Queen's University

Centre for Studies in Primary Care

# ANNUAL REPORT
## 2014–2015

CSPC
CENTRE FOR STUDIES IN PRIMARY CARE

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

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## VISION

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

## MISSION

The Centre for Studies in Primary Care is dedicated to the conduct of primary care research, surveillance and education that extends our understanding of health, health maintenance, disease and its treatment, care delivery, and the assessment and dissemination of evidence.

## OVERVIEW

The Centre for Studies in Primary Care (CSPC) is the research arm of the Department of Family Medicine at Queen's University. The CSPC conducts high-quality research that is focused on the improvement of primary health care practice delivery and education. As the research arm of the Department of Family Medicine, the CSPC provides clinical faculty with research support and directs the department's resident research teaching 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.

Leadership of the CSPC is supported by an advisory council who oversees the development of the CSPC and advises on opportunities that fall within the mission and vision of the Centre. This advisory council is chaired by a respected community member, has membership from across Queen's University and community-based primary care practitioners and also has resident representation.

# MESSAGE FROM THE DIRECTOR

**Dr. Richard Birtwhistle, MD, MSc, FCFP**
**Director, Centre for Studies in Primary Care**
**Queen's University**

This year marks 10 years that I have been director of the centre. I have seen many changes over those years, including growth in research skills and success of projects for both staff and faculty in family medicine. Much of this is attributed to the recognition that primary care research is an important underpinning of academic family medicine, the growing sophistication of research proposals, and the ability to attract funding. I also want to highlight the tremendous support the centre has had from the Department of Family Medicine in meeting the targets we have set in the strategic plan.

There are several programs related to this:

- The successful program in educational research that has been led by Drs. Elaine Van Melle, Karen Schultz and Jane Griffiths. The research into the family medicine competency-based curriculum has attracted national attention and demonstrated leadership in this field.
- Engaging busy faculty members in research is always a challenge. We have had a second round of research initiation grants sponsored by the department, which provided funding for five new innovative projects that bring faculty together around a research area and can foster opportunities for applying for external grant funding.
- The ongoing expansion of the Eastern Ontario Network (EON) and Canadian Primary Care Sentinel Surveillance Network (CPCSSN). These research networks provide the underpinning for increased research activity, presentations and publications.
- A showcase for resident academic projects at the annual Primary Care Research Day. The resident projects are a mix of research, critical appraisal, advocacy and IT development – required components of the family medicine residency training program.

The centre has also benefited substantially from having a stable core of dedicated and highly skilled research staff to support these projects and more. As you peruse this report, please appreciate that the success of the centre is highly dependent on their work.

# MESSAGE FROM THE DEPARTMENT HEAD

This year highlights a productive year for the Centre for Studies in Primary Care (CSPC), not only because we have engaged leadership and committed members who have made the past five years so successful, but also because we have set our sights on exciting work for the next five years. Taken together, I believe the CSPC remains solidly positioned to continue disseminating meaningful educational, health services, primary care and healthy aging research at the regional, provincial, national and international level.

As a testament to this leadership and support, the CSPC has taken steps to develop expertise with respect to the health of Aboriginal Peoples and adults with intellectual and developmental disabilities. I'm pleased to note that the CSPC will continue to strengthen its research work with vulnerable populations over the coming year by working closely with the department faculty and university colleagues who are involved in global health.

During the past year, we have seen faculty recognized or honoured for their outstanding research. The Clinical Teachers' Association of Queen's appointed Dr. Michael Green as Chair in Applied Health Economics and Health Policy. Sweden's Umeå University bestowed Dr. Susan Phillips with an honorary doctorate for her health research in gender, diversity and equality.

The CSPC, and indeed the university, are very fortunate to have leadership of Dr. Richard Birtwhistle. Under Dr. Birtwhistle's leadership – and with financial investments from the department – the CSPC has facilitated meaningful research among the Primary Care Practice-Based Research Networks (PBRNs) that exist in seven provinces and one territory. Canadian Primary Care Sentinel Surveillance Network (CPCSSN) is recognized as one of the "Seven Wonders" of family medicine research by the Section of Researchers at the College of Family Physicians of Canada. We are looking forward to CPCSSN playing a larger role in research at Queen's in the near future.

Of course, not only faculty and staff benefit from the CSPC's leadership and support. The CSPC is also responsible for our resident research training program, which now sees approximately 60 residents across our multiple sites enrolled into our research training program each year. In turn, the residents showcase their excellent research during Primary Care Research Day, where they discuss their research findings with university faculty, peers at satellite education sites and community preceptors. Primary Care Research Day continues to impress because of the depth and breadth of knowledge expressed and shared. More than 200 people attended this event in late February 2015.

I look forward to another successful year where we again exceed our SEAMO scholarly activity goals, and where we further strengthen our research capacity.

**Dr. Glenn Brown, BSc, MD, CCFP (EM), FCFP, MPH**
**Head, Department of Family Medicine**
**Queen's University**

# EXECUTIVE SUMMARY

The Centre for Studies in Primary Care (CSPC) provides faculty in the Department of Family Medicine (DFM) with research support, directs the department's resident research teaching program, and helps to build capacity in primary care research by providing an environment that supports research training and academic excellence. The centre's research activities are in areas relevant to the practice of primary health care, primary care chronic disease surveillance, health services, population health, health promotion, use of electronic medical records, family medicine education research, program evaluation and evidence assessment for clinical practice.

Over the last two years in particular, the CSPC has focused on building research capacity in the DFM by providing departmental research initiation grants to faculty through a competitive granting competition. Through this year's competition, the CSPC funded the following five projects. Project investigators come from across regional teaching sites, and include allied health professionals within the department.

| APPLICANTS | PROJECT APPROVED | AMOUNT OF FUNDING APPROVED |
|---|---|---|
| Dr. Eva Purkey<br>Dr. Rupa Patel<br>Tracey Beckett<br>Francoise Mathieu | Women's Experience of Trauma-Informed Care in the Context of Chronic Disease Management in Family Medicine | $16,999 |
| Dr. Meg Gemmill<br>Dr. Liz Grier<br>Dr. Ian Casson<br>Nicole Bobbette | Primary Care Physician and Allied Health Care Provider Attitudes and Perceptions of the Identification of Adults with Suspected Mild Intellectual Disability | $17,812 |
| Dr. Michael Green<br>Colleen Savage<br>Dr. Richard Birtwhistle<br>Heather Stuart<br>Evelyn Bowring<br>Dr. David Barber | Validity of CPCSSN Depression Diagnostic Algorithm Incorporating Patient Reports | $16,000 |
| Dr. Robert Webster<br>Catherine Donnelly<br>Abby Leavitt<br>Cindy Adams<br>Nicole Bobbette<br>Stephanie Lyn<br>Dr. Yan Cao<br>Judith Proulx<br>Katrina Levasseur<br>Andrea DiGiovanni | Multidimensional Outcomes in Primary Care | $4,600 |
| Dr. Susan Phillips<br>Diane Batchelor | Assessing Resilience among Children and Youth in Primary Care | $8,200 |

With respect to research activities, the centre is again particularly proud of the success of the Canadian Primary Care Sentinel Surveillance Network (CPCSSN), led nationally by CSPC Director Dr. Richard Birtwhistle. This year, the College of Family Physicians of Canada's Departments of Research and Health Policy & Government Relations recognized CPCSSN as one of the "Seven Wonders" of family medicine research.

The centre's other research activities this year included electronic medical record-related projects that are being conducted by a number of faculty members and include new partnerships with the Queen's School of Business. Dr. David Barber, CPCSSN Eastern Ontario Network (EON) site lead, plays a major role in these projects. Additionally, quality improvement, aboriginal health, health services research and educational research are all key components of the CSPC's research program. There is also a growing focus of expertise and interest in research on adults with intellectual and developmental disabilities, led by Dr. Meg Gemmill and Dr. Ian Casson, and global health, led by Dr. Eva Purkey. Funding for these research activities has been acquired from external sources such as PHAC, CIHR, SEAMO, the Ministry of Health and Long-Term Care, and the research initiation grant funding received internally from the Queen's Department of Family Medicine.

# PRIMARY CARE RESEARCH DAY 2015

The CSPC's annual Primary Care Research Day (PCRD) showcases resident research projects and is an important event for Department of Family Medicine residents, faculty and staff. The conference provides an opportunity to learn and share research findings with peers and the community at large, providing a total of 6.5 MainPro credits to participants. Research projects presented at PCRD include original research, critical appraisals, systematic reviews, advocacy projects, ethical inquiries and information technology development.

This year's PCRD was our largest and most successful event to date. The conference was held at the Four Points Sheraton in Kingston on February 26, 2015. More than 200 attendees were registered, including residents and faculty from the department's four sites, Queen's Family Health Team faculty and staff, community health-care providers, family physicians from across the South East Local Health Integration Network, and faculty members from various disciplines within Queen's University.

During the event, 64 family medicine residents and three public health and preventive medicine residents presented the results of their research projects.



**Dr. Ross Walker, Associate Dean, Postgraduate Medical Education, and Dr. Richard Birtwhistle, Director, Centre for Studies in Primary Care, provided the morning greetings.**

Each year, distinguished keynote speakers are invited to provide the two plenary addresses.
This year's two keynote addresses were delivered by Dr. Clare Liddy and Dr. Judith Davidson.

**Dr. Clare Liddy – "Bringing Innovation in Practice: The Champlain BASE eConsult Service"**


**Dr. Judith Davidson – "How's your Sleep?"**

**Dr. Clare Liddy** is the director of research (interim) and a clinical investigator at the C.T. Lamont Primary Health Care Research Centre of Bruyère Research Institute and an associate professor at the University of Ottawa's Department of Family Medicine. Dr. Liddy's innovative Champlain BASE eConsult service research is entirely driven from her clinical practice at the Ottawa Hospital Family Health Team. Her focus is to achieve the goal of improving health service delivery for her patients and the population as a whole.

**Dr. Judith Davidson** is a scientist-clinician in the field of insomnia treatment. She is an adjunct professor of psychology and oncology at Queen's University and practises clinical psychology with the Kingston Family Health Team. With over 30 years of research and clinical experience in the area of sleep, she is committed to making effective treatments accessible to people with insomnia.


**Dr. Jean-Marc Lafleur delivering his presentation on period health exams in the Canadian Armed Forces**

**Dr. Jeremy Fong explaining his project on the optimal intake of calcium supplementation and cardiovascular risk**

**Dr. Michael Green announcing the four winners of 'Best Academic Projects'**

At the end of the conference, four projects were selected as the 'Best Academic Projects.'

This year's awards went to:

**Dr. Elizabeth Ackloo & Dr. Kevin Graham** (Bowmanville-Oshawa-Lakeridge site) – *Physician Assessment of INR Control*

**Dr. Matthew Clarke** (Kingston-Thousand Islands site) – *Canadian Media Adherence to Guidelines on Youth Suicide Reporting*

**Dr. Ekaterina Dolganova** (Kingston-Thousand Islands site) – *Using and Interpreting Urine Toxicology Screening: A Learning Module for Residents*

**Dr. Kathleen Nichols** (Peterborough-Kawartha site) – *Normalizing Driving Retirement: Current Practices, Attitudes and Opinions of Primary Healthcare Practitioners in Peterborough*

**PCRD winning residents (left to right): Dr. Ekaterina Dolganova, Dr. Kevin Graham, Dr. Matthew Clarke and Dr. Kathleen Nichols.**
**Absent from the photo: Dr. Elizabeth Ackloo**

**CSPC faculty and staff (left to right): Dr. John Queenan, Dr. Walter Rosser, Jyoti Kotecha, Dr. Richard Birtwhistle, Dr. Michael Green, Shahriar Khan, Marissa Beckles, Lorne Kinsella, Mary Martin, Emily Pollock, Dr. David Barber and Ken Martin.**
**Absent from photo: Han Han and Rachael Morkem**

Thank you to all the speakers, judges, moderators and participants.
Out next PCRD is scheduled for Thursday. February 25, 2016.
We hope you can join us!

# FACULTY ACCOMPLISHMENTS

The centre's success in research is attributed to the great strength of our research faculty and staff members. Many of our members have received awards or academic recognition over the past year. Some of this year's accomplishments include:

**Dr. Richard Birtwhistle, Professor**
**Director, Centre for Studies in Primary Care**

This year, Dr. Birtwhistle and the Canadian Primary Care Sentinel Surveillance Network were recognized as two of the Seven Wonders of Family Medicine Research by the CFPC Departments of Research and Health Policy & Government Relations. Dr. Birtwhistle was awarded for his contribution to Canadian health care improvements in the categories of electronic medical records and evidence versus ideology.

**Dr. Michael Green, Associate Professor**
**Associate Director, Centre for Studies in Primary Care**

Dr. Green was appointed as holder of the Clinical Teachers' Association of Queen's Chair in Applied Health Economics/Health Policy as of November 1, 2014. Dr. Green's research spans a broad range of health services and policy research areas with an emphasis on primary care, quality of care and patient safety, equity in health, and aboriginal health.

**Dr. Susan Phillips, Professor**

Dr. Phillips was recognized with an honorary doctorate degree from Umeå University, Faculty of Medicine, in Sweden for her nationally and internationally recognized health research in gender, diversity and equality.

**Dr. Karen Hall Barber, Assistant Professor**

Dr. Hall Barber was recognized by the Ministry of Health and Long-Term Care for her dedication to health-care quality and safety. Respected as a passionate advocate for quality improvement and patient safety in primary care, Dr. Hall Barber was chosen for the Honour Roll – Individual Champion – in the 2014 Minister's Medal Honouring Excellence in Health Quality and Safety program. This highly competitive award provides an opportunity to recognize system champions who effectively drive transformational change in the province's health care systems to promote higher-quality care delivery that places patients at the centre of their circle of care.

# CURRENT PROJECTS

| ORGANIZATION | FUNDING | CSPC RESEARCH LEAD | PROJECT |
|---|---|---|---|
| Canada Health Infoway | $251,000 | Dr. David Barber<br>Ken Martin<br>Jyoti Kotecha | Validating and scaling clinical analytics in primary care |
| Canadian Institute of Health Research (CIHR) | $50,213 | Dr. Michael Green | Educating for Equity |
| Public Health Agency of Canada (PHAC) | $646,241 | Dr. Richard Birtwhistle<br>Dr. David Barber<br>Dr. Walter Rosser | Canadian Primary Care Sentinel Surveillance Network (CPCSSN) |
| Ministry of Health and Long-Term Care | $36,132 | Dr. Richard Birtwhistle<br>Dr. Michael Green | Linking Canadian Primary Care Sentinel Surveillance System (CPCSSN) data with administrative data from ICES for complex patients to better understand utilization patterns and care requirements |
| Ministry of Health and Long-Term Care | $40,075 | Jyoti Kotecha<br>Dr. Susan Phillips | 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 |

# CURRENT PROJECTS

| ORGANIZATION | FUNDING | CSPC RESEARCH LEAD | PROJECT |
|---|---|---|---|
| Frontenac Paramedic Services | $81,055 | Jyoti Kotecha<br>Dr. Richard Birtwhistle | Environmental scan and a needs assessment to support the development of a paramedic wellness program for frail older adults |
| Health Canada | $69,000 | Dr. Richard Birtwhistle<br>Dr. Tyler Williamson<br>Dr. Linda Levesque | Health Canada AR Surveillance using CPCSSN data-Phase I |
| Queen's University Endowed Chair | $53,000 (Interest only part year) | Dr. Michael Green | Clinical Teachers' Association of Queen's Chair in Applied Health Economics/Health Policy |
| Bruyère Research Institute | $50,000 | Dr. David Barber<br>Dr. Richard Birtwhistle<br>Jyoti Kotecha | Testing CPCSSN's ability to support the development of data reports designed to test the impact of the Cardiovascular Health Awareness Program health promotion intervention across participating community health centres in Ottawa |
| Royal College of Physicians and Surgeons of Canada | $24,060 | Dr. Susan Phillips | Predictors of Canadian certification success among international medical graduates |

# CURRENT PROJECTS

| ORGANIZATION | FUNDING | CSPC RESEARCH LEAD | PROJECT |
|---|---|---|---|
| SEAMO Education | $13,000 | Dr. Geoffrey Hodgetts<br>Dr. Jane Griffiths<br>Dr. Elaine Van Melle<br>Dr. Karen Schultz | Preparedness for practice as a critical transition in residency education |
| Phoenix Project (AMS) | $11,817 | Dr. Elaine Van Melle<br>Dr. Karen Schultz<br>Dr. Jane Griffiths | Developing a call to care: understanding how family medicine residents' values shape their practice of patient-centred care |
| CSPC Research Initiation Grant | $17,812 | Dr. Meg Gemmill<br>Dr. Liz Grier<br>Dr. Ian Casson<br>Nicole Bobbette | Primary Care Physician and Allied Health Care Provider attitudes and perceptions of the identification of adults with suspected mild intellectual disability |
| CSPC Research Initiation Grant | $16,999 | Dr. Eva Purkey<br>Dr. Rupa Patel<br>Tracey Beckett<br>Francoise Mathieu | Women's experience of trauma-informed care in the context of chronic disease management in family medicine |
| CSPC Research Initiation Grant | $16,000 | Dr. Michael Green<br>Colleen Savage<br>Dr. Richard Birtwhistle<br>Heather Stuart<br>Evelyn Bowring<br>Dr. David Barber | Validity of CPCSSN Depression Diagnostic Algorithm incorporating patient reports |

# CURRENT PROJECTS

| ORGANIZATION | FUNDING | CSPC RESEARCH LEAD | PROJECT |
|---|---|---|---|
| CSPC Research Initiation Grant | $8,200 | Dr. Susan Phillips<br>Diane Batchelor | Assessing resilience among children and youth in primary care |

# **CPCSSN** National

The CSPC continues to be proud of being the lead academic institute of the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) with Dr. Richard Birtwhistle at its helm. CPCSSN extracts and anonymizes health data from the electronic medical records (EMRs) of participating physicians (sentinels) across Canada. The data is used to conduct public health surveillance and research focused on (but not limited to) eight key chronic conditions: diabetes, high blood pressure, depression, arthritis, COPD, dementia, epilepsy and Parkinson's disease. CPCSSN has continued to grow over the last year and has welcomed McMaster University as the latest Practice-Based Research Network to join CPCSSN. The network has recruited almost 1,000 primary care physicians and is extracting and processing EMR data at over 100 practice sites that span seven provinces and one territory. As of January 1, 2015, CPCSSN contained the detailed health information of almost 1,000,000 patients.


CMAJ OPEN

Research

Chronic obstructive pulmonary disease in primary care: an epidemiologic cohort study from the Canadian Primary Care Sentinel Surveillance Network

Michael E. Green MD MPH, Nandini Nateson MD, Doris E. O'Donnell MD, Tyler Williamson PhD, Lynn Kosseim MPA, Shahrin Khan MSc, Andrew Cave MB ChB MCISc

Abstract

The network's academic output has continued to grow. The last year has seen the publication of 13 papers, 27 presentations and 24 posters. A highlight of this output was the publication of "Validating the 8 CPCSSN Case Definitions for Chronic Disease Surveillance in a Primary Care Database of Electronic Health Records" in the Annals of Family Medicine, which was the culmination of a key CPCSSN project milestone.

Over the last five years, CPCSSN has become a leader in the extraction and use of EMR data in Canada. In doing so, the network has received awards for its innovative work in the privacy, ethics and security areas. On a quarterly basis, CPCSSN provides all participating physicians with feedback reports, comparing information about their patient population and key health indicators with their colleagues at the site, regional, provincial and national levels. The network has also developed the Data Presentation Tool (DPT), which provides users with ready access to their data (for querying and reporting) after it has undergone processing and cleaning. The DPT has proved useful to practices for quality improvement and population-health management.

# CANADIAN PRIMARY CARE SENTINEL SURVEILLANCE NETWORK (CPCSSN)

**477+ Primary Care Sentinels across Canada**

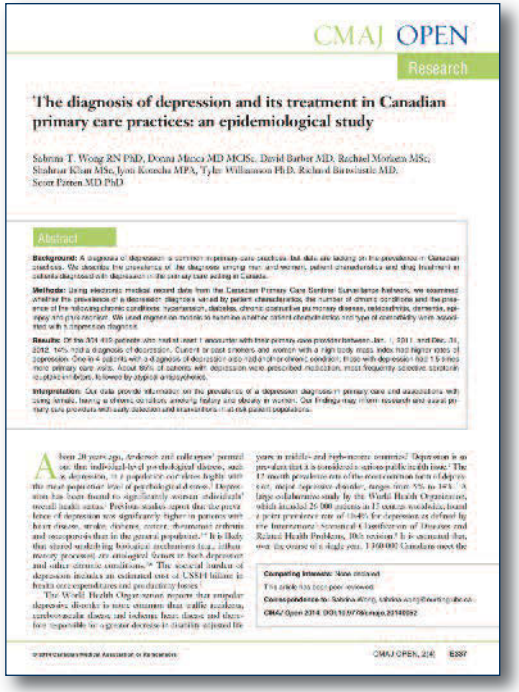
In a recent project, funded by Canada Health Infoway, CPCSSN interfaced EMRs to a clinical analytics tool and developed a (remote PC) CPCSSN "appliance" management infrastructure. CPCSSN is currently being funded by Health Canada to evaluate and develop a pharmacosurveillance system.

CPCSSN is working with Local Health Integration Networks, the Association of Family Health Teams of Ontario and the Institute for Clinical Evaluative Services in Ontario, Primary Care Networks in Alberta, and other organizations and researchers to bring the benefits of high-quality aggregated primary care data to various levels within the health care system. It also recently joined IBM's Academic Initiative, which brings access to IBM's leading-edge technology and tools (think Watson for health care), including natural language processing, artificial intelligence and predictive analytics.

As the main funding for CPCSSN's original five-year mandate comes to a close, we look forward to its next phase. The Public Health Agency of Canada has invited CPCSSN to further develop, implement and evaluate the CPCSSN DPT across Canada over the next two years, and the network is in the process of building long-term sustainable funding streams.

## **CPCSSN** Regional

Over the last year, the team at the Eastern Ontario Network (EON) has been hard at work to establish our research program. The EON's goal is to leverage electronic medical record data to transform primary care through cutting-edge research that impacts patient care and management. One area the network is exploring is how the information in longitudinal medical records can be used to predict outcomes, such as the development of chronic diseases.



CMAJ OPEN

Research

'The diagnosis of depression and its treatment in Canadian primary care practices: an epidemiological study

Sabrina T. Wong RN PhD, Doena Mieco MD MCISc, David Barber MD, Rachael Morkem MSc, Shahrzad Khan MSc, Jyoti Koncha MPA, Tyler Williamson PhD, Richard Birtwhistle MD, Scott Patten MD PhD

Abstract

We believe this predictive analytics approach can provide insight into making better-informed decisions, shifting away from a reactive health-care model.

Accordingly, the EON is wrapping up a project that aims to evaluate how well changes in glycosylated hemoglobin (HbA1c) over time can predict the onset of type 2 diabetes mellitus (T2DM) in a population of adults 40 years and older. Preliminary results show that the odds of developing diabetes are significantly increased (Odds Ratio=1.90, 95% C.I. [1.57-2.52]) for patients whose HbA1c values increase by 0.1%. Previous literature has established that the value of a patient's HbA1c can be used to predict the onset of T2DM; however this is the first study to evaluate how HbA1c values over time predict the onset of T2DM.

This data was presented at an international conference addressing Information Technology and Communication in Health (ITCH) in February 2015 in Victoria, British Columbia and will be submitted to a peer-reviewed journal in the coming months.

# COMMUNITY AND PROGRAM EVALUATION

In response to health-care reform and increasing pressure on the health-care system, the CSPC has developed a research arm dedicated to improving the health and wellness of communities across the South East LHIN. Through collaboration with various community stakeholders, research initiatives target vulnerable populations such as frail seniors, palliative care patients and those with multiple and complex conditions. Our Community Projects research arm aims to bridge knowledge gaps, inform provincial and national policy development, and design, implement and evaluate innovative health-care programs that deliver patient-centred, high-quality care to vulnerable populations. This year, the CSPC has grown its Community and Program Evaluation research portfolio to include three projects, which are described here.

**Principal Investigator: Jyoti Kotecha, MPA, MRSC, CChem**
**Co-Investigators: Dr. Richard Birtwhistle, MD, MSc, FCFP and Dr. Michael Green, MD, MPH, CCFP, FCFP**

## Evaluation of a Rural Hospital at Home Demonstration Program

The Hospital at Home (H@H) Demonstration Program in Prince Edward County was developed in response to the need for enhanced primary care for aging, palliative care and complex patients and overcrowding area hospitals. In partnership with Prince Edward Family Health Team, the Southeast CCAC and Quite Health Care, the CSPC supported the development of the H@H program, which launched in September 2013. Rooted in primary care, the multidisciplinary H@H team provides patients with seamless, hospital-level care, as well as resources and support for their caregivers. Program objectives include the diversion of hospital admissions, re-admissions and emergency department (ED) visits, providing transitional support following hospital admission, and improving the patient and family caregiver health care experience. To evaluate the success of the demonstration program, the CSPC conducted a mixed-method evaluation. Administrative data, patient charts, satisfaction surveys and semi-structured interviews with patients, caregivers and health-care providers were analysed and reported to Prince Edward Family Health Team's H@H steering committee in December 2014.

Results of the evaluation demonstrate that the H@H program was successful in providing patient-centred care to frail older adults and palliative care patients who would otherwise need prolonged hospitalization, or may be at risk of re-admission to hospital following an early discharge. Services provided to patients included a daily nurse practitioner or doctor visit, registered nurse visits one to four times a day, pharmacist and social worker consultations, and additional services (e.g., occupational therapist, diabetes educator, personal support worker, etc.) as required. Dedicated H@H health-care providers were instrumental in supporting the recovery of the patient and the well-being of the caregivers. The cost per day of treating a patient in the H@H program was $418.72 compared to $730.03 ($p<0.001$), the cost of treating a similar patient in hospital. Participants were highly satisfied with the care provided in the H@H program and perceived that it provided the right care, in the right place at the right time. We recommend that the H@H model be considered for expansion to other rural communities across Ontario, and a long-term evaluation of patient outcomes, cost and repeat ED visits be conducted.

Influence of a Quality Improvement Learning Collaborative Program on Team Functioning in Primary Healthcare

Jyoti Kotecha, MPA, MRSC, CChem
Queen's University

Judith Belle Brown, PhD
Western University

Han Han, PhD
Queen's University

Stewart B. Harris, MD, MPH, FCFP, FACPM
Western University

Michael Green, MD, MSc, FCFP
Queen's University

Grant Russell, MBBS, FRACGP, MFM, PhD
Monash University

Sharon Roberts, PhD
University of Waterloo

Susan Webster-Bogaert, MA, Meghan Fournie, BHSc, Amandeep Thind, MD, PhD, and Sonja M. Reichert, MD, MSc
Western University

Richard Birtwhistle, MD, MSc, CCFP, FCFP
Queen's University

Quality improvement (QI) programs are frequently implemented to support primary healthcare (PHC) team development and to improve care outcomes. In Ontario, Canada, the Quality Improvement and Innovation Partnership (QIIP) offered a learning collaborative (LC) program to support the development of interdisciplinary team function and improve chronic disease management, disease prevention, and access to care. A quantitative study using a phenomenological approach was conducted as part of

## Connecting Seniors and the Frail Elderly in Frontenac County and the City Of Kingston with Primary Care: An Environmental Scan to Support the Development of the Paramedic Referral and Wellness Program

Community paramedicine programs enhance the health of the community through reaching out to some of its most vulnerable populations. Target groups include the frail elderly, palliative care patients and individuals with complex health conditions living on their own or with limited support in the community. Expanding on the traditional emergency response role of paramedics, community paramedics facilitate education and chronic disease management, and conduct proactive outreach to decrease remissions following discharge from hospital, help avoid unnecessary emergency department visits and promote healthy aging at home. The County of Frontenac Paramedic Services, in partnership with the CSPC, are developing a framework for future core community paramedicine programs in the geographical area of the County of Frontenac and the City of Kingston. The four primary components of the project include establishing (1) patient referrals by paramedics, (2) communication links between paramedics and other health-care providers, (3) home visits by paramedics, and (4) wellness clinics in the community. The goal of the proposed program is to improve delivery and co-ordination of services and promote healthy aging in the home for seniors and other patients with unmet needs in the community.

To support the development of this program, an environmental scan is being conducted by researchers at the CSPC that includes a systematic review of research literature, grey literature, policy and service documents, as well as informal conversations with key informants from community services and agencies in Frontenac County and the City of Kingston. Research evidence will be examined to describe the service offerings, composition, facilitators and barriers to care of existing community paramedicine programs in the SELHIN, Canada, Australia, the UK and Australia. Next, we will identify and list potential partner organizations throughout the region to support future wellness programs, and engage them in discussions to support the development of communication and referral pathway framework. We will also support the establishment of a demonstration program steering committee and engage in discussions with the committee and health-care partners to develop a program logic model. The logic model will document the goals and expected outcomes, resources required to implement the program, activities to be undertaken, and the outputs for each activity, and will serve as the framework for the future evaluation of the demonstration program following implementation.

**Principal Investigators: Dr. Susan Phillips, MD, MSc (Epid), CCFP, MD (HC) and Jyoti Kotecha, MPA, MRSC, CChem**

### Seniors Association of Kingston Region

The Seniors Association of Kingston Region (SAKR) is one of a number of organizations across Ontario that provides services to seniors to facilitate healthy aging in place. The services offered by SAKR and other seniors associations (SA) can be used to enhance primary health care and may reduce hospital usage and isolation while delaying long-term care placement. However, there is a lack of knowledge and understanding within primary care of the types of services that SAs such as SAKR can provide. In turn, SAs including SAKR are unaware of how they can best collaborate with primary care providers to enhance the quality of life of seniors within the community. SAKR and the other SAs in Ontario wish to develop guidelines for service referrals from primary health care to enable healthy aging in place. To achieve this, researchers at the CSPC are conducting a multi-method study. First, an environmental scan will explore documentation available through SA websites, grey literature, and policy and service documents to determine the role, number and types of services offered by SAs across Ontario. The environmental scan will also include semi-structured telephone interviews with key informants (executive directors or leads) at the SAKR to learn more about the types of services provided and how they currently work with the primary health-care sector in their communities. Finally, focus groups will be organized with family physicians and primary health-care providers from family health teams in the Kingston region to learn about their current practices for referring patients to SAKR, the types of patients they feel would benefit from referrals to the association and opportunities available to form stronger collaborations between SAKR and primary health care that will enhance the well-being of seniors in the Kingston region. Through dialogue with primary health-care providers, there will be an improved understanding of where the gaps in community service are, who the population at risk is and how SAs can develop programs to fill these gaps. The final report will include recommendations for processes and tools that will facilitate appropriate referrals from primary care to the SAKR that will inform referral guidelines across Ontario.

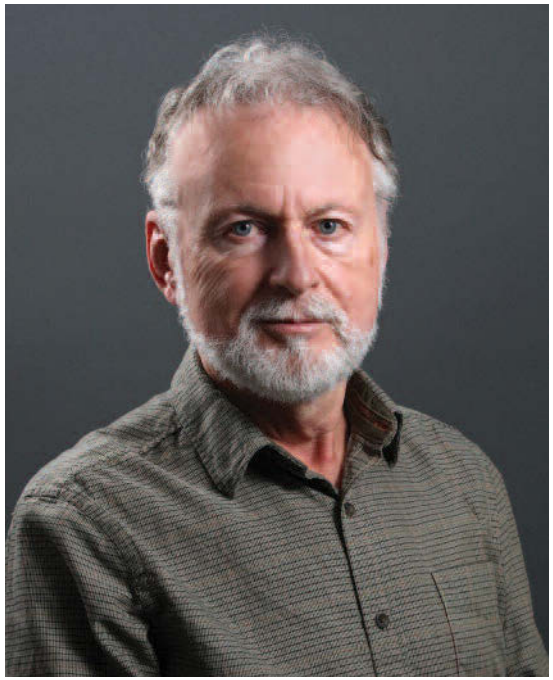
An important activity for the Centre for Studies in Primary Care is to support the enhancement of education delivered to Queen's Family Medicine residents. To do so, the CSPC supports evaluation and research that leads to improvements in the quality of family medicine resident training and education curriculum. Currently, we have a number of ongoing projects in the education portfolio research arm.

**Principal Investigator: Dr. Karen Schultz, MD, CCFP, FCFP**

### Continuity of Care

Continuity of care is a cornerstone of family medicine. The Queen's Family Medicine program has three different structures in its four sites (rotational, longitudinal and a hybrid model). It is important to know if these different curriculum structures impact residents' experience with, and development of an understanding of, continuity of care. Evaluating this will involve both a quantitative research approach (how often residents have repeat visits with patients) and qualitative (their understanding of continuity of care).

To capture the qualitative impact piece, we are conducting research to validate a survey designed to look at the impact of continuity of care on the health care provider. Survey development was supported by previous qualitative research conducted in 2010, which explored the emotional impact of continuity of care on family medicine residents and practising family physicians. Research is now underway to assess the reliability and sensitivity of this survey. The first phase of this validation study has identified the survey items that distinguish between traditional family physicians, family physicians choosing to provide episodic care, and family medicine residents. The second phase of the validation study is underway and aims to determine whether the survey can distinguish between groups of family medicine residents, specifically incoming and outgoing residents. Data is being collected from all four sites.
If it is determined that the survey distinguishes between residents with experience with continuity of care (i.e., those at the end of training) and those without or with minimal experience (i.e., those at the beginning of training), the next step is to explore whether the experience of residents at the department's four sites differs, given the diversity in curricular structure from site to site.



**Principal Investigator: Dr. Geoffrey Hodgetts, MD, CCFP, FCFP**
**Co-Investigators:**
**Dr. Karen Schultz, MD, CCFP, FCFP;**
**Dr. Jane Griffiths, MD, CCFP, FCFP, CAFCI; and**
**Dr. Elaine Van Melle, PhD**

## Preparedness for Practice as a Critical Transition in Residency Education: An Explorer Study

The transition from residency education to independent practice is regarded as a highly stressful and critical period for newly practising physicians. Researchers at the CSPC are conducting a study to examine the impact of Queen's Family Medicine Residency Training on family medicine residents' preparedness to make this transition into practice. A qualitative study approach with two rounds of interviews is being used. Each interview is audio recorded, lasts between 25 and 45 minutes and is conducted face-to-face or over the telephone when necessary. Following the interviews, audio recordings are transcribed verbatim. Major themes are determined through thematic analysis and verified by independent research associates at the CSPC.

The first set of interviews took place between May and July 2014, towards the end of the residents' second (and final) year of training. The purpose of this interview was to explore how the residents perceived that their own educational and practical experiences have prepared them to enter independent practice. Results from this first round of interviews were analysed to inform the script for the second round of interviews with the same residents six months following their transition into practice. During the second set of interviews, we explore the actual experience of transition. Participants are asked to reflect upon their own residency training at Queens and describe how they perceive it to have prepared them for this critical transition. The second set of interviews is currently being conducted. The findings of this study will be used to improve residency curriculum and suggest strategies required to support family medicine residents' transition into practice.

**Principal Investigator:**
**Dr. Elaine Van Melle, PhD**

## How Residents Learn: Understanding the Role of Cues in Self-Regulated Learning

Research suggests that work-related activities are pivotal starting points for resident learning. Little is known, however, regarding this intricate process of learning. Described as self-regulated learning (SRL), the ability to engage in this process is an essential skill for the practising physician. The purpose of this study is to elaborate on our understanding of the cues and processes that family medicine residents use to engage in SRL. To collect this data, we used Systematic Self Observation (SSO). SSO is an approach to data collection that allows for natural behaviour to be studied and relies on participants to generate field notes that are accurate descriptions of their experience.

Participants in this study will be provided with Dictaphones and a written set of instructions. Six PGY1 and six PGY2 residents will be invited to participate for a total of 12 resident participants. Data will be collected over a one-month period. The overall approach to data collection and analysis will be guided by grounded theory to allow for the identification of emergent themes and possible articulation of a theoretical model. This research should provide a more detailed and nuanced understanding of the range of cues and resources that trigger and support learning in family medicine residents. Ultimately, providing empirical evidence of the process should help to guide approaches to creating effective SRL: an important challenge particularly in light of the trend towards competency-based medical education.

## EDUCATION RESEARCH

**Principal Investigators: Dr. Jonathan Kerr, MD, CCFP and Dr. Robert Webster, MD, CCFP, FRCP**

### Evaluation of New Practice Management Curriculum at a Distributed Family Medicine Residency Site

According to a recent survey by the CFPC regarding family medicine residency training, new graduates felt well prepared in terms of their medical knowledge and clinical skills. However, the graduates rated "practice management" as the area that they felt least prepared for at the start of their career. They desired more teaching during their residency in the following areas: choosing a practice, billing, practice start-up paperwork, running the business side of the practice, acquiring work-life balance and staff management.

In order to address these needs, a new practice-management curriculum was developed for the Belleville-Quinte site of the Queen's Family Medicine Residency program by Dr. Robert Webster (Site Director) and Dr. Jonathan Kerr (Curriculum Site Lead). This new curriculum was implemented at the Belleville-Quinte site on July 1, 2013.

To evaluate the impact of this curriculum on family medicine residents, an online survey was designed and distributed to the current and graduated residents respectively at the Belleville-Quinte site as well as the Kingston-Thousand Islands site, where this new curriculum had not yet been implemented. The online survey was distributed over a three-year period, from 2013 to 2015. To date, baseline data have been collected and reported. The final report will be completed in winter 2015.

**Principal Investigator: Dr. Brent Wolfrom, MD, CCFP**
**Co-Investigator: Dr. David MacPherson, MSC, MD, CCFP, FCFP**

## Diagnostic Ultrasound in Family Medicine

Diagnostic ultrasound provides a powerful and diverse tool for point-of-care investigations, cost-effective screening, clinical-decision making and medical education. However, it has not yet made significant inroads to outpatient-based care. The purpose of this pilot study is to determine the feasibility of introducing diagnostic ultrasound into a family medicine teaching practice. Using the abdominal aortic aneurysm (AAA)-focused screening examination, this study aims to: (1) assess the identification rate of AAA, (2) assess the competency of family physicians in the performance of basic diagnostic ultrasound by contrasting results with that of a trained ultrasonographer with interpretation by a radiologist, and (3) determine the perceived educational value and comfort of family physicians in the performance of basic diagnostic ultrasound through the use of a post-implementation survey. Results will be used to inform the Department of Family Medicine of potential uses of diagnostic ultrasound within a primary care setting and assess interoperate reliability among faculty members and first-year residents in the performance of AAA screening. Finally, this study will provide lessons learned for future diagnostic ultrasound training within a family medicine residency program.

# QUALITY IMPROVEMENT

**Principal Investigator: Dr. Karen Hall Barber, MD, CCFP, FCFP, MScHQ candidate**

The Quality Improvement research group at the CSPC aims to enhance the quality of care delivered to patients in the Queen's Family Health Team, by providing evidence-based research to inform health-care transformation across Ontario.

## Patient Safety Culture: Perspectives from a Family Health Team

The Institute of Medicine has recommended that patient safety outcomes can be improved by addressing organizational cultural issues, which are determined by the collective values, beliefs and behaviours related to patient safety. Strategies to improve safety culture have been examined in hospital, but not much is known in primary care. The purpose of this study was to collect an initial baseline of the Queen's Family Health Team's (QFHT) patient safety culture using the validated Canadian Patient Safety Culture Survey (Can-PSCS), and to assess the differences in perceptions between occupational groups. All Department of Family Medicine faculty, staff and residents were surveyed with 21 indicators falling into one of six categories: (1) organizational (senior) leadership support for safety, (2) incident follow-up, (3) supervisory leadership support for safety, (4) unit learning culture, (5) judgment-free environment, and (6) job repercussions of error. Preliminary results indicated that the QFHT has a positive patient safety culture, as the average score for each indicator was neutral or greater on a five-point Likert Scale. Specifically, over 90 per cent of Department of Family Medicine staff members believed that the QFHT thought critically about errors and developed plans to prevent the same mistakes from re-occurring. The next step will be to feed the results back to faculty and staff and determine strategies to clarify incident-reporting processes and improve comfort level in completing incident report forms for all staff.

Principal Investigator: Dr. Eva Purkey, MD, CCFP

The global health program examines issues related to the health, health care and well-being of vulnerable populations or persons struggling with health inequities (such as those linked to poverty, migration status or aboriginal status). Included in this program is educational research that focuses on understanding how to best prepare residents to practise medicine with a view to health equity. This year, the global health program has grown to include several projects, which are described here.

### Study on Women's Experience of Primary Health Care in the Context of Chronic Disease and Adverse Childhood Experiences

The connection between adverse childhood experiences and disease is increasingly understood. This includes not only mental health conditions, addiction and pain conditions but also increasingly chronic diseases such as cancer and cardiovascular and respiratory diseases. Despite the data, there has yet to be an integration of the concept of trauma-informed care into primary care delivery. The study on women's experience of primary health care in the context of chronic disease and adverse childhood experiences is a qualitative exploration of the experience of women with multiple chronic conditions and a history of trauma (adverse childhood experiences) and their interactions with the primary health-care system. The purpose of this study is to identify behaviours, attitudes and structural components of health-care settings, providers and staff that are either enhancing or detrimental to the ability of women with a history of trauma to access care for their chronic conditions. This study hopes to elicit components of "trauma-informed care" as described in the literature, which can be used to structure health systems and to train health-care providers with the goal of improving outcomes in women with a history of childhood trauma.

# GLOBAL HEALTH

## Pre-departure Preparation for Residents Going on Global Health Electives: A National Consensus

Pre-departure preparation for international electives has been mandatory for medical students in Canada for several years. Such preparation, however, is not yet mandatory for residents going on international or other global health electives. Furthermore, pre-departure preparation may not even be available to residents in all Canadian institutions. There is an increasing call from global health educators across Canadian universities to standardize practices and move towards mandatory pre-departure preparation activities for residents embarking on international or global health electives. This study aims to foster collaboration between educators from universities across Canada to reach a consensus regarding the importance, nature and content of such pre-departure preparation sessions and materials. Launched in spring 2014, this study utilizes the Delphi technique for developing consensus and has engaged educators from over 10 Canadian universities. Findings of this research study will be presented to Canadian institutions to assist with educational policy development, and may help to inform movement towards mandatory pre-departure preparation for all residents embarking on global health electives.

## Educating for Equity (E4E): Exploring How Health Professional Education Can Reduce Disparities in Chronic Disease Care and Improve Outcomes for Aboriginal Populations

**Principal Investigator: Dr. Michael Green, MD, MPH, CCFP, FCFP**

Educating for Equity (E4E) is an international collaborative research project aimed at developing Indigenous health professional education capacity as a vehicle for improving care and health outcomes. The Canadian team, composed of researchers from Queen's University, the University of Calgary, Northern Ontario School of Medicine and the University of British Columbia, is focused on improving diabetes care in aboriginal populations through a research- and evidence- informed aboriginal health continuing medical education intervention for family physicians. In Phase 1, focus groups and interviews were conducted with aboriginal patients and health-care providers to understand needs and gaps in health services. This knowledge was used to generate a care framework that was translated into an E4E CME program. In Phase 2, the E4E CME program will be delivered to family physicians in Ontario who provide health care to aboriginal patients with type 2 diabetes and its impact on aboriginal patients' outcomes and health-care experience will be evaluated.

The E4E CME, titled with "Addressing Social Drivers of Aboriginal Type 2 Diabetes," is accredited with MainPro-C (8.0). It consists of a one-day workshop with pre-workshop needs assessment and post-workshop reflective components. Family physician participants will learn (a) key social factors that affect aboriginal diabetes outcomes, (b) culturally attuned approaches to building therapeutic relationships with aboriginal diabetic patients, (c) methods to address discord in the doctor-patient relationship, and (d) culturally informed ways to support Aboriginal Peoples in health care and society.

A mixed-method, multi-measure, controlled design will be used to evaluate the E4E CME intervention. Participants will be randomly assigned to intervention and delayed-intervention control groups. Data collection includes patient chart reviews, patient experience surveys and interviews. Co-primary outcomes include HbAIC and a summary patient experience score. Chart reviews prior to and post intervention will indicate impact of physicians' participation on clinical outcomes. Patient surveys and interviews will reflect changes perceived by patients in physician care delivery. Dr. Michael Green of Queen's Family Medicine and the Centre for Studies in Primary Care is leading the evaluation of the E4E CME intervention.

To date, three E4E CME workshops have been delivered to 16 family physicians in Moose Factory, Dryden and Kenora (in September 2014), and an E4E learning website has been created for the physician participants to review their learning and reflect on their practices. This CME workshop will be delivered to the same sites again in September 2015, and participants will include both family physicians and other providers. Patient experience surveys are being distributed to the aboriginal patients with type 2 diabetes in these sites.

# GLOBAL HEALTH

## How the Outside World Gets Inside

Understanding how the outside world gets 'under the skin' to shape health and illness is of importance in understanding how individuals are impacted by the world around them. Of particular interest in my research is gender, that is, how the expectations, constraints and opportunities for women and men in a society or culture often (but not always) predispose to or protect from illness. My research tries to flip the medical paradigm which tends to look at risk of disease and instead focuses on learning about strengths of an individual that can explain health.

**Principal Investigator: Dr. Susan Phillips, MD, MSc (Epid), CCFP, MD (HC)**

PLOS ONE

RESEARCH ARTICLE

Early Parental Loss and Self-Rated Health of Older Women and Men: A Population-Based, Multi-Country Study

Abstract

Objective

Methods

Results

Conclusion

I am currently involved in eight studies that examine these strengths. One of these studies was recently published (PLoS One), using the IMIAS (International Mobility in Aging Study) data. The IMIAS is a longitudinal cohort study that follows 1,000 older women and 1,000 older men from Canada, Brazil, Colombia and Albania. The published study assessed whether childhood adversities had an impact on health decades later. Of particular interest was the impact that death of a parent at an early age might have. Amongst the IMIAS participants overall, those who had one or both parents die prior to age 15, or who had experienced hunger in childhood, but not those who witnessed violence, had significantly poorer self-rated health (a well-validated measure of objective health) in old age. But here's the part that I found most interesting – when the findings for men and women were separated, it was only men who suffered the long-term harm from early parental loss. This harm was great enough to drag the insignificant findings for women into statistical significance when data for both sexes were pooled. I hypothesize that gender differences, particularly in how women and men learn to cope, rebound from loss, develop self-control and autonomy – that is, in the resilience of each group – explains how the same event can have such different consequences for health. I will test this hypothesis using the next set of data collected.

## Analysis of Alcohol-Related and Illicit Drug-Related Emergency Room Visits from the First Nations Communities in James Bay Area: A 6-Month Prospective Study

Emergency room consults related to the use of alcohol and/or illicit drugs (be it direct or indirect influence) have a high prevalence in the First Nations communities in the James' Bay Area. The Weeneebayko Area Health Authority (WAHA) with the Weeneebayko General Hospital (WGH) on the island of Moose Factory is the designed hub for referral health care, receiving all emergency calls and telephone consultations for the five main coastal communities of Moosonee, Fort Albany, Kashechewan, Attawapiskat and Peawanuck. At this time, no formal statistics have ever been compiled for the incidence, prevalence and seasonal trend (if any) of alcohol and/or illicit drug-related emergency room contacts.

**Principal Investigator: Dr. Lawrence Leung, MA, MBBChir, MFM (Clin), CertTransMed DipPractDerm, DCH, MRCGP, FRACGP, FRCGP, CCFP, BChinMed MD (A.M.) GP-R.TCMP GP-R.Ac**

Unusual presentation of more common disease/injury

CASE REPORT

A 54-year-old woman with premature ventricular complexes and a rapidly changing ECG

Sarah Bernhardt,[1] Lawrence Leung[2]

SUMMARY

CASE PRESENTATION

BACKGROUND

INVESTIGATIONS

DIFFERENTIAL DIAGNOSIS

The purpose of this study is to explore the incidence, prevalence and time pattern of alcohol-related consultations/admissions as received by the WAHA emergency room services. In particular, data will be collected to analyse if there is a clustered or trended distribution of services rendered (i) during a particular season, (ii) towards any coastal community, (iii) due to particular demographics of the respective population. Our study will provide valuable up-to-date statistics and data to better understand the demand and pattern of alcohol- and substance-related emergency consultations at WAHA to enable cost-effective management and allocation of resources. It is expected that this data will prove useful to each community in understanding the pattern of alcohol- and illicit drug-related visits that come through the emergency room of WGH, so that appropriate allocation of resources and better planning of alcohol- and substance-abuse prevention strategies can be instituted.

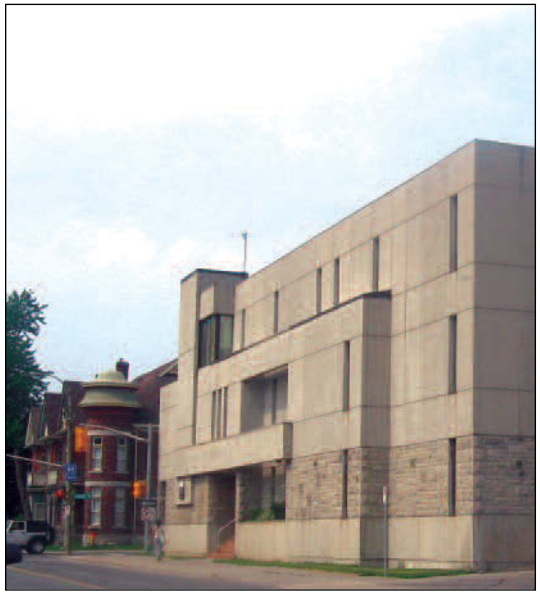
# INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

The Queen's University Intellectual and Developmental Disabilities Collaborative (QUIDD Collaborative) is an initiative of Queen's Family Health Team and the Centre for Studies in Primary Care. The group is composed of physicians, healthcare providers, researchers and stakeholders who are committed to furthering research and education in I/DD to deliver quality care to patients and their families.

**Principal Investigators: Dr. Meg Gemmill, MD, CCFP & Dr. Ian Casson, MD, CCFP(EM), FCFP**
**Co-Investigators: Dr. Liz Grier, MD, CCFP & Nicole Bobbette, MSc, OT**

## Primary Care Physician and Allied Health Care Provider Attitudes and Perceptions of the Identification of Adults with Suspected Mild Intellectual Disability

Intellectual disability (ID) is characterized by significant limitations in both intellectual functioning and adaptive behaviour. Individuals living with ID often experience complex health issues and a high prevalence of physical and mental health conditions, highlighting the importance of adequate lifelong management by primary care and supportive allied health services. For adults with undiagnosed ID, however, funding for supportive services is not available without a formal diagnosis. Thus, the Guidelines for Primary Care of Adults with Developmental Disabilities recommend psychological assessment to facilitate formal diagnosis of ID and to trigger service provision. This is not easily adhered to, however, as access



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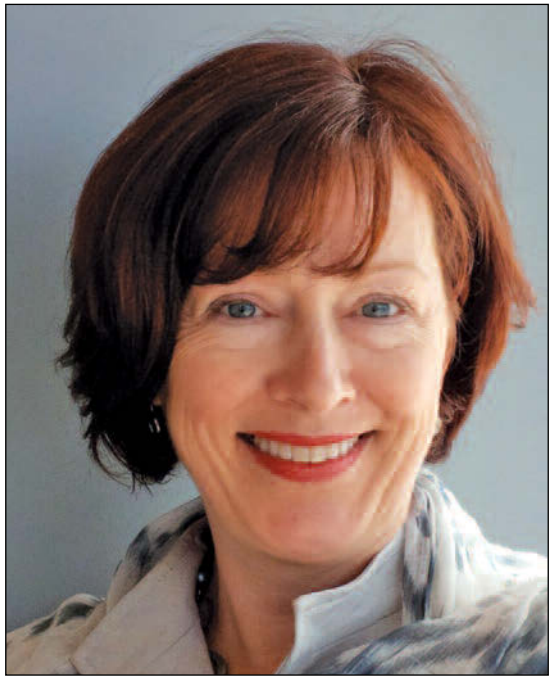
**Kingston, ON**

to these assessments is limited, the wait time is long, and the high cost is not government funded through either health or social services. The need for an identification tool that is more accessible, affordable and easily administered by primary care physicians and allied health services has therefore been recognized. The purpose of this study is to inform the future development of such a tool. A survey of primary care physicians and allied health workers will describe (1) the scope of the issue, including number of past and present patients/clients with diagnosed as well as suspected ID, (2) current practices in patient management, (3) experience with the identification/ diagnosis process, (4) perceived needs, resources and barriers to the delivery of care, (5) adherence to the Guidelines for Primary Care of Adults with Developmental Disabilities and (6) attitudes towards the use and usefulness of an in-office diagnostic/identification tool designed for use in primary care settings. Next, targeted interviews and/or focus groups with key stakeholders in community organizations will explore (1) perceptions of the scope of the issue, (2) current practices and experiences in managing patients with undiagnosed IDs, (3) perceptions of how to accurately identify patients with ID within a primary care or allied health context, (4) attitudes towards the use and usefulness of an accessible identification tool and (5) thoughts on what should be included in such a tool to obtain a formal psycho-educational or functional assessment.

# ADVISORY COUNCIL 2014 – 2015



**Margaret Alden, Chair**

The CSPC has an advisory council that meets regularly to advise and steer the centre's research activities. The board members currently include:

| | |
|---|---|
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| Dr. Michael Green | Associate Director, CSPC |
| Jyoti Kotecha | Assistant Director, CSPC |
| Dr. Glenn Brown | Head, Department of Family Medicine |
| Dr. Karen Schultz | Postgraduate Education Program Director |
| Dr. Walter Rosser | Department of Family Medicine Representative |
| Dr. Susan Phillips | Department of Family Medicine Representative |
| Dr. Joan Tranmer | Queen's Faculty Member, School of Nursing |
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| Dr. Pattie Groome | Queen's Faculty Member, Community & Epidemiology |
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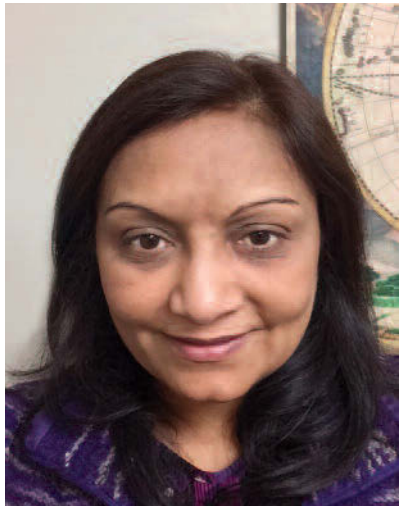

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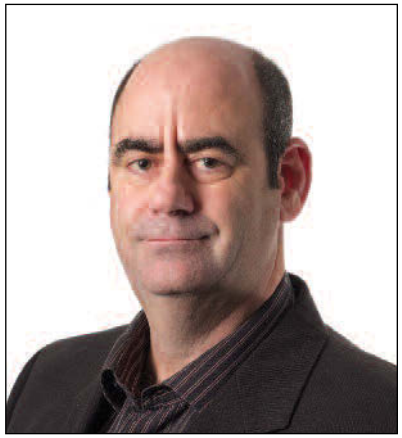

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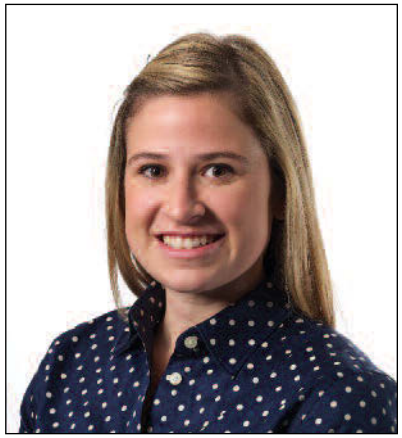

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# CONFERENCE PRESENTATIONS 2014 – 2015

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2. Casson I, Durbin J, Grier E, Griffiths J, Khodavarian A, Lake J, Lunsky Y, Perry A, Van Melle E, Yealland J. Exploring barriers to care: knowledge, comfort levels and attitudes of primary care providers towards patients with developmental disability. Presentation at: Ontario Association on Developmental Disabilities - Research Special Interest Group Annual Meeting; 2014 Apr; Kingston, ON.
3. Casson I, Grier L, Gemmill M, Martin D, Holmes L. A family practice program to implement comprehensive health checks for adults with intellectual and developmental disabilities. Workshop presentation at: Southeastern Ontario Local Health Integration Network - Primary Care Forum; 2014 Oct; Kingston, ON.
4. Dubois A, Agarwal G, Green ME, Grool A, Heale R, Hogg W, Howard M, Muldoon L, Tranmer J, Dahrouge S. What organizational attributes in primary healthcare are associated with quality indicators? a scoping review. Presentation at: North American Primary Care Research Group Annual Meeting; 2014 Nov; New York, NY.
5. Gilic F, Sempowski I, Blagojevic A, Schultz K. The "nightmares" course: An effective simulation-based acute care training method for family medicine residents. Presentation at: Family Medicine Forum; 2014 Nov; Quebec City, QC.
6. Green ME, Crowshoe L, Jacklin K, Calam B, Walker, Kotecha J, Han H, Ly A and Walker L. Evaluation of Educating for Equity intervention: How health professional education can reduce disparities in diabetes care and improve outcomes for indigenous populations? Poster presentation at: Canadian Conference for Medical Education; 2014 Apr; Ottawa, ON.
7. Green ME, Dahrouge S, Frymire E and Glazier R. Evaluating primary health care reform in Ontario: The INSPIRE-PHC approach. Presentation at: North American Primary Care Research Group Annual Meeting; 2014 Nov; New York, NY.
8. Green ME, Dahrouge S, Gozdyra P, Jaakimainen L, Muldoon L, Hall-Barber K, Tranmer J, Frymire E, and Glazier R. Primary care reform in Ontario: Impact on the supply and distribution of family physicians from 2002-2012. Presentation at: Canadian Association for Health Services and Policy Research Annual Meeting; 2014 May; Toronto, ON.
9. Griffiths J, Schultz K, McEwen L, Luhanga U. Queen's multisource feedback rubric: frames of reference to enhance self-assessment. Presentation at: 16th Ottawa Conference; 2014; Ottawa, ON.
10. Griffiths J, Van Melle E. Competency-based medical education: are we shifting the culture of assessment? Presentation at: International Conference on Residency Education; 2014 Oct; Toronto, ON.
11. Griffiths J, Van Melle E, Craig N. The impact of portfolio assessment and support system (PASS) on faculty views of assessment: Are we changing culture? Presentation at: Ottawa Conference on Assessment in Medical Education; 2014 Apr; Ottawa, ON.

**12** Griffiths J, Van Melle E, Craig N. The impact of portfolio assessment and support system (PASS) on faculty views of assessment: Are we changing culture? Presentation at: Celebration of Teaching, Learning and Scholarship in Health Sciences Education: Learning Together: Relationships in Health Sciences Education. Office of Health Sciences Education, Queen's University; 2014 Jun; Kingston, ON.

**13** Griffiths J, Van Melle E, Han H, Grier L, Casson I. Using resident reflections to evaluate an innovative competency-based learning experience. Poster presentation at: International Conference on Residency Education; 2014 Oct; Toronto, ON.

**14** Gozdyra P, Dahrouge S, Frymire E, Glazier R, Hall-Barber K, Jaakkimainen L, Muldoon L, Tranmer J, Green ME, Geographic analyses and maps as an aid for evaluation of family physician availability in Ontario, Canada. Presentation at: North American Primary Care Research Group Annual Meeting; 2014 Nov; New York, NY.

**15** Harris, S, Naqshbandi Hayward M, Paquette-Warren J, Green ME, Webster-Bogaert, S, Mequanint S, Caruso R, Community-driven Innovations and Strategic Scale-up Toolkits. Presentation at: North American Primary Care Research Group Annual Meeting; 2014 Nov; New York, NY.

**16** Khan S, Williamson T, Birtwhistle R. A further exploration of CPCSSN validation exercise through likelihood and probabilities. Poster presentation at: North American Primary Care Research Group Annual Meeting; 2014 Nov; New York, NY.

**17** Knott TC, McColl MA, Green ME, Pauley T. Wait times for home-based rehabilitation: The impact on re-hospitalization. Presentation at: 2nd Annual Technology Evaluation in the Elderly Conference: Improving Care for the Frail Elderly; 2014 Sept; Toronto, ON.

**18** Kotecha J, Christie E, MacLaren S, Martin M, Green M, Birtwhistle R. Patient and Caregiver satisfaction and confidence in care provided by a Rural Hospital at Home pilot project. Poster presentation at: Family Medicine Forum; 2014 Nov; Quebec City, QC.

**19** Kotecha J, Christie E, MacLaren S, Martin M, Green M, Birtwhistle R. Patient and Caregiver satisfaction and confidence in care provided by a Rural Hospital at Home pilot project. Poster presentation at: North American Primary Care Research Group Annual Meeting; 2014 Nov; New York, NY.

**20** Kotecha J, Christie E, MacLaren S, Martin M, Green M, Birtwhistle R. Patient and Caregiver satisfaction and confidence in care provided by a Rural Hospital at Home pilot project. Poster presentation at: Trillium Primary Health Care Research Day; 2014 May; Toronto, ON.

**21** Lockyer J, Van Melle E, Lieff S. Making education scholarship "Count": Considerations in disseminating your work. Presentation at: International Conference on Residency Education; 2014 Oct; Toronto, ON.

**22** Martin K, Keshavjee K, Kotecha J, Kinsella L, Barber D, Birtwhistle R. Assessing the feasibility of using the Canadian Primary Care Sentinel Surveillance Network for clinical analytics. Poster presentation at: North American Primary Care Research Group Annual Meeting; 2014 Nov; New York, NY.



CONFERENCE PRESENTATIONS 2014 – 2015

# CONFERENCE PRESENTATIONS 2014 – 2015

**23** Purkey E. Pre-departure preparation for residents going on global health electives: A national consensus. Presentation at: Family Medicine Forum; 2014 Nov; Quebec City, QC.

**24** Schultz K. The practical implementation of competency based medical education in a post graduate residency program. Family Medicine Forum; 2014 Nov; Quebec City, QC.

**25** Schultz K, Griffiths J. The practical application of EPAs to assess competency in a post-graduate residency program. Short Communication at Association of Medical Education in Europe; 2014 Aug; Milan, IT.

**26** Schultz K, Laughlin T. Golden field notes. Presentation at: Family Medicine Forum; 2014 Nov; Quebec City, QC.

**27** Van der Goes T, Schultz K. Continuous reflective assessment for training — the Canadian family practice resident assessment process. Short Communication at Association of Medical Education in Europe; 2014 Aug; Milan, IT.

**28** Van Melle E, Dalgarno N. Family medicine residents' perceptions (and Misperceptions) of patient-centered care: implications for teaching and learning. Presentation at: Associated Medical Services Phoenix Conference; 2014 Nov; Ottawa, ON.

**29** Van Melle E, Hodges B. Safeguarding caring and compassion in an era of competency-based education. Presentation at: International Conference on Residency Education; 2014 Oct; Toronto, ON.

**30** Van Melle E, Oandasan I, Flynn L. A framework for evaluation competency-based medical education (CBME) programs: How will we know that CBME is making a difference? Presentation at: International Conference on Residency Education; 2014 Oct; Toronto, ON.

**31** Van Melle E, Schultz K. The role of continuity in facilitating residents' readiness to practice. Presentation at: Canadian Conference on Medical Education; 2014 Apr; Ottawa, ON.

**32** Williamson T, Morkem R, Khan S, Queenan J, Martin K, Birtwhistle R, Levesque L. Pharmacovigilance in Canada: Evaluating the value of CPCSSN for Adverse Event Reporting. Poster presentation at: North American Primary Care Research Group Annual Meeting; 2014 Nov; New York, NY.

**33** Wolfrom B, Hodgetts G, Morissette P, Han H, Martin M, Kotecha J. Military family physician satisfaction with family medicine residency training. Presentation at: Canadian Institute for Military and Veteran Health Research Annual Conference; 2014 Nov; Toronto, ON.

# CURRENT FINANCIAL STATEMENT

## May 1, 2014 – April 30, 2015

| REVENUE | ACTUAL AMOUNT |
|---|---|
| Grants and Internal funding | $ 1,223,134.96 |
| **Total Revenue** | **$ 1,223,134.96** |
| **EXPENSES** | |
| Salary and professional salaries | $ 814,302.83 |
| Benefits | $ 136,015.63 |
| Office Supplies | $ 712.00 |
| Printing and publications | $ 5,768.76 |
| Communications | $ 4,784.42 |
| Computers and equipment | $ 3,541.45 |
| Travel and conference registration | $ 38,916.82 |
| Meeting Catering | $ 3,699.22 |
| Overheads | $ 1,497.42 |
| Miscellaneous items | $ 22,399.58 |
| **TOTAL EXPENSES** | **$ 1,031,638.13** |
| **Surplus/(Deficit)** | **$ 191,496.83** |
| Opening Balance | $1,246,466.47 |
| **Closing Balance** | **$1,437,963.30** |

## PREVIOUS FINANCIAL STATEMENT

### May 1, 2013 – April 30, 2014

| REVENUE | ACTUAL AMOUNTS |
|---|---|
| Carry Forward | $ 565,977.05 |
| Annual revenue | $ 1,280,386.96 |
| **TOTAL REVENUE** | **$ 1,846,364.01** |

| EXPENSES | |
|---|---|
| Salaries | $ 528,192.72 |
| Benefits | $ 136,467.76 |
| Office supplies | $ 14,235.79 |
| Printing | $ 3,162.61 |
| Telephone/communications | $ 3,747 |
| Equipment/It/computer | $ 16,348.74 |
| Travel & Accommodation | $ 8,524.04 |
| Food | $ 3,142.18 |
| Other | $ 9,860.63 |
| Overheads | $ 46,740.00 |
| **TOTAL EXPENSES** | **$ 770,421.73** |
| **Surplus/(Deficit)** | **$ 1,075,942.28** |

Queen's University

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