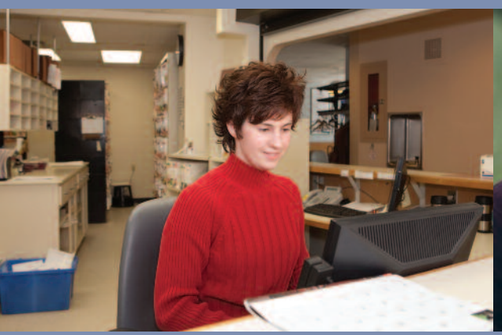
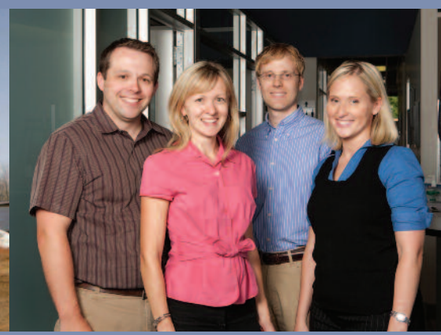
ANNUAL REPORT 2009-10








DEPARTMENT OF FAMILY MEDICINE AT QUEEN'S UNIVERSITY

Department of Family Medicine

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2009 - 10 ANNUAL REPORT

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MESSAGE FROM THE DEPARTMENT HEAD

We are a Department under expansion. Since launching the strategic plan in December of 2008, we have been looking for new ways to communicate across our three learning sites – Kingston, Belleville and Peterborough – to ensure that everyone has a voice in determining how we achieve our mission. The strategic plan identifies that for our Department to be acknowledged for its excellence, we need to continue to develop a work environment that enables and sustains outstanding teamwork and performance. Based on our progress with the strategic plan, we have unquestionably been through a lot of transition. It has been a difficult road for many people. Our structures have changed and we are finding our way. Our management team has been hired and processes are being evaluated. Our infrastructure is being revamped, with the addition of new Information Technologies to enable our work. Common spaces are being renovated to encourage collaboration. The foundation is being laid for a nimble organization to flourish.

Given that 30% of our staff can be considered "new", it is especially important that we recognize how each of us is doing so much more than what is outlined in our job description. Each plays a part in working towards our vision to be a Department of Family Medicine acknowledged for its excellence in primary health care delivery, education and research.

It is difficult to conceptualize a work environment without addressing the issue of culture. Culture speaks of elements that flow under and between such things as vision statements, missions, and strategies. It reaches beyond organizational charts and job descriptions… it means something more. The culture of the Department is what gets me up in the morning and is the reason why I'm happy to come to work. It is why we choose to work here, in a University setting, rather than in the community, or in some other field. For me, the Department's culture reflects a combination of elements:

- my pride in our collective work
- my ability to be a good family doctor and provide excellent care to patients
- my sheer joy in teaching and the fun of being with residents and medical students
- the sense of working with a lot of really great faculty, and finally,
- the skill and dedication of all the staff who amazingly keep this really complex place running.

Yet all of these aspects of culture are multiplied when you feel that you are in a group, all of whom share some common values. A choir is so much more powerful than an individual singing. A department wide consultative process was undertaken to develop a Statement of Values, a living document which serves to articulate the Department's culture. Along with our Strategic Plan, these documents reference our dedication to excellence in providing care, educating our students and residents, and doing important research in primary health care.

We know that quality needs to be thought about in a very deliberate way. In the clinical setting, we need to be objective in measuring quality, then reporting these measurements and acting on areas of deficit – all important steps to driving excellence in clinical care. Many faculty and staff participated in the Better Improvement Group (BIG) workshops held last year under the leadership of Dr. Karen Hall Barber. Feedback from the Department was very positive – it was thought that the opportunity for everyone to work together on achieving specific objectives was a really important way to approach clinical issues.

As well, we are fortunate in the Queen's Family Health Team (QFHT) to have an Advisory Board to help focus our clinical operations. This Board, reorganized in 2009, includes members who are leaders in the University, representing many diverse departments such as Nursing, Business, Policy Studies, and others. The Vice-Chair of the KGH Board and a patient representative are also active. Meetings are very dynamic and exciting because the people on the board provide a really interesting perspective on our activities. The board decided to focus on four areas this year: change management, accountability, integration, and quality. Dr. Karen Hall Barber and the BIG Committee have worked with the Advisory Board to develop a quality plan for the Department. Dr. Diane Lu, our QFHT Physician Lead, and all of our clinical staff, will play a role in implementing this very practical manifestation of a culture that emphasizes quality. But our work doesn't stop there…

The Department's vision emphasizes working towards being viewed as valued partners and opinion leaders in Family Medicine and Primary Health Care within Queen's, in our communities, and internationally. This past year has been particularly fruitful, as over $1.6 million in grants were secured to launch a series of new projects.

At the local level, the Department launched a project entitled *Interprofessional Care in Primary Health Care Settings: Designing Interventions to Sustain Cultural Change and Elevate Clinical Practice to Curriculum Expectations*. Dubbed the IPC Project, this initiative will further the QFHT's mission to train exceptional primary health care professionals and provide high quality patient-centered care. This includes developing a highly collaborative environment in which health professionals are integrated into the clinical, educational and research processes. Knowledge gleaned will be shared with other Family Health Teams across the Province.

At the regional level, the Department continues to provide leadership and resources to the Primary Health Care Council (PHCC) of South East Ontario. On January 25, 2010, the PHCC hosted the 2nd Primary Health Care Forum entitled "Laying the Foundation: Strengthening Primary Care Across the Region". Just under 200 registrants attended the Forum, including physicians, nurses, administrators, and allied health professionals from family health teams and community health agencies throughout the South East LHIN.

At the provincial level, in partnership with Ontario's other 5 schools of medicine, Queen's is the lead on a provincial faculty development project. Recognizing the need for rapid implementation of the province's Phase Two Expansion program, the project's primary objective is to support the faculty development needs of community family physicians and specialists working with family medicine residents. This will be accomplished through the provision of faculty development resources and events that address the needs of community preceptors, especially those new to the role and those working in expanding regional education centres.

On the international stage, Queen's Department of Family Medicine is collaborating with the Department of General Practice within the School of Primary Health Care and the School of Rural Practice at Monash University, Australia. On-going development of this alliance will further a series of objectives related to postgraduate and undergraduate medical training, human resources and recruitment, primary health care research, and health policy. Exchanges of postgraduate trainees and faculty are underway and a variety of recent projects are proceeding forward.

The Department is very proud of its on-going relationship with the Centre for Studies in Primary Care (CSPC). Over the last year, CSPC continues to grow, successfully obtaining a number of important peer reviewed provincial and federal grants, including increased funding for the pan-Canadian Primary Care sentinel surveillance network (CPCSSN).

Core to DFM's mandate, we strive to be leaders and innovators in education. Several faculty and staff have worked tirelessly to make the new horizontal, competency-based curriculum and evaluation process a reality for the upcoming July 2010 cohort of residents at our three learning sites. Special thanks are extended to Dr. Willa Henry as our Director of Postgraduate Education, Dr. Pinky Schultz for her leadership in curriculum development, Dr. Jane Griffiths for her innovation in developing web-based evaluation processes, and to Dr. Ian Sempowski, for accomplishing the impossible…realizing the horizontal schedule.

Everyone in the Department should be proud of the outstanding contributions that have led to a true Renaissance of sorts, ensuring that our vision is being realized, step by step.

Sincerely,

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

Education

Postgraduate Education (PGY 1 & 2)

Under the leadership of Dr. Willa Henry, Program Director of Postgraduate Education, the Residency Program is thriving. After successfully achieving full accreditation status in 2008, the focus remains on continued educational innovation. The challenges leading into the 2009-2010 academic year included curriculum renewal, realizing effective regionalization, and increased use of improved technology to support regional education. Each challenge has presented an opportunity to engage our vibrant, energetic faculty and residents in achieving educational excellence.

In realizing effective regionalization, the Department of Family Medicine has been working on three major initiatives. These initiatives include expanding the program to "satellite sites", increasing opportunity and access for faculty development across the region, and encouraging increased utilization of advanced technology to connect faculty and residents across the region.

A major initiative over the past two years has involved a significant expansion of Queen's Postgraduate program by 47%. We have developed two new postgraduate family medicine programs: the Belleville – Quinte Site and the Peterborough – Kawartha Site. In July 2010, as part of Phase II expansion, both sites will welcome four residents into their programs. Over the course of the next three years, they will triple their enrolment up to a maximum of twelve full-time residents. Work continues on developing a third satellite program in Oshawa – Lakeridge. Dr. John Morse, Program Development Consultant, has supported the Postgraduate office in developing the infrastructure and funding of the new sites.

The second initiative in support of regionalization is the expansion of faculty development opportunities. Dr. Ruth Wilson and Dr. Ian Casson initiated the process to move faculty development from Kingston out into regional sites as a means of engaging and supporting all community preceptors. Moving the process forward while Drs. Wilson and Casson were on sabbatical, Dr. Jane Griffiths organized and implemented a series of faculty development sessions including sessions for new preceptors in Belleville and Peterborough. Web-based resources and an enhanced website have been developed to support faculty development.

The third major initiative, supporting increased access to advanced technology and communication tools as a means of connecting residents and faculty, was provided through a major boost in one-time funding from the Ministry of Health and Long-Term Care. The project entitled Building Health Human Resources Capacity was geared toward enhancing resident education by providing regional sites with access to video-conferencing equipment, training opportunities, and simulation equipment. Effectively engaging residents and community preceptors across the region through the use of state of the art technology will ensure a strong identity with the Department of Family Medicine as a cohesive implementation of the residency program curriculum.

A major focus of 2009 was the re-articulation of the curriculum objectives under the new CanMEDS FM framework. This process began in 2008 with faculty attending faculty development workshops designed to assist with the transition to the competency-based framework. Reframing the curriculum objectives will enable DFM to ensure that residents are meeting their competencies. This innovative competency based curriculum provides the framework for our two innovative regional sites as well as the central Kingston/1000 Islands site. The new "Triple C" curriculum integrates competence and continuity of care within the context of Family Medicine. The next phase of the curriculum renewal includes further refining of the objectives into rotation specific objectives and the development of evaluation tools. Dr. Karen Schultz, Dr. Rick Birtwhistle, and Dr. Jonathan Kerr are developing an evaluation research project to assess the outcomes of the new regional sites.

Dr. Willa Henry,
Program Director Postgraduate Education.

Dr. Jane Griffiths,
Evaluation Process Development

Dr. Karen (Pinky) Schultz,
Curriculum Development

Existing evaluation tools have received a major overhaul under the direction of Dr. Jane Griffiths. In July 2009, a portfolio system was introduced for residents. The Academic Advisor role was developed and implemented. The portfolio is a record of a resident's progress in all the domains of competence. It is a collection of documents and evaluations as well as reflective exercises that all count as evidence of competence. Family physicians, as members of a self-regulating profession, require the ability to self-assess based on evidence of past performance, to set personal learning goals, and to plan how to address learning needs. Medical Education research underlines the importance of practice in establishing these abilities and their foundational role in successful lifelong learning. The newly developed portfolio evaluation system is explicitly designed to support that developmental process. Until recently, this phase of implementation relied heavily on a paper-based system, however, the goal is to create a completely electronic system to ensure seamless access to information for the resident and their Academic Advisor.

With the renewal of the curriculum as well as the changes in evaluation standards mandated by the Postgraduate Medical Education Office, Dr. Jane Griffiths has been working collaboratively with Dr. Willa Henry and Dr. Karen Schultz, as well as Site Leaders, on refining the evaluation tools. Specifically, the evaluation tools have been re-articulated to reflect the CanMEDS FM framework competencies. Continuing to improve on the tools and resources available to residents and ensuring accurate evaluation that promotes their growth and development as a family physician will further position Queen's Department of Family Medicine as a leader in resident education.

Under the direction of Dr. Ian Sempowski, Director, Core Family Medicine, the core family medicine rotation has been modified to include more integrated horizontal experiences. Integrated horizontal experiences further enhance resident education by providing opportunities for residents to immediately apply knowledge and skills from other settings to family medicine. Earlier and increased work in family medicine settings fosters a stronger identity for Family Medicine Residents. In addition, integrated horizontal experiences increase continuity of patient-care, and augments learning within the practice environment.

Building on the success of the 2008 academic curriculum introduced and managed by Dr. Sarah Gower, Dr. Karen Schultz continues to develop a strong academic program for residents across the region. Residents have continued to participate in 5 regional academic half-days as well as 10 two-day sessions in Kingston. In addition, PGY 1 residents have benefitted from three structured sessions on research under the direction of Dr. Michael Green. These sessions were integrated into the resident teaching as a means of assisting residents to identify a research topic and manage their projects. The Wednesday afternoon teaching schedule, under the direction of Dr. Ian Sempowski, continues to provide residents with excellent sessions from departmental faculty, School of Medicine faculty, and community preceptors. Resident rounds, peer to peer sessions, Journal Clubs, Pharmacy Brown Bag Lunches and Behavioural Medicine Sessions round out the integration of key learning topics for residents.

The CaRMS process was successful in matching the two new Satellite Sites on the first iteration in 2010. As Phase II expansion continues, marketing and recruitment for all three sites (Kingston & 1000 Islands, Belleville-Quinte and Peterborough-Kawartha) will continue. The next phase of expansion will be the addition of the fourth site, Oshawa-Lakeridge in 2012-2013.

In recognition of the integral role community preceptors play in the education of residents, the Department of Family Medicine created the Dr. John T. Tweddell Memorial Award for a specialist preceptor who best exemplifies teaching excellence for family medicine residents. The first recipient of this Award was Dr. Andrea Moore, Pediatric Physician. This award is the second award created to recognize community preceptors. The first award, the Donald L. Potvin Memorial Award, recognizes preceptor excellence. Past recipients of the Donald L. Potvin Award were Dr. Ross McIlquham (2008) and Dr. Peter Bell (2009).The 2010 recipient was Dr. Tom Touzel.

Queen's University Department of Family Medicine has launched an exciting initiative with Australia's Monash University. This program will enable residents and faculty to complete an 8 week Canada/Australia exchange. This exciting initiative will promote resident exchanges, collaborative research, and teaching opportunities. In November 2009, Dr. Henry joined Dr. Brown, Dr. Birtwhistle, and Dr. Phillips, on a trip to Melbourne, Australia, to explore collaborative opportunities.

Moving forward, the focus will continue to be on curriculum renewal and implementation; faculty development; strengthening evaluation; supporting connectivity across the Satellite Sites; and expansion across the region. 2009 marked a year of exponential growth and success. 2010 promises to provide opportunities for exceptional resident education, faculty engagement, and position Queen's Department of Family Medicine as the cutting edge of residency training programs in Canada.

Queen's Family Medicine Phase II Expansion will see the Postgraduate Education Program grow by 47% by 2012. Another 46 residents will be added to the program across 4 sites: Kingston & 1000 Islands, Belleville – Quinte, Peterborough – Kawartha, and Oshawa – Lakeridge.

Phase II Expansion

New positions	2008-09	2009-10	2010-11	2011-2012	2012-2013	2013-14
Kingston & 1000 Islands						
Capital $	$660,000					
PGY1		3	3	3	3	3
PGY2			3	3	3	3
Belleville - Quinte						
Capital $	$1.75M					
PGY1			4	6	6	6
PGY2				4	6	6
Peterborough - Kawartha						
Capital $	$1.75M					
PGY1			4	6	6	6
PGY2				4	6	6
Oshawa - Lakeridge						
Capital $	$2.5M					
PGY1					8	8
PGY2						8
***Total Capital $**	**$6,660,600**					
***Total PGY1**		3	11	15	23	23
***Total PGY2**			3	11	15	23

Jordan Alderman, Manager of Education

Belleville – Quinte Site

The Belleville – Quinte site made great gains and advancements over the past year as the program ramps up to welcome its first four residents July 1, 2010. Dr. Robert Webster, the Site Leader, engaged local community preceptors both from Family Medicine and specialists, in developing and supporting the new program at the Satellite Site, while maintaining support for the currently existing Queen's program, now called Kingston & 1000 Islands. The core group of family physicians was determined, along with family physicians, to support them as needed. Picton family physicians were very supportive, and will provide rural experiences and rotations for residents from both Kingston & 1000 Islands and Belleville – Quinte. The specialists in Belleville and the surrounding area openly welcomed the new style that the Belleville – Quinte program is going to use for teaching its residents.

The Post-Graduate Education Site (PGE-S) Committee was established and met at least monthly, if not more frequently over the past year. Dr. Webster was responsible for guidance and leadership of the committee and assisted Dr. Jonathan Kerr in establishing the curriculum, and Dr. Jane Webster in working on evaluation and research. In the end, the PGE-S decided to embrace the Horizontal-Integrated Curriculum for resident training. The new curriculum very quickly integrated the new CanMEDS-FM objectives into its framework and structure.

During the past year, the Program Coordinator's position was officially filled. Christina Kerr has been diligently performing this role for well over 9 months, and was the successful incumbent.

Drs. Bob and Jane Webster, Dr. Jonathan Kerr and Ms. Christina Kerr

After months of negotiation, Queen's came to an agreement as to how a home base in Belleville could be established for the new program. In August 2009, ground was broken on the new Belleville Queen's University Family Medicine Centre. This 12,000 square foot facility will strive to provide the most up-to-date and advanced training for Family Medicine in the country. On April 7, 2010 the first five family physicians moved into this new facility in preparation for the start of the Program in July. The Grand Opening for the Belleville Queen's University Family Medicine Centre is slated for June 23, 2010.

The Belleville – Quinte program was promoted as an option for residency at the Family Medicine Forum in Calgary to help recruit medical students. Drs. R. Webster, J. Kerr and J. Webster participated in the interviewing of CaRMS candidates for Queen's. The Site officially submitted their rank link in February and found out on Match Day in March that the Belleville – Quinte program had fully matched. Hanga Agoston, Rebecca Holmes, Stacey Marlow, and Erin Gow will be the first residents in the Program that starts officially July 1, 2010. The Belleville – Quinte program will continue to innovate and expand in 2011.

Peterborough – Kawartha Site

The past year has been a busy and successful one for the Peterborough-Kawartha Site. Under the guidance of the Peterborough-Kawartha Site Committee, led by Site Director Dr. Kim Curtin, plans were finalized for the clinical and academic components of the program. A detailed proposal was submitted to the Department of Family Medicine in May 2009 and the final contracts were signed in February 2010.

A "hybrid" horizontal curriculum was designed, incorporating three half days per week in Family Medicine and six half days per week in "blocks" of specialty rotations. The Family Medicine component will be completed in community-based practices, whereas the specialty component will take place in both the Peterborough Regional Health Centre and various outpatient facilities. Led by Dr. Karen Schultz, Dr. Willa Henry and Dr. Geoff Grieve, extensive work was completed to detail curriculum objectives in a competency-based framework based on the CanMeds family medicine roles.

Significant changes were made to resident evaluation, led by Dr. Jane Griffiths and Dr. Natalie Whiting. Preceptors in Peterborough-Kawartha eagerly anticipate the use of portfolios and the role of the academic advisor in resident evaluation. Work continues on the integration of competency-based curriculum objectives into the available evaluation tools.

Faculty development was offered throughout the year, culminating in an afternoon "orientation" session for family medicine preceptors on April 7th, 2010. Teaching materials were prepared and made available to preceptors through the Department of Family Medicine website, in paper form, and on DVD.

Dr. Kim Curtin,
Site Director

Substantial efforts were made in the promotion and marketing of the new program and the surrounding Peterborough-Kawartha area. A short promotional video was created from still photographs and is accessible on the DFM website. A brochure was designed to complement other Postgraduate Education materials, and these were circulated at the PAIRO tour as well as at the national Family Medicine Forum in Calgary, Alberta.

The Peterborough-Kawartha site took part in its inaugural CaRMS match and was successful in matching all four positions in the first round. The application review and interview process was a tremendous learning experience and will be invaluable preparation for future CaRMS matches. The Peterborough-Kawartha site looks forward to welcoming its first four family medicine residents on July 1, 2010 for what promises to be an innovative, exciting and well-supported program.

Oshawa/Lakeridge Site

In April 2010, Queen's University Department of Family Medicine contributed one million dollars towards the construction of the Lakeridge Health Education and Research Network Centre (LHEARN Centre). This will be the administrative and teaching site for the 16 resident family medicine residency program of Oshawa-Lakeridge opening in July 2012.

Dr. Geoff Hodgetts,
Enhanced Skills Program Director

Enhanced Skills Program (PGY 3)

Under the direction of Dr. Geoff Hodgetts, Program Director for the Enhanced Skills Program, the Department of Family Medicine offers a diverse range of training options for residents interested in pursuing additional training after completion of their core two year residency program. Programs are offered in Emergency Medicine, Care of the Elderly, Palliative Care, Anesthesia, Women's Health, Aboriginal Health, Mental Health and Developmental Disabilities. Rural Skills and general Enhanced Skills options are also available to help residents with defined needs outside these programs to meet their goals for further training prior to practice. In 2009/10 there were 16 Ministry of Health funded PGY3 positions. Residents were enrolled in the following programs – 10 in Emergency Medicine, 2.5 in Anesthesia, 1 in Palliative Care, 1 in Care of the Elderly, 2.5 in Rural Skills, and 1 in Developmental Disabilities. The program is supported by the Enhanced Skills Postgraduate Education Committee, which includes representation from each of the programs – each defined program has a designated program director or coordinator – as well as residents. Expansion of this program is anticipated in future years as new allocation policies linking the number of available positions to the number of graduating residents in the core program are implemented. Plans are currently underway to create a new program in Global Health.

Program Directors/Coordinators 2009/10:
Enhanced Skills Program Director: Dr. Geoff Hodgetts
Emergency Medicine: Dr. Karen Graham
Anesthesia: Dr. Brian Mahoney
Mental Health: Dr. Leslie Flynn
Care of the Elderly: Dr. Michelle Gibson
Palliative Care: Dr. Cori Schroder
Women's Health: Dr. Susan Phillips
Aboriginal Health: Dr. Michael Green
Special Rural Skills/General Enhanced Skills: Dr. Geoff Hodgetts
Developmental Disabilities: Dr. Cynthia Forster-Gibson

Enhanced Skills Program in Emergency Medicine

The Queens CCFP–EM program is one of the largest in the country, with 8 residents slated to enter in July, 2010. This is a highly regarded program nationally that has been in existence for over 25 years. The program enjoys a close liaison with the Queen's Department of Emergency Medicine, but retains its autonomy in order to meet the specific needs of family physicians interested in incorporating Emergency Medicine into their skill set. In 2007, the Queens program joined all CCFP -EM programs in utilizing the CARMS selection process. In recent years, enhancements to the program have included the addition of ultrasound training and credentialing, dedicated simulator lab resuscitation sessions, a " summer series" devoted to resuscitation and procedural skills, a web-based Challenger Program for written exam preparation, Critically-Appraised Topic (CAT) Projects, and pre-exam seminars after completion of training, prior to the final exam. The Emergency Medicine Program falls under the umbrella of the Enhanced Skills Program and benefits from the support of the other PGY-3 programs. Queen's Family Medicine is proud to offer residents interested in Emergency Medicine a dynamic, versatile and highly-respected CCFP -EM program.

Family Medicine and Obstetrics

Prenatal, postpartum and newborn care is provided by many of the more than 100 family physicians in Kingston, including all of the faculty family physicians in Queen's Department of Family Medicine/Queen's Family Health Team. Fifteen Kingston family physicians (among them, four from Queen's Department of Family Medicine/Queen's Family Health Team) also provide labour and delivery care at Kingston General Hospital for their own patients and for patients referred from those who do not provide intrapartum care. With the support of other members of the obstetric team at the hospital, these fifteen family physicians manage 20 to 25% of the deliveries there, and provide an opportunity for continuity of care for women and their families throughout this part of the life cycle.

In undergraduate medical education, Queen's students in their clerkship year are taught by family physicians on the labour and delivery unit of Kingston General Hospital and also participate in the care of newborns. This experience provides medical students with a model of family medicine obstetrics and allows opportunities to discuss the challenges and rewards of providing such care.

In postgraduate education, Queen's Family Medicine residents care for women through their pregnancies, labours and deliveries and postpartum and newborn care with the patient's family physician(s) in the context of their family practices. In the Peterborough-Kawartha, Belleville-Quinte and Oshawa-Lakeridge teaching centres of Queen's Department of Family Medicine, obstetricians also play a large role in the intrapartum teaching for residents.

Palliative Care Program

The Division of Palliative Care is unique in the Queen's Faculty of Health Sciences in that it comes under the umbrella of three different departments: Family Medicine, Internal Medicine, and Oncology. The Chair of the division, Dr. Deb Dudgeon, is an oncologist and full time palliative care physician. Two of the other three full time palliative care physicians are family physicians by training and one is a surgeon by training.

The four physicians who do part time palliative care work are all family physicians with adjunct appointments in the Department of Family Medicine. All physicians are active in the on-call system for palliative patients covering: the 4 acute care management beds on Connell 10 at Kingston General Hospital (KGH); consultative services for KGH inpatients; 10 palliative beds at St Mary's of the Lake Hospital; and all of the community palliative patients for whom we provide primary care or consultative services. It is a busy service, with 665 KGH consultations, 225

cancer clinic consults, and 184 community consultations in 2009, as well as daily clinic coverage at the Cancer Center of Southeastern Ontario.

In the literature, patients with life threatening illness in Canada have shown a clear preference to having their health care needs met in their own homes, if possible. There are two courses each year offered in the community designed to encourage family physicians to manage their own palliative patients outside of hospital. This four-day course has been running twice a year since 1995. It is designed to bring family physicians in our Local Health Integration Network (LHIN) up to a high skill level in practical end of life care. It is intensive in nature and learning occurs in a small group. This course has consistently been regarded as valuable, practical and well designed.

Another fully funded project, which is inter-professional in nature, is designed to train a primary care team to work collaboratively in end-of-life care. This course uses a well designed series of modules, and is open to Medical Doctors, Registered Nurses, Registered Practicing Nurses, Nurse Practitioners, Social Workers, Pharmacists, and Nutritionists, all working together. This two day classroom course is followed by a six month mentorship for MD-RN dyads using local Palliative Medicine experts. Given the team based approach encouraged in today's era of primary care reform, this is an important course.

Lastly, the postgraduate Family Medicine training program is moving towards having Palliative Care as a mandatory part of the curriculum. Opportunities for training are being expanded and the curriculum re-evaluated to encompass many palliative medicine competencies. There are also fellows training as part of a year of added competence in palliative medicine. In 2009, one of these training fellows is a family doctor from the Department of Family Medicine program who is planning to practice locally and be involved in further supporting palliative medicine delivery and teaching in our region.

Long-term Care Partnership

Early in 2008, the Department of Family Medicine elected to partner with Providence Manor, with two main goals. First, in order to help meet the significant shortage of physicians participating in care of the elderly, there was a need to introduce residents to the Long Term Care (LTC) setting. Second, a local need was identified for further physician involvement at this level.

The Department joined forces with Providence Manor and initially placed two Family Medicine residents at the Providence Manor site. Given the success of this initial trial, both from a community needs perspective and from a training perspective, the program was expanded in July, 2008.

Currently, all Family Medicine residents participate in caring for the elderly at Providence Manor. All floors now have patients (160) being cared for by Family Medicine residents and expansion is expected to continue until all patients (240) are assigned.

Providence Manor patients, nurses, administrators and Family Medicine residents have indicated high satisfaction levels with the introduction of this program. One of the long-term benefits expected from this endeavor is higher participation by graduating residents in caring for the elderly within long-term care settings.

Monthly Continuing Medical Education seminars take place at Providence Manor with topics relevant to the Long Term Care setting. These seminars are also broadcasted to other LTC facilities in our region via the Ontario Telemedicine Network.

In memoriam – Lily Inglis, 1926-2010

Further to this, the Department of Family Medicine has encouraged the development of research projects within the nursing home environment, with one research project currently being developed with the support of Providence Manor administration. The Department is also part of the Building Collaborative Interprofessional Care Capacity (BCICC) project, recently funded by Health Force Ontario, and will be working closely with this group to meet project objectives.

Enhanced Skills Program in Anesthesia

The Family Medicine Anesthesia training program at Queen's University has a distinguished history of training family physicians to provide anesthetic services to rural and smaller communities in our region and throughout Canada. The program is directed within the Department of Family Medicine with strong collaboration from the Department of Anesthesiology at Queen's University. With the recent increase in standards for the accreditation of family medicine enhanced skills programs in Canada, the Department of Family Medicine has been taking increased responsibility for the training standards and academic contributions of the program. Currently, the enhanced skills program director is Dr. Brian Mahoney, a former graduate of the program in 2002.

The objectives for special competence in anesthesia fall within the domain of the four principles of family medicine, while much of the support and resources for training are found at both the Kingston General Hospital and Hotel Dieu Hospital. During the training year, residents are providing both clinical anesthesia services and on-call responsibilities at these hospitals. As well, they spend a few months outside of Kingston working with Family Practice-Anesthetists in both rural and remote areas.

Based on the number of applicants over the past few years, enhanced skills training in anesthesia has become the second most popular enhanced skills program behind emergency medicine. The program attracts both family medicine residents and practicing family physicians looking to return to the rigors of residency training. Usually two residents are accepted into the program each year, but in 2009, a third physician who applied for a re-entry position will also be trained. This is an established local family physician with a vibrant obstetrical practice and who also practices emergency medicine.

Many of our former graduates have played a critical role to increase the availability of anesthetic services throughout our region and in smaller hospitals. Many community hospitals in Ontario use Family Practice-Anesthetists exclusively to provide anesthetic services. Some of our graduates have also played a role in larger tertiary care centers. Over the

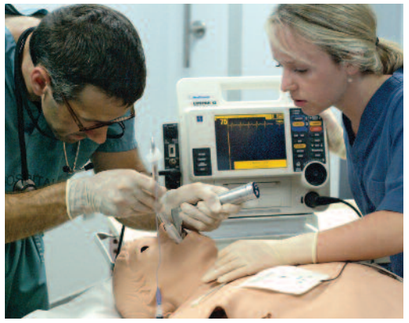
past year, four local Family Practice-Anesthetists have been working part-time at the Hotel Dieu Hospital and Kingston General Hospital. In these positions, DFM is involved in teaching medical students and residents during their anesthesia rotations similarly to specialist colleagues.

Overall, the Family Medicine Anesthesia program at Queen's University continues to be a leader in training third year residents. Other Canadian universities have been seeking our input with regards to program development and meeting accreditation standards. DFM is strongly integrated into the anesthetic duties within our Kingston hospitals and continue to be supported and valued by our specialist anesthesiology colleagues.

Undergraduate Education

Undergraduate education in Family Medicine continues to be a major focus. In the fall of 2010, as part of the new Queen's undergraduate medicine curriculum, the Department will be pioneering the largest undergraduate course in Family Medicine in the country. DFM will deliver over 50 hours of teaching on approaches to common problems, periodic health care, screening, and workplace health and safety. DFM is looking to expand its observership program at the Queen's Family Health Team, to accompany the ever-popular evening clinic observerships. The Family Medicine 'Community Week' continues to be an excellent consolidation experience at the end of first year. DFM's award-winning Family Medicine teachers are being asked to contribute ever more to clinical skills and to small group teaching, and we continue to provide leadership in course renewal and management.

In the area of Clerkships, a new 18-week integrated clerkship founded in Family Medicine (plus Pediatrics, plus Psychiatry) had a successful start in Perth this year. In addition, DFM's updated undergraduate website joined MedTech, introducing a completely new set of integrated modules on common Family Medicine problems.



Dr. Michael Sylvester,
Director Undergraduate Education

Faculty Development

Faculty development activities in the Department of Family Medicine are particularly important in view of the expansion of the residency program, both in numbers of residents and sites. The College of Family Physicians of Canada accreditation survey in February 2008 cited DFM's faculty development programs for special mention as being amongst the best in the country. In co-operation with the Office of Professional Development of the Faculty of Health Sciences, the Department of Family Medicine offers seminars locally and regionally on faculty development topics. A Faculty Development Retreat is hosted annually for teachers of family medicine residents. Peer teaching and mentoring, along with individual faculty development plans are also included in the program.

In keeping with the Department of Family Medicine's vision to be recognized as valued partners and opinion leaders in Family Medicine and Primary Care within Queen's, in our communities, and internationally, the Department has taken the lead on a province-wide collaborative faculty development program. A total of $825,000 in funding was secured from the MoHLTC and the Physician Services Committee. The program will ensure that new community family physician faculty are well supported through a province-wide structure focused on professional development. It will also build the capacity of our Distributed Medical Education Faculty of Family Physicians to increase the number of qualified community teachers across Ontario. In recognition of the need for rapid implementation of the Phase Two Expansion already underway, it is imperative that Ontario Medical Schools avoid a lag time by helping new teachers acquire core skills as soon as they assume teaching responsibilities, and to ensure that experienced faculty members develop the skills to effectively mentor new teachers.

Continuing Medical Education (CME)

The Combined Departments of Family Medicine (now known as Family Physicians Kingston), presented the annual Day in Family Medicine Conference in April 2010, a College of Family Physicians of Canada accredited program.

Family physicians with hospital privileges provide annual proof of participation in CME programs, meeting the requirements of the College of Family Physicians of Canada or equivalent. Family physicians with obstetrical privileges participate in the MORE OB program. Members of the academic department participate in and deliver CME programs in the CME program at Queen's, provincially, nationally and internationally. The Department, in collaboration with Queen's CME, provides content for on-line CME programs at Queen's University.

Faculty development programs are also provided by the academic department for all faculty teaching family medicine residents. These offerings include: annual retreat; participation in faculty development sessions, some of which are teleconferenced to regional hubs; development of web-based faculty development teaching tools; and coaching and mentoring opportunities for faculty.

Dr. Ian Casson, Faculty Development

Provincial Faculty Development Initiative

Dr. Ruth Wilson, Faculty Development

Tracy Weaver, Project Manager

Kathy Christmas, Special Projects Coordinator

The Provincial Faculty Development Initiative is an 18-month project designed to build capacity for Ontario's distributed medical education program.

Recognizing the need for rapid implementation of the province's Phase Two Expansion program, the project's primary objective is to support the faculty development needs of community family physicians and specialists working with family medicine residents. This will be accomplished through the provision of faculty development resources and events that address the needs of community preceptors, especially those new to the role of preceptor and those working in developing regional education centres.

With the understanding that best practice in family medicine emphasizes inter-professional collaboration, this project brings together family medicine and specialties including obstetrics and gynecology, internal medicine, pediatrics, orthopedic surgery, general surgery, psychiatry and emergency medicine in working toward a common goal – a province of community preceptors who feel they have the skills and support they need to excel as teachers.

With an $825,000 budget – $325,000 from the MOHLTC Innovation Fund and $500,000 (over two years) from the Physician Services Committee – this project is a collaborative effort among all six of Ontario's Departments of Family Medicine. Queen's is the lead institution, overseeing the project's management and milestones.

The initiative's primary components include developing a Provincial Faculty Development Website; hosting a Provincial Faculty Development Forum for Ontario's new community preceptors; developing faculty development resources and initiatives for province-wide use; and supporting all six Schools of Medicine through the provision of funding for interdisciplinary faculty development events.

The project will identify and explore each school's existing faculty development resources, and develop best practices for province-wide use. Resource gaps will also be identified, and filled with resources acquired from national and international sources. This process will inform the construction of a comprehensive provincial web portal for community family physicians and specialists working with family medicine residents, as well as faculty development leaders in family medicine. The website will provide community preceptors province-wide with just-in-time, practical tools to support them in their role as teachers.

The day-long Provincial Faculty Development Forum in Toronto will educate Ontario's new community preceptors through a series of workshops on topics including: Orientation (and the Adult Learning Cycle), Time-efficient Teaching Skills, Evaluation, Feedback, The Learner in Difficulty and Faculty Development Resources (including the Provincial Faculty Development Website). Faculty development leaders in family medicine, multidisciplinary community preceptors, and family medicine residents will collaborate in the planning, development and facilitation of these workshops, thereby fostering a spirit of co-operation among individuals at different levels of the education continuum.

The Provincial Faculty Development Initiative will allow each school to expand its own faculty development programming through co-operation and strategic use of resources. The sharing of best practices and innovations will lead to an increase in resident and teacher satisfaction, as well as the development of sustainable programming to ensure the viability of faculty development for community preceptors working with family medicine residents across Ontario.

Clinical Service

Queen's Family Health Team (QFHT)

The Queen's Family Health Team (QFHT) is the clinical operations of the Kingston site within the Department of Family Medicine. The QFHT Board of Directors initially established in May 2007, was reorganized to become an Advisory Board in 2009. This change reflects that the fiscal and administrative organization of the clinic operations are reported through the Department to the Faculty of Health Sciences, Queen's University and Board of Trustees, and to the Ministry of Health and Long Term Care. Chaired by Ms. Florence Campbell, the Advisory Board met four times in 2009 and early 2010. With a focus on strategic thinking, four key issues were identified for the Advisory Board members to discuss and provide feedback; Quality & Patient Safety, Change Management, Accountability, and Integration. Presentations were made by contributing Board members, with progress made in assisting the QFHT develop a Quality Plan, a change process for implementation of the new Electronic Medical Record System, and a preliminary review of an Accountability Framework. The Advisory Board will resume meetings in Fall 2010, moving forward with feedback to the clinic teams on integration issues.

Patient Enrolment

The number of enrolled patients is currently 11,700. As physicians are practicing within a mature clinic setting (175 patients expected per half day clinic), patient enrolment is expected to continue to increase to the Ministry of Health and Long Term Care targets of 13,500 patients by 2011.

A relatively new initiative by the MoHLTC, called Health Care Connect, will become the wait list management process for the clinics and their physicians. The program identifies physicians who are accepting patients and links them with people who are in need of a family health care provider. Priority is given to individuals with greater health needs, and a wait list is maintained by Health Care Connect for the Kingston region, versus an individual wait list by physician in the clinics.

Changes within the clinic physical space included the addition of 36" wheelchair accessible washrooms on both clinic floors at 220 Bagot St., and the addition of privacy screens at clinic reception areas. Both clinic sites will soon be equipped with proximity door access cards, increasing safety and security for all staff. Physical space to accommodate additional patients and specialty clinics may require creative problem solving in the near future, as the current two clinic sites become utilized to capacity.

Programs/Services

In August 2009, significant time and resources were allocated to develop a Pandemic Plan for the impending H1N1 virus. Working collaboratively with the Kingston, Lennox, Frontenac and Addington Public Health unit, the 2009 Ontario Vaccination Strategy included 3 phases:

Phase One – in October, seasonal flu shots were offered to patients 65 years of age and older. During the high-risk pneumococcal clinic, 143 vaccinations were given.

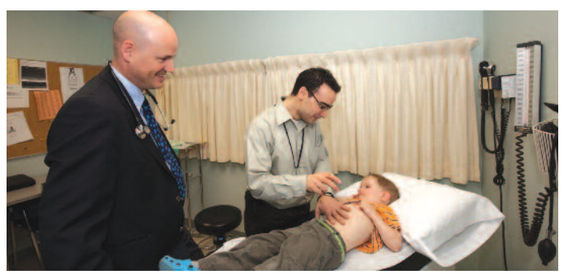
Phase Two – in November and December, H1N1 flu shots were offered first to high risk groups as per public health guidelines and then to everyone once production met demand. A total of 1673 H1N1 immunizations were given.

Phase Three – in December and January 2010, seasonal flu shots were offered to all patients who were not eligible in October. Seasonal flu vaccinations were given to 440 patients aged 65 years and older.

The Department of Family Medicine also participated in a Kingston-wide Family Health Team plan to provide dedicated evening flu assessment clinics, as well as physicians and nursing personnel to staff the flu assessment centre at Hotel Dieu hospital.

Collaborative team work was an imperative of the flu season, with many accolades received from patients, partners and community members on the QFHT response to the pandemic.

In addition to ongoing patient care, the QFHT continues to provide patients with access to a variety of programs and services including: Asthma, Diabetes, Anti-Coagulation Management, Mental Health, Palliative Care, Acupuncture, Long Term Care, Obstetrics (including acceptance of unattached expectant women), and Developmental Disabilities (through group home care with Ongwanada).



Dr. Diane Lu, QFHT Physician Lead

Diane Cross, Clinical Operations Manager

Francine Janiuk, Clinic Coordinator

Tammy Parr, Administrative Assistant

Resources:

Several staffing transitions occurred within the QFHT, reflecting the final transfer of Hotel Dieu Hospital employees to Queen's University, including retirements and new hires. A reorganization of departmental roles and responsibilities, with a focus on accountability, will ensure that clinics are staffed to deliver quality patient care and services, and are supported administratively. Regular quality reviews (process and outcome based) through the Better Innovations Group (BIG), provides opportunity for identification of efficient and effective methodologies for improved patient care.

Electronic Medical Record

Following a thorough review of the market for Electronic Medical Record (EMR) software systems, the Information Management Committee chose the OSCAR system developed by McMaster University. This open-source software has been in use by several academic family health teams, and comes with their endorsement as well as that of Ontario MD. The EMR implementation committee began work in February 2010 with a goal of complete transition from the current EMR to OSCAR in June 2010. Guiding principles for the software transition include:

- Data integrity (data entered in consistent location with appropriate codes);
- Accuracy of patient data conversion (transition of current records to OSCAR is critical);
- Standardizing and streamlining data collection and processes;
- Supporting research, education, and patient care (including quality improvement);
- Remote access (Web-based software); and
- Reduced paper documents and storage (use of scanning and ActiveFax).

The implementation process has forced a critical review of clinical processes and how the flow of patient documents and communication within the team can be improved. Training all clinic staff, residents and administrative staff has highlighted the many different levels of tasks and responsibilities, all working towards a collaborative patient care model. Work will continue beyond the June 2010 implementation date, as users identify new e-forms for use in patient tracking and recording, and the QFHT becomes proficient working within a paperless environment.

Queen's Family Health Team Advisory Board

Florence Campbell, Chair – QFHT Advisory Board
Dr. Glenn Brown, Head, Department of Family Medicine, Queen's University
Elspeth Murray, PhD., Associate Dean, MBA Program, Queen's School of Business
Brenda Barker Scott, Chair, OD Certificate, Queen's University, Industrial Relations Centre
Dr. Ruth Wilson, Department of Family Medicine, Queen's University
Robert A. Wood, CEO/President, 8020Info Inc.
Jenny Medves, PhD., Associate Dean (Health Sciences) and Director, School of Nursing Queen's University
Ana Johnson, PhD., Canada Research Chair in Health Policy, Queen's University
Jean Cote, PhD., Professor and Director, Queen's School of Kinesiology and Health Studies
Dr. Peter Glynn
Chris Cunningham, Chair, Resources Committee, KGH Board of Directors
Dr. Karen Hall-Barber, Chair – Better Inovations Group
Dr. Diane Lu, Lead Physician, Queen's Family Team

The Better Innovations Group

In 2008, the Better Innovations Group (BIG) – then known as the Clinical Processes and Innovation Committee (CPIC) – was formed to assist the Queen's Family Health Team (QFHT) in meeting its goal to optimize health care delivery to patients while modeling consistent clinical processes for residents. Comprised of members from across the QFHT, the BIG has worked to further develop and articulate this responsibility and has taken on an active leadership role in terms of quality improvement, accountability, safety, and patient advocacy. BIG's core objectives are to:

- Develop processes to facilitate the honest and critical review of our policies, procedures, and standards related to the clinical processes and delivery of patient care;
- Identify and recommend areas for improvement that benefit our patients, colleagues, and learners, as well as those improvements that meet larger QFHT and Department of Family Medicine strategic goals;
- Encourage open communication and engagement between the members of BIG and the QFHT as a whole;
- Model strong leadership skills within our QFHT by fostering enthusiasm and support for initiatives, as well as respecting the contributions of our colleagues within BIG and the QFHT;
- Advocate for quality improvement and innovation to internal and external stakeholders, including the QFHT Executive Team, the Head of the Department of Family Medicine, and the QFHT Advisory Board;
- And lastly, always ask, "Can we do better?"

Dr. Karen Hall Barber, Chair

This past year and a half has seen a renewed focus on the structure and purpose of the BIG. There has been a particular focus on clarifying objectives to ensure that members and the broader QFHT community are engaged, and that DFM is approaching issues of quality improvement, accountability, safety, and patient advocacy in a way that matches BIG's goals and those of the Department. In response to members' feedback, the Terms of Reference were updated and alternations were made to the committee's composition, which has resulted in several new members joining BIG. Danyal Martin, the new Clinical Program Coordinator, was welcomed to the group in August 2009. This position was designed to support the BIG, and Danyal's expertise in project management, communications, and process development have been instrumental in the development and implementation of some of BIG's most recent projects. In keeping with BIG's focus on communication and collaboration, she is also responsible for the "BIG Briefs", a short presentation on BIG initiatives and clinical process issues that takes place before Grand Rounds each week.

Danyal Martin, Clinical Programs Coordinator

Activities this past year have also been particularly focused on building partnerships with other units, both within the Department and with groups outside of it. Recent partners include the Quality Improvement and Innovation Partnership (QIIP), which is comprised of family health teams across the province, and the Joint Quality and Utilization Improvement Committee at Hotel Dieu and Kingston General Hospitals, to whom BIG reports statistics on the anticoagulation management program and the colorectal cancer screening program. Relationships have also been forged with research and education, specifically in terms of linking BIG initiatives with student research and resident audit projects. In fact, this most recent rotation marked the first time that BIG has been actively involved with providing topics and guidance to residents completing their clinical audits. Work has been done to restructure these audits so they include a focus on quality improvement and accountability – thus supporting curricular requirements for management and quality assurance education. BIG members are looking forward to continuing to work with the residents and to hearing their suggestions for quality improvement.

In keeping with the focus on accountability and strategic planning, BIG has been working closely with the new QFHT Advisory Board. At their inaugural meeting in September 2009, a "scope and status" document was presented that provided an overview of all quality improvement activities initiated by BIG to date. With their support and suggestions, this document has since evolved into a quality plan for the QFHT for 2010. The quality plan outlines measureable targets, goals, and timelines that will serve to drive activities and ensure that the overall departmental strategic plan for 2013 is being supported, as well as meeting the requirements of external partners (e.g. MOHLTC). With the Department's support, two students – one from Queen's and another from the pharmacy co-op program at the University of Waterloo – will be joining DFM this summer to assist with data mining and other initiatives contained within the plan. This document has created a great deal of excitement and the Better Innovations Group looks forward to working with the entire QFHT to meet the ambitious goals set within the plan.

Other program/project updates:

Anticoagulation Management Program (AMP)

Based on the findings of a medical student critical inquiry project, coupled with the expertise and interest of Sherri Elms, the QFHT Pharmacist, a point-of-care, pharmacist-driven anticoagulation management program began in September 2009. Specific goals (for December 2010) are to decrease the amount of time between draws to a maximum of 28 day intervals and to maintain a minimum of 70% of patients within therapeutic range. As of February 2010, of the 156 warfarin patients within the QFHT, 93 had been added to the point-of-care AMP, and the time-in-therapeutic range was 62%. In addition, the rotation of residents that began in February 2010 has been incorporated into the AMP.

Colorectal Cancer Screening

Colorectal Cancer Screening was identified as a priority for the original QFHT workshop series and it has since been incorporated into the BIG initiatives. Thanks to the efforts of various staff members, chart audits were completed in 2009 to update the EMR regarding patients eligible for the FOBT. In early 2010, approximately 1400 eligible patients were invited to complete the test, with follow-up letters being sent in February. As was expected, it has been challenging to convince patients to complete the test – most citing time constraints or discomfort with the format of the test – and so there will be follow up with phone calls

and additional awareness initiatives. It is anticipated that a colorectal cancer screening project such as this will become an annual activity for the QFHT.

Medication Safety

Medication reconciliation was part of the original QFHT workshop series dedicated to standardization, and it has since then been assumed by BIG. The original catalyst for this topic was a baseline audit of QFHT medication lists that found that there were often vast discrepancies between the EMR list and what the patient had at home. Since then, a process has been implemented to reconcile medication lists at each appointment. A recent "mini-audit" found dramatic improvements in accuracy, though further improvement could be achieved. This topic has been added to the 2010 quality plan. The new process and findings were also presented at the Primary Health Care Forum in January 2010. The pharmacy co-op student will be assisting with further initiatives this summer and will be conducting another larger-scale audit.

John W. Gardner said that "excellence is doing ordinary things extraordinarily well." BIG has learned that it has the knowledge and the drive to improve the service provided to QFHT patients, DFM residents, and personnel. The process of change, while not always smooth, is the path to excellence, and the Better Innovations Group looks forward to working with colleagues in the Department as all work towards becoming a model of outstanding health care.

Patient Visit Statistics (April 2009 – March 2010)

Patient Visits (physicians & residents):	38108
Flu Clinics (H1N1 and immunizations):	2935
After Hours Clinic Visits:	3743
Long Term Care Visits:	1187
Palliative Care Visits:	325
Hospital Visits:	368
Obstetrical Deliveries:	112

Interprofessional Collaborative Care (IPC) Project

Interprofessional Care in Primary Health Care Settings: Designing Interventions to Sustain Cultural Change and Elevate Clinical Practice to Curriculum Expectations

As an Academic Family Health Team, the Queen's Family Health Team (QFHT)'s mission is to train exceptional primary care professionals and to provide high quality patient-centered primary health care. This includes developing a highly Collaborative Environment in which health professionals are integrated into the clinical, educational and research processes. The overall goal of the IPC Project, an 18 month initiative, is to design and implement interventions to enhance collaboration and improve patient care within Family Health Teams (FHTs) in Ontario. The project is funded by MoHLTC's Interprofessional Care/Education Fund.

Our first objective is to foster interprofessional care within the QFHT with the desired outcome of optimizing patient care. DFM conducted research within the QFHT to determine perceptions, gaps and barriers to IPC through focus group interviews, occupational questionnaires, team observations, and validated survey tools. Focus groups were carried out with two separate groups: 1) by occupational groups and; 2) by clinical teams. The initial needs assessment would identify critical areas for structural, system and process improvements.

In addition, a literature review, site visits to other Ontario Family Health Teams with IPC best practices, and a comparative analysis will be conducted. The knowledge sharing phase of the site visits will examine structure, system and process, as well as provide insight into the development of IPC programs and services for the Queen's Family Health Team. In combination with the results of the needs assessment, the acquired knowledge of IPC best practices will inform the design and implementation of interventions to improve patient care and healthcare delivery. Furthermore, a public engagement strategy will be launched with our patients and the community at large to generate awareness and understanding of IPC. Measures will be evaluated pre- and post-interventions.

An Interprofessional Collaboration Forum is planned for January 20th, 2011. The IPC Forum will highlight the key findings from the QFHT research pre- and post-interventions.

Members of the project team include: Dr. Glenn Brown, Principal Investigator; Dr. Diane Lu, Faculty Lead; Lily Lee, Project Manager; Susan Hannah, Research Associate, and Kathy Christmas, Special Projects Coordinator. Advisory Group members include: Diane Batchelor, Nurse Practitioner; Tracey Beckett, Social Worker; Diane Cross, Clinical Operations Manager; Sherri Elms, Pharmacist; Janice Stafford, Registered Practical Nurse; Jaime Thompson, Receptionist; and Melissa Tan, Resident Lead.

Additional information on the project can be found at:
http://www.dfmqueens.ca/family_health/special_projects/ipc_intro.php

Lily Lee, Project Manager

Susan Hannah, Research Associate

Research

The Centre for Studies in Primary Care

The Centre for Studies in Primary Care (CSPC) was created by the Senate of Queen's University in November 2000, and is the research arm of the Department of Family Medicine.

The activities of the CSPC involve developing research projects in areas relevant to the practice of primary health care, primary care chronic disease surveillance, family medicine education, and the assessment of evidence and knowledge transfer to practicing family physicians, as well as clinical management of chronic disease in primary care.

Over the last year, CSPC has been successful in obtaining a number of important peer reviewed provincial and federal grants. In particular, the centre secured funding for Phase 2 of a multi-year pilot project led by CSPC Director, Dr. Rick Birtwhistle, which has led to the formation of a pan-Canadian Primary Care sentinel surveillance network (CPCSSN). CPCSSN is funded by the Public Health Agency of Canada (PHAC) and is a sub-entity of the College of Family Physicians of Canada (CFPC). It currently involves collaboration between nine Primary Care Practice-Based Research Networks (PBRNs) across six provinces, (Alberta, Manitoba, Ontario, Québec, Newfoundland, and Nova Scotia). The Canadian Institute of Health Information (CIHI) is also a key stakeholder. The CPCSSN collects and stores primary care chronic disease health information from Electronic Medical Records (EMRs) from participating family medicine practices associated with primary care practice based research networks across Canada. The Public Health Agency of Canada provided $0.5M (approximately) of funding for Phase 1, $2.5M for Phase 2, and a five year proposal for Phase 3 for $11.8M will be made available soon. As the lead centre for this proposal, the Centre for Studies in Primary Care and Queen's University houses the network's chair office and central data repository. As the holder of the central data repository, CSPC and Queen's University will be recognized as the leader in primary care chronic disease surveillance and research in Canada.

The centre also secured over $0.5M from the Ministry of Health and Long Term Care (MoHLTC) to conduct major primary care service delivery research proposals led by various faculty associated with the CSPC. In addition, CSPC secured a number of evidence based review contracts. This funded contract work results in the development of evidence based review reports and clinical education tools.

As well as conducting research, the CSPC continues to be extensively involved with the Department of Family Medicine's resident education program, and provides ongoing research advice and support to residents and faculty, and supports summer student research. The CSPC also assists the department to increase capacity in primary care research through research training for medical students, family medicine residents, other primary care trainees, and practicing family physicians.

Dr. Rick Birtwhistle, Director, CSPC

To learn about CSPC's activities, please visit the website at http://www.queensu.ca/cspc/ . The following is a list of publications and reports developed by the CSPC this year, and a list of current research projects.

Book Chapters

Zhu J, Phillips SP, Cao X. "Chemical Contaminants: Phthalates" in Handbook of Dairy Foods Analysis, in press 2009, CRC Press, Boca Raton, USA.

Awards

Geeta Gupta Equity and Diversity Award: 2009, national award, College of Family Physicians of Canada.

Reports Produced

Focused Literature Review of Current (2005-2008) Evidence and Report on the Efficacy and Use of Eloxatin® (oxaliplatin) as Adjuvant Therapy for Stage IIB and III Colon Cancer and Neoadjuvant Therapy for Stage IIB and III Rectal Cancer. Tamarind Healthcare Communications. April 2008.

A Focused Literature Review of Current (2005-2007) Evidence and Report on the Use of Taxotere® (docetaxel) for Adjuvant Breast Cancer with Patients who are Either HER2 Positive and are Node Positive or Node Negative, as well as Patients who are HER2 Negative who are Node Negative or Node Positive. Tamarind Healthcare Communications. April 2008.

Progress in Motion: Current Management & Treatment Options in Parkinson's Disease - A report on the 12th International Congress of Parkinson's Disease and Movement Disorders. Report to Tamarind Healthcare Communications Nov-Dec 2008.

A landscape review that focuses on the diagnosis and clinical barriers to tracking disease progression of MS disease. Report to Remady-2008

Research Projects

Chronic Disease Surveillance

PI: Dr Richard Birtwhistle

Project title: The Canadian Primary Care Sentinel Surveillance Network for Chronic Disease (CPCSSN) - Pilot Study

Funding: Phase 1: $42,265-for local CSPC network.
Funding Phase 2: $114,175-for local CSPC network & $263,403 for Queen's University central data repository.

5-yr Phase 3 funding to be announced Spring of 2010. Budget is $12Millon.

Funding Body: Public Health Agency of Canada

Publications & Presentations related to the project:

Birtwhistle RV, Keshavjee, K., Lambert-Lanning A., Godwin, M., Griever, M., Manca, D., Lagacé, C. Building a pan-Canadian Primary Care Sentinel Surveillance Network: Initial Development and moving forward. J Am Board Fam Med 2009; 22:412–22.

Birtwhistle RV, Lambert-Lanning, A .The Canadian Primary Care Sentinel Surveillance Network: creating data sources for primary care research in chronic disease, CAHSPR Conference abstract May 2009

Birtwhistle RV, Lambert-Lanning A and Keshavjee K. "The Canadian Primary Care Sentinel Surveillance Network: Data Source for Chronic Disease in Primary Care". Presented at FPC FM Advisory Committee May 11 2009, Mississauga, Ontario and at the Canadian Association of Health Services and Policy Research Conference (CAHSPR) Conference Calgary May 14, 2009.

Drummond N and **Birtwhistle RV** "Building a Canadian Primary Care Sentinel Surveillance Network" Accepted for Oral presentation at: Family Medicine Forum Research Day, Calgary Alberta, Oct 28, 2009.

Lagacé, C and Birtwhistle RV: "Towards a Primary Care Based Sentinel Surveillance System for Chronic Disease in Canada: Findings from the Canadian Primary Care Sentinel Surveillance Network Pilot Project". Canadian Public Health Agency (CPHA) Annual Conference, Winnipeg, MB. June 2009.

Kotecha, J., Manca, D, **Birtwhistle, RV.**, Keshavjee, K., Drummond, N., **Godwin, M.**, Griever, M., Lussier M-T, Stewart, M., Rosser, W., **Moore M., Green M.**, Lambert-Lanning A., Grava-Gubins I. A Canadian Primary Care Chronic Disease Sentinel Surveillance Network (CPCSSN): Strategies developed to ensure patient privacy and ethical conduct of research, Poster presentation, Canadian Society of Bioethics 2009.

Jyoti Kotecha, Research and Programs Manager

Kotecha J, & **Birtwhistle RV.** Use of electronic medical records: Reminders and decision aids for chronic disease management Canadian Family Physician 2009; 55 899 Fast Fact:

Manca D., Kotecha J. & Lambert-Lanning A., Kesharjee, K. Canadian Primary Care Sentinel Surveillance Network (CPCSSN): initial development and privacy issues, Abstract & Oral presentation, CAHSPR Conference 2009.

Manca D., Kesharjee K., Kotecha J., Lambert-Lanning A.A. Canadian Primary Care Sentinel Surveillance Network (CPCSSN): initial development and privacy issues, 9th Western Canadian Depts. of Family Medicine Research Conference, Abstract & Oral presentation, abstract April 2009.

Primary Care Practice and Quality Improvement

Project Title	Funding organization	Funding amount
PI: Dr Richard Birtwhistle An Evaluation of Introducing Quality Improvement and Innovation Partnership (QIIP) Practice Facilitators into Family Health Teams and their Role in Facilitating the Objectives of Learning Collaboratives	Ministry of Health and Long-term Care	$223,400
PI: Dr Michael Green Integrating Public Health and Family Health Teams	Ministry of Health and Long-term Care	$115,00
PI: Dr Michael Green Beyond Financial and Work Satisfaction: Improving Measurement for Evaluation in Primary Health Care	Ministry of Health and Long-term Care	$150,00

Publications & Presentations connected to the project:

Green ME, Van Iersel R. Response of rural physicians in a non-fee-for-service environment to acute increases in demand due to physician shortages. Can J Rural Med. 2007;12(1):10-15.

Green ME, Birtwhistle RV, Moore K, Hunter D,Hogg W, Weir E, Etches V, **Gallupe O** and Kotecha J. "Improving Integration between Public Health and Family Health Teams". Accepted for presentation at: Family Medicine Forum Research Day, Calgary Alberta, 2009.

Kotecha J, **Birtwhistle RV,** Kurc A, Russell G, **Green M** and Armstrong I. How Do External Practice Facilitators (PFs) Support Quality Improvement Activities of Family Health Teams (FHTs), Participating in the Quality Improvement and Innovation Partnership (QIIP) Learning Collaboratives? Accepted at the North American Primary Care Research Group (NAPCRG) Montreal, Quebec, Nov 15, 2009 and at the 2009 Family Medicine Forum in Calgary, Alberta.

Green ME, Hogg W, Wong S, Jaakkimainen L and Webster G. "Measuring the performance of primary health care in Canada: Populating the CIHI Primary Care Indicators". Concurrent Panel Presentation, CAHSPR Annual Meeting, Calgary May 12, 2009.

Green ME. "Performance Measurement in Primary Care in Ontario". Collaborative Primary Health Care: Transitioning to the next generation". Toronto, March 31, 2009.

Green ME. "Improving Measurement and Performance Feedback in FHTs – Experience from Ontario". Celebrating Quality Internationally and in Ontario Meeting, Toronto, March 6, 2009.

Primary Care Clinical Research

Project Title	Funding organization	Funding amount
PI: Dr Leung		
Use of TDP Heat-lamp as a useful Non-pharmacological Treatment for Tennis Elbow Pain	Queen's Research Initiation Grant	$15,000
PI: Dr Leung		
Functional MRI (fMRI) studies of osteoarthritic knee pain and the effects of acupuncture- a pilot study	Queen's Research Initiation Grant	$15,000
PI: Dr Godwin		
1. Home Blood Pressure Monitoring Study 2. An intensive scheduled management strategy for increasing blood pressure control in patients in primary care.	Heart & Stroke Foundation of ONT	$410,000 over 4 years

Publications & Presentations connected to the project:

Godwin, Marshall; Lam, Miu; **Birtwhistle, Richard; Delva, Dianne; Seguin, Rachelle; Casson, Ian; MacDonald, Susan,** A Primary Care Pragmatic Cluster Randomized Trial Of The Use Of Home Blood Pressure Monitoring on Blood Pressure Levels in Hypertensive Patients with above target blood pressure. Family Practice 2009 accepted for publication.

Godwin M, Birtwhistle RV, Seguin R, Lam M, Casson I, Delva D, MacDonald S. "Effectiveness of A Protocol-Based Strategy For Achieving Better Blood Pressure Control in General Practice." Family Practice 2009; doi:10.1093/fampra/cmp075

Leung L, Stroman P, **Birtwhistle R** , Kotecha J, Hannah S **et al**. Functional MRI (fMRI) studies of osteoarthritic knee pain and the effects of acupuncture- a pilot study. Accepted for oral presentation. 5th Symposium in Acupuncture and Meridien Studies. Seoul, Korea. Oct 9-11, 2009.
Leung L, Stroman P, **Birtwhistle R** , Kotecha J, Hannah S et al. Functional MRI (fMRI) studies of osteoarthritic knee pain and the effects of acupuncture- a pilot study. Accepted for poster presentation. FMF 2009, Calgary, Oct. 29-31 2009.

Leung L, Stroman P, **Birtwhistle R** , Kotecha J, Hannah S et al. Functional MRI (fMRI) studies of osteoarthritic knee pain and the effects of acupuncture- a pilot study. Accepted for poster presentation. NAPCRG 37th Annual Meeting, Montreal, Nov. 14-18 2009.

Primary Care Education

Project Title	Funding organization	Funding amount
PI: Dr Schultz		
Resident curriculum on continuity of care	PSI	$18,000
Review of Family Medicine PGY3 Programs in Ontario.	Council of Ontario Universities/ Ontario Ministry of Health and Long Term Care.	$54,270.

Publications & Presentations connected to the project:

Schultz K. Strategies to enhance teaching about Continuity of Care. *Can Fam Physician*, Vol. 55, No. 6, June 09, and pp.666 - 668.

Shultz K and Kerr J. "Continuity of Care". Accepted for poster presentation at the North American Primary Care Research Group, (NAPCRG) Montreal, Quebec, Nov 15, 2009.

Shultz K and Kerr J. "Competency, curriculum, change, oh my!" Accepted for poster presentation at: Family Medicine Forum Research Day, Calgary Alberta, October 28, 2009.

Green ME, Birtwhistle RV, MacDonald K, Kane J and **Schmelzle J.** "Resident and program director perspectives on third-year medicine programs." Canadian Family Physician 2009; 55:902-3 e1-8.

Green ME, Birtwhistle RV, MacDonald K, Kane J and Schmelzle J. "Practice patterns of graduates of 2-and 3-year family medicine programs in Ontario 1996 to 2004." Canadian Family Physician 2009; 55:906-7.e1-12.

Evidence Based Reviews

Project	Contract Sponsor
Critically appraised topic (CAT) to cover a key topic related to dyslipidemia management.	Remedy
A landscape review that focuses on the diagnosis and clinical barriers to tracking disease progression.	Remedy
A review of current evidence (2004-2008) related to the weight sparing effects of Levemir and to examine whether once daily or twice daily dosing is clinically equivalent for diabetes management.	Tamarind Health Communications
Current management & Treatment options in Parkinson's Disease : A report on the 12th International Congress of Parkinson's Disease and Movement Disorders.	Tamarind Health Communications
A Summary of the Latest in Hypertension Diagnosis, Management and Treatment: A Report on the 41st Annual Meeting and Scientific Exposition.	Tamarind Health Communications
Current Treatment Patterns and Impact of Chronic Myeloid Leukemia (CML) Guidelines to on the use of Sprycel.	Tamarind Health Communications
A Report On The World Congress Of Nephrology Including An Update On The Kidney – Bone – Vascular Axis: Understanding The Role Of Phosphate In CKD-MBD.	Tamarind Health Communications
Family Physicians and the Treatment of Acne and Atopic Dermatitis.	Tamarind Health Communications
Current Treatment of Mild to Moderate Pain in Osteoarthritis using Tylenol.	Tamarind Health Communications

Dr. Michael Green, Associate Director, CSPC

Inside the Department of Family Medicine

Candice Christmas,
Manager, Policy & Communications

Tactical Working and Implementation Group (TWIG)

Following a review in 2009 by the Manager of Departmental Policy and Communications, a new working group was formed to better integrate management structures across the department. The Tactical Working and Implementation Group, or TWIG, evolved from the former Management Committee. TWIG's composition includes middle and senior managers across education, clinical service and research – the people who can deploy staff to implement projects and activities, and who report to the Department's various academic directors. TWIG is chaired by the Manager of Departmental Policy and Communications, who reports directly to the Department Head. TWIG's purpose is to enable a department-wide approach to process design and implementation, policy development, systems and communications. It liaises with the Information Management Committee, the Better Innovations Group, and the QFHT Executive Team.

TWIG covers four major areas of activity, and oversees the implementation of the Department of Family Medicine's Strategic Plan.

Human Resources	Infrastructure	Culture and Communications	Workplace Safety/ Risk Management
Liaises with Queen's HR	Liaises with IMC	Liaises with IMC	Liaises with: IMC and BIG
Functions	Functions	Functions	Functions
✓Departmental orientation	-Telecom	-Policy re. Working Group consultation and feedback loops	-patient safety
✓Review of administrative functions (gaps & overlaps)	-Space	-Website development	-occupational safety
✓Position/job mapping (org chart)	-EMR Training	-Departmental contacts database	-emergency planning
✓Define role descriptions, responsibilities, accountability, and nomenclature	-Department-wide email solution	-Internal communications	-confidentiality and data security
✓Develop new/revised job descriptions	-Website hosting	-External communications	
✓Contracts and reviews -Digitized HR System (tracking & scheduling)	-Remote access and mobility	-Branding	
		-Culture Building	

Human Resources


Vanessa Patterson,
Human Resource Coordinator

Human Resources remained a continuous focus over the past year. There were many new hires to realize the newly developed organizational chart designed to accomplish Expansion Phase II and other key initiatives outlined in the Department's Strategic Plan. This also involved significant restructuring at the senior and middle management levels, with the development several new positions: the Clinical Operations Manager, the Clinic Coordinator, the Clinical Programs Coordinator, the Workplace Safety Coordinator, the Human Resource Coordinator, and the Faculty Development Coordinator. These last three "portfolio" positions span department wide and enable coordination and integration of activities across education, clinical operations, and research. Of the 67 staff currently working at DFM, 33% have been with the organization for less than a year.

Managers	4
Coordinators	6
Systems (Finance, IT)	4.5
Academic Administrators	10
Clinical Clerical	12.5
Nursing	16
Allied Health Professionals	4
Special Projects	3
Research staff (CSPC)	7
Total staffing compliment	**67**

The Human Resources Coordinator is a new position emanating from administrative restructuring. The incumbent supports senior management in education, research and clinical services to coordinate the complex human resource requirements of the DFM. This includes maintaining the Department's HR registry of all support staff, maintaining the clinical master schedule, report generating, coordination of staff performance evaluations and recruitment efforts, and orientation for new staff and locums. This position is also the champion for worker satisfaction, chairing the WorkLife Balance and Staff Enhancement Fund committees.

With a greatly expanded staff compliment, one of the first projects undertaken was the development and implementation of a digitized departmental HR registry to maintain employee profiles, contract information and demographics. This project dovetails into another e-based initiative, the Master Clinic Schedule, an "intranet" based clinical master schedule. This tool, scheduled for launch July 1, 2010, provides an online scheduling system for managers/supervisors, an online physician/resident call schedule, and attendance tracking capability and reporting.

With an aim to expand the Department's capacity for academic work, a new Locum policy was developed and implemented March 1st, 2010. The Human Resource Coordinator coordinates locum coverage and, in cooperation with the Faculty Support Coordinator, ensures locum policy compliance and communication linkages with clinic teams regarding physician absences and confirmed coverage. A robust Locum pool ensures that DFM faculty have the flexibility to engage in conferences, CME and other academic pursuits.

With so many new hires, on-going resident rotations, and the addition of new physicians to the Locum Pool, orientation became an area of focus. An orientation process was developed for new locums joining the clinic. An orientation process for new staff is under development, with a view to providing online components. Resident orientation is under modification to mesh with new horizontal schedules and to provide online reference material.

Working with Queen's Human Resources, the Department of Family Medicine will be an early adopter of the new Performance Dialogue Process (PDP) for on-going staff evaluation. Personnel are undergoing mandatory training for this employee evaluation program, which aims to provide a process for meaningful communication between supervisors and employees about their work, contributions, and on-going professional development.

DFM's strategic plan called for the formation of a WorkLife Balance Committee to address issues around workspace, meeting times, and other issues related to ensuring employee satisfaction. The Committee is currently reviewing survey data regarding time spent in meetings by staff with a view to carving out time from work schedules for collaborative meetings. A quarterly WorkLife Balance newsletter was introduced for DFM staff to bring them news, articles and information about work/life balance as well as updates on the committee's initiatives, and information about upcoming events. A series of annual staff recognition/appreciation celebrations of the various groups within the DFM was introduced. A corporate rate for membership at the nearby GoodLife gym was negotiated for all DFM staff. The Committee is considering participation in Hewitt Engagement Survey delivered through the Queen's School of Business to better assess employee satisfaction and engagement.

Finally, telecom issues are being addressed strategically to deal with the complexities of an expanded organization functioning from several geographic sites. Implementation of two departmental phone lines; one dedicated to clinics, the second for all other functioning bodies of the department (administration, finance, education, research), is planned for fall of 2010 to facilitate access to DFM personnel.

Information Management Committee (IMC)

The initial focus of the IMC was to address the general dissatisfaction with the Department's existing Electronic Medical Records (EMR) product. After a lengthly consultative process, including surveys and product demonstrations, a Request for Proposal was issued, with the assistance of the Queen's University Office of Procurement. Once the RFP process was completed, an EMR product was chosen – OSCAR (Open Source Clinical Application Resource). This EMR program was developed by McMaster University specifically to support an academic family health team environment, and has since been adopted by the University of British Columbia and McGill University. As an open source product, Queen's will become a part of the OSCAR "community" which works on continuous improvement to the product. OSCAR provides both a high level of flexibility in terms of developing customized modules, and does not involve monthly licensing fees. Once the hardware to support the product is purchased and installed, on-going costs include support and additional programming where desired.


Dr. David Barber, Chair IMC

The IMC was also tasked with evaluating the Department's Information Technology (IT) infrastructure with respect to communications needs arising from the Strategic Plan, including a new website, common email platform and corporate calendar system. Negotiations have been ongoing with both Queen's IT and Kingston Hospitals to implement an IT solution that will serve all of the Department's needs, including clinical service, education, research and internal communications. Roll out of the new network platform and infrastructure is planned for summer 2010. This includes the use of Google Education for day-to-day business functions like email and calendaring, integrated with the OSCAR EMR through SunRay Thin Client desktops. The SunRays allow any DFM staff or faculty to work at any given desktop in any given location via access to the network servers through an identity card and log in. This enterprise solution is expected to result in tremendous efficiencies in terms of time spent logging into systems and file storage.

Web design began in earnest in May 2009 and tremendous progress has been made. The DFM portal at www.dfmqueensu.ca has multiple functions to address its many audiences. The first phase of website design was to market to potential residents and especially, to promote the new satellite site programs in Belleville – Quinte and Peterborough – Kawartha. The second phase involved developing numerous web-based tools to enable the new horizontal curriculum, including resident on-line calendaring linked to learning tools; detailed curriculum objectives that map to an on-line system of evaluation, and an automated on-line CaRMS appointment calendar. The third phase, currently under development, is an internal Intranet for personnel, including employee profiles and a digitized human resource tracking system for vacation and leaves. Finally, development of the Queen's Family Health Team site will be undertaken in summer of 2010, once the new EMR has been implemented.

The IMC group has also been involved at the regional level through participation on the Local Health Integration Network's eHealth Council. On-going lobbying for integration of community family physicians via a common EMR involves communication with other health care providers in the region, as well as Ontario MD. Plans to develop a patch that will seamlessly link DFM's OSCAR EMR with Kingston hospitals' QuadraMed will be explored in the fall of 2010.

Workplace Safety and Risk Management

The Canadian Council on Healthcare Facilities Accreditation (CCHFA) defines risk management as "exposure to any event which may threaten or jeopardize the healthcare agency, its clients, dependents or operations". Over the past several years, the Department of Family Medicine has seen tremendous expansion in personnel over several separate physical sites. In order to maintain its vision of being acknowledged for excellence in primary care delivery, education and research, the Department is dedicating resources to ensure that management processes are put in place that identify, evaluate and manage risk within its organization.

The first step involved was the creation of the position of Workplace Safety Coordinator, a full-time position reporting to the Manager of Departmental Policy and Communication whose activities span the Department. This dedicated resource will enable the coordination, planning, monitoring, communicating, disseminating and project development related to risk management and workplace safety within the Department of Family Medicine and its three operating sites. Other responsibilities of this position include:

- Keeping vigilance over the physical environment and provides initial response to staff enquiries, concerns and requests that relate to the physical environment;
- Collecting data on the department's performance with respect to workplace safety and analyses the data against best practice both from internal and external sources;
- Discussing, advising and suggesting appropriate modifications in workplace safety procedures, interpreting policy and recommending changes or clarifications;
- Regular communication with senior management and the Department Head and providing administrative support and leadership to other staff;
- Educating staff in the area of risk management and workplace safety; and
- Working closely with the Family Health Team Clinical Operations Manager to identify patient care and patient safety issues, to develop strategies to regularly audit the patient care system within the Department of Family Medicine.

Vicky Garrah, Workplace Safety Coordinator

Future Commitment

To ensure ongoing diligence in the areas of risk management and workplace safety, a Risk Management Committee will be struck. Membership will include the Workplace Safety Coordinator and senior managers (the Clinical Operations Manager, the Manager of Departmental Policy and Communication, the Manager of Education and the Research Manager). This committee will meet regularly to review issues of concern and to develop risk management policy and processes. This body will also be responsible for the implementation of policies as well as education of staff, faculty and residents in areas of risk management.

The committee will report regularly to the Head of the Department and to the Queen's Family Health Team Advisory Board.

Achieving Goals

The Department is developing a risk management program specific to its needs. A Risk Management consultant visited the Department in January 2010 and provided a report and recommendations for a Risk Management Committee. The audit was the first step in creating a platform from which the Department can then build the risk management program based on recommendations. The risk management program will include the usual components including occupational safety, patient safety and workplace safety, as well as a quality assurance component and an education component.

Over the past six months, work has begun to address both biological and physical safety issues. Other issues have been identified that are currently being addressed. The following provides details on recent initiatives.

Risk Issue/Objective	Strategy	Outcome
Vaccine Instability	Haynes Hall location experienced significant breaks in cold chain resulting in unviable vaccine.	As this is both a patient safety risk and financial risk for the Department, the Workplace Safety Coordinator recommended the purchase of new laboratory refrigerators that have been installed at each clinical site of the Department.
Fall Hazard	Wet conditions pose slipping risk on stairs and common areas of 220 Bagot Street. Special non-slip strips have been installed on all stair cases and mats have been strategically located to decrease the amount of water that collects on common walkways.	Stairs and common walking areas now safer with reduced risk of slipping and falling.
Infection Control and Privacy in Reception Areas	In the wake of the H1N1 epidemic, it was felt that glass partitions would both decrease potential for infection for staff as well as increase privacy for patients.	Decrease in potential infection rate between patients & staff. Barrier offers more privacy in reception areas where patients and staff communicate and where information is being discussed.
Patient Access	Recently, the Department has seen new wheelchairs which are 36" in width. Current patient rooms at 220 Bagot Street do not accommodate these new chairs. Renovations have been recently completed to widen a patient exam room door for each floor as well as a public washroom.	Widening of the exam room doors and one public washroom will improve access for our patient population who require the new, wider wheelchairs.
Building/Staff/ Patient Security	Both clinical locations have no controlled access for staff or visitors. This is a security risk for staff in particular.	A project is underway to install a key card access system for strategic areas of buildings to prevent unnecessary traffic to several areas. This will limit the potential for security risks, particularly after hours.

Faculty Support

The position of the Faculty Support Coordinator is new to the Department and evolved from organizational restructuring. This restructuring enabled the Department to have a dedicated individual for the overall coordination of clinical faculty appointments and promotions; assistance to the Department Head in faculty recruitment efforts; act as an expert resource on the Southeastern Ontario Academic Medical Association (SEAMO) agreement and Departmental Practice Plan, as well as the Family Health Network (FHN) agreements; and coordination and communication with adjunct faculty in Kingston and the surrounding region.


Nicole Fowler, Faculty Support Coordinator

Over the past six months, the Faculty Support Coordinator has been tasked with a number of Department initiatives in relation to University appointments and other faculty needs within Family Medicine. During the recent accreditation review, it was noted that a number of community family physicians were in need of a University appointment. Over the last few months, a number of DFM's community family physicians in the regions of Belleville, Kingston, Oshawa, Peterborough and other core areas have received adjunct-1 appointments with Queen's Department of Family Medicine. Adjunct-1 appointments are awarded to acknowledge physicians who support the Department through a number of responsibilities – for example, teaching undergraduate students and/or residents.

As regular faculty members have clinical and academic responsibilities, the Department experiences various leaves throughout the year. To maintain a high level of patient care and excellence in its teaching facilities, the Department has developed a locum resource pool to cover such absences. The Department has been fortunate to employ some highly respected physicians that have either recently completed a residency in family medicine or have retired from their practice and are looking to continue working in a part-time capacity. Recruitment for the locum resource pool is an ongoing initiative coordinated by the Faculty Support Coordinator with partners like the Kingston Economic Development Corporation.

In March of 2010, the Department of Family Medicine received permission from the Principal to hire four full-time academic family physicians.

Over the course of the next year, the Department will be seeking family physicians in the following roles:

Behavioural Medicine Director:
Behavioural Medicine is a key component of DFM's academic curriculum for core family medicine residents. This learning is integrated into the resident experience through clinical cases, mental health team rounds, academic teaching sessions, and collaborative interviewing with team social workers. Additionally, collaboration with psychiatry is an important component. The incumbent will be the leader for this aspect of the curriculum.

Deputy Head:
The incumbent will provide Academic Leadership within the Department; provide support to the Clinical, Educational and Research Programs in the Department of Family Medicine; and provide administrative support.

Developmental Disabilities Director:
The incumbent will be responsible for the expansion and implementation of a developmental disabilities practice, consultation and education program within the Department.

Undergraduate Clerkship Director:
The incumbent will be responsible for the direct supervision of the six (6) week core Family Medicine Rotation (all components) in the third and fourth year Undergraduate Medical Program at Queen's University.

The successful candidates will have a combination of academic and clinical responsibilities with the Department.

With the addition of these four new family physicians, the Department anticipates being able to support a fifth clinic within its Queen's Family Health Team (QFHT).

The Department of Family Medicine Globally

Primary Care Council of South East Ontario

The nature of primary health care requires a network – a system in which health care professionals and providers can work together in collaborative teams. The provision of long-term care, palliative care, and caring for patients with chronic diseases also necessitates partnerships with support services and community-based organizations. More work needs to be done on how patients and practitioners can access primary care services regionally, leading to a positive impact on patient care. This will also further the equalization of care across the region, to ensure equity in access to primary health care and the quality of care received.

The 2002 Romanov Report "emphasized the importance of collaborative teams and networks in future primary care models." In keeping with the Department of Family Medicine's vision of being recognized as valued partners and opinion leaders in Family Medicine and Primary Health Care within Queen's, in our communities, and internationally, DFM has taken on a leadership role in the formation of the Primary Health Care Council (PHCC) of South East Ontario. The Council's mandate is to provide collaborative leadership for the planning, delivery and evaluation of Primary Health Care services within the South East Local Health Integration Network (LHIN), creating a forum to address common issues pertaining to primary care across the continuum of health care. The Council, with representation from different organizations across the region involved in primary health care, is chaired by Glenn Brown, M.D., Head of the Department of Family Medicine at Queen's University.

On January 25, 2010, the PHCC hosted the 2nd Primary Health Care Forum entitled "Laying the Foundation: Strengthening Primary Care Across the Region". Just under 200 registrants attended the Forum, which was held at the Ambassador Hotel in Kingston, including physicians, nurses, and allied health professionals from family health teams and community health agencies throughout the South East LHIN. The event was supported by the South East LHIN, Ontario eHealth, the Ontario Medical Association, and the Department of Family Medicine at Queen's University.

The objectives of the Forum were threefold: to indentify ways to better integrate health services; to learn about best practice regarding collaboration between primary health care providers through utilization of information technology; and to develop communication strategies that serve a variety of stakeholders to strengthen networks of primary health care providers across the region.

Forum participants gained an understanding of how information technology can be used to improve patient care, including such topic areas as adopting an Electronic Medical Record (EMR), linking community practitioners and hospitals, and using media and web tools to build awareness of services available. They were introduced to the chronic disease prevention management initiatives within the region, and learned about various primary health care services and how they could be integrated to assist in patient care.

Quality improvement was another theme highlighted at the Forum. One workshop focused on the importance of medication reconciliation within a collaborative health care environment – in this particular case study, the Queen's Family Health Team. Participants were given three take home messages: how policies have been improved and measures implemented to improve the accuracy of these records, how to raise awareness of the importance of medication reconciliation, and how to engage patients in their prescription management. The overall goal is to devise clinical processes that continually keep dynamic medication lists accurate.

Data gathered from participant evaluations strongly suggests making the PHCC forum an annual event with a workshop format on topics such as case management models to enhance patient navigation for patients, advanced access and office re-design, tools on living well and chronic conditions, and the LHIN's place in the direction of primary health care. One Forum participant remarked "I am now more aware of resources and motivated to do a better job at connecting with [them] and using team process more." Another said "the Forum was helpful in providing suggestions for improving EMR in the office and quality of information." The event was deemed a great success and will help to inform the direction and future projects undertaken by the PHCC.

Development Program in Bosnia and Herzegovina

This project is now in its 15th year of providing technical assistance to the Ministries of Health and Faculties of Medicine in Bosnia and Herzegovina (BH). Funding for the first 10 years was provided through a series of contribution agreements with CIDA. Since 2005 funding has been under a contract with the World Bank's Health Sector Enhancement Project. A $1 million CDN extension of project activities through October 2010 was negotiated. This will bring total project funding since 1995 to approximately $20 million.

The focus of programming has been the reform of the primary care system in BH through the development of a model of Family Medicine. Our emphasis continues to be on educational and professional development across a spectrum of levels and disciplines.

Queen's – Monash Global Health Initiative

This international collaboration is between Queen's Department of Family Medicine and the Department of General Practice within the School of Primary Health Care and the School of Rural Practice at Monash University, Australia. The Ministry of Health and Long Term Care provided the Department of Family Medicine at Queen's University with $427,000 to develop this alliance to further a series of objectives related to postgraduate and undergraduate medical training, human resources and recruitment, primary health care research, and health policy.

The proposed partnership between Monash University and Queen's Department of Family Medicine is in alignment with Queen's Strategic Plan, which seeks to "enrich society with the results of university research; engage where our expertise and resources compliment the research activity; expand internationally recognized research programs and develop new ones in emerging areas; enhance the quality and breadth of our education programs; promote collaboration and multi-disciplinarity; and respond promptly to new opportunities."

With Government of Ontario approval and support for this initiative, the Dept. of Family Medicine at Queen's University has the resources to proceed with a formal "twinning" offer to Monash University.

Queen's and Monash Universities – synergies and rationale for partnership

The health care systems of Canada and Australia are remarkably similar. In both, the family physician/general practitioner is the entry point and the gatekeeper, providing preventive, diagnostic and proactive care to individuals, families and communities. Both share a common philosophy of education and medical care, and each grapples with the difficulties of distributing health human resources equitably across large geographic areas to diverse peoples, including a disadvantaged aboriginal population.

Forging formal linkages with an Australian medical school will allow Queen's University's Department of Family Medicine (DFM) to:

- access more and varied training settings;
- strengthen curriculum and research collaborations and initiatives, particularly with respect to underserved populations, and the integration of gender competence into medical curricula;
- further develop our aboriginal health program and global health program;
- revitalize our commitment to produce practitioners for small and medium sized communities; and
- recruit and retain excellent Faculty who welcome the opportunity for intellectual and actual exchanges across continents.

Partnership and Knowledge Exchange

The macro and micro level enablers of medical education and health care delivery never exist in isolation, but are often invisible to each other. At the macro level, government policies, planning, funding and public accountability shape the overall nature, direction, balance and focus of classroom teaching, hospital and community-based observational and participatory learning at the micro level, and the health care delivery to which the macro level then responds. This sort of feedback loop is dynamic and responsive to the environment. The Dept. of Family Medicine at Queen's University's proposal to create a partnership with Monash University's general practice and primary care departments identified the benefits of collaboration for each institution. The following expands the focus to identify how and why partnerships at the macro (government and planning) level could be advantageous to both Australia and Ontario, Canada.

The following tensions regarding medical education and health care delivery are shared by Ontario and Australia:

- Optimizing access to care and minimizing fluctuations between excess and inadequate physician capacity;
- Absorbing international medical graduates;
- Ensuring distribution of caregivers across urban, rural and remote areas and large geographic distances;
- Incorporating non-physician providers such as physician assistants and allied health professionals into the health care delivery system;
- Attempting to equalize health despite existing inequalities of income, education, ability, ethnicity, and in particular, the marginalization of aboriginal populations; and
- Expanding resources and sites for clinical training.

Each institution has followed some shared and other divergent pathways to address these issues. Both could learn from, and inform the other, and in collaboration, strengthen the ability of each to model excellent education and primary health care. At the national level, both Canada and Australia have the common objective of facilitating accreditation of foreign graduates, and the development of primary care policy.

Mission to Monash University - Highlights

In November 2009, a delegation from DFM visited Monash University campuses in Melbourne and Mildura, Australia.

With respect to educational exchanges, opportunities for resident exchange were identified within the School of Rural Medicine in Mildura, and perhaps Bendigo. For Canadian senior residents, the Mildura, Broken Hill and Coomealla Aboriginal Health sites would provide exciting opportunities for residents interested in the Global Health Program (in areas like social determinants of health, the role of the physician and patient advocate, and population health). The Queen's Global Health program and its emphasis on the role of advocacy could provide some relevant experiences for visiting Registrars, particularly young academic physicians. Funding for travel and accommodation is available to the Australians in the rural stream, which may expand opportunities for exchange based on maximizing current budgets.

There are opportunities in Melbourne for 2 to 3 month observerships in sub-specialties, as well as academic rotations linked to the Monash Masters and PhD programs.

There may be opportunities for licensing Monash core curriculum modules to build a Queen's Masters degree in Primary Health Care. Monash curriculum is developed in teams including a General Practitioner and a specialist, providing the context for teaching. Modules can be customized based on context and culture.

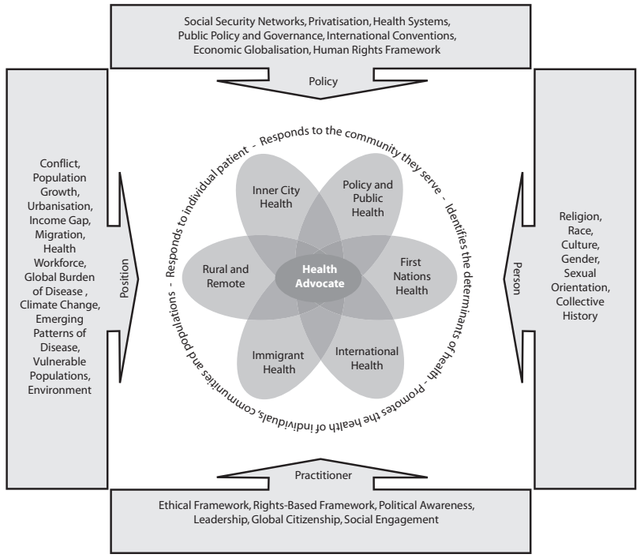
For future consideration: Bachelor of Science/Medical School undergraduate students could do a one year exchange with joint supervision. No monetary exchange is required.

Research

A tri-country research project to compare health care policies and systems between Israel, Australia and Canada concerning H1N1 is under development, to inform future policy recommendations, and to address the gap between policy and practice at the primary care level. Monash is providing a scholarship to Marina Kunin, a PhD student with Hadassah University Hospital, under the supervision of Dr. Piterman and Prof. Dan Engelhart, Head of the Pediatric Dept., and Head of the Pediatric AIDS Centre and Pediatric Infectious Diseases, Hadassah University Hospital, Israel. Ms. Kunin's first paper will provide an overview of the three countries experiences, and future collaborative papers with co-authors are expected. Ms. Kunin will be introduced to Dr. Kieran Moore via email, as well as Ken Martin of the Canadian Primary Care Sentinel Surveillance Network for Chronic Disease (CPCSSN).

Global Health Working Group

The Global Health Working Group is into its second year, and is moving forward with development of core curriculum for all Queen's Family Medicine residents and with pre-departure curriculum for residents planning clinical placements overseas. So far, a Global Health Day has been added to the academic days for the PGY-1 residents, delivering curriculum through a combination of lectures and workshops, and online modules are under development to be deployed for the new cohort arriving in July. Much of the new curriculum will be piloted with these incoming residents, and adjustments will be made as necessary. This past year, seven residents have gone through the pre-departure preparation — one to Uganda, one to Iran, and three to St-Lucia, with two planning rotations in India in June 2010. The pre-departure preparation has been deemed useful by residents, and has allowed the Department to keep track of the quality and nature of residents' experiences overseas. This part of the curriculum will be further streamlined in the upcoming year, and will remain a mandatory component of any overseas experience.



Looking ahead, this is an exciting time for Global Health in Family Medicine. A Global Health Curriculum Working Group has been formed with input from all six Family Medicine programs in Ontario, including Queen's. This Group is working on the development of core curriculum in Global Health for all Family Medicine residents in Ontario, and Queen's is very pleased to be able to contribute to this initiative. This group is currently looking for a mandate to continue its work further, perhaps leading to the development of curriculum and criteria for certificate programs and third year programs in Global Health. It is expected that this discussion will expand to include other Canadian provinces, many of whom have been doing important work in Global Health.

Each of us – faculty, allied health professionals, researchers and staff – is a member of the Department of Family Medicine (DFM) at Queen's University, and is employed to advance the education and research goals of the department, and to better serve our patients and our community. We accomplish this by providing service to the best of our abilities, as well as enabling our personnel in their pursuit to do the same.

DFM STATEMENT OF VALUES

DFM is dedicated to excellence in the delivery of primary health care, education, research and community service. This is accomplished by the demonstration of the following values by all our faculty, allied health professionals, research and administrative personnel:

Accountability
We support the principle of accountability for all in the workplace at all times.

We perform our duties to a high standard and are accountable for our actions.

We will be accountable for our performance through specific objectives and measurable goals.

We will receive frequent, honest and timely feedback.

We will set high standards and strive for excellence in all that we do.

Professionalism
We demonstrate a high level of professional behavior in the workplace, and in all our relationships with patients, learners, colleagues and the community. Each of us is an ambassador of the Department of Family Medicine.

Respect
We demonstrate awareness and respect for others in the workplace, others' workloads and will offer to assist if able to do so.

We demonstrate compassion and respect for patients, learners, and colleagues alike by our commitment to act ethically, to welcome difference, and to engage in open exchange about ideas and decisions.

We respect our co-workers' and patients' right to privacy.

Quality and Self-Improvement
We value innovation and continuous improvement in the quality and delivery of the services we provide to our learners and patients.

We strive to continually upgrade our skills and are committed to providing resources and time toward this end.

Teamwork
Each of our personnel brings value to a team. We value teamwork and collaboration by working toward shared goals. A team can accomplish more than individuals separately.