2016-2017 Annual Report
Department of Family Medicine
University of Alberta
# Table of Contents

**MESSAGE FROM THE CHAIR**  
Department Faculty & Staff  
Community Support for Medical Education  

**AWARDS**  
Family Medicine in the Community, in Print and Over the Airwaves  

**EDUCATION**  
Education Events & Activities  
Undergraduate Education  
Postgraduate Education  
Postgraduate Education Distributed Sites  
Enhanced Skills Program  
Assessment  
Faculty Development  
International Partnerships  

**HEALTH SERVICES**  

**RESEARCH**  
Resources Developed Through Research  
Research Events & Scholarly Activities  
Clinical Research  
The 5As Team Program  
Epidemiological & Population Health Research  
Translational Research  
Research on Distinct Populations  
Medical Education Research  
Research Centres  
Evidence Based Medicine/PEER  

**DEPARTMENT OF FAMILY MEDICINE**  
**PROFESSORS AND LECTURERS**  

**APPENDIX I: Accountability Report 2016 - 2017**  
Appendix Ia: Faculty Members on Research Funding Organizations  
Appendix Ib: Teaching Faculty on National and International Education Committees
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.

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:

• Training residents for team-based, systems-based, socially accountable patient care and leadership.
• Providing medical students with high-quality education, and serving as role models of academically excellent, quality-and safety-driven, socially accountable generalists.
• 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; our choices in teaching and research address the needs of, and are accountable to, the society of which we are a 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.”

Department of Family Medicine Governance Structure
MESSAGE FROM THE CHAIR

Our annual report leads with our vision and our mission statement. As you read through the report, you'll see how each part of the department, each member of our team, thoughtfully pursued that mission and advanced us toward our vision. There are far too many examples to list in this column - it would end up being at least as long as the report itself - but here are a few highlights.

The residency program exemplified mission-focus innovation, undertaking a number of changes this year. Both the postgraduate and enhanced skills programs increased their emphasis on socially accountable training. They also began diligent work to prepare for our upcoming accreditation review.

The undergraduate program completed its very successful rebuilding phase, with the transition of leadership to Dr. Lillian Au and the addition of several committed new faculty.

The faculty development team began a peer coaching program that has been quite well received thus far, helping excellent teachers improve even more.

The list of prestigious awards in this academic year speaks for itself, as does the range of accomplishments reflected in it. Lifetime achievements, teaching at all levels, scientific contributions at all levels – excellence in every area of our mission because of excellent people in every area of our mission.

Speaking of excellence, you will note that the department's research programs take up a large share of this report. Reading through it, you will see department faculty not only teaching students and residents for the future of medicine, but creating that future and translating it into practice. A learning organization indeed.

We have always known we can't achieve our vision by ourselves. We are again grateful to the Scott McLeod Fund, Frederick Brown Fund, Patricia Ann Peat Award, and Lionel A. Ramsey Memorial Award for the invaluable roles they have played in making it possible. The Community Support for Medical Education page in this report provides the details, and the headline sums it up: we are part of a larger community.

In that same vein, the report wraps up with a listing of our faculty who are community physicians (plus emeriti and adjuncts). Our clinical faculty are skilled and dedicated teachers as well as practitioners. They account for a major share of our teaching and their excellence as teachers is a large part of the reason for our department's prominence and success in training the next generation.

Dr. Lee A. Green, MD, MPH, Professor and Chair
Department of Family Medicine
Department Faculty & Staff

Professor and Chair
Lee Green

Administrative Officer
Mark Perreault

Staff
Karen Adam
Carolina Aguilar
Iptisam Alexanders
Tanya Barber
Kaylin Bechard
Leslie Bortolotto
Sandy Boychuk
Katherine Carlson
Charlene Carver
Mirella Chiodo
Teresa Chiodo
Karen Crawford
Jeff Cheng
Kristin Czarny
Kim Duerksen
Danica Erickson
Lisa Felicitas
Caitlin Findley
Emily Freidrich
Brian Forst
Chun Yan Goh
Briana Gomes
Judy Grace
Kerri Hample
Karianne Hanack
Bernadette Harvey
Melanie Heatherington
Cindy Heisler
Serena Humphries
Joanne Lafrance
Leslie Lefebvre
Peggy Lewis
Cliff Lindeman
Elylea Ramos
Kari Rockall
Jane Schotz
Erika Siroski
Karen Moniz
Jessica MacDonald
Grace Moe
Madiha Mueen
Sharon Nickel
Nicole Olivier
Dawn Osland
Carry Perrier
Danielle Perry
Tara Pidborochynski
Ann Pham
Jamil Ramji
Mayank Rehani
Nicolette Sopcak
Amy Swearingen
Matt Taylor
Peter Tian
Joey Ton
Jaqueline Torti
Farah Visram
Shelley Veats
Mary Wittenberg

Professors
Michael Allan
Neil Bell
Andrew Cave
Bonnie Dobbs
Michel Donoff
Neil Drummond
Paul Humphries
Jill Konkin
Constance Lebrun
David Moores
Jean Triscott

Associate Professors
Hoan Linh Banh
Fraser Brenneis
Denise Campbell-Scherer
Lesley Charles
Scott Garrison
Fred Janke
Louanne Keenan
Doug Klein
Michael Kolber
Sudha Koppula
Christina Korownyk
Donna Manca
Darren Nichols
Jasneet Parmar

Faculty Service Officers
Shen Khera
Olga Szafran

Assistant Professors
Roshan Abraham
Lillian Au
Oksana Babenko
Kareen Chan
John Chmelicek
Terry DeFreitas
Andrea Gruneir
Sanja Kostov
Ann Lee
Michelle Morros

Academic Coordinators
Peter Bell
Navdeep Dhaliwal
William Flexer
Samantha Horvey
Keith Huber
Krystle Kaye-Pfau
Paul Kivi
Karen Leung
Alexandra Marin
Nagela Naismith
David Pickle

Clinic & Community Site Directors
Marco Mannarino
Kim Loeffler
Ron Shute
Samuel Lou
Community Support for Medical Education

**Patricia Ann Peat Award**

The Patricia Ann Peat Residency & Student Medicine Enhancement Fund at the University of Alberta, Faculty of Medicine & Dentistry, was established to assist the department in providing exciting and personally enriching experiences in the discipline of Family Medicine and Primary Care Family Medicine Research, and all residents registered in the first two years of the Family Medicine Residency Program of the Department of Family Medicine, Faculty of Medicine & Dentistry, University of Alberta are eligible to apply.

**Scott McLeod Fund**

Dr. Scott H. McLeod Family Medicine Memorial Fund is an endowment held by the University Hospital Foundation. A graduate of University of Alberta and McGill University, Dr. Scott McLeod practiced in Nova Scotia, Saskatchewan and Alberta. Interest from the fund is used by Department of Family Medicine primarily for, but not limited to, initiatives contributing to “effective communication in medical practice”.

**Lionel A. Ramsey Memorial Award**

The Lionel A. Ramsey Memorial Award honours the memory of Dr. Lionel Ramsey, a University of Alberta graduate and a rural physician. Through the fund, an annual award of $500 is provided to two first-year residents (chosen by the first residents in the Rural Alberta North Program) who have made the greatest contributions to helping other residents in the Rural Alberta North Program.

**The Frederick Brown Fund**

The Frederick Brown Fund is used in the area of education in palliative care. With the support of this fund, the department has been able to create the Care of the Elderly Education and Palliative Care Coordinator position. This position provides administration of education at the Glenrose Rehabilitation Hospital and coordinate palliative care medicine within the Department of Family Medicine.

**Northern Alberta Academic Family Physicians Fund**

The Northern Alberta Academic Family Physicians Fund (NAAFMF) was established by the Northern Alberta Academic Family Physicians group to support initiatives promoting the advancement of family medicine. This fund supports small-scale research and projects that establish the foundation for large, impactful initiatives that have the potential to significantly contribute to the transformation of primary care.

The Terms of Reference stipulates that activities of the following nature are eligible for NAAFMF support:
- educational infrastructure,
- awarding prizes,
- research by department faculty members, residents, students and trainees,
- research and personal development activities, and
- any other educational, research and/or administrative activity which the Fund Management Committee deems advisable for the general education and/or research purposes of the department.
## AWARDS

### PROVINCIAL AND NATIONAL RECOGNITION

<table>
<thead>
<tr>
<th>Name</th>
<th>Awards</th>
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</table>
| Paul Humphries      | • Recipient of the Ian McWhinney Family Medicine Education Award from the College of Family Physicians of Canada (CFPC)  
                     | • Recipient of the 2016 Alberta Family Physician of the Year by Alberta College of Family Physicians (ACFP)  
                     | • Recipient of the Reg L. Perkin Award from the College of Family Physicians of Canada (CFPC) |
| Neil Bell           | College of Family Physicians of Canada (CFPC) Section of Researchers Lifetime Achievement Award |
| Andrew Cave         | College of Family Physicians of Canada (CFPC) Section of Researchers Lifetime Achievement Award |
| Scott Garrison      | Edmonton Zone Medical Staff Association (EZMSA) Physician Researcher of the Year |
| Paul Kivi           | Nominated for an Alberta Health Services President’s Excellence Award |
| Martin Moran        | Received the Certificate of Merit for Undergraduate Medical Education in Geriatrics from the Canadian Association of Medical Education |
| Fangwei Liu         | 2017 College of Family Physicians of Canada (CFPC) Family Medicine Resident Research |
| Natalia Binczyk     | NAPCRG Student Family Medicine/ Primary Care Research Award |

### DEPARTMENT AWARDS

<table>
<thead>
<tr>
<th>Name</th>
<th>Awards</th>
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<tbody>
<tr>
<td>Rieza Zara</td>
<td>Department of Family Medicine Resident Leadership Award</td>
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<tr>
<td>Chris Beavington</td>
<td>Department of Family Medicine Resident Peer Award</td>
</tr>
<tr>
<td>Fangwei Liu</td>
<td>Department of Family Medicine Research Award</td>
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### RESIDENT AND STUDENT AWARDS

<table>
<thead>
<tr>
<th>Name</th>
<th>Awards</th>
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<tbody>
<tr>
<td>Adam Mildenberger</td>
<td>Lionel A. Ramsey Award (Grande Prairie)</td>
</tr>
<tr>
<td>Amy Cockburn</td>
<td>Lionel A. Ramsey Award (Red Deer)</td>
</tr>
<tr>
<td>Chris Beavington</td>
<td>Dr. Joe Tilley &amp; Allin Clinic Award</td>
</tr>
<tr>
<td>Kiranpal Dhillon</td>
<td>Patricia Ann Peat Residency &amp; Student Family Medicine Enhancement Fund Award</td>
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</table>
THE WESTVIEW PHYSICIAN COLLABORATIVE AWARDS

<table>
<thead>
<tr>
<th>Name</th>
<th>Award</th>
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</thead>
<tbody>
<tr>
<td>Alina Ponomarev</td>
<td>Clinical Excellence (Postgraduate Year 1) Award</td>
</tr>
<tr>
<td>Alexandra Knebel</td>
<td>Clinical Excellence (Postgraduate Year 2) Award</td>
</tr>
<tr>
<td>Kiranpal Dhillon</td>
<td>Resident Leadership (Postgraduate Year 1) Award</td>
</tr>
<tr>
<td>Jaspreet Lidder</td>
<td>Resident Leadership (Postgraduate Year 2) Award</td>
</tr>
<tr>
<td>Fangwei Liu</td>
<td>Resident Research Award</td>
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</tbody>
</table>

DEPARTMENT NOMINEES FOR THE COLLEGE OF FAMILY PHYSICIANS OF ALBERTA RESIDENT/MEDICAL STUDENT AWARDS

<table>
<thead>
<tr>
<th>Name</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Beavington</td>
<td>Family Medicine Resident Leadership Award</td>
</tr>
<tr>
<td>Fangwei Liu</td>
<td>Family Medicine Scholarly Achievement Award</td>
</tr>
<tr>
<td>Madalena Dearden</td>
<td>Medical Student Leadership Award</td>
</tr>
<tr>
<td>Joelle Baskerville</td>
<td>Medical Student Scholarship Award</td>
</tr>
<tr>
<td>Hilary Kornder</td>
<td>Dr. Paul Humphries Resident as Teacher Award for Teaching Excellence Award</td>
</tr>
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TEACHING EXCELLENCE AWARDS RECIPIENTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Award</th>
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</thead>
<tbody>
<tr>
<td>Shirley Schipper</td>
<td>(Grey Nuns Family Medicine Centre)</td>
</tr>
<tr>
<td>Sudha Koppula</td>
<td>(Royal Alexandra Family Medicine Centre)</td>
</tr>
<tr>
<td>Debora Corby</td>
<td>(Northeast Community Health Centre Family Medicine Clinic)</td>
</tr>
<tr>
<td>Kimberly Loeffler</td>
<td>(Grey Nuns Family Medicine Centre)</td>
</tr>
<tr>
<td>Ross Dunbar</td>
<td>(Westview Physician Collaborative)</td>
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MEDICAL STUDENTS ASSOCIATION (MSA) AWARDS

<table>
<thead>
<tr>
<th>Name</th>
<th>Award</th>
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<tbody>
<tr>
<td>Roshan Abraham</td>
<td>Year 1 Physical Exam Preceptor Excellence Award</td>
</tr>
<tr>
<td>Daisy Fung</td>
<td>Year 1 Discovery Learning Preceptor of the Year Award</td>
</tr>
<tr>
<td>Jean Triscott</td>
<td>Year 2 Discovery Learning Preceptor of the Year Award</td>
</tr>
<tr>
<td>Renfred Chow</td>
<td>Year 2 Pre-clinical Mentor of the Year Award</td>
</tr>
<tr>
<td>Nicholas Majaesic</td>
<td>Year 2 Pre-clinical Mentorship Excellence Award</td>
</tr>
<tr>
<td>Karen Leung</td>
<td>Year 4 Preceptor Excellence Award</td>
</tr>
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Family Medicine in the Community, in Print and Over the Airwaves

Connie Lebrun was inducted into Volleyball Manitoba Hall of Fame.

Terry DeFreitas was named Chief Medical Advisor for Taekwondo Canada.

Marni Wesner worked with the Canadian Women’s Baseketball Team to prepare for the Rio 2016 Olympics.

Doug Klein initiated the CHANGE Adventure Camp, and the Stairs Challenge in support of the camp.

Terry De Freitas and Olesia Markevych, family and sport medicine physicians with the Glen Sather Sport Medicine Clinic, volunteered with the 2016 Alberta Summer Games. They met with security, communications and transport leaders to communicate the medical recommendations and services set up for the games.

Darren Nichols was the keynote speaker at Discovery Days in Health Sciences on October 21, 2016, sharing his wisdom with “Lifehacks for Teens: Secrets to a Fun Career and Meaningful Life”

Resident Jeff Jameison led the NAAFP-funded project People of Dementia website.

Lee Green was one of four family physicians featured in Avenue Magazine Edmonton’s article Is There a Doctor in the House?

The Evidence-based Medicine (EBM) team made the cover of Canadian Family Physician’s September 2016 issue and were featured in the article “Laughing Alongside the Best of Evidence”.

Two family medicine community partner clinics, Justik Medical Clinic and The Allin Clinic, were voted as two of the top three Edmonton medical clinics in Vue Weekly’s Best of Edmonton 2016 issue.

Connie Lebrun and Terry De Freitas were featured on the University of Alberta website in an article about their work in sport medicine, titled “You Don’t Have to be an Athlete to See a Sport Doctor”.

Shirley Schipper and Kimberly Loeffler became contributors to weekly wellness segments on CKUA Radio.

Shelby Karpman, a clinical lecturer with the Department of Family Medicine as well as a sport and exercise physician at the Sather Clinic, was interviewed on the Luke Thomas Show, a Sirius XM radio show with a focus on Mixed Martial Arts (MMA) and professional wrestling.

Marjan Abbasi, a member of the Department of Family Medicine Division of Care of Elderly, was interviewed by Alberta Primetime about her work, including the new Seniors Community Hub Initiative. Click the links to watch the interview and lead-in segment.

EDUCATION

In the area of education, the strategic goal of the Department of Family Medicine is to excel at providing modern, innovative family medicine education.

The Education Strategic Plan focuses on augmenting the objectives, modes of delivery and assessment of learning in family medicine 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.

Currently, the department has five educational programs, four that provide education for medical students or residents and one that assists in improving the quality of family medicine education.

- Undergraduate Program in Family Medicine
- Family Medicine Residency Program
- Enhanced Skills Residency Program
- Faculty Development Program
- Competency Based Achievement System (CBAS)
Education Events & Activities

Family Medicine Grand Rounds

Death Certification Errors in Alberta and How to Avoid Them
Thursday, September 15, 2016
Guest presenters: Dr. Kimberly Wood, anatomical pathology resident, and Dr. Mitchell Weinberg, Assistant Chief Medical Examiner for the Alberta Office of the Chief Medical Examiner

We Have All This Data: Now What? Understanding HQCA Panel Management Reports
Thursday, January 19, 2017
Presenters: Dr. Lee Green, Department Chair and Mirella Chiodo, Informatics and Quality Supervisor

It's Time to Talk About Medical Error
Thursday, March 15, 2017
Guest and department presenters: Verna Yiu, President and CEO, Alberta Health Services; David Mador, Vice-President & Medical Director for Northern Alberta, Alberta Health Services; Dawn Hartfield, Medical Director Quality, Integrated Quality Management Edmonton Zone, Alberta Health Services; Christopher Beavington, current PGY2 resident, and Resident Co-chief, Urban; Lee Green, Chair, U of A Department of Family Medicine

Global Health
Thursday, June 15, 2017
Guest and department presenters: Dr. Stan Houston, Yvonne Chui and Dr. Jill Konkin

Resident Academic Day featuring Indigenous Health

On September 14, 2016, family medicine residents left the city limits to attend an Indigenous Health-focused Academic Day at Alexis Nakota First Nation.
Guest and faculty organizers: Keith Huber, Samantha Horvey and Carla Bablitz

Practical Evidence for Informed Practice (PEIP)

The annual PEIP conference provides residents, family physicians, students and allied health professionals with clinically relevant information in a setting free of industry support.
Participating faculty: Mike Allan, Mike Kolber, Tina Korownyk, Adrienne Lindblad (conference organizing committee and presenters).

The 3rd Annual Dr. David C. Reid Glen Sather Sports Medicine Clinic
Conference: Optimizing Muscokeletal Health for the Patient: The Lumbar Spine

Participating faculty: Constance Lebrun and Terry De Freitas

Wilderness Medicine Retreat

The wilderness medicine retreat is a popular annual event that provides participating residents with the opportunity for team building, response in mock scenarios and practical splinting workshops, all held in a wilderness setting.
Participating faculty: Lee Green, John Chmelicek (retreat leaders and instructors)

Practice Exams

Throughout the year, family medicine offers practice exams for residents to prepare for provincial and national licensing exams.
Participating faculty: Various
Undergraduate Education

The undergraduate program experienced a number of changes over the course of the academic year. Dr. Shirley Schipper joined undergraduate as the interim director in January. Thank you to Dr. Mike Kolber who provided leadership to the program as acting interim director prior to Dr. Schipper filling the role.

Early in the new year, the program was pleased to welcome Dr. Roshan (Joseph) Abraham and Dr. Ann Lee to our undergraduate team (as pre-clerkship and clerkship director respectively). In May, Dr. Lillian Au became the Director of the Undergraduate program following Dr. Schipper’s departure to her new role as Vice Dean, Education with the Faculty of Medicine & Dentistry.

The family medicine undergraduate program continued to be actively involved with the university’s MD program, specifically the communications curriculum as well as the Longitudinal Clinical Experience. Family Medicine Clerkship is a mandatory rotation for 3rd year medical students: components that were added or elaborated on in 2016-17 year included hands on sessions in shoulder/knee exam, didactic sessions on common family medicine topics (how to perform a surgical excision in dermatology and how to write referral letters).

The Resident as Teacher collaboration with postgraduate education continued. This program involves family medicine residents in their second year of residency teaching Years 1 to 4 medical students. During the 2016-2017 academic year, the number of sessions each resident teaches was increased to six sessions.

Congratulations to those clinics and physicians recognized for their commitment to undergraduate medical education during the 2016-2017 academic year. The Clerkship Site of the Year Award recipient was LA Medical in Leduc. Dr. Frieda Lo was recognized as the Clerkshop Preceptor of the year. The Longitudinal Clinical Experience Award Year 1 recipient was Dr. Lara Curtis, and the Longitudinal Clinical Experience Award Year 2 recipient was Dr. Renfred Chow.

The LA Medical Team

Top Row (L-R): Dr. Keith Barry, Dr. Justin Balko, Dr. Michael Gault, Dr. Darryl Huang, Dr. David Woolliscroft

Bottom Row (L-R): Dr. Lily Chen, Dr. Alistair Waugh and CEO Christine Ridden.
Postgraduate Education

In addition to ongoing preparations for the November 2017 Accreditation Survey Visit, the postgraduate program experienced a number of significant changes over the course of the year.

The program was pleased to welcome new faculty, advisors and staff during the 2016 – 2017 academic year. The program gained an Administrative Assistant, Women’s Health, Enhanced Skills and Marginalized Populations and an Administrative Assistant, Residency Program. These new positions will support the increased focus on healthcare for women, Indigenous peoples, marginalized populations and resident support. They will also increase capacity for the development of resources such as the Resident Handbook, which is now available online for access by current program residents as well as program applicants during the CaRMS process.

After many months of preparation, the Academic Planning Committee (APC) held its first quarterly meeting with department educational stakeholders on September 1 of 2016. Prior to the meeting, APC coordinators worked with Carla Bablitz, a University of Alberta medical school graduate, to arrange a cultural immersion opportunity for first and second year family medicine residents: Indigenous Health Day. Indigenous Health Day was held September 14, 2016 at Alexis Nakota Sioux Nation, and offered the residents and opportunity to learn about Indigenous people’s health issues and barriers to health care within an indigenous community.

Based on resident feedback, the APC also revised the Doctor Patient Relationship curriculum, and re-named this educational component Behavioral Medicine. This communications-focused training will build on the skills and knowledge introduced in medical school.

The program benefitted from a very active resident’s association at this year’s CaRMS, with co-chiefs Dr. Chris Beavington and Dr. Reiza Zara participating in every orientation session. The traditional FMRA orientation video took people back in time to the 80s to provide applicants with a view of what to expect in the residency program.

Postgraduate Education Distributed Sites

The distributed sites continued to offer an excellent rural family medicine-focused program to program residents.

Grande Prairie residents reported a 100% pass rate for the CCFP examination, and five of six residents have demonstrated their intention to practice in truly rural communities with one resident choosing to remain in Grande Prairie for the time being! The duration of rural family medicine exposure in the PGY1 year was doubled, from 8 to 16 weeks.

The program in Fort McMurray continued on following the interruptions resulting from the wildfires in June of 2016, with four PGY2 and three PGY1 residents. Drs Erin Hibbits and Mobina Chowdry joined the program as learning site co-directors.

The Red Deer site had 10 PGY1 and 10 PGY 2 residents, and continues to be a popular choice for those wishing to study family medicine from a rural perspective.

Designated learning sites during the 2016 -2017 academic year were:

- Fort McMurray Hospital
- Grande Prairie Hospital
- Grandin Clinic
- Grey Nuns Family Medicine Centre
- Dominion Medical Centres, Heritage Clinic
- Justik Medical Clinic
- Kaye Family Medicine Clinic
- LA Medical
- Lynnwood Family Physicians
- Misericordia Family Medicine Clinic
- Northeast Community Health Centre, Family Medicine Clinic
- Red Deer Hospital
- Royal Alexandra Family Medicine Centre
- Westview Physicians Collaborative
Enhanced Skills Program

The Enhanced Skills Committee had an exceptionally busy year, which included working with their postgraduate program colleagues in preparation for the 2017 accreditation process.

The sport and exercise medicine program underwent College of Family Physicians of Canada (CFPC) accreditation as part of a Canada-wide and review of sport and exercise medicine (SEM) programs, which are now Category 1 programs, meaning program graduates will now receive Certificates of Added Competency (CAC).

Both the care of the elderly and the palliative care programs continued to be very active. Palliative care implemented the use of CBAS assessments beginning in the 2017 academic year, which marked the program's first year as a separate Category 1 enhanced skills program in family medicine. Previously, palliative care had been a conjoint program with internal medicine.

The palliative care program was pleased to learn that two program residents were chosen as presenters of the top three resident research projects for the 2017 Advanced Learning in Palliative Medicine conference! Congratulations to Tim Gutteridge, winner of Resident Research Project Award presented at that conference as well as the Poster Presentation Award.

This academic year was pilot year for the family medicine - emergency medicine (FM-EM) program, having faculty advisors taking longitudinal shifts with residents to allow greater continuity with a main preceptor throughout the year. The same preceptor will also complete the resident's four-month evaluations and act as the resident's academic mentor.

In the previous academic year, the surgical skills program experienced a disruption because of the Fort McMurray wildfires. However, the surgical skills resident who had been accepted was able to complete a six-month operative obstetrics rotation during the 2016-2017 academic year.

Thank you to Jeremy Beach, who served as occupational medicine program coordinator for a number of years. Welcome to Harold Hoffman, who stepped in to assume the role of coordinator following Dr. Beach's departure.

Assessment

Assessment of resident competence continues to be a strong focus in our training programs. The successful introduction of the Competency-Based Achievement System (CBAS) and the electronic portfolio to support collection of assessment data (eCBAS) has been followed up with ongoing continuous quality improvement. The CBAS team carries out regular program evaluation and consultation with residents, preceptors, and the residency program.

The assessment team is partnering with faculty development to deliver training to improve how CBAS is used to support learning in clinical teaching sites. These site-based sessions have proven popular, and our clinical educators appreciate the opportunity to engage in teaching quality improvement in their own settings. Meaningful use of CBAS has improved following these site-based sessions.

CBAS includes both low stakes and high stakes assessment. One of the recent improvements made by the assessment team has been to create a process including a feedback loop with advisors to ensure timely completion of high stakes Periodic Progress Reports.

With the successful implementation and ongoing refinement of CBAS, the dissemination of research and evaluation of CBAS has become an increasingly important component of the work of the CBAS team. Members of the CBAS team have been asked to sit on international competency-based assessment committees, and Mike Donoff and Shelley Ross were contributors to a number of publications submitted on behalf of the International Competency-based Medical Education Collaborators (ICBME).
Faculty Development

Peer Coaching Initiative

The Peer Coaching initiative was implemented in one academic site in late 2016 was expanded for the 2016-2017 academic year, with 20 participants taking advantage of the opportunity. This personalized method of providing feedback removes barriers to updating and refreshing teaching skills which, like any other skill, need to be practiced in order to stay sharp or make improvements.

The peer coaching concept, which has been implemented at the University of Alberta medical school as well as other medical schools across Canada, provides clinical teachers with the opportunity to participate in workshops outside of clinic hours. Feedback for this inaugural year was positive, and the peer coaching program will continue into 2017-2018.

FREzER

The March 2017 Faculty Resident Education Extravaganza and Retreat (FREzER) was held once again in Jasper. The Saturday morning workshop for residents and faculty was Connected: Communicating and Computing session, presented by Michelle Nanchoff from the Institute for Healthcare Communication.

FREzER also offered sessions about the new MainPro+ system which was launched in late 2016, as well as a demonstration of the Canadian Primary Care Sentinel Surveillance Network (CPSSN) Data Presentation Tool (DPT).

For the first time, the Department for Family Medicine research program had an information table at the event to help highlight the research opportunities available for family medicine residents.

International Partnerships

Clinical Pharmacy Practice in China

Hoan Linh Banh, associate professor with the Department of Family Medicine, was seconded to Second Xiangya Hospital (SXH) of Central South University in Changsha, Hunan, China in November 2016 and April 2017 as part of a collaborative to teach pharmacists and graduate students clinical pharmacy practices. As a result of her work, that institution invited her to speak at the 6th International Clinical Pharmacy Forum in China. Her presentation, made in September of 2016, was called “Conducting Clinical Pharmacy Research”. Dr. Banh’s initiative resulted in the SXH Department of Pharmacy receiving a major Chinese national award of $1 million CDN for innovation in pharmacy in 2016.

Family medicine faculty member Andrew Cave joined Hoan Linh in the initial stages of preparation for a teaching partnership with 4th Affiliated Hospital in of Zhejiang University Yiwu, Zhejiang, China. The aim of this partnership is for general practitioners with the 4th affiliated hospital to observe and learn about the practice of Western family medicine, and return to China to teach this style of primary care delivery to learners in their hospital.

Hoan Linh also taught the International Summer course at the China Pharmaceutical University in Nanjing, Jiangsu, China in July of 2016.
Exchange with the Patan Academy of Health Sciences (PAHS) in Nepal

Darren Nichols and Jill Konkin have been involved for nearly a decade in a successful Faculty of Medicine & Dentistry (FoMD) collaboration with the Patan Academy of Health Sciences (PAHS) in Nepal through the Global Health program in the Division of Community Engagement.

Their work with PAHS continued in the 2016-2017 academic year. Dr. Konkin, as associate dean and division director, community engagement oversaw the ongoing development of the field stations program for University of Alberta. This program develops bilateral, mutually beneficial relationships with institutions in low and middle income countries. Activities with the field station partners includes learner and faculty exchanges, collaborative research projects & medical education initiatives. The partnership with PAHS includes student electives, faculty exchanges, consultation regarding competency-based medical education and rural medical education.

Dr. Nichols is the FoMD field station liaison for PAHS and is the international faculty coordinator for the Fellowship in Emergency Medicine (FEM), which he helped found in 2013. Importantly the FEM uses CBAS-like assessment systems which are being adopted across all of the post-graduate programs at PAHS – some of the first CBME in Nepal, if not South Asia. Thank you Department of Family Medicine for creating and sharing!

As members of the PAHS International Advisory Board, Dr. Konkin and Dr. Nichols also provide consultation to the PAHS postgraduate program development, and the overall mission of PAHS – one which notably includes the word “love”.

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

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

- each patient has an ongoing relationship with his or her family physician and nurse
- care is directed by the physician and nurse but may be provided by the care team
- the complete medical record resides at the Primary Care Home to facilitate co-ordination of care
- health care services are readily accessible
- the quality of care and safety are defined and measurable.
Through leadership in the study, research and delivery of family practice services and primary care, the Department of Family Medicine seeks to improve the health and well-being of the people of Alberta and Canada. Wherever our medical students and post-graduate physicians practice, we endeavor to provide them with knowledge and skill in the provision of effective access to high quality health care services to the public. Our goal is the provision of health services that result in healthy and productive individuals, families, and communities.

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

1. Each individual has an ongoing relationship with his or her family physician and nurse.
2. While care is self-directed and directed by the physician and nurse it may be provided by the care team.
3. A ‘patient-centred’ complete medical record resides at the Primary Care Home to facilitate co-ordination of care. It reflects not only ‘what’s the matter’ (a person’s medical conditions) but also ‘what matters’ (a person’s values and functionality).
4. Comprehensive health care services are readily accessible.
5. The quality of services, care and safety are defined and measurable. These measures are the foundation for quality improvement.

The department is pleased to see our work, begun in 2013, come to fruition with the addition of a section in the College of Family Physicians of Canada Red Book explicitly addressing quality and safety in primary care. The Red Book is the general guide and requirement for all post-graduate family medicine residency programs in Canada. We have influenced the bringing this crucial component of primary care to the forefront at the national level.

Time constraints continue to present a challenge to the delivery of education and training about quality and safety in primary care environments, but our residents meet the challenge by continuing to work with the department to remain ahead of the curve.

Faculty Development has been asked and is keen to collaborate with the health services team to offer on-site quality and safety education in rural and remote communities and all our teaching practices. As a result, health services and with faculty development have been asked to collaborate on the delivery of a quality and safety session for Peace River, Alberta. ‘Significant Event’ is the term used by the department to describe a medical error or mistake, a near miss, a close-call, a critical incident, a significant incident. A significant event is any event thought by anyone on the healthcare team, including individuals and their families, to be significant in the care and conduct of the practice. Since 2014 our family medicine residents have collected and analysed significant events from learning sites. Through this means we regularly identify opportunities to improve the quality of health services through Quality Improvement Projects to be used as learning opportunities. It is hoped that our distance and local learning initiatives will become a model of education and training delivery for Alberta. Effective engagement and support of colleagues in different practice environments remains challenging.

Our urban-based Quality Coordinators continue providing education, training and support for the use of MedAccess, our electronic medical record (EMR) to faculty, residents, and students. The Royal Alexandra Family Medicine Centre was pleased to welcome Teresa Chiodo as Quality Coordinator with the clinic team.

Health services and faculty development have collaborated on a new advisor orientation process aimed at making the transition to advisor a positive and informative experience for those who have elected to take on this important role. For this reporting year our four (4) academic teaching units have a practice population of approximately 28,000 people.

We regularly measure and collect data on access (3rd next available appointment) and continuity to better inform staff on the functionality of our teaching practices.

We look forward to the ongoing challenges of better quality and safer service provision as the basis for improving health service delivery in Alberta and Canada.
RESEARCH

Research is an important part of family practice. It is through research that continuous improvements are made to the delivery of primary care health services. The Research Program conducts research on primary care health services delivery and on various aspects of medical education.

The Department of Family Medicine conducts research of relevance to primary care practitioners and policy makers. Research initiatives in health services, medical education, care of the elderly, distinct populations, and the discipline and context of family medicine aim to strengthen our position as a leader and innovator in primary care.

Our Research Program supports research activities in strategic areas of emerging developments in primary care. This fulfills our research mandate of promoting, supporting, creating, disseminating and integrating research knowledge and scholarly activity in the discipline of family medicine; increasing research capacity in the department; and enhancing the research skills of faculty members, residents and students.
Resources Developed Through Research

Streetways Booklet

The Addiction Recovery and Community Health (ARCH) team, part of the Inner City Health and Wellness project, developed this poverty intervention resource as a response to the lack of available resources for those living in severe poverty. The content is patient-focused, but may also be useful for healthcare professionals. A copy of Streetways can be downloaded here.

Data Presentation Tool (DPT)

The Data Presentation Tool, developed by the Canadian Primary Care Sentinel Surveillance Network (CPCSSN), is a technological innovation providing users with access to electronic medical records data that has been processed and cleaned through CPCSSN. Accessing this data provides primary care teams with data to analyze which can then be used to improve clinical care and chronic disease management.

5AsT Program Tools

The 5As Team Program has developed a toolkit and resources for both professionals and the public. The tools include an obesity fact sheet, an activity guide, a goal setting sheet, the 4Ms for Interdisciplinary Weight Management Care and more. These tools and more information can be found on the 5As Team Program pages of the Canadian Obesity Network website.

Guide to Community Mobility and Independence

The Medically At-risk Driver Centre (MARD) partnered with Age Friendly Edmonton to develop the Guide to Mobility and Independance, a Comprehensive list of services and transportation providers in Edmonton and Outlying areas. MARD also published a Guide to Mobility and Independance, a comprehensive listing and transportation and in-home services in Calgary and outlying communities for the Calgary area. Both guides can be accessed on the MARD website.

CanImpact Alberta Personal Cancer Genomic Medicine Resource Toolkit

To address gaps in personalized genomic medicine the CanImpact team has developed a tool kit and EMR tools to improve family history capture and identify patients at risk for inherited chronic disease and cancers. The CanImpact Alberta Personal Cancer Genomic Medicine Resource Toolkit is available on the GEC-KO website.

BETTER Program Resources

The BETTER Program recently updated The BETTER Chronic Disease Primary Prevention and Screening Map and developed The BETTER Cancer Surveillance Care Map through a rigorous review of high-quality international, national, and provincial recommendations and clinical practice guidelines. Nuanced for family history and other risk factors, the BETTER Chronic Disease Primary Prevention and Screening Map guides clinicians as to the appropriate care paths for primary prevention of diabetes, cardiovascular disease, and cancer (colorectal, breast, cervical, lung, prostate), as well as associated lifestyle factors. The BETTER Cancer Surveillance Care Map synthesizes the highest quality recommendations for cancer surveillance across three survivorship groups - breast, colorectal, and prostate - and includes a description of a survivorship follow-up/care plan to aid primary care practices’ cancer surveillance efforts.

For more information about BETTER practice resources, visit the Practice Resources page of the BETTER Program website.
Research Events & Scholarly Activities

Research Forums
The research program invites researchers from within the department to present their findings at monthly Research Forums. Topics covered in the forums during the 2016-2017 academic year included factors influencing interprofessional teamwork, teaching motivation and learning, lifestyle behaviours of adolescents with obesity and prescribing sedatives for seniors.

Family Medicine Research Day
Annually in June, the research program of the Department of Family Medicine hosts Family Medicine Research Day, an opportunity for residents, students, and researchers at the University of Alberta to share their research and practice quality improvement projects. The programme features a plenary speaker as well as numerous oral and poster presentations featuring a wide array of topics from a variety of healthcare perspectives.

Evidence Based Medicine Program

Two-day Evidence-based Medicine workshop
The two-day Family Medicine Evidence Based Medicine Workshop is held annually in mid-August, and includes mixed lecture & small group work with a two-hour computer lab component.

Resource Introduction
Introduction to Electronic Information Resource for Primary Care Practitioners, including internet resource of links, EBM information and updates.

Brief-Evidenced Assessment of Research (BEARs)
In the family medicine resident program, all PGY1 residents are required to conduct several brief evidence-based assessments of research (BEARs) as part of learning to critically appraise medical literature.

Practice Quality Improvement Project (PQIs)
In the PGY2 year, all residents, in collaboration with their faculty advisor and community preceptor, must complete a community-based PQI during a major Family Medicine rotation.

The PQIs provide family medicine residents the opportunity to develop the skills required to implement the process of quality assessment and improvement in their clinical practices, and to meet the audit requirements outlined in the educational requirements of the College of Family Physicians of Canada.

Research Evenings
Resident Research Evenings are held on the second Wednesday of the month after Academic Half-Day. Research evenings offer residents and faculty the opportunity to network together on scholarly and research projects, get assistance with Brief Evidence-Based Assessments, practice audits, literature searches, other research, or focus on any other learning objectives they have.

Practical Evidence in Practice (in Partnership with Alberta College of Family Physicians)
The Evidence Based Medicine program partners with the Alberta College of Family Physicians (ACFP) annually to offer the Practical Evidence in Practice (PEIP) Conference. This conference offers information about relevant, evidence-based health care topics and is open to providers from all health care disciplines.
Clinical Research

BETTER WISE Project

The BETTER Program is an effective approach to the primary prevention and screening of cancer and chronic diseases such as colorectal and breast cancer, which includes their associated lifestyle factors such as smoking. The approach involves a personalized chronic disease prevention and screening (CDPS) visit with a prevention practitioner (PP).

Donna Manca, director of the family medicine research program, is a program lead with the BETTER Program, which includes the BETTER WISE Project. BETTER WISE, funded by Alberta Innovates, aims to evaluate if the approach is effective for cancer survivorship. BETTER WISE has completed an evidence review, including blending and integration of clinical practice guidelines into a comprehensive primary care pathways that can be applied to cancer survivors and general patients aged 40 to 65.

In June 2017, the Government of Newfoundland and Labrador released its Chronic Disease Action Plan, which includes launching and implementing the BETTER WISE program to provide one-on-one lifestyle coaching. The plan includes a substantial financial investment to have the Prevention Practitioners in sites throughout the province: evidence that BETTER is gaining traction and influencing policy.

CANIMPACT

Donna Manca is a member of CanImpact, a pan-Canadian team committed to improving care for cancer patients. Dr. Manca is involved with CanImpact teams investigating qualitative methods, care for vulnerable populations, diagnosis and personalized cancer medicine. The team has developed a practice toolkit for personalized genomic medicine aimed to improve the family physician’s ability to recognize and manage patients with genetic cancer risks.

DIABETES ACTION CANADA

In addition to her work with BETTER WISE and CanImpact, Donna Manca is a co-investigator with Diabetes Action Canada, a program aiming is to improve the care of patients with diabetes through a comprehensive program of research, quality improvement and service. Diabetes Action Canada plans to develop a platform for a national data management system to evaluate access to and implementation of effective methods for diagnosing and preventing diabetes complications for all Canadians.

PRAGMATIC TRIALS COLLABORATIVE

The Pragmatics Trial 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 has two trials in process: INRange and BedMed.

The PTC now has 581 members, making it the largest Practice Based Research Network (PBRN) in Canada. Team members have been active in research dissemination as well as sharing their knowledge about successful public and patient engagement. Study Coordinator Nicole Olivier joined working group member Darryl Trueman to present at the AbSPOR Leadership in Patient-Oriented Research conference. Collaborations have begun with Manitoba CPSSN and MaPCReN.

The PTC is garnering significant attention, with both project and team members being featured in Canadian Family Physician, NACTRAC Quarterly Report, Primary Care Alliance News and the U of A Faculty of Medicine and Dentistry website. Director of the PTC, family medicine faculty member Dr. Scott Garrison, was recognized by the Edmonton Zone Medical Staff Association as Researcher of the Year.

In September of 2016, the Patient Engagement Working Group was formed. The Working Group feedback is used to inform the design and implementation of the study, optimizing methods for
interaction, participation and retention in the study. Feedback from both perspectives, care providers and patients, is needed to create meaningful research.

**InRange**

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

The PTC completed the first pilot study, and evaluations are underway with results expected in late 2017. The INRange study protocol was published in the August issue of *Trials*.

**BedMed**

The BedMed Trial is a pragmatic trial investigating the effect of taking blood pressure medication in the evening.

The BedMed project grew significantly in the 2016-2017 year, having received a CIHR SPOR Innovative Clinical Trials grant to allow BedMed to expand to run in BC and Manitoba in addition to Alberta. The staff also expanded, with six research assistants joining existing project staff.

BedMed marked a milestone by sending their first mailout, consisting of 1,170 letters weighing a total of 40 kilograms, on March 9th of 2017.

**Care of the Elderly Research**

Research in the division of care of the elderly continued to support the research efforts of residents and faculty, as well as the research of care of the elderly physicians in the community. The research program is unique in that its focus extends beyond simply providing medical care to the frail elderly, considering the needs of families and community members providing care for elderly patients. The program’s 20 projects encompass the areas of healthcare services, cognitive impairment, driving, supporting caregivers, and decision-making capacity assessment. Funding for these research initiatives were from several grants, including internal grants, a quality improvement grant, and a meeting grant.

The division’s research was disseminated at a number of local, national, and international conferences. Thirty-six conference presentations, poster and oral, were done. Of these presentations, two projects received the best poster award: *Discovery Toolkit for Family Caregivers of Seniors: Facilitating Conversations, Engaging Scholarship and Driving Competency in Cirrhosis: Evaluation of an In-Office Screening Tool*.

The care of the elderly research team is proud of and continues to support the research of our Year 3 care of the elderly residents. Dr. Jeff Jamieson, who graduated recently, received an internal grant for his humanistic research project People of Dementia (peopleofdementia.com). This project featured stories of patients with dementia and their caregivers in a professionally-done website. Dr. Anjali Sarker, a current resident, is doing research on the Identification of Caregiver Burden in Community-dwelling Patients with Dementia.

**Seniors’ Community Hub**

Marjan Abbasi, and Sheny Khera, members of the Division of Care of the Elderly, co-created the Seniors’ Community Hub (SCH): an innovative model of care, developed in partnership with the Edmonton Oliver Primary Care Network (EOPCN), to support primary healthcare teams to proactively recognize and assess their seniors living with frailty. Frailty is a state of vulnerability that places individuals at increased risk for adverse health outcomes and with early recognition and management its’ impacts can be mitigated. As such, in the SCH the identified at risk seniors (those who are vulnerable, or living with mild to moderate frailty) undergo a team-based modified comprehensive geriatric assessment to help design an individualized care and support plan to meet patient/caregiver needs, priorities and preferences.

Care components may include: an evidence-informed medication review, education and self-management support, linkages to community resources, or shared care with a geriatric specialist. The model aims to prevent functional decline
The 5As Team Program

The aim of the 5As Team Program of research led by Drs. Denise Campbell-Scherer and Arya Sharma is to improve obesity prevention and management in primary care. In March 2017, the team concluded the 5AsT randomized control trial which looked at changing the behaviours of healthcare providers to improve obesity care in their patients. This project is a collaboration between researchers at the University of Alberta and the Southside Primary Care Network.

Under the direction of Denise Campbell-Scherer, the 5As Team Program has been working on a project that uses qualitative methods to identify key elements of personalized obesity assessment and care planning and appropriate patient outcomes that will inform a future randomized control trial. Specifically, this project examines the patient experience of provider-patient weight management encounters (i.e. how they perceive interpersonal work, communication, and content) and how this impacts self-management as a result.

Work is underway to further refine the 5AsT-MD course which provides education and training to family medicine residents in the area of obesity prevention and management. To date, training has been provided to over 120 family medicine residents. In addition, 5AsT has been collaborating with colleagues at the University of Calgary Cummings School of Medicine and are happy to announce that the 5AsT-MD course will be offered this fall to family medicine residents at that institution as well. Discussions are also underway about spreading this course to Dalhousie University. The course manual and resources have been uploaded to the 5AsT webpage on the Canadian Obesity Network.

Through collaborations with stakeholders around the world, the 5As Team has established a coalition of educators, interdisciplinary health professionals, researchers, trainees, policy makers, and patient advocates with an interest in improving obesity prevention and management training for medical residents. An inaugural meeting was held in April of 2017, in which attendees discussed strategies for advocacy with accreditation and licensing bodies, core competencies and curriculum, and strategies for implementation and evaluation.

In addition to her work with 5AsT Program, Campbell-Scherer is one of the co-lead Investigators on the BETTER WISE Project and took the lead on the Clinical Working Group for that project and is also a co-investigator on the Canadian Health Advanced by Nutrition and Exercise (CHANGE) program.

Epidemiological & Population Health Research

Capital Health Chair in Primary Care Research

The Capital Health Chair in Primary Care Research was established in 2008 and is the result of a partnership between the University of Alberta Faculty of Medicine & Dentistry and Alberta Health Services. As of 2012, Dr. Neil Drummond, PhD epidemiologist, holds the Capital Health Chair in Primary Care Research. The work of the Chair and his team focuses on the development of four, linked examples of primary care research infrastructure for the province: the Canadian Primary Care Sentinel Surveillance Network, the Southern Alberta Primary Care Research Network, and the Alberta Primary and Integrated Health Care Innovation Network, and an Alberta School of Primary Care.

Canadian Primary Care Sentinel Surveillance Network - Alberta (CPCSSN-AB)

CPCSSN is a national network of primary care research networks across Canada which has access to the electronic medical records of 1,500 consenting family physicians, nurse practitioners and community pediatricians and 1.7 million patients in order to obtain copies of de-identified patient data on a regular basis.
CPCSSN-AB processes data from 270 providers and 300,000 patients in Alberta. CPCSSN-AB research includes:

- **Secondary Use of Data** to explore the development of routine CPCSSN data linkage to administrative data for purposes of diabetes care management.
- **Development, implementation and evaluation of a Data Presentation Tool** for use by primary care providers, PCNs and public health agencies.
- **Case definition validation** for pelvic floor disorders, speech disorders, adult asthma, neurological conditions (including dementia, epilepsy, parkinsonism, MS, mood disorders, anxiety, psychosis), heart disease (heart failure, coronary artery disease, peripheral artery disease), cancer (breast, lung, bowel), hearing loss, T1 diabetes. We study innovation in the methodology of case definition validation using EMR and other data.
- **Epidemiology and clinical management** (eg of dementia in primary care).
- **Pragmatic trials** of innovative treatments for hypertension, de-prescribing and de-prescribing incentives, diabetes complications, childhood asthma, kidney failure risk.

**Southern Alberta Primary Care Research Network (SAPCReN)**

SAPCReN is a community-based primary care research network located in the south of the province. It consists of primary care providers (of any discipline) interested in undertaking research to answer questions deriving from primary care practice. Current projects include studies of aging and homelessness, Better Living with Cancer, rural diabetes care and rural maternity services. Methods typically combine CPCSSN with primary data collection. It is the southern Alberta equivalent of, and works closely with, NAPCReN.

**Alberta Strategy for Patient Oriented Research (SPOR) Primary and Integrated Health Care Innovation Network (PIHCIN)**

The AB SPOR PIHCIN is funded (2015-2020) jointly by the Canadian Institute of Health Research (CIHR) and Alberta Innovates (AI). PIHCI Networks have access to a specific research funding envelop within CIHR and are required to work collaboratively with other PIHCINs across the country. Studies funded through SPOR opportunities and with significant Alberta participation include:

- **High System Users Quick Strike project** (PI Tyler Williamson, U of C). Parallel comparative analysis of high system users in the national CPCSSN dataset and those in the CIHR/CIHI high need/high use/high cost dynamic cohorts.
- **Improving Care and Outcomes of Chronic Kidney Disease Patients Quick Strike project** (PI Aminu Bello, U of A).
- Applying a validated case definition for CKD to study the distribution of the disease and outcomes of management in primary care using CPCSSN national data.
- **The Identification of Frailty using Administrative and Electronic Medical Record Data Quick Strike Project** (PI Sabrina Wong, UBC). Developing a case definition for frailty in elderly patients using EMR data (alone) compared to EMR data linked to administrative data and to administrative data (alone).
- **The Diabetes Action Canada (DAC) SPOR Network** selected CPCSSN-AB as one of its test sites for developing a national registry of diabetes patients.

**Alberta School of Primary Care**

Developing this will be the main feature of the work of the chair in his second term (2017-2022).

**NAPCReN**

*The Northern Alberta Primary Care Research Network (NAPCReN) is a practice-based primary care research network in the Northern Alberta region participating in CPSSCN.*

Donna Manca, along with other members of the NAPCReN research network, has contributed to the development and refinement of the CPCSSN Data Presentation Tool (DPT) through the DPT project. This tool is now available to participating NAPCReN sentinels. With the DPT, sentinels can evaluate the quality of clinical care. The DPT also facilitates practice level improvement through improving the data entered in the Electronic Medical Record (EMR).
Translational Research

EnACT

Enhancing Alberta Primary Care Research Networks (EnACT) supports practice-based research networks, community family physicians and academics conducting primary care research developing evidence in practice and on practice. It is funded by the Alberta Innovates Translational Health Chair award.

EnACT has continued to provide pre-award development support for Alberta primary care research projects that were successful in obtaining $1,745,000 in grant funds in the last year. These projects include: Using Human-centred Design to Support Personalized Obesity Prevention and Management (Dr. Denise Campbell-Scherer et al.; $25,000); Family Physician and Patient Volume (Dr. Terrence McDonald; $20,000); Secondary Use of Data Project - Diabetes Quality Measurement Set - SPOR Network in Diabetes and its Related Complications (Drs. Donna Manca and Neil Drummond et al.; $300,000) and CIHR innovative clinical trial The BedMed Initiative - Making Better Use of Existing Therapeutics (Dr. Scott Garrison et al.; $1.4million).

EnACT continues its close, productive partnership with Toward Optimized Practice (TOP), collaborating on a variety of ongoing projects that range from screening and prevention, to chronic disease management, to using diffusion of innovation theory and macrocognition methodology for understanding practice transformation. In addition, projects have also focused on improving obesity management in primary care and policy contexts and exploring the effectiveness of the physician champion program in Alberta. Further planning for a large-scale program-level effort on formative research for primary care transformation is underway.

EnACT continues to expand its in-kind support and partnerships with academic and community health providers across Alberta. This expansion has included supporting the following primary care research topics:

- Nurse Practitioner patterns and satisfaction across the prairie provinces;
- Co-designing an early knee osteoarthritis patient self-management tool; and
- Supporting provincial health care “data liberation” efforts.

EnACT has provided significant support to the Canadian Primary Care Sentinel Surveillance Network’s (CPCSSN) development of the web-based Data Presentation Tool (DPT) and its resulting subprojects. These include: facilitating a chart review for Type 1 diabetes, developing a case finder tool to help produce definitions for conditions other than CPCSSN’s big 8, integrating risk scores like the Framingham into the DPT tool, and supporting the secondary use of data project (diabetes).

Support from EnACT continues for the Pragmatic Trials Collaborative (Dr. Scott Garrison), the largest practice-based research network in Canada. We also continue our endeavors to work with other university faculties and community practitioners to enhance primary care research across Alberta.

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Research on Distinct Populations

Health Services, Inner City

The Addictions Recovery and Community Health (ARCH) clinic team, which includes family medicine faculty member and researcher Dr. Ginetta Salvalaggio, received new funding to explore the determinants of primary care continuity for an inner city population seeking acute care services. Inner city community members affiliated with the program are co-preparing and co-presenting research findings and methodology workshops at provincial, national, and international venues.

Collaborations with organizations like ARCH are an important part of the Department of Family Medicine’s mission to providing socially accountable patient care, including care for marginalized and at-risk populations, in the communities we serve.
Medical Education Research

It has been a very busy year in medical education research. The program has an active and productive medical education research program, including collaborations between department members, colleagues throughout the Faculty of Medicine & Dentistry and beyond. The department has maintained a strong presence at provincial, national and international conferences, where multiple faculty members, residents and students have presented workshops, oral presentations, and posters to share the great work being done.

This year has been particularly productive for publications where members of the Competency-based Achievement System (CBAS) team in the department have been involved in medical education “think tanks” with national and international colleagues.

Within the department, medical education research continues to have a robust program of research looking at all levels of medical education, including the addition of new areas of research in this academic year in response to calls for preparing innovative and resilient physicians. Research in competence motivation, lifelong learning, and wellness along the education and career continuum has been underway, with several manuscripts accepted for publication.

Continuous quality assurance of department curriculum and teaching and assessment is ongoing. This allows us to have confidence in the department’s undergraduate and postgraduate programs.

Research Centres

Medically At-risk Driver (MARD) Centre

MARD announced the Wetaskiwin Community Transportation Society (WCTS) as the successful applicant to its request for proposals (RFP) for Implementing and Assessing Ride-Scheduling Software for ATS Services. That project is currently underway, with a completion date of September 30, 2017. MARD also issued a RFP for Validation of the Transportation Toolkit for the Implementation of ATS Services in Alberta. This pilot project will use the findings from this project to validate the contents of the toolkit. Pincher Creek was the successful applicant and MARD will work with Pincher Creek over the next year on this initiative. The third major initiative by MARD this past year has been a Provincial Transportation Needs Assessment of Seniors and Persons with Disabilities (PWD). Phone interviews are being done by Banister Research (under contract to MARD) with seniors and PWD across the province. The data will be analyzed at the provincial and regional level, with the results providing information on transportation service provision and unmet transportation needs at the provincial and the regional level made available to communities and other stakeholders in the province. For other MARD research and knowledge translation activities visit the MARD website.

Centre Director Bonnie Dobbs (Department of Family Medicine) joined Dr. Nicola Cherry (Division of Preventative Medicine) and Dr. Adrian Wagg (Division of Geriatrics) for the launch of the MobLab on June 22, 2017. This unique mobile clinical laboratory, with funding from the Canadian Foundation for Innovation, will enable researchers and their community partners to conduct studies with hard to reach segments of the population in rural and urban communities. For more information, visit the MobLab website. From a staffing perspective, Tara Pidborochynski was promoted to assistant director of MARD in December of 2016, and Emily Hussey was welcomed as MARD’s new research assistant in November 2016.

The Centre for Health and Culture (CHC)

The Centre for Health & Culture is a non-profit organization established at the University of Alberta in 1984 to study multicultural health issues. The goals of the centre 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.
Following the retirement of centre co-director Earle Waugh, the advisory board welcomed Dr. Donna Wilson as co-director, and is actively seeking an Aboriginal representative.

Ethics approval has been received for a study to examine the educational needs of physicians, nurses, and the general public regarding perceptions of Medical Assistance in Dying (MAID). A survey of Canadian educational programs for undergraduate medical and nursing students to determine if they are taught about “culture” and what they are taught and how they are taught it is also being planned.

Evidence Based Medicine/PEER

The Evidence Based Medicine team started the year on the cover of the September issue of Canadian Family Physicians, and their work was shared in the article “Laughing Alongside the Best of Evidence”. They were also featured in the Engaged Leaders Series in the Alberta College of Family Physicians newsletter for their award-winning Evidence and CPD program.

In March of 2017, the team underwent a name change to PEER: Patients, Experience, Evidence, Research. The change reflects the foundations of evidence-based practice and patient-oriented outcomes in tandem with patient preferences and values.

The annual Practical Evidence for Informed Practice PEIP conference proved incredibly popular once again, attended by 460 family physicians, residents, students and allied health professionals. For the first time, a livestreaming option was provided, allowing nearly 100 additional individuals from across the country to join the event.

PEER is also supported by the Lifelong Learning office in the Faculty of Medicine & Dentistry, and have subsequently been able to add five full-time staff members to the team to enhance PEER’s knowledge translation and continued professional development efforts. Karyn Crawford, Caitlin Finley, Danielle Perry, Jamil Ramji and Joey Ton will work under the leadership of Mike Allan and are tasked with establishing new knowledge translation programs throughout the province.

The team continues to offer educational opportunities via roadshows, Tools for Practice Journal Publications, and the popular Best Science Medicine podcast. They also published an updated version of the Price Comparison of Commonly Prescribed Pharmaceuticals in Alberta.

It must also be mentioned that even with their focus on hard evidence the team likes to have fun—this year featured a bonus Tools for Practice article and podcast episode examining the evidence around Santa Claus.

The PEER Team

(L-R front) Joey Ton, Danielle Perry, Jamil Ramji, Sharon Nickel, Karyn Crawford, Tina Korownyk, Adrienne Lindblad

(L-R back) Mike Kolber, Scott Garrison, Mike Allan
DEPARTMENT OF FAMILY MEDICINE
PROFESSORS AND LECTURERS

Clinical Professors

FW Armstrong
SK Aung
AE Ausford
AL Bailey
G Blais
JF Chiu
* TFX Corbett
*IH De Kock
N Flook
*TAD Graham
TD Kolotyluk
EP Schuster
H Woytiuk
H Zirk

Associate Clinical Professors

M Abbasi
JB Armstrong
PMD Armstrong
*E Berdusco
BV Brilz
J Bromley
BJ Bunting
*MA Cherniwchan
WE Clelland
JE Craig
*GE Cummings
NAC Da Cunha
DP Edgcumbe
*CGM Evans
AC Gigg
N Hans
HR Hindle
M Hurlburt
AA Indar
K Jahangir
P Jensen
P Kivi
GA Lamoureux
*DL Larose
A Lindblad
KAH Lundgard
B Lycka
LM Ma
A Marin
BK McPeak
AM Milne-Epp
*M Mirhosseini
*A Mirza
MB Moran
R Naiker
A Naismith
P Ondrus
EW Papp
HJ Peng
*RA Purser
OS Rahaman
BD Ritchie
JM Robinson
M Rose
S Simon
A Spak
*Y Tarumi
*V Thai
M Wesner
M Wickham

Assistant Clinical Professors

D Abdellatif
S Ahmadinejad
G Ahmed
FO Akindele
T Bakshi
JP Balco
DH Banmann
D Behn Smith
PM Belda
JE Bell
RS Birkill
*DW Bond
*M Boulaner
BW Boyko
*JJ Brown
S Burton-Macleod
A Butler
DA Carew
R Carter
J Caulfield
S Chakravarty
TS Chan
HJL Chen
SA Christenson
D Corby
JJ Coughlin
*R Cunningham
AM Milne-Epp
*M Mirhosseini
*A Mirza
MB Moran
R Naiker
A Naismith
P Ondrus
EW Papp
HJ Peng
*RA Purser
OS Rahaman
BD Ritchie
JM Robinson
M Rose
S Simon
A Spak
*Y Tarumi
*V Thai
M Wesner
M Wickham

WJ Daviduck
P De Caigny
E Deng
NS Dhaliwal
KD Dinyari
V Duta
S Edani
*B Edgcumbe
SM Fairgrieve-Park
SL Fallis
TF Flanagan
*WV Flexer
LK Freeman
DC Fung
TL Fung
AL Gainer
K Ghali
SM Giles
CR Gingles
*MS Gross
CE Haig
RA Halse
RS Hauptman
SR Heckman
CD Hodgson
ES Holmes
J Janmohamed
RB Kaasa
H Kammerer
KP Kelly
A Kittler
*KM Koliaska
DW Korzenowski
A Kraut
*RT Kruhlak
D LaBuick
R Laughlin
K Laverty
*LC Lee
K Leung
K Loeffler
*MJ Long
SS Lou
SE Low
BA Macedo
SBA MacLean
JA Makokis
KJ Malcyzk
LE Mann Hosford
MG Mannarino
CW Marcet

BW Martin
RA Martin
TJ McDonald
T McKeown
PS McKernan
DP Miller
RC Misfeldt
R Modi
GC Moeg
EM Mori-Torres
JD Morrow
S Murji
*B Nankissoor
ED Ndovi
T Nordli
J Ojedokun
M Nouh
RL Oishi
C Parameswaran
TM Penrod
*EB Persson
B Pezeshki
*SA Poplawski
M Rafati
TF Ranieri
N Rao
GJ Rey-Parra
*M Rico
KP Robertson
RD Rogers
K Rylance
S Samuel
*GD Scheirer
WE Schneider
G Schwalfenberg
S Shakil
MTL Shandro
S Squires
H Shimizu
*CA Sikora
LL Smith
SD Smith
S Soehn
S Squires
H Stemberg
J Stickney-Lee
L Thomas
EJ Thompson
GA Torok-Both
EB Tredget
SA Tsikata
Clinical Lecturers

S Abood
W Ackermann
RJ Ackroyd
M Addison
FO Adebayo
*I Ahmad
RM Ahmad
I Akinjise
DR Akintola
A Algu
N Alingary
N Al-Kayssi
E Almaden-Camacho
EJ Alonso
S Altayeb
I Amusan
RR Anderson
K Anderson-Hill
JR Andréuk
DM Andriashek
S Annand
A Anyaduba
KL Anstey
A Aradi
IJ Argals
GL Armstrong
GM Arps
N Arruj
M Askar
K Atchison
WB Azzi
C Bablitz
H Bablitz
SA Backlin
JL Baergen
B Bahler
JL Baker
*DJ Barer
CS Barr
CA Barreth
KR Barry
DC Bartie
LA Beamish
N Bector
PE Bell
M Benard
K Bennett
JE Bergens
K Bernes
L Bernier-Lycka
A Bertagnolli-Hansen
S Beshai
S Bhardwaj
Q Bhayat
LS Bick
JJ Blaker
JD Bly
S Borrelli
N Botha
PJ Bouch
LC Boughen
HG Bowden
L-E Bredesen
LE Brehmer
KL Brown
HD Brussow
RM Buck
LE Burger
PL Burke
EA Button
TJ Byers
E Calhoun
N Cameron
GL Campbell
KB Cardinal
N Cardinal
LJ Carter
MR Cassim
DR Chan
NK Chan
JC Chan
KS Chandrasenan
R-Y Chang
M Chapelski
SG Charbonneau
A Chari
I Chatterjee
HN Chau
M Chaudhry
U Chauhan
FJ Cheng
V Chetty
R Cheung
BP Chew
JY Chi
S Chiang
ME Chisholm
PK Chiu
K Chow
RS Chow
JC Christiansen
J Chronopoulos
Z Chrzanowski
WG Church
L Coetzee
JM Colebrook
PH Collins
A Coma
PR Comeau
JR Corrigan
NB Corser
EC Côté
P Coulson
CJ Crewe
RF Crowe
S Crum
H Cuddihy
C Cull
M Currie
L Curtis
KM Daniel
MC Darby
TS Darnell
RG Davidson
WLM Dawson
J de Bruyn
JA D'Costa
*BC Deane
L De Freitas
JJ de Jager
HL de Jongh
H de Ridder
KM Desmarais
WT De Vos
E De Waal
LM Der
N Dhaliwal
A Dobrousin
A Draginda
D Duffy
B Dufresne
S Duia
GS Dulai
RH Dunbar
GC Du Plessis
M Du Plessis
SL Durocher
MC Du Toit
M Easwara Murthi
I Elawady
FF Eleisin
EO El-Hajj
SA Eliason
CJ Ellis
JF Erasmus
M Erasmus
TN Erickson
AJ Esterhuizen
D Ethier
DG Faulder
LA Fernando
DW Fields
MT Fillion
BL Fischer
*SD Flanagan
JT Fletcher
RW Flook
AH Fong
C Foolen
MA Forder
JS Fowke
I Gagnon
MB Gallagher
KE Game
S Gandham
CM Gannon
AS Garbutt
LA Garland
*E Gawley
C Gee
AG Gege
R Ghiassi-Razavi
SC Ghitter-Mannes
C Giang
CL Gilbert
SK Gill
JM Godel
AB Gokul
H Goosen
CG Gordillo
HA Gordon
A Gossman
J Goudend
A Goudn
R Goudn
K Goudev
RJ Gregg
RI Greidanus
W Griffin
RR Gurges
A Halladay
J Hamm
JD Hammond
RR Hanelt
VM Hanlon
AL Hargrove
AC Harmse
C Hartley
M Hartt
B Hasan
DA Hasinoff
M Hauptfleisch
J Harkwood
BC Hayden
# Table of Contents

- **Mission, Vision, Core Values, Accountability Framework**
- **Education**
  - Table 1: Resident Continuity
  - Table 2: Triple C Curriculum
  - Table 3: Meeting Community Needs and Enhanced Skills
  - Table 4: Knowledge Translation and Faculty Development
  - Table 5: Undergraduate Family Medicine Exposure
- **Research**
  - Table 6: Research Activity (Grants & Publications)
  - Table 7: Research Activity (Research Findings)
- **Health Services**
  - Table 8: Academic Teaching Site Delay Indicators
  - Table 9: Academic Teaching Site Clinic Activity
  - Table 10: Academic Teaching Site Practice Quality Improvement
  - Table 11a, 11b: Academic Teaching Site Health Screening Completion Rates
  - Table 12: Academic Teaching Site Patient’s Medical Home Scores
  - Table 13: Leadership and Advocacy in Primary Healthcare Policy and Education in Quality & Safety
- **Faculty Members on Research Funding Organization (Listing)**
- **Teaching Faculty on National and International Education Committees (Listing)**
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, 2016 to June 30, 2017.
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.

Much of the educational program focus in 2017 was around Accreditation. This very valuable exercise left the Department of Family Medicine with the tools, knowledge and experience to integrate Quality Improvement and Quality Assurance into our daily operations. Quality improvement has become part of our work, not an addition to our work.

**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**

| S1-Objective 1: Provide a Triple C competency based curriculum (competency based, continuity, comprehensive, centered in family medicine) | 2014-15 | 2015-16 | 2016-17 |
|---|---|---|
| **Indicator 1:** Percentage of residents achieving target continuity with patient panels | | | |
| i. Total visits by residents during their residency | 37,435 | 33,287 | 32,761 |
| ii. Patients with visits to same resident twice during their residency | 17% | 17.6% | 16.9% |
| iii. Patients with visits to same resident three times during their residency | 6% | 5.9% | 9.3% |
| iv. Patients with visits to same resident four times during their residency | 2% | 2% | 2.5% |
| v. Patients with visits to same resident five times during their residency | 1% | 1% | 1% |
| vi. Patients with visits to same resident six times during their residency | 1% | 1% | 1% |

**Indicator 2:** Percentage of clinical half days spent with primary preceptor supervision

| 87% | 90% | 82.6% |
Table 2: Triple C Curriculum

<table>
<thead>
<tr>
<th>S1-Objective 1:</th>
<th>Provide a Triple C based curriculum (continuity, comprehensive, centered in family medicine)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 3:</td>
<td>Percentage of residents achieving FieldNote(^{(1)}) targets</td>
</tr>
<tr>
<td></td>
<td><em>(2014-15 data erroneous due to a technical difficulty causing duplication of a number of notes)</em></td>
</tr>
<tr>
<td>2014-15</td>
<td>2015-16</td>
</tr>
<tr>
<td>42.5%</td>
<td>44%</td>
</tr>
</tbody>
</table>

| Indicator 4:    | Total number of FieldNotes created over 12 month period                               |
|                | *(2014-15 data erroneous due to a technical difficulty causing duplication of a number of notes)* |
| 2014-15        | 2015-16                                  | 2016-17                                  |
| *              | 7,000                                   | 6,776                                    |

| Indicator 5:    | Percentage of residents achieving a pass in the CFPC\(^{(2)}\) exam first time          |
| 96%            | 90.8%                                   | 90.8%                                    |

| Indicator 6:    | Percentage of FieldNotes across all Clinical Domains                                   |
| i.              | Doctor-patient relationship / Ethics                                                   |
| 11.9%           | 10.8%                                   | 7%                                       |
| ii.             | Care of adults                          |
| 34.7%           | 37.2%                                   | 42%                                      |
| iii.            | Care of children and adolescents         |
| 11.8%           | 11.6%                                   | 12%                                      |
| iv.             | Care of the elderly                      |
| 8.1%            | 8.9%                                    | 9%                                       |
| v.              | Care of the vulnerable and underserviced |
| 4.0%            | 3.6%                                    | 3.8%                                     |
| vi.             | Maternity Care                          |
| 8.2%            | 7%                                      | 6.7%                                     |
| vii.            | Palliative Care                         |
| 1.8%            | 2.3%                                    | 2.2%                                     |
| viii.           | Surgical and procedural skills           |
| 12.7%           | 12.1%                                   | 9.9%                                     |
| ix.             | Not applicable                          |
| 7.0%            | 6%                                      | 6.6%                                     |

| Indicator 7:    | Number of weeks of rotational experiences that occur in family medicine environments |
| 43%             | 46%                                     | 49%                                      |

(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>2014-15</th>
<th>2015-16</th>
<th>2016-17</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>New Metric</td>
<td>Data not available</td>
</tr>
<tr>
<td><em>Information for this indicator one year behind due to availability of data.</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Practicing in Canada (2016 completion n=90)</td>
<td></td>
<td></td>
<td>83</td>
</tr>
<tr>
<td>ii. Practicing in Alberta (2016 completion n=90)</td>
<td></td>
<td></td>
<td>72</td>
</tr>
<tr>
<td>iii. Unknown (2016 completion n=90)</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td><strong>Indicator 2:</strong> Applications to the Advanced Skills program</td>
<td>121</td>
<td>145</td>
<td>140</td>
</tr>
<tr>
<td><strong>Indicator 3:</strong> Accepted enrollment / Successful completion of Advanced Skills program</td>
<td>14/14</td>
<td>18/18</td>
<td>15/16</td>
</tr>
</tbody>
</table>

### 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>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator 1:</strong> Number of faculty presenting education workshops and presentations</td>
<td>37</td>
<td>35</td>
<td>Data not available</td>
</tr>
<tr>
<td><strong>Indicator 2:</strong> Number of teaching faculty on national and international education committees</td>
<td>17</td>
<td>20</td>
<td>19</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>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator 1:</strong> Number of faculty development sessions held</td>
<td>3</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td><strong>Indicator 2:</strong> Number of participants in faculty development sessions</td>
<td>185</td>
<td>86</td>
<td>226</td>
</tr>
<tr>
<td>i. Number of Department of Family Medicine participants</td>
<td>173</td>
<td>81</td>
<td>131</td>
</tr>
<tr>
<td>ii. Number of Community participants</td>
<td>12</td>
<td>5</td>
<td>42</td>
</tr>
<tr>
<td><strong>Indicator 3:</strong> Number of Faculty involved in producing education support documentation or products</td>
<td>17</td>
<td>23</td>
<td>19(3)</td>
</tr>
</tbody>
</table>
See Appendix 1b for listing

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

Table 5: Undergraduate Family Medicine Exposure

<table>
<thead>
<tr>
<th>Indicator 1:</th>
<th>Number of University of Alberta students matching to University of Alberta Family Medicine after Round 1 CaRMS</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 2:</td>
<td>Number of student evaluations of the Longitudinal Clinical experience (previously called Community-based experience) rated as good to excellent</td>
<td>96.5%</td>
<td>95.5%</td>
<td>96%</td>
</tr>
<tr>
<td>Indicator 3:</td>
<td>Mean overall rating of the Family Medicine Clerkship program from the graduation survey as compared to the national average/5</td>
<td>4.2</td>
<td>4.1</td>
<td>4.1</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indicator 1:</th>
<th>Number of weeks of Family Medicine electives year 3 and 4 provided by Department of Family Medicine faculty and preceptors</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 2:</td>
<td>Number of hours of undergrad teaching by Department of Family Medicine faculty or preceptors</td>
<td>1,105</td>
<td>8,429</td>
<td>6256</td>
</tr>
<tr>
<td>Indicator 3:</td>
<td>Number of weeks spent coordinating undergrad courses by Department of Family Medicine faculty or preceptors</td>
<td>345</td>
<td>127.5</td>
<td>53</td>
</tr>
<tr>
<td>Indicator 4:</td>
<td>Residents as teachers – Number of hours of Resident teaching; OSCE’s, TOSCE’s</td>
<td>709</td>
<td>364</td>
<td>1165</td>
</tr>
</tbody>
</table>
Research

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

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

Table 6: Research Activity (Grants & Publications)

<table>
<thead>
<tr>
<th>S3-Objective 1</th>
<th>Conduct research to improve primary care and medical education (This year 18 months reported to catch up to academic year reporting)</th>
<th>2014</th>
<th>(18 months)</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 1:</td>
<td>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</td>
<td>27</td>
<td>46</td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>Indicator 2:</td>
<td>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]</td>
<td>$559,132</td>
<td>$2,141,746</td>
<td>$1,704,157</td>
<td></td>
</tr>
<tr>
<td>Indicator 3:</td>
<td>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</td>
<td>54</td>
<td>48</td>
<td></td>
<td>38</td>
</tr>
<tr>
<td>Indicator 4 (a):</td>
<td>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)]</td>
<td>$5,081,719</td>
<td>$5,614,533</td>
<td>$5,728,925</td>
<td></td>
</tr>
<tr>
<td>Indicator 5:</td>
<td>Number of peer reviewed publications</td>
<td>78</td>
<td>159</td>
<td></td>
<td>140</td>
</tr>
<tr>
<td>Indicator 6:</td>
<td>Number of non-peer reviewed publications</td>
<td>12</td>
<td>19</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>Indicator 7:</td>
<td>Number of books and chapters published</td>
<td>8</td>
<td>4</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</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

| Indicator 1: Number of presentations to policy makers, health professionals, stakeholders |
|-------------------------------------------------|--------|--------|--------|
| i. Oral Presentations (excludes educational presentations such as faculty development, courses, etc.) (Peer reviewed) | 2014 | 2015-16 | 2016-17 |
| ii. Poster Presentations (research) | 123 | 101 | 127 |
| iii. Workshops | 10 | 16 | 37 |

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

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>(18 months)</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>116</td>
<td>137</td>
<td>166</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>(18 months)</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>26</td>
<td>61</td>
<td>83</td>
<td></td>
</tr>
</tbody>
</table>

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

| Indicator 1: Percentage of research projects external collaboration, locally, regionally, nationally and internationally. |
|-------------------------------------------------|--------|--------|--------|
| I. Local | 138 | 208 | 169 |
| II. Regional | 61.6% | 66.3% | 62.1% |
| III. National | 6.5% | 6.2% | 9.5% |
| IV. International | 25.4% | 25.5% | 28.4% |

| Indicator 2: Percentage of faculty with advanced degrees |
|-------------------------------------------------|--------|--------|--------|
| | 72.5% | (n=29) | 64.3% | (n=27) | 60.5% | (n=26) |

| Indicator 3: Number of research summer students (person months) |
|-------------------------------------------------|--------|--------|--------|
| | 27.5 months (n=8) | 19 months (n=9) | 49.5 months (n=15) |

| Indicator 4: Number of grad students, (Masters, PhD, fellows, post-doctoral and independent study students) |
|-------------------------------------------------|--------|--------|--------|
| | 17 | 36 | 35 |

| Indicator 5: Number of faculty who supervise fellows, graduate students, and independent study students |
|-------------------------------------------------|--------|--------|--------|
| | 7 | 17 | 17 |

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

| Indicator 1: Number and descriptions of positions on research funding organization committees, ethics, review and advisory boards (Details of positions and placements page xvi) |
|-------------------------------------------------|--------|--------|--------|
| | 19 | 42 | 150(4) |

(4) See Appendix 1a for listing
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. Patient panels form the basis for patient continuity of care. The following data is from our four academic teaching sites.

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

**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>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator 1:</strong> Average time to 3rd next available appointment (days)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Alex FMC</td>
<td>4.9</td>
<td>4.6</td>
<td>5.4</td>
</tr>
<tr>
<td>Grey Nuns FMC</td>
<td>4.6</td>
<td>5.6</td>
<td>4.4</td>
</tr>
<tr>
<td>Misericordia FMC</td>
<td>4.6</td>
<td>3.3</td>
<td>4.7</td>
</tr>
<tr>
<td>NECHC FMC</td>
<td>7.1</td>
<td>5.5</td>
<td>5</td>
</tr>
<tr>
<td><strong>Indicator 2:</strong> 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>52</td>
<td>50.7</td>
<td>47</td>
</tr>
<tr>
<td>Grey Nuns FMC</td>
<td>60</td>
<td>66</td>
<td>59</td>
</tr>
<tr>
<td>Misericordia FMC</td>
<td>56</td>
<td>58</td>
<td>60</td>
</tr>
<tr>
<td>NECHC FMC</td>
<td>56</td>
<td>46</td>
<td>47</td>
</tr>
<tr>
<td><strong>Indicator 3:</strong> 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>27</td>
<td>26</td>
<td>29</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>33</td>
<td>30</td>
<td>33</td>
</tr>
<tr>
<td>NECHC FMC</td>
<td>33</td>
<td>19.5</td>
<td>18</td>
</tr>
</tbody>
</table>
Table 9: Academic Teaching Site Clinical Activity

<table>
<thead>
<tr>
<th>S4-Objective 1: Improve access to healthcare - continued</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator 4:</strong> Continuity rate of provider panel (% of patients seeing own provider)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Alex FMC</td>
<td>79%</td>
<td>81%</td>
<td>84%</td>
</tr>
<tr>
<td>Grey Nuns FMC</td>
<td>81%</td>
<td>83%</td>
<td>87%</td>
</tr>
<tr>
<td>Misericordia FMC</td>
<td>86%</td>
<td>86%</td>
<td>84%</td>
</tr>
<tr>
<td>NECHC FMC</td>
<td>76%</td>
<td>85%</td>
<td>87%</td>
</tr>
<tr>
<td><strong>Indicator 5:</strong> Number of new patients accepted to practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Alex FMC</td>
<td>242</td>
<td>260</td>
<td>379</td>
</tr>
<tr>
<td>Grey Nuns FMC</td>
<td>307</td>
<td>213</td>
<td>285</td>
</tr>
<tr>
<td>Misericordia FMC</td>
<td>154</td>
<td>95</td>
<td>76</td>
</tr>
<tr>
<td>NECHC FMC</td>
<td>397</td>
<td>549</td>
<td>352</td>
</tr>
<tr>
<td><strong>Indicator 6:</strong> Average return visit rate / 12 month period</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Alex FMC</td>
<td>3</td>
<td>3.3</td>
<td>3.3</td>
</tr>
<tr>
<td>Grey Nuns FMC</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Misericordia FMC</td>
<td>3.1</td>
<td>3.1</td>
<td>3.1</td>
</tr>
<tr>
<td>NECHC FMC</td>
<td>2.4</td>
<td>3.3</td>
<td>3.6</td>
</tr>
<tr>
<td><strong>Indicator 7:</strong> Panel size – patients seen in the past 3 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Alex FMC</td>
<td>5,500</td>
<td>5,556</td>
<td>5,690</td>
</tr>
<tr>
<td>Grey Nuns FMC</td>
<td>4,403</td>
<td>4,361</td>
<td>3,795</td>
</tr>
<tr>
<td>Misericordia FMC</td>
<td>4,642</td>
<td>4,558</td>
<td>4,499</td>
</tr>
<tr>
<td>NECHC FMC</td>
<td>5,017</td>
<td>5,147</td>
<td>5,074</td>
</tr>
<tr>
<td><strong>Indicator 8:</strong> Utilization of Primary Care Network allied health service professionals and programs (number of events)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Alex FMC</td>
<td>1,617</td>
<td>1,777</td>
<td>2185</td>
</tr>
<tr>
<td>Grey Nuns FMC</td>
<td>663</td>
<td>743</td>
<td>695</td>
</tr>
<tr>
<td>Misericordia FMC</td>
<td>780</td>
<td>711</td>
<td>978</td>
</tr>
<tr>
<td>NECHC FMC</td>
<td>21</td>
<td>557</td>
<td>1115</td>
</tr>
</tbody>
</table>
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>Table 10: Academic Teaching Site Practice Quality Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster best practice and innovations in primary care</td>
</tr>
<tr>
<td>Indicator 1: Number of practice quality improvement projects / initiatives in academic teaching clinics.</td>
</tr>
<tr>
<td>2014-15</td>
</tr>
<tr>
<td>Royal Alex FMC</td>
</tr>
<tr>
<td>Grey Nuns FMC</td>
</tr>
<tr>
<td>Misericordia FMC</td>
</tr>
<tr>
<td>NECHC FMC</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 for comparison.

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 4 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 and sex into account as the criteria for eligibility for each maneuver. It does not take into account patient preference or the fact that a maneuver may not have been medically indicated. For this reason, a rate of 100% would be inappropriate.
## Table 11: 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>Royal Alex</th>
<th>Grey Nuns</th>
<th>Misericordia</th>
<th>NECHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammography</td>
<td>70%</td>
<td>69%</td>
<td>80%</td>
<td>76%</td>
</tr>
<tr>
<td>Pap Test</td>
<td>64%</td>
<td>65%</td>
<td>67%</td>
<td>74%</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>64%</td>
<td>64%</td>
<td>78%</td>
<td>80%</td>
</tr>
<tr>
<td>Plasma Lipid Profile</td>
<td>85%</td>
<td>78%</td>
<td>59%</td>
<td>77%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening - Colonoscopy last 10 years or Sigmoidoscopy last 5 years or FIT test last 2 years</td>
<td>58%</td>
<td>61%</td>
<td>54%</td>
<td>67%</td>
</tr>
<tr>
<td>Diabetes Screen – One of Hemoglobin A1C or Fasting Glucose</td>
<td>87%</td>
<td>85%</td>
<td>86%</td>
<td>86%</td>
</tr>
<tr>
<td>CV Risk Calculation (Framingham)</td>
<td>19%</td>
<td>39%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Height once</td>
<td>87%</td>
<td>87%</td>
<td>95%</td>
<td>96%</td>
</tr>
<tr>
<td>Weight 3 year</td>
<td>79%</td>
<td>69%</td>
<td>77%</td>
<td>76%</td>
</tr>
<tr>
<td>Smoking 1 Year</td>
<td>34%</td>
<td>39%</td>
<td>32%</td>
<td>38%</td>
</tr>
<tr>
<td>Exercise Assessment 1 year</td>
<td>32%</td>
<td>33%</td>
<td>28%</td>
<td>30%</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>13.18</td>
<td>57.27</td>
<td>44.09</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>66.82</td>
<td>75.00</td>
<td>8.18</td>
</tr>
<tr>
<td>Colorectal Screening</td>
<td>45.05</td>
<td>72.73</td>
<td>27.67</td>
</tr>
<tr>
<td>CV Risk</td>
<td>6.54</td>
<td>50.50</td>
<td>43.95</td>
</tr>
<tr>
<td>Diabetes Screening</td>
<td>78.68</td>
<td>68.25</td>
<td>-10.42</td>
</tr>
<tr>
<td>Exercise</td>
<td>10.00</td>
<td>54.09</td>
<td>44.09</td>
</tr>
<tr>
<td>Influenza</td>
<td>2.73</td>
<td>44.54</td>
<td>41.82</td>
</tr>
<tr>
<td>Height and Weight</td>
<td>40.00</td>
<td>60.91</td>
<td>20.91</td>
</tr>
<tr>
<td>Lipids</td>
<td>73.83</td>
<td>69.31</td>
<td>-4.52</td>
</tr>
<tr>
<td>Mammogram</td>
<td>59.57</td>
<td>76.60</td>
<td>17.02</td>
</tr>
<tr>
<td>Pap Smear</td>
<td>66.41</td>
<td>73.11</td>
<td>6.70</td>
</tr>
<tr>
<td>Tobacco</td>
<td>37.73</td>
<td>64.55</td>
<td>26.82</td>
</tr>
<tr>
<td>DFM Overall Scores all Maneuvers Combined</td>
<td>37.29</td>
<td>61.93</td>
<td>24.64</td>
</tr>
</tbody>
</table>

Alberta Experience for Comparison – Overall Scores, all Maneuvers Combined

<table>
<thead>
<tr>
<th></th>
<th>Percentage of population health screening completion rates. (As of December 2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>indicator 2</td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>13.18 [PCO(Patient care Organization) Baseline (%) 57.27, Change (%) 44.09]</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>66.82 [57.00, 8.18]</td>
</tr>
<tr>
<td>Colorectal Screening</td>
<td>45.05 [72.73, 27.67]</td>
</tr>
<tr>
<td>CV Risk</td>
<td>6.54 [50.50, 43.95]</td>
</tr>
<tr>
<td>Diabetes Screening</td>
<td>78.68 [68.25, -10.42]</td>
</tr>
<tr>
<td>Exercise</td>
<td>10.00 [54.09, 44.09]</td>
</tr>
<tr>
<td>Influenza</td>
<td>2.73 [44.54, 41.82]</td>
</tr>
<tr>
<td>Height and Weight</td>
<td>40.00 [60.91, 20.91]</td>
</tr>
<tr>
<td>Lipids</td>
<td>73.83 [69.31, -4.52]</td>
</tr>
<tr>
<td>Mammogram</td>
<td>59.57 [76.60, 17.02]</td>
</tr>
<tr>
<td>Pap Smear</td>
<td>66.41 [73.11, 6.70]</td>
</tr>
<tr>
<td>Tobacco</td>
<td>37.73 [64.55, 26.82]</td>
</tr>
<tr>
<td>DFM Overall Scores all Maneuvers Combined</td>
<td>37.29 [61.93, 24.64]</td>
</tr>
</tbody>
</table>

### 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 focuses on team based care, evidence based care, patient-centered interactions, enhanced access and care coordination. In 2017 all 4 clinics completed the second assessment, reviewed the results with their clinic teams, identified gaps and created an action plan that would inform their improvement work over the next year.

Methodology is a self-reflective exercise followed by a facilitated discussion which ultimately brings the team to consensus on a group score for each question. Scores are out of 12 with 12 being the highest level and closest to the PCHM goal. All four clinic were in the Level B range of “Medical Homeness” which speaks to all of the hard work they have put in over the past few years. The exercise did highlight areas for improvement which they will continue to address.
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>Royal Alex 2015-16</th>
<th>Grey Nuns 2015-16</th>
<th>Misericordia 2015-16</th>
<th>NECHC 2015-16</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>
<tr>
<td></td>
<td>(Level B)</td>
<td>(Level B)</td>
<td>(Level B)</td>
<td>(Level B)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PCN-E Assessment Score – Phase 2 - In Progress, will be reported in the 2016-17 report</th>
<th>Royal Alex 2016-17</th>
<th>Grey Nuns 2016-17</th>
<th>Misericordia 2016-17</th>
<th>NECHC 2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Based Care /12</td>
<td>6.6</td>
<td>10</td>
<td>8.4</td>
<td>8.2</td>
</tr>
<tr>
<td>Organized Evidence Based Care /12</td>
<td>5.4</td>
<td>7.8</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Patient-Centered Interactions /12</td>
<td>7.3</td>
<td>7</td>
<td>5.8</td>
<td>7</td>
</tr>
<tr>
<td>Enhanced Access /12</td>
<td>7.7</td>
<td>9.2</td>
<td>8</td>
<td>8.75</td>
</tr>
<tr>
<td>Care Coordination /12</td>
<td>8.8</td>
<td>9.4</td>
<td>7.5</td>
<td>8</td>
</tr>
<tr>
<td>Overall Consensus Score</td>
<td>7.16</td>
<td>8.6</td>
<td>7.14</td>
<td>7.59</td>
</tr>
<tr>
<td></td>
<td>Level B</td>
<td>Level B</td>
<td>Level B</td>
<td>Level B</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Indicator 1: Number of provincial, national and international committees or working groups affecting policy attended by faculty or senior staff.</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**S4-Objective 4:** Educate and support in Quality and Safety in primary Care

<table>
<thead>
<tr>
<th>Indicator 1: Number of large group sessions or sessions to clinics</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator 1: Number of sessions for learners</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>
Appendix 1a

Faculty Members on Research Funding Organizations

1. Allan GM
   a. Editorial Board, Canadian Family Physician
   b. Co-Chair, Towards Optimized Practice Clinical Decision Supports for Primary Care
   c. Member, Towards Optimized Practice Patients Communicated with Teams Committee
   d. Co-Chair, Towards Optimized Practice ASAP Committee

2. Bell N
   a. Member, The eHealth Committee, Canadian Task Force for Preventative Health
   b. Member, Screening for Abdominal Aortic Aneurysm Working Group, Canadian Task Force for Preventative Health
   c. Member, Knowledge and Exchange Working Group, Canadian Task Force for Preventative Health

3. Brenneis F
   a. Member, Physician Resource Planning Committee, Government of Alberta

4. Campbell-Scherer D
   a. Reviewer, CFPC Fellowship Reviews
   b. Grant Reviewer, Project Scheme 1, Canadian Institutes of Health Research
   c. Grant Reviewer, Catalyst Grant SPOR Innovative Clinical Trials, Canadian Institutes of Health Research
   d. Grant Reviewer, Janus Grant Competition, College of Family Physicians Canada
   e. Editorial Board, Evidence-Based Medicine, BMJ Journals

5. Cave AJ
   a. Chair, KRS Grant Panel, Canadian Institutes of Health Research
   b. Chair, Respiratory Grant Panel, Canadian Institutes of Health Research
   c. Reviewer, PHSI Grants, Canadian Institutes of Health Research
   d. Reviewer, Fellowship Grant, Lung Association
   e. Reviewer, MSI Foundation LOI’s and Grants
   f. Advisory Board, Royal College of Physicians Working Group on Respiratory Care (International)
   g. Member, TOP Committee for Deriving New Guidelines for Asthma Management
   h. Chair, Paediatric Asthma Pathway Committee, Alberta Health Services
   i. Member, Board of Directors, MSI Foundation
   j. Member, International Primary Care Respiratory Group

6. Chan K
   a. Member, Supportive Living Capacity Mentoring Team, Alberta Health Services
   b. Member, Alberta Dementia Strategy: Primary Health Care Working Group
   c. Member, Home Living Capacity Mentoring Team, Alberta Health Services

7. Charles L
   a. Member, Health Research Ethics Board (Biomedical Panel), University of Alberta
   b. Member, Health Care of the Elderly National Committee
   c. Member, CFPC Working Group on the Assessment of Competence in Care of the Elderly
   d. Member, Acute Care and Crisis Management Working Group, Alberta Dementia Strategy and Action Plan
8. Chmelicek J
   a. Chair, Continuing Professional Development Committee, CFPC
   b. Member, MAINPRO + Working Group
   c. Accreditation Committee Member, Memorial University
   d. Co-Chair, Taskforce on Transition out of Practice, CFPC
   e. Advisor, Governance Review Committee, CFPC
   f. Chair, Continuing Professional Development, CFPC
   g. Member, NCCPD Sub Committee on CPD Credit, CFPC
   h. Chair, Post Graduate Directors, CFPC
   i. Member, Post Graduate Education Committee, CFPC
   j. Co-Chair, ACFP Opiods Task Force, CFPC
   k. Reviewer, Memorial University
   l. Co-Chair, Presidential Diad, CFPC
   m. Member, Family Medicine Specialty, CFPC
   n. Grant Reviewer, Janus Continuing Professional Development Grants, CFPC

9. De Freitas T
   a. Reviewer, Glen Sather Sports Medicine Clinic Director Search

10. Dobbs B
    a. Member, Seniors Age-Friendly Strategy (Transportation, City of Calgary)
    b. Member, Alternative Transportation for Seniors Advisory Committee
    c. Member, Age Friendly Edmonton Transportation Working Group
    d. Member, St. Albert Seniors Working Group - Transportation

11. Donoff M
    a. Co-Chair, Health Quality Council of Alberta Care Planning Project
    b. Co-Chair, Towards Optimized Practice Chronic Disease Management Project
    c. Co-Chair, Patients Collaborating with Teams (Provincial)
    d. Advisory Board, Working Group on Certification of the College of Family Physicians, CFPC

12. Garrison S
    a. Member, Family Medicine Forum Advisory Committee, CFPC
    b. Grant Panel, University Hospital Foundation Medical Research Competition

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

14. Gruneir A
    a. Grant Panel Member, Health Reason Training, CIHR
    b. Grant Panel Member, PSI Foundation (Ontario)
    c. Grant Panel Member, University Hospital Foundation Medical Research Competition
    d. Member, Health Quality Ontario Long-Term Care Public Reporting Delphi Panel
    e. Member, Quality Indicator Working Group, Alberta Health Continuing Care
    f. Member, Health Services Working Group, Canadian Longitudinal Study of Aging
    g. Member, Health System, Planning, and Evaluation Meetings, Institute for Clinical Evaluative Sciences
15. Humphries P
   a. Faculty Reviewer, Cumming School of Medicine, University of Calgary
   b. Faculty Reviewer, Department of Family Medicine, University of Ottawa
   c. Member, AHS Edmonton Zone Core Resource Team for Medical Assistance in Dying
   d. Member, CBAS Committee: Research, Assessment and National and International Translational Team
   e. Member, CFPC Industry Relationship Subcommittee
   f. Member, Primary Care Network Mental Health Committee

16. Janke F
   a. Chair, Alberta College of Family Physicians Opioid Task Force
   b. Member, Working Group on Rural Competencies, CFPC
   c. Member, Community of Practice Working Group for Enhanced Surgical Skills, CFPC
   d. Member, Nominations and Awards Committee for the Alberta College of Family Physicians
   e. Member, Working Group for Sustainability of Rural Maternity Services
   f. Member, Distributed Medical Education Resource Group, CFPC
   g. Member, Working Group on Enhanced Surgical Skills, CFPC
   h. Member, Membership Advisory Committee, CFPC

17. Kolber MR
   a. Director, Alberta Society of Endoscopic Practice
   b. Associate Editor, Alberta College of Family Physicians, Tools for Practice
   c. Chair, Endoscopy Skills Days for Practicing Endoscopists and their Teams
   d. President, Electronic Medical Procedure Reporting System

18. Konkin J
   a. Member, Sub-Committee of the Society of Rural Physicians of Canada’s International Committee
   b. Member, Accreditation Committee, CFPC
   c. Member, International Advisory Panel, Patan Academy of Health Sciences
   d. Reviewer, Charles Boelen Award
   e. Member, Consortium of Longitudinal Integrated Clerkship
   f. Member, Advancing Rural Medicine Task Group, CFPC

19. Koppula S
   a. Member, Communications Committee, North American Primary Care Research Group
   b. Grant Reviewer, Power of Arts in Family Medicine, CFPC
   c. Reviewer, Post Partum Depression Policy, Alberta Health Services
   d. Reviewer, Research Awards, CFPC
   e. Reviewer, Janus Grants, CFPC
   f. Member, Primary Care Alliance Editorial Board
   g. Member, Maternity and Newborn Care Program Committee, CFPC
   h. Chair, Continuing Professional Development Advisory Committee, ACFP

20. Korownyk C
   a. Associate Director, Alberta College of Family Physicians, Tools for Practice
   b. Member, Alberta Clinical Pathways Steering Committee
   c. Member, CPD Committee, CFPC
   d. Member, Evidence and CPD Committee, Alberta College of Family Physicians
   e. Member, Opioid Taskforce, Alberta College of Family Physicians
   f. Member, Peer Review Steering Committee for the Simplified Lipid Pathway
   g. Member, Steering Committee for Canadian Association of Gastroenterology Clinical Practice Guidelines on the Management of Irritable Bowel Syndrome

21. Lebrun CM
   a. Member, Olympic and Paralympic Sports Medicine Issues Committee, American College of Sports Medicine (ACSM)
   b. Member, Women’s Issues in Sport Medicine Committee, Canadian Academy of Sport Medicine (CASM)
   c. Member, Fellowship Director’s Committee, CASM
d. Member, Team Physicians’ Committee, CASM

e. Member, Working Group on Assessment of Competency in Sport and Exercise Medicine, CFPC

f. Member, Therapeutic Use Exemption Committee, Canadian Centre for Ethics in Sports

g. Editorial Board Member, Clinical Journal of Sports Medicine

h. Editorial Board Member, The Physician and Sports Medicine

22. Manca D

a. Member, EMR Working Group, CFPC

b. Member, Prevention in Hand Steering Committee, CFPC

c. Member, Chronic Disease Primary Prevention Research Initiative Think Tank

23. Moores D

a. Chair, Complaint Review Committee and Hearing Tribunal Committee, College of Physicians and Surgeons of Alberta

b. Member, Quality Referrals Curriculum Advisory Group, Alberta Health Service

c. Peer Reviewer, College of Physicians and Surgeons of Alberta

d. External Reviewer, Niagara Falls Community Health Centre, Accreditation Canada Surveyor

e. Member, Canadian Patient Safety Institute Enhanced Recovery After Surgery Best Practices Partners Group, CFPC

24. Nichols D

a. Member, International Advisory Board to the Patan Academy of Health Sciences (Nepal)

25. Parmar J

a. Member, Alberta Health Services Provincial Seniors and Primary Health Care Initiatives Committee

b. Member, Alberta Health Services Provincial Clinical Knowledge Working Group, CK-CM on Frailty

c. Member, Provincial Clinical Knowledge Working Group, Provincial Dementia Strategy (ADSAP), Government of Alberta

d. Panel Member, Canadian Medical Association National Strategy on Seniors Care

e. Member, Core Group, Integrated Geriatric Initiative – Central Zone Expert Advisory Working Group, Dementia Strategy, Seniors' Health Strategic Clinical Network

f. Chair, Alberta Health Services, Provincial Geriatric Assessment Form Working Group

g. Co-Chair, Care Partner Support Working Group, Provincial ADSAP

h. Co-Chair, EZMSA QI Grant Advisory Committee

i. Member, Kule Institute of Advanced Study (KIASS) Grant Planning Team

j. Member, Alberta Seniors Care Coalition (ASCC)

k. Member, iSENIORS Research Unit Advisory Committee

26. Ross S

a. Advisor, Canadian Obesity Network Coalition Meeting

b. Member, Department of Surgery Chair Search and Selection Committee

c. Member, Review Committee for Chair of Pharmacology

d. External Reviewer, Dr. Susan Glover Takahashi, University of Toronto

e. Member, Preparation for Research Education/Excitement/Enhancement/Engagement on Practice (PREP) Action Group, CFPC

f. Member, Triple C Evaluation Advisory Group, CFPC

g. Member, Scholars United, CFPC

h. Advisory Board, Secretary for the Board of Directors and Executive of the Canadian Association for Medical Education (CAME)

27. Salvalaggio G

a. Member, Health Research Ethics Board (Health Panel), University of Alberta

b. Member, Participatory Research in Primary Care Working Group, North America Primary Care Research Group

c. Consultant, Alcohol Screening and Brief Intervention Knowledge Translation Initiative, College of Family Physicians of Canada

Appendix I: Accountability Report - xix -
28. Schipper S  
   a. Member, Accreditation Committee, CFPC  
   b. Director, National Board of Executives, CFPC  
   c. Member, Finance and Audit, CFPC  
   d. Member, Physician Resource Planning Committee, Alberta Health  

29. Triscott J  
   a. Grant Panel, Bristol-Myers Squibb/Pfizer Canada  
   b. Reviewer, Canadian Task Force on Preventative Health Care  
   c. Member, Advisory Committee on Senior Care, Alberta College of Family Physicians  
   d. Member, Working Group for Care of the Elderly, Alberta College of Family Physicians  
   e. Member, Challenging Behaviors, Developing and Alberta Action Plan, Institute of Continuing Care Education and Research
Appendix 1b

Teaching Faculty on National and International Education Committees

1. Banh H
   a. Member, China Pharmacy Training Team

2. Bell N
   a. Member, Screening for Abdominal Aortic Aneurysm Working Group, Canadian Task Force for Preventative Health
   b. Member, Knowledge and Exchange Working Group, Canadian Task Force for Preventative Health
   c. Member, Clinical Prevention Leader Network Training Program, Canadian Task Force for Preventative Health

3. Cave AJ
   a. Member, TOP Committee for Deriving New Guidelines for Asthma Management
   b. Member, China Pharmacy Training Team
   c. Advisory Board, Royal College of Physicians Working Group on Respiratory Care (International)

4. Charles L
   a. Member, CFPC Working Group on the Assessment of Competence in Care of the Elderly
   b. Member, Health Care of the Elderly National Committee

5. Chmelicek J
   a. Chair, Continuing Professional Development Committee, CFPC
   b. Member, MAINPRO + Working Group
   c. Chair, Continuing Professional Development, CFPC
   d. Member, NCCPD Sub Committee on CPD Credit, CFPC
   e. Member, Post Graduate Education Committee, CFPC

6. De Freitas
   a. Director, Joint Injection Workshop
   b. Coordinator, CASEM Exam

7. Gruneir A
   a. Member, Health Quality Ontario Long-Term Care Public Reporting Delphi Panel
   b. Member, Health System, Planning, and Evaluation Meetings, Institute for Clinical Evaluative Sciences

8. Humphries P
   a. Member, CBAS Committee: Research, Assessment and National and International Translational Team

9. Janke F
   a. Member, Working Group on Rural Competencies, CFPC
   b. Member, Community of Practice Working Group for Enhanced Surgical Skills, CFPC
   c. Member, Distributed Medical Education Resource Group, CFPC
   d. Member, Working Group on Enhanced Surgical Skills, CFPC

10. Keenan L
    a. Advisory Board, 5Ast-MD – Improving Obesity Management Training in Family Medicine

11. Konkin J
    a. Member, Distributed Medical Education Group, The Association of Faculties of Medicine of Canada (AFMC)

12. Koppula S
    a. Member, National Working Group on Faculty Development, CFPC

13. Korownyk C
    a. Member, CPD Committee, CFPC
    b. Member, Steering Committee for Canadian Association of Gastroenterology Clinical Practice Guidelines on the Management of Irritable Bowel Syndrome

14. Lebrun C
    a. Member, Education Committee, American College of Sports Medicine (ACSM)
b. Member, Working Group on Assessment of Competency in Sport and Exercise Medicine, CFPC

15. Moores D
   a. Member, Canadian Patient Safety Institute Enhanced Recovery After Surgery Best Practices Partners Group, CFPC

16. Ross S
   a. Reviewer, Review Committee for Education Innovation Symposium Submissions, CCME
   b. Member, Preparation for Research Education/Excitement/Enhancement/Engagement on Practice (PRE³P) Action Group, CFPC
   c. Member, Triple C Evaluation Advisory Group, CFPC
   d. Member, Scholars United, CFPC

17. Salvalaggio G
   a. Consultant, Alcohol Screening and Brief Intervention Knowledge Translation Initiative, College of Family Physicians of Canada

18. Schipper S
   a. Member, Accreditation Committee, CFPC

19. Triscott J
   a. Reviewer, Canadian Task Force on Preventative Health Care