



## If you need AFTER HOURS Patient Care

The Queen's Family Health Team (QFHT) offers an After Hours Clinic exclusively for QFHT patients Monday to Thursday from 5 p.m. to 8 p.m. and Saturday from 1 p.m. to 4 p.m. at 220 Bagot St. If you need to speak to a QFHT health care provider after regular hours, please call **613-533-9303** and our answering service will contact the physician on call.

The Ministry of Health and Long-Term Care's Telephone Health Advisory Service is available at **1-866-797-0000** Monday to Thursday from 5 p.m. to 9 a.m. and around the clock weekends from 5 p.m. Friday to 9 a.m. Monday.



## BUSTING FOOD AND NUTRITION MYTHS

In celebration of National Nutrition Month in March, the Dietitians of Canada wants you to Get the Real Deal on your Meal. Specifically, dietitians across Canada are dedicated to busting up 39 popular food and nutrition myths.

Here are our "Top Five" myths the Dietitians of Canada have identified:

### 1. Late-night snacking will make you gain weight.

Late-night snacking can lead to weight gain, but it's not due to the time on the clock. After-dinner snacking can lead you to eat more calories than your body needs in a day, especially if you're having high-calorie snack foods and sweetened beverages. If you usually get hungry for an evening snack, go for small portions of healthy choices like whole grain cereal with milk, a piece of fruit, or plain air-popped popcorn.

### 2. Everyone needs to drink eight glasses of water a day.

Water is important for good health and it is your best choice to satisfy thirst, but other liquids are also hydrating. The amount of water you need to hydrate your body varies daily and depends on factors like your gender, physical size and how active you are, as well as environmental factors like heat and humidity. To help stay hydrated, drink plain water plus other beverages like milk, coffee or tea throughout the day. (Yes, contrary to popular belief, tea does not dehydrate you and – at 99.5 per cent water – can actually be counted toward your daily fluid intake!)

### 3. Frozen and canned vegetables and fruit are not as nutritious as fresh.

Frozen and canned produce can be just as nutritious as fresh since it's usually picked and packed at the peak of ripeness when nutrient levels are highest. It's also sometimes more affordable than fresh produce. Read the labels. The healthiest choices are products that contain no added sugar, fat or salt.

### 4. Artificial sweeteners have too many chemicals to be healthy.

Artificial sweeteners can be part of healthy eating. Health Canada approves all sweeteners for safety before they can be sold in Canada. Artificial sweeteners add a sweet taste while limiting calories and can be enjoyed in moderation as part of a healthy diet.

### 5. The best way to limit your sodium intake is to stop using the salt shaker.

Canadians eat too much sodium, but the salt shaker is not the biggest culprit. Over 75 per cent of the sodium we eat comes from processed foods, packaged and ready-to-eat foods, and restaurant meals. To limit the sodium you eat, choose fewer pre-packaged convenience foods and restaurant meals and enjoy more lower-sodium foods that you can cook at home.

For more myth busters and information about food and nutrition, visit

[www.dietitians.ca](http://www.dietitians.ca)

# FAST FACTS

- **OxyContin** has been withdrawn from the Canadian market and is being replaced with **OxyNEO**, a new form of the narcotic painkiller that will be harder to abuse. OxyNEO contains the exact same medication as OxyContin. Patients who are currently taking OxyContin will have automatic coverage for OxyNEO for one year. After one year, OxyNEO will only be available through the Exceptional Access Program. For more information about the change to OxyNEO, please visit [www.qfht.ca](http://www.qfht.ca).
- The QFHT will be hosting free **Chronic Disease Self-Management Programs** to help people with diabetes build the skills needed to live well and better manage their health. The next session is scheduled for May, with additional programs being planned throughout the year. To participate or for more information, please contact **Nurse Practitioner Jennifer Berry** at 613-533-9300, Ext. 73979 or [jennifer.berry@dfm.queensu.ca](mailto:jennifer.berry@dfm.queensu.ca), or visit [www.qfht.ca](http://www.qfht.ca).
- **Dr. Lawrence Leung** and his research team are looking for patients interested in using self-administered **ear acupressure for smoking cessation**. It involves external beads (natural seeds) plastered to acupoints on the ear, which patients press when they experience the urge to smoke. The study will be a randomized, placebo-controlled trial with no cost to patients. Email [smokefreeyou@gmail.com](mailto:smokefreeyou@gmail.com) for further details, or leave a message at 613-533-9300, Ext. 73938.
- ... and the award goes to **Dr. David Barber, Dr. Karen Hall Barber, Dr. Lawrence Leung** and **Dr. Diane Lu**, who recently earned teaching awards for Clinical Skills from the Queen's School of Medicine.



## ABOUT THE

# QUEEN'S FAMILY HEALTH TEAM

The Queen's Family Health Team is an interprofessional collaboration of 22 doctors, four nurse practitioners, five registered nurses, six registered practical nurses, two social workers, a dietitian, a pharmacist, eight receptionists and three referral clerks, all working together to provide quality, patient-centred care.

Here is a brief description of the roles our team members play at the QFHT.

### Family Physician (MD)

Family physicians are medical doctors who specialize in family medicine. They provide "cradle to grave" care for patients and their families. The QFHT's faculty family physicians supervise our resident family physicians in training. Residents are medical doctors who must complete two years of residency before they become independent specialists in family medicine. Some residents choose to complete a third year of training in enhanced skills, such as anesthesia, palliative care or women's health.

### Nurse Practitioner (NP)

Nurse practitioners are registered nurses with additional education who can assess, diagnose and treat specific illnesses and injuries. They collaborate and consult with physicians and health care team members to arrange appropriate consultations and referrals if an illness or treatment is outside their scope of practice.

### Registered Nurse (RN)

Registered nurses assist with health assessments and examinations; help with procedures; promote preventative health; and provide ongoing care, health education and support in managing symptoms. RNs help monitor patients with more complex ongoing or chronic conditions.

### Registered Practical Nurse (RPN)

Registered practical nurses assist with health assessments, examinations and procedures, and provide ongoing care, health education and support in managing patients' health. RPNs provide care to patients whose ongoing health conditions are well controlled.

### Social Worker (MSW)

Social workers provide direct service/treatment to individuals, couples, families and groups in the form of counselling, crisis intervention, therapy, support, advocacy and coordination of resources. They help people to assess, lessen, resolve or prevent the impact of physical, psycho-social and mental health-related issues.

### Registered Dietitian (RD)

Registered dietitians are professionally recognized experts in food and nutrition who help individuals and their families make healthy nutrition and lifestyle choices.

### Registered Pharmacist (RPh)

Registered pharmacists are medication experts who provide information on how to properly and safely use prescription drugs.

### Receptionist

Receptionists schedule, coordinate and provide all information needed for the appointments of family physicians, nurse practitioners and other team members. They communicate with patients, the general public and all team members.

### Referral Clerk

Referral clerks research and relay information to health care team members. They work behind the scenes to ensure the earliest possible appointment with specialists, and ensure that patients and specialists have all information required prior to scheduled appointments.

For a more detailed description of roles within the QFHT, visit [www.qfht.ca](http://www.qfht.ca).

# PROGRAMS AND SERVICES

The Queen's Family Health Team provides a wide variety of programs and services to meet the diverse needs of patients. They include:

## **Anti-Coagulation Management Program**

This program, for patients who are taking anti-coagulation medication (e.g. warfarin, often known as Coumadin), is coordinated by the QFHT pharmacist and is supported by specially trained registered nurses, nurse practitioners and resident family physicians. This team works with patients to monitor lab and point-of-care results (e.g. blood samples that are collected and processed on-site), adjust medication, and educate patients and their family members.

## **Diabetes Program**

The QFHT offers comprehensive care for patients living with diabetes. This year, a self-management group program for diabetes is being introduced. Led by specially trained peer leaders (other patients who are living with diabetes), program members will support each other and help build confidence in the management of health needs.

## **Foot Care Program**

Through this program, a registered practical nurse with specialized training provides treatments for a wide range of foot and lower-limb problems, such as corns, calluses, in-grown nails, etc., and offers basic foot care education about injury risk factors, proper nail and skin care, how to select proper footwear, etc.

## **Immunization Program**

Every fall, the QFHT offers patients a variety of ways to get their annual influenza vaccine. Vaccinations are offered during weekday, evening and weekend clinics, and through home visits for patients unable to visit a clinic. Vaccine catch-up clinics for children are also held throughout the year.

## **Lactation Support Program**

Coordinated by a registered nurse who is also an International Board Certified Lactation Consultant, this program provides education, hands-on assistance and support to women and their families regarding infant feeding and nutrition options, both before and after delivery.

## **Medication Safety Program**

The QFHT's medication reconciliation initiative ensures the best possible record of patients' medications. Patients are encouraged to bring all medications (including over-the-counter medications) to each appointment to ensure all are recorded and up-to-date. At the end of each visit, patients are provided their updated list of medications to take home with them.

## **Mental Health Care and Counselling**

The QFHT's social workers offer individual, couple and family counselling in response to the psychosocial and mental health needs of patients. Working within a collaborative team model of care, they address relationship challenges, psychological trauma, grief and loss, anxiety and depression, and the impact of illness, and provide direct linkage to appropriate community services.

## **Obstetrics and Prenatal Care**

All family physicians at the QFHT provide prenatal care. Pregnant women can also be referred to one of several family physicians at the QFHT who deliver babies at Kingston General Hospital if they wish to have family-centred maternity care. QFHT family physicians also provide care to newborns in hospital.

## **Smoking Cessation Program**

In September 2011, the QFHT launched the Ottawa Model for Smoking Cessation (OMSC), developed at the University of Ottawa Heart Institute (UOHI). Members of the QFHT clinical team have completed specialized training in smoking cessation counselling and are available to meet with patients to discuss options and strategies for reducing or quitting smoking.

## **Well-Baby Program**

The 18-Month Well-Baby Program focuses on in-depth assessments of a child's speech and communication, motor and social skills, and other development patterns. The program's goal is to ensure that parents and children are supported, and that children are progressing well.

## **On-site Specialty Clinics and Other Services:**

Complementing our programs, our list of on-site specialty clinics includes the Primary Care Asthma Program, Chronic Pain Clinic, Arthritis Society Clinics and Psychiatry Clinics. Other services include Procedure Clinics, an Acupuncture Clinic and Pessary Clinic.

For a more detailed summary of the QFHT's programs and services, visit [www.qfht.ca](http://www.qfht.ca).



FROM THE

## CLINIC MANAGER

At the Queen's Family Health Team, we are committed to patient-centred, quality care. In our efforts to improve our clinical services and programs, one of our goals is to expand our communication with patients through a variety of means, such as our QFHT News newsletter; our website, [www.qfht.ca](http://www.qfht.ca); emails and waiting-room screens.

Your feedback is important in our communication process. Your suggestions provided to date through comment boxes in our waiting rooms have resulted in the following changes: cover plates have been placed on electrical outlets in all waiting rooms; reception glass windows have been changed to improve communication with staff; clinic signage has been updated to improve location directions; washroom and clinic exam room doors have been widened to improve accessibility; and a chalk board has been installed in our After Hours Clinic waiting room to help make children's wait a little easier.

We welcome and encourage your suggestions for improvements, as well as your positive comments. Please take advantage of our waiting room comment boxes, drop us a line at [info@qfht.ca](mailto:info@qfht.ca), or call us at 613-533-9303. We look forward to your feedback.

Diane Cross  
Clinic Manager



## OUR RESIDENCY PROGRAM

The Queen's Department of Family Medicine residency program is the largest at Queen's University, with 150 residents. We now have 118 residents training primarily in Kingston, 12 in Belleville, 12 in Peterborough and, starting in July this year, eight per year in Oshawa.

Also exciting is the direction toward which the College of Family Physicians of Canada is moving family medicine residency training. A new blueprint for family medicine residency training, called the *Competency-based Triple C Curriculum*, has been released. It is **C**omprehensive training producing doctors with a wide range of skills who are able to work in any setting. The curriculum focuses on **C**ontinuity: continuity of patient care so residents learn how to establish effective long-term therapeutic relationships with their patients, continuity of curriculum with increasingly sophisticated approaches to patient issues so residents progressively build up their skills over their residency, and continuity of supervision to form the foundation for good role modelling and reliable assessment of residents' competency. The curriculum is also Family Medicine **C**entred. Learning, where possible, is done in the family medicine setting, with teaching by family doctors.

Our new programs in Belleville, Peterborough and Oshawa have been designed to support a Triple C curriculum, and we are making significant changes to our Kingston program to support this type of learning. For example, to enable residents to build longer-term relationships with patients, they now spend even more time at the Family Medicine Centre – three times during their first year, for two months each time.

In the next edition we will talk more about some of the changes we are implementing and your involvement as patients in the teaching of our residents.

Dr. Karen Schultz  
Program Director, Queen's University Family Medicine

DEPARTMENT OF  
**FAMILY MEDICINE**

*Delivering the Future of Primary Health Care*

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