoagulation Service in Supportive Living.* The residents presented their research at Geriatric Grand Rounds at the Glenrose Rehabilitation Hospital, Edmonton, with the Grand Rounds available via telehealth across the province.

Dr. Jean Triscott continued her research on *Culture and Medicine,* in collaboration with Dr. Earle Waugh and Ms. Olga Szafran, and *Multimorbidity*, in collaboration with Dr. Denise Campbell-Scherer. Dr. Lesley Charles has been conducting research on the CoE program, including a survey of practice habits and satisfaction with the program, with responses from the vast majority of all University of Alberta CoE graduates. Dr. Jasneet Parmar has been furthering her research on *Capacity Assessment* and *Home Living*, and Drs. Parmar and Marin have been finalizing their research on *Models of Dementia Care*. Dr. Shirley Samuel has been conducting research on the impact of the CHOICE Program on outcomes such as length of stay in acute care facilities, use of emergency departments, and incidence of falls.

All care of the elderly research has been supported by the work of Rhianne McKay, CoE Research Coordinator, and Bonnie Dobbs, Director of Research for the Division of CoE.

Dr. Bonnie Dobbs, Research Director

Medically At-Risk Driver Centre

The Medically At-Risk Driver Centre (MARD) has been working on nine ongoing research projects related to medically at-risk / medically impaired drivers. In addition, we have been engaged in a number of knowledge translation activities, including the creation of an online, searchable *Compendium of Alternate Transportation Providers* for Manitoba. The Manitoba compendium complements those we have developed in Alberta and British Columbia, and all are valuable resources for the promotion of mobility and independence, not only for those individuals who have voluntarily or involuntarily stopped driving, but also for health care professionals and family members.

We have also created *Mobility Guides* to assist seniors and those with disabilities in finding services that may allow them to stay in their homes longer. These guides exist for both Edmonton and Calgary and the respective surrounding areas. Finally, we also are providing ongoing seminars for PCNs and medical clinics outside of PCNs for training and information on medically at-risk drivers and the SIMARD MD.

This year saw new collaborations for the MARD Centre. We worked with the Healthy Aging Resource Team (HART) nurses on a project delivering community-based presentations to seniors on medically at-risk drivers and ways to stay mobile once an individual is no longer able to drive. Our summer student, Adam Mildenberger, worked on the project and presented the research results at the 46th Annual Summer Students' Research Day on October 19. We also are working with the Wainwright and District Handivan Society on developing a model of transportation for seniors in the Wainwright area. The findings from this project will be used to create a toolkit for other rural areas wishing to implement an alternate model of transportation for seniors and those with disabilities.

Dr. Bonnie Dobbs, Director

The MARD Research Team

(Back L-R) Okasana Babenko, Param Bhardwaj, Bonnie Dobbs, Rhianne McKay
(Front L-R) Tara Pidborochynksi, Meghan Linsdell

EVIDENCE BASED MEDICINE

The 2012-2013 academic year was one of growth for Evidence Based Medicine (EBM). Due to the success of the Alberta College of Family Physicians (ACFP) EBM Program, our numbers have increased rapidly. The program is supported by grants from ACFP, the College of Family Physicians of Canada (CFPC), Primary Care Networks (PCNs), and the University of Alberta's Department of Family Medicine.

Dr. Mike Allan, Director

Our EBM team of three family physicians, Drs. Mike Allan, Tina Korownyk, and Mike Kolber, grew to seven with the addition of our administrative assistant Sharon Nickel; knowledge translator Adrienne Lindblad, Pharm-D; associate professor Hoan Linh Banh, Pharm-D; and associate professor Scott Garrison, PhD, MD, director of pragmatic trials collaborative.

The Evidence Based Medicine Team

(L-R) Scott Garrison, Adrienne Lindblad, Tina Korownyk, Hoan Linh Banh, Sharon Nickel, Mike Allan, Mike Kolber

Evidence & Continuing Professional Development Program

Tools for Practice

Tools for Practice (TFP) is a bi-weekly article summarizing medicine evidence with a focus on topical issues and practice-modifying information. The content is written by academic and community family physicians, pharmacists, Pharm-Ds, specialists, nurse practitioners, and medical and pharmacy students who are occasionally joined by a health professional from another medical specialty or health discipline. All articles are peer reviewed, and 25 articles were published last year, 14 of them in

Canadian Family Physician (http://www.acfp.ca/WhatWeDo/ToolsforPractice.aspx). Since 2009, TFP subscriptions have grown to over 5,500 email subscribers, 1,600 of whom are non ACFP members; 20-25% of the 2,800 ACFP website visitors per month request the TFP webpage.

Roadshows

EBM Roadshows began in 2011 and continue to be a popular offering of the Evidence & Continuing Professional Development Program. Created, organized, and taught by family physicians for family physicians throughout Alberta, roadshows offer unique interactive continuing medical education sessions free from industry bias that provide two to eight hours of accredited education tailored to host the community's needs, depending on the session. To date, roadshows has visited ten Alberta communities; in 2012/13, we visited Medicine Hat, Lethbridge, Hinton, Grand Prairie, and Lacombe, and we currently have 22 topics of choice available for host communities. Session evaluations are consistently 4.5 to 5 / 5. Roadshow speakers include Drs. Michael Allan, Michael Kolber, Christina Korownyk and Adrienne Lindblad.

Practical Evidence for Informed Practice (PEIP) Conference

PEIP is a multi-disciplinary event that focuses on relevant, evidence-based, thought-provoking topics in health care and brings together clinical leaders to speak on the latest findings that can affect practice and patient relations. Significant to physicians, pharmacists, nurses, nurse practitioners, and other health care professionals, the conference is delivered in short segments with a question and answer period following several topics. The inaugural conference held in Edmonton in October 2012 was organized by Drs. Allan, Kolber & Korownyk and was a great success. Registration was full well before the early bird date, which prompted choosing a larger venue to accommodate interest and growth (150%).

EBM Office Collaborations

We had a variety of academic collaborations in 2012-13, including podcasts and publications.

Best Science Medicine Podcast

Presented by Dr. James McCormack, UBC Pharmaceutical Sciences, and Dr. Michael Allan, the Best Science Medicine (BSM) Podcast promotes healthy skepticism and critical thinking presented in a case-based approach. Our overriding messages encourage physicians to be familiar with the evidence (not critical appraisal) for the conditions they treat, to start with low doses unless the condition is life threatening, 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.

25,000-30,000 podcasts are downloaded each month; 65% of our listeners are from Canada, 15% US, and 5% 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.

Publications

The EBM team worked with various researchers and academics on many publications this year. Collaborations were published in PLoS One (June 2013), Academic Medicine (May 2013), Circulation (May 2013), Medical Teacher (April 2013), Cochrane Database of Systematic Reviews (September 2012), Canadian Family Physician (June 2012), and the Journal of Primary Health Care (June 2012).

Best Practice Support Visits

Like academic detailing, the program uses pharmacists in Primary Care Networks (PCNs) to give education on six to eight topics every year. While not true academic detailing, pharmacists meet with groups of doctors and their teams in their clinics and provide CME on a broad list of topics. The program has run for over five years and involves three large PCNs.

DOCTOR PATIENT RELATIONSHIP

The *Doctor-Patient Relationship Course* (DPR), formerly known as Behavioral Medicine, is an integral component of the family medicine program as established by the College of Family Physicians of Canada (CFPC) accreditation.

For over 15 years, the department's 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 course that ensures progressive, continuous learning.

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 that provide residents with the opportunity to implement theory and skills in simulated authentic patient experiences with standardized patients. In addition, 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.

In support of residents' learning and to build upon the DPR course success and development, Dr. Doug Klein and two residents, Drs. Anthony Seto and Alim Nagji, are developing the department's self-study online modules for all family medicine residents.

DPR continues to be a work in progress, ensuring progressive and continuous learning through innovative building and remains a leader across the country in the area of behavioral medicine curricula.

Many thanks to Ms. Karen Moniz for her excellent administrative support.

Dr. Doug Klein, Director

NARRATIVE REFLECTIVE PRACTICE

In 2012-13, 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 2014, 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

EDUCATION SUPPORT PROGRAM

The Education Support Program (ESP) has continued ensuring our preceptors are supported to the best extent possible. Our master teachers, Drs. Mike Donoff, Paul Humphries, and Shirley Schipper, have been meeting with preceptors for one-on-one assistance with clinical teaching and assessment as needed. In July, the ESP team met with resident advisors to review the Competency-Based Achievement System (CBAS) process and use.

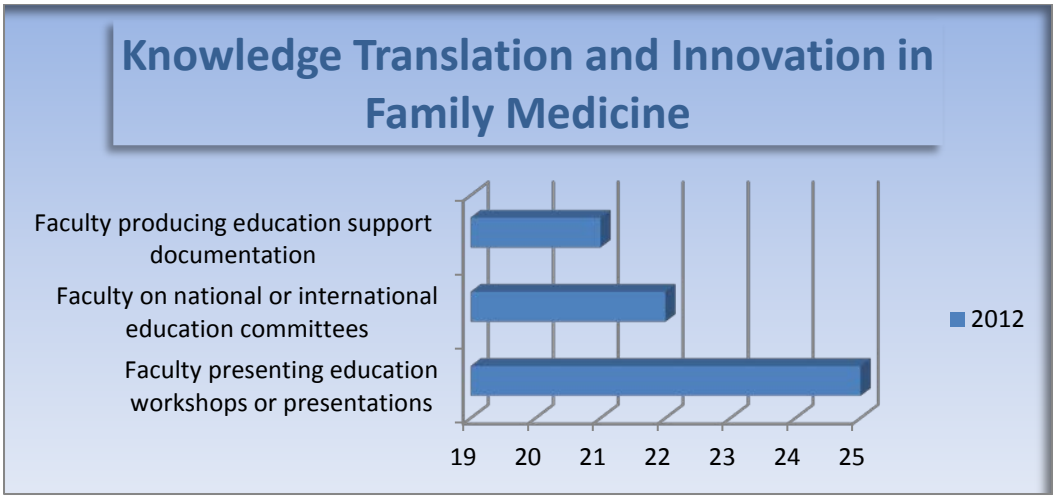
ESP Team
Paul Humphries
Shelley Ross
Mike Donoff
Shirley Schipper
Kay Kovithavongs
Mirella Chiodo

The electronic interface for CBAS (eCBAS) has been completely revised, and the new version of eCBAS will be piloted in early 2014 at one of our academic teaching sites. One powerful new feature will be the option to tag field notes with the priority topics and key features.

The impact of CBAS has continued well beyond our department. At the federal level, we have had an influence in the Medical Council of Canada National Assessment Collaborative (MCC NAC), a federal initiative to ensure standardization of provincial processes for practice readiness assessment of foreign-trained physicians seeking license to practice in Canada. The MCC has adopted elements of CBAS and the sentinel habits for use in NAC; two provinces have adopted CBAS in whole for their practice readiness assessments.

The CBAS team continues to present at national and international conferences. 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.
In future, the ESP team is planning to increase one-on-one coaching sessions with clinical preceptors.

Dr. Shelley Ross

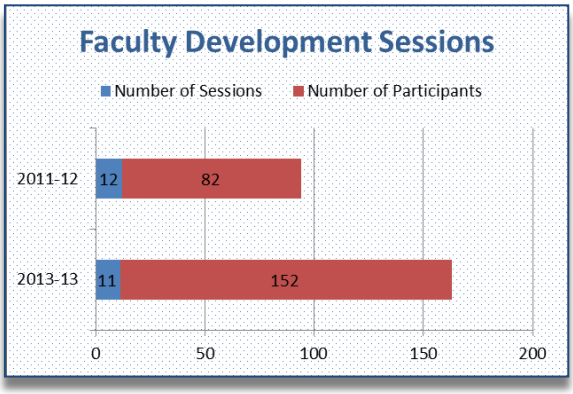


FACULTY DEVELOPMENT

In order to effectively function as agents of primary health care change in Alberta, members of the DFM must routinely update their skills as researchers, teachers, administrators, and scholars. With this goal in mind, faculty development provides leading-edge resources and education to department members.

Dr. Sudha Koppula, Director

A needs assessment was conducted in Summer 2013 to identify topics of interest and preferred formats of delivery. These topics, along with areas of department priority, will be offered to DFM members over the course of the year, including at the Faculty and Resident Extravaganza and Education Retreat (FREzER) being held this year in Jasper.



- ✓ *Our Department---Looking Ahead*:
  PCMH Domains/ National Commission on Quality Assurance PCMH Criteria
  Dr. Lee Green, Chair, Department of Family Medicine, U of Alberta

- ✓ *Completing your ARO most effectively*
  Ms. Kimberly Duerksen, Department of Family Medicine, U of Alberta

- ✓ *Tenure and Promotion Workshop*
  Mr. Bruce Fisher (co-hosted with the Faculty of Medicine & Dentistry)

- ✓ *Education Research in our Department*
  Dr. Shelley Ross, Department of Family Medicine, U of Alberta

- ✓ *FREzER--Faculty and Resident Extravaganza and Education Retreat*

- ✓ *Research and the Health Information Act*
  Ms. Rachel Hayward, Office of the Information and Privacy Commissioner of Alberta

- ✓ *Journals you should consider for your manuscript*
  Dr. Donna Manca, Department of Family Medicine, U of Alberta

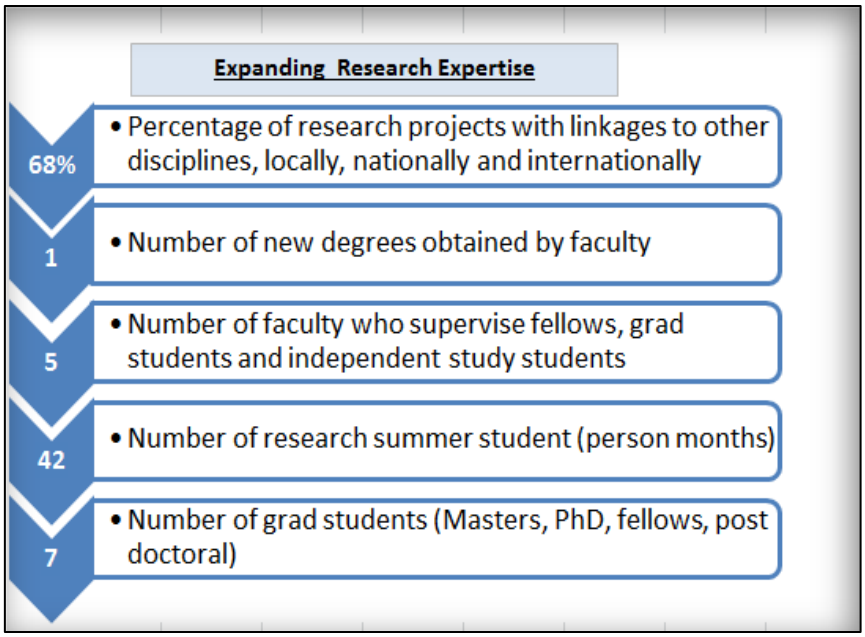
- ✓ *Family Medicine Retreat*
  Faculty and Staff met to review and discuss the department's the Mission, Vision and Values.

Rural and Regional Sites

The main faculty development event for rural preceptors is “Fall Harvest”. This year’s Fall Harvest event was held at Edmonton’s Fantasyland Hotel, with 28 registrants. Plenary speakers were Paul Hemmer who talked on descriptive evaluation, and Loren Rubis, CFO, Alberta Treasury Branches, who spoke on building character through feedback. There was also a choice workshops.

Other faculty development for rural and regional preceptors occurs through site visits and locally based events. There have been two separate sessions provided to the medical community in Fort McMurray regarding longitudinal programs, Triple C Curriculum, providing effective feedback and using CBAS.

Dr. Fred Janke, Director, Rural & Regional Health



INTERNATIONAL PROGRAMS

The Department of Family Medicine has an active program in International and Global medicine. During 2012-2013, we maintained collaborative relationships with China, Africa and Nepal. Our local partners include Dr. David Zakus, Director of Global Health, Division of Community Engagement under Dr. Jill Konkin, Dr. Renny Khan, Director of International programs at the Faculty of Medicine & Dentistry, and Family Medicine faculty, as well as community based preceptors.

November 2012 was a very busy month for our program. We hosted a nine-physician delegation from Shanghai for a four-week program about the discipline and scope of family practice. David Zakus has maintained a relationship with this group and has seen the impact of our program on their community health centres.

Dr. Shirley Schipper, Director
Global Health Initiative

Capital Medical University, Beijing

Dr. Huili Wang, a new family medicine faculty member from Capital Medical University (CMU) based in Beijing, completed a two month experience in Edmonton, learning from community-based family doctors and members of our department. During Dr. Wang's visit, she and Dr. Schipper attended the Sadok Besrour Global Health Conference in Toronto where Canadian and International representatives met to discuss promotion of family medicine and related programs in low and middle income countries.

Dr. Sudha Koppula visiting the Great Wall of China

Dr. Sudha Koppula visited Capital Medical University (CMU), Beijing, China, for two weeks in September 2012 as a representative of the Department of Family Medicine. The purpose of the visit was to provide some further teaching and discussion around curriculum development for family medicine, evaluation, and faculty development as China develops a family medicine postgraduate training program. We appreciate the support of Dr. Felix Li in the Canadian Embassy based in Beijing. Dr. Li continues to foster our Team Canada approach in the Canada-China family medicine projects, working closely with the College of Family Physicians.

Africa

In March 2013, Dr. Shirley Schipper was invited to Africa to visit two Family Medicine programs, one with Makerere University, in Kampala, Uganda; and another at Aga Khan University in Dares Salaam, Tanzania. This educational trip was supported by the Rotary Club via Dr. Zaheer Lahkani, a cardiologist who is a long-time collaborator with many international schools. Dr. Schipper spent time with program directors, faculty, and family medicine residents, and also visited their main training sites and district hospitals. These schools are hoping for more collaboration from Canadian partners to help drive their vision of family medicine for their respective countries.

Makerere University Faculty of Medicine Department of Family Medicine

In terms of resident experiences, we have had two residents train in Uganda and another is planning to go this next academic year. The residents' experiences are vast and impactful. We hope more learners will benefit from the incredible medical and personal growth that happens in these training sites.

In February 2013, Dr. Louanne Keenan partnered with the dental brigade "Kindness in Action" (KIA), an Alberta NGO, and Kigezi Healthcare Foundation (KIHEFO), a Ugandan NGO in Kabale, Uganda, to provide Part 2 of a training program for physicians and nurse practitioners on oral health care. Together they developed the critical and culturally appropriate messages that Dr. Keenan delivered during a two-hour radio program for an audience of six million Ugandans. The actual dental care, which was provided to over 1000 patients in KIHEFO's outreach camps, was enhanced by the participation of over 80 nursing students from the Institute of Health Sciences. These students were paired with oral health professionals to translate from English to Rukiga, the local language, to tell patients what procedures were occurring and, more importantly, to tell the dental team the patients' needs and fears in relation to their cultural knowledge about the causes of oral disease.

Dr. Geoffrey Anguyo's medical team from KIHEFO conducted a parallel program to address the mother to child transmission of HIV preventive care: pre-test counseling; testing for HIV and Syphilis; family planning; portable obstetric ultrasound; and high risk triage for medical services. Dr. Keenan is working with Drs. David Zakus, Tom Stevenson, Vice Chair, Oral Surgery, Faculty of Medicine & Dentistry, and Anguyo to finalize the Memorandum of Understanding with the Mbarara University in Uganda. This collaboration will allow preceptors and students from Medicine and Dentistry to have global health experiences in a structured learning environment.

A Sabbatical in Nepal

When Associate Professor Dr. Darren Nichols was on sabbatical from the University of Alberta (UofA) in 2012-2013, he took on the role of visiting professor at the Patan Academy of Health Sciences (PAHS) in Nepal. PAHS has developed a socially accountable medical school with the goal of educating physicians for rural Nepal. The relationship between the U of A and PAHS is strong and growing.

Dr. Nichols is one of six UofA physicians collaborating on the ground with PAHS and one of 16 UofA academics engaged in supporting PAHS. He also represents one of several dozen institutions globally who have helped in this novel incarnation of socially accountable medical education.

In addition to language learning and relationship building, Nichols taught at all levels of the schools and hospital, collaborated on frameworks for the assessment of competency by sharing the language and understanding of CBAS and sentinel habits, and helped initiate one of Nepal's first emergency medicine post-graduate programs. He also mentored UofA resident, Dr. James Lee, in global health engagement and development and helped four of our students transition to Nepal for an elective. Most importantly, however, Dr. Nichols learned the principles and practice of community engagement, of development work, and of sustainable and responsible academic partnership.

HEALTH SERVICES

The Department of Family Medicine meets its academic teaching and research responsibilities through the operation of four academic teaching units and ten community teaching practices. Our health professionals and support staff work together to meet our Health Service Program's strategic goal to provide safe and effective health care to our patients through ensuring access to services, best practice behaviour, primary care leadership and advocacy, and quality and safety.

Health Services Team

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

We engage in performance measurement and improvement, measuring and responding to patient experiences and patient satisfaction, and practice population health management. Sharing robust quality and safety data and improvement activities publicly is an important marker of a system-level commitment to quality. In October 2012, a patient survey was conducted at each of our four academic teaching sites. 97% of patients surveyed agreed or strongly agreed that they are satisfied with the quality of the health care they receive. See *Appendix I* for a summary of the Patient Survey Report.

We promote the documenting, reporting and discussing of quality and safety issues that we witness as part of providing health services. The "we", in this case, is all of us who participate in patient care: receptionists, medical office assistants, nursing assistants, nurses, nurse practitioners, pharmacists and others. Documenting and discussing "near crashes" (often mistakenly called "near misses") and "good catches" (preventing a mistake or enhancing quality) will allow us to learn from each other and provide a complete quality and safety picture to anyone interested in quality and safer health services. We can learn and share quality and safety lessons and involve and communicate with patients and the public.

In focusing on quality and safety, it is helpful to review and re-affirm the core principles and values of Family Medicine and the Primary Care Medical Home. Individually, you can maintain a list of things you think would improve quality and safety in the practice. As a group, we can share this information on a regular basis within our group and with others. As academics and professionals, we can be open minded critical thinkers who record and analyze quality and safety improvement initiatives so we can all learn.

Dr. David Moores, Faculty Lead

Quality Coordinators

We are remarkably fortunate to have four *Quality Coordinators (QCs)* in the department -- Leslie Bortolotto (Royal Alex FMC), Sharon Cunningham (North East FMC), Karianne Hanak (Misericordia FMC), and Cheryl Berezan (Grey Nuns FMC) -- and our *Quality and Informatics Supervisor*, Mirella Chiodo. With their help, it is expected that all teaching practices in the department will adopt an approach to quality and safety that will open the "***black box***" of primary and integrated health care services from a quality and safety perspective.

Aided by our four site-specific QCs, the department embarked on a *Quality and Safety in Primary Care Program* in 2012/13. The educational objectives were approved in principal then and finalized in 2013 in preparation for the intake of family medicine residents in July 2013. A site license for Patient Safety in Primary Care was purchased from TVC Films in the UK. This allows online access for all members of the department and its postgraduate resident physicians (urban and rural) to complete the six teaching modules. The programs foundation is two half-day seminars per year and the collection of quality and safety scenarios from real world experiences of participants.

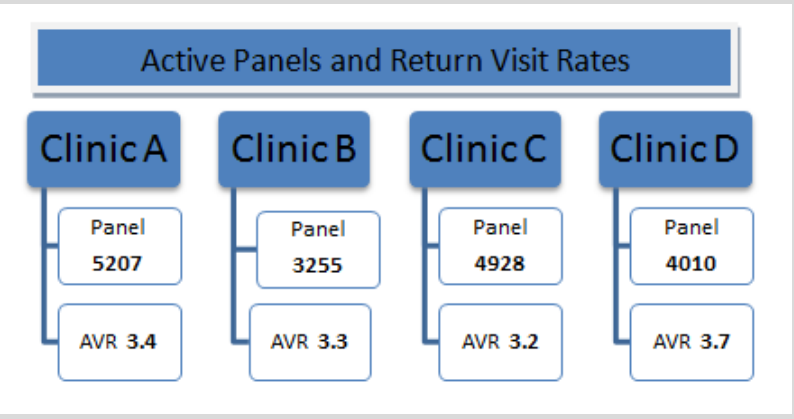
In 2014/2015 we expect to have developed the foundation of a Canadian Primary Care Quality and Safety Database.

Health Services Team

L-R: Ms. Cheryl Berezan, Ms. Mirella Chiodo, Ms. Karianne Hanak, Dr. David Moores, Ms. Leslie Bortolotto, Ms. Sharon Cunningham

Academic Teaching Sites
Quality Improvement Data

The Quality and Informatics team has been leading the culture shift to measurement for improvement at the four academic teaching sites since the introduction of AIM (Access Improvement Measures) in this province. The four clinics collect a similar basket of measures: panel sizes, average return visit rates, new patients accepted to practice, delay measures, continuity rates and utilization or allied health worker rates. Other data collected includes patient volumes, demand, supply and activity data, and no show data. The data is shared at the individual physician level, practice level and departmental level. It is also posted for all clinic staff and, in some cases, for patients to see.



Number of New Patients Accepted to Practice	
Clinic A	178
Clinic B	275
Clinic C	130
Clinic D	563

- Active panel – Defined as patients who have visited the clinic in the past 36 months.
- Average Return Visit Rate (AVR) – Number of visits for 12 month period divided by number of unique patients. Both these values are essential in determining the ideal panel size.
- Appointments per day X days per year = Supply (supply must meet demand)
- Panel size X average return visit rate = Demand

Delay is the true measure for system performance in any flow system; we measure patients wait time ***for an appointment*** as well as the wait time ***at the appointment***.

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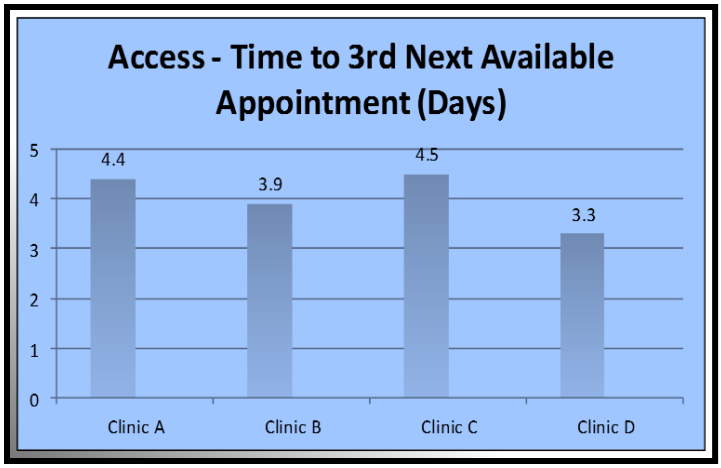
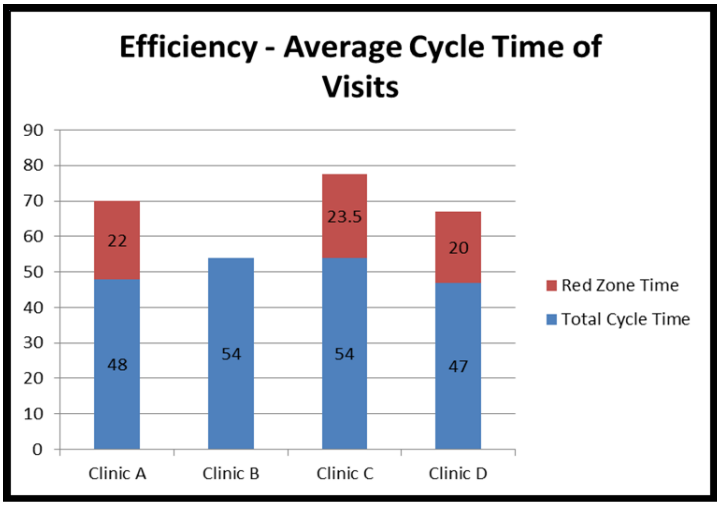
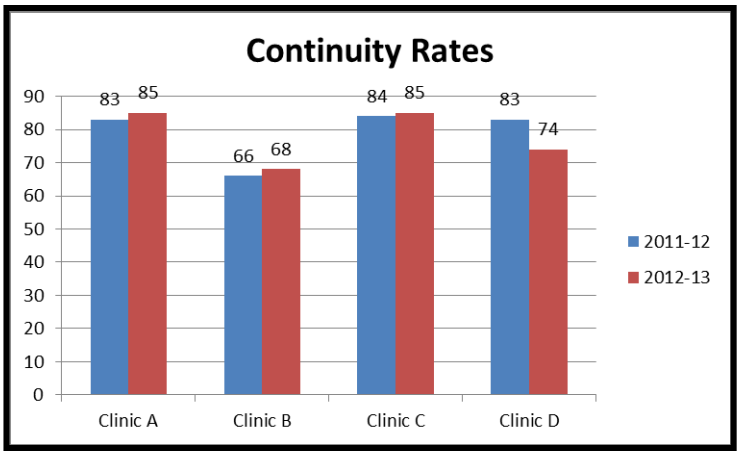


The number of days to third next available appointment is the measure used to determine wait times.

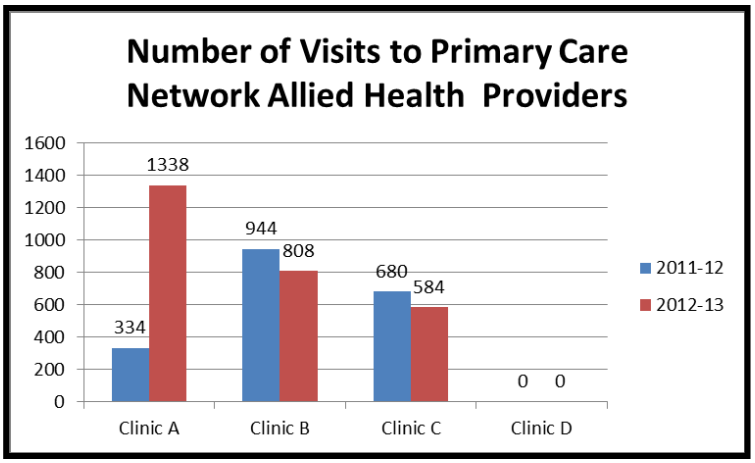
Third next is used to remove variability such as cancellations. By the time a patient reaches the third next available appointment generally we see schedule openness which is the time the patient is likely to get an appointment.



Cycle time is the indicator used to evaluate office efficiency. The goal is to remove as much non-value added time as possible for the patient in comparison to the entire cycle time from check-in to check-out. Red zone time is the amount of time spent with the provider.



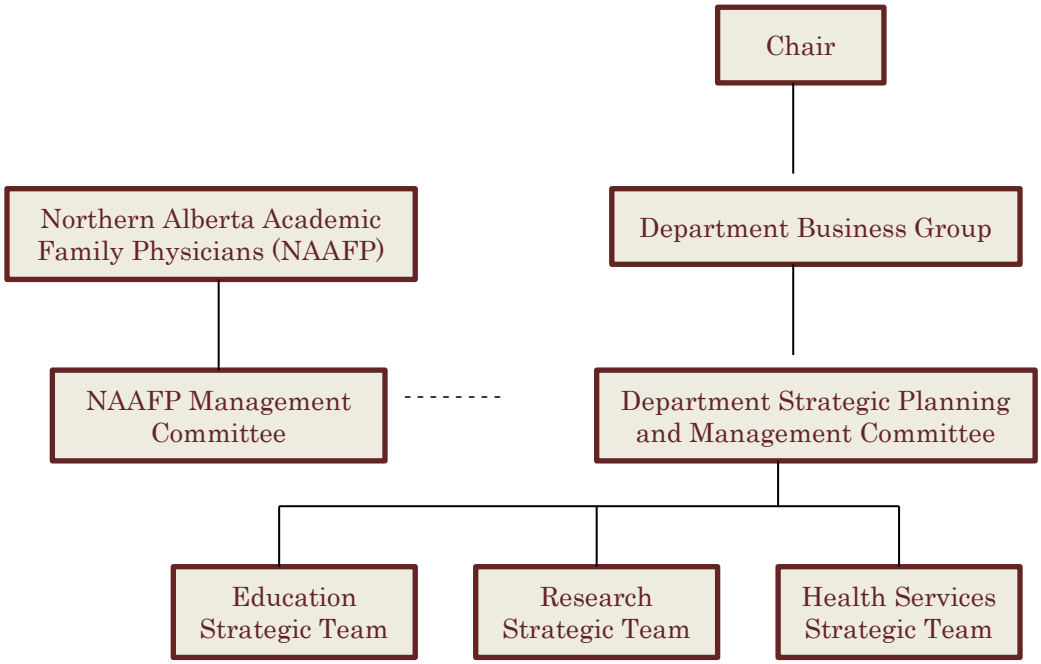
We know that when patients see their own provider, care is better and provider satisfaction is higher. For this reason, continuity rates (rate at which patients see their own provider as opposed to others in the practice) are monitored continuously.



With the assistance of Primary Care Networks in Alberta, team based care has become a reality for many Alberta providers.

Utilization of PCN allied health care professionals is monitored to ensure resources are being used in the right area for the patient population.

Department Of Family Medicine Governance Structure



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Dobrousin, Anatoly
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Ethier, Dennis
Faulder, Douglas G.
Fernando, L. Ashan
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Flanagan, Sean D.
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Fowke, Jane S.
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Gannon, Celine M.
Garbutt, Allan S,
Gawley, Emily
Gee, Christopher
Ghitter-Mannes, S. C.
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Gokul, Adhikar B.
Gordillo, Chris G.
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Goswami, Anurag
Gounden, Ranjeeta
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Greidanus, Robert I.
Griffin, William
Hackett, Richard J.
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Hanelt, Richard R.
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Hartt, Marcia
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Hauptfleisch, Maria
Hayden, Brian C.
Heydenrych, Siegfriedt
Hirji, Jamil
Hlushak, Curtis
Hogarth, Walter D.
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Hood, Mrs. Sherry M.
Hryciuk, Daniel J
Hult, Keith W.
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Jansma, Lee-Anne
Jarema, Andrew
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Jerome, Allison L.
John, Sheri L.
Johnson, Paul M.
Johnston, Colleen G.
Jones, Lee D.T.
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Karpman, Shelby
Kasavan, Devan
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Kauchali, Muti
Keay, James S.
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Kendall, Chris J.
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Khurana, Manisha
Kibria, Shawkat
Kijewski, Raegan L.
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Kutash, Anola Lee
Kwan, Peter
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Lal, Moti
Lamoureux, Robin A.
Landsbergen, E.P.
Larue, Jordan M.
Lavoie, Cecile R.
Lee, Ann S.O.
Lee, John H.
Lewis, Paul J.
Li, Bing
Li, Erwin
Li, Zhi
Lo, Freda H.
Loge, John M.
Loiselle, Rhea M.
Long, Brenda M.
Lou, Samuel S.
Louw, André J.
Maccarthy, Colm J.
Macdonald, I, R.
Macedo, Berino A.
Maciver, Douglas W.
Maclean, Scott B.A.
Madzimure, Tafirenyika
Mailo, Kevin D.
Malik, Samreen S.
Mallett, Aaron G.
Manchikanti, Srinivasa
Maneshgar, Mahnaz
Mangan, Kevin
Mannarino, Marco G.
Mare, Jean-Pierre
Marner, Paul A.
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Mayes, Adrienne
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Mcbeath, Kim
Mccall, Maureen
Mccarty, Douglas M.
Mcdonald, Allan
Mcdonald,, Terrence J.
Mcfarlane, Kari D.
Mckibbin, Cecil
Mcneilly, Nancy E.
Mcnicol, Keith L.
Meador, Karine L.
Millard, Debbie
Minnett, Seana
Minsos, Jennifer R.
Moe, Ms. Grace C.
Moffatt, Richard A.
Mogus, Tally M.
Mohamed, Z. A.
Mohanraj, Thomas M.
Mohler, Jeffrey A.
Mol, Adrianus
Molberg, Warren
Morrison, Matthew K.
Morros, Michelle P.
Mosaico, Francesco M.
Moussa, Sahar M.
Muller, Jacobus
Mydeen, Firdaus
Naidoo, Oshadhesa
Nawrot, M. Robin
Needham, Mr. Stanley
Neilson, Kevin
Neuls, Rick A.J.
Newnham, Peter J.
Nguyen, Lynda P.
Nizam, Mahmood Jafar
Noga, Alexandra E.
Nordli, Tania C.
Nwaka, Bernard C.
Obst, Jennifer M.
O'connor, John A.
Ogbeide, Samuel O.
Oladele, Oluseyi S.
Olson, Catherine E.
Ondrus, Peter
Oosthuizen, Pieter
Orr, Wesley D.L.
Otto, Catherine
Oyama, Sonnie E.
Palma, Peter
Paludet, Paul P.
Parameswaran, C.
Paras, Dwight J.
Pathan, Aarif A.
Peebles, Tom A.
Pernisie, Laurie D.
Pezeshki, Bijan
Pfeifer, Linda M.
Phillips, Thomas J.
Pickle, David A.
Piebiak Patterson, K.
Piepgrass, Brent L.
Plucinska, Hanna M.
Poitras, Michael
Pope, A. James D.
Prince, Gerry Duane
Prins, Johannes
Pronovost, Marc
Rahn, Andrea R.
Rajput, Romi
Ramsahoye, James
Ramsay, Glenna
Rattan, Nav P.
Regehr, Jack C.
Renfree, P. Ian
Rengan, Dhanakodi
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Shahoo, Nirmal K.
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Shakil, Sadia
Shandro, M. Tami L.
Sherman, Rajnish K.
Shute, Ron
Sidhu, Harkirat S.
Simard, Robert J.
Singh, Amar
Smith, Valerie
Smyth, David
Soneff, Cynthia M.
Soni, Rekha S.
Sonpar, Prabhu
Sorenson, Katherine
Soto, Juan A.
Soyege, O.A.
Steed, Wesley Blaine
Stetsko, Terry F.
Stewart, Darryl F.
Steyn, Daniela
Steyn, Frederik M.
Swinton, Andrew
Tailfeathers, Esther
Taiwo, Tolulola
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Thain, Michael J.
Thomas, Lyle
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Van Der Westhuizen,JP
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Zhang, Ricky Xinyun
Zielinski, Janice Marie

Professors Emeriti

RG Chaytors
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APPENDIX I

Academic Sites Patient Survey

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

Following is a summary of the findings from a survey project conducted October 2012 at the Department of Family Medicine Academic teaching sites: Royal Alexandra Family Medicine Centre, Grey Nuns Family Medicine Centre, Misericordia Family Medicine Centre and the North East Community Health Family Medicine Centre. The survey results were very positive overall and reinforce our belief that the care received by our patients at the family medicine academic teaching sites is of superior excellence and quality.

Appendix I

Academic Sites Patient Survey

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

TABLE OF CONTENTS

SUMMARY

Following is a summary of the findings from a survey project conducted October 2012 at the Department of Family Medicine Academic teaching sites; Royal Alexandra Family Medicine Centre, Grey Nuns Family Medicine Centre, Misericordia Family Medicine Centre and the NECHC Family Medicine Centre. The survey results were very positive overall and reinforce our belief that the care received by our patients at the family medicine academic teaching sites is of superior excellence and quality.

INTRODUCTION AND METHOD

The last survey project was run in 2008. Due to the fact that the clinics are run by Alberta Health Services and Covenant Health, permission to run the surveys was obtained from management. 207 Survey packages including blank surveys, an introduction / instruction letter as well as an envelope to deposit the survey were hand delivered to each site. Front end staff at the clinics distributed the surveys to patients when they checked in at the front desk and asked them to complete a survey. Once completed, surveys were deposited into a sealed box and picked up by the Quality and Informatics Supervisor at the end of the two week cycle.

A misunderstanding at the Misericordia site resulted in a poor completion rate for that site. Misericordia staff had distributed surveys for a previous project where the protocol was such that if patients were not interested in completing the survey, the survey was discarded rather than given to the next patient. Staff incorrectly assumed the same protocol applied to this project.

Number of surveys completed:

Royal Alexandra FMC – 206
Grey Nuns FMC – 207
Misericordia FMC – 26
NECHC FMC – 206

RESPONDENT PROFILE

Some basic demographic information was collected as well as the length of time they had been patients at the respective clinic and frequency of visits in the past twelve months.

Aggregately across four sites, 68 percent of the sample was female and 32 percent male. 74 percent of respondents had been at the clinic for three years or more.

ACCESS TO CARE

The survey included six statements pertaining to access to care.

P1. I can see my own family doctor when I need to.

P15. The amount of time I have to wait at the clinic for my appointment is reasonable.

P17. It is easy to get an appointment with my doctor.

P.18 If required, I can see a doctor the same day I call for an appointment.

P.19 I am satisfied with the arrangements that the clinic has for accessing medical care after hours.

P. 25 I can easily access other members of my healthcare team such as the dietician, pharmacist or mental health professional if required.

90.2 percent of respondents agreed and strongly agreed that they could see their own family physician when needed, compared to 82.3 percent in 2008.

91 percent agreed or strongly agreed that the wait at the appointment was reasonable, compared to 79.8 percent in 2008.

90.7 percent agreed or strongly agreed that after-hours care arrangements were satisfactory, compared to 88.4 percent in 2008.

88.4 percent agreed and strongly agreed with the statement reflecting ease of getting an appointment with their own provider;

71.7 percent agreed or strongly agreed they could get an appointment the same day they requested. This compares with 76.7 percent in 2008 agreeing and strongly agreeing with ease of making appointment and 67.3 percent in 2008 for same day access.

91 percent agreed and strongly agreed that they can easily access multidisciplinary team members. There is no comparison to 2008 data as this question was new to the survey.

The data is very encouraging and reflects the effort within the four clinics to improve access and office efficiency.

QUALITY OF CARE

The survey included two statements related to quality of care.

P2. If I see a doctor other than my own he /she has all the information about me that is needed.

P24. I believe my doctor keeps up to date on medical knowledge.

94.2 percent of respondents have confidence that even though they are seeing another provider in the clinic, he/she will have access to all relevant patient information. This compares to 92.6 percent in 2008.

97.6 percent believed their physician keeps up to date with medical knowledge, a very similar outcome to 97.8 percent in 2008.

HEALTH PROMOTION AND PREVENTION

Three statements relating to health promotion and prevention were included in the survey.

P3. My doctor explains my illness or injury thoroughly

P4. My doctor adequately explains my treatment choices to me.

P5. My doctor explains how to avoid my health problem in the future.

96.7 percent of respondents agreed and strongly agreed with the first two statements dealing, compared to 97.2 percent in 2008;

94.6 percent of respondents agree and strongly agree with the statement regarding prevention, compared to 93.1 percent in 2008.

FAMILY MEDICINE RESIDENTS

Our academic teaching sites have two mandates: to teach new physicians and to provide optimal patient care within a family medicine learning environment. Assessing the comfort level of patients who see residents is a very important priority for this department. We continuously strive for strategies that foster building healthy relationships between our learners and patients.

Two statements relating to resident care were included in the survey.

P6. I generally see a resident before my doctor sees me.

P7. I am comfortable seeing the resident first.

91.5 percent of respondents stated they saw residents first;
83.8 percent stated they are comfortable with seeing the resident first, compared to 76.7 percent in 2008.

RESPECT

Respect was one of the highest rated statements across the three levels of care: physicians, staff and residents.

There were four statements pertaining to respect across the three care levels.

P8. The office staff is helpful, pleasant and respectful.

P9. My doctor is helpful, pleasant and respectful.

P10. Family Medicine residents are helpful, pleasant and respectful.

P11. My doctor takes enough time to listen to my concerns.

98.5 percent of respondents agreed and strongly agreed that office staff are pleasant and respectful; 97.8 percent for physicians and 98.3 percent for residents. All were increased from the 2008 results. Comparison?

95.3 percent of respondents feel their physician takes enough time to listen to their concerns; this remains the same as the 2008 results.

COMMUNICATION

There were two statements pertaining to explanations for referrals and test results.

P12. When I am referred to another doctor I know why.

P13. Test and x-ray results are explained to me.

97.8 percent of respondents agree and strongly agree that communication pertaining to referrals is clear, a slight increase from 2008.

94.1 percent agreed and strongly agreed that test results are explained, compared to 92.9 percent in 2008.

PHYSICAL CLINIC ENVIRONMENT

There were two statements relating to physical environment.

P14. The waiting room is comfortable

P15. The examination room is large enough and has adequate equipment.

96.8 percent of respondents agreed and strongly agreed that the waiting areas are comfortable, compared to 91.7 percent in 2008.

97.2 percent of respondents agreed and strongly agreed that the exam rooms are large enough and appropriately equipped, a slight increase from 96.8 percent in 2008.

NURSE ROLES

Our academic teaching sites have always reinforced team based care, but with the assistance of Primary Care Networks and the movement towards the Patient Centered Medical Home Model, the importance of team based care has been even more prominent in the sites. Three statements related to nursing care were addressed:

P21. I would be comfortable having a nurse review tests with me.

P22. I would be comfortable having a nurse provide me with reminders and advice about staying healthy.

P23. I would be comfortable seeing a nurse instead of a doctor for routine things like blood pressure checks.

78.8 percent of respondents felt comfortable with having a nurse review test results. There is some indication of less comfort in this area as patients become accustomed to delegated team members sharing care; however, the results remain almost identical to 2008;

90.7 percent agreed and strongly agreed they would be comfortable with the nurse role as it relates to reminders and education about health promotion;

87.8 percent were comfortable with the nurse providing routine care such as blood pressure checks.

INFORMATION TECHNOLOGY

Since 2008, the four academic clinics have implemented electronic medical records. The following two statements were added to the 2012 survey to gain an understanding of the patient's perspective of electronic medical records systems.

P20. Having health information available by computer will help my family doctor deliver good quality care to me.

P26. If electronic booking became available, I would book my own appointments on line.

97.1 percent of patients agreed or strongly agreed that electronic medical records systems would help deliver good care;

62.6 percent said they would be interested in on-line booking if that functionality became available.

OVERALL SATISFACTION

Patients were asked to rate their overall satisfaction with the care provided at the academic teaching clinics. The statement reads as follows:

P27. I am satisfied with the quality of health care I receive at this clinic.

97% of patients agreed or strongly agreed with this statement, compared to 88.1 percent in 2008. The overall increase of 9.8 percentage points in patient satisfaction is reassuring considering the improvement efforts and activities in the areas of education, clinical care and primary care research over the past few years.

APPENDIX II

Accountability Report

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

Academic activity within the Department of Family Medicine is measured using a balanced scorecard strategic management framework. The values, goals and objectives across the three major themes of education, research and health services are aligned with the mission and vision of the Department. Continuous review of our strategic goals as well as annual evaluation using the scorecard methodology ensures we focus on the areas having the most impact.

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

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Education

Family Medicine Education is provided through the Triple C Competency-based curriculum - (competency-based, continuity, comprehensive, centered in family medicine). Much of the learning occurs in Family Medicine environments where assessment of learners has shifted to a focus on competency across a group of essential skills called Sentinel Habits and Clinical Domains.
Our strategic goals begin in undergrad ensuring medical students have adequate exposure to family medicine environments and teachers which helps to increase their interest family medicine as a career choice. 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 Enhances skills program. In addition the department is committed to continuous faculty development to ensure faculty and staff have the skills and knowledge required in the evolving environment of teaching, research, clinical care and administration.

Table 1: Resident Continuity

S1-Objective 1: **Provide a Triple C competency based curriculum (competency based, *continuity, comprehensive, centered in family medicine)***		**2012-13**
Indicator 1: Percentage of residents achieving target continuity with patient panels (1)(2)		
i.	Total visits by residents / 12 months	15,849
ii.	Patients with visits to same resident twice over 12 month period	23%
iii.	Patients with visits to same resident three times over 12 month period	11%
iv.	Patients with visits to same resident four times over 12 month period	5%
v.	Patients with visits to same resident five times over 12 month period	2%
vi.	Patients with visits to same resident six times over 12 month period	5%
Indicator 2: Percentage of clinical half days spent with primary preceptor supervision		87%

There may have been an issue with resident panel data from the previous year due to EMR reporting issues. As such, rather than a comparison to last year's data which may have been reported incorrectly, a start fresh approach will be used.

Table 2: Triple C Curriculum

S1-Objective 1: **Provide a Triple C based curriculum (*continuity, comprehensive, centered in family medicine)***	**2011 - 12**	**2012-13**	**Target**
Indicator 3: Percentage of residents achieving * FieldNote targets[(1)]	25%	27%	100%
Indicator 4: Total number of FieldNotes created over 12 month period[(2)]	4728	5228	5152
Indicator 5: Percentage of residents achieving a pass in the **CCFP** exam first time	91%	91%	100%
Indicator 6: Percentage of resident rotations with inner-city populations*(/26 blocks)*	4%	2%	
Indicator 7: Number of weeks of rotational experiences that occur in family medicine environments	46%	44%	

*FieldNotes – the process of documenting direct observations and feedback across all domains and sentinel habits. Notes are stored in an electronic format for ease of sorting and reflection.

Table 3: Enhanced Skills

S1-Objective 2: **Provide opportunities for family medicine graduates to develop enhanced skills in response to community need**	**2011 - 12**	**2012-13**	**Target**
Indicator 1: Application and enrollment in advanced skills program.	77	89	
Indicator 2: Successful completion of advanced skills program.	11/12	11/13	13

Table 4: Knowledge Translation and Faculty Development

S1-Objective 3: **Foster knowledge translation of best practice and innovation in family medicine education**	**2011** [(1)]	**2012**
Indicator 1: Number of faculty presenting education workshops and presentations	29	25
Indicator 2: Number of teaching faculty on national and international education committees	22	22
S1-Objective 4: **Provide educators with the opportunity to develop skills to keep up with evolving curriculum**	**2011-12**	**2012--13**
Indicator 1: Number of Faculty development sessions held	12	11
Indicator 2: Number of participants in Faculty Development sessions	82	152
Indicator 3: Number of faculty involved in producing education support documentation or products	21	21

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.**	**2011 - 12**	**2012-13**	**Target**
Indicator 1: Number of students matching to University of Alberta Family Medicine after Round 1 ***CaRMS***	29	37	
Indicator 2: Number of student evaluations of the ***community-based experience*** rated as good to excellent	92%	83%	
Indicator 3: Mean overall rating of the ***Family Medicine Clerkship*** program from the graduation survey as compared to the national average /5	4.3	4.1	4.0 National Average

S2-Objective 2: **Increase exposure of University of Alberta's medical students to modern, progressive family medicine**	**2011-12**	**2012-13**	**Target**
Indicator 1: Number of weeks of ***family medicine electives*** year 3 and 4 provided by Department of Family Medicine faculty and preceptors	197	239	
Indicator 2: Number of hours spent teaching undergrad courses by Department of Family Medicine faculty or preceptors	675.5	1199	
Indicator 3: Number of hours spent coordinating undergrad courses by Department of Family Medicine faculty or preceptors	175	208	

Research

Our department is a leader in primary care 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 major conferences. There is a continued focus on expanding research expertise in our own unit as well as through linkages to other professions, local, national and international groups. Of note, research data 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**	**2011**	**2012**
Indicator 1: Number of new research grants awarded **DoFM faculty are PIs or Co-Investigators on the grant and funding administered/held by University of Alberta **or** other organizations*	16	**33**
Indicator 2 : Total value of NEW grant funding *(actual dollars)* received and held by DoFM, University of Alberta (total amount of new funding in account for year reported- e.g. if total grant = $100,000 but only $50,000 was received during 2012, only $50,000 is reported here). [Information obtained from e-TRAC]	$595,247.63	$1,510,802.75
Indicator 3: Number of grants in progress (*cumulative) (excludes 2012 funded grants)* **DoFM faculty are PIs or Co-Investigators on the grant and funding administered/held by University of Alberta **or** other organizations*	53	**47**
Indicator 4 (a): Total value of grant funding NEW and IN PROGRESS (dollars) (*cumulative)* currently held by DoFM, University of Alberta in the year reported. [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)]	$2,247,616.71	$2,992,895.90*
Indicator 5: Number of peer reviewed publications	58	**72**
Indicator 6: Number of non-peer reviewed publications	24	**32**
Indicator 7: Number of books and chapters	6	**10**

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**		**2011**	**2012**
Indicator 1: Number of presentations to policy makers, health professionals, stakeholders			
i.	Oral Presentations *(excludes educational presentations such as faculty development, courses, etc)*	103	205
ii.	Poster Presentations (research)	91	61
Indicator 2: Number of peer reviewed presentations (research: poster& oral)		143	**125**
Indicator 3: Number of knowledge translation products, tools, manuals produced		10	**27**
S3-Objective 3: **Expand research expertise**		**2011**	**2012**
Indicator 1: Percentage of research projects with linkages to other disciplines, locally, regionally, nationally and internationally.		61	68
Indicator 2: Number of **new degrees**, certificates and diplomas obtained by faculty		2	**1**
Indicator 3: Number of research summer students *(person months)*		35 months	42 months
Indicator 4: Number of faculty who supervise fellows, graduate students, and independent study students		9	**5**
Indicator 5: Number of grad students, (*Masters, PhD, fellows, post doctoral and independent study students)*		10	**7**
S3-Objective 4: **Influence the health research agenda in Canada**			
Indicator 1: Number of positions on research funding organization committees, ethics, review and advisory boards		*See Appendix I of the 2011 Accountability Report**	No Data

*The 2011 Accountability is available here:

http://www.familymed.med.ualberta.ca/Library/Documents/UADFMAccountabilityReport2010-12v3c.pdf

Health Services

Over the past few years, academic, rural and community teaching sites have been leading the way in practice quality improvement. Measurement is a critical component to quality improvement; if you can't measure, it is difficult to improve and to know that changes you made were an improvement. Quality improvement is embedded in the way staff and providers think, and measurement has become part of the culture. In particular, delay for an appointment as well as at the appointment is front and center.

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 solely from our academic teaching sites.

Table 8: Academic Teaching Site Delay Indicators

S4-Objective 1: **Improve access to healthcare**	**2011 - 12**	**2012-13**	**Target**
Indicator 1: Average time to 3rd next available appointment (days)			
Clinic A	6	4.4	5
Clinic B	4.5	3.9	5
Clinic C	7.9	4.5	5
Clinic D	6.2	3.3	5
Indicator 2: **Average cycle time of appointments (minutes from check in to check out)**			
Clinic A	60	47.9	35
Clinic B	54	54	35
Clinic C	60	54	35
Clinic D	48	47	35
Indicator 3: Average red zone time *(time spent with provider, in minutes)*			
Clinic A	26	22	20
Clinic B	31	N/A	20
Clinic C	26	23.5	20
Clinic D	32	20	20

Table 9: Academic Teaching Site Clinic Activity

S4-Objective 1: **Improve access to healthcare - continued**	**2011 - 12**	**2012-13**	**Target**
Indicator 4: Continuity rate of provider panel (% of patients seeing own provider)			
Clinic A	83	85	75
Clinic B	66	68	75
Clinic C	84	85	75
Clinic D	83	74	75
Indicator 5: Number of new patients accepted to practice			
Clinic A	228	178	
Clinic B	220	275	
Clinic C	No data	130	
Clinic D *(working on building panels for new physicians)*	1863	563	
Indicator 6: Average return visit rate / 12 month period			
Clinic A	3.5	3.4	
Clinic B	4.2	3.3	
Clinic C	3.5	3.2	
Clinic D	4	3.7	
Indicator 7: Panel size – patients seen in the past 3 years			
Clinic A	5377	5207	
Clinic B	4034	3255	
Clinic C	4693	4928	
Clinic D	3484	4010	
Indicator 8: Utilization of Primary Care Network allied health service professionals and programs (number of events)			
Clinic A	334	1338	
Clinic B	944	808	
Clinic C	680	584	
Clinic D	0	0	

Table 10: Academic Teaching Site Practice Quality Improvement

S4-Objective 2: **Foster best practice and innovations in primary care**	**2011 - 12**	**2012-13**	**Target**
Indicator 1: Number of practice quality improvement initiatives in academic teaching clinics.			
Clinic A	12	7	
Clinic B	19	17	
Clinic C	16	17	
Clinic D	13	12	

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. 2013

	Clinic A		**Clinic B**		**Clinic C[(1)]**		**Clinic D[(1)]**	
	2012	2013	2012	2013	2012	2013	2012	2013
Mammogram	72%	67%	89%	79%	60%	72%	41%	67%
Pap Smear	81%	68%	54%	47%	63%	46%	37%	40%
Blood Pressure	89%	66%	99%	80%	81%	42%	69%	47%
Fasting Glucose	87%	74%	99%	74%	74%	58%	59%	50%
LDL (Cholesterol) Female	90%	83%	86%	79%	75%	65%	63%	64%
LDL (Cholesterol) Male	99%	77%	87%	76%	77%	65%	67%	62%
Bone Densitometry	57%	45%	49%	27%	24%	38%	18%	31%
Stool for Occult Blood	38%	39%	25%	50%	22%	26%	25%	21%

Due to upgrades with electronic medical records and changes in reporting, it was difficult this year to capture where screening maneuvers were cancelled due to patient refusing or alternate care plan applied. Results show only completion rates, not offers made to screen. In the previous year, we were able to obtain this data thus removing them from the denominator. We are working with the vendor to be able to obtain this data once again.

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