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APPENDIX I: ACCOUNTABILITY REPORT
APPENDIX II: FACULTY MEMBERS ON RESEARCH FUNDING ORGANIZATIONS
MISSION, VISION AND CORE VALUES

MISSION
The Department of Family Medicine at the University of Alberta exists to teach the discipline of family medicine for the future of practice, and the needs of society, and to produce scholarly work that improves the practices of family medicine and primary health care.

We will achieve this outcome by developing and demonstrating excellence in:
1. training residents for team-based, systems-based, socially accountable patient care and leadership,
2. providing medical students with high-quality education and serving as role models of academically excellent, quality and safety-driven, socially accountable generalists, and
3. conducting and disseminating clinical, educational, epidemiological, and health services research that improves the teaching and practice of family medicine and primary health care.

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

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

We support a culture of accountability.
Our Mission and how we pursue it will be responsive to our stakeholders; we are responsible with resources allocated to us and transparent in how we use them; our choices in teaching and research address the needs of, and are accountable to, the society of which we are part.

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.
This year’s annual report presents another year of growth and accomplishment for the Department. It’s hard to choose what to highlight.

The residency program had a year worth celebrating. That is to the credit of the residency team and leadership, but very much also to the residents themselves. The best way to attract good residents is to have good residents.

A top-quality program, the residency continues making improvements program-wide and at each site, as their report details. The nationally and internationally pace-setting Competency-Based Achievement System has taken another step forward, with a new and scalable version of the electronic eCBAS infrastructure, and the enhanced skills programs have stepped up their activity and rigour as well.

The undergraduate program has had an active and successful year even while being in a rebuilding phase. It’s very important to provide solid Family Medicine experiences to students across all four years of the UME curriculum. That’s not only to attract good candidates into Family Medicine, but because what students learn from Family Medicine makes them better doctors no matter what specialty they go into. We owe that contribution to the MD program, and are proud of Drs. Kolber and Au for maintaining the Department’s standard.

The Department’s researchers had another remarkable year, surpassing even last year’s strong performance. Several teams are now well into established, sustained, internationally-recognized programs of research. CPCSSN continues to grow, along with the SAPCreN and NAPCreN networks, and the innovative Data Presentation Tool is gaining recognition. The 5As Team, the BETTER program, CHANGE, MARD, and the SPOR PIHCIN continue to produce research of significance. The ARCH collaboration and the Seniors Community Hub program both expanded with new funding this year. The Pragmatic Trials Collaborative continues to attract both enthusiastic support among practitioner members and research funding, with the launch of the BedMed trial - the largest pragmatic randomized trial in primary care in Canada.

There is much more - turn the pages and read on!

Dr. Lee A. Green, MD, MPH Professor and Chair Department of Family Medicine
Providing a solid foundation for maintaining and enhancing continuity of learning.

The Education Strategic Plan focuses on the educational objectives of delivery and assessment of learning in family medicine environments while maintaining and enhancing the continuity of learning for all learners: students, residents, members of the Department of Family Medicine and family physicians in the community who teach.

**Education Program Areas**

Undergraduate

Postgraduate

Enhanced Skills

Faculty Development

Competency Based Achievement System
FAMILY MEDICINE LEARNING SITES

The family medicine program provides medical education to both undergraduate medical students and family medicine residents. This education has an academic component, which takes place in classrooms, and a clinical component, which takes place in clinics and hospitals across Alberta. The Department of Family Medicine, in conjunction with community-based researchers, education centres and support systems, has established educational clinics and hospitals where medical professionals share their knowledge and experience with their future colleagues. In the family medicine program, these clinics are referred to as learning sites and serve as research centres and support systems all rolled into one location where medical students will experience their final stage of their journey in family medicine training.

The Miller Pyramid

![Miller Pyramid Diagram]

Every step in the Miller Pyramid is a framework widely used to assess clinical competence for medical trainees. Undergraduate medical students take part in clerkships at the learning sites to consolidate their learning in a primary care setting, apply their medical knowledge and problem-solve. For family medicine residents, learning sites provide the opportunity called competencies - and apply them in a clinical setting. The final stage of the pyramid is to be able to perform safely and independently in a clinical practice.

Learning sites for undergraduate medical students are selected by a computerized program for Years 1 and 2, and then selected based on interest in Years 3 and 4. Residents are placed following CaRMS, the nation-wide medical school application process, when candidates of the Department of Family Medicine. During the CaRMS event, candidates meet program faculty and staff.

Family medicine education requires strong collaboration between learners, educators and support staff. The community at each learning site includes other residents, undergraduate medical students, preceptors, faculty advisors, site administrators, quality and safety coordinators and clinic staff.

Learners
Residents and undergraduate medical students learn clinical skills under the guidance of preceptors and advisors. In addition to being learners, residents are also teachers: each resident is required to share the knowledge they have gained by teaching undergraduates taking part in clerkships at the clinics. The teachers themselves are also learning: knowledge about clinical education is advanced through sharing experiences and research undertaken in clinics.

Preceptors
There are over 250 family physicians and medical professionals teaching University of Alberta family medicine undergraduate medical students and residents across Northern and Central Alberta. Preceptors provide support and feedback to learners completing their Longitudinal Clinical Experience (LCE) and required clerkships (for undergraduate medical students) and rotations (for residents), and are crucial to family medicine education.
Faculty Advisors
Like preceptors, faculty advisors provide support and feedback to learners. However, advisors have the added responsibility of coaching, guiding and mentoring designated residents. This advisor-resident relationship continues throughout the resident’s program, and for some it create the foundation for lifelong collaborations and working relationships. Advisors are also required to complete four-month progress reports of their residents to assess of their clinical competencies.

Site Administrators
Each family medicine learning site is a unique community with its own culture and administrative processes. Because of this, each academic learning site has a site administrator who is tasked with keeping residency programs running smoothly. Administrators’ responsibilities are unique to each site, but generally involve organizing resident training schedules, arranging academic training, managing resident schedules, tracking resident rotations, and processing necessary department paperwork such as time sheets and leave requests. For some residents, the site administrator can also lend an ear and act as a resource for Alberta, including the necessity of having a block heater during the winter months.

Quality Coordinators
Providing safe, high-quality healthcare is the priority for the Department of Family Medicine, and quality coordinators play a key role in this aspect of medical education. The quality coordinators teach and support residents in the meaningful use of technology such as electronic medical records (EMRs) and netCare. They also play a key role in educating residents about using data in clinical improvement work and assist in compiling data for resident research PQI and BEARS.

The Healthcare Team
In a modern family medicine practice, healthcare is a team effort. With the support of Primary Care Networks (PCNs) and the evolution of the Patient-Centred Medical Home, from the knowledge and skills of a wide variety of allied health professionals such as RNs, pharmacists, dieticians, and psychologists to name a few.

Each of these individuals plays a key role in teaching and demonstrating the skills required of excellent family physicians, and advancing our vision of Alberta having a well-integrated, primary-case based healthcare system in which all have access to a family physician.

2015 - 2016 Learning Sites

Dominion Medical Centre Mactaggart
Dominion Medical Centre Century Park
Grandin Medical Clinic
Grey Nuns Family Medicine Centre
Heritage Medical Clinic
Justik Clinic
Kaye Family Medicine Clinic
LA Medical Clinic
Lynnwood Family Physicians
Misericordia Family Medicine Centre
Northeast Community Health Centre
Royal Alexandra Family Medicine Centre
Westview Physician Collaborative

Academic learning site managers and team members (L - R):
Sheny Khera (Misericordia Family Medicine Clinic), Mirella Chiodo (Informatics and Quality Control), Marco Mannarino (Northeast Community Health Centre), Mike Donoff (Associate Chair, DoFM), Shirley Schipper (Grey Nuns Family Medicine Centre), Sam Lou (Kaye Clinic Family Medicine Clinic), Peter Bell (Royal Alexandra Family Medicine Clinic).
CONFERENCES AND WORKSHOPS

As a provider of high-quality medical education, the department seeks to offer as many educational opportunities as possible. Department faculty work with colleagues in the university and health care communities to provide exceptional learning opportunities. In 2015 – 2016 faculty were involved in the following learning opportunities:

Edmonton Women’s Show
Family medicine faculty appeared on the University of Alberta Faculty of Medicine & Dentistry Health and Wellness Stage at the Edmonton Women’s Show on October 17 & 18, 2015. The show was an opportunity to demonstrate and share knowledge with community members.

Saturday, October 17
Medical television shows: are they good for your health? Presenters Christina Korownyk and Michael Allan
Reframing obesity: Presenter Denise Campbell-Scherer
Screening and its myths: Presenter Donna Manca
Elderly care and its impact on caregivers: Presenter Jean Triscott
Concussion and gender: Is the female brain different?: Presenter Connie Lebrun

Sunday, October 18
Refining obesity: Presenter Denise Campbell-Scherer
Screening and its myths: Presenter Donna Manca
Elderly care and its impact on caregivers: Presenter Jean Triscott
Concussion and gender: Is the female brain different?: Presenter Connie Lebrun

PEIP Conference
The Evidence Based Medicine Team works annually with the Alberta College of Family Physicians and other healthcare leaders in Alberta to offer Alberta’s largest primary care conference to inform practice. Held annually in October, the conference has proven incredibly popular, regularly selling out well in advance of the registration deadline.
Faculty and staff involved: Tina Korownyk, Michael Allan, Michael Kolber, Adrienne Lindblad, Sharon Nickel

GI For GPs
The GI for GPs course has been running for 12 years. This one-day course provides information about the latest family-practice-related updates in gastroenterology featuring plenary sessions well as small group case studies.
Faculty and staff involved: Mike Kolber

Endoscopy Skills for Practicing Endoscopists
This annual conference has been running for six years and aims to advance the skills of physicians and nurse who are regularly involved in endoscopy procedures.
Faculty and staff involved: Mike Kolber, Sharon Nickel

The Second Annual Glen Sather Sports Medicine Clinic Conference: Managing the Aging Shoulder
The Glen Sather Sports Medicine Clinic annually of musculoskeletal health focus. The 2015 Conference drew 108 participants.
Faculty involved: Constance Lebrun

Joint Injection Workshop
Faculty from the Glen Sather Sports Medicine clinic offered a one-day workshop about in joint injections, a common procedure. Sixteen participants took advantage of this training opportunity.
Faculty involved: Constance Lebrun, Terry De Frietas
**Family Medicine Wilderness Retreat**
In keeping with commitment to offer a range of experiences for its residents, the faculty from the DoFM offer an annual wilderness retreat for residents interested in exploring the challenges involved in providing medical care outside of traditional settings and off the beaten path.

Twenty-three residents joined family medicine faculty and event founder John Nicklin to offer mock rescue scenarios, team-building activities, interactive small group sessions, and practical splinting workshops.  
*Faculty and preceptors involved: Lee Green, John Chmelicek, Lillian Au, Allan Bailey, Ron Shute*

**FREzER**
The annual Faculty Resident Education Extravaganza and Retreat is a cooperative effort between the Family Medicine Resident Association and the Department of Family Medicine Faculty Development program. The event offers joint faculty development-resident workshops, as well as separate workshops.

*Faculty and staff involved: Sudha Koppula, Karen Moniz*

**Grand Rounds**
Family Medicine Grand Rounds are held quarterly (January, March, June, and September) each year. The topics for the 2015-2016 academic year were:
- Quality and Safety in Family Practice,
- Addressing Lifestyle Factors in Family Medicine: the CHANGE-5AsT,
- Quality Doesn’t Happen by Accident: Clinical Processes and Safety, and
- Consent, Capacity and Conscience: Medically Assisted Death.

**Research Day**
Research Day is an annual event showcasing research studies, brief evidence-based assessments of research (BEARS), and practice quality improvement (PQI) projects conducted by family medicine residents, faculty, and preceptors.

The 2016 Family Medicine Research Day, held on June 17, featured 15 oral presentations from family medicine residents, researchers, physicians, and researchers from related health disciplines. In addition to the oral presentations, there were 16 research posters showcasing initiatives from department physicians, faculty, researchers, and residents. The broad range of research presented included studies related to clinical practice, communication between healthcare providers, and community health initiatives.

Attendance at research day is open to all members of the FoMD and university community.
Following the departure of Dr. Amy Tan, Dr. Michael Kolber was named the Acting Director of Undergraduate Medical Education on January 1, 2016.

**Family Medicine Clerkship**

The clerkship team continues to administer and support the 151 clerkship and 324 Longitudinal Clinical Experience (LCE) students and their 105 preceptors for their family medicine rotations. Initiatives included:

- Changing the clerkship exam to an online format while continuing to maintain and update a robust sample of Angoffed SAMPs and MCQs;
- Adding dermatology on-line learning (Lillian Au); and
- Adding Muscle Skeletal (MSK) clinical sessions (Lillian Au and DeFreitas).

Dr. Lillian Au, Urban Clerkship Director, polled students who had completed the Year 3 family medicine clerkship to see if there were any clinical areas they felt needed more focused training, with Muscle Skeletal exams identified as lacking. This lack of exam training prompted Dr. Au and Dr. Teresa DeFreitas to create a 2-hour MSK session to follow the student lead project presentation session. This session, which focuses on the knee, includes how to take MSK history, a structured approach to knee exams and hands-on practice. The session was rated highly by the students, who subsequently requested additional training for MSK exams, a common requirement in family medicine practice. As a result, MSK training will be expanded to include the shoulder in the 2016/2017 academic year.

**Physicianship Year 3**

In the 2015 - 2016 academic year of medical school. Family medicine faculty member Dr. Lillian Au, along with Dr. Jacqueline Lee from the Department of Pediatrics, developed the cases for the three communication sessions: Advance Care.

**Awards**

This year recognizing preceptors with the Preceptor of the Year Award for Longitudinal Clinical Experience (LCE) in Family Medicine Sessions.

The 2015-2016 Faculty Awards recipients were:

- Year 1 LCE award: Dr. Scott Soehn (Beaumont Family Medical Associates).
- Year 2 LCE award: Dr. Jarrett Morrow (Rutherford Medical Clinic).
- Preceptor of the Year Clerkship Award: Dr. Janice May from the Allin Clinic, and
- The Clinic of the Year Clerkship Award: Ottewell Clinic (preceptors Drs Guy Blais, Ghalib Ahmed and Jason Corrigan).
Family Medicine Interest Group

Undergraduate medical education is fortunate to have a positive and productive working relationship with the Family Medicine Interest Group (FMIG). There is a Family Medicine Interest Group in every medical school in Canada working to increase awareness of family medicine and promote family medicine to medical students. In 2015-2016, undergraduate medical education worked with FMIG on the following events and activities:

- The Introduction to Family Medicine Lunch talk (September of 2015),
- FMIG and 150 medical students welcomed The College of Family Physicians of Canada (CFPC) president Dr. Garey Mazowita who addressed the students regarding practicing family medicine in Canada (September 2015),
- Clinical Skills Night (October 14, 2015),
- The 2+1 Residency talk (November 18, 2015),
- Life as a Family Medicine Resident presentation (December 9, 2015), and
- The annual Meet the Faculty Mix n’ Mingle (February 10, 2016).

POSTGRADUATE

2015 - 2016 Postgraduate Program Team

John Chmelicek
Michelle Morros
David Ross
Paul Humphries
Fred Janke
Cindy Heisler
Joanne Lafrance
Shelley Veats
Emily Friedrich
Sandy Boychuk

The 2015-2016 academic year was another busy one for the postgraduate program. In addition to regular teaching and learning activities, the postgraduate program continued making program enhancements to deliver the best possible education in family medicine and primary care.

2016 Canadian Resident Matching Service (CaRMs)

A new system was implemented for the 2016 CaRMs application process with the intention of identifying the best possible candidates for the program. Dr. Michelle Morros provided an orientation on how to use the new forms, and for the first time the file review process was done electronically to make the interview questions more critical information, and the marking grid was also revised. The Department of Family Medicine fully matched on Match Day, March 4, 2016!

2017 Postgraduate Program Accreditation

The postgraduate team began preparations for the accreditation review that will take place in 2017. This review process will provide the opportunity to make further improvements to postgraduate family medicine education.

Program Changes

Opportunities for learner and faculty feedback were enhanced as part of the program’s continuing efforts to improve the learner experience. This was the second year of face-to-face exit interviews for resident feedback. These interviews provide an opportunity to not only provide
feedback about the program in-person, but also to foster a relationship with residents and encourage an ongoing connection with the department as they progress in their family medicine careers. One result of the changes implemented as result of exit interviews is the adjustment of the academic day schedule, with the large group sessions moving to the morning and small group session being shifted to the afternoon.

**Academics**

Planning began for the re-establishment of the Academic Planning Committee (APC) under the leadership of Drs Samantha Horvey and Keith Huber. The APC, which includes representation from the academic learning sites, the research program, the Family Medicine Residents Association (FMRA), the enhanced skills program, postgraduate program administration and site administrators, will be charged with insuring consistent coordination and delivery of academics, foundations and behavioural medicine to all residents in all teaching sites and recommend improvements to the academic program. APC is planned for the fall of 2016.

In May, the program was challenged by the need to evacuate and temporarily re-locate eight residents who, like their colleagues and fellow community members, were forced to evacuate. Dr. Edward Denga and Leslie Lefebvre must be commended for their leadership, and the family medicine residents also deserve recognition for juggling simultaneous roles as evacuees and medical support staff during that trying time. Much appreciation and recognition goes out to all involved in supporting the needs of the Department of Family Medicine’s residents, faculty and staff in Fort McMurray so there was as little disruption as possible for our learners.

**DISTRIBUTED SITES**

<table>
<thead>
<tr>
<th>2015 - 2016 Distributed Sites Team</th>
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<tbody>
<tr>
<td>Fred Janke</td>
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<tr>
<td>Edward Denga</td>
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<td>Jack Bromley</td>
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<tr>
<td>Valentin Duta</td>
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<tr>
<td>Brad Martin</td>
</tr>
<tr>
<td>Charlene Carver</td>
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<tr>
<td>Leslie Lefebvre</td>
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<td>Corrie Merchant</td>
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The Department of Family Medicine distributed learning sites reached CaRMS! Fort McMurray

Fort McMurray learning site, based out of the Northern Lights Regional Health Centre, started the year with 12 residents and, through off-site residents in the program. Rarely were all residents on-site as they f-site at different times. The learning site was thrilled to have all off-cycle residents pass their exams and complete the program in January and February of 2016.

For the months of May and June no residents were on site as the city was evacuated during the Fort McMurray wildfire. Affected residents were fast to work with the university to set up electives/selectives and core rotations which they completed or continued (rural rotations) off site. One resident was recognized in the Lethbridge paper for his help in evacuating the hospital patients to the evacuation center north of town (Firebag) where patients were later airlifted from to other centers in the residency program.

PGY2 residents celebrated their graduation off-site in June while incoming residents due to begin the program in July were relocated to other centers for the start of their program, and were placed in Fort McMurray later in August of 2016.
Red Deer

The Red Deer learning site, based out of the Red Deer Regional Hospital, had 21 residents during the 2015-2016 academic year.

Red Deer changed the internal medicine block to incorporate a specialty block of hospitalist care. There will now be three weeks of ICU, three weeks of hospitalist, and two weeks of specialty which the residents can select for themselves. This change will provide a more diverse learning experience for residents.

Grande Prairie

The Grande Prairie learning site, based out of the Queen Elizabeth II Hospital, had 12 residents total during the 2015-2016 academic year: six R1 and six R2.

A learning site that will be applied in the 2016-2017 academic year: R1s will have a 16-week block of training in family practice in a rural community, which is an increase from their previous eight weeks.

ENHANCED SKILLS

2015 - 2016 Enhanced Skills Team

Constance Lebrun
Leslie Charles
Angela Naismith
Doreen Oneschuk
Jeremy Beach
William Flexer
Fred Janke
Sarah Burton
John Chmelicek
Sudha Koppula
Kay Kovithavongs

As part of the department’s commitment to preparing learners to serve the needs of Albertans, Canadians and the world, the department offers eight one-year enhanced skills training programs (PGY3s) for family medicine graduates with an interest in supplementing their skills in a specialized area. Enhanced skills training is offered to residents from the University of Alberta as well as other universities and practicing physicians with an interest in obtaining additional skills.

There are two categories of programs available. is programs with nationally standardized curricula. These programs are Emergency Medicine, Care of the Elderly, Family Practice Anaesthesiology, Palliative Care and Sport and Exercise Medicine. Programs in the second category have established regional curricula, and these program are Women’s Health, Surgical and Obstetrics Skills and Occupational Health.

There are 14 funded positions through PGME (ministry-funded). Allocation of these is on the basis of factors such as need and number of applicants, and can vary from year to year.

The Enhanced Skills Committee

The Enhanced Skills Committee meets quarterly to discuss issues that are common to all programs, and to report on the individual programs. The residency program director is invited, as are resident representatives from the different programs (on a rotating basis).
Care of the Elderly
Category 1 program, 6 or 12 month durations
Added Competency

The Care of the Elderly (CoE) diploma program continues to work with College of Family Physicians of Canada (CFPC) on Competence in Care of the Elderly. W competency awards will be completed soon.

Congratulations to two of the CoE residents, Drs Erin Park and Karen Lueng, who received First Prize in the at the Canadian Geriatrics Society Poster Competition for The risks of major hemorrhage and supratherapeutic anticoagulation among older adults receiving oral antibiotics and warfarin: A systematic review & meta-analysis.

Dr. Karen Leung was the recipient of the College of Family Physicians of Canada (CFPC) Family Medicine Resident Award for Scholarly Achievement. Drs Park and Leung both completed the program in September of 2016.

Family Medicine - Emergency Medicine
Category 1 program, 12 month duration
Added Competency

Family Medicine - Emergency Medicine (FM-EM) continued to be a popular PGY3 training program. EM-FM is working to improve electrocardiogram (EKG) reading curriculum, including incorporating an EKG exam at the end of the year. This exam will be used in subsequent years at the beginning of the program to predict additional teaching requirements and at the end of each year to assess improvement after one year of EKG lectures.

Congratulations to the seven residents who completed the program in 2015-2016

Resident Dr. Kate Bacon received the CAEP (Canadian Association of Emergency Physicians) Resident Leadership award at the 2015 annual conference.

Dr. Stephanie VandenBerg, a past graduate, shared her idea for her scholarly with other emergency medicine physicians across the country for a collaboration which was published in Pediatric Emergency Care. The resulting article, Single-use detergent sacs: A retrospective multicenter Canadian review of emergency department cases, was published in July of 2016.

Palliative Care
Category 1, 12 month duration. This is a conjoint program with the Royal College of Physicians and Surgeons of Canada.
Added Competency

Palliative care will experience changes as the program evolves from the current conjoint model, accredited by the CCFP and Royal College, into two separate programs. Enhanced skills training will continue to be offered throughout this time. An entirely new application will be developed by the Royal College-accredited program, and is anticipated to be offered in 2018 or later.

Two residents completed the program in June 2016 and two more began the program in July of 2016. Dr. Doreen Oneschuk completed her term as residency program director in palliative medicine in January of 2016. Thank you to Dr. Oneschuk for her commitment to the program. Dr. Sarah Burton assumed the position as program director following the completion of Dr. Oneschuk’s term in January of 2016. Congratulations to palliative care resident Dr. Cara Bablitz, who received a national award for her research project at the Annual Canadian Society of Palliative Care Physicians (CSPCP) Meeting.
Sport and Exercise Medicine
Category 1 program, 12 month duration
Added Competency

The Enhanced Skills program in Sport and Exercise Medicine had one resident graduate in 2015-16: Dr. Olesia Markevych. Olesia was successful in passing the diploma examination of the Canadian Academy of Added Competency (CAC) in Sport and Exercise Medicine (SEM). In addition, she stayed on in the Glen Sather Sports Medicine Clinic as faculty.

Dr. Markeyvich was co-medical director with Dr. Terry DeFreitas for the Alberta Summer Games which were held in July 14 - 17, 2016 in Leduc and Devon, AB. There were over 3,000 athletes from across Alberta playing in 12 different sports over the four-day event. It was a great experience that took almost 10 months of planning including meeting with security, communications, transport leaders to communicate the medical recommendations and services set-up for the games including working with about 45 medical volunteers.

FM Anesthesia
Category 1 program, 12 month duration

Family Practice Anesthesia (FPA) continues to be a popular PGY-3 training program with many more applicants than available training positions. Three residents were trained in the 2015-2016 academic year: one from Northern British Columbia and two from Alberta. Thank you to the Anesthesia Residency Program which allowed the FPA program to expand from the usual one or two residents to the current (all time high) number of three.

FM Anesthesia was offered and the program is grateful to the medical staff of the Grey Nun’s Hospital who supported this rotation. By all accounts it was a real success and allowed the program to meet its commitment to the Accreditation Committee of the College of Family Physicians.

Having completed their training year, all three residents have returned to their rural communities to begin their FPA careers. One of those recent graduates contacted the program to announce he has begun practice in Edson, w, $196 million hospital!

Surgical Skills
Category 2 program, 6 or 12 month duration

The Enhanced Surgical Skills program (ESS) continues to evolve. A working group at the College of Family Physicians of Canada continues to meet with the intention of moving forward and make this program a Category 1 program similar to anaesthesiology.

The working group with the Society of Obstetricians and Gynaecologists of Canada (SOGC) met in June to endorse by the SOGC. This curriculum will be published in the near future.

The program is pleased that the Department of Obstetrics and Gynecology has agreed to accept one six-month resident a year for operative obstetrics, and looks forward to receiving applications to the program in the near future. The surgical group in Canmore has also agreed to participate in a 12-month ESS program. The surgical group in Fort McMurray were willing to participate as teachers for the program as well, and one resident was anticipating starting on July 1. Unfortunately postponement, but the program looks forward to proceeding with the new start date of January 2017.
The transition from Education Support Program (ESP) to the Competency-Based Achievement System (CBAS) Program was completed in the 2015-2016 academic year. The CBAS Program assessment framework for the learners in the department. This includes working on all aspects of the processes involved in CBAS: improving the technological interface; working with learners and educators to optimize their use of the system; and engaging in continuous quality improvement to ensure that CBAS is meeting learner, educator, and program needs for competency-based assessment and support for competency-based curriculum and education.

A new version of the electronic portfolio, eCBAS, was implemented in 2015-2016. This upgrade includes the ability to offer an electronic version of periodic progress reports for all sites. Online supporting materials to help users with the new progress reports, as well as in person workshops, were offered to facilitate the change from paper to electronic reporting.

In order to facilitate improvement in the use of CBAS and eCBAS, team members developed online how-to modules to foster understanding and adoption of CBAS and the tools that support the assessment framework. These modules include the reasons and purpose for CBAS, explanation of sentinel habits, feedback, and information about completing periodic progress reports. Team members also visited teaching sites to demonstrate the use of eCABS and address questions about the tool as well as the assessment process.

Evaluation data from CBAS supports the use of CBAS for resident assessment. As a result of sharing the theory and data about CBAS in multiple venues, several other institutions and organizations have adopted CBAS for assessment.

The work of CBAS continues to garner national and international attention. In 2015-2016, the CBAS team presented findings from evaluation of CBAS at several conferences, including Family Medicine Forum in Toronto, the Canadian Conference on Medical Education in Montreal, the Association for Medical Education – Europe in Glasgow, Scotland, and the Ottawa International Conference on Competence Assessment in Perth, Australia. Additionally, members of the CBAS team were invited to present about the system in Dublin Ireland by the College of Anesthetists of Ireland, and in Hangzhou, China at the Zhejiang University Family Medicine Faculty Development Retreat.
FACULTY DEVELOPMENT

2015 - 2016 Faculty Development Team
Sudha Koppula
Karen Moniz

Faculty development offered a number of learning opportunities, including new initiatives as well as popular annual offerings. In addition to various workshops on clinical teaching tools held in rural and community settings, a number of workshops and events took place.

On September 26, 2015, a Cognitive Behavioral Therapy (CBT) Workshop was held, introducing participants to the fundamentals of CBT and providing pearls about common mental health disorders. Forty-six individuals attended this workshop, which was instructed by Dr. Greg Dubord, Assistant Professor of Psychiatry at the University of Toronto.

In December 2015, a Mainpro-Plus Workshop was held in Red Deer. This workshop provided information about the changes being made to the MainPro-Plus accreditation system, which was released in June 2016.

The popular Faculty and Resident Education Extravaganza and Retreat (FREzER) returned on March 11 & 12, 2016 with 74 residents and 25 faculty in attendance. The following sessions and activities were offered:

• The Great FREzER Easter Egg Hunt (peer coaching and education on FANS - Fitness and Nutrition in Small Bites)
• Alberta AIM: How to See it Differently, presented by Mirella Chiodo and Sudha Koppula, was attended by both faculty and residents.
• The Patient's Medical Home workshop with Dr. Rob Wedel, recipient of the 2014 Donald I. Rice Award, was attended by faculty.
• Teambuilding and social events including site vs site hockey tournament, the annual chair's reception, the residents' cabin party, skiing and biking.

Late in the academic year, a peer coaching initiative for teachers of family medicine undergraduate and postgraduate learners was implemented in one academic learning site. Peer coaching, a common practice in medical education in Canada, provides teachers the opportunity to receive peer feedback about their teaching skills, and subsequently helps teachers work toward enhancing their knowledge and teaching skills in a safe and supportive environment. Faculty development looks forward to the results of the implementation of this initiative in the 2016-2017 academic year.

DOCTOR PATIENT RELATIONSHIP

2015 - 2016 Doctor Patient Relationship Team
Doug Klein
Karen Moniz

The doctor-patient relationship course (DPR) is an integral component of the Family Medicine Program as established by the College of Family Physicians of Canada (CFPC) accreditation. The department’s ongoing and groundbreaking work, commitment of small groupribute their valuable time, expertise, and passion for the subject, has evolved into a comprehensive course that ensures progressive, continuous learning in the development of a strong patient-centered approach to the practice of family medicine.

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

Building upon the DPR course success, further contributions to the development of the DPR course are in progress to continually respond to the changing needs of the residents. DPR continues to evolve to ensure progressive and continuous learning through innovative projects. New additions to the curriculum have been training in advance care planning discussions, communication skills in weight management, resident wellness and medical assistance in dying.

One of the key components of the doctor-patient relationship co practice (NRP) activities. These activities are 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

In 2016, the focus has been the recruitment, training and retention of NRP facilitators. pedagogies evolve, our understanding of process is leading us to new areas of inquiry in research; in particular, further consideration of the context in which NRP is going on is required as is the issue of power

INDIGENOUS HEALTH

Following 10 years with the University of Alberta and the Department of Family Medicine, Assistant Professor Clifford Cardinal retired at the end of the 2015-2016 academic year.

In addition to developing the exposure to traditional healing practices – the health belief model course that was offered for undergraduate medical students, Clifford’s work involved numerous collaborations to further understanding of Aboriginal culture and language, including helping to develop a Medical Dictionary for the Anatomy for Cree speakers and being an integral part of the planning committee for the Wisdom Engaged: Traditional Knowledge and Northern Community Well-Being conference.

Cliff involved in an Indigenous health radio show, visited communities seeking traditional healing knowledge, and mental health support and sweatlodges. He also helped organize Indigenous ceremonies through the Fox Farms Project.

The department thanks Clifford for his contributions to the health care of Indigenous people across Alberta, and looks forward to seeing the results of continued work toward better health in Indigenous communities.
INTERNATIONAL PROGRAMS

Nepal Exchange

The University of Alberta Family Medicine program continues to be involved in a successful collaboration with the Patan Academy of Health Sciences (PAHS) in Nepal. Dr. Darren Nichols, director Year 3 integrated clinic clerkship (ICC) in the Division of Community Engagement, has been instrumental in this partnership, leading the development of emergency medicine education as competency-based assessment while also recruiting Canadian physicians for the partnership.

The success of the partnership became evident in spring of 2015 when Nepal experienced a devastating earthquake. The drills and exercises undertaken six months earlier with the visiting Canadian physicians prepared them to respond to the emergency.

In fall of 2016, PAHS faculty members visited the University Alberta, and shared their experience implementing the knowledge and skills they had learned. PAHS was able to teach the U of A faculty about what to expect when coping with disaster, including preparation for and management of an event. This exchange of knowledge and real-world implementation of emergency medicine practices demonstrates the power of socially accountable medical education.

It’s not all about disaster. PAHS and the rural and regional medical program have shared and exchanged best practices in providing medical care in rural communities, an experience common to both Nepali and Canadian physicians.

China Exchange

In 2015-2016 the department was able to make a unique contribution to pharmacy education in China. Hoan Linh Banh, PharmD, associate professor and researcher with family medicine took part in an eight-month secondment contract between Second Xiangya Hospital of Central South University and University of Alberta.

From September to October of 2015 and again in April of 2016, Hoan Linh worked in Changsha, Hunan Province with the Second Xiangya Hospital of Central South University teaching clinical pharmacists to provide direct patient care, conduct research and deliver scholarly activities. She also taught the clinical pharmacists how to mentor other pharmacists throughout Hunan Province.

This project will be completed in the 2016-2017 academic year.
Teaching family medicine in environments that embody excellence in primary care. Such excellence is dependent upon increased access to care, integrated teams, as well as the existence of meaningful quality-of-care metrics.
The Health Services team continues to work with program faculty and preceptors to identify opportunities to make improvements to timely and safe health care. Each of the program’s four designated academic learning sites has a quality coordinator who works with clinic faculty, residents and staff to further the department objectives of improving staff, physicians and learners in quality and safety and quality improvement in primary care.

The quality team hosted two family medicine grand rounds presentations during the 2015 – 2016 academic year. The first was held on September 17, 2015 and focused on the use of the Health Quality Council of Alberta (HQCA) Safer Matrix in the analysis of

The second session, held March 17, 2016, was titled Quality and Safety in Family Practice/Primary Care and focused on the important role of clinic administration in proving safe, high quality healthcare.

In March of 2016, the quality team joined Faculty Development Director Sudha Koppula, Assistant Director Rural Fred Janke and special guest Dr. Rob Wedel for a joint faculty-resident workshop at the Faculty Resident Education Extravaganza and Retreat. The Alberta AIM (Access Improvement Measures) workshop provided attendees with insight into the AIM initiative and how healthcare teams can improve access for their patients.

The quality coordinators received a grant from the Northern Alberta Academic Family Physicians (NAAFP) to attend “Change Agents” in November of 2016, a workshop aimed at advancing the Patients Medical Home Model (PMHM). The knowledge gained from this workshop will help the quality coordinators continue to support their clinic teams in transforming to the medical home model. In early 2016, the health services team was approached by the Health Quality Council of Alberta to be involved in producing a docudrama about the Greg Price story health care quality learning activities in the department.

Quality and safety in family medicine is fortunate to partner with many local and provincial agencies to create practices that advance the safety and quality of health care in Edmonton and Alberta.

Alberta (Access Improvement Measures) AIM
Health Quality Council of Alberta (HQCA)
Alberta Health Services
Covenant Health
Community Clinics
Toward Optimized Practice (TOP)
Conduct Innovative Family Medicine and Education Research.

Our mission is to:

• promote, support, create, and disseminate research knowledge and scholarly activity in the discipline of family medicine,
• increase research capacity in the Department of Family Medicine, and
• enhance the research skills of faculty members, residents, and students.

The research program values:

• excellence and quality in research and scholarly activity,
• interdisciplinary collaboration on research projects,
• highest ethical standards in the conduct of research projects, and
• the diversity of general family practice and the research questions that arise.
THE CENTRE FOR HEALTH AND CULTURE

The Department of Family Medicine prides itself in being accountable to the needs of society of which it is part. Training family physicians to practice in a culturally diverse province requires healthcare providers to be aware of the varied healthcare perceptions and practices, but the evolving perspectives of health in the whole population. The department’s long-standing commitment to meeting this need is evident from the department’s foresight in recognizing the need for cultural awareness to improve the healthcare experience for patients, learners, and the populations the department serves through the creation of the Centre for Health and Culture (CHC).

The CHC has adopted the World Health Organization’s philosophy that ‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease’. The CHC’s goals are to research the relationship between culture and medicine, explore cultural diversity as it engages the Canadian health care system, and provide training for professionals in cultural competence and intercultural understanding. The centre became part of the Department of Family Medicine in 2003, when then-chair Richard Spooner invited Earle Waugh to join the department and share his knowledge and understanding about the unique relationship between people’s cultural and religious beliefs and their perceptions of health and health care.

The centre originated in 1990 as the Project for the Study of Traditional Healing Practices. Initially a research project, its status was changed from project to centre by the university in 1992, becoming the Centre for the Cross-Cultural Study of Health and Healing (CCCSHH). Waugh had been involved with the initiative from early in its inception, and his combined academic background and interest in viewing began investigating ways to enhance cultural understanding for teachers and learners. Since becoming part of the Department of Family Medicine in 2003, the CHC has worked with the department, the university and cultural communities in Alberta to support understanding about the role culture plays in shaping individual views and expectations of healthcare delivery through a combination of research, resource development and collaborations.

As director of the Division of Care of the Elderly (CoE), Jean Triscott routinely experienced the complexity of improving medical care for individuals with untreatable conditions requiring end-of-life care and the need for good communication and understanding of each unique family’s perceptions of death. This led her to the realization that if an experienced physician such as herself found this challenging, it must also be challenging for new physicians as well as those still in training.

As a result Triscott became an early advocate of the advantages offered by improved understanding of culture within the family medicine community after speaking with Waugh about her experiences. She recognized the potential to incorporate her expanded understanding of culture into care for the complex frail elderly population as they progressed through illness to take advantage of Waugh’s knowledge and implement it in her practice and in CoE. Her successful implementation of knowledge into practice encouraged others to consider doing the same. She has since collaborated with Waugh to bring awareness to the complex healthcare issues such as investigation of ethical issues in caregiving and the relationship between caregiving and ethnic identity.

The faculty and research staff of the centre have researched and published about some of the most complex issues facing primary care providers, including perceptions of dementia, the impact of religious traditions on health and healing, end of life care in northern communities, and the challenges faced by young caregivers in Edmonton. The centre has also investigated the impact of culture on learning and cultural
transitions, including a major research project into the challenges faced by international medical graduates practicing in Edmonton, and approaching medical care with consideration of spiritual beliefs. The resulting publication, Cultural Transitions of International Medical Graduate Residents into Family Practice in Canada, shed light on the need for awareness of the needs of medical students transitioning into a new culture, as well as the importance of them being open to new perspectives.

Triscott and Waugh collaborated with Olga Szafran, assistant director of the family medicine research program, on the Cultural Competencies for Health Professionals modules series. These modules offer healthcare providers tools to enhance communication with patients and their families. The series includes cultural competency skills for psychologists, psychotherapists and counselling professionals as well as occupational therapists and pharmacists, including video dramatization of various scenarios. The videos included with the modules were nominated for a Rosie Award for best educational videos by the Alberta Media Production Industries Association. Triscott, Waugh and Szafran also co-wrote the book, At the Interface of Culture and Medicine, which was published in 2011.

CHC Director Earle Waugh and board member Clifford Cardinal were instrumental in organizing the 2015 Wisdom Engaged: Traditional Knowledge for Northern Community Well-being conference. This conference, which was attended by over 130 participants, brought together academics, Indigenous people and students from across Alberta and North America to discuss and learn about the importance of well-being in northern communities, and the various practices that comprise wellness in northern communities.

In keeping with the philosophy that health is about more than just treating illness, the centre promotes awareness of activities community members participate in which they believe support their personal wellness. The Integrative Medicine series, offered by the CHC in conjunction with the other university departments and community wellness providers, introduced attendees to a variety of wellness practices including mindfulness, ayurveda, acupuncture, and martial arts.

Earle Waugh retired from the University of Alberta at the end of 2016. His work will leave a legacy of understanding and accepting cultural and the positive impact that understanding brings to those providing and receiving healthcare. The CHC will continue on under the guidance of the advisory board comprised of representatives from the medicine & dentistry, nursing and arts faculties, students, community practitioners and representatives, and the continued support of the Department of Family Medicine.
RESOURCES DEVELOPED

In keeping with the mission to produce scholarly work that improves the practice of family medicine, the department faculty, researchers, and their partners have produced resources and tools for the benefit of primary care practitioners.

The Discovery Toolkit
The Discovery Toolkit was developed as a physician resource in response to the need for increased understanding of the support required of family caregivers of seniors.
Faculty involved: Jasneet Parmer

Transportation Toolkit
The Transportation Toolkit, created by the Medically At-risk Driver (MARD) Centre, is a resource to assist communities in establishing alternative transportation for seniors in communities where public transposition is unavailable.
Faculty and staff involved: Bonnie Dobbs, Tara Pidborochynski, Mayank Rehani

Cultural Competency Skills for Psychologists, Psychotherapists, and Counselling Professionals: A Workbook for Caring Across Cultures
Like the others in the Cultural Competencies Skills series, this workbook provides students and professionals with techniques to improve communication and problem-solving skills when working with people from different cultures.
Faculty involved: Earle Waugh, Olga Szafran, Jean Triscott

Personalized Cancer Genomic Medicine Resource Toolkit - ALBERTA
Tools and resources to assist family medicine practices with personalized genomic medicine.
Faculty involved: Donna Manca

CBAS How-to Modules
The Competency-based Assessment team developed on-line modules to support understanding and learning about the assessment process. You can view the modules at https://www.ualberta.ca/medicine/departments/family-medicine/postgraduate/assessment/how-to-modules.
Faculty and staff involved: Mike Donoff, Shirley Schipper, John Chmelicek, Paul Humphries, Shelley Ross, Mirella Chiodo
BETTER Health Tools
BETTER App (or Electronic Health Survey)
Through the TAPESTRY with BETTER for Prevention and Screening (TAP-BPS) project, the BETTER Program developed an electronic version of the BETTER health survey - the BETTER App. Completed by patients in their own home or in the waiting room of a clinic, the BETTER App captures a detailed prevention and screening history, including family history, using validated tools as well as readiness to change measures for risk factors such as smoking, physical activity, diet, and alcohol consumption.
Facility involved: Donna Manca, Denise Campbell-Scherer

5AsT Obesity Toolkit
The 5As Research Team has developed tools to support the 5As of obesity management framework for professionals.
Facility involved: Denise Campbell-Scherer

Data Presentation Tool
The CPCSSN DPT is a technological innovation which provides users with ready access to electronic medical record (EMR) data after it has undergone processing and cleaning by CPCSSN.
Facility involved: Neil Drummond, Donna Manca

The new guide provides an updated approach for clinicians assisting patients in managing their asthma.
Facility involved: Andrew Cave

User’s Guide to Measuring Comorbidity in COPD: An International Primary Care Respiratory Group (IPCRG) Initiative

Price Comparison of Commonly Prescribed Pharmaceuticals in Alberta
This document, updated and published annually, identifies generic products from brand-name products
90-day standard doses and coverage by Alberta Blue Cross and Indigenous and Northern Affairs.
Facility involved: Mike Kolber

A Woman’s Guide to Health in Jail
A book was developed to assist women entering incarceration to be aware of what to expect and to take steps to maintain, and perhaps even improve, their health and well-being.
DOFM facility involved: Louanne Keenan
The Department of Family Medicine is a learning organization that values the constant improvement of how we do what we do for our learners, patients, communities and other stakeholders. To achieve these improvements the family medicine research program promotes, supports, creates, disseminates and integrates research knowledge and scholarly activity in the discipline of family medicine. The work of the research program is woven throughout the department, in classroom, clinic and in the communities served.

Clinical Research

Many researchers in the department have a clinical research focus. Clinical research in family medicine is typically focused on new treatment regimens, prevention techniques, or diagnosis of diseases.

BETTER

The Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care (BETTER) program continued to work toward an integrated approach for chronic individual patients.

BETTER supports the primary prevention of chronic diseases such as colorectal and breast cancer, and their associated lifestyle factors, such as smoking, through personalized chronic disease prevention and screening (CDPS) visits with a prevention practitioner (PP). Prevention practitioners are trained allied health professionals who meet with patients 40 to 65 years of age to educate them about how lifestyle choices affect their risk for chronic disease, provide support to these patients in setting healthy lifestyle goals, and link them to community resources to achieve those goals. Prevention practitioners can also link patients back to their own primary care physician.

The BETTER program continued to work with the TAPESTRY (Teams Advancing Patient Experience and Strengthening Quality) team from McMaster University on the TAP-BPS project (TAPESTRY with BETTER for Chronic Disease Prevention and Screening), a collaboration that began in 2015. This project, which explored the use of personal health records within the context of a BETTER prevention visit with a PP in two primary care practices in Alberta and Newfoundland & Labrador, was completed in March of 2016. BETTER was successful in obtaining funding from Alberta Innovates, through the Cancer Prevention Research Opportunity (CPRO), made possible by the Alberta Cancer Prevention Legacy Fund, in March 2016. The funds will be used for the next research phase of BETTER, the BETTER WISE (Building on Existing Tools to Improve Cancer and Chronic Disease Prevention and Screening in Primary Care for Wellness of Cancer Survivors and Patients) Project, which builds on the BETTER approach to include survivors of prostate, colorectal and breast cancer in addition to screening for poverty. BETTER WISE is a collaboration with Alberta, Ontario and Newfoundland & Labrador.

In September of 2015, Carolina Aguilar, the BETTER Program Coordinator, was recognized for her contribution to the research success of her faculty and the university with the University of Alberta Support Staff Research Enhancement Award.

Pragmatic Trials Collaborative

The Pragmatic Trials Collaborative (PTC) is a group of primary care providers in Western Canada (British Columbia and Alberta) working together to improve patient care and answer patient care questions through research. The PTC had two trials in process during the 2015–2016 academic year: INRange and BedMed.
INRange

The INRange Randomized Control Trial (RCT) is a pragmatic trial investigating the safety and effectiveness of the drug Warfarin based on the time of day the drug is taken.

In January of 2016 the INRange RCT closed recruitment with 217 participants randomized and expects results in late 2016. In total, 236 family physicians participated from 53 BC and Alberta communities - three times as many as the largest published Canadian non-industry funded RCT relying on primary care for recruitment. The group now has over 450 members making it the largest Practice Based Research Network (PBRN) in Canada.

In March 2016 “The effect of diet and medication timing on anticoagulation stability in users of warfarin: The “INRange” RCT” received the best poster award at the Alberta College of Family Physicians (ACFP) Annual Assembly held in Banff, Alberta. The INRange RCT team also took part in the poster presentations with “The effect of diet and medication timing on anticoagulation stability in users of warfarin: The “INRange” RCT (Garrison S, Kolber M, Korownyk C, Green LA, Heran BS, Olivier N, Allan, GM).

In spring of 2016, the Pragmatic Trials website was launched and a Twitter feed @Prag_Trials was created to share progress and expand the reach.

Dr. Scott Garrison, director of the Pragmatic Trials Collaborative, was the plenary speaker for Family Medicine Research Day held on June 17, 2016. In his address he shared the story of his journey from family medicine practitioner to researcher via his curiosity about nocturnal leg cramps.

BedMed

Late in June 2016 PTC was thrilled to announce $1,191,998 in funding awarded by Alberta Innovates Health Solutions Partnership for Research and Innovation in the Health System (AIHS – PRIHS) to support the BedMed from October 1, 2016 to September 29, 2019.

BedMed is similar to INRange, but investigates the effect of taking blood pressure medication in the evening. The BedMed Initiative will reach 92,000 Alberta patients and recruit 8,750 to the study via primary care providers. The PTC have partnered with Alberta SPOR SUPPORT Unit (AbSPORU) Patient Engagement (PE) Platform as a demonstration project in patient engagement. With their support and mentorship, a working group of 10 patients and caregivers was formed to give participants a voice in the development of family medicine research.

Care of the Elderly Research

The department’s Division of Care of the Elderly (CoE) includes research infrastructure supporting both resident and faculty research, as well as the research of care of the elderly physicians practicing in the greater Edmonton area. The CoE program of research includes:

- health service delivery for seniors;
- transportation mobility of seniors;
- core competencies in care of the elderly;
- decision-making capacity assessment;
- large data-set research on dementia and acute care;
- support for caregivers; and

CoE physicians and researchers are invested not only in the care of seniors, but also in supporting those who provide care to seniors, including other physicians and family members. Resources such as the
Toolkit for Supporting Caregivers and the Tool for Identifying Mental Illness in Seniors aid in the continued improvement of care for seniors.

The research the CoE faculty and residents continued to receive recognition on provincial and national levels. Dr nton Expo - Continuing Care and he 11th Annual Spotlight on Research Breakin October of 2015. Resident Dr 36th id April 2016.

CoE faculty received a number of grants which will allow their research to continue and expand. Dr. Marjan Abbasi and Dr. Sheny Khera (Co-Principal Investigators) received Innovation Funding for the project Seniors Community Hub - Edmonton Oliver Primary Care Network. Dr. Lesley Charles is a co-investigator on the Transitions in Care: Adrienne Grunier, PhD and Bonnie Dobbs, PhD, received an MSI Foundation Grant for the project Older Adults with Dementia and Their Use of Acute Care Services in Alberta.

5As Team

The 5As Team (5AsT) research program is working to transform obesity prevention and management in primary care. The 5AsT Intervention Project looked at helping primary care providers improve obesity prevention and management in their practice. The mixed method evaluation of the provider portion of this randomized control trial has now been completed.

of the intervention with impacts on team function and shifts in provider behaviour. ffectively implementing weight management strategies in primary care. The observational patient arm of this study is still ongoing. Patient recruitment ended in December of 2015, and the researchers are in the process of completing all follow-up appointments by December 2016.

Based on learnings from the provider portion of 5AsT, the team is now turning attention towards developing a patient intervention. A qualitative study was conducted to explore patients’ expectations of their family physician and primary care team in helping them with their obesity. Findings from this study indicate the need for personalized assessments with healthcare providers. The team has also begun to examine how a personalized root cause assessment and action plan can support patients in improving their health in the 5AsT-4U qualitative study. Team members are learning how patients experience a clinical consultation that encompasses the personal assessment and plan, and make changes to improve their health as a result. The team is also looking to explore how the 5AsT approach supports provider patient communication, its effect on how providers think and what patients do; and, to use t and tools.

Finally, the team is in the process of developing a training program for medical residents including family medicine, internal medicine and psychiatry. The 5AsT-MD pilot program ran in the Fall 2015/Spring 2016 as part of the doctor-patient relationship course at the University of Alberta. The workshop combines didactic lectures with experiential learning. The experiential learning component includes an opportunity to wear a bariatric suit while practicing activities of daily living. Residents are also given an opportunity to practice the skills they learn with standardized patients, and are then asked to take it back to their clinic and practice the skills on an actual patient. There are plans over the next year to spread this program to the University of Calgary and engage with educators, researchers, healthcare providers, patient advocates, and stakeholders to spread this program to other areas as well.
Epidemiological and Population Health Research

Capital Health Chair in Primary Care Research

SAPCReN-CPCSSN

The Capital Health Chair in Primary Care Research represents the University of Alberta on a number of collaborative initiatives throughout the province. In his position as chair, Neil Drummond, PhD, is the lead for the Southern Alberta Primary Care Research Network (SAPCReN), a practice-based primary care research network in the south of the province. SAPCReN in turn hosts the Southern Alberta region of the Canadian Primary Care Sentinel Surveillance Network (CPCSSN). CPCSSN regularly extracts copies of electronic medical records, cleans and standardizes it, and makes it available for health surveillance, health services research and quality improvement projects. These two organizations collectively form the SAPCReN-CPCSSN primary care research network.

SAPCReN-CPCSSN has expanded to include 213 sentinels, including family physicians, nurse practitioners and community pediatricians, and now has access to 223,000 patient records across an eight-year data series. This increase in the number of available records means that the dataset is now large enough to be sociodemographically representative of Alberta as a whole, which in turn has spurred the creation of a high performance computing facility at the University of Calgary. This initiative is being co-led by Dr. Tyler Williamson, a biostatistician with the Department of Community Health Sciences at the University of Calgary. Related to this is the implementation of a Primary Care Analytics and Research Hub staffed by a limited team of data analysts and graduate students who will be employed specifically to rapidly analyze the database in response to questions from the primary care community of practice. This will allow primary care providers and researchers to obtain the results they need in a timely manner without impacting the security and integrity of the data. It will also be able to hold de-identified Alberta Health Services (AHS) administrative data and the CPCSSN Electronic medical Records (EMR) data, creating an extremely useful integrated data tool for primary care research in the province.

Research being undertaken by SAPCReN-CPCSSN includes: studies of rural maternity care; adolescent drug use; outcomes for diabetes; frailty and opioid use; antidepressant and antipsychotic prescribing; cholinesterase inhibitor prescribing and risk factors in people with COPD, speech disorders, hearing loss, childhood asthma, Type 1 diabetes, kidney disease); and the implementation of the CPCSSN Data Presentation Tool (DPT) in clinical and public health practice. We are laying a significant role in the development of the diabetes Action Canada (DAC), a national registry of patients with diabetes complications intended as a platform for advanced trials of innovative treatment and as a decision support aid for clinical care.

NAPCReN

The Northern Alberta Primary Care Research Network (NAPCReN) is a practice-based primary care research network participating in CPCSSN. Electronic medical record data, cleans and standardizes to develop a longitudinal data repository for surveillance, research and practice quality improvement. CPCSSN currently collects EMR information on eight chronic diseases (diabetes, COPD, osteoarthritis, hypertension, depression, epilepsy, dementia and Parkinsonism) and is able to accurately detect the patients with any of these conditions. Family doctors from across the country are contributing to this anonymous national health data set by providing EMR data about their patients to CPCSSN.

NAPCReN recruits practices in northern Alberta (Red Deer and north) and presently includes 72 primary care providers, including family physicians and nurse practitioners. As an information manager of participating sentinels, NAPCReN is able to facilitate treatment and care including practice quality...
improvement. As an information manager, NAPCReN can also facilitate sentinel participation in research projects including data matching/linking projects.

NAPCReN is participating in the implementation of the CPCSSN Data Presentation Tool (DPT) Project. This project aims to implement the DPT in clinical and public health practice settings. The CPCSSN DPT is a technological innovation, which provides users with ready access to EMR data after it has undergone extensive processing and cleaning by CPCSSN. Primary care providers and organizations can obtain valid information about their patient panels and clinic populations to create chronic disease registries. Furthermore, the DPT can assist with panel clean up, as the DPT can provide detailed searchable practice and patient level data. The DPT also allows primary care providers, primary care teams and other organizations to analyze practice data relevant to chronic disease management, which can improve clinical care for both individuals and groups of patients. Participating family physician sentinels may also use the DPT and their CPCSSN data to do quality improvement projects that link learning with practice and apply for MainPro+ credits. Currently, the EMR platforms that NAPCReN is working with includes MED-ACCESS, TELIN, WOLF, HEALTHQUEST and PRACTICE SOLUTIONS.

SPOR PIHCIN

The Capital Health Chair also oversees the Alberta Strategy for Patient-Oriented Research Primary and Integrated Health Care Innovation Network (AB SPOR PIHCIN). Jun work. SPOR PIHCIN works with Alberta primary care research networks, primarily SAPCReN, NAPCReN, CPSSN and EnACt, to foster interprovincial primary care research collaborations. The knowledge generated by these collaborations will be used to improve healthcare systems and practices, particularly in relation to vulnerable groups, models of care which emphasize prevention in primary care, and data liberation. In support of its mandate to improve patient care, SPOR PIHCIN created a Families Panel in 2016. The Families Panel, comprises Alberta residents with diverse backgrounds, health status and health care system experience, informs researchers about the experience with and expectations of primary care, and provides opportunities for meaningful patient engagement in primary care research.

The AB SPOR PIHCIN formed and strengthened a number of partnerships in 2015-2016 including academic departments within the University of Alberta and University of Calgary, Alberta Health, Alberta Health Services, the Primary Care Networks Programs Management Disease Collaboration/Alberta Kidney Disease Network (ICDC/AKDN), and the SPOR Diabetes and Related Complications (DAC) network. The SPOR PIHCIN also maintains strong relationships with the pan-Canadian SPOR PIHCIN administrators, the PIHCIN tripartite leadership in each province and the national SPOR/PIHCIN leadership council.

Translational Health Research

Translation research in the Department of Family Medicine involves moving research from the bench to the bedside and eventually to the broader community. Translation health research supports the improvement of health outcomes, as well as health system outcomes.

EnACt

During 2015-2016 year EnACt provided crucial pre-award development support for Alberta primary care research projects that brought in over $4 million in grant funds including those received by BETTER WISE (Donna The BedMed Initiative (Scott Garrison et al; $1.2 million over three years), Building Partnerships to Improve Care of Early Knee Osteoarthritis Patients: Co-developing a Risk Management Tool (Deborah Marshall et al; $200,000 over two years) and Health Outcomes and Family Physician Patient volumes (Terrence
McDonald et al; $5,000).

EnACT’s close, productive partnership with Toward Optimized Practice (TOP) has resulted in collaborations on at least six projects to date, as well as initial planning for a large-scale program-level effort on formative research for primary care transformation. The projects underway or recently completed and in preparation for publication are:

- analysis of the impact of ASaP (Alberta Screening and Prevention) program;
- guiding development of the central patient registry;
- cognitive task analysis of chronic disease management;
- applying Diffusion of Innovation theory and the macrocognition framework to scaling up practice transformation pilots in Alberta;
- applying human-centered design, cognitive task analysis, and collaborative deliberation to improving primary care management of obesity; and
- understanding and advancing the state of the art in practice improvement facilitation.

EnACT has also expanded its in-kind support to and partnerships with academic and community physicians across Alberta conducting research on primary care issues including:

- early knee osteoarthritis patient self-management tools;
- the relationship between physician volume and health outcomes;
- pragmatic trials on medication dosing for hypertension and anticoagulation;
- cancer prevention and survivorship care in primary care;
- setting the research agenda by analysis of gaps in evidence experienced by community practitioners working to provide evidence-based care;
- benchmarking quality of care for screening colonoscopy; and
- concept mapping to support provincial health care “data liberation” efforts.

EnACT provided a major portion of the support for the successful launch of the Canadian Primary Care Sentinel Surveillance Network’s (CPCSSN) web-based Data Presentation Tool (DPT). With this innovation, practices who join CPCSSN and contribute their data for research can now directly query and use that same data for their own quality improvement and practice management purposes.

Support from EnACT has enabled Dr. Scott Garrison to build his Pragmatic Trials Network into the largest practice-based research network in Canada, and one of the largest in North America. EnACT also endeavors to work on initiatives with other university faculties and departments such as the University of Alberta’s Faculties of Nursing and School of Public Health when advantageous.

### Medically At-Risk Driver Centre

The Medically At-Risk Driver (MARD) centre is a research centre within the Department of Family Medicine committed to improving the safety, mobility and support of medically at-risk and medically-impaired drivers and all road users. MARD also works toward reducing the social and health impacts, as well as economic costs, associated with medically-impaired driving. The centre was pleased to receive renewal of the operational grant from the Government of Alberta in March 2016.

In January 2016, MARD received a grant in the amount of $130,000 from the Capital Region Board (CRB) to conduct specialized transportation needs assessment for seniors and persons with disabilities.

Transportation Toolkit for the Implementation of Alternative Transportation for Seniors in Alberta, a resource and guide for the implementation of local actions. The toolkit, based on 10 years of
research, was funded by the Alberta Ministry of Seniors and Housing. The launch was attended by the Honourable Lori Sigurdson, Minister of Seniors and Housing, Don Hickey, University of Alberta Vice-president of Facilities and Operations, Bernie Buzik, Chairperson of the Wainwright and District Handivan Society (WDHS), Irene, a client of WDHS, faculty and staff from MARD, and members of the Capital Region Board, the Department of Family Medicine and the University of Alberta.

MARD continues to offer ongoing driving cessation support groups for patients and caregivers with support from the Alberta Ministry of Culture and Tourism’s Community Initiatives Program (CIP).

Research on Distinct Populations

Addictions Recovery and Community Health (ARCH) Team

Dr. Ginetta Salvalaggio, associate professor in the Department of Family Medicine, is involved with the research team evaluating the work of the Addiction Recovery and Community Health Team (ARCH), the clinical arm of the Inner City Health and Wellness Program. A recipient of the Alberta Health Services President’s Excellence Award for Outstanding Achievements in Innovation, ARCH is based at the Royal Alexandra Hospital and works with patients facing challenges stemming from addictions, poverty and homelessness to help them take steps toward recovery and a better life. Salvalaggio’s work with ARCH involves analyzing the data collected to help determine the issues facing ARCH clients, their experiences, and how care can be improved for them. She is also involved in the evaluation of patient outcomes.

In 2015-2016, recruitment for the Partnership for Research and Innovation in the Health System (PRIHS) study Enhanced Multidisciplinary Care for Inner City Patients with High Acute Care Use was completed, with follow-up data collection and administrative data linkage underway. The PRIHS study protocol was also in press.

ARCH members presented nationally and provincially. The provincial presentation, with a focus on inner city patient engagement best practices, was co-presented by a member of the Community Advisory Group. The team attracted $113,000 in new funding for process evaluation, and is collaborating with another newly funded PRIHS team based in Calgary by providing control arm data and methodological expertise.

Medical Education Research

Medical education research in the Department of Family Medicine works to improve education for medical students and residents through research related to education and through the promotion of and application of research results.

Medical Education Program of Research

The medical education program of research welcomed Oksana Babenko, PhD, in the role of medical education researcher in July of 2015. Oksana joined Shelley Ross, PhD in conducting research to innovate, evaluate, and improve medical education across the continuum (undergraduate, residency, and continuing medical education) through scholarly inquiry and application of research results.

The medical education research of the department has continued to garner international interest through innovation and research about competency-based medical education, particularly with the Competency-Based Achievement System (CBAS). In addition to their ongoing work in residency education and assessment, the CBAS team has collaborated with the Medical Council of Canada on assessment of foreign-trained physicians seeking license in Canada. CBAS, which was developed by and is implemented in the department of family medicine, is a programmatic assessment skills, behaviours, and competencies essential to becoming a safe and effective physician. CBAS measures progress towards competence through collection of evidence about formative feedback, guided self-
assessment, and regular face-to-face meetings between residents and advisors.

Medical education researcher Shelley Ross, PhD, was invited to speak about CBAS to international audiences in two countries in the 2015-2016 academic year: the College of Anesthetists in Dublin, Ireland in September of 2015, and the Family Medicine Faculty Development Conference in China at the Second Xiangya Hospital of Central South University Teaching Clinic, in March of 2016. Additionally, Shelley spoke about CBAS and other medical education research initiatives at a pre-conference session at the Ottawa Conference of Competency Assessment in Perth, Australia in March of 2016.

In June of 2016 a medical education research team including Oksana Babenko, PhD (Principal Investigator) and Shelley Ross, PhD, was awarded a two-year grant from the Social Sciences and Humanities Research Council of Canada (SSHRC). The application for the research study "Exploring goal orientations of learners in professional education and of practicing professionals" was ranked number one out of 52 applications.

Medical education research is also conducted by various other faculty members within the department who

**Evidence Based Medicine**

Evidence Based Medicine is a research team within the Department of Family Medicine charged with sifting through existing medical research, summarizing the information, and then making it available to family physicians and other healthcare providers to assist in patient management.

The six members of the team, Dr. Michael Allan, Dr. Tina Korownyk, Dr. Scott Garrison, Dr. Michael Kolber, Adrienne Lindblad (Pharm D) and Sharon Nickel, work with the Alberta College of Family Physicians (ACFP), the College of Family Physicians of Canada (CFPC), Primary Care Networks (PCNs) and the Alberta Medical Association (AMA) among others to provide resources that increase knowledge and allow Alberta's primary care providers to remain up-to-date on healthcare issues important to their communities.

**Lipid Guidelines**

In April of 2015, the Lipid Guidelines which was subsequently published in Canadian Family Physician in October 2015. This guideline, led by the EBM team in conjunction with primary care clinicians and specialists, provides patient-centred recommendations to prevent and treat cardiovascular disease in primary care.

**Publications and Resources**

**Tools for Practice**

The EBM team collaborates with Alberta College of Family Physicians to provide Tools for Practice, online articles that summarize clinical information for physicians to use in practice. During the 2015/2016 academic year, members of the EBM team contributed to 26 articles in the Tools for Practice on topics ranging from The Louse is (No Longer) In the House (# 156) to the Rotavirus Vaccine: A Shot to Get Off the Pot(ty) (# 151).

Beginning in the last quarter of 2015, all articles are also delivered in French. As of January 1, 2016 Tools for Practice is sent to more than 20,000 subscribers every two weeks.
Pricing Document

The Price Comparison of Commonly Prescribed Pharmaceuticals in Alberta document updated for 2016 became available in spring of 2016. This annual publication, co-authored by EBM team member Michael Kolber, provides detailed 90-day costs. A download of the document is available on the ACFP Helpful Resources webpage.

Journals

Evidence–based Medicine continued to publish article relevant to primary care providers and other healthcare professionals. There were a number of publications in 2015-2016, including articles in Canadian Family Physician and BMC Research Notes.

Educational Sessions

Road Shows

The popular Continuing Professional Development (CPD) roadshows continued in 2015-2016. The CPD roadshows of providers in different communities throughout the academic year, including the newly-added communities of Canmore, Three Hills and Bonnyville. Popular topics included infections and immunizations, back and other common pain conditions, cardiovascular disease risk, and top 10 primary care studies of the year.

Practical Evidence for Informed Practice

The Practical Evidence for Informed Practice (PEIP) conference, held annually in October, was once again successful. Past conferences have included Men’s Health, Evidence Behind Anti-Aging Cosmetics and Pediatric fever.

Collaborations

The popular and informative Best Science Medicine Podcasts continued in 2015 – 2016 offering 36 episodes covering diverse topics including Media and a Machination of The Mind (#s 287 & 288), The Top 20 Medications (#s 301 & 302), and Listener Questions and Some Questionable Answers (#s 318 & 319).
AWARDS AND ACCOLADES

2015 - 2016 Student and Resident Awards

College of Family Physicians of Canada Award Department Nominees
Family Medicine Resident Award for Scholarly Achievement: Karen Leung (PGY3)
Research Awards for Family Medicine Residents: Roni Kraut (PGY2)
Family Medicine Resident Leadership Award: Lisa World (PGY2)
Medical Student Leadership Award: Adam Mildenberger
Medical Student Scholarship Award: Danika Leung

Department of Family Medicine Awards
Department of Family Medicine Resident Research and Scholarship Award: Roni Kraut (PGY2)
Department of Family Medicine Peer Award: Adam Keough (PGY2)
Department of Family Medicine Resident Leadership Award: Lisa World (PGY2)

Westview Physician Collaborative Awards
Family Medicine Resident Clinical Excellence Award: Nicholas Field (PGY1) and Jane Polley (PGY2)
Family Medicine Resident Leadership Award: Victoria Leung (PGY1) and Amandy Cheung (PGY2)

Dr. Lionel Ramsey Award
Red Deer recipient: Paul Kirvan
Grande Prairie recipient: Bailey Adams

NAPCRG Student Family Medicine/Primary Care Research Award
Orysya Svystn

Patricia Ann Peat Residency and Student Family Medicine Enhancement Award
Lisa World (PGY2)

Grey Nuns Medical Staff Association 2016 Spring Banquet Awards Recipients
Dr. Jeff Jamieson, Resident of the Year, Geriatrics
Dr. Shalini Reddy, Resident of the Year, Emergency Medicine
Dr. Hilary Kornder, Resident of the Year, Family Medicine
Dr. Andrea Frietas, Resident of the Year, PCHT
Dr. Bradley Martin, Resident of the Year, Palliative Care
Dr. Farooq Iqbal, Resident of the Year, CCU

Faculty and Staff Awards

Carolina Aguilar received the Support Staff Research Enhancement Award

Integrated Women’s Health Curriculum Team comprised of Sudha Koppula, Mary Wittenberg, Shelley Veats and Cindy Heisler received the David Cook Award at the annual Celebration of Teaching and Learning Event.

Lillian Au received the Physical Skills Preceptor Excellence Award at the annual Celebration of Teaching and Learning event.
DEPARTMENT OF FAMILY MEDICINE
GOVERNANCE STRUCTURE

DEPARTMENT FACULTY AND STAFF

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Sharon Nickel
Shelley Veats
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Susan Ferbey
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Sheny Khera

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BM Dobbs
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DG Moores
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D Manca
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L Steblecki

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O Babenko
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K Chan
JT Chmelicek
DeFreitas
A Gruneir
M Morros

Division of the Care of the Elderly

Director and Professor
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B Dobbs

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Assistant Professor
K Chan

Clinical Professor
H Zirk

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P Kivi
LM Ma
MB Moran

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JF Chiu
I Colliton
*TFX Corbett
*NP Costigan
N Flook
*T Graham
TD Kolotyluk
EP Schuster
A Taube
H Woytiuk
H Zirk

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JB Armstrong
PMD Armstrong
BV Brilz
J Bromley
*MA Cherniwchan

Assistant Clinical Professors

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*GE Cummings
NAC Da Cunha
DP Edgcumbe
*CGM Evans
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M Hurlburt
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K Jahangir
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P Kivi
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*LD Larose
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KAH Lundgard
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P Ondrus
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JM Robinson
M Rose
S Simon
A Spak
RJ Wedel

Assistant Clinical Professors

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T Bakshi
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D Behn Smith
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*E Berdusco
RS Birkhill
*DW Bond
*M Boulanger
BW Boyko
TB Bray
*JJ Brown
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MJ Caffaro
PA Caffaro
DA Carew
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HJL Chen
SA Christenson
D Corby
JJ Coughlin
*R Cunningham
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V Duta
S Edani
*B Edgecumbe
LR Edwards
SM Fairgrieve-Park
SL Fallis
TF Flanagan
*WV Flexer
LK Freeman
DC Fung
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Clinical Lecturers
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<td>SO Ogbeide</td>
<td>Q Rizvi</td>
<td>A Tamm</td>
</tr>
<tr>
<td>JO Ojedokun</td>
<td>JA Robinson</td>
<td>K Tariq</td>
</tr>
<tr>
<td>OS Oladele</td>
<td>AM Rosborough</td>
<td>IS Taylor</td>
</tr>
<tr>
<td>JD Olesen</td>
<td>B Rowe</td>
<td>MJ Thain</td>
</tr>
<tr>
<td>CE Olson</td>
<td>DR Ryan</td>
<td>MA Theman</td>
</tr>
<tr>
<td>JF Ootshuizen</td>
<td>A Sadiq</td>
<td>C Ticu</td>
</tr>
<tr>
<td>P Oosthuizen</td>
<td>AQ Saincher</td>
<td>G Tirschmann</td>
</tr>
<tr>
<td>WDL Orr</td>
<td>M Saint-Martin</td>
<td>LB Torok-Both</td>
</tr>
<tr>
<td>E Osegbeue</td>
<td>JM Sametz</td>
<td>R Torrie</td>
</tr>
<tr>
<td>C Otto</td>
<td>GM Samycia</td>
<td>A Train</td>
</tr>
<tr>
<td>SE Oyama</td>
<td>JJ Saunders</td>
<td>T Tran</td>
</tr>
<tr>
<td>P Palma</td>
<td>AL Sawchuk</td>
<td>JWY Tsang</td>
</tr>
<tr>
<td>P Paludet</td>
<td>A Sayani</td>
<td>JE Tse</td>
</tr>
<tr>
<td>JD Paproski</td>
<td>MR Sayeed</td>
<td>R Tulis</td>
</tr>
<tr>
<td>CD Parameswaran</td>
<td>*GD Scheirer</td>
<td>JK Tupper</td>
</tr>
<tr>
<td>DJ Paras</td>
<td>JE Schimpf</td>
<td>RL Turner</td>
</tr>
<tr>
<td>CA Pask</td>
<td>GO Seavilleklein</td>
<td>SL Turner</td>
</tr>
<tr>
<td>AA Pathan</td>
<td>R Sedlak</td>
<td>F Unwala</td>
</tr>
<tr>
<td>M Pattison-Bacon</td>
<td>M Senekal</td>
<td>ZA Van den Heever</td>
</tr>
<tr>
<td>TA Peebles</td>
<td>BD Sereda</td>
<td>E Van der Merwe</td>
</tr>
<tr>
<td>KJ Penner</td>
<td>CA Sereda</td>
<td>HHH Van der Watt</td>
</tr>
<tr>
<td>LD Pernisie</td>
<td>N Shahoo</td>
<td>IJ Van der Westhuizen</td>
</tr>
<tr>
<td>G Perry</td>
<td>E Shaker</td>
<td>JP Van der Westhuizen</td>
</tr>
<tr>
<td>A Peters</td>
<td>S Shaker</td>
<td>R VanRooyen</td>
</tr>
<tr>
<td>B Pezeshki</td>
<td>MTL Shandro</td>
<td>SA VanZyl</td>
</tr>
<tr>
<td>LM Pfeifer</td>
<td>*RK Sherman</td>
<td>A Vasanjii</td>
</tr>
<tr>
<td>TJ Phillips</td>
<td>R Shute</td>
<td>L Venter</td>
</tr>
</tbody>
</table>
O Vicarrudin
Z Vicarrudin
M Viljoen
GS Vitug
JS Voldeng
EG Walter
RG Warren
VM Warren
SP Warwick
W Wash
S Wat
J Weaver
DS Welch
F Wepener
L Wepener
*CN Westover
RJ White
BM Wiens
MF Wilderdijk
B Willis
LA Willox
TM Withers
AD Witten
CT Wong
AJ Woo
BL Wood
JL Woodruff
KW Worry
MD Wray
BM Wu
M Wylie
S Yaltho
DL Yamabe
M Yan
S Yao
Y Yao
*AK Yeung
J Yeung
TTC Yeung
* MJ Young
JFW Yue
J Yue
F Zakaria
DK Zalasky
RX Zhang
JM Zielinski

Professors Emeriti
RG Chaytors
GL Higgins
GR Spooner
I Steiner

Adjunct Professors
DJ Clandinin
RL Fainsinger
DK Heyland
B Holroyd
P Jacobs
N Keating
S Ross
E Waugh
B Williams

Adjunct Associate Professors
S Esmail
J Jackson
DL Myhre
DM Oneschuk
N Shaw
A Tan

Adjunct Assistant Professors
M Arain
J Arndt
F Esfandiarpour
D Naidu
C Poth

S Esmail
J Jackson
DL Myhre
DM Oneschuk
N Shaw
A Tan
# Appendix I

# Accountability Report 2015-16

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

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The Department of Family Medicine

VISION

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

MISSION

The Department of Family Medicine at the University of Alberta exists to teach the discipline of family medicine for the future of practice, and to produce scholarly work that improves the practice of family medicine and primary health care. We will achieve this outcome by developing and demonstrating excellence in:
1. Training residents for team-based, systems-based, socially accountable patient care and leadership,
2. Providing medical students with high-quality education, and serving as role models of academically excellent, quality-and-safety-driven, socially accountable generalists;
3. Conducting and disseminating clinical, educational, epidemiological, and health services research that improves the teaching and practice of family medicine and primary health care.

CORE VALUES

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

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

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

The department’s strategic plan has been crafted to facilitate achievement of the Vision and Mission of the Department of Family Medicine. The core of the strategic plan consists of the Accountability Framework. This balanced scorecard strategic management framework is designed to support the objectives of this department balanced across the areas of Education, Research and Health Services. Key indicators for each objective are tracked to ensure progress towards achieving the stated objectives. This Accountability Report covers the academic activity in the Department of Family Medicine for the periods July, 2015 to June 30, 2016.
**Education**

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

The department’s strategic direction begins in undergraduate medical education where they provide high quality education for medical students while role modeling the discipline of family medicine. It also goes beyond the continuum of residency to offer opportunities for licensed graduates to obtain advanced skills over and above the basic family medicine objectives in the Enhanced Skills program. Commitment to the continuous education of faculty and staff in the areas of teaching, research, clinical care and administration remain a priority for this department through our Faculty Development program.

The early part of 2016 brought about an explicit focus on quality and safety, quality improvement and social accountability and is reflected in the revision of the Mission and Core Values of this department.

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

**Table 1: Resident Continuity**

<table>
<thead>
<tr>
<th>S1-Objective 1: Provide a Triple C competency based curriculum (competency based, continuity, comprehensive, centered in family medicine)</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator 1:</strong> Percentage of residents achieving target continuity with patient panels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Total visits by residents during their residency</td>
<td>22,075</td>
<td>37,435</td>
<td>33,287</td>
</tr>
<tr>
<td>ii. Patients with visits to same resident twice during their residency</td>
<td>16%</td>
<td>17%</td>
<td>17.6%</td>
</tr>
<tr>
<td>iii. Patients with visits to same resident three times during their residency</td>
<td>5%</td>
<td>6%</td>
<td>5.9%</td>
</tr>
<tr>
<td>iv. Patients with visits to same resident four times during their residency</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>v. Patients with visits to same resident five times during their residency</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>vi. Patients with visits to same resident six times during their residency</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Indicator 2:</strong> Percentage of clinical half days spent with primary preceptor supervision</td>
<td>84.5%</td>
<td>87%</td>
<td>90%</td>
</tr>
</tbody>
</table>
Table 2: Triple C Curriculum

<table>
<thead>
<tr>
<th>S1-Objective 1: Provide a Triple C based curriculum (continuity, comprehensive, centered in family medicine)</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 3: Percentage of residents achieving FieldNote(1) targets</td>
<td>61.7%</td>
<td>79.1%*</td>
<td>42.5%</td>
</tr>
<tr>
<td>Indicator 4: Total number of FieldNotes created over 12 month period</td>
<td>5,245</td>
<td>8,897*</td>
<td>7,000</td>
</tr>
<tr>
<td>Indicator 5: Percentage of residents achieving a pass in the CFPC(2) exam first time</td>
<td>96%</td>
<td>96%</td>
<td>90.8%</td>
</tr>
<tr>
<td>Indicator 6: Percentage of FieldNotes across all Clinical Domains</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Doctor-patient relationship / Ethics</td>
<td>12.6%</td>
<td>11.9%</td>
<td>10.8%</td>
</tr>
<tr>
<td>ii. Care of adults</td>
<td>33.6%</td>
<td>34.7%</td>
<td>37.2%</td>
</tr>
<tr>
<td>iii. Care of children and adolescents</td>
<td>11.8%</td>
<td>11.8%</td>
<td>11.6%</td>
</tr>
<tr>
<td>iv. Care of the elderly</td>
<td>8.3%</td>
<td>8.1%</td>
<td>8.9%</td>
</tr>
<tr>
<td>v. Care of the vulnerable and underserviced</td>
<td>4.1%</td>
<td>4.0%</td>
<td>3.6%</td>
</tr>
<tr>
<td>vi. Maternity Care</td>
<td>8.3%</td>
<td>8.2%</td>
<td>7%</td>
</tr>
<tr>
<td>vii. Palliative Care</td>
<td>2.2%</td>
<td>1.8%</td>
<td>2.3%</td>
</tr>
<tr>
<td>viii. Surgical and procedural skills</td>
<td>11.1%</td>
<td>12.7%</td>
<td>12.1%</td>
</tr>
<tr>
<td>ix. Not applicable</td>
<td>7.6%</td>
<td>7.0%</td>
<td>6%</td>
</tr>
<tr>
<td>Indicator 7: Number of weeks of rotational experiences that occur in family medicine environments</td>
<td>37%</td>
<td>43%</td>
<td>46%</td>
</tr>
</tbody>
</table>

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

(2) College of Family Physicians of Canada
Table 3: Meeting Community Needs and Enhanced Skills

<table>
<thead>
<tr>
<th>S1-Objective 2: Provide opportunities for family medicine graduates to meet the needs of Albertans including the development enhanced skills</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator 1:</strong> Practice patterns after completion of Residency and Enhanced Skills Program</td>
<td>New Metric</td>
<td>Data not available</td>
<td>Data not available</td>
</tr>
<tr>
<td>i. Practicing in Canada</td>
<td>100%</td>
<td>100%</td>
<td>Data not available</td>
</tr>
<tr>
<td>ii. Practicing in Alberta</td>
<td>92%</td>
<td>92%</td>
<td>Data not available</td>
</tr>
<tr>
<td>iii. Unknown</td>
<td>8%</td>
<td>8%</td>
<td>Data not available</td>
</tr>
</tbody>
</table>

| **Indicator 2:** Applications to the Advanced Skills program | 121 | 145 |
|---|---|

| **Indicator 3:** Accepted enrollment / Successful completion of Advanced Skills program. | 14/14 | 18/18 |
|---|---|

Table 4: Knowledge Translation and Faculty Development

<table>
<thead>
<tr>
<th>S1-Objective 3: Foster knowledge translation of best practice and innovation in Family Medicine education (Research indicator; in 2015-16, based on 18 months data to catch up to the academic year reporting)</th>
<th>2013</th>
<th>2014</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator 1:</strong> Number of faculty presenting education workshops and presentations</td>
<td>108</td>
<td>37</td>
<td>35</td>
</tr>
<tr>
<td><strong>Indicator 2:</strong> Number of teaching faculty on national and international education committees</td>
<td>11</td>
<td>17</td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S1-Objective 4: Provide educators with the opportunity to develop skills to keep up with evolving curriculum</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator 1:</strong> Number of faculty development sessions held</td>
<td>9</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Indicator 2:</strong> Number of participants in faculty development sessions</td>
<td>97</td>
<td>185</td>
<td>86</td>
</tr>
<tr>
<td>i. Number of Department of Family Medicine participants</td>
<td>94</td>
<td>173</td>
<td>81</td>
</tr>
<tr>
<td>ii. Number of Community participants</td>
<td>3</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td><strong>Indicator 3:</strong> Number of Faculty involved in producing education support documentation or products.</td>
<td>16</td>
<td>17</td>
<td>23</td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>Indicator 1:</th>
<th>Number of University of Alberta students matching to University of Alberta Family Medicine after Round 1 <em>CaRMS</em></th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>37</td>
<td>39</td>
<td>30</td>
</tr>
</tbody>
</table>

| Indicator 2: | Number of student evaluations of the Longitudinal Clinical experience (previously called Community-based experience) rated as good to excellent | 96% | 96.5% | 95.5% |
| Indicator 3: | Mean overall rating of the *Family Medicine Clerkship* program from the graduation survey as compared to the national average /5 | 3.1 | 4.2 | 4.1 |

### S2-Objective 2:
Increase exposure of University of Alberta's medical students to modern, progressive Family Medicine

| Indicator 1: | Number of weeks of *Family Medicine electives* year 3 and 4 provided by Department of Family Medicine faculty and preceptors | 209 | 219 | 218 |
| Indicator 2: | Number of hours of undergrad teaching by Department of Family Medicine faculty or preceptors | 1,024 | 1,105 | 8,429 |
| Indicator 3: | Number of weeks spent coordinating undergrad courses by Department of Family Medicine faculty or preceptors | 236 | 345 | 127.5 |
| Indicator 4: | Residents as teachers – Number of hours of Resident teaching; OSCE’s, TOSCE’s | 580 | 709 | 364 |
Research

The Department of Family Medicine at the University of Alberta is a leader in primary care health systems and medical education research. Members cover a broad range of research topics and disseminate research findings through papers, books, manuals, presentations and workshops at local, provincial, national and international conferences. The research focus of this department is in conducting and disseminating research that improves teaching, the practice of family medicine and primary health care. Research data in previous reports was based on a 12-month calendar year; January – December, while Education and Health Services reported on the 12-month academic year, July – June. In order to standardize the reporting process for future reporting periods across all areas, the Research data for this report is based on 18 months of data; January 2015–June 2016.

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

Table 6: Research Activity (Grants & Publications)

<table>
<thead>
<tr>
<th>S3-Objective 1</th>
<th>2013</th>
<th>2014</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct research to improve primary care and medical education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(This year 18 months reported to catch up to academic year reporting)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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"

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>44</td>
<td>27</td>
<td>46</td>
</tr>
</tbody>
</table>

**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 2014, only $50,000 is reported here). *(Information obtained from e-TRAC)*

<table>
<thead>
<tr>
<th></th>
<th>$1,840,661.</th>
<th>$559,132.</th>
<th>$2,141,746.</th>
</tr>
</thead>
</table>

**Indicator 3:**
Number of grants in progress *(cumulative)*
"DoFM faculty are PIs or Co-Investigators on the grant and funding administered/held by University of Alberta or other organizations"

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23</td>
<td>54</td>
<td>48</td>
</tr>
</tbody>
</table>

**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))*

<table>
<thead>
<tr>
<th></th>
<th>$4,833,557.</th>
<th>$5,081,719</th>
<th>$5,614,533</th>
</tr>
</thead>
</table>

**Indicator 5:**
Number of peer reviewed publications

<table>
<thead>
<tr>
<th></th>
<th>82</th>
<th>78</th>
<th>159</th>
</tr>
</thead>
</table>

**Indicator 6:**
Number of non-peer reviewed publications

<table>
<thead>
<tr>
<th></th>
<th>29</th>
<th>12</th>
<th>19</th>
</tr>
</thead>
</table>

**Indicator 7:**
Number of books and chapters published

<table>
<thead>
<tr>
<th></th>
<th>3</th>
<th>8</th>
<th>4</th>
</tr>
</thead>
</table>
### 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

<table>
<thead>
<tr>
<th>Indicator 1:</th>
<th>2013</th>
<th>2014</th>
<th>(18 months) 2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Oral Presentations (excludes educational presentations such as faculty development, courses, etc.) (Peer reviewed)</td>
<td>77</td>
<td>116</td>
<td>137</td>
</tr>
<tr>
<td>ii. Poster Presentations (research)</td>
<td>59</td>
<td>123</td>
<td>101</td>
</tr>
<tr>
<td>iii. Workshops</td>
<td>10</td>
<td>10</td>
<td>16</td>
</tr>
</tbody>
</table>

#### Indicator 2: Number of peer reviewed presentations (research: poster & oral)

<table>
<thead>
<tr>
<th>2013</th>
<th>2014</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>146</td>
<td>252</td>
<td>254</td>
</tr>
</tbody>
</table>

#### Indicator 3: Number of knowledge translation products, tools, manuals produced

<table>
<thead>
<tr>
<th>2013</th>
<th>2014</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>61</td>
<td>89</td>
</tr>
</tbody>
</table>

#### S3-Objective 3:
Expand research expertise

<table>
<thead>
<tr>
<th>Indicator 1:</th>
<th>2013</th>
<th>2014</th>
<th>(18 months) 2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of research projects external collaboration, locally, regionally, nationally and internationally.</td>
<td>68</td>
<td>138</td>
<td>208</td>
</tr>
<tr>
<td>i. Local</td>
<td>68.7%</td>
<td>61.6%</td>
<td>66.3%</td>
</tr>
<tr>
<td>ii. Regional</td>
<td>10.7%</td>
<td>6.5%</td>
<td>6.2%</td>
</tr>
<tr>
<td>iii. National</td>
<td>17.3%</td>
<td>25.4%</td>
<td>25.5%</td>
</tr>
<tr>
<td>iv. International</td>
<td>3.3%</td>
<td>6.5%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

#### Indicator 2: Percentage of faculty with advanced degrees

<table>
<thead>
<tr>
<th>2013</th>
<th>2014</th>
<th>(18 months) 2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>55%</td>
<td>72.5%</td>
<td>64.3% (n=29)</td>
</tr>
</tbody>
</table>

#### Indicator 3: Number of research summer students (person months)

<table>
<thead>
<tr>
<th>2013</th>
<th>2014</th>
<th>(18 months) 2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 months (n=7)</td>
<td>27.5 months (n=8)</td>
<td>19 months (n=9)</td>
</tr>
</tbody>
</table>

#### Indicator 4: Number of grad students, (Masters, PhD, fellows, post-doctoral and independent study students)

<table>
<thead>
<tr>
<th>2013</th>
<th>2014</th>
<th>(18 months) 2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>17</td>
<td>36</td>
</tr>
</tbody>
</table>

#### Indicator 5: Number of faculty who supervise fellows, graduate students, and independent study students

<table>
<thead>
<tr>
<th>2013</th>
<th>2014</th>
<th>(18 months) 2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>7</td>
<td>17</td>
</tr>
</tbody>
</table>

#### S3-Objective 4:
Influence the health research agenda in Canada

<table>
<thead>
<tr>
<th>Indicator 1:</th>
<th>2013</th>
<th>2014</th>
<th>(18 months) 2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and descriptions of positions on research funding organization committees, ethics, review and advisory boards (Details of positions and placements page xvi)</td>
<td>16</td>
<td>19</td>
<td>42(3)</td>
</tr>
</tbody>
</table>

(3) (For details of faculty names and positions see page xvi)
Health Services

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

Access to primary care services when the patient needs them and continuity with their primary care physician or their team improves patient care, patient and provider satisfaction and ultimately lowers health care costs. We monitor panel sizes on a regular basis to ensure quality patient care while meeting the educational needs of our family medicine residents. Panels then form the basis for patient continuity of care. The following data is from our four academic teaching sites.

S4- STRATEGIC GOAL – PROVIDE SAFE AND EFFECTIVE HEALTHCARE.

Table 8: Academic Teaching Site Delay Indicators

<table>
<thead>
<tr>
<th>S4-Objective 1: Improve access to healthcare</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 1: Average time to 3rd next available appointment (days)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Alex FMC</td>
<td>5.2</td>
<td>4.9</td>
<td>4.6</td>
</tr>
<tr>
<td>Grey Nuns FMC</td>
<td>3.5</td>
<td>4.6</td>
<td>5.6</td>
</tr>
<tr>
<td>Misericordia FMC</td>
<td>4.3</td>
<td>4.6</td>
<td>3.3</td>
</tr>
<tr>
<td>NECHC FMC</td>
<td>4.3</td>
<td>7.1</td>
<td>5.5</td>
</tr>
<tr>
<td>Indicator 2: Average cycle time of appointments (minutes from check in to check out)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Alex FMC</td>
<td>47.9</td>
<td>52</td>
<td>50.7</td>
</tr>
<tr>
<td>Grey Nuns FMC</td>
<td>54</td>
<td>60</td>
<td>62</td>
</tr>
<tr>
<td>Misericordia FMC</td>
<td>54</td>
<td>56</td>
<td>58</td>
</tr>
<tr>
<td>NECHC FMC</td>
<td>47</td>
<td>56</td>
<td>46</td>
</tr>
<tr>
<td>Indicator 3: Average red zone time (time spent with provider, in minutes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Alex FMC</td>
<td>30</td>
<td>27</td>
<td>26</td>
</tr>
<tr>
<td>Grey Nuns FMC</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Misericordia FMC</td>
<td>30</td>
<td>33</td>
<td>30</td>
</tr>
<tr>
<td>NECHC FMC</td>
<td>25</td>
<td>33</td>
<td>19.5</td>
</tr>
</tbody>
</table>
### Table 9: Academic Teaching Site Clinical Activity

**S4-Objective 1:**
**Improve access to healthcare - continued**

| Indicator 4: Continuity rate of provider panel (% of patients seeing own provider) |
|-----------------------------------------------|---------------|---------------|---------------|
| Royal Alex FMC                               | 79%           | 79%           | 81%           |
| Grey Nuns FMC                                | 80%           | 81%           | 83%           |
| Misericordia FMC                             | 85%           | 86%           | 86%           |
| NECHC FMC                                    | 80%           | 76%           | 85%           |

**Indicator 5:** Number of new patients accepted to practice

| Royal Alex FMC                               | 213           | 242           | 260           |
| Grey Nuns FMC                                | 232           | 307           | 213           |
| Misericordia FMC                             | 178           | 154           | 95            |
| NECHC FMC                                    | 734           | 397           | 549           |

**Indicator 6:** Average return visit rate / 12 month period

| Royal Alex FMC                               | 3.4           | 3             | 3.3           |
| Grey Nuns FMC                                | 3.3           | 3             | 3             |
| Misericordia FMC                             | 3.2           | 3.1           | 3.1           |
| NECHC FMC                                    | 3.7           | 2.4           | 3.3           |

**Indicator 7:** Panel size – patients seen in the past 3 years

| Royal Alex FMC                               | 5,515         | 5,500         | 5,556         |
| Grey Nuns FMC                                | 3,418         | 4,403         | 4,361         |
| Misericordia FMC                             | 4,575         | 4,642         | 4,558         |
| NECHC FMC                                    | 4,620         | 5,017         | 5,147         |

**Indicator 8:**
**Utilization of Primary Care Network allied health service professionals and programs (number of events)**

| Royal Alex FMC                               | 1,900         | 1,617         | 1,777         |
| Grey Nuns FMC                                | 772           | 663           | 743           |
| Misericordia FMC                             | 868           | 780           | 711           |
| NECHC FMC                                    | 52            | 21            | 557           |
Table 10: Academic Teaching Site Practice Quality Improvement

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of practice quality improvement projects / initiatives in academic teaching clinics.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Alex FMC</td>
<td>7</td>
<td>24</td>
<td>15</td>
</tr>
<tr>
<td>Grey Nuns FMC</td>
<td>12</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Misericordia FMC</td>
<td>12</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>NECHC FMC</td>
<td>N/A</td>
<td>21</td>
<td>20</td>
</tr>
</tbody>
</table>

Tables 11a and 11b: Academic Teaching Site Health Screening Completion Rates

The four academic teaching clinics as well as one of our affiliated community clinics (the University of Alberta Family Medicine Centre) enrolled in the Towards Optimized Practice, Alberta Screening and Prevention Program (ASaP) as a Primary Care Organization (PCO). As a PCO, aggregate screening data for the PCO as a whole is provided at baseline, 6 month and 12 month intervals. The intent is to measure at baseline, implement new processes for opportunistic and outreach screening programs, then measure at 6 month intervals to see if changes made have resulted in improvement. In addition, screening rates for other PCO’s as well as the Alberta average are provided to PCO’s.

The data from the ASaP Program is derived from randomized chart audits of patients who had been into the clinic for a medical appointment in the past 12 months. Those results are seen in Table 11b.

At the four academic teaching sites however we have been measuring screening rates for the past 3 years on the entire panel of active (active-seen in the past 36 months) patients through the use of reporting tools which are part of the Electronic Medical Record. Those results appear seen on Table 11a.

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

**S4-Objective 2:**

**Foster best practice and innovations in primary care (continued)**

**Indicator 2:** Percentage of population health screening completion rates.

<table>
<thead>
<tr>
<th></th>
<th>Clinic A</th>
<th>Clinic B</th>
<th>Clinic C</th>
<th>Clinic D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mammography</strong></td>
<td>74%</td>
<td>70%</td>
<td>73%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Pap Test</strong></td>
<td>62%</td>
<td>64%</td>
<td>52%</td>
<td>67%</td>
</tr>
<tr>
<td><strong>Blood Pressure</strong></td>
<td>66%</td>
<td>64%</td>
<td>79%</td>
<td>78%</td>
</tr>
<tr>
<td><strong>Plasma Lipid Profile (Female) Guidelines changed to every 5 years in 2016</strong></td>
<td>76%</td>
<td>89%</td>
<td>70%</td>
<td>59%</td>
</tr>
<tr>
<td><strong>Plasma Lipid Profile (Male) Guidelines changed to every 5 years in 2016</strong></td>
<td>75%</td>
<td>82%</td>
<td>69%</td>
<td>81%</td>
</tr>
<tr>
<td><strong>Colorectal Cancer Screening - Colonoscopy last 10 years or Sigmoidoscopy last 5 years or FIT test last 2 years</strong></td>
<td>60%</td>
<td>58%</td>
<td>66%</td>
<td>54%</td>
</tr>
<tr>
<td><strong>Diabetes Screen – One of Hemoglobin A1C or Fasting Glucose</strong></td>
<td>80%</td>
<td>87%</td>
<td>76%</td>
<td>86%</td>
</tr>
<tr>
<td><strong>CV Risk Calculation (Framingham) Males</strong></td>
<td>10%</td>
<td>20%</td>
<td>14%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>CV Risk Calculation (Framingham) Female</strong></td>
<td>14%</td>
<td>19%</td>
<td>21%</td>
<td>24%</td>
</tr>
<tr>
<td><strong>Height once</strong></td>
<td>89%</td>
<td>87%</td>
<td>92%</td>
<td>95%</td>
</tr>
<tr>
<td><strong>Weight 3 year</strong></td>
<td>70%</td>
<td>79%</td>
<td>72%</td>
<td>77%</td>
</tr>
<tr>
<td><strong>Smoking 1 Year</strong></td>
<td>37%</td>
<td>34%</td>
<td>40%</td>
<td>32%</td>
</tr>
<tr>
<td><strong>Exercise Assessment 1 year</strong></td>
<td>35%</td>
<td>32%</td>
<td>54%</td>
<td>28%</td>
</tr>
</tbody>
</table>
Table 11b: Alberta Screening and Prevention Data (Random Audit)

<table>
<thead>
<tr>
<th>Screening Maneuver</th>
<th>PCO (Patient care Organization) Baseline (%)</th>
<th>12 month follow up (%)</th>
<th>Change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>17.78</td>
<td>50.56</td>
<td>32.78</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>72.78</td>
<td>81.39</td>
<td>8.61</td>
</tr>
<tr>
<td>Colorectal Screening</td>
<td>48.32</td>
<td>70.73</td>
<td>22.41</td>
</tr>
<tr>
<td>CV Risk</td>
<td>10.06</td>
<td>41.18</td>
<td>31.12</td>
</tr>
<tr>
<td>Diabetes Screening</td>
<td>82.38</td>
<td>76.50</td>
<td>-5.88</td>
</tr>
<tr>
<td>Exercise</td>
<td>20.00</td>
<td>62.22</td>
<td>42.22</td>
</tr>
<tr>
<td>Influenza</td>
<td>5.83</td>
<td>43.06</td>
<td>37.22</td>
</tr>
<tr>
<td>Height and Weight</td>
<td>40.83</td>
<td>58.89</td>
<td>18.06</td>
</tr>
<tr>
<td>Lipids</td>
<td>79.89</td>
<td>75.40</td>
<td>-4.49</td>
</tr>
<tr>
<td>Mammogram</td>
<td>61.84</td>
<td>75.31</td>
<td>13.47</td>
</tr>
<tr>
<td>Pap Smear</td>
<td>64.36</td>
<td>74.19</td>
<td>9.84</td>
</tr>
<tr>
<td>Tobacco</td>
<td>38.06</td>
<td>61.23</td>
<td>26.67</td>
</tr>
<tr>
<td>DFM Overall Scores all Maneuvers Combined</td>
<td>40.98</td>
<td>62.86</td>
<td>21.88</td>
</tr>
</tbody>
</table>

| Alberta Experience for Comparison – Overall Scores, all Maneuvers Combined | 48.89% | 64.46% | 30.46% |

Table 12: Academic Teaching Site Patient Medical Home Scores

In the early part of 2016 the four academic centers rolled out the Patients Medical Home Phase 1 Assessment (Primary Care Network Evolution). This tool helps clinics assess their own processes and activities related to Patient’s Medical Home implementation concepts, helps them to see where the gaps are and then be able to formulate an action plan to move the clinic forward. Phase 1 focuses on engaged leadership, capacity for improvement and panel and continuity. Phase 2 will be completed in the next academic year.

Indicator 3C: PCNe Practice Level Patient’s Medical Home Assessment

(Scores /12; where 1 is the lowest score and 12 the highest possible score)

<table>
<thead>
<tr>
<th>PCN-E Assessment Score – Phase 1</th>
<th>Clinic A</th>
<th>Clinic B</th>
<th>Clinic C</th>
<th>Clinic D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engaged Leadership /12</td>
<td>6.75</td>
<td>6.25</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Quality Improvement /12</td>
<td>7.25</td>
<td>7.25</td>
<td>8.25</td>
<td>7.5</td>
</tr>
<tr>
<td>Panel and Continuity /12</td>
<td>7.25</td>
<td>7.5</td>
<td>8.25</td>
<td>7</td>
</tr>
<tr>
<td>Overall Consensus Score</td>
<td>7</td>
<td>7.3</td>
<td>7.5</td>
<td>7</td>
</tr>
</tbody>
</table>

New Metric for 2015-16

(Level B)
Table 13: Leadership and advocacy in Primary Healthcare Policy and Education in Quality and Safety.

| S4-Objective 3: Demonstrate leadership and advocacy in healthcare delivery policy. | New Metric 2014-15 | 2015-16 |
|---|---|
| Indicator 1: Number of provincial, national and international committees or working groups affecting policy attended by faculty or senior staff. | | |

| S4-Objective 4: Educate and support in Quality and Safety in primary Care | New Metric 2014-15 | 2015-16 |
|---|---|
| Indicator 1: Number of large group sessions or sessions to clinics | 0 | 4 |
| Number sessions for learners | 4 | 4 |
Faculty Members on Research Funding Organizations

1. Au, Lillian  
a. Interviewer, Assistant Dean Search and Recommendation Committee

2. Allan, GM  
a. Editorial Advisory Board, *Canadian Family Physician*  
b. Advisory Board, Canadian Cardiovascular Society, Canadian Lipid Guidelines  
c. Advisory Board, Simplified Primary Care Lipid and CVD Guideline  
d. Co-director, Diagnosis and Management of Osteoporosis, TOP guideline

3. Bell, N  
a. Member, Canadian Task for on Preventative Health  
b. Guideline Reviewer, National Health and Medical Research Council (NHMRC), Australia

4. Campbell-Scherer, D  
a. Member, Steering Committee, Bone and Joint Canada

5. Cave, AJ  
a. Grant Reviewer, Canadian Thoracic Society Grant  
b. Grant Reviewer, CIHR Final Review Panel  
c. Chair, Primary Care Group, Pediatric Asthma Pathway Committee, Alberta Health Services  
d. Co-Chair, Asthma Working Group/Respiratory Clinical Network  
e. Director, Family Physicians Airways Group of Canada  
f. Member, Board of Directors, MSI Foundation Alberta  
g. Grant Reviewer, MSI Foundation  
h. Reviewer, Canadian Thoracic Society

6. Charles L  
a. Member, Health Research Ethics Board – Panel B, University of Alberta

7. Chmelicek J  
a. Grant Reviewer, Janus Continuing Professional Development Grants, CFPC

8. Donoff M  
a. Co-Chair, Towards Optimized Practice Chronic Disease Management Project

9. Drummond N  
a. Grant Reviewer, CIHR Foundation Grant Program

10. Garrison S  
a. Member, Family Medicine Forum Advisory Committee, CFPC  
b. Chair, Family Medicine Forum Research Committee, CFPC

11. Green LA  
a. Member, Primary Health Care Steering Committee, Alberta Health  
b. Chair, Measurement and Evaluation Working Group, Alberta Health

12. Gruneir A  
a. Grant Panel Member, University Hospital Foundation Medical Research Competition  
b. Grant Panel Member, Health Services Evaluation and Intervention Research, CIHR  
c. Grant Panel Member, Health Reason Training, CIHR  
d. Member, Quality Indicator Working Group, Alberta Health Continuing Care  
e. Member, Health Quality Ontario Long-Term Care Public Reporting Delphi Panel

13. Keenan L
a. Grant Reviewer, Oral Health and Community Engagement Fund
b. Grant Reviewer, First Live Pilot Host, CIHR
c. Grant Reviewer, Mini-Grant Initiative, Western Group of Education Educational Affairs

14. Koppula S
   a. Grant Reviewer, The College of Family Physicians of Canada Janus Grants

15. Moores D
   a. External Reviewer, Niagara Falls Community Health Centre, Accreditation Canada Surveyor

16. Ross S
   a. Grant Reviewer, Canadian Association of Medical Education

17. Salvalaggio G
   a. Member, Health Research Ethics Board – Panel B, University of Alberta
   b. Member, Participatory Research in Primary Care Working Group, North America Primary Care Research Group
   c. Member, Alberta Research Network for Addiction and Mental Health

18. Szafran O
   a. Grant Review, Janus Research Grants, CFPC
   b. Grant Review, Canadian Institutes for Health Research

19. Triscott J
   a. Grant Reviewer, Research Support and Research Catalyst Grants, Island Health
   b. Reviewer, Canadian Task Force on Preventative Health Care Reviewer