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Annual Report 2019-2020

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Better is possible. It does not take genius. It takes diligence. It takes moral clarity. It takes ingenuity. And above all, it takes a willingness to try.

Atul Gawande

The hardest conviction to get into the mind of a beginner is that the education upon which he is engaged is not a college course, not a medical course, but a life course, for which the work of a few years under teachers is but a preparation.

Sir William Osler
The Student Life, Address to students at McGill University, April 1905
The Office of Lifelong Learning

“It now takes an average of 17 years for new knowledge generated by randomized controlled trials to be incorporated into practice, and even then the application is highly uneven.”

National Academy of Medicine

There is a significant lag between the discovery of health information and the implementation of that knowledge in practice. To help bridge this gap, the Office of Lifelong Learning (L3) serves as an implementation hub, providing a community where health professionals and researchers can learn about, and use, improvement science and quality improvement methods in their practice. We help faculty members, learners, and community physicians advance their leadership skills as well as their capacity for quality improvement and implementation science.

In addition to our traditional focus on supporting community physicians, L3 is committed to a broader, more inclusive vision that considers the professional development needs of all of the members of the Faculty of Medicine & Dentistry. Successfully navigating emergent changes in the workplace requires a range of adaptive skills which are equally relevant in the clinic, the classroom, the laboratory, and the office. Our goal is to build a vibrant and engaged implementation hub which connects an engaged community, harnessing ideas and emergent solutions, and reinvigorating our collective dialogue on how we support each other to advance healthcare for the benefit of all Albertans.

The Office of Lifelong Learning has been rebuilding, engaging in strategic planning, and establishing operational stability this past year. Our goal is for the Office of Lifelong Learning to be the academic home for those interested in implementation science and quality improvement within the Faculty of Medicine & Dentistry.

In shaping the future of continuing professional development, our focus is on how we support the uptake and application of evidence in daily practice. Everything we do in research and development is wasted if it is not used. Too often we have research in practice generating contextually appropriate information with no mechanism to support the uptake of that information into practice. We know that didactic education, guidelines, and clinical tools do not change practice; they must be integrated within a change process built into existing care structures and leveraging the principles of behaviour change and implementation science to advance care. This is the gold standard for moving from Evidence-based Medicine to Evidence-based Clinical Practice Improvement. Aligned with our provincial, national, and international stakeholders, the Office of Lifelong Learning aims to be a leader in the drive towards practice improvement. The Future of Medical Education in Canada Continuing Professional Development report provides a vision of the changing landscape for Canadian physicians for practice-based, data-driven, reflective practice improvement. The College of Physicians and Surgeons of Alberta has embraced this vision, and it is aligned with our major system stakeholders.

As we continue rebuilding, we are eager to hear from our colleagues, and to work closely with the Offices of Faculty Development, Professionalism, Wellness, and others to craft offerings and programs that support our Faculty and community. At the Office of Lifelong Learning, we are focused on proactively responding to the expected shift in the approach to practice improvement, and will be well positioned to support these activities by 2025.
About the Office of Lifelong Learning

Strategic planning has played an important role in rebuilding the Office of Lifelong Learning this past year. In addition to closely reviewing and updating our previous strategic plan and key stakeholder map, we refreshed our Vision and Mission statements, identified our key program pillars, and developed an operation plan that prioritizes activities and deliverables that are essential to the Office’s continued development and success. To help advance programming design and development, we hired a Senior Program Officer in the fall of 2019. L3 has broad and deep knowledge, across a range of fields, including expertise in improvement science, medical education, anthropology, sociology, management, organizational behaviour, and human centred design.

Vision

We are the academic home of graduate physicians, researchers, and healthcare professionals to advance excellence in improvement science and clinical care for the benefit of Albertans.

Mission

The Office of Lifelong Learning catalyzes the connection between the University of Alberta Faculty of Medicine & Dentistry and our partners to foster excellence in lifelong professional growth with a focus on adaptive leadership skills, improvement science, and evidence based practice.

The four program pillars at the Office of Lifelong Learning:
Quality improvement training

Evidence-based Practice for Improving Quality (EPIQ)

EPIQ is a process that helps teams improve the quality of care that they provide. The EPIQ process facilitates local and national quality improvement using five principles:

1. Benchmarking with a standardized database
2. Collaboration between facilities and teams
3. Best practice consensus from best available evidence
4. Training of front-line teams in quality improvement methods
5. Sharing successes and failures through networking.

Refined over 15 years of clinical trials, EPIQ clarifies the quality improvement process and addresses both the technical and human dimensions in orchestrating change.

The EPIQ workshop uses a hands-on approach that enables teams to successfully implement quality improvement together. Each workshop is simulation-based, and incorporates a series of 10 steps that build a team’s understanding of quality improvement using evidence-based tools and realistic improvement opportunities. The workshop’s collaborative approach parallels the team-based nature of healthcare, giving groups the language, skills, and tools needed to carry out their first improvement project.

In 2018, we partnered with Dr. Khalid Aziz and the Canadian Neonatal Network to be the sole licensed provider of EPIQ training in Canada, Australia, and New Zealand. Considerable work in the spring and summer of 2019 opened the door to an extensive EPIQ roadshow in Australia and New Zealand in the fall. To make this happen, our team developed and implemented online registration, materials distribution, payment, and workshop evaluation portals. Processes and supporting documentation for a range of programmatic needs were developed, and the program’s visual identity and branding were refined. In addition to supporting the Office of Post-Graduate Medical Education with EPIQ workshop delivery for FoMD learners and faculty, L3 is supporting EPIQ workshop delivery with international partner universities in Australia, New Zealand, and the United States, using a train-the-trainer model.
How many?

<table>
<thead>
<tr>
<th>Count</th>
<th>Description</th>
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<tbody>
<tr>
<td>16</td>
<td>International workshops (Australia, New Zealand, and USA)</td>
</tr>
<tr>
<td>474</td>
<td>International registrants (Australia, New Zealand, and USA)</td>
</tr>
<tr>
<td>7</td>
<td>Workshops at the University of Alberta</td>
</tr>
<tr>
<td>104</td>
<td>Registrants at the University of Alberta</td>
</tr>
<tr>
<td>10</td>
<td>Workshops in Canada</td>
</tr>
<tr>
<td>345</td>
<td>Registrants in Canada</td>
</tr>
<tr>
<td>28</td>
<td>People are pursuing facilitator certification</td>
</tr>
</tbody>
</table>

Breakdown of roles, for participants who shared:

- Physicians: 144
- Residents: 34
- Nurses: 174
- Allied Health: 17
- Support Staff: 2
- Students: 4
- Improvement Facilitators: 5
- Public: 1
- Others: 47
- Total: 428

EPIQ workshop evaluations: Percentage of participants who agree, or strongly agree

- They will apply what they learned in the workplace: 98.5%
- The QI tools are something their team can use: 98.5%
- The workshop achieved its objectives: 98.5%
- The workshop promoted a team approach to QI: 99.7%

[Color codes: Strongly Agree/ Agree, Other Ratings]
A recent *Canadian Medical Association Journal* publication, highlighting the use of EPIQ to improve care for preterm infants, by Dr. Aziz and his colleagues, was selected as an editor’s pick and featured on the journal cover.

**Outcomes and care practices for preterm infants born at less than 33 weeks’ gestation: a quality-improvement study**


There is widespread interest in the EPIQ workshop as an effective means of building quality improvement literacy and skills for teams. We are preparing to launch online delivery of EPIQ training in the fall, to ensure that health care teams can continue building QI capacity during the COVID-19 pandemic. This coming year, we are broadening the EPIQ program offerings, and are developing an extended delivery model, where health care teams will complete the course modules over several weeks, working through a real-world QI project, with additional coaching to see their project through to completion.

### The ten steps of EPIQ

1. Identify the problem
2. Select your team
3. Brainstorm causes
4. Choose a priority
5. Map the process
6. Identify indicators
7. Explain your aim
8. Engage partners
9. Implement change
10. Share knowledge
Skills enhancement

Palliative care enrichment skills pilot program

The provision of palliative care has improved over the years, however, a number of reports have identified ongoing gaps in the quality of palliative care across Canada, as few healthcare providers specialize in, or practice primarily in, palliative care. Furthermore, physicians report varying levels of training and comfort in providing palliative care.

In building broader capacity within the healthcare system, physicians face increasing expectations to deliver the best possible palliative care service. This, in turn, has encouraged physicians to look for different educational opportunities to advance their practice in palliative care. The Office of Lifelong Learning and the Division of Palliative Care Medicine at the University of Alberta have partnered to develop a structured and formalized training plan for physicians who want to advance their skills in providing primary palliative care, in a relatively short period of time.

The program focuses on building participants’ clinical experience, mainly in the outpatient setting. While the program emphasizes delivery of primary palliative care in the community, it also addresses educational aspects of the consultant role. The program is scheduled to launch in the coming year, with time frames being adjusted to accommodate the COVID-19 pandemic.

UofA and FoMD non-credit credentialing program

Previously, non-credit certificates at the University of Alberta were offered and administered largely at the Faculty level. While many of these non-credit certificates are developed for students and academic programs, those for faculty and employees are generally related to continuous professional development. L3 provides guidance and preliminary review for FoMD programs and departments preparing applications for non-credit certificates.

L3 has been working to revise the approval process for the FoMD Non-Credit Certificate Program, to align with the new campus-wide Non-Credit Credentialing Program, which is currently in development. The new centralized and standardized model for non-credit credentials approval (for both certificates and diplomas) includes additional reviews at the university level, with the final approval decided by the General Faculty Council (GFC), through the Academic Standards Committee (ASC). The L3 Senior Program Officer has served as a representative on the Non-Credit Credentialing Framework Task Force. This task force reports to the Provost and Vice-President (Academic), and is responsible for developing a non-credit credentialing framework for approval by the General Faculty Council, and addressing the strategic priorities of lifelong learning, financial sustainability, and community engagement. L3 continues to facilitate the application process in the FoMD, and is currently working with Radiation Therapy in the development and approval of a new program.


Palliative Care matters, 2017 http://www.palliativecarematters.ca/home/
Leadership skills

Part of L3’s mandate is to foster excellence in evidence-based practice through ongoing capacity building and mastering lifelong adaptive learning skills. A part of our leadership pillar, L3 is committed to helping the various communities we serve build and refine their skills in leadership, communication, and team effectiveness. Regardless of one’s role or career stage, ongoing development and growth in these areas offers a myriad of benefits, and contributes favourably to the quality of our shared work environment.

Coaching

Many highly effective leaders believe that helping others develop professionally is a key responsibility, and rely extensively on their coaching and mentoring skills. Coaching develops adaptive communication and leadership skills, and promotes the reflection and self-awareness abilities that are foundational to lifelong learning.

This winter, L3 partnered with Thinking Collaborative to adapt Cognitive Coaching™, a well-established program in the education field, to meet the needs of physicians and healthcare teams. The course was accredited, offering up to 40 hours and 120 Section 3 MOC credits with the Royal College of Physicians and Surgeons of Canada, and up to 120 MainPro+ credits as a 3-credits per hour certified group learning activity with the College of Family Physicians of Canada.

Cognitive Coaching is based on the idea that instead of trying to change someone’s behaviour directly, supporting the thinking that precedes it, i.e., occurs ‘upstream’ of the behaviour, cultivates the coachee’s self-efficacy and promotes sustained behavior change. This is useful in professional and educational interactions, as well as clinical consultations. The training is spread over four months, and focuses on building skills to develop and refine participants’ capacity to support and mediate the coachee’s thinking. Fundamental concepts and skills include effective paraphrasing, structuring good questions, and supporting the coachee’s identification of options and inner-resourcefulness to promote a cognitive shift. Coaching is a formative method that holds great promise within the personal and professional development domains. This approach has application in promoting professionalism, enhanced team function, and improved clinical consultation. L3 is offering the program in Edmonton and Calgary, and hosted the first in the spring of 2020.

Cognitive Coaching™ Learning Objectives

Following completion of the eight-day workshop participants will be able to:

• Develop autonomy and sense of community
• Develop higher levels of efficacy, consciousness, craftsmanship, flexibility and interdependence
• Apply four support functions: coaching, evaluating, consulting, collaborating
• Utilize the coaching tools of pausing, paraphrasing and posing questions
• Distinguish among the five forms of feedback
• Use data to mediate thinking.
Improvement science

The Physician Learning Program

The largest grant held in L3 is the Physician Learning Program (PLP), one of 17 benefit programs for physicians, funded by the Alberta Medical Association through its agreement with Alberta Health. Established in 2009, PLP has offices at the University of Alberta and the University of Calgary, who jointly fulfill the program’s mandate to support physician learning by providing practice data and feedback to physicians. To further facilitate the dissemination and uptake of this information, PLP has developed innovative approaches and resources to help physicians and their teams advance practice. With 12 staff in Edmonton, PLP has expertise in biostatistics, human-centred design, medicine, public health, education, demography, econometrics, pharmacy, management, organizational behaviour, quality improvement, and implementation science. Using advanced data analytics, human-centred design, and audit and feedback, PLP transforms highly disjointed administrative healthcare data into clinically actionable information. Unlike any other group in Alberta, PLP’s comprehensive access to otherwise disparate healthcare data, and expertise with qualitative inquiry and implementation science allow it to provide meaningful feedback and contextualized information to physicians using a supportive, evidence-based approach. A copy of the 2019-20 Annual Report for PLP is available on the website (albertaplp.ca).

PLP’s Vision
By 2025, all Alberta physicians will care for patients in a supportive culture, driven by evidence-informed, reflective practice improvement.

PLP’s Mission
PLP creates actionable clinical information and engages with physicians, teams, partners, and patients to co-create sustainable solutions to advance practice.
**Seminar series**

While there is an abundance of information on best practices in multiple fields of medicine, oftentimes, this information is not well known or practiced on the frontline. Other times, the information is not in a usable format for those on the frontline. The implementation science lecture series offers a starting point for researchers to understand how implementation science methodologies can help bring best practice into daily practice. These seminars help those interested in implementing evidence to engage with stakeholders, explore implementation frameworks and their uses, apply qualitative approaches to build solid foundations, and use human-centred design to create tools and promote uptake. Many of these seminars will be offered again next year.

**Ethnographic principles for implementation, Dr. Thea Luig, April 2019**

History reveals a strong, though very problematic, link of ethnography and implementation. Learning from history and applying contemporary principles of ethnography can help us achieve a clear understanding of why and how people do what they do, what works and what does not, and what is needed to achieve positive change. A core interest of ethnography is to understand the intersection between collectively shared understandings and practices with individual behaviour and experience within structural and socio-economic context. Interventions and implementation efforts can “fail” when real-world context is insufficiently understood, and people affected are not engaged in unpacking the problem and designing solutions. In this session, presenters reflected on how principles of ethnographic inquiry can help address very practical challenges in implementation and build the relationships and the knowledge to craft appropriate implementation strategies.

**Explored principles included:**

1. Building relationships and thinking about ownership,
2. Being comfortable with emergent designs that are responsive to complex social processes
3. Practicing reflexivity
4. Considering micro, meso, and macro levels of context
Evidence meets implementation: How do we implement evidence to advance healthcare, Dr. Denise Campbell-Scherer, January 2020

In this session, we explored how to make sense of problems and contexts to understand how to best approach the challenge of implementation. Building from Dr. Campbell-Scherer’s research, and using participant examples and practical challenges, we applied tools and approaches to think through:

1. Unpacking the problem being addressed and framing the best questions
2. The design of the knowledge transfer strategy
3. How to ensure broad perspectives of relevant stakeholders to both understand the problem, and design and implement the evaluation
4. Picking the best intervention theory
5. The design of an evaluation strategy which captures the complexity of intervening in a complex adaptive system using mixed methods and naturalistic methods.

Supporting healthy behaviour change in chronic disease management, Dr. Dayna Lee-Baggley, June 2019

Chronic Disease Management Skills for Healthcare Providers

There is an urgent need for healthcare providers to promote sustained health behaviour change in order to improve chronic disease management. Research shows that behaviour change improves health outcomes and that healthcare providers can make a meaningful impact on patients’ health behaviours. However, most health care providers have little training, and therefore low confidence in, behaviour change skills. This workshop provided concrete, applicable skills based on the latest research that healthcare providers can use to support health behaviour change and chronic disease management.
Evidence-based writing strategies for healthcare, Dr. Karen Schriver, October 2019

Medical writing is challenging as it includes compiling highly specialized information and depicting it in a manner that informs audiences with varied levels of understanding. There is a strong need for the ability to write and present information to best support uptake within the medical community. This process starts with a clear understanding of how the information is going to be read and used.

Learning objectives for this full-day workshop included:
1. To gain familiarity with empirical research on effective writing
2. To diagnose problems of poorly written guidelines for health practitioners
3. To be able to revise documents for simplicity, clarity and technical accuracy

Practical ways to improve patient health through behaviour change counselling, Dr. Michael Piccinini Vallis, January 2020

Behaviour change counselling supports the self-management model by empowering clinicians to aid individuals who require support with self-management. Behaviour change counselling, a combination of motivational enhancement interventions including behaviour modification and emotion management interventions, is a person-centered counselling style that aims to help individuals recognize problems and increase intrinsic motivation so that healthy behaviour change will arise from within. This model is useful to a variety of healthcare providers who care for those with chronic disease.

The learning objectives for the session were the following:
1. Provide an overview of behaviour change counselling skills
2. To identify practical strategies that can be applied to overcome barriers to change
3. To enable participants to motivate clients to change lifestyle behaviour to prevent and/or manage chronic conditions
4. To become familiar with an assessment and intervention model based on motivational enhancement, behaviour modification, and emotion management
Research activities

Assessing barriers and opportunities for National Surgical Quality Improvement Program implementation in Alberta

An ongoing implementation science project in our group focuses on the National Surgical Quality Improvement Program (NSQIP). L3 has partnered with PLP and the Surgery Strategic Clinical Network (SCN) to evaluate the implementation of NSQIP across five hospital sites in Alberta. The project team includes Drs. Dawn Schroeder, Thea Luig, and Denise Campbell-Scherer from L3, and Drs. Mary Brindle and Sanjay Beesoon from the Surgery SCN. Numerous studies have shown that the NSQIP is associated with positive surgical outcomes. However, there is a limited understanding of how healthcare organizations successfully integrate and sustain NSQIP.

Successful adoption of NSQIP in Alberta depends on many factors within the environment, such as having an understanding of the cultural environment, readiness for change, and group dynamics. Data analysis for this qualitative study is nearing completion. This evaluation project will provide insights into the ways in which these and other factors influence the implementation of NSQIP. The findings and recommendations from this project will help the Surgery SCN in their efforts to achieve the full value of NSQIP and will provide insights for other health systems considering adopting NSQIP.

Grants

In addition to the seminar series, a variety of research activities are occurring in L3. Currently, four major research grants have L3 involvement (full details available later in the report). Topics under investigation include primary care of complex patients (SPIDER-NET), de-implementing low-value care, cirrhosis care, as well as a project that addresses clinical and social determinants of health to advance obesity and diabetes prevention and management in vulnerable newcomer ethnocultural communities. Funding sources for our current grants include:

- Alberta Innovates/PRIHS
- CIHR/SPOR PIHCI Network: Programmatic Grant
- CIHR/SPOR Innovative Clinical Trial Multi-Year Grant
- NOVAD: Novo Nordisk Alberta Diabetes Fund
Publications and conference presentations


In addition to these publications, L3 members gave three conference presentations, and had an additional 30 abstracts accepted at 5 academic conferences that were cancelled due to COVID-19. A detailed list is provided at the end of the report.
Educational Programs

We have been supporting a series of events through PLP and L3 related to helping people living with obesity. Dr. Campbell-Scherer served as a member of the executive committee for the new Canadian clinical obesity practice guidelines, led by Dr. Sean Wharton and Dr. David Lau, which were supported by Obesity Canada and the Canadian Association of Bariatric Physicians and Surgeons. In collaboration with the physician learning program, we developed a comprehensive one page framework tool for the guidelines. These guidelines will be published in the Canadian Medical Association Journal in the fall of 2020. L3 will continue our series of events to support knowledge transfer of the guidelines.
The 5As Team developed and evaluated a workshop for multidisciplinary learners based on principles of experiential learning. The workshop takes the learners outside of the classroom and engages them in activities to foster reflection about obesity discourse, to question assumptions, and promote understanding of what it is like to live with obesity. The workshop emphasizes experiential learning and incorporates didactic lectures. Learners have the opportunity to wear a bariatric suit, simulating the encumbrance of a larger body. In addition, learners explore a therapeutic approach that transforms clinical conversations into collaborative deliberation about improving health within the specific life context of the individual patient, and practice the approach with tools that guide the conversation. Included in this workshop is a take home toolkit that healthcare providers can use in their practice. 5As Team Training is also a Group Learning program that has been certified by The College of Family Physicians of Canada for up to 13 Mainpro+ credits. L3 hosted a workshop at the University of Alberta in June 2019. The course presenters included Dr. Denise Campbell-Scherer, Dr. Dayna Lee-Baggley (Dalhousie University), Dr. Celine Koryzma (University of Calgary), and Dr. Shahebina Walji (University of Toronto).

**Learning objectives for this workshop included:**

1. Identify obesity as a chronic disease
2. Support patients to understand how their comorbidities and personal context are related to their obesity management
3. Apply the 5As of Obesity Management in interdisciplinary team care
4. Perform obesity assessments that identify root causes and care priorities through a collaborative clinical approach
5. Recognize the impact of weight stigma on people’s experiences of care and the importance of advocating to improve access and reduce bias in the healthcare system
6. Understand and select therapeutic approaches (lifestyle, medication, surgery, behavioural) to help patients develop personalized plans
International obesity coalition

Founded at the University of Alberta, the International Obesity Coalition is an interdisciplinary group with broad membership. The coalition's vision is for all health professionals to be comfortable and well trained in engaging in person-centered obesity prevention and management in a way that is respectful and avoids stigma. The mission is to lead an international coalition of medical educators, clinicians, researchers, policy makers, and persons with lived experience, to establish strong partnerships and knowledge dissemination channels for expansion and implementation of effective tools and resources including advocating for changes in educational accreditation and licensure standards by 2030.

L3 hosted a pre-conference meeting for coalition members at the 2019 Canada Obesity Summit in Ottawa, in October 2019. The coalition also led a full day education workshop at the conference, facilitated by Dr. Denise Campbell-Scherer, “Advancing Obesity Prevention and Management Through Education and Collaboration: Efforts of an International Coalition”. This interactive workshop provided healthcare professionals with training in the prevention and management of obesity, along with opportunities to network with others and learn about exciting initiatives around the world.
Office of Lifelong Learning collaborations and partnerships

Continuing professional development (CPD) provincial network

The Office of LifeLong Learning at the University of Alberta and the Office of Continuing Medical Education/Professional Development at the University of Calgary (CME/PD) are collaborating with multiple stakeholders to explore the feasibility of launching a new CPD Provincial Network focused on the transformation of CPD in Alberta. Co-led by Dr. Denise Campbell-Scherer (Associate Dean of the Office of Lifelong Learning, U of A) and Dr. Kelly Burak (Associate Dean of the Office of CME/PD at the U of C), the emergent network includes representatives from key system stakeholders (CPSA, AMA, AHS, SCNs, ACFP, PLP, HQCA), who have an interest in working effectively together to align efforts, reduce duplication, and advance towards more data driven, practice-based, team-based CPD. The network’s primary focus would be determining how to implement Recommendation #9 (Physician Practice Improvement) from the Future of Medical Education in Canada-Continuing Professional Development (FMEC-CPD) report.

The Provincial CPD Network will shape the implementation of practice improvement in Alberta, and focus on providing support for primary care physicians and specialists in this process. In January 2020, L3 hosted a meeting with stakeholders to discuss the opportunity and scope, align mental models, agree on guiding principles, and design a logic model. Early activities will focus on broadening the scope and delivery of education programs on quality improvement (QI) and patient safety; increasing spread and scale of data-driven QI CPD programs; and increasing the network of collaborations to provide and coordinate these learning opportunities, and to ensure they address the needs of Albertans. Plans for the next meeting of the CPD Network are underway, with the objective of assessing the impacts of COVID-19, exploring funding opportunities, and scoping the framework for a white paper on physician CPD in Alberta.

Recommendation #9
Physician Practice Improvement (PPI): “All physicians will be expected to participate in a continuous cycle of practice improvement that is supported by understandable, relevant, and trusted individual or aggregate practice data with facilitated feedback for the benefit of patients”.

Partnership with the Department of Pediatrics for education and quality improvement

Recently, L3 partnered with the Department of Pediatrics to explore creating a pilot education program that will develop and deliver short courses and educational materials to assist community physicians in advancing procedural knowledge and skills. These professional development opportunities would satisfy requirements for higher level credits, and would focus on priority topics identified by the Department of Pediatrics.
L3 PLP Pan-PCN collaboration

The Office of Lifelong Learning aims to integrate both practice and emerging evidence in implementation science and quality improvement to support physicians and teams in advancing practice. The largest program in L3, the Physician Learning Program (PLP), creates actionable clinical information and engages with physicians and teams to co-create sustainable solutions to advance practice. A collaboration between L3 PLP and the Edmonton Southside Primary Care Network (ESPCN) was established in March, 2019 with the objective of working together to increase engagement of family physicians in practice improvement. This past year, in partnership with the ESPCN, L3 PLP has organized and delivered four Pan-PCN events, attended by 295 participants. Participants reported high levels of satisfaction with the events.

L3 PLP pan-PCN educational events satisfaction ratings:

Overall, I was satisfied with this program

<table>
<thead>
<tr>
<th>Event</th>
<th>Percentage</th>
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<tr>
<td>Polypharmacy in complex older adults</td>
<td>78%</td>
</tr>
<tr>
<td>Helping patients living with obesity</td>
<td>96%</td>
</tr>
<tr>
<td>Optimizing antimicrobial use in the community</td>
<td>100%</td>
</tr>
<tr>
<td>Is it time to de-prescribe insulin?</td>
<td>100%</td>
</tr>
</tbody>
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October 9, 2019. Polypharmacy in complex older adults - Dr. Donna Manca

Many elderly patients use ten or more medications simultaneously, referred to as polypharmacy. The increasing prevalence of polypharmacy brings negative consequences for our elderly populations. It increases patients’ risk for falls and is associated with poorer health and lower overall quality of life. In addition, polypharmacy is associated with increased hospitalizations related to adverse drug reactions, which increases the costs for the healthcare system.

Building on the SPIDER project (Structured Process Informed by Data, Evidence and Research) and in partnership with NAPCReN (The Northern Alberta Primary Care Research Network) and the Edmonton Southside PCN, PLP held a pan-PCN event in October 2019. The event, led by Dr. Donna Manca and attended by 56 participants including physicians and team members, focused on introducing quality improvement processes and tools to support physicians in reflecting on their practice and identifying opportunities for polypharmacy related change. Resources for de-prescribing four groups of medication were provided to participants.

Learning objectives for this event:

1. Recognize and respond to the complex care needs of older patients living with polypharmacy
2. Explain how practice data can be used to detect polypharmacy
3. Select resources used to identify and address potentially inappropriate medications in older patients
4. Explore programs, resources, and personnel to support practice improvement
November 28, 2019. Optimizing antimicrobial use in the community
- Dr. Lynora Saxinger, Dr. Holly Hoang, and Dr. Justin Chen

Studies suggest that up to 90% of antibiotics are prescribed in outpatient settings and are frequently unnecessary or inappropriate. Optimizing prescribing of antimicrobials will in turn optimize patient outcomes, reduce adverse effects related to antimicrobial use and reduce cost to the healthcare system. Using an antimicrobial stewardship approach, ensures appropriate antibiotics are used to maximize their effects and prevent antibiotic resistance or emergence of superbugs. This L3 PLP pan-PCN event, hosted in partnership with the Edmonton Southside PCN, was led by Infectious Disease specialists from the Antimicrobial Stewardship Group Northern Zone, including Drs. Lynora Saxinger, Holly Hoang, and Justin Chen. Aggregate data, interactive case studies, and updates on current approaches were presented to support physicians’ reflections on their practice. Topics included assessing and delabeling penicillin allergy, antibiotic use and c. difficile colitis, and management of upper respiratory tract infection.

Learning objectives

1. Develop a practical and safe approach to prescribing antibiotics penicillin allergy labelled patients
2. Review new management guidelines for Clostridium difficile colitis
3. Develop a patient centered and team oriented approach to responsible antibiotic prescribing in “cold and flu” season

January 28, 2020. 5A's Team: Learn how to help your patients living with obesity - Dr. Denise Campbell-Scherer, and Dr. Arya Sharma

Obesity has been declared a chronic disease by national and international medical associations. Despite the urgent need to improve provider education and training in obesity management, many healthcare providers feel ill-prepared and lack the knowledge and confidence to effectively address weight concerns with their patients. Complicating this issue further, misinformation regarding the chronicity and complexity of obesity has led to negative attitudes and unrealistic expectations on the part of both the healthcare provider and patient. As a result, providers are not routinely discussing weight and many patients feel uncomfortable bringing it up.

Increasing health care providers’ comfort with helping patients living with obesity supports improved patient outcomes. In January 2020, L3 PLP hosted a Pan-PCN workshop for health care providers on helping patients living with obesity, in partnership with the Edmonton Southside PCN. Drs. Arya Sharma and Dr. Denise Campbell-Scherer, from the University of Alberta, delivered their presentation to 75 attendees. The workshop included case-based learning around obesity pathophysiology, drivers, measurement, and management. The presentation included Alberta primary care data from the EOSS dashboard, which highlighted the impact of comorbidities and the benefits of early intervention on obesity.

Learning objectives

1. Identify obesity is a chronic disease
2. Describe how root causes, comorbidities, and personal context are related to obesity management
3. Explain how practice data can be used to identify patients living with obesity and make changes to advance their clinical practice
4. Review and select therapeutic approaches (lifestyle, medication, surgery, behavioural) to help patients develop personalized plans

Dr. Arya Sharma
March 10, 2020. Is it time to de-prescribe insulin?
Dr. Roseanne Yeung, and Nandini Desai

Newer medications for diabetes are now available to patients. These medications have many benefits over traditional medications, including less hypoglycemia, weight loss, and improved ability to prevent heart and kidney disease. These medications are covered by the Alberta formulary and are recommended in the Diabetes Canada Clinical Practice Guidelines for the higher risk patients that have diabetes and cardiovascular disease. Despite accessibility and recommendations from the guidelines, feedback from family physicians suggests that there has been poor uptake of these newer agents.

To help enhance family physicians’ ability to address this topic and improve quality of care, L3 PLP partnered with the Edmonton Southside Primary Care Network for a pan-PCN event in March 2020, which hosted 101 physicians and team members. The event was led by PLP medical director and endocrinologist Dr. Rose Yeung, and PLP clinical liaison Nandini Desai. Administrative primary care health data from NAPCReN was presented, along with prescribing patterns for patients with diabetes, to support practice reflection, and participants used quality improvement tools to review cases and apply new learning.

Learning objectives

1. Review pathophysiology of Type 2 Diabetes
2. Review the newer pharmacological agents for the management of Type 2 Diabetes
3. Apply current Diabetes Canada Clinical Practice Guideline recommendations
4. Discuss insulin de-prescribing principles
5. Use a Quality Improvement approach to improve your diabetes practice
Services

Human-centred design

Human-centred design looks to solve problems with a human perspective. It is an approach that puts people at the centre, and requires a deep understanding of people’s needs, wants, and the context in which they work. Too often, solutions to problems are developed in isolation, without substantive consideration of the human element. A Human centred design process considers the human perspective and cognitive factors, as well as the environment in which the problem is experienced. The goal is to conceive and make processes, tools, products, and communications that meet people’s needs and help them achieve their goals.

At L3, our human-centred designers work with key stakeholders such as physicians, nurses, healthcare professionals, and patients to understand problems from their perspective and create solutions together. While our human-centred design team primarily supports the Physician Learning Program, we have contracted with other groups to provide human-centred design support for their projects.

L3 Community outreach through PLP and Research (NOVAD)

The Office of Lifelong learning collaborates with the Alberta Physician Learning Program (PLP), which focuses on helping physicians and their teams advance practice. Together, L3 and PLP serve as an implementation hub with the skills to integrate best available evidence on problems of clinical importance, and problems that make a difference in the community. Part of L3’s community outreach includes ongoing collaboration projects.

One large project focuses on addressing clinical and social determinants of health to advance obesity and diabetes prevention and management in vulnerable ethnocultural communities. This project looks to understand care gaps through a mixed-methods approach that integrates population-level data about these communities with the perspectives of people with obesity and diabetes and interdisciplinary primary healthcare providers. Our coalition links several stakeholders including community partners, clinical partners, policy makers, public health professionals and the research team to build the foundation for next-phase intervention development, implementation, and scaling.

Our community partner is the Multicultural Health Brokers (MCHB) who serve up to 10,000 people from 25 different ethnocultural communities, speaking 54 languages. They have a strong track record in culturally responsive chronic disease prevention and management, in particular for diabetes. They developed a model for diabetes screening and prevention that has been adopted across Canada. We have together established a Community Advisory Group and meet monthly to guide ongoing work with brokers and community members. Our clinical partner, the Edmonton Southside PCN (ESPCN), has 267 family physicians in over 90 clinics. One of the largest PCNs in Alberta, the ESPCN is a recognized leader in primary care innovation. Tools and resources from this collaboration with the 5As Team have been disseminated through over 1,000 practices in Canada via Novo Nordisk.

The primary output of this project is the new knowledge about care gaps for obesity and diabetes and in-depth understanding of how social and clinical determinants of health interact with, and impact, health outcomes in these communities. This includes a prototype of an individual physician dashboard, culturally appropriate, clinically relevant extension of the 5AsT intervention and toolkit with a built environment inventory of our target communities, and communication tools for obesity and diabetes visits.
Conference presentations, posters, and abstracts


The following abstracts were submitted to, and accepted by, the conferences noted below. However, the conferences were cancelled due to the COVID-19 global pandemic.

Accepted Abstracts - Physician Learning Program 2020 Summit, April 2, 2020, Edmonton, AB


Hoang HL, Crick KC, Chen JZ, Fryters SR, Chandran AU, Tse AW, Williams DC, Myroniuk TM, Yeung R, Campbell-Scherer D, Saxinger L. (2020). The impact of a reported Beta-lactam allergy on Cefazolin administration in surgical prophylaxis: Cefazolin is still best, but is it given?


Schroeder D, Luig T, Beesoon S, Robert J, Campbell-Scherer D, Brindle M. Using the Normalization Process Theory and the Consolidated Framework for Implementation Research to understand factors impacting the implementation of a surgical quality improvement program in Alberta, Canada.


Accepted Abstracts - Association of Medical Microbiology and Infectious Disease Canada, 2020 Conference, April 29-May 2, Vancouver, BC


Hoang H, Tse-Chang A, Saxinger L, Fryters S, Chen J, Chandran U, Crick K, Myroniuk T, Williams D, Yeung R, Campbell-Scherer D. (2020). The impact of a reported Beta-Lactam Allergy on Cefazolin administration for surgical prophylaxis: Cefazolin is still best, but is it given?


Accepted Abstract - The Canadian Conference on Medical Education, April 18-20, Vancouver, BC

Accepted Abstract - American College of Surgeons Quality and Safety Conference, July 24-27, 2020 Minneapolis, MN

Schroeder D, Luig T, Beesoon S, Robert J, Brindle M, Campbell-Scherer DL. (2020). Expanding the implementation of the American College of Surgeons National Surgical Quality Improvement Program (NSQIP) across a Canadian province: Successes and challenges.

Accepted Manuscript - Academy of Management Conference, August 7-11, Vancouver, BC.


Accepted Abstract - North American Primary Care Research Group, November 20-24 2020, Toronto, ON


System impacting grants

“Cirrhosis Care Alberta Program”, a Alberta Innovates / PRIHS grant led by Dr. Puneeta Tandon at the University of Alberta. Co-lead investigator: Dr. Denise Campbell-Scherer.

“Addressing clinical and social determinants of health to advance obesity and diabetes prevention and management in vulnerable newcomer ethnocultural communities”, a NOVAD: Novo Nordisk Alberta Diabetes Fund grant led by Dr. Denise Campbell-Scherer at the University of Alberta.

“De-implementing low value care: a research program of the Choosing Wisely Canada Implementation Research Network”, a CIHR/SPOR Innovative Clinical Trial Multi-Year Grant led by Dr. Jeremy Grimshaw. Co-applicant: Dr. Denise Campbell-Scherer.

“SPIDER-NET, A structured process informed by data, evidence, and research-network: An approach to support primary care practices in optimizing the management of patients with complex needs”, a CIHR/SPOR PIHCI Network: Programmatic Grant led by Dr. Michelle Griever. Principal knowledge user: Dr. Denise Campbell-Scherer.
Our team

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