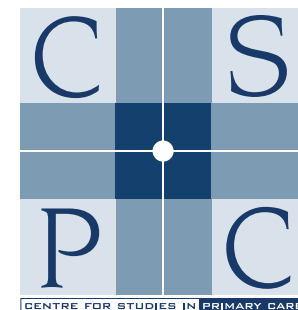




Centre for Studies in Primary Care

# **ANNUAL REPORT**

## **2017 – 2018**



Department of Family Medicine  
Queen's University  
Kingston, Ontario, Canada

## OUR IMPACT: BY THE NUMBERS

**1,820,500** Patients in the CPCSSN database

**1,311** Primary care physicians recruited to CPCSSN

**178** Primary Care Research Day attendees

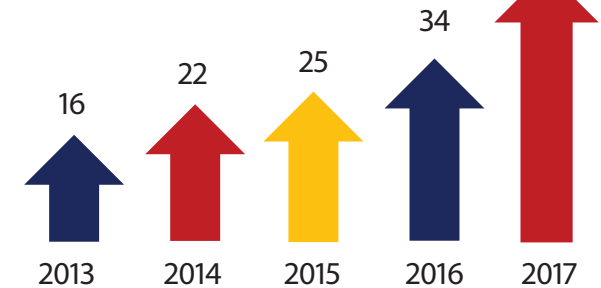
**47** Conference presentations

**39** Peer-reviewed publications

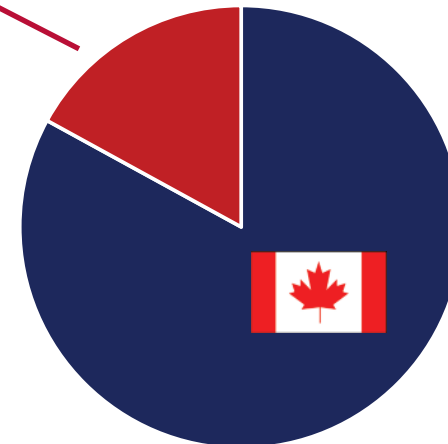
**7** Research initiation and community grants

**6** Ongoing research portfolios

Number of original resident research projects by year



Presentations



■ Canada (n=39)

■ International (n=8)

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**VISION** Improve the health and well-being of people in Southeastern Ontario and beyond through research, surveillance and education in primary care.

**MISSION** CSPC is dedicated to the conduct of primary care research, surveillance and education that extend our understanding of health, health maintenance, disease and its treatment, and care delivery, and the assessment and dissemination of evidence.

## OVERVIEW

The CSPC conducts high-quality research that is focused on the improvement of primary health care practice, delivery and education. As part of the Department of Family Medicine, the CSPC provides clinical faculty members with research support and directs the department's resident research program. Our research activities draw on a wide range of disciplines through collaborative academic partnerships, and include involvement of practicing physicians who participate in our research program through our Practice-Based Research Network (PBRN). The centre's current research activities are in areas relevant to the practice of primary health care, primary care chronic disease surveillance,

population health, health promotion, family medicine education research, program evaluation and evidence assessment for clinical practice. Additionally, many of the centre's research activities respond to community needs and funding opportunities.

The CSPC's leadership is supported by an advisory council that oversees the centre's development and advises on opportunities that fall within its mission, vision and goal. Chaired by a respected community member, the advisory council comprises members from across Queen's University, community-based primary care practitioners and residents.

## MESSAGE FROM THE DIRECTOR



**Dr. Susan Phillips, MD, CCFP**  
**Director, Centre for Studies in Primary Care**  
**Queen's University**

**T**he strength and vulnerability of family medicine is that we 'do everything' and therefore are generally experts at nothing. The research base that informs our practice reflects this. Studies we rely on are almost always designed and conducted by specialists who isolate the disease under consideration from the person with that disease and from any co-morbidities. We therefore have excellent evidence for how to manage acute and chronic disease in patients with no socioeconomic status, no gender, no other illnesses, no environmental exposures, and no social or medical histories. Alas, I don't think I have ever met such a person or patient.

To correct this, those with key research portfolios within the Department of Family Medicine are exploring ways of encouraging and supporting primary care providers who wish to study how lived realities affect health. My area of research is social determinants of health and, in particular, gender, and how life circumstances get under the skin to alter health. Dr. Eva Purkey has recently become the Associate Director of Research in the Department of Family Medicine. Her focus is global health, that is, health of people who are marginalized. Another addition to our research group is Dr. Imaan Bayoumi whose clinical work at a Community Health Centre and extra research training also focus(ed) on social circumstances and health. The three of us all examine different aspects of how childhood adversities live on in the body to alter health and, perhaps more significantly, whether there are resources or interventions primary care providers can offer that turn harms into strengths. This is research that doesn't readily fit into standard funding models and therefore we are looking for creative methods for cobbling together resources to do such work. We have welcomed and continue to invite community physicians, researchers from outside of medicine, students and residents to become involved in such work. At present, dozens of students, researchers from beyond medicine and residents are part of our various studies. Their youth, open-mindedness, and imagination add immeasurably to our research. I consider 'creating a next generation of researchers' as central to my role.

Of course, there are strong and well-established research areas that will continue under the CSPC umbrella. Elsewhere in this report you can find information about many of these, particularly CPCSSN, health services and medical education research, and studies about improving the health of indigenous populations and those with intellectual and developmental disabilities.

As the newcomer to the CSPC hierarchy with only a few months as Director, I am particularly indebted to the wonderful team of research associates, administrative people and, in particular, Dr. Rick Birtwhistle, for years of excellent management and innovation. I also thank our Advisory Council and particularly Marg Alden for shaping and shepherding the CSPC and continuing to do so. That Council includes a small but dedicated group of Faculty from across Health Sciences whose involvement enriches the CSPC.

Knowing that the day-to-day function of the CSPC is in great hands has enabled me to build research capacity among our residents whose presentations at our annual Research Day are remarkable. I have the luxury of being able to consider the 'big picture' of whether the Centre should have a specific research focus, and to imagine how we might fill those many gaps in the evidence that shapes our day to day clinical practice.

## MESSAGE FROM THE DEPARTMENT HEAD



**Dr. Michael Green, MD, MPH, CCFP, FCFP**  
**Head, Department of Family Medicine**  
**Queen's University**

**T**he Centre for Studies in Primary Care (CSPC) has completed another successful year leading scholarly work and research programs.

Currently the centre manages about 37 projects which vary in size, scope and duration. The CSPC continues to mobilize knowledge through numerous publications and presentations, and is viewed as an important contributor at national and international conferences related to the advancement of knowledge in primary care.

This year has been a transitional one in terms of leadership at the CSPC. We bid adieu to Dr. Richard Birtwhistle, who has been at the centre's helm since 2007, and welcomed Dr. Susan Phillips as incoming Director of Research.

Dr. Phillips, MSc, CCFP, a Professor in Family Medicine and Public Health Sciences, has been a Queen's faculty member since 1994. She brings a unique skillset to the centre, with expertise in epidemiology, gender, equity and women's health. Her numerous awards include an Honorary Doctor degree (Umeå University, Sweden), the Geeta Gupta Equity and Diversity Award (CFPC), and the May Cohen Gender Equity Award (AFMC). A senior researcher with internationally recognized expertise in gender as a social determinant of health, Susan has been a visiting scholar at the Umeå (Sweden) Centre for Gender Studies, and an advisor on gender for the EU, the French and Swedish Research Councils, the WHO, and the World Bank. She has also served as gender and equity consultant for a multi-year Canadian Government-funded project in Bosnia and Serbia.

We look forward to supporting the CSPC under Dr. Phillips' guidance as new research areas are explored and faculty members continue to be supported in their pursuit of knowledge in family medicine.

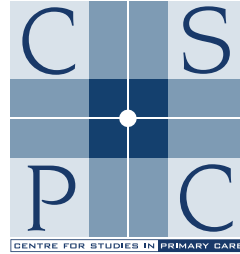
Additionally this year, we welcomed Dr. Eva Purkey as the Department of Family Medicine's Associate Director of Research. A faculty member since 2014, Dr. Purkey brings expertise in global health and health of vulnerable populations.

The centre continues to house the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) – a major national initiative co-ordinated in the Queen's Department of Family Medicine – to increase our knowledge about the diagnosis and management of chronic diseases. The CPCSSN data is now recognized as an integral piece that will help drive continuous improvement in the primary-care setting.

I would also like to take this opportunity to note the many accomplishments of the CSPC research staff, who work tirelessly to contribute to various research projects and portfolios ensuring that the highest quality of work is produced, promoted, and celebrated as worthy contributions in primary care and family medicine research.



## EXECUTIVE SUMMARY



**T**he Centre for Studies in Primary Care (CSPC) acts as the research arm of the Department of Family Medicine (DFM) at Queen's University. As such, the CSPC provides the DFM with support for research development, coordinates faculty-led portfolios, directs the resident research-teaching program, convenes Primary Care Research Day, and helps to build capacity in primary care research by providing an environment that supports research training and academic excellence. The CSPC's research activities are diverse, and a number of strong portfolios have emerged throughout the years.

These portfolios include: The Canadian Primary Care Sentinel Surveillance Network (CPCSSN) and its local entities, Educational Research, including assessment, and competency-based medical education, Community and Program Evaluation, Global Health Research, and Intellectual and Development Disabilities Research. The CSPC supports all topics relevant to the practice of primary health care, primary care chronic disease surveillance, health services research, population health, health promotion, use of electronic medical records, and evidence assessment for clinical practice.



To learn more about the CSPC's research activities and project highlights, consult the CSPC's website at [www.queensu.ca/cspc/](http://www.queensu.ca/cspc/) and follow along on Twitter @CSPC\_QueensU.

## HONOURS AND AWARDS

**Dr. Ian Casson**

The CSPC is pleased to announce that Dr. Ian Casson is the 2017 recipient of the Steve Cutway Accessibility Award. The award, established in 2018 in honor of Steve Cutway, a long-serving Queen's employee who was committed to advancing accessibility for students and staff with disabilities. This award honors Dr. Casson's lead role in the development of a Health Checks toolkit which assists health-care providers in caring for patients with intellectual and developmental disabilities.

**Dr. Eva Purkey**

The CSPC is proud to share that Dr. Eva Purkey is the recipient of a Sadok Besroun Grant for Global Health Projects. The award, supported by the College of Family Physicians of Canada Foundation and the Sadok Besroun Foundation, supports activities in global health-care projects. The grant will go towards supporting Dr. Purkey's work developing research capacity among health workers on the Thai-Burmese border.

**Dr. Karen Schultz**

The CSPC congratulates Dr. Karen Schultz, recipient of the College of Family Physicians of Canada's Jim Ruderman Family Medicine Leadership Award. The award is named in honor of Dr. Jim Ruderman, Chief of Family Medicine at Toronto's Women's College Hospital from 1992 to 2014. It recognizes outstanding family physician academics who embody wisdom, equanimity, compassion, and the capacity to attract and mentor talented individuals and create a dynamic and productive team.



## NEW ADDITIONS

The CSPC is delighted to announce the addition of three new faces. **Dr. Susan Phillips** joins the centre as the CSPC Director. Dr. Phillips joined the Department of Family Medicine as faculty member in 1994. Her research interests include how the external world, including the environment, socioeconomic factors, gender, connectedness or marginalization get "under the skin" to affect individual health. Her areas of expertise include research methodology, epidemiology, gender, equity and health, and women's health. From extensive research on older adults, she became more and more convinced that what happens early in life affects a person's health forever more. She is now studying adverse experiences of childhood, and anxiety and resilience in children and youth.



Left to right: Dr. Susan Phillips, Dr. Eva Purkey, Dr. Imaan Bayoumi

**Dr. Eva Purkey** has recently become the Associate Director of Research in the Department of Family Medicine. Her focus is global health, that is, health of people who are marginalized. Dr. Purkey's expertise lies in global health, including international health, immigrant and refugee health, and health of vulnerable populations within Canada. Her research interests include adverse childhood experiences and their impact on adult health and health-care utilization; trauma-informed care as an intervention in primary care; improving health outcomes for marginalized populations in Canada and abroad; health policy; and international health of vulnerable populations. Dr. Purkey, who joined the department as a faculty member in 2014, is passionate about working with people experiencing structural violence, and about examining and advocating to change the structures that inflict this violence.

The department is pleased to welcome **Dr. Imaan Bayoumi**, a family physician and new researcher at the Centre for Studies in Primary Care. She holds a Masters of Health Research Methodology from McMaster University and has completed the TUTOR-PHC Fellowship and the NAPCRG Grant Generating Project Fellowship. She is a Fellow at the Institute for Clinical Evaluative Sciences and a member of the Scientific Committee of TARGet Kids!, Canada's largest practice based research network for children. Prior to coming to Queen's, she worked at the Kingston Community Health Centres, as well as in a community practice, in academic family medicine at McMaster University, as a hospitalist for the Rehabilitation Medicine service at Providence Care and as lead physician in the Kingston Chronic Wound Clinic. Her research interests include social determinants of health and health equity with a focus on primary health care delivery for socially vulnerable children and adults with mental health disorders.

## THE CSPC TEAM



**Left to right: Lynn Roberts, Mary Martin, Lorne Kinsella, Marissa Beckles, John Queenan, Rachael Morkem, Susan Phillips, Imaan Bayoumi, Ken Martin, Han Han, Behrouz Ehsani, Colleen Grady, David Barber, Eva Purkey**



## PRIMARY CARE RESEARCH DAY 2018

**P**rimary Care Research Day is the CSPC's biggest event of the year. The day brings together Department of Family Medicine faculty members, Queen's Family Health Team staff, residents from all four distributed sites, faculty from across Queen's University, and community healthcare providers. The objectives for the day are to acquire new clinical knowledge to implement into one's practice, comprehend and use research methods, critical appraisals, program evaluations and clinical audits in future scholarly work, and to formulate a model for being a community based researcher.

At this year's Primary Care Research Day we welcomed Dr. Gail Webber, a family physician researcher with the University of Ottawa. Dr. Webber is an Assistant Professor in the Department of Family Medicine at the University of Ottawa. Her well-attended keynote address was entitled "Why be a Family Physician Researcher?: My Top Ten Reasons".

Dr. Webber shared her interest in research by providing a glimpse into the projects in which she is involved related to maternal health in Mara Region in Tanzania, Africa. She has been conducting research in Tanzania for several years with a long history of interest in maternal health. Her work on the 'Saving Mothers' Project is focused on increasing access to safe medical care for women and initial results are positive.

Dr. Webber's countdown of the top ten reasons demonstrated her passion as a family physician researcher, citing that family physicians are in the best position to ask the important questions that need to be asked in primary care, that it feeds one's curiosity and need for fun but, most importantly, it offers the opportunity to impact an entire population. And that matters.



**Dr. Gail Webber, Assistant Professor in the Department of Family Medicine at the University of Ottawa delivering the keynote address entitled "Why be a Family Physician Researcher?: My Top Ten Reasons"**



Left to right: Dr. Puneet Chawla, Dr. Ashley Epp, Dr. Hannah Buhariwalla, and Dr. Madura Sundareswaren

A total of 178 guests attended Primary Care Research Day. Postgraduate year-two family medicine residents presented their research as either a poster or oral presentation. This year there were 20 oral presentations and 38 poster presentations; each were evaluated by two judges. Projects were assessed based on topic relevance, quality of presentation, and integration of new knowledge. The four projects chosen as the “Best Academic Research Projects” were:

Dr. Hannah Buhariwalla (Peterborough-Kawartha) Application of the 'surprise question' to improve code status discussion and documentation in primary care

Drs. Puneet Chawla (Kingston) and Ashley Epp (Kingston) Loved ones' experiences of a medically assisted death

Dr. Farah Pabani (Belleville - Quinte) Student self-assessment of global competency performance on a clerkship OSCE

Dr. Madura Sundareswaran (Peterborough-Kawartha) Screening for hepatitis C among patients with a documented history of intravenous drug use: an evaluation of 2 primary care practices in Peterborough, Ontario



**Dr. Farah Pabini**

Thank you to all speakers, judges, moderators and guests for making the day such a success. Please join us on Thursday February 28th, 2019 when we plan to celebrate the 15th annual Primary Care Research Day.

## 2018 PRIMARY CARE RESEARCH DAY PRESENTATIONS:

**Dr. Sarah Albadry** Syrian refugees' perception of primary care in Canada

**Dr. Gabor Bacskai** Cognitive rest as part of a post-concussion treatment plan: A critical appraisal of the evidence

**Drs. Kelly Bishop & Patrick Edwards** Integrating a formal leadership curriculum into the Family Medicine Residency Program: A resident needs assessment

**Dr. Hannah Buhariwalla** Application of the 'surprise question' to improve code status discussion and documentation in primary care

**Drs. Breanne Carey & Corban Hart** Community engagement for the promotion of physical activity: From healthcare clinic to the YMCA

**Dr. Calvin Chan** How Emergency Department set-up affects resident learning experience

**Dr. Wilfrid Chan** Environmental scan of all leadership activities in Queen's DFM residency curriculum

**Drs. Puneet Chawla & Ashley Epp** Loved ones' experiences of a medically assisted death

**Dr. Henry Chen** Comparing quantification of alcohol consumption and exercise by tablet administered questionnaire and face-to-face interview: A pilot study

**Dr. Betty Chiu** The effect of financial incentives for medical secretaries on cervical cancer screening completion rates

**Dr. Angela Coccimiglio** Hepatitis C screening in the Central East Correctional Centre

**Dr. Katelynn Comeau** Five year update analysis of adolescent preventive health visits at QFHT: Primary care clinic audit and recommendations for increased recall





**Dr. Ethan Tournishey** presenting his poster on “Mixed-methods analysis of the implementation of the South East Integrated Information Portal amongst family physicians”

**Drs. Alastair Crow & Supreet Sunil** Does point-of-care-ultrasound teaching increase resident ultrasound use in an academic family medicine clinic?

**Drs. Brittany Dyer & Kaylin Woods** Medical Assistance in Dying: Informing an undergraduate medical education curriculum

**Dr. Bryan Fukakusa** Delivery of health care to military families among western allied nations: A comparative policy analysis

**Dr. Merry Guo** Should we screen for vitamin B12 deficiency in prenatal care to reduce the risk of neural tube defects?

**Drs. Bretton Hari & Maryam Taheri Tanjani** Perceptions of PPI prescribing amongst residents and fellows training in primary and specialty care

**Dr. Nathaniel Hart** Role of epinephrine in cardiac arrest

**Dr. Tara He** The design of an end-of-shift feedback card for use by family medicine residents in a small urban community emergency

**Dr. Michael Heseltine** Does the use of waveform capnometry for procedural sedation in the emergency department decrease adverse outcome

**Dr. Carina Hoang** Use of Internet-based Cognitive Behavioural Therapy (ICBT) by primary care providers for depression and anxiety



- Drs. Peter Hong & Philip Lee** Ultrasound training for FM residents: Examining the outcomes and feasibility of a pilot US curriculum
- Dr. Amy Hung** Voices of new parents on their infant feeding experience
- Dr. Kim Hunter** Youth health risk behaviours in rural Uganda
- Dr. Sandra Huynh** The effects of a Care Initiation Area in the Emergency Department at Kingston General Hospital
- Dr. Ariel Isackson** Screening improvements for Indigenous Canadians with diabetic kidney disease
- Dr. Vivian Jia** Patient willingness to use online booking in Durham region
- Dr. Murtaza Kapasi** Overcoming language barriers through training of health professional students as volunteer interpreters
- Drs. Siobhan Kavanagh & Matthew Verge** Polypharmacy and falls in long term care
- Dr. Brittnee Kegler** one+one: A new mentorship program between family medicine residents & medical students
- Dr. Heather Khey Beldman** Kingston's preparedness in the face of a carfentanil crisis: An initial needs assessment
- Dr. Sadea Laboni** A systematic review: Fixed low dose combination of Cinnarizine and Dimenhydrinate vs Betahistine - a comparison of efficacy in the management of vertigo
- Dr. Colin Lavery** Leadership curriculum mapping
- Dr. Matthew Legassic** Screening for disordered gambling in primary care
- Dr. Katherine LePage** Do Not Resuscitate Orders following a suicide attempt: Lessons learned from an ethical dilemma in the Emergency Department
- Dr. Nathan Maguire** Psychosocial factors affecting weight loss post-bariatric surgery
- Dr. Julie McCarthy** Supported self-management tools for anxiety and depression for primary care providers
- Dr. Catherine Monnin** Dementia and the talk: Dealing with the lion, rhinoceros and camel in the room
- Dr. Mathew Moore** Combination needle driver + scissors for primary care
- Dr. Leanne Murphy** Short course Dexamethasone versus 5 days of Prednisone for treatment of acute asthma exacerbation
- Drs. Anna Naylor & Dash Randsalu** Perceptions towards opioid tapering among physicians treating patients with chronic non-cancer pain
- Dr. Farah Pabani** Student self-assessment of global competency performance on a clerkship OSCE

**Dr. Igor Portnoi** Actinic keratosis: Best ways to treat

**Dr. Hollis Roth** Role of paramedic services in providing palliative care at end of life: A literature review

**Dr. Humaira Saeed** Metabolic monitoring: Atypical antipsychotic prescribing practices at the Queen's Family Health Team (QFHT) with a quality improvement approach

**Dr. Scott Shallow** Standardization of the Exercise Vital Sign at Queen's Family Health Team

**Dr. Brittany Shaw** Does direct observation of clinical skills impact an academic advisor's confidence in their evaluation of competency of a resident?

**Dr. Hao Shi** Near Field Communication: The next frontier in healthcare communication -- A review of NFC applications in modern healthcare

**Dr. Maggie Siu** The forgotten Pap?: Using CPCSSN data to explore the effect of primary care utilization on cervical cancer screening rates in women with depression

**Dr. Nardhana Sivapalan** Barriers to obesity management and bariatric surgery

**Dr. Simon Steunenberg** Split tablets for cost savings

**Dr. Madura Sundareswaran** Screening for Hepatitis C among patients with a documented history of intravenous drug use: An evaluation of 2 primary care practices in Peterborough, Ontario

**Dr. Shain Thakrar** Physician perceptions of video recording during procedures

**Dr. Ethan Toumishey** Mixed-methods analysis of the implementation of the South East Integrated Information Portal amongst family physicians

**Dr. Alexis Twiddy** Platelet rich plasma for rotator cuff tendinopathy

**Dr. Sheila Wang** Assessing emotional and behavioural development in children: How we are doing and why it matters



**Dr. Henry Chen presenting his work “Comparing quantification of alcohol consumption and exercise by tablet administered questionnaire and face-to-face interview: A pilot study”**





## CURRENT PROJECTS

ORGANIZATION	FUNDING	INVESTIGATORS	PROJECT
Medtronic	\$291,490	Barber D, Zevin B, Houlden R, Birtwhistle R, Smith K, Morkem R, Dalgarno N.	Exploring barriers for access to weight management care for morbidly obese patients with type II diabetes within Southeast LHIN
Shire Pharmaceuticals Group PLC	\$143,240	Barber D, Birtwhistle R, Morkem R.	The frequency and trends of use of antipsychotics in children and adolescents from 2008 to 2015 in the Canadian primary care population
Transdisciplinary Understanding and Training on Research - Primary Health Care	\$10,000	Bayoumi I.	Funding equity for persons with mental illness under primary care reform in Ontario
Calian Group Ltd.	\$105,000	Birtwhistle R.	Identifying military families and veterans in the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) database to study the health of military families and veterans
Canadian Institutes of Health Research	\$3,750	Birtwhistle R.	Program for the identification of actionable atrial fibrillation in the family practice setting (PIAAF-FP)
Canadian Institutes of Health Research	\$8,200	Birtwhistle R.	Home-based screening for early detection of atrial fibrillation in primary care patients aged 75 years and older: The SCREEN-AF randomized trial
Canadian Institutes of Health Research/SPOR Network	\$300,000	Birtwhistle R.	Diabetes Action Canada - SPOR Network in diabetes and its related complications

## CURRENT PROJECTS

ORGANIZATION	FUNDING	INVESTIGATORS	PROJECT
Public Health Agency of Canada	\$1,077,163	Birtwhistle R, Barber D, Rosser W.	Enhanced surveillance for chronic disease program (PHAC-DPT)
Eli Lilly Canada	\$53,600	Birtwhistle R, Queenan J.	The prevalence, burden and management of dementia in Canadian primary care
Merck	\$123,500	Birtwhistle R, Queenan J.	Exploring the prevalence of zoster amongst patients with diabetes in a Canadian primary care dataset in comparisons to other high-risk and low-risk patients
Public Health Agency of Canada	\$9,900	Birtwhistle R, Queenan J, Ehsani B.	Tracking Mild Traumatic Brain Injury (mTBI) and concussions using electronic medical records: A proof-of-concept
Shire Pharmaceuticals Group PLC	\$150,500	Birtwhistle R, Queenan J, Ehsani B.	Assessment of the rates of high-risk symptom categories for mucopolysaccharidosis type II in Canadian pediatric patients, with and without a confirmed MPS diagnosis
CSPC Research Initiation Grant	\$17,812	Gemmill M, Grier L, Casson I, Bobette N.	Primary care physician and allied health care provider attitudes and perceptions of the identification of adults with suspected mild intellectual disability
Southeastern Ontario Academic Medical Organization Innovation Fund	\$97,343	Gemmill M, Casson L, Grier L.	Implementation and evaluation of Health Links' coordinated care plans tailored for adults with intellectual and developmental disabilities



## CURRENT PROJECTS

ORGANIZATION	FUNDING	INVESTIGATORS	PROJECT
Maudsley Scholarship Grant	\$4,963	Grady C, Wolfrom B, Schultz K, Knarr N, Johnston E.	Establishing learning objectives for a leadership skills development curriculum in family medicine
Canadian Institutes of Health Research	\$80,213	Green M, Han H, Calam B, Jacklyn K, Walker L, Crowshoe L.	Educating for equity: Exploring how health professional education can reduce disparities in chronic disease care and improve outcomes for Indigenous populations
Canadian Institutes of Health Research	\$952,425	Green M, Han H, Calam B, Toth E, Jacklyn K, Walker L, Crowshoe L, Henderson R.	Educating for equity: Indigenous patient empowerment through critical education of patients and physicians in addressing social pathways to diabetes
Ministry of Health and Long-Term Care	\$48,392	Green M.	Evaluating Health Links: A cross sectional patient experience survey
Ministry of Health and Long-Term Care	\$2,087,547	Green M.	Primary health care as the foundation for health system performance, integration and sustainability: INSPIRE-PHC 2
CSPC Research Initiation Grant	\$13,103	Griffiths J, Dalgarno N, Donnelly C.	Competency based medical education implementation: How are we shifting assessment culture?
CSPC Research Initiation Grant	\$6,345	Howse K, Dalgarno N.	Residents' perception of well-being and dealing with burnout: Resident ice cream rounds
Department of Medicine, Division of Nephrology, Queen's University	\$5,293	Iliescu E, Barber D, Morkem R.	Primary care practice patterns in the identification of patients with chronic kidney disease in South Eastern Ontario

## CURRENT PROJECTS

ORGANIZATION	FUNDING	INVESTIGATORS	PROJECT
Frontenac Paramedic Services	\$81,055	Kotecha J, Birtwhistle R.	Environmental scan and a needs assessment to support the development of a paramedic wellness program for frail older adults
TVN Impact Grant	\$85,120	Kotecha J, Birtwhistle R.	Enhancing the primary healthcare system's ability to identify and plan with seriously ill frail elderly
Ministry of Health and Long-Term Care	\$40,075	Kotecha J, Phillips P.	A review of home services offered by seniors associations across Ontario to support healthy aging in the home and how these services can be leveraged by primary care
CSPC Community Projects Research Initiation Grant	\$19,804	Ladouceur J, Bobbette N, Leavitt A, Grier L, Gemmill M, Casson I.	Applying the Health Links approach for adults with dual diagnosis and complex needs in the Quinte Health Link
Janus Research Grant, CFPC	\$7,450	LeBlanc S, MacDonald S, Zimmerman D, Schultz K, Dalgarno N.	The development, implementation and evaluation of an integrated competency-based medical assistance in dying curriculum: The experience of one Family Medicine training program
Clinical Teachers' Association of Queen's University Endowment Fund	\$17,548	MacDonald S, Walker R, Taylor D, van Wylick R, Smith K, LeBlanc S, Schultz K, Simpson M, Zimmerman D, Lafleche M-J, Fundytus A, Egan R, Dalgarno N.	Developing and implementing an integrated Medical Assistance in Dying (MAID) curriculum into the specialty residency training programs at Queen's University
Canadian Institutes of Health Research	\$18,180	Miller J, Hill J, MacDermid J, Marsh J, Richardson J, Taljaard M, Wideman T, Cooper L, MacPhee C, Vader K, Grady C, Barber D, Norman K, Green M, Donnelly C, French S, Roberts L.	Determining the impact of a new physiotherapist led primary care model for low back pain - A pilot study for a cluster randomized controlled trial

## CURRENT PROJECTS

ORGANIZATION	FUNDING	INVESTIGATORS	PROJECT
CSPC Research Initiation Grant	\$8,200	Phillips S, Batchelor D.	Assessing resilience among children and youth in primary care
Foundation for Advancing Family Medicine	\$2,500	Purkey E.	Global Health, Foundation for Advancing Family Medicine
CSPC Research Initiation Grant	\$19,760	Purkey E, Bartels S, Beckett T, Davidson C, MacKenzie M.	Adverse childhood experiences and frequent emergency department use: Opportunities for improved care in emergency departments and primary care
CSPC Research Initiation Grant	\$16,999	Purkey E, Patel R, Beckett T, Mathieu F.	Women's experience of trauma-informed care in the context of chronic disease management in family medicine
CSPC Community Grant	\$12,587	Ward M, Schultz K, Griffiths J, Dalgarno N, Grady C, Roberts L.	Faculty perceptions of scholarship in the Queen's Department of Family Medicine community-based distributed sites
CSPC Research Initiation Grant	\$4,600	Webster R, Donnelly C, Leavitt A, Adams C, Bobbette N, Lyn S, Cao Y, Proulx J, Lavasseur K, DiGiovanni A.	Multidimensional outcomes in primary care
CSPC Research Initiation Grant	\$12,588	Webster R, Donnelly C, Leavitt A, Adams C, Bobbette N, Lyn S, Cao Y, Proulx J, Lavasseur K, DiGiovanni A.	Multidimensional outcomes in primary care: Part 2
CSPC Research Initiation Grant	\$15,886	Wolfrom B, Schultz K, Green M, Hall Barber K, Howse K, Hacking P, Grady C, Johnston E, Dalgarno N.	Integrating a formal leadership curriculum into the Department of Family Medicine residency program

## CANADIAN PRIMARY CARE SENTINEL SURVEILLANCE NETWORK (CPCSSN)

## CPCSSN National



Principal Investigator: Dr. Richard Birtwhistle

**T**he Centre for Studies in Primary Care continues to host the central office of the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) at Queen's University. CPCSSN extracts patient health data from the electronic medical records (EMRs) of participating health care practitioners (sentinels) across Canada. This anonymised data is used to conduct public-health surveillance and research

focused on chronic and infectious disease in Canada. The original eight key chronic conditions (diabetes, high blood pressure, depression, arthritis, COPD, dementia, epilepsy and Parkinson's disease) have been expanded to include Herpes Zoster, Pediatric Asthma and Chronic Kidney Disease. We have also produced machine learning enhanced case definitions for diabetes, high blood pressure, depression, and arthritis. CPCSSN supplies practitioners with information on their practice population.

Since its inception in 2008, the network has recruited and collected patient data for 1,311 primary care health care professionals (HCP's) that include primary care physicians and nurse practitioners (HCP's) and is extracting and processing EMR data at 257 practice sites that span seven provinces and one territory (NWT). In addition, CPCSSN data has been used to train 15 postgraduate students and 10 medical resident trainees, fellows and post docs. As of April 30, 2018, CPCSSN contained the detailed health information of 1,820,500 patients.

Over the last eight years, CPCSSN has become an award-winning leader in the extraction, improvement and use of EMR data in Canada. The network continues to provide all participating practitioners with feedback reports, comparing

information about their patient population and key health indicators with their colleagues at the site and at regional, provincial and national levels. In 2017 CPCSSN data was utilized to produce 48 peer reviewed publications.

CPCSSN's main source of funding continues to be the Public Health Agency of Canada (PHAC). We have implemented a multi-site evaluation study entitled "The implementation of the 'CPCSSN Data Presentation Tool' in primary care clinics and public health units to enhance the surveillance, prevention and management of chronic disease". The CPCSSN Data Presentation Tool (CPCSSN-DPT) provides users with ready access to their data (for querying and reporting) after it has undergone processing and cleaning. The aim of the project is to further develop, implement and evaluate the CPCSSN-DPT across Canada. To date we have successfully installed the CPCSSN-DPT in 43 sites across Canada and have implemented several improvements such as the addition of deprivation indices, a mapping function, an improved case finder search function and a specialized "diabetes dashboard". Funding from this study has been partially used to perform a major upgrade to CPCSSN's information technology infrastructure. In early 2018, the PHAC provided extra funding to expand the project to include the North West Territories.

## CANADIAN PRIMARY CARE SENTINEL SURVEILLANCE NETWORK (CPCSSN)

CPCSSN is participating as an active partner in the 5-year CIHR-funded project Diabetes Action Canada. CPCSSN provides primary care data on diabetes patients across Canada and critical IT components & processing as a service to the project. The objective is to create a diabetes registry for practices as well as research infrastructure for clinical trials. Other partners include the Canadian Frailty Network and the Canadian Institute for Military and Veterans Health Research. CPCSSN is currently upgrading its regional and central IT infrastructure to use newer technology hosted at Queen's Centre for Advanced Computing. This will enable CPCSSN to enhance and expand on its EMR data extraction, processing and reporting capabilities, as well as offering online portals for researchers using CPCSSN data. CPCSSN continues to place a high priority on finding sustainable long-term funding.

In January 2018, PHAC invited CPCSSN to prepare a detailed business case proposal for long term infrastructure and analytical services. CPCSSN is uniquely positioned to provide data and analytical services to the PHAC to enhance its primary care surveillance interests in chronic disease and multimorbidity, frailty, obesity, prescription opioid use, Hepatitis C, Post-

Traumatic Stress Disorder (PTSD) in both civilian and military populations, as well as established and emerging infectious disease threats such as influenza, Zika and Lyme Disease. In fact, CPCSSN is already working to support these areas of investigation, including the prevalence of PTSD in primary care and is collaborating on a CIHR proposal to build a Lyme Disease network where CPCSSN is undertaking qualitative research approaches to engage patients and their physicians on opportunities to improve the diagnosis and treatment of Lyme Disease.

In addition, CPCSSN has been invited to participate in an application to Cancer Research UK's "Grand Challenge" competition. Researchers at the University of Amsterdam lead the study and have been shortlisted as one of ten applications that will be funded. If successful, CPCSSN will join 5 other countries to apply statistical and machine learning techniques to very large data sets in an effort to detect unknown early signs of cancer. The total amount of funding available for the entire study is approximately \$10 million CDN.

CPCSSN continues to accept funding opportunities by working with the private sector, such as funded research grants from pharmaceutical companies. For these

partnerships, only aggregate data and reports are provided and all projects conform to the ethical partnership framework, which the CPCSSN Steering Committee has developed for working with industry.

CPCSSN actively participates in development of EMR data content standards with the Canadian Institute of Health Information (CIHI) and other jurisdictional stakeholders and in health information technology innovation projects with Canada Health Infoway. We are recognised as the national leader in EMR data collections, data quality improvement and providing usable health data to researchers, primary care practices and other organisations.



## CANADIAN PRIMARY CARE SENTINEL SURVEILLANCE NETWORK (CPCSSN)

## CPCSSN Regional



**Principal Investigator: Dr. David Barber**

The Eastern Ontario Network (EON), the Department of Family Medicine's Practice Based Research Network (PBRN) has been hard at work developing collaborations with colleagues and partners here at Queen's and at other institutions across Canada. While originally founded as one of 11 networks across Canada that comprise the CPCSSN project, the EON has since developed into an independent PBRN with a goal to

leverage electronic medical record data to transform primary care through cutting-edge research that impacts patient care and management.

The EON team has received funding for two new research projects. The first, funded by Shire Canada, examines the prescription of atypical antipsychotics to children with ADHD. The second, funded by Medtronic Canada, explores primary care providers' experience advising patients about weight loss and examines the number of patients eligible for bariatric surgery within our LHIN. The end result of this research will be a continuing professional development morning educating primary care providers about best practices to help patients achieve healthy weights.

The EON team had two significant publications this year. The first was using CPCSSN's national data to look at primary care prescribing of antidepressants to children and adolescents. The second looked at prescribing patterns of ADHD medications to the Canadian population by primary care providers. We were also involved in seven poster presentations at the North American Primary Care Research Group meeting in Montreal.

EON collects data on over 200,000 patients in the Eastern Ontario region, and using this data for research and quality improvement is integral to improving the efficiency of Ontario's health-care system and increasing the quality of care to its residents.



## CANADIAN PRIMARY CARE SENTINEL SURVEILLANCE NETWORK (CPCSSN)

### CPCSSN Regional



**Principal Investigators:** Dr. David Barber and Dr. Boris Zevin

**Co-Investigators:** Dr. Robyn Houlden, Dr. Richard Birtwhistle, Dr. Karen Smith, Rachael Morkem, Dr. Nancy Dalgarno

#### **Exploring barriers for access to weight management care for morbidly obese patients with type II diabetes within Southeast LHIN**

This two year project, funded by Medtronic, explores the barriers to accessing weight management care within the South East LHIN. This is an exciting project as it brings together multiple teams from across Queen's University. This includes members of the Continuing Professional Development team, CSPC, the Kingston Bariatric Centre of Excellence (KBCE), and CPCSSN.

This study has three main goals. The first, using CPCSSN data, is to explore the issue of obesity within the SELHIN. The aim is to identify the number of patients eligible for referral to the KBCE. The second aim is to explore, through quantitative study, barriers that patients endure while trying to achieve a healthy weight and those that primary care providers endure while seeking to support their patients on this journey. The third objective is to develop a medical education event in the fall of 2018 that provides education to primary care providers around the management of weight loss.

We expect to realize multiple benefits from this study. We hope to gain insight into the number of people within the SELHIN who might benefit from weight management support. This will help match resources to support patients in reaching a healthier weight. The identification of barriers to those patients seeking support can inform policy makers and providers as to what needs to be done to better strengthen care within our region and beyond. We also expect the medical education event to be very popular with primary care providers as the curriculum will reflect the needs identified through our research.

## COMMUNITY AND PROGRAM EVALUATION



**Principal Investigator: Dr. Michael Green**

### Educating for Equity

Indigenous Patient Empowerment through Critical Education of Patients and Physicians in Addressing Social Pathways to Diabetes has been awarded \$952,425 over 5 years through the CIHR Project Grant (2018—2023). The research team is led by Dr. Linden Crowshoe and Dr. Michael Green and also includes investigators from the University of British Columbia, the University of Calgary, the University of Minnesota and Queen's University.

This project is an extension of the “Educating for Equity” (E4E) CIHR International Collaborative Indigenous Health Research Team grant (2010-2016), that examined the impact of medical education on culturally safe care for Indigenous people in Canada, Australia and New Zealand. The E4E Canada team used a rigorous research approach to develop the E4E Care Framework © to assist physicians in their care of Indigenous patients with diabetes. The E4E Care Framework © identified the key social factors that affect Indigenous diabetes outcomes, suggested methods to address discord in the doctor-patient relationship, and proposed culturally informed ways to support Indigenous people in health care. It was very well received by physicians and has been pilot tested in family medicine settings in Northern Ontario.

The new E4E project will explore E4E educational approach to directly engage the Indigenous patients and explore whether this is more effective than providing E4E education merely to their family physicians. The research team will implement and evaluate these educational interventions within Alberta Primary Care Networks and will include both on- and off-reserve Indigenous communities.

A mixed-method, multi-measure, controlled design will be used to evaluate the E4E Critical Education interventions. Participants will be randomly assigned to intervention and control groups. Data collection includes patient chart audits, patient experience surveys and patient interviews. Primary outcomes include HbA1C and patient experience scores. Chart reviews prior to and post intervention will indicate impact of E4E Critical Education on clinical outcomes. Patient surveys and interviews will reflect changes in patient self-empowerment out of E4E education. Dr. Michael Green of Queen's Family Medicine and the CSPC will contribute to the development of E4E patient critical education and lead the evaluation of this program.



**Principal Investigator: Dr. Sarah LeBlanc**

**Co-Investigators: Dr. Susan MacDonald, Dr. Daniel Zimmerman, Dr. Karen Schultz, Dr. Nancy Dalgarno**

### **The Development, implementation and evaluation of an integrated competency-based medical assistance in dying curriculum: The experience of one Family Medicine training program**

Discussions regarding medical assistance in dying (MAID) have been in the Canadian public eye since Sue Rodriguez's appeal to the Supreme Court in 1993. MAID became a Canadian reality in 2015 with the landmark Supreme Court decision in Carter v. Canada and subsequently, when Bill C-14 received royal assent in June, 2016. The purpose of this research is to develop an integrated Family Medicine (FM) MAID residency curriculum. Through a mixed method design, we have conducted a survey of Family Medicine preceptors and residents, and a Delphi process with leaders within the Department of Family Medicine. The data analysis from the survey and Delphi informed the development of nine MAID-specific learning outcomes for the residency program. We are presently in the process of determining how best to assess these outcomes given the present assessment tools and system processes. The next steps will be to focus on faculty development and continuing professional development activities to help ensure that the MAID curriculum is taught as

intended. Following the integration of the learning outcomes into the residency curriculum, we will be conducting an evaluation of the educational impact of the MAID curriculum on knowledge and clinical behavioural changes through a pre- and post-curriculum implementation test administered to our Family Medicine residents. This study will ensure that our integrated MAID curriculum is designed to meet the learning needs of our residents and preceptors, is delivered in a manner consistent with meeting those needs, and is effectively evaluated.

## EDUCATION RESEARCH



**Principal Investigator: Dr. Susan MacDonald**  
**Co-Investigators: Dr. G. Ross Walker, Dr. David Taylor, Dr. Richard Van Wylick, Dr. Karen Smith, Dr. Sarah LeBlanc, Dr. Karen Schultz, Dr. Matt Simpson, Dr. Daniel Zimmerman, Dr. Marie-Josée Lafleche, Dr. Adam Fundytus, Dr. Rylan Egan, Dr. Nancy Dalgarno**

### **Developing and implementing an integrated Medical Assistance in Dying (MAID) curriculum into specialty residency training programs at Queen's University**

The legalization of medical assistance in dying (MAID) in Canada became official in June 2016. Given this change in legislature, it will be important to integrate MAID effectively into medical residency training programs' curricula as patient requests are increasing in number. Not surprisingly, there is a dearth of literature in this field and what scholarly work that has been done indicates residency education involving MAID is primarily associated with end-of-life and palliative care. This research involves the 29 specialty programs at Queen's with the goals being to:

- i. Explore the perceptions of residents and preceptors, in the medical specialty areas, about MAID.
- ii. Determine the critical elements of a competency-based MAID residency curriculum and effectively integrate them into the specialty residency curricula, and
- iii. Provide faculty development (FD) and continuing professional development (CPD)

to ensure that the MAID curriculum is effectively taught and assessed.

This research mirrors the research conducted in the Department of Family Medicine. To date, we have completed a residency survey and are presently conducting a preceptor survey to determine interest and knowledge about MAID, experiences with MAID, willingness and readiness to learn and/or teach about MAID, anticipation of participating in MAID, and recommendations for curricular content for residents, FD and CPD. The results from these surveys and a Delphi process with curriculum leaders in each specialty, will inform the development of residency learning outcomes and integrate them into the competency-based assessment process. Finally, the analysis of data will inform the development of FD and CPD activities to help ensure the MAID learning outcomes are addressed and mapped onto the Royal College of Physicians and Surgeons of Canada's CanMEDS competency framework. The outcome of this study will be the development of a MAID curriculum that can be integrated into Queen's medical specialty residency training programs.





**Principal Investigator: Dr. Michael Ward**

**Co-Investigator: Dr. Karen Schultz, Dr. Jane Griffiths,  
Dr. Nancy Dalgarno, Dr. Colleen Grady, Lynn Roberts**

### **Understanding and promoting educational scholarship among community family medicine preceptors**

There is a recognized disconnect between community-based family physicians' clinical work and their engagement in educational scholarship (ES). There is a paucity of data reflecting community family medicine (FM) preceptors' interest and collective understanding of scholarship as proposed by Boyer in his landmark narrative. The functions of the scholarship of Discovery, Integration, Application, and Teaching have been

studied extensively in the academic setting but less so, if at all, in the community. The recent increase in provision of distributed teaching sites at both undergraduate and graduate levels has created a unique opportunity to study and promote scholarly development outside of classic academic centers. The three existing satellite FM residency sites in Belleville, Peterborough and Oshawa represent an excellent opportunity to study ES in the community.

To this end, we have engaged fifteen community FM preceptors from these three sites in this phenomenological study. Using a semi-structured interview design, we sought to assess their collective thoughts, ideas, and perceptions of educational scholarship. We attempted to define important real-life barriers and facilitators to their increasing involvement in ES. Importantly, we examined their interest in ES as a conduit to offer improvement in their professional practice, their patients' care, their clinical teaching skill and their communities' health at large.

We have discovered that community FM preceptors are not well acquainted with the definition of ES as it relates to the four pillars of Boyers' classic model; in fact, most FM preceptors associated ES with research. Once oriented to Boyers' model of scholarship, community preceptors identified with the scholarship of Application and Teaching, more so than with Discovery and Integration. Perhaps not

surprisingly, community FM preceptors identified strongly as clinical teachers first and foremost. Additionally, we found that community preceptors recognize ES as a significant value to themselves. This is reflected in the value they believe it brings to their patients, communities and learners. Eleven of the fifteen preceptors interviewed were interested and willing to invest in the Scholarship of Discovery. They cited a critical lack of time and a scarcity of primary care research experience as barriers to this commitment. They acknowledged that on-site research expertise and support, as well as ongoing mentorship would be important facilitators. Family physicians are deeply committed to the care of their patients and the majority of respondents recognized this as their professional priority.

There is a growing commitment to the Scholarship of Discovery in the community and we will continue to look for solutions to barriers that currently hamper this enthusiasm. Perhaps the uniqueness of community practice and its growing role in medical education will prompt a new descriptor that will adequately inform the evolving "scholarship of community medicine".

## EDUCATION RESEARCH



**Principal Investigator: Dr. Brent Wolfrom**

**Co-Investigators: Dr. Colleen Grady, Dr. Nancy Dalgarno, Dr. Karen Schultz, Dr. Kelly Bishop, Dr. Patrick Edwards, Dr. Wilfrid Chan, Dr. Colin Laverty**

### **Integrating a leadership curriculum into the Family Medicine residency program**

Recently, CanMEDS-FM updated the role of Manager to Leader, prompting medical programs to focus on learning that enables residents to meet leader competencies. With this updated role, family medicine residents will be required to demonstrate competence in healthcare improvement, resource stewardship, leadership in professional practice and practice management. The project team included four residents and the purpose of the study was to understand current capacity and learner readiness in the residency program to inform development of a structured leadership skills curriculum. Using a mixed methods approach, resident surveys, physician focus groups and interviews provided interesting data. Leader opportunities within the curriculum were identified and leadership activities mapped onto the CanMEDS-FM competencies in order to understand training gaps. Findings indicate that residents value current leadership training but did not feel confident in preparedness to meet Leader competencies. They identified a need for

further training, favoring mentoring and simulation exercises. Residents preferred to develop leader skills through Family Medicine clinicians rather than those with military or business leadership expertise. Faculty believed that leadership skills development was important to meet accreditation standards, enhance existing skills of residents, and better prepare them for future practice. Leader skills development is viewed as an essential component in Family Medicine training. This research provides the starting point for addressing gaps in curriculum. The next step is to develop comprehensive competency-based Leader-specific assessments to ensure competency achievement for physicians transitioning to practice.





**Principal Investigator: Dr. Eva Purkey**

**Co-Investigator: Dr. Rupa Patel**

### **The influence of childhood adversity on health and healthcare utilization**

The Adverse Childhood Experiences Study (ACE) is a large American study by Vincent Felitti and Robert Anda of huge importance that highlights the deep and pervasive connections between child adversity (trauma, abuse, and neglect) and all kinds of adult disease, from psychiatric illness and addiction to coronary artery disease and cancer. In 2016 our small research group completed a study looking at the interface between women with chronic diseases and a high burden of childhood

adversity (known as a high ACE score) and the primary care system. This study found, not surprisingly, that women would prefer a trauma-informed primary care system (and system at all levels) and that they feel this might improve their health seeking behavior.

In 2017 we began a study looking at the relationship between ACE score, resilience, and emergency department usage. We are still in the process of collecting data, but have already learned a ton about the challenges of implementing such a study in an emergency department setting. We will have both quantitative data looking at ACE, resilience, medical conditions, and utilization, as well as qualitative data illustrating the experience of emergency department users with high ACE scores.

Other “local global health” or health equity projects that are currently ongoing include (a) a project looking at palliative care services, gaps, and experiences for people experiencing homelessness funded by the South East LHIN, and (b) a CIHR funded project seeking to understand wellness journeys for the Inuit people of Arviat, Nunavut. Several investigators within DFM are also involved in a multi-site pilot study which is just beginning, investigating the feasibility of screening and intervening on the social determinants of health in primary care.

### **Capacity Building in Research Internationally**

#### **Principal Investigator: Dr. Eva Purkey**

The QE Scholars Network for Equity in Maternal and Child Health, funded by Universities Canada and SSHRC as part of the Queen Elizabeth II Diamond Jubilee Scholarship Program, is creating a network of international scholars interested in equity in maternal and child health. The purpose of this grant is to build partnerships and to strengthen research capacity in low and middle income countries relating to this topic. In the summer of 2018, between 6 and 10 international scholars will come to Queen’s from Thailand, Mongolia, and the Democratic Republic of the Congo (among others) to engage in research work and learning in Kingston, and several Queen’s scholars will be travelling internationally as well.

Building on long-time relationships with Ethnic Health Organizations (EHOs) on the Thai-Burmese border, funded in part by a grant from the Besrou Foundation of the CFPC and in part by the CSPC, and in partnership with Community Partners International, a research workshop will be held in Thailand in early April to build capacity among EHOs to engage in their own research activities in support of their population in light of the failure of the Myanmar government to engage in dialogue around health system integration.

## INTELLECTUAL AND DEVELOPMENTAL DISABILITIES RESEARCH



**Lead Investigator: Dr. Meg Gemmill**

**Queen's University Intellectual and Developmental Disabilities (QUIDD) Collaborative**

The Queen's University Intellectual and Developmental Disabilities (QUIDD) Collaborative is an initiative of Queen's Department of Family Medicine and the Centre

for Studies in Primary Care. The collaborative is composed of physicians, health-care providers, researchers and stakeholders who are committed to advancing research and education in intellectual and developmental disabilities (IDD) and to delivering quality health care to patients with an IDD and their families.

This year, QUIDD members continued to work on the 2015-2016 SEAMO-Innovation Grant-funded project, the 'Implementation and evaluation of Health Links' Coordinated Care Plans tailored for adults with intellectual and developmental disabilities.' This inter-ministerial collaboration, lead by Drs. Meg Gemmill and Ian Casson, introduced the use of Health Links Coordinated Care plans for adults with an IDD and complex health in the Kingston region. Preliminary findings were presented at several conferences including the Canadian Association for Health Services and Policy Research (CAHSPP) conference, the 2017 North American Primary Care Research Group (NAPCRG) conference, the Family Medicine Forum (FMF) as well as the Ontario Association of Developmental Disabilities (OADD) Research Special Interest Group research day. Post-implementation data collection is now underway, with final results expected in late 2018.

Additionally, research continued on two CSPC-Research-Initiation Grant projects. The first, a Community Projects Research Initiation Grant, is being lead by Dr. Jessica Ladouceur in the Belleville QHFT. Its aim is to expand the Health Links intervention to the Quinte Health Link in order to complete Coordinated Care Plans for adults with IDD, complex health and mental health issues. Data collection will continue throughout the summer with interviews and chart reviews, and results will be available in early 2019. Next, a research group lead by Dr. Meg Gemmill wrapped up a project examining the experience and perceptions of primary care providers in caring for adults with suspected, but unidentified, mild IDD. For this project, survey responses from Primary Care Providers were combined with results of a focus group with local community partners who provide services for adults with IDD. Additional insights into identifying facilitators and barriers to accessing supports, the importance of diagnosis, avenues for locating needed documentation and potential items for inclusion in the screening processes were uncovered and presented at the Ontario Association of Developmental Disabilities (OADD) Research Special Interest Group research day.

## ADVISORY COUNCIL



**Margaret Alden, Chair**

The CSPC has an Advisory Council that meets regularly to advise and steer research activities. The board members currently include:

Margaret Alden	Chair, CSPC Advisory Council
Dr. Susan Phillips	Director, CSPC
Dr. Eva Purkey	Associate Research Director, Department of Family Medicine
Dr. Colleen Grady	Research Manager, CSPC
Dr. Michael Green	Head, Department of Family Medicine
Dr. Karen Schultz	Postgraduate Education Program Director, Department of Family Medicine
Dr. Joan Tranmer	Queen's Faculty Member, School of Nursing
Dr. Dana S. Edge	Queen's Faculty Member, School of Nursing
Dr. Patti Groome	Queen's Faculty Member, Community and Epidemiology
Dr. Catherine Donnelly	Queen's Faculty Member, School of Rehabilitation Therapy, Department of Family Medicine
Dr. Jeffrey Sloan	Community Physician
Carolyn Hamilton Kuby	Community Representative
Judith Mackenzie	Community Representative
Dr. Supreet Sunil	Family Medicine Resident
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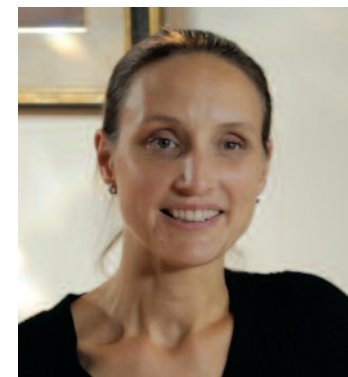
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## PUBLICATIONS AND PRESENTATIONS

## Publications:

- 1 Ahmed T, Vafaei A, Auais M, **Phillips SP**, Guralnik J, Zunzunegui MV. Health behaviors and chronic conditions mediate the protective effects of masculinity for physical performance in older adults. *Journal of Aging and Health*. 2017; (e-pub ahead of publication).
- 2 Bello A, Ronksley P, Tangri N, Singer A, Grill A, Nitsch D, **Queenan JA**, Lindeman C, Soos B, Freiheit E, Mangin D, Drummond N. A national surveillance project on chronic kidney disease management in Canadian primary care: A study protocol. *BMJ Open*. 2017; 7:e016267.
- 3 **Birtwhistle R**, Bell N, Thombs B, Grad R, Dickinson J. Periodic preventive health visits: A more appropriate approach to delivering preventive services. *Canadian Family Physician*. 2017; 63(11):824-826.
- 4 **Birtwhistle R**, **Green M**, Frymire E, Dahrouge S, Whitehead M, Khan S, Greiver M, Glazier RH. Hospital admission rates and emergency department use in relation to glycated hemoglobin in people with diabetes mellitus: A linkage study using electronic medical record and administrative data in Ontario. *Canadian Medical Association Journal*. 2017; 5(3):E557-E564.
- 5 Caines J, **Ward MA**. Identifying elder abuse in the emergency department: Results from a structured physician survey in Canada. *Journal of Family Medicine and Community Health*. 2017; 4(8):1134.
- 6 **Casson I**, Broda T, Durbin J, Gonzales A, Green L, Grier E, Lunskey Y, Selick A, Sue K. Health checks for adults with intellectual and developmental disabilities in a family practice. *Canadian Family Physician*. 2018; 64(Suppl 2):S44-S50.
- 7 Coons MJ, Greiver M, Aliarzadeh B, Meaney C, Moineddin R, Williamson T, **Queenan JA**, Yu C, White D, Kiran T, Kane J. Is glycemic control in Canadians with diabetes individualized? A cross sectional observational study using CPCSSN data. *BMJ Open Diabetes Research & Care*. 2017; 5:e000316.
- 8 Crowshoe L, **Han H**, Calam B, Henderson R, Jacklin K, Walker L, **Green M**. Impacts of educating for equity workshop on addressing social barriers of type 2 diabetes with Indigenous patients. *Journal of Continuing Education in the Health Professions*. 2018; (e-pub ahead of publication):1-3.
- 9 Garies S, **Birtwhistle R**, Drummond N, **Queenan JA**, Williamson T. Data resource profile: National electronic medical record data from the Canadian Primary Care Sentinel Surveillance Network (CPCSSN). *International Journal of Epidemiology*. 2017; 46(4):1091-1092.
- 10 **Grady C**, Hinings CR. Turning the Titanic: Physicians as both leaders and managers in healthcare reform. *Leadership in Health Services*. 2018; e1-11.
- 11 **Grady C**, Hinings CR. Complexity leadership offers the right fit for physicians. *Canadian Journal of Physician Leadership*. 2017; 3(4):134-138.
- 12 **Grady C**, **Johnston E**, **Schultz K**, **Birtwhistle B**. Incorporating leadership development into family medicine residency: A qualitative

## PUBLICATIONS AND PRESENTATIONS

- tive study of program directors in Canada. Association for Medical Education in Europe MedEdPublish. 2018; 7(1):65.
- 13** Green L, McNeil K, Korossy M, Boyd K, **Grier E**, Ketchell M, Loh A, Lunskey Y, McMillan S, Sawyer A, Thakur A, Bradley E. HELP for behaviours that challenge in adults with intellectual and developmental disabilities. Canadian Family Physician. 2018; 64(Suppl 2):S23-S31.
- 14** **Green M**, Gozdyra P, Frymire E, Glazier RH. Geographic variation in the supply and distribution of comprehensive primary care physicians in Ontario, 2014/15. Institute for Clinical Evaluative Sciences. 2017.
- 15** **Green M**, Harris SB, Webster-Bogaert S, **Han H**, Kotecha J, Kopp A, Ho MM, **Birtwhistle B**, Glazier RH. Impact of a provincial quality-improvement program on primary health care in Ontario: A population-based controlled before and after study. Canadian Medical Association Journal. 2017; 2(5):e281-289.
- 16** **Grier E**, Abells D, **Casson I**, **Gemmell M**, **Ladouceur J**, **Lepp A**, Niel U, Sacks S, Sue K. Managing complexity in care of patients with intellectual and developmental disabilities: Natural fit for the family physician as an expert generalist. Canadian Family Physician. 2018; 64(Suppl 2):S15-S22.
- 17** Grierson LEM, Mercuri M, Brailovsky C, Cole G, Abrahams C, Archibald D, Bandiera G, **Phillips SP**, Stirrett G, Walton JM, Wong E, Schabot I. Admission factors associated with international medical graduate certification success: A collaborative retrospective review of postgraduate medical education programs in Ontario. Canadian Medical Association Journal Open. 2017; 5(4):E785-E790.
- 18** Hacking P, **Phillips SP**. Residents teaching medical students: Creating a learner network. Medical Education. 2018; 52:563.
- 19** Hayward MN, Mequanint S, Paquette-Warren J, Bailie R, Chirila A, Dyck R, **Green ME**, Hanley A, Tompkins J, Harris S, FORGE AHEAD Program Team. The FORGE AHEAD Clinical Readiness Consultation Tool: A validated tool to assess clinical readiness for chronic disease care mobilization in Canada's First Nations. BioMed Central Health Services Research. 2017; 17(1):233.
- 20** **Howse K**, Harris J, **Dalgarno N**. Canadian national guidelines and recommendations for integrating career advising into medical school curricula. Academic Medicine. 2017; 92(11):1543-1548.
- 21** McNeil K, **Gemmell M**, Abells D, Sacks S, Broda T, Morris CR, Forster-Gibson C. Circles of care for people with intellectual and developmental disabilities: Communication, collaboration, and coordination. Canadian Family Physician. 2018; 64(Suppl 2):S51-S56.
- 22** Miller J, **Barber D**, **Donnelly C**, French S, **Green ME**, Hill J, MacDermid J, Marsh J, Norman K, Richardson J, Taljaard M, Wideman T, Cooper L, McPhee C. Determining the impact of a new physiotherapist-led primary care model for back pain: Protocol for a pilot cluster randomized controlled trial. Trials. 2017; 18(1):526.
- 23** **Morkem R**, Patten S, **Queenan J**, **Barber D**. Recent trends in the prescribing of ADHD medications in Canadian primary care. Jour-

## PUBLICATIONS AND PRESENTATIONS

- nal of Attention Disorders. 2017; 1-8.
- 24 **Morkem R**, Williamson T, Patten S, **Queenan JA**, Wong ST, Manca D, **Barber D**. Trends in antidepressant prescribing to children and adolescents in Canadian primary care: A time-series analysis. *Pharmacoepidemiology and Drug Safety*. 2017; e-version.
  - 25 **Purkey E**, **Patel R**, **Beckett T**, Mathieu F. Primary care experiences of women with a history of childhood trauma and chronic disease: Trauma-informed care approach. *Canadian Family Physician*. 2018; 64(3):204-211.
  - 26 **Purkey E**, **Patel R**, **Phillips S**. Trauma-informed care. *Canadian Family Physician*. 2018; 64(3):170-172.
  - 27 **Queenan JA**, Farahani P, **Ehsani-Moghadam B**, **Birtwhistle R**. The prevalence and risk for herpes zoster infection in adult patients with diabetes mellitus in the Canadian Primary Care Sentinel Surveillance Network. *Canadian Journal of Diabetes*. November 2017; (e-pub ahead of publication):1-5.
  - 28 **Queenan JA**, Gottlieb BH, Feldman-Stewart D, Hall SF, Irish J, Groome PA. Symptom appraisal, help seeking, and lay consultancy for symptoms of head and neck cancer. *Psycho-Oncology*. 2018; 27(1):286-294.
  - 29 Reichert SM, Harris SB, Tompkins JW, Belle-Brown J, Fournie M, **Green M**, **Han H**, **Kotecha J**, Mequanint S, Paquette-Warren J, Roberts S, Russell G, Stewart M, Thind A, Webster-Bogaert S, **Birtwhistle R**. Impact of a primary healthcare quality improvement program on diabetes in Canada: Evaluation of the Quality Improvement and Innovation Partnership (QIIP). *BMJ Open Diabetes Research & Care*. 2017; 5:e000392.
  - 30 Sami R, Sawula H, **Wolf from B**, Newbigging J. Pilot project: Does formal bedside training of medical students with a FAST exam increase their knowledge and comfort level with ultrasound use in a community family medicine practice setting? *The Journal of Point of Care Ultrasound*. 2017; 2(2):15-17.
  - 31 Smith G, Ouellette-Kuntz H, **Green M**. Comprehensive preventive care assessments for adults with intellectual and developmental disabilities: Part 1: How do we know if it is happening? *Canadian Family Physician*. 2018; 64(Suppl 2):S57-S62.
  - 32 Stewart JM, Auais M, Bélanger E, **Phillips SP**. Comparison of self-rated and objective successful ageing in an international cohort. *Ageing and Society*. 2018; 1-18.
  - 33 Sullivan WF, Diepstra H, Heng J, Ally S, Bradley E, **Casson I**, Hennen B, Kelly M, Korossy M, McNeil K, Abells D, Amaria K, Boyd K, **Gemmell M**, **Grier E**, Kennie-Kaulbach N, Ketchell M, **Ladouceur J**, **Lepp A**, Lunskey Y, McMillan S, Niel U, Sacks S, Shea S, Stringer K, Sue K, Witherbee S. Primary care of adults with intellectual and developmental disabilities: 2018 Canadian consensus guidelines. *Canadian Family Physician*. 2018; 64(4):254-279.
  - 34 Sullivan WF, Heng J, Salvador-Carulla L, Lukersmith S, **Casson I**. Approaches to primary care of adults with intellectual and developmental disabilities: Importance of frameworks for guidelines. *Canadian Family Physician*. 2018; 64(Suppl 2):S5-S7.



## PUBLICATIONS AND PRESENTATIONS

- 35 Vakil C.** Radiation and medical procedures. *Canadian Family Physician*. 2017; 63(10):774-775.
- 36 Ward MA.** New options for the extended treatment of venous thromboembolic disease in primary care: Risk stratification and direct oral anticoagulants. *Journal of Family Medicine and Community Health*. 2018; 5(1):1139.
- 37 Wilson R, Bordman Z.** What to do about the Canadian Resident Matching Service. *Canadian Medical Association Journal*. 2017; 189:E143-147.
- 38 Xie E, Gemmill M.** Exploring the prenatal experience of women with intellectual and developmental disabilities: In a southeastern Ontario family health team. *Canadian Family Physician*. 2018; 64(Suppl 2):S70-S75.
- 39 Zalihic A, Hodgetts G, Mabic M, Markotic V, Vinkovic LD.** Is the experience of workplace violence the same for general versus hospital medicine? *E-Cronicon Psychology and Psychiatry*. 2017; 4.2:42-50.

## Presentations:

- 1 Adel S, Song B, Purkey E.** Overcoming language barriers through the training of health professional students as volunteer interpreters. *Family Medicine Forum (FMF)*. Montreal, Quebec. November 8, 2017. [Poster]
- 2 Bayoumi I, Coe H, Purkey E, Klassen C, French S, Maier A, Pinto A, Allen M, Flavin M.** Implementing a clinical tool to screen for poverty in primary care and pediatric care settings. *North American Primary Care Research Group (NAPCRG)*. Montreal, Quebec. November 18, 2017. [Oral]
- 3 Bayoumi I, Coe H, Purkey E, Klassen C, French S, Maier A, Pinto A, Allen M, Flavin M.** Implementation of the OCFP Poverty Screening Tool in primary care and pediatrics. *Family Medicine Forum (FMF)*. Montreal, Quebec. November 8, 2017. [Oral]
- 4 Bell J, Purkey E.** Trans 'identified individuals' experiences in primary care. *Family Medicine Forum (FMF)*. Montreal, Quebec. November 10, 2017. [Poster]
- 5 Bell J, Purkey E.** Trans 'identified individuals' experiences in primary care. *North American Primary Care Research Group (NAPCRG)*. Montreal, Quebec. November 18, 2017. [Poster]
- 6 Bowthorpe L, Purkey E.** Prevalence of food insecurity in prenatal patients at Queen's Family Health Team. *North American Primary Care Research Group (NAPCRG)*. November 19, 2017. [Poster]
- 7 Bowthorpe L, Isackson, A., Saeed, H., Shallow, S., Soucie, K., Hall-Barber K.** Choosing Wisely: Imaging for low back pain (LBP) -- A quality improvement (QI) initiative at Queen's Family Health Team (QFHT). *Family Medicine Forum (FMF)*. Montreal, Quebec. November 8, 2017. [Poster]
- 8 Casson I, Sullivan B.** Implementing the 2018 Canadian Consensus Guidelines for the primary care of adults with intellectual and developmental disabilities. *Family Medicine Forum (FMF)*. Montreal, Quebec. November 9, 2017. [Oral]

## PUBLICATIONS AND PRESENTATIONS

- 9 Casson I**, Durbin J, Green L, Lunskey Y. Improving primary care for adults with developmental disabilities: Tips from the front-line. Health and Wellbeing in Developmental Disabilities. Toronto, Ontario. November 29, 2017. [Oral]
- 10 Dalgarno N, Griffiths J, Han H, Rich J, Schultz K, Hodgetts G**, Van Melle E. How family medicine residents learn: Understanding the role of cues in self-regulated learning. International Conference on Residency Education (ICRE). Quebec City, Quebec. October 19-21, 2017. [Paper]
- 11 Dalgarno N, Howse K, Martin M, Johnston E**. Family Medicine Residents' perceptions of well-being and preparedness for dealing with burnout: Resident-facilitated small group discussions (Resident Ice Cream Rounds). International Conference on Residency Education (ICRE). Quebec City, Quebec. October 19-21, 2017. [Poster]
- 12 Donnelly C, Birtwhistle R, Esperanzate P**, French S, **Green M**, Lynch S, **Morkem R**. The impact of interprofessional primary care teams on diabetes and health care utilization: Linking electronic medical records with administrative data. North American Primary Care Research Group (NAPCRG). Montreal, Quebec. November 19, 2017. [Poster]
- 13 French S, Morkem R**, Norman K, Miller J, Leverette G, Hill J, **Barber D**. Improving primary care management of people with complex low back pain: A feasibility study implementing the STarT Back Model of care. North American Primary Care Research Group (NAPCRG). Montreal, Quebec. November 20, 2017. [Poster]
- 14 Gemmill M, Casson I, Grier E, Martin M**, Durbin J, Lunskey Y. Coordinating care for adults with developmental disabilities and complex health (work in progress). Family Medicine Forum (FMF). Montreal, Quebec. November 10, 2017. [Poster]
- 15 Grady C**. Cultivating physician leadership. How? Where? When? Canadian Conference on Physician Leadership (CCPL). Vancouver, British Columbia. April 28, 2017. [Oral]
- 16 Grady C**. CanMEDS leader role: An environmental scan. Maudsley Symposium on CBME. Kingston, Ontario. May 30, 2017. [Poster]
- 17 Grady C**. Demonstrating resilience and leadership through times of change: Tools for physician leaders. Association of Family Health Teams of Ontario (AFHTO). Toronto, Ontario. October 26, 2017. [Poster]
- 18 Grady C, Birtwhistle R, Johnston E, Schultz K**. Leadership skill development at the post-graduate level. International Conference on Residency Education (ICRE). Quebec City, Quebec. October 19-21, 2017. [Poster]
- 19 Grady C, Birtwhistle R, Johnston E, Schultz K**. Leadership skill development at the post-graduate level. North American Primary Care Research Group (NAPCRG). Montreal, Quebec. November 19, 2017. [Poster]
- 20 Green ME, Belle-Brown J**, Stewart M, **Johnston E, Martin M, Grady C**, Thorpe C, Scime N, Glazier R, Frymire E. Impact of the Health Links Program on the patient experience for patients with complex multi-morbidity in Ontario, Canada. Health Services and Policy Research Conference (HSRAANZ). Queensland, Australia. November 2017. [Poster]

## PUBLICATIONS AND PRESENTATIONS

- 21 Green M, Johnston E, Grady C, Martin M.** Evaluating Health Links: A cross-sectional patient experience survey. North American Primary Care Research Group (NAPCRG). Montreal, Quebec. November 20, 2017. [Poster]
- 22 Griffiths J, Dalgarno N, Han H, Rich J, Schultz K, Hodgetts G, Van Melle E.** How family medicine residents learn: Understanding the role of cues in self-regulated learning. Family Medicine Forum (FMF). Montreal, Quebec. November 8, 2017. [Poster]
- 23 Griffiths J, Han H, Dalgarno N, Rich J, Schultz K, Hodgetts G, Van Melle E.** How family medicine residents learn: Understanding the role of cues in self-regulated learning. Association for Medical Education in Europe (AMEE). Helsinki, Finland. August 26-30, 2017. [Oral]
- 24 Hodgetts GP.** Afghanistan: Rebuilding a health care system in the midst of war. MedLife World Health Issues and Global Health. Kingston, Ontario. March 11, 2017. [Oral]
- 25 Hodgetts GP.** Refugees and forced displacement: Impact on health. Queen's Global Health Summit. Kingston, Ontario. February 10, 2017. [Oral]
- 26 Howse K, Dalgarno N, Johnston E.** Resident ice cream rounds to support well-being and prevent burnout: A work in progress. Family Medicine Forum (FMF). Montreal, Quebec. November 8, 2017. [Poster]
- 27 Howse K, Dalgarno N, Martin M, Johnston E.** Family Medicine Residents' perceptions of well-being and preparedness for dealing with burnout: Resident-facilitated small group discussions (Resident Ice Cream Rounds). Canadian Conference on Physician Health (CCPH). Ottawa, Ontario. September 7-9, 2017. [Poster]
- 28 Howse K, Dalgarno N, Martin M, Johnston E.** Family Medicine Residents' perceptions of well-being and preparedness for dealing with burnout: Resident-facilitated small group discussions (Resident Ice Cream Rounds). Canadian Conference on Medical Education (CCME), Montreal, Quebec. April 2018. [Poster]
- 29 Lau SY, Phillips SP.** Does resilience change the impact of childhood adversity on health in older adults. North American Primary Care Research Group (NAPCRG). Montreal, Quebec. November 18, 2017. [Poster]
- 30 MacDonald S, LeBlanc S, Dalgarno N, Schultz K, Martin M, Johnston E.** Developing and implementing a medical assistance in dying curriculum in a family medicine residency training program. International Conference on End of Life, Ethics, Policy and Practice (ICEL). Halifax, Nova Scotia. September 12-16, 2017. [Oral]
- 31 MacDonald S, LeBlanc S, Dalgarno N, Schultz K, Martin M, Zimmerman D, Johnston E.** Developing and implementing a medical assistance in dying curriculum in a family medicine residency training program. International Conference on Residency Education (ICRE). Quebec City, Quebec. October 19-21, 2017. [Oral]
- 32 MacDonald S, Dalgarno N, LeBlanc S, Schultz K, Zimmerman D, Johnston E.** Family medicine preceptor and resident perceptions of Medical Assistance in Dying (MAID): Integrating MAID curriculum into one medical residency training program. North American Primary Care Research Group (NAPCRG). Montreal, Quebec. November 19, 2017. [Oral]
- 33 MacDonald S, LeBlanc S, Schultz K, Dalgarno N, Martin M, Johnston E.** Developing and implementing a medical assistance in

- dying curriculum in a family medicine residency training program. Family Medicine Forum (FMF). Montreal, Quebec. November 8, 2017. [Oral]
- 34 Morkem R, Barber D, Birtwhistle R, Queenan J.** Trends in primary care prescribing of antipsychotics to children and adolescents. North American Primary Care Research Group (NAPCRG). Montreal, Quebec. November 20, 2017. [Poster]
  - 35 Morkem R, Barber D, Montgomery L, Queenan J, Rosser W.** Opioid prescribing in Canadian primary care. North American Primary Care Research Group (NAPCRG). Montreal, Quebec. November 19, 2017. [Poster]
  - 36 Morkem R, Barber D, Waddington A.** Trends in contraceptive uptake in Canadian primary care. North American Primary Care Research Group (NAPCRG). Montreal, Quebec. November 18, 2017. [Poster]
  - 37 Phillips SP.** Professionalism and Professionalization in medical education. Umea University Department of Family Medicine Research Days. Umea, Sweden. August 23, 2017. [Oral]
  - 38 Phillips SP.** Teachers of international medical graduates. Family Medicine Forum (FMF). Montreal, Quebec. November 10, 2017. [Workshop]
  - 39 Purkey E, Bartels S, Davison C, MacKenzie M, Beckett T, Soucie K, Korpala D.** Relationship between Adverse Childhood Experiences (ACE) and emergency department usage, as mediated by resilience. North American Primary Care Research Group (NAPCRG). Montreal, Quebec. November 19, 2017. [Poster]
  - 40 Van Melle E, Dalgarno N, Whitehead C, Phillips SP, Howse K, Cline C, Parsons T, Joneja M.** Family medicine residents' perceptions of patient-centered care: Is it time to make the implicit, explicit? An International Association for Medical Education (AMEE). Helsinki, Finland. August 26-30, 2017. [Poster]
  - 41 Van Melle E, Dalgarno N, Whitehead C, Phillips S, Howse K, Cline C, Parsons T, Joneja M.** Family medicine residents' perceptions of patient-centered care: Is it time to make the implicit, explicit? International Conference on Residency Education (ICRE). Quebec City, Quebec. October 19-21, 2017. [Poster]
  - 42 Wilson R.** Person-centred family medicine and oncological care. International College for Person Centred Medicine. Geneva, Switzerland. April 2017. [Oral]
  - 43 Wilson R.** Family medicine, health promotion, and cancer care. International College for Person Centred Medicine Geneva, Switzerland. April 2017. [Oral]
  - 44 Wilson R.** Person-centred primary care. International Association of Catholic Bioethicists. Rome, Italy. June 2017. [Oral]
  - 45 Wilson R.** Family medicine: Perspectives from Canada and the world. Bahamas Chapter Caribbean College of Family Physicians. Nassau, Bahamas. May 2017. [Oral]
  - 46 Wilson R.** Health for all? Family medicine perspectives from Canada and the world. North American Primary Care Research Network. Montreal, Canada. November 2017. [Oral]
  - 47 Wolfson B.** Veterans health: Life after service studies. Family Medicine Forum (FMF). Montreal, Quebec. November 09, 2017. [Oral]



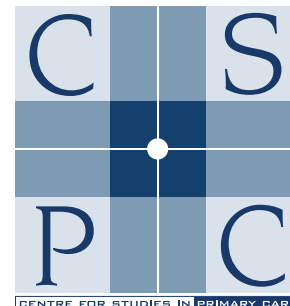






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