Annual Report 2010-11







Department of Family Medicine
at Queen's University

Queen's University

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"I know the price of success: dedication, hard work, and an unremitting devotion to the things you want to see happen."

Frank Lloyd Wright

MESSAGE FROM THE DEPARTMENT HEAD

2010-11 represented year three of our five-year strategic plan and to date, several major projects have been realized. The Department made strides in health care delivery, education and research, but "success is a journey, not a destination (Ben Sweetland)." Indeed we are humble about our achievements, as these did not occur without sacrifice. The hours were long and there were many trials and tribulations (four words – electronic medical record conversion). Commitment of faculty and staff to the vision outlined in our strategic plan has been critical to our success; acknowledging each team member's input is important.

When challenges arise, I am apt to think of the early explorers who founded our country. Without modern navigation technologies or even a map, these brave souls forged new opportunities in extremely harsh and dangerous conditions. What made them successful leaders – was it a superior education, a moral compass, sheer bravery?

Crossing the Barren Lands of Northern Canada, Samuel Hearne founded the first inland trading post, called Cumberland House, which opened up new supplies of beaver pelts for the Hudson's Bay Company. Hearne was only eleven years old when he left school to join the British Navy. David Thompson's exploration and mapping for the North West Company covered an area of 2,340,000 square miles. He opened the first trade with the northwestern aboriginals and, interestingly, some of his maps and descriptions of trade in the Barren Lands of Canada's North are still used today. As one of our most famous explorers, Henry Hudson discovered Hudson's Bay while looking for the Northwest Passage, but later met his end when mutineers set him and his son adrift in a small boat without supplies. So we are in good company historically – life does have its challenges, but also great rewards.

Expansion Phase 2 saw the Department branching out with the formation of two satellite programs, in Belleville-Quinte and Peterborough-Kawartha. Both have been very successful, and feedback from residents has been encouraging. The Oshawa-Lakeridge program is set to come on stream in 2012, and faculty there are working hard in preparation. We expect great things from this program as Queen's extends into this region with its higher population and great medical traditions. Queen's Family Medicine builds on strong linkages with these communities as distributed education has been a long-standing tradition. We are grateful to the many stakeholders for their support in terms of commitment, energy and resources.

The Department has been an innovator in the realm of curriculum and evaluation. Drs. Karen (Pinky) Schultz and Ian Sempowski led the way in development of the horizontal curriculum, which allows residents to spend more time training within a family medicine

practice. Dr. Jane Griffiths' innovative thinking has led to the development of a web-based portfolio for all of our residents. This information management system for different types of objective evaluations, reflective exercises and other documents acts as a repository and tremendous educational tool now sought after by other universities.

Another milestone for the Department included managing the *Provincial Faculty Development Project* on behalf of Ontario's six departments of Family Medicine. This $825,000 initiative was led by the Council of Ontario Faculties of Medicine (COFM) Family Medicine Chairs. Under the direction of Project Chair Dr. Ruth Wilson and Project Manager Tracy Weaver, the initiative facilitated a collaboration between each of the Schools' Directors of Faculty Development and their community preceptors. The culminating Provincial Forum held in Toronto on February 25, 2011 was a success, with a call for more such faculty development events. The College of Family Physicians of Canada has agreed to assume management of the project's R-scope website, which houses a plethora of faculty development resources.

With one-time support from the Ministry of Health and Long-Term Care, the $960,000 *Building Capacity Project*, under the management of Candice Christmas, Manager of Policy & Communications, and Jordan Alderman-Sinnett, Manager of Education, allowed the Department to better link to our satellite programs and community preceptors via the implementation of new technologies. Major investments were also made to the Simulation Lab at Queen's University, and a collaboration was formed with faculty in the FM/Anesthesia program to develop new curriculum. Additional training in obstetrical emergencies as well as procedural skills were also part of the initiative.

The *Interprofessional Care Project*, or IPC Project, culminated in a conference held January 20th, 2011 in Belleville that included family health team collaborators from across the Province of Ontario. With Dr. Diane Lu playing a key role as physician liaison, the IPC Project identified collaborative care best practices, launched interventions, and measured changes in cultural shift related to interprofessional care within the Queen's Family Health Team (QFHT). The formation of family health teams did not come with a blueprint. The IPC project has provided recommendations for the QFHT to establish ways to better communicate within teams – to be more self-aware – all the while keeping the patient at the centre of care … a compass of sorts.

In the realm of clinical operations, The QFHT Quality Plan was developed and adopted under the leadership of QFHT Physician Lead Dr. Karen Hall Barber with the support of a community-based multi-disciplinary Advisory Board chaired by Florence Campbell. The plan acts as a road map to patient care, outlining accountabilities and focusing on improving safety, timeliness, efficiency, patient-centredness, effectiveness and equity.

The success of primary care research at Queen's has been unprecedented thanks to the leadership of the Centre for Studies in Primary Care. The Canadian Primary Care Sentinel Surveillance Network (CPCSSN), a national data repository, will greatly increase research capacity. While recently in Australia investigating primary care systems, I discovered that each region is struggling with organizing and handling health data for chronic disease management. Queen's is leading a national initiative that will be the envy of many countries, and positions us as a major research centre that will attract PhDs and Masters students as the data repository grows. We have the talent and the leadership at the centre, including Dr. Richard Birtwhistle, Director, Dr. Michael Green, Associate Director, and Jyoti Kotecha, Assistant Director. The academic mission of the Department is deepening.

Indeed, Dr. Susan Phillips is co-investigator of an initiative awarded $1.5 million by CIHR to support an international study on mobility loss in seniors. This six-year study will examine 1,600 seniors in Canada, Colombia and Brazil. Dr. Lawrence Leung had ten peer-reviewed publications this year alone! We can acknowledge that all of our GFT Faculty are involved in scholarly activities, which in essence entails reflecting on their work in education, research and/or clinical practice, and sharing what they have learned with residents and peers. This universal uptake of academic activities is one of the Department's greatest strengths.

Dale Carnegie wrote, "The person who gets the farthest is generally the one who is willing to do and dare. The sure-thing boat never gets far from shore." This has been a year of tremendous success and recognition for the faculty who make our Department so vibrant. Dr. Ruth Wilson received Family Medicine's most prestigious international medical award: the Wonca 5-Star Doctor Award, the highest award for doctors from the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (Wonca). Dr. Richard Birtwhistle received the Physicians Researcher of the Year Award from the Canadian College of Family Physicians. Dr. Jane Griffiths received the CAME Education Award. Dr. Diane Lu received the PAIRO Excellence in Clinical Teaching Award. Dr. Walter Rosser, who can be credited for advancing primary care research, was inducted into the Order of Canada.

This has also been a year of transitions. Dr. Geoff Hodgetts returned to the Department as the Director of Education, following a thirteen-year secondment to the Bosnia Project. Dr. Willa Henry, Director of Postgraduate Education, left the Department in the spring to undertake new pursuits at the University of British Columbia. Heartfelt thanks are extended to Willa for her vision and tenacity in redeveloping the educational program over the past five years. Willa is succeeded as Director of Postgraduate Education by Dr. Karen (Pinky) Schultz. A veteran in postgraduate medical education at Queen's, we expect Pinky's experience to bring new depth to the program.

The management team continues to grow and mature. The addition of Diane Cross as Clinic Manager has brought new skills and support to Clinical Operations. New recruitment is planned, including a Manager of Operations, a Communications Officer and a Physician Compensation Administrator. The Tactical and Working Implementation Group has undertaken a series of initiatives in workplace safety and risk management, human resource support, and information technology. The Department is now focusing some significant energy on a plan to develop space to house the entire Kingston operation under one roof, a longer-term goal of the strategic plan.

The Department's Information Technology Project, including the implementation of a new Electronic Medical Record (EMR) called OSCAR, the migration of email from two systems (Queen's and Hotel Dieu) to the Google Cloud, and the installation of a SunRay thin client enterprise system across three geographic sites, was a herculean effort. Under the leadership of Dr. David Barber, Chair of the Information Management Committee, and with the support of Candice Christmas, Manager of Policy & Communications, a complete changeover of the Department's IT system has allowed for the integration of our business and clinical systems. This involved forging new relationships with Queen's University and Kingston hospitals. Working with eHealth Ontario, the Department is now positioned to play a leadership role in extending connectivity to various facets of primary care in the region as well as linkages to secondary and tertiary centres.

This type of initiative is never easy, but electronic transfer of data from one EMR system to OSCAR went better than predicted thanks to the dedication of our EMR User Group and Indivica, our OSCAR provider. The strength of our IT system is clear to all, but that is not to say there weren't dark days. Undeniably, perseverance and good will on the part of our personnel and residents have been critical to the success of the project, and special thanks are extended to all as we emerge from this transition, faster, stronger, better.

The Department recently hosted a graduation reception for our PGY 2 residents who are moving on to the next phase of their careers. This group of residents has been very involved, contributing useful feedback on curriculum and organizational changes. Our faculty are confident they are ready to move on to their own unsupervised practices, to set their own course. But we also know they are committed to life-long learning, and that their intellectual journeying is far from over. They are interested in the social determinants of health, and are clear that what family physicians do must be socially relevant. The tenets of Global Health and Health Equity are values that this group espouses to, and this excites me because they are issues that deserve to be at the forefront of education.

So what makes good leaders? Architect and writer Frank Lloyd Wright declared: "I know the price of success: dedication, hard work, and an unremitting devotion to the things you want to see happen." I extend my thanks to our faculty, staff and residents who have shown leadership, and have forged ahead, devoted to the cause, to realize the many worthwhile initiatives outlined in our strategic plan.

Yours truly,

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

Education

POSTGRADUATE EDUCATION (PGY 1 & 2)

The Postgraduate Education Program at the Department of Family Medicine has grown exponentially over the past year and has also undergone significant faculty changes. Successes over the past year include the opening of two expansion sites, implementation of the revitalized curriculum and evaluation tools in the CanMEDS FM framework, the implementation of on-line portfolios and field notes, outreach and collaboration with the Simulation Lab at the School of Medicine, and exciting faculty development opportunities.

With mixed emotions, the Department said goodbye to Dr. Willa Henry, Postgraduate Program Director from 2005-2010. Dr. Henry provided exceptional leadership in creating a cutting-edge Residency Program, promoting faculty and resident engagement, and encouraging excellence at every level in the program. Dr. Henry will be missed, but the program will always bear the mark of her passion, dedication and commitment to excellent resident education.

The Department announced the following changes to faculty positions: Dr. Karen Schultz is the new Program Director; Dr. Jonathan Kerr is the Program Curriculum Lead; and Dr. Geoffrey Hodgetts is the Kingston & 1000 Islands Site Director, the Director of Medical Education and the Program Director for Enhanced Skills.

Dr. Karen Schultz has had a long-standing affectionate attachment to the Residency Program. As a former resident of Queen's, Dr. Schultz returned to the university after a short break and has been here ever since. Her research interests include assessment of interpersonal skills, site and preceptor characteristics that enhance learning in ambulatory settings, continuity of care, and assessing educational equity. With several teaching awards, and an amazing dedication to resident education, Dr. Schultz will continue to spearhead the implementation of the "Triple C" competency-based curriculum.

Dr. Jonathan Kerr practices comprehensive Family Medicine in his hometown of Belleville, Ontario, including emergency medicine and inpatient care. Dr. Kerr has been the Curriculum Process Lead for the Belleville-Quinte Site of the Queen's University Family Medicine Residency Program, and has helped to develop a new competency-based, horizontal curriculum. He is also an Executive Member of the Ontario College of Family Physicians, currently sits on the College of Family Physicians of Canada's (CFPC) Working Group on Curriculum Review, is the Chair of the CFPC's First Five Years in Family Practice Committee, and is the CFPC Delegate to the Canadian Medical Association's Council on Health Care and Promotion. He will put all of these skills to good use as the new Program Curriculum Lead.

"Attention was focused on increasing access to advanced technology and communication tools to connect residents and faculty."

Family Physician and Emergency Doctor residents during a simulation training event with Dr. Ian Sempowski.

For the past 15 years, Dr. Geoffrey Hodgetts has been the Director of the Queen's University Family Medicine Development Program in Bosnia and Herzegovina, a large health sector reform project funded by CIDA and the World Bank. Dr. Hodgetts has maintained a strong connection to the Department of Family Medicine as the Enhanced Skills Program Director. He will be tackling innovations in program development, and is well positioned to do so with his previous experience as Program Director, Department of Family Medicine, in the early 1990s.

A major initiative over the past three years has involved a 47-per-cent expansion of Queen's Postgraduate Program. The Belleville-Quinte and Peterborough-Kawartha Programs were officially opened in July 2010 with four residents in each program. In July 2011, the programs will each welcome another six residents. Dr. John Morse, Program Development Consultant, continues to work closely with faculty developing the Oshawa program. To recognize the breadth and scope of the program in the Durham region, the program has been renamed the Queen's Bowmanville Oshawa-Lakeridge program (QBOL). Under the leadership of Dr. Wei-Hsi Pang and supported by the dedicated and passionate Site Committee, QBOL is gearing up to welcome residents in July 2012.

In 2009-2010, attention was focused on increasing access to advanced technology and communication tools to connect residents and faculty. With one-time support from the Ministry of Health and Long-Term Care through a project called Building Capacity, the Department of Family Medicine provided state-of-the-art simulation training equipment including a SimMan 3G to the Simulation Lab at Queen's University. In addition to the procurement of equipment, the Department of Family Medicine, in collaboration with the Simulation Lab, and faculty in the FM/Anesthesia program, is developing curriculum to support the increased use of the simulation lab for Family Medicine training. All Sites have received a complement of procedural skills equipment to boost resident procedural skills training.

Another key component of the Building Capacity project was support for faculty development. Access to obstetrical emergency training has been a challenge for many residents. To address this, 15 faculty from the region were engaged to be part of an ALARM instructors group. These 15 individuals received training from the Society of Obstetricians and Gynecologists, and are now poised to provide all residents an ALARM course early in their PGY 1 year.

A major focus of 2010 was the implementation of the re-articulated CanMEDS FM curriculum objectives. Over the past few years, curriculum review was undertaken by the Curriculum Review and Advisory Group.

Belleville-Quinte Site

The Department also welcomed the following faculty to new portfolios:

- **Dr. Kelly Howse**, Behavioural Medicine Lead (Department of Family Medicine)
- **Dr. Julie Bryson,** Faculty Development Lead (Belleville-Quinte), Giuseppe Bonacci, Behavioural Medicine Lead
- **Dr. Edward Osborne,** Faculty Development Lead; Dr. Aubrey Kassirer, Curriculum Lead; Dr. Charlene Lockner, Evaluation; Dr. Michael Ward, Research at the Queen's Bowmanville Oshawa-Lakeridge Site (QBOL)

Dean Richard Resnick at the opening ceremony for the Peterborough-Kawartha Site

The curriculum objectives (i.e., Care of Adults, Care of Children and Adolescents, Care of the Elderly, etc.) were referred to as CRAGS. In keeping with the standards of the College, the life-cycle curriculum objectives will fall under this new nomenclature: Domains of Clinical Care (DCC). Each Domain of Clinical Care will be reviewed on a three-year cycle to ensure relevance and resources.

In July 2009, a portfolio system was introduced for residents, and 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.

Moving away from a paper-based system, an on-line system has now been developed and implemented to ensure seamless access to information for the resident and the Academic Advisor. A robust and versatile integrated system for capturing formative feedback and recording direct observations of residents in the form of field notes has also been developed, and is in the final testing phase. Close attention has been paid to supporting faculty through individual and group meetings to orient and reinforce their roles in the Academic Advisor process. Integration of a multi-source feedback evaluation for residents is now being planned.

With the renewal of the curriculum as well as changes in evaluation standards mandated by the College of Family Physicians of Canada and the Queen's 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 system. Continuing to improve on the tools and resources available, and ensuring accurate assessment, promotes learning and competence and will further position Queen's Department of Family Medicine as a leader in resident education. Dr. Griffiths was the winner of the 2009 CAME award for her excellent contributions to resident evaluation.

Under the direction of Dr. Ian Sempowski, Director, Core Family Medicine, a new curriculum that has PGY1 residents at the Kingston Site returning to the academic centre for eight weeks three times during their PGY1 year has been implemented. This has enhanced the continuity of care experience, strengthened contextual learning, and allowed residents to identify themselves more clearly as family physicians. Embedded in this curriculum change are integrated horizontal experiences that allow distinct learning opportunities that are then reintegrated into the Family Medicine setting.

Building on the success of the 2008 academic curriculum introduced by Dr. Sarah Gower, managed by Dr. Karen Schultz (2009-2010), Dr. Ian Sempowski now continues to strengthen the academic program for residents across the region. PGY1 residents from all Sites have benefitted from three structured sessions on research under the direction of Dr. Michael Green. These sessions were integrated into resident teaching as a means of assisting residents in identifying a research topic and managing their projects. The Wednesday afternoon teaching schedule, under the direction of Dr. 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.

In collaboration with the Postgraduate Medical Education Office, a pilot to deliver the Nightmares Simulation Course (emergency medicine course) to a sub-section of PGY1 residents from each of the Sites will be offered. This pilot course includes resident training, research and faculty development.

In recognition of the integral role community preceptors play in the education of residents, the Department of Family Medicine bestows two annual awards each spring. Dr. Joseph Burley is the recipient of the 2010-2011 Dr. John T. Tweddell Memorial Award, which recognizes a specialist preceptor who best exemplifies teaching excellence for Family Medicine residents. Dr. Jeff Sloan is the recipient of the 2010-2011 Dr. Donald L. Potvin Memorial Award, which recognizes excellence in teaching by a community preceptor.

Queen's University Department of Family Medicine has launched an exciting initiative with Australia's Monash University. 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 with funding 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. Residents from the Department of Family Medicine have completed rotations in Australia. Faculty and management have conducted Site visits and information sharing in support of the objectives listed above.

Moving forward, the focus will continue to be on curriculum renewal and implementation, resident engagement and recruitment strategies, and supporting connectivity and preceptor engagement across the Satellite Sites. The year 2010 marked a year of exponential growth and success; 2011 promises to provide opportunities for exceptional resident education and faculty engagement, and to position Queen's Department of Family Medicine at the cutting edge of residency training programs in Canada.

"The year 2010 marked a year of exponential growth and success."

Phase II Expansion

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 four sites: Kingston & 1000 Islands, Belleville-Quinte, Peterborough-Kawartha and Oshawa-Lakeridge.

NEW POSITIONS	2008-09	2009-10	2010-11	2011-12	2012-13	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

Belleville-Quinte Site

The first four residents began the Belleville-Quinte Site Program in July 2010. This energetic group of residents has thrived in the integrated horizontal curriculum organized by an equally energetic group of family physicians. In the summer of 2010, the Belleville Queen's University Family Medicine Centre held an open house to celebrate the launch of the program and the new state-of-the-art building. Dignitaries from Queen's University and Quinte Health Care, and representatives from the Federal and Municipal Government, were present for a ribbon cutting ceremony. Local media provided excellent coverage of the event.

The Belleville-Quinte Site Committee welcomed Dr. Julie Bryson as the Faculty Development Lead and Dr. Giuseppe Bonacci as the Behavioural Medicine Lead. The program continues to support its excellent and dedicated preceptors in the community. The committee meets monthly and hosts the Program Director at two meetings (minimum) per year.

Belleville-Quinte residents have been an integral part of the Department of Family Medicine. They participated in the shared academic curriculum at the retreat, Camp Oconto, in the fall of 2010. They also actively participated in the CaRMS recruitment process on the resident panel and at the meet and greet, and as interviewers. In February 2011, the residents participated in Research Day and had the opportunity to view the work of their peers and faculty. All residents participated in the Annual Scientific Assembly conference in Toronto.

The Belleville-Quinte program has fully matched for the second year, and welcomes Ryan Hall, Dominika Jegen, Parambir Keila, Kristy Lafrance, Melissa Crawford and Ashley McCann.

Belleville-Quinte is an excellent program with incredibly hard-working residents and faculty. Focus will continue to be placed on faculty development, implementing the Triple C curriculum, and program promotion.

Peterborough-Kawartha Site

The inaugural year of the Peterborough-Kawartha program was outstanding. The first four residents have established a high bar for all incoming residents. Passionate, enthusiastic and dedicated, the Peterborough-Kawartha residents have created a presence within the community and their hospital rotations throughout their integrated horizontal curriculum.

In the fall of 2010, the Peterborough-Kawartha program hosted an open house to celebrate its launch. Dignitaries from Queen's University and the local community were on hand to celebrate the hard work and vision of the Peterborough-Kawartha Site Committee.

Residents in the Peterborough-Kawartha Site program have been an integral part of the Department of Family Medicine. Residents participated in Camp Oconto, an academic retreat focused on collaboration, team building and resident well-being. All residents were integral in the CaRMS process as interviewers, panelists and greeters at the Social Event. Research Day, February 25, was another opportunity for residents to join all of their colleagues in Kingston to observe presentations by PGY2 residents on their research projects.

The Site Committee continues to meet monthly and is developing a network of community preceptors to support the integrated horizontal curriculum. Dr. Kelly Howse, Behavioural Medicine Lead, has visited the Site and is providing support in the area of Behavioural Medicine.

The Peterborough-Kawartha program fully matched for the second year, and welcomes Penny Forth, Sean Welling, Sara Belanger, Maike Milkereit, Andrew Hudson and Jessica Dobyns.

Peterborough-Kawartha is an outstanding program with enthusiastic residents and faculty. Focus will continue to be placed on faculty development, resident rotation experiences and program promotion.

Oshawa-Lakeridge Site

Under the direction of Dr. Wei-Hsi Pang, and with the support of an extremely engaged Site Committee, development of the Bowmanville Oshawa-Lakeridge Site is well under way.

"We have been actively preparing for the arrival of our first batch of residents July 1st of 2012 here at the Queen's Bowmanville Oshawa-Lakeridge Site, which we now affectionately refer to as the "QBOL" site." Dr. Wei-Hsi Pang

In April 2010, a press conference was held to announce the Queen's Department of Family Medicine's financial support towards the Lakeridge Health Education and Research Network (LHEARN) Centre. A roster of future Family Medicine preceptors was also initiated, with strong interest from various clinics in Oshawa. A major focus over the past 12 months has been the development of an integrated horizontal Triple C curriculum. In April 2011, Dr. Pang toured the LHEARN Centre, for which a grand opening is planned for fall 2011.

In his role as Site Director, Dr. Pang was invited to become part of the Academic Advisory Council at Lakeridge Health. This group is charged with building an interprofessional learning model for the area's hospitals.

Over the past 12 months, many people enthusiastic about the QBOL program have been identified. Moving forward, these individuals will work together to ensure the program's successful launch in July 2012.

Dr. Willa Henry (along with other Queen's DFM representatives) hosted a "Dinner with the Program Director" that was very well attended by local family physicians and was an excellent catalyst for the program. The Family Medicine Forum provided an opportunity to learn about Postgraduate Medical Education across the country, from British Columbia to the Maritimes.

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 and Developmental Disabilities. Rural Skills and general Enhanced Skills options are also available to help residents with defined needs outside the more structured programs meet their goals for further training prior to practice. In 2010/11 there were 16.5 Ministry of Health-funded PGY3 positions. Residents were enrolled in the following programs – eight in Emergency Medicine, two in Anesthesia, two in Palliative Care, one in Care of the Elderly, 2.5 in Rural Skills and one in Aboriginal Health. 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. A new program in Global Health has been developed for the next academic year, and planning is underway for programs in Hospitalist Medicine, Occupational Medicine and a Clinician Scholar program.

Program Directors/ Coordinators 2010/11:

Enhanced Skills Program Director: Dr. Geoff Hodgetts

Emergency Medicine: Dr. Karen Graham

Anesthesia: Dr. Brian Mahoney

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. Ian Casson

Resident during Simulation Lab training with Dr. Ian Casson

Enhanced Skills Program in Emergency Medicine

The Queens CCFP–EM program is one of the largest in the country, with eight residents slated to enter in July 2011. 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 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 PGY3 programs. Queen's Family Medicine is proud to offer residents interested in Emergency Medicine a dynamic, versatile and highly respected CCFP-EM program.

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 the 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 program's training standards and academic contributions. Dr. Brian Mahoney, who graduated from the program in 2002, is the Enhanced Skills Program Director.

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 Kingston General Hospital and Hotel Dieu Hospital. During the training year, residents provide clinical anesthesia services and on-call responsibilities at both hospitals. They also 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.

Many of Queen's former graduates have played a critical role in increasing the availability of anesthetic services throughout the region and in smaller hospitals. Many community hospitals in Ontario use Family Practice-Anesthetists exclusively to provide anesthetic services. Some Queen's graduates have also played a role in larger tertiary care centres. Over the past year, four local Family Practice-Anesthetists have worked part-time at Hotel Dieu and Kingston General hospitals. In these positions, the Department 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 Queen's input with regards to program development and meeting accreditation standards. The Department is strongly integrated into the anesthetic duties within Kingston's hospitals, and continues to be supported and valued by its specialist anesthesiology colleagues.

DFM picnic,
September 2010

UNDERGRADUATE EDUCATION

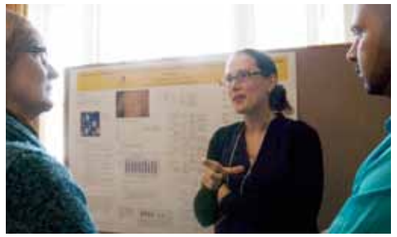
Queen's Class of 2014 students started medical school with a new course on approaches to 17 common problems in Family Medicine. Meds 115 "Approaches in Family Medicine" was developed by Dr. Michael Sylvester, Undergraduate Program Director, to fit neatly into the Queen's School of Medicine's new presentations-based 'Foundations Curriculum.' It is the first Family Medicine course of its kind in Canada. Students responded well to the experience, and Dr. Sylvester received a 2011 Aesculapian Society Lectureship Award for his teaching.

The 2010/2011 academic year saw the Undergraduate Program increase its contribution to Queen's medical school to unprecedented levels:

- Clinical Skills and Small Group tutor numbers were increased by more than 50%.
- The new "Approaches in Family Medicine" course consolidated over 35 hours of teaching in the first year of medical school.
- Observership and elective opportunities were expanded with a policy allowing greater student access to Family Health Teams.
- Dr. Susan MacDonald was appointed Academic Affairs Advisor to the Undergraduate Program. In this critical role, she reviews files and works with students showing signs of academic difficulty.

Dr. Sylvester also continues his membership on the Undergraduate Curriculum Committee, where he participates in the work of medical school curricular renewal and oversight.

Following on the very popular evening 'After Hours Care' observerships that are attended by first- and second-year medical students, the program has been expanded into Saturday clinics. Dr. Sylvester plans to make this clinical experience a formal part of the Meds 115 course for 2012.



Dr. Sue McDonald judging resident research project, 2010

A new Medical Student Electives policy is allowing medical students from Queen's and elsewhere access to the Department's clinical settings for the first time. In addition, Drs. Karen Hall Barber and Richard Birtwhistle are welcoming a growing number of medical students keen to participate in Family Medicine research projects associated with the Centre for Studies in Primary Care and the Family Health Team's own research initiatives.

Dr. Liz Grier successfully restructured the curriculum for the six-week core Family Medicine Clerkship course. After surveying medical students, Dr. Grier divided readings and assignments into six logical units that aligned with the Four Principles of Family Medicine. The new curriculum is more coherent and balanced.

Dr. Rick Roland has enhanced the program as interim Clerkship Director, bringing years of clinical experience to bear on a whole range of interesting academic matters in clerkship. The department eagerly awaits the arrival of new Clerkship Director Dr. Brent Wolfrom, who is expected to assume the role on July 1, 2011.

Dr. Michael Sylvester is an executive member of CUFMED, the Canadian Undergraduate Family Medicine Medical Education Directors, a unique collaboration among all 17 Canadian medical schools. CUFMED has set sights on developing and sharing Family Medicine curricular objectives and resources. Working meetings are held three times per year and are well supported by the College of Family Physicians of Canada.

Program Assistants **Brandy Olley** (parental leave from August 2010 to May 2011) and **Michael Higginson** (June 2010 to June 2011) are an essential element of the Undergraduate Program. The program has been able to stretch out in new directions this year because of the dedication and hard work of program staff. Brandy and Michael not only keep up with the multitude of daily tasks and student interactions that enable the program to work, but they have both shown tremendous abilities in anticipating problems, developing new resources, and growing important relationships with Queen's and its regional partners.

"The program has been able to stretch out in new directions this year because of the dedication and hard work of program staff."

FACULTY DEVELOPMENT

In co-operation with the Office of Professional Development of the Faculty of Health Sciences, the Department of Family Medicine offers a variety of faculty development opportunities and events. Seminars are offered locally – some of which are teleconferenced to regional hubs – 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, as well as web-based teaching tools.

"We ensure that experienced faculty members develop the skills to effectively mentor new teachers."

This year's Faculty Development Retreat, Wind Down in Wine Country, held November 5-7 at Isaiah Tubbs Resort, Picton, was very well attended by family physicians and other specialists. Plenary sessions addressed Department initiatives including CanMEDS-FM Roles, the Triple C Curriculum, Queen's new sites and the updated Faculty Development website. Workshops covered topics including How Many Patients Should my Resident Be Able to See? – Benchmarks for Workloads (Expectations in Different Settings and at Different Stages of Training); Assessing Clinical Reasoning: the 'One Minute Preceptor' (Time Efficient Teaching) and Benchmarks; Accomplishing Direct Observation – Use of Field Notes; The Learner in Difficulty; Teaching IMGs; and Giving Feedback.

The Department celebrates the success of the Queen's-led 18-month Provincial Faculty Development Initiative, which concluded in April 2011. Recognizing the rapid increase in the number of family medicine residents being trained, the goal was to provide opportunities for new preceptors to acquire core teaching skills and to ensure that experienced faculty members develop the skills to effectively mentor new teachers. With funding from the MOHLTC Innovation Fund and the Physician Services Committee, Queen's led and managed this project, a collaboration among Ontario's six Schools of Medicine.

Supporting community family physicians and other specialists teaching family medicine residents, the project's primary deliverables included: hosting the Community Preceptor Faculty Development Forum, on February 25, 2011 in Toronto, which offered a day of workshops and networking for 120 preceptors province-wide; creating a faculty development website, R-Scope (www.r-scope.ca – Resources and Support for Community Preceptor Excellence), an amalgam of teaching resources and tools; and facilitating an agreement with the Ontario College of Family Physicians that provides fully accredited PBSG-ED Series of Medical Education for Clinical Teachers modules to university-based residency programs through April 2016, including a brand new module on Teaching Professionalism, funded and developed through the Provincial Faculty Development Initiative.

The Department's own Faculty Development web page was expanded and organized around objectives for teachers (e.g., in clinical teaching skills, curriculum, orientation, evaluation, the resident in difficulty, Queen's academic context) with links to resources for both self-learning and small-group learning formats.

Drs. Ruth Wilson, Ian Casson and Jane Griffiths' poster, Faculty Development Challenges in Distributed Medical Education, was presented at the College of Family Physicians of Canada's annual Family Medicine Forum in November, held last year in Vancouver, B.C.

Clinical Service

QUEEN'S FAMILY HEALTH TEAM (QFHT)

This year has been one of great change for the Queen's Family Health Team. This included the adoption of a new electronic medical record (OSCAR), representing one of a series of projects undertaken as part of the Department's goal to provide excellent care for patients and excellent learning for residents. Themes from the past year have related to quality improvement and quality assurance (e.g. safety), programs and partnerships, community engagement, process improvement, and engaging student learners. The Department has particularly benefitted from the support and involvement of the QFHT Advisory Board, comprising representatives from across the Queen's and Kingston communities – including those within, and external to, the health care field. Led by Florence Campbell, the QFHT Advisory Board has provided guidance and expertise related to quality, change management, accountability and integration of effort within the community. These elements have come together over the past year in the form of many exciting and innovative projects.

Dr. Ruth Wilson visits with longstanding patient Mrs. Cherry Lee. Photo courtesy of Dr. Wilson

WELCOME TO OSCAR!

On June 7, 2010, the Department went "live" with its new electronic medical record, OSCAR (Open Source Clinical Application Resource). This day marked the culmination of many months of research, implementation planning, training, data conversion and software development. Staff members at all levels were involved in the system's implementation, particularly regarding the intense auditing of the data conversion, which was of primary importance. The transition to OSCAR also provided an opportunity to review other clinical processes, most notably those processes associated with the management of incoming and outgoing labs and documents. In response, the entire QFHT transitioned to a "paperless" system whereby incoming clinical mail and faxes are scanned into a patient's chart and then reviewed electronically (the clinics at Haynes Hall had been scanning before the OSCAR implementation). This transition has proven very successful, and a process to "retire" paper charts is being investigated. The QFHT is also in the process of expanding its paperless system. Now able to electronically fax prescriptions, the next step will be to electronically send referrals and consultations.

In addition to internal process development, the Department is also committed to the ongoing development of OSCAR as an EMR. The OSCAR implementation team meets weekly with OSCAR support provider Indivica to plan and test improvements to the software. The Department has also joined the OSCAR Health board, which acts as an advisory board for OSCAR at the national level, and partnerships have been formed with local OSCAR users (and potential users). The Department is also participating in an "e referral" pilot project with the SE LHIN that will build connections between the Queen's Family Health Team's OSCAR EMR and local hospitals.

QUALITY IMPROVEMENT

In 2010, the Better Innovations Group (BIG) – at the request of the QFHT Advisory Board – introduced the first iteration of the QFHT Quality Plan, which sought to provide a roadmap for its work on quality improvement. Based on the Institute of Medicine's six domains of quality, the report was focused on improving safety, timeliness, efficiency, patient-centeredness, effectiveness and equity. The 2011 version of the plan builds on some of the successes of the first version, but gives special attention to "big-dot" items such as diabetes, referral processes and wait times, decreasing prescription clarification faxes and improving prescription processes, engaging residents through changes to the clinical audit projects, and building a more robust critical incident and patient communication framework. In addition to these themes, BIG's overarching goal for this year is staff engagement with the Quality Plan or, more specifically, ensuring staff and faculty (and eventually patients) can "see" themselves in the plan.

SUPPORTING THE OBJECTIVES

To meet the ambitious objectives set out in the Quality Plan, the QFHT underwent a review of its committee structure to ensure that organization and structure were in place to support established goals. It was noted that a more robust QFHT Executive was needed to provide guidance for larger strategic and operational issues, such as roster status, Ministry reporting and the implementation of a fifth clinic. The revised QFHT Executive began meeting in December 2010 and includes the following members:

- Dr. Karen Hall Barber, Physician Lead
- Diane Cross, Clinic Manager
- Dr. Michael Green, Physician Representative
- Candice Christmas, Manager of Policy and Communications
- Sherri Elms, Clinical Representative
- Danyal Martin, Clinical Program Coordinator
- Francine Janiuk, Clinic Nurse Coordinator

Additional committees were established to support core strategic and operational areas:

- Pharmaceuticals & Therapeutics (formerly the Medication Safety Working Group) – Sherri Elms, Chair. Purpose: medication safety policies and procedures; medical supplies acquisition, stocking and securing; medication incident reporting; emergency response protocols.
- Clinical Policy & Medical Directive Committee – Vicky Garrah, Chair. Purpose: a centralized advisory board to coordinate the development (including soliciting feedback from relevant groups) and communication of clinical policies and medical directives.
- Quality Assurance Working Group (formerly Clinical Risk Management Working Group) – Dr. Karen Hall Barber, Chair. Purpose: identify and assess clinical risk issues; generate recommendations and communicate risk issues to patients, faculty and staff (as appropriate).

BETTER INNOVATIONS GROUP

The Better Innovations Group (BIG) has continued to focus on issues of quality, process improvement and communications. In 2010-2011, BIG oversaw the ongoing development of new and existing programs and made recommendations for quality improvement audits, such as those related to medication reconciliation and prescription (refills and clarification faxes) processes. The BIG (and the broader QFHT) also supported the recruitment of several student learners, including general undergraduate students from Queen's and pharmacy, and nurse practitioner and nursing students. It also actively recruited medical students interested in working within the QFHT clinics for their critical inquiry project.

Through Clinical Program Coordinator Danyal Martin, BIG also assists with patient communication, which in 2010-2011 saw a significant boost with the addition of LCD screens in the patient waiting rooms. These screens enable the QFHT to highlight programs, local services, health tips and important reminders, and provide a vehicle for educating patients on the role of various QFHT providers (e.g. the role of nurses in an interprofessional practice).

BIG also played a role in a review of the resident clinical audit projects, which resulted in residents being required to complete an "interim" presentation of their audit findings to the BIG. Residents are expected to make recommendations for process improvements during their presentations, which the BIG is then responsible for reviewing and implementing as appropriate. In turn, the interim presentation to BIG serves to ensure that residents are on track in terms of their research question, data collection and overall presentation. The process was piloted in 2010-2011 and is expected to continue in 2011-2012.

PROGRAMS AND SERVICES – Some Highlights

Medication Reconciliation and Medication Safety:

- Following a review of the QFHT's medication lists in 2008, BIG made dramatic improvements in processes related to medication reconciliation (e.g. patients receive copies of their medication lists when they arrive and the nurses review their medication at each visit; nurses have attended a medication reconciliation workshop; and teaching for residents and faculty members has improved). In 2010, pharmacy co-op student Lucy Feng completed another audit of the QFHT's medication lists and found that the accuracy rate had increased to approximately 50% (up from 1% in 2008). An upgrade to the prescription module in the EMR in the fall of 2010 led to further improvements.
- A resident clinical audit of the allergy module found that, of the patients who came into the clinic, 75% of them had some form of documentation in their allergy module. (Some teams were as high as 83%.) Allergies have been added to the medication reconciliation policy and another audit is planned for summer 2011.

ANTICOAGULATION MANAGEMENT PROGRAM

- Since the introduction of the pharmacist-driven, interdisciplinary program, time-in-therapeutic-range has increased from 68% to 72%. The percentage of patients drawn within 28 days has improved from 43% to 92%. More than 92% of the QFHT's patients on anti-coagulation medications have been enrolled in this program. In 2011-2012, patient and provider satisfaction surveys will be conducted.

IMMUNIZATION PROGRAM

- An Immunization Working Group was created to advise on policies and changes to the vaccine schedule or other education-related issues, and to assist in the coordination of clinics and vaccine audits.
- RPNs were trained to give injections to increase the number of available staff. Medication directives were prepared to give nurses the ability to give injections without waiting for a physician's order. The approach included dedicated clinics (with evening and weekend hours), house calls and opportunistic visits (e.g. after-hours clinic, "drop-in" and regular appointments). Staff members were also encouraged to give multiple vaccines

Dr. Karen Hall Barber, QFHT Physician Lead, Chair of the Better Innovations Group

whenever appropriate. The influenza vaccine was made available to all staff, and staff vaccine status was recorded in the event of outbreaks.

- Influenza – In 2008, 1,236 injections were provided; 1,208 were administered in 2009. In 2010, 3,300 influenza injections were provided, representing an increase of approximately 278%.
- Tetanus – Before the QFHT's medical directive was instituted in October 2010, approximately 80 immunizations per month were provided. After the medical directive, approximately 400 immunizations per month were administered, representing an increase of approximately 500%.
- Pneumococcal – Before QFHT's medical directive was instituted in October 2010, approximately 14 immunizations per month were provided. After the medical directive, approximately 132 immunizations per month were administered, representing an increase of approximately 1,000%.

DIABETES

- Jennifer Berry, NP, was hired in February 2011 as the lead for the diabetic program for the entire QFHT. This program is still in its early stages, but it will build on the excellent components that currently exist in the individual teams. Specifically, the program's current focus is on cross-referencing the data in the QFHT's EMR with the Ministry of Health's Baseline Diabetes Dataset Initiative and with CPCSSN to ensure that the EMR is as accurate as possible.

WELL BABY PROGRAM

- The 18-month enhanced visit comprises a one-hour appointment with a physician, RN, NP or resident. Growth and development are assessed using the Rourke baby record, NDDS and MCHAT, and vaccinations are completed as per the schedule. The program draws on the expertise of various staff members, including clerical staff members who run regular queries to ensure that children are scheduled for both their 15- and 18-month visits. This will be incorporated into the residents' horizontal schedule in 2011-2012.
- The QFHT has partnered with Let's Read and Kingston Literacy to offer literacy kits at both the one-month and 18-month visits.
- In 2010-2011, the QFHT hosted two successful seminars with KFL&A Public Health on topics related to child development. More seminars are scheduled for 2011-2012.
- Elizabeth Hughson is currently completing her certification in lactation support and has been offering breastfeeding consultations with new and expectant mothers in the QFHT. This program is anticipated to expand in 2011-2012.

SMOKING CESSATION

- The QFHT has been selected as a participant in a regional smoking cessation program coordinated by the Ottawa Model for Smoking Cessation (Ottawa Heart Institute). Program implementation began in May 2011, and patients will be accepted starting in fall 2011.
- The QFHT has been approved to offer smoking cessation counselling and nicotine replacement therapy support (at no costs to patients) by the Ministry of Health.

FOOT CARE

- In February 2011, RPN Lisa Butler-Patterson was hired to offer advanced foot care to QFHT patients. In April 2011, the number of clinics per week increased to six half-days. Diabetic patients have been specifically targeted, however the program encompasses all patients with foot care needs.

ON-SITE SPECIALTY CLINICS

- Chronic Pain – the QFHT has partnered with the Chronic Pain program at St. Mary's of the Lake to offer on-site clinics. Beginning in July 2011, Dr. David Ruggles will offer two clinics each month and will incorporate family medicine residents as part of their horizontal experiences. In addition, representatives from the QFHT (including a patient) will be attending the Chronic Pain Self Management Leadership training program (Stanford Model) in May 2010.
- General Internal Medicine – the QFHT has partnered with the General Internal Medicine program to offer on-site clinics for patients. Dr. Johanna Murphy and Dr. Phil Wattam attend two clinics per month and will be incorporating residents starting in July 2011.
- Primary Care Asthma Program – the QFHT had a fairly robust program until December 2010, at which time there was a staffing change within the program at Kingston General Hospital. A new asthma coordinator has been hired and will begin seeing patients in June 2011 at the QFHT site. Management of patients' "asthma control zone" is critical to preventing emergency department visits, and the QFHT looks forward to welcoming the new asthma coordinator to its team.

"Designed to give doctors support from other complementary professionals, most Family Health Teams consist of doctors, nurses, nurse practitioners, pharmacists, social workers, dietitians and other health care professionals who work collaboratively, each utilizing their experience and skills so that you receive the very best care, when you need it, as close to home as possible."

Ministry of Health and Long-Term Care, 2010

Sherri Elms, Pharmacist, and Jeannette Finn, RN, manage a collaborative INR clinic that includes residents.

INTERPROFESSIONAL COLLABORATIVE CARE (IPC) PROJECT

THE 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 operating within the Department of Family Medicine at Queen's University, the mission of the Queen's Family Health Team (QFHT) is to train exceptional health care professionals in a collaborative team environment while providing high-quality, patient-centered care. With generous funding from HealthForceOntario's Interprofessional Care/Education Fund, the 18-month research initiative known as the "IPC Project" allowed the QFHT to identify and operationalize collaborative care best practices and to measure changes in cultural shift related to interprofessional care. The grant was provided to lead sustainable cultural change in primary care practice and education, stressing the merits of interprofessional care.

Primary objectives were to improve IPC-based practice in the QFHT clinical teams, to reduce barriers to IPC, to disseminate IPC knowledge gained through the project process and, ultimately, to improve patient care. The research plan received approval from the Queen's Health Sciences Research Ethics Board.

Principal Investigator: Glenn Brown MD, CCFP (EM), FCFP, MPH;

Clinical Lead: Diane Lu MD, PhD, CCFP;

Project Manager: Ms. Lily Lee

Research Associate: Ms. Susan Hannah

Advisory Board Members: Dr. Glenn Brown, PI; Dr. Diane Lu, CL; Lily Lee, PM; Susan Hannah, RA; Sherri Elms, RPh; Tracy Beckett, SW; Diane Batchelor, RN(EC); Janice Stafford, RPN; Diane Cross, Clinic Manager; Jamie Thompson, reception; Francine Janiuk, RN; Ullanda Niel, MD; Kathy Christmas, Special Project Coordinator; Candice Christmas, Manager of Policy & Communications.

The Centre for Studies in Primary Care (CSPC) provided ongoing support for the IPC project. Dr. Michael Green and Ms. Jyoti Kotecha provided guidance and direction for research methodology.

The research objectives were to identify, understand and assess:

- Function-based strengths, challenges, gaps and barriers
- Collaborative processes
- Team dynamics, culture and interactions, and
- Awareness and degree of collaboration.

A pre- and post-intervention comparison using the Collaborative Practice Assessment Tool (CPAT) was important to the project objectives, since this comparison would capture any shift in IPC for QFHT members over time. Interventions are also important to sustain any cultural shift measured.

An advisory group that represented all professional groups within the QFHT met on a monthly basis to assess strategies and generate ideas to inform the direction of the project. Its role included influencing and enhancing collaborative clinical practice interventions by endorsing and advocating best practice principles.

Research Phases, Components and Methodology

Phase one of the research was to conduct a literature review to determine IPC best practices. The search included published articles, research studies and government documents. Validated assessment tools were also sourced to help determine pertinent questions and for consideration as pre- and post-intervention evaluation of collaborative practice.

Phase two involved encouraging QFHT clinical team members to participate in all aspects of the IPC project; their input was integral to the discussion around development of the principles and practices necessary to improve the QFHT's interprofessional collaboration processes and, ultimately, patient care. QFHT Phase II research included team focus groups, occupational focus groups, team meeting observations and questionnaires.

Phase three involved a comparative study of Ontario-based academic and non-academic Family Health Teams (FHTs) with the following objectives: learn and promote knowledge of IPC best practices, and identify IPC program, process and service opportunities for the QFHT. Apart from academic and non-academic FHTs, primary care teams within the South East Local Health Integration Network (LHIN) were also selected to gain a regional and rural perspective. Family Health Team selection was based on self-identification of best practice, interest from FHTs through the Council of Ontario Faculties of Medicine (COFM), word of mouth, research and referral. Nine Family Health Teams and two team-based primary care practices were identified and invited to participate. The intent was to share knowledge and experiences regarding IPC care and delivery of services, and to identify important elements for IPC success.

Results

Relevant to primary care researchers, practitioners and policy makers, new learning models that build the evidence base for interprofessional education on collaborative patient-centered practice were disseminated via the web and a regional conference held in Belleville on January 20th, 2011.

A communications strategy was developed with supporting community group project partners to educate QFHT patients, their families and the public as to the benefits of IPC. To achieve the full potential of an IPC approach, the following priority tasks were identified:

- Improve understanding of the roles of Interdisciplinary Health Professionals (IHPs) working in primary health care;
- Improve communication, internally within teams and with patients (e.g., LCD screens, town halls, newsletters);
- Search constantly for novel means of communication that are efficient and appropriate (given privacy and confidentiality); and
- Deliver care that is program-oriented instead of episodic visits (e.g., prevention, chronic disease management, well-baby checks).

Other critical lessons learned relate to team function and work space design:

- Provide the means for the Circle of Care to meet regularly.
- Initiate immediate "low-cost" redesign of physical workspace to improve IPC processes.
- Develop a longer-term design of a state-of-the-art space to facilitate a system of patient flow and communication among IHPs, breaking down existing barriers to accomplish our goals.

The project came to a close January 31, 2011. A complete IPC report was produced and distributed to QFHT members, project stakeholders and FHTs across the province. The post-intervention Collaborative Practice Assessment Tool (CPAT) survey was then sent to all IPC project participants to assess any IPC-based cultural shift that may have occurred. Analysis of the CPAT results is in process, with final results to be shared.

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 (DFM), providing faculty support for research and leadership for DFM's resident research program. In addition, the CSPC 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.

The research 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; the assessment of evidence and knowledge transfer to practicing family physicians; and clinical management of chronic disease in primary care. Research activities respond to community needs and funding opportunities.

In order to conduct research in the primary care setting, a "laboratory" of practices in the community is needed. Thus the CSPC has established a Practice-Based Research Network (PBRN) that consists of a core group of community-based practitioners interested in the development of research ideas in primary care, and a larger group of practicing physicians who participate by enrolling patients from their practices into research studies.

Overall, 2010-11 has been a truly outstanding year for the CSPC. The centre achieved a major increase in funding resulting from successful grant applications, and a number of associated faculty received prestigious awards both for research and the practice of family medicine. Dr. Walter Rosser received the Order of Canada, and Dr. Richard Birtwhistle, Director of the CSPC, received the 2010 College of Family Physicians Researcher of the Year Award.

The CSPC increased its research funding. Most notably, the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) received $11.8 million in funding from the Public Health Agency of Canada to continue the development of the network over the next five years. This is a major achievement for primary care, given the resulting increase in research capacity and creation of a rich data repository. Dr. Birtwhistle is the current Chair of the network, and the national data repository is managed through the centre.

The CSPC is involved in other major projects, including: an international project on educating health professionals to reduce disparities in chronic care and improve health outcomes in indigenous populations; a collaboration with KFL&A Public Health in assessing the H1N1 outbreak and the roles of public health and primary care; and a community-based partnership with the Kingston Frontenac Council on Aging to develop and evaluate a supportive living pilot program for low-income seniors.

The centre's success has led to faculty being invited to participate as members of various Ontario health care initiative committees. Dr. Richard Birtwhistle is the co-chair of the Prevention Task Force. Dr. Michael Green, Associate Director of the centre, serves on the Quality Improvement and Innovation Partnership Steering Committee. Ms. Jyoti Kotecha, Assistant Director, serves as a member of the Board of Directors for the South East Local Health Integration Network.

To learn more about the CSPC's research activities, please visit the website at http://www.queensu.ca/cspc/. The following is a list of current awards, publications and presentations.

AWARDS

1. 2010 College of Family Physicians of Canada Research of the Year Award: Dr. Richard Birtwhistle, Director CSPC
2. Order of Canada: Dr. Walter Rosser, Core Faculty CSPC

2010-2011 PUBLICATIONS & PRESENTATIONS

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Inside the Department of Family Medicine

TACTICAL WORKING AND IMPLEMENTATION GROUP (TWIG)

The Tactical Working and Implementation Group (TWIG) includes line and middle managers to better integrate management structures across the Department (education, clinical service, research, operations and communications). TWIG is chaired by the Manager of Departmental Policy and Communications, who reports 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.

This year, Terms of Reference for the Group were formalized and a TWIG Executive consisting of the line managers now meets quarterly. The Department Head chairs the monthly TWIG meetings twice a year.

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
Functions	Functions	Functions	Functions
• Departmental orientation • Review of administrative functions (gaps and overlaps) • Digitized HR System (tracking & scheduling)	• Telecom • Space • EMR Training • Department-wide email solution • Website hosting and development • Remote access and mobility	• Working Group consultation and feedback loops • Website development • Departmental contacts database • Internal communications • External communications • Branding • Culture building	• patient safety • occupational safety • emergency planning • confidentiality and data security

Human Resources remained a continuous focus over the past year. Reporting structures were realigned and several new positions slated for recruitment in 2011: Manager of Operations, Communications Officer and Physician Compensation Administrator.

A task force was created to look at how the Department could better utilize video-conferencing in communicating with community stakeholders, the satellite hubs, etc. DFM is a member of the Ontario Telehealth Network (OTN), and new ways to utilize teleconferencing in education and clinical service are being explored.

TWIG dealt with the logistics of creating a demi-clinic in the 1North area, including renovations, equipment procurement, information technology and telecom.

TWIG hosted a conflict resolution course for staff. This session provided a new, common vocabulary for personnel and strategies for dealing with conflict.

Quarterly Town Hall meetings were instituted to host the DFM's complement of faculty, staff and residents under one roof. Themes this past year included a review of the strategic plan scorecard and creating a culture of service excellence.

INFORMATION MANAGEMENT COMMITTEE (IMC)

The summer of 2010 was historic for the Department of Family Medicine in that all Kingston personnel were linked via one network – dfm.queensu.ca. The IMC deliberated over the information technology needs of the Department, and how to balance the tension between operating in a clinical environment (with patient data needing protection) and an academic environment (calling for unlimited access to the Internet and file sharing).

The Hotel Dieu Hospital network was too "closed" with limited access to the Net and email capacity. The Queen's University network was too "loose" (not secure enough to house patient data). After twelve months of deliberation with consultants Stantive Technologies Inc., Indivica Inc., the Kingston Hospitals' Information Technologies Department and Queen's ITS, dfm.queensu.ca was conceived and under construction. This enabled the implementation of a new Electronic Medical Record and 'paperless clinic office'; a single email and calendaring system with sync capability to mobile devices; and a thin client enterprise system across DFM's three Kingston sites via SunRay technology. Other IT infrastructure development, including Web and HR support capabilities, continued in earnest.

July 7, 2010 – DFM meets OSCAR

After a thorough consultative and Request for Proposal process, 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 became a part of the OSCAR "community", which works on continuous improvement to the product. OSCAR provides a high level of flexibility in terms of developing customized modules, and Queen's is now OSCAR's most active developer.

In terms of new EMR adoption, OSCAR is now second in Ontario. DFM is increasingly being consulted regarding EMR conversions.

Thanks are extended to the OSCAR Implementation Team: Judy Curley and Danyal Martin, David Daley from Indivica, Dr. Dave Barber, Dr. Karen Hall Barber, student Tyler Oswald, and Project Lead Diane Cross, as well as to the DFM EMR User Group and the many clinical personnel who worked (and continue to work) tirelessly on process improvements. Thanks are also extended to the Hospital IT Team, including Bob Schaffer, Gary Hudson and Percy Barr.

July 2010 – DFM rises to The Cloud

DFM implemented Google Education and Postini archiving for day-to-day business functions like email and calendaring. It also provides file sharing capability and remote access so DFM staff can work from any environment with Internet connectivity. Thanks are extended to the Google Implementation Team: James Van de Ven from Stantive Technologies Inc., Nicole Fowler, Candice Christmas, Amos Cohoe and Kathy Christmas.

August 2010 – SunRays for All

SunRay Thin Client desktops 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 resulted in tremendous efficiencies in terms of time spent logging into systems and file storage. It was a massive implementation.

Between 5 pm Friday, August 20th and 3 am Monday, August 22nd, the SunRay implementation team dismantled and stored over 200 PCs and clinic printers, replacing them and networking over 200 SunRay DTU monitors and boxes, 115 serial signature pads, 46 network printers; 35 KVMs; 16 IOgear print servers; 10 Dymo labelwriters; and 8 Snapscan scanners on-site. Thanks are extended to Project Lead Gary Braida from Stantive Technologies and DFM staff Candice Christmas, Nicole Fowler and Kathy Christmas, who worked tirelessly night and day. Special thanks are extended to the Queen's ITS Winserv Team working on the servers: Matt Tremblay, Ray Pengally, Victor Castro and Terry Black; and networking by Darrell Snider and Hugh Flemington. It truly was a tremendous team effort to accomplish what many thought impossible.

Further progress has been made in web development. 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 included the launch of an internal Intranet for personnel, including employee profiles and a digitized human resource tracking system for vacation and leaves. DFM's most novel web project by far has been the creation of a digitized resident portfolio system for evaluation, which is currently being sought out by other schools and departments.

The IMC group has also been involved at the regional level through participation on the Local Health Integration Network's eHealth Council. Ongoing 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' PCS will be explored in 2011.

DFM's information technology is cutting edge, and despite the many trials and tribulations that accompany IT innovations, the gains have been tremendous!

Residents with Dr. Michael Sylvester during a Long-Term Care visit

"A departmental priority is to ensure that all DFM employees have the tools and resources they need to excel at their work."

HUMAN RESOURCES

Following last year's implementation of a digitized departmental Human Resource (HR) registry to maintain employee profiles, contract information and demographics, this year saw the launch of the Master Corporate Schedule (MCS). This e-based tool provides an online scheduling system for managers/supervisors, an online physician/resident call schedule, and attendance tracking and reporting. An online Locum Coverage Request system for faculty is currently being developed.

An orientation process for new staff has been developed, and a protocol for existing residents and staff is being finalized. Given the Department's complex operations (clinical service, education, research and systems support), as well as three geographic locations for the Kingston program, a more systemized approach to orientation was called for.

A new employee evaluation program, the Performance Dialogue Process (PDP), has been introduced, and a 360° feedback component to complement the PDP is being developed. Beyond the traditional Queen's performance evaluation, which reviews an employee's performance against job description and roles, the PDP process allows managers and their staff to work together in developing objectives and recommended professional development. Professional development is a departmental priority to ensure that all DFM employees have the tools and resources they need to excel at their work and achieve high levels of job satisfaction.

Currently under development is an online system of tracking and reporting mandatory, annual training for all DFM staff regarding all departmental policies and medical directives with a view to incorporating WHMIS training into this system.

The WorkLife Balance Committee organized a variety of events and opportunities to celebrate Department of Family Medicine employees and promote satisfaction in their roles. Annual staff recognition celebrations and department-wide social events have received favourable feedback, resulting in better staff morale. A partnership with the School of Medicine that offers DFM staff and their families a corporate-rate gym membership with GoodLife has received positive response. The quarterly WorkLife Balance newsletter has also gained popularity, providing information on recent and upcoming departmental events and keeping staff abreast of current articles and tips on creating work/life balance.

"The Department continues to employ an exceptional group of physicians within its locum resource pool."

FACULTY SUPPORT

The role of faculty support continues to grow, as the Department of Family Medicine (DFM) pursues recruit efforts. The Faculty Support Coordinator's responsibilities include the overall coordination of clinical faculty appointments and promotions; assistance to the Department Head in faculty recruitment efforts; acting as an expert resource on the Southeastern Ontario Academic Medical Association (SEAMO) agreement and management of the Departmental Physician Practice Plan, as well as the Family Health Network (FHN) agreements; and coordination and communication with adjunct faculty in Kingston and the surrounding region. Over the past year, Family Medicine's adjunct group has grown to approximately 450 faculty.

During the past year, DFM has been successful in the recruitment of two positions. In January 2011, Dr. Kelly Howse began a contract role as Behavioural Medicine Director, and was appointed to a Geographical Full-Time (GFT) faculty position May 1, 2011 as Assistant Professor. Dr. Howse is a well-known and respected physician at the Queen's Family Health Team (QFHT) – she provided locum coverage for Drs. Casson and Wilson during their recent sabbatical leave.

The Department has identified a candidate for the role of Undergraduate Clerkship Director, effective July 1, 2011. (A formal announcement had not yet been made at press time.) The DFM looks forward to welcoming this candidate and his unique experience to the Queen's Family Health Team.

The Department continues its efforts in recruiting family physicians for the following roles:

> Academic Family Physician: The incumbent's primary responsibility will be to provide patient care to individuals rostered to the Queen's Family Health Team.

> Deputy Head: The incumbent will provide academic leadership within the Department, support to the Clinical, Educational and Research Programs, and 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.

Successful candidates will have a combination of academic and clinical responsibilities with the Department of Family Medicine.

The Department continues to employ an exceptional group of physicians within its locum resource pool. This group of early career to retired physicians provides first-class patient care, as well as outstanding teaching and mentoring to DFM's residents. The employment of these highly respected physicians enables DFM's regular faculty members to attend to the many academic and educational responsibilities they hold. Recruitment for the locum resource pool is an ongoing initiative coordinated by the Faculty Support Coordinator.

Drs. Karen (Pinky) Schultz and Jane Griffiths at the Oconto retreat

WORKPLACE SAFETY AND RISK MANAGEMENT

This year, significant progress has been made in the areas of risk management, workplace safety and the physical plant environment at the Department of Family Medicine. The Workplace Safety Coordinator has had the opportunity to participate in two professional development conferences to gain knowledge in the areas of clinical risk management and patient safety.

Four major areas of focus include:

- physical plant renovations to create additional patient exam rooms;
- installation of an access control system (proximity cards) for two Kingston departmental sites;
- building awareness about incident reporting;
- auditing quality-assurance documents;
- and the development of a Risk Management Plan/Matrix.

With the background work completed, plans are now underway to renovate the 1 North wing of 220 Bagot Street. This will provide four additional patient exam rooms to accommodate the arrival of new physicians joining the Department, enabling the Queen's Family Health Team to increase its patient roster.

After a year of planning and installation, an access control system was implemented in the two Kingston sites in March 2011. This system, similar to those seen at many Queen's Campus buildings, provides state-of-the-art security for staff, residents and patients. A complement to this system is new video equipment that monitors activity during after-hours clinics and the installation of panic buttons at both sites that allow for immediate response in emergency situations.

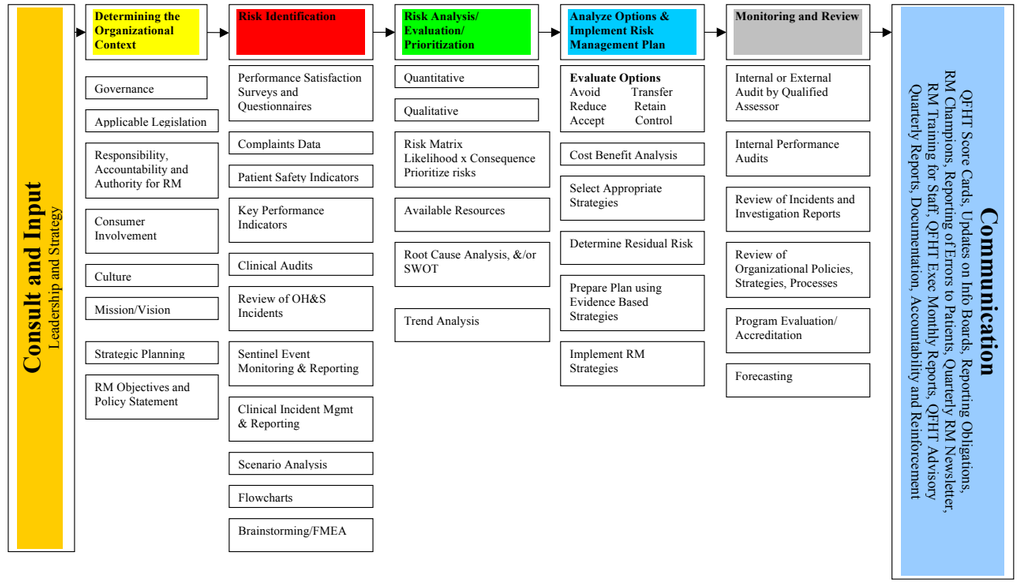
Much work has gone into creating awareness around the importance of incident reporting. For the first time in the history of the Department, past incident reports have been collated and audited to allow for specific reports to be made available and tracked. Types and numbers of incidents from the past two years can now be compared, and this information used to forecast improvements to prevent future incidents. As a way to promote awareness and gain feedback from staff, regular review of incident reports will occur during BIG Brief sessions (a communications forum that precedes weekly Grand Rounds).

A major focus over the past six months has been the auditing of scanned documents. With the implementation of a new electronic medical record system in June 2010, auditing has been done to look at accuracy rates of scanned documents to the system. Three audits have been done to date. Auditing will continue to take place at quarterly intervals to ensure the integrity of the EMR's patient data.

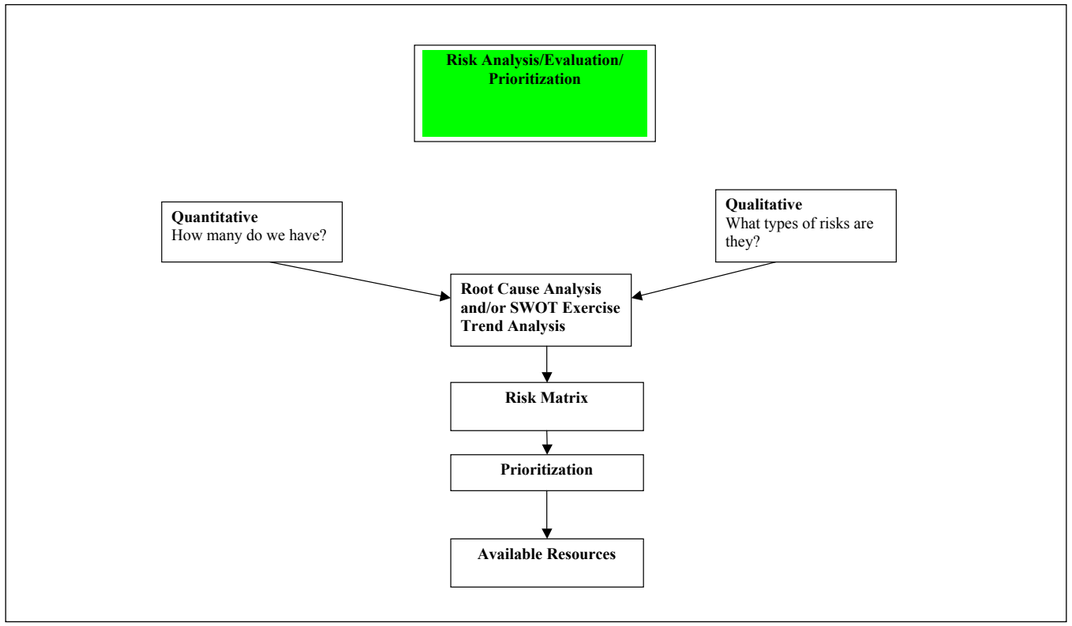
The creation of a Risk Management Plan for the Queen's Family Health Team is underway. A draft plan has been created, along with a risk matrix tool that will assist in determining risks of current practices or new initiatives. An example of the draft plan and matrix are included on pages 31 to 34.

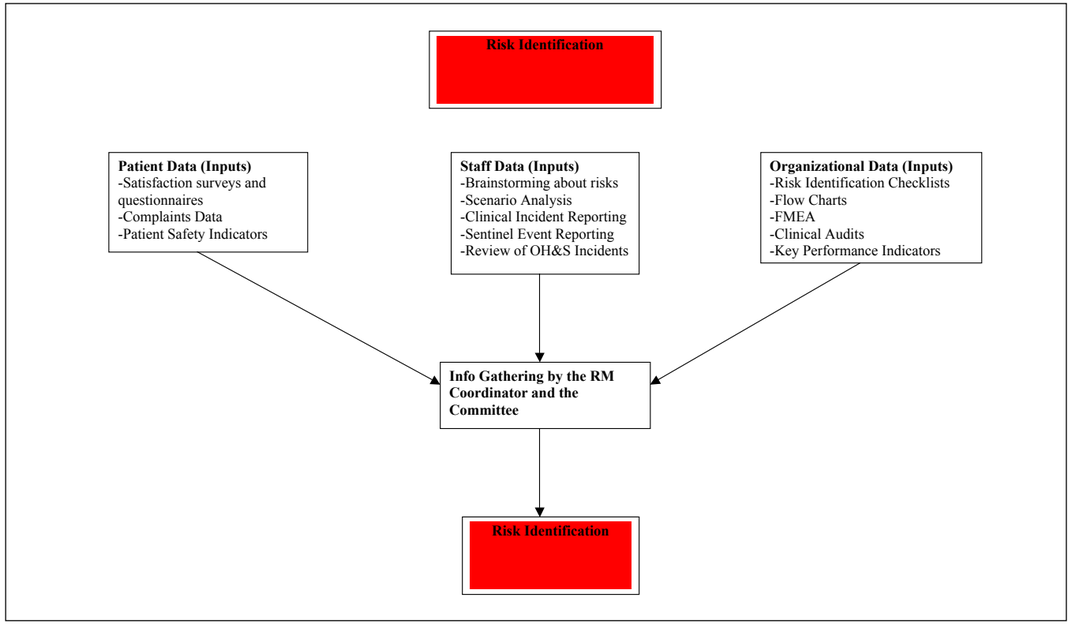
Summary

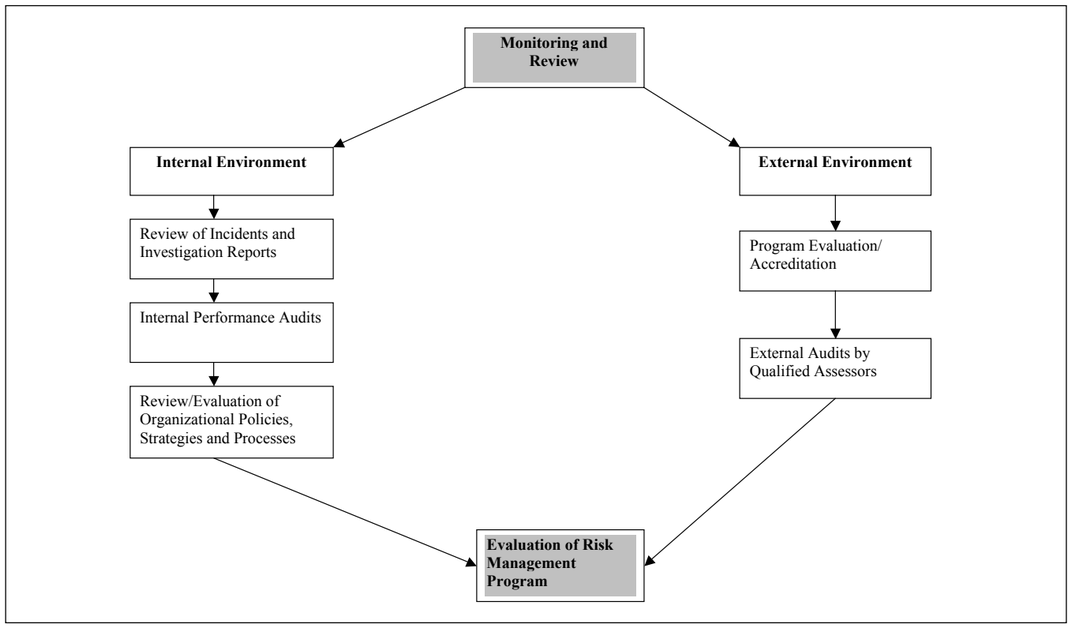
The Queen's Family Health Team and the Department of Family Medicine remain committed to further developing strategies and initiatives in the area of risk management and workplace safety that revolve around the overall quality plan. Feedback will continue to be solicited from staff, patients and stakeholders to create a culture of excellence in patient care and workplace safety.

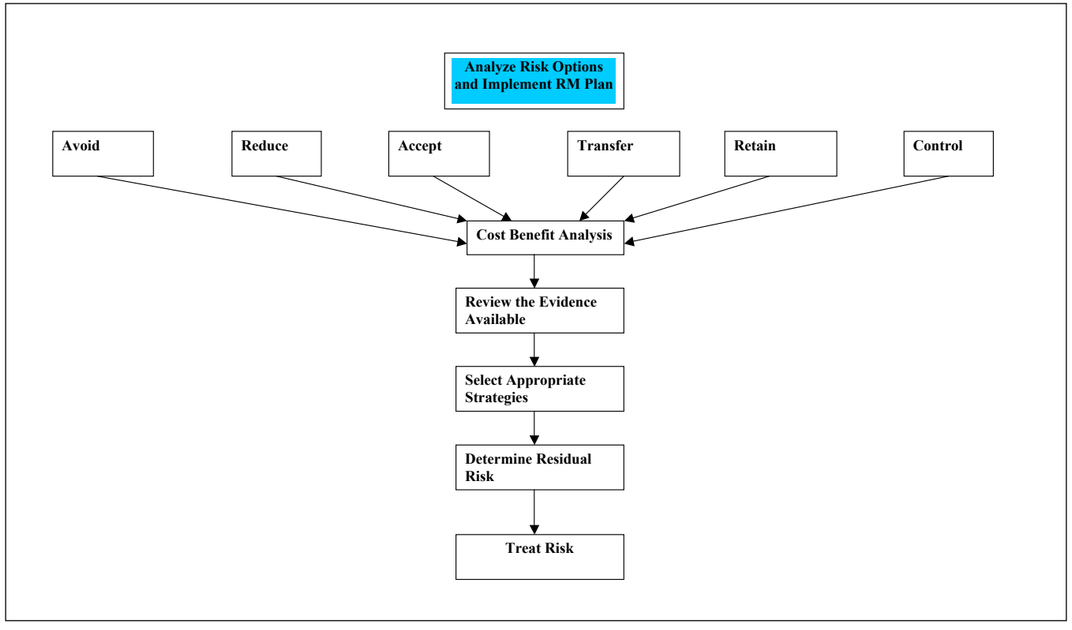


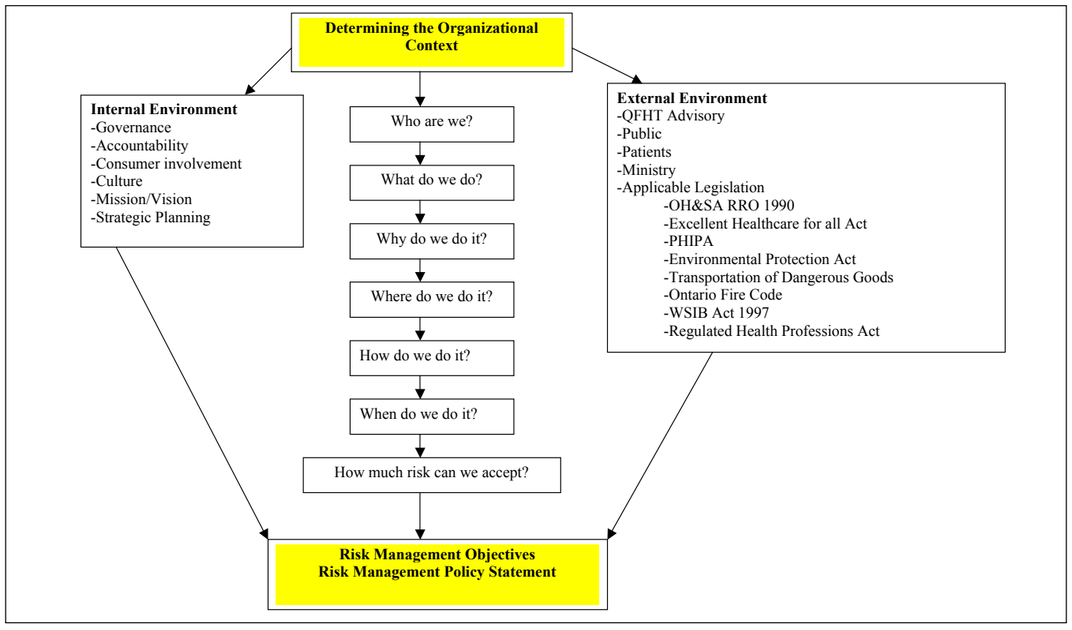
Adapted from the Desktop Guide to Clinical Risk Management, Dept of Health, Western Australia, 2005




Risk Identification
Patient Data (Inputs)
-Satisfaction surveys and questionnaires
-Complaints Data
-Patient Safety Indicators
Staff Data (Inputs)
-Brainstorming about risks
-Scenario Analysis
-Clinical Incident Reporting
-Sentinel Event Reporting
-Review of OH&S Incidents
Organizational Data (Inputs)
-Risk Identification Checklists
-Flow Charts
-FMEA
-Clinical Audits
-Key Performance Indicators
Info Gathering by the RM Coordinator and the Committee
Risk Identification


Monitoring and Review
Internal Environment
Review of Incidents and Investigation Reports
Internal Performance Audits
Review/Evaluation of Organizational Policies, Strategies and Processes
External Environment
Program Evaluation/ Accreditation
External Audits by Qualified Assessors
Evaluation of Risk Management Program


Analyze Risk Options and Implement RM Plan
Avoid
Reduce
Accept
Transfer
Retain
Control
Cost Benefit Analysis
Review the Evidence Available
Select Appropriate Strategies
Determine Residual Risk
Treat Risk


Determining the Organizational Context
Internal Environment
-Governance
-Accountability
-Consumer involvement
-Culture
-Mission/Vision
-Strategic Planning
Who are we?
What do we do?
Why do we do it?
Where do we do it?
How do we do it?
When do we do it?
How much risk can we accept?
External Environment
-QFHT Advisory
-Public
-Patients
-Ministry
-Applicable Legislation
-OH&SA RRO 1990
-Excellent Healthcare for all Act
-PHIPA
-Environmental Protection Act
-Transportation of Dangerous Goods
-Ontario Fire Code
-WSIB Act 1997
-Regulated Health Professions Act
Risk Management Objectives
Risk Management Policy Statement

QFHT Matrix for Analyzing Risks in Terms of Their Consequences									
Level	**Descriptor**	**Health Impacts (Pts, Staff, Public, Contractors, etc)**	**Critical Service Interruption**	**Performance to Budget**	**Finance Loss Liability per Event Before Insurance**	**Organizational Objectives or Outcomes**	**Reputation and Image per Issue**	**Key Performance Indicators Variation**	**Non-Compliance**
1	**Insignificant**	No injury	No material disruption to dependent work.	Up to 1% temporarily over budget.	Less than $2000	Little impact.	Non-headline exposure. Not at fault. Settled quickly. No impact.	Less than 2%	Innocent procedural breach. Evidence of good faith by degree of care/ diligence. Little impact.
2	**Minor**	First Aid or equivalent only.	Short-term temporary suspension of work. Backlog cleared in a day. No public impact.	More than 1% up to 2% temporarily over budget.	$2000 to less than $5000	Inconvenient Delays	Non-headline exposure. Clear fault. Settled quickly by Departmental response. Negligible impact.	2% - <5%	Breach, objection/ complaint lodged. Minor harm with investigation. Evidence of good faith arguable.
3	**Moderate**	Routine medical attention required. Temporary decrease of normal bodily/mental health or function. Max one month incapacity/ lost time.	Medium-term temporary suspension of work. Backlog requires extensive work or overtime or additional resources to clear. Manageable impact.	More than 2% up to 5% temporarily over budget.	$5000 to less than $15,000	Material delays. Marginal under achievement of target performance.	Repeated non-headline exposure. Slow resolution. External department/ auditor brought in to review.	5% - <15%	Negligible breach. Lack of good faith evident. Performance review initiated. Material harm caused.
4	**Major**	Increased level of medical attention required. Prolonged diminution or loss of normal bodily/ mental health or function. 1 to 6 months incapacity/ time lost	Prolonged suspension of work. Additional resources, budget, Management assistance required. Performance criteria compromised.	More than 5% to 10% temporarily over budget or material over-run not recoverable within the financial year.	$15,000 to less than $75,000	Significant delays. Performance significantly under target.	Headline profile. Repeated exposure. At fault or unresolved complexities impacting public or key groups. Ministry involvement.	15% - 30%	Deliberate breach, or gross negligence. Significant harm. Formal investigation. Disciplinary action. Ministry involvement.
5	**Catastrophic**	Multiple severe health crises/injuries, or death, causally related to the risk being contemplated. 6+ months incapacity/ lost time.	Indeterminate prolonged suspension of work. Impact not manageable. Non-performance. Other providers appointed.	More than 10% temporarily over budget. Non-recoverable within one year. Unable to make payroll or finance obligations.	Over $75,000	Non-achievement of objectives/ outcomes. Total performance failure.	Maximum multiple high-level exposure. Ministry censure. Direct intervention. Loss of credibility and public/ key stakeholder support.	30% +	Serious and willful breach. Criminal negligence or act. Litigation or prosecution with significant penalty. Dismissal. Ministry censure.

Adapted from the Office of Safety and Quality in Healthcare - Western Australia, 2005 - Clinical Incident Management Policy - p. 19 and 20
www.slideshare.net/PresentationLoad/Powerpoint-risk-matrix-template

Risk Matrix for Prioritizing Action (Multiply X and Y to obtain a risk number and category)					
	Insignificant (1)	**Minor (2)**	**Moderate (3)**	**Major (4)**	**Catastrophic (5)**
Rare (1) May occur only in exceptional circumstances	**Low 1**	**Low 2**	**Low 3**	**Moderate 4**	**Moderate 5**
Unlikely (2) Could occur at some time	**Low 2**	**Low 4**	**Moderate 6**	**Moderate 8**	**High 10**
Possible (3) Might occur at some time	**Low 3**	**Moderate 6**	**Moderate 9**	**High 12**	**High 15**
Likely (4) Will probably occur in most circumstances	**Low 4**	**Moderate 8**	**High 12**	**High 16**	**Extreme 20**
Almost certain (5) Expected in most circumstances	**Moderate 5**	**High 10**	**High 15**	**Extreme 20**	**Extreme 25**

LEGEND: Low (1-4): Keep in mind when planning future actions; **Moderate (5-9):** Requires resolution within one year;
High (10-19): Requires resolution within 3-6 months; **Extreme (20-25):** Requires immediate action

Adapted from the Office of Safety and Quality in Healthcare - Western Australia, 2005 - Clinical Incident Management Policy - p. 19 and 20
www.slideshare.net/PresentationLoad/Powerpoint-risk-matrix-template

The Department of Family Medicine Globally

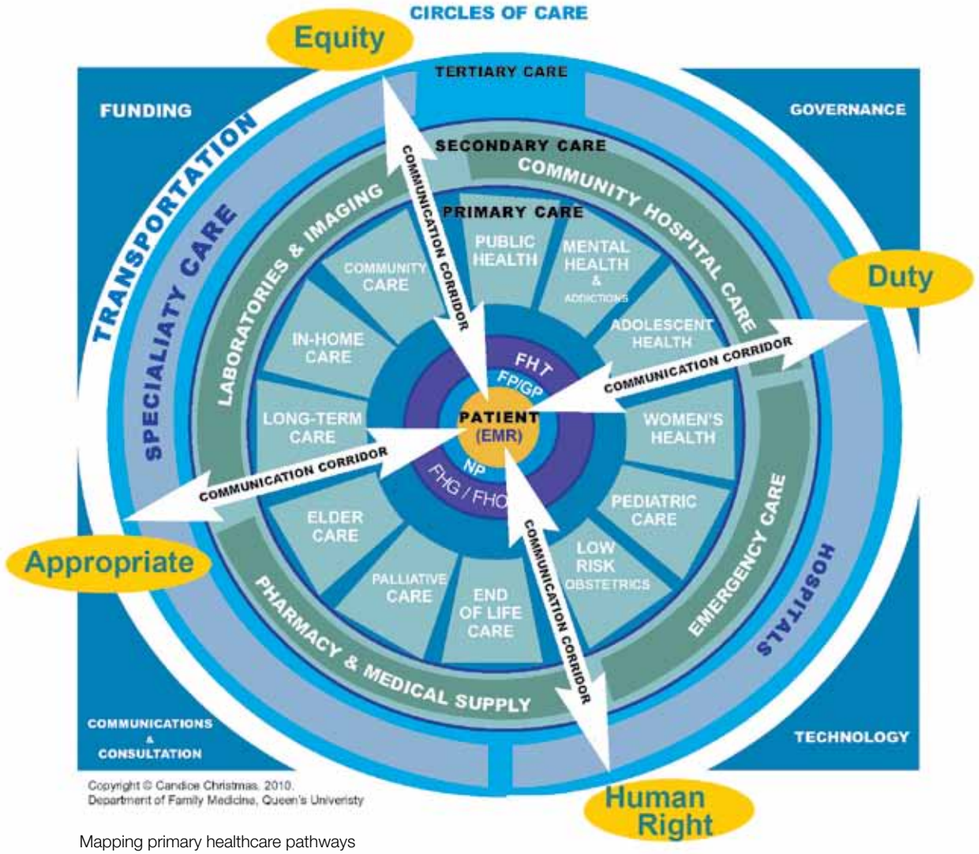
PRIMARY HEALTH CARE COUNCIL OF SOUTH EAST ONTARIO

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 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 to be recognized as a valued partner and opinion leader in Family Medicine and Primary Health Care within Queen's, its 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 19, 2011, the PHCC hosted the 3rd Primary Health Care Forum, entitled "Strengthening Primary Care Across the Region". About 120 registrants attended the Forum, which was held at the Radisson Hotel in Belleville, including physicians, nurses and allied health professionals from family health teams and community health agencies throughout the South East LHIN. The event was held in tandem with the Interprofessional Collaborative Care Forum January 20th.

The Forum's objective was to gain a better understanding of practitioners' views, ideas and concerns regarding the integration of primary health care services within the sub-planning regions of the South East Local Health Integration Network (LHIN) and discuss what steps can be taken to enhance system-wide integration and improve our health care system … from interprofessional communication at the team level, to data collection and connectivity at the regional level.

The Forum was supported by the Department of Family Medicine at Queen's University's Building Capacity Project. This project also supports a regional qualitative research initiative. Led by Principal Investigator Dr. Glenn Brown, Head of Queen's Department of Family Medicine and Chair of the Primary Health Care Council (PHCC) of South East Ontario, the study is designed to better understand primary healthcare professionals' views, ideas and concerns regarding the integration of primary health care services within the 15 sub-planning regions of the South East LHIN. The overall objective is to determine what steps can be taken to "enhance system-wide integration and improve our health care system" (IHSP2, 2009, p. 17) with attention to local needs. Of particular interest is the optimal scale for governance of primary health care organizations. The study will build on the South East LHIN's consultative process and was reviewed for ethical compliance by the Queen's University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board.



Mapping primary healthcare pathways

DEVELOPMENT PROGRAM IN BOSNIA AND HERZEGOVINA – A FOND FAREWELL

Under the leadership of Dr. Geoffrey Hodgetts, this project closed after 15 years 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 was under contract with the World Bank's Health Sector Enhancement Project. A $1 million CDN extension of project activities through October 2010 was negotiated. Total project funding since 1995 was approximately $20 million.

The focus of programming was the reform of the primary care system in BH through the development of a model of Family Medicine. The emphasis was to be on educational and professional development across a spectrum of levels and disciplines. Hundreds of family physicians and nurses trained through the program, such that Queen's has played a significant role in the delivery of primary health care in Bosnia and Herzegovina. There were many farewells to friends and colleagues. Senior faculty within the Department describe their participation in this program as one of the most significant experiences of their careers. Thanks are extended to Dr. Hodgetts, Project Coordinator Goran Kapetanovic, and the many men and women whose dedication made this project so successful.

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 complement 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 Department of Family Medicine at Queen's University has the resources to proceed with a formal "twinning" offer to Monash University.

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 Department 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;

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.

- 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.

Resident Exchanges

With respect to educational exchanges, two Queen's residents have travelled to the Mildura Region and another will travel to Broken Hill to work with Australia's Flying Doctors this spring. For Canadian senior residents, this provides exciting opportunities for an elective in the Global Health Program (in areas like social determinants of health, the role of the physician and patient advocate, and population health). Our residents came home having witnessed some of the challenges and contradictions of a two-tier health care system and how poorer populations often face barriers to care because they cannot afford private services. It was also suggested that Canada could learn from Australia's approach to medical education, which allows medical students more time to experience a variety of clinical settings as opposed to the Canadian system where students are under pressure early in their education to commit to a specialty.

Mission to Monash University – Highlights

In April 2011, a delegation from DFM visited Monash University campuses in Melbourne and Gippsland, Australia. A bursary will be developed to host Australian scholars to Queen's. These could be medical students, academic registrars, or early career faculty. Terms of reference are currently under development.

The Department is looking into 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.

Research

A tri-country research project to compare primary care organizations (PCOs) and systems between New Zealand, Australia and Canada is under way. Addressing the Gaps in the Ontario Primary Healthcare System in light of Divisional Structures in Australia and New Zealand is led by Principal Investigator Dr. Glenn Brown, Head of the Department of Family Medicine, Queen's University. Co-Investigators include Dr. Richard Birtwhistle, Director of the Centre for Studies in Primary Care at Queen's; Dr. Russell Grant, Director of Primary Care Research for the Academic Unit, Dandenong Casey General Practice Association (DCGPA), Monash University and Southern Health; and Dr. Dee Mangin, MB ChB DPH (Otago). This study aims to describe the current status and relationship between family physicians/general practitioners and regional PCOs and the level of family physician/general practitioner involvement in decision-making at all governance levels (local, regional, province/state, national).

Dr. Susan Phillips is working on a series of research projects with various faculty at Monash. The first study currently under review for publication explores the use of images on the covers of two family professional medical journals. It investigates the concepts of gender and the doctor-patient relationship used in the cover art through a content analysis. While the images investigated are engaging and sometimes amusing, the authors explore meanings beyond our engagement as a viewer. The discussion focuses on the need for promotion of best practice, in words and pictures, to model best professional practice.

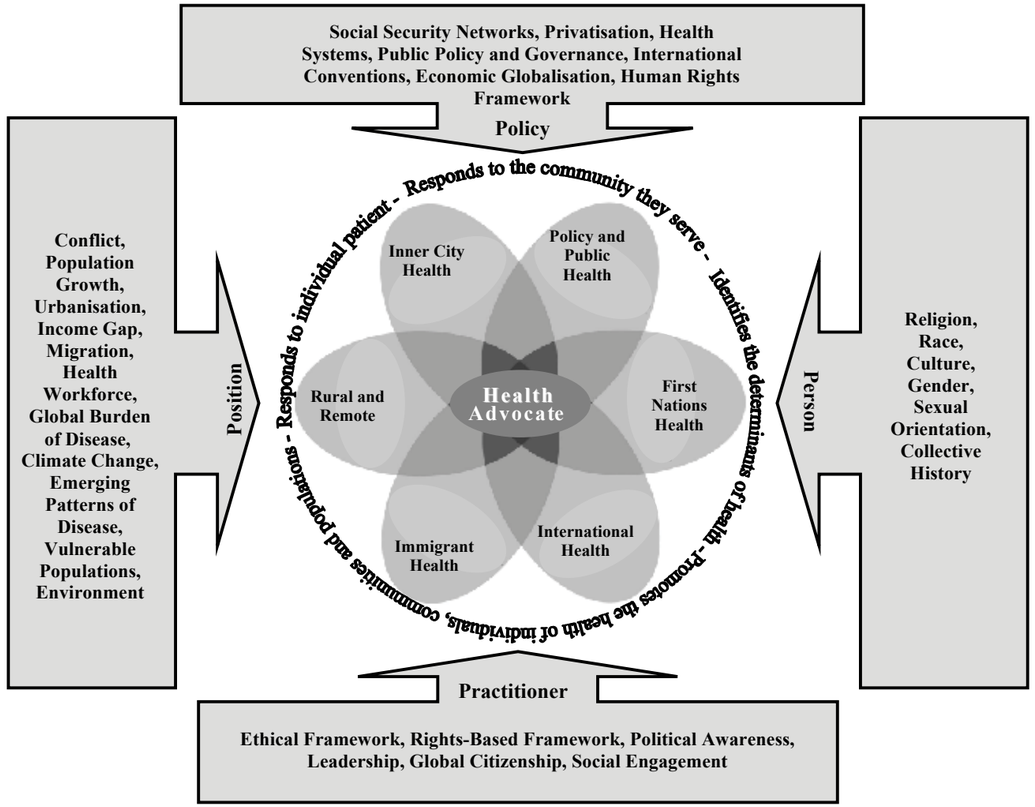
The second project explores the concept of the Hidden Curriculum. The aim of this descriptive study is to identify aspects of medical education that either foster or hinder equality, a central component of the CanMeds role of "advocate". Randomly selected undergraduate medical students in Canada, Australia and Sweden will anonymously offer examples of discriminatory and egalitarian behaviours experienced in the learning environment. A third project deals with gender in the research that shapes medical education.

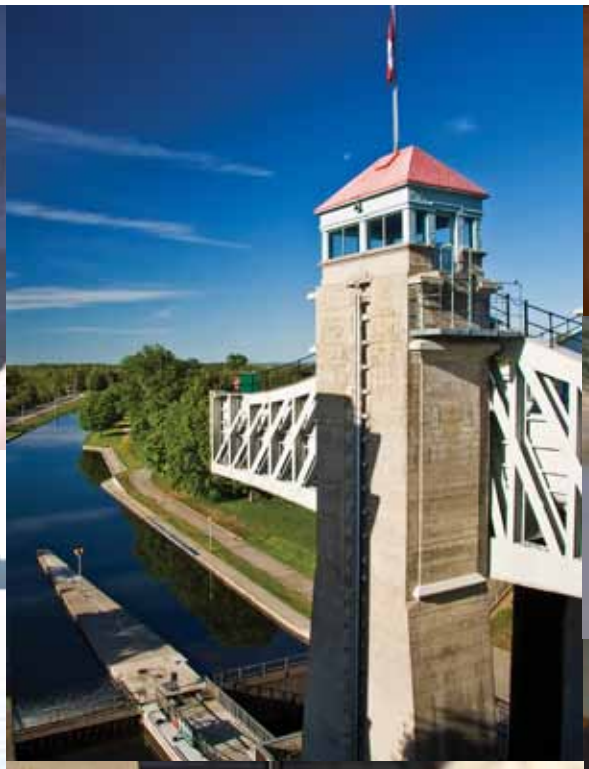
GLOBAL HEALTH WORKING GROUP

In 2010-11, the new Global Health curriculum was launched and well-received. Residents have a full day of Global Health teaching in their first year, and a half day of teaching, predominantly by their fellow residents, in second year. All five Global Health modules will be updated and up and running for the new cohort starting in July.

To date, the most successful aspect of the Global Health curriculum has been the pre-departure preparation for residents going overseas. The number of residents going abroad has increased, primarily due to program connections with St. Jude Hospital in St. Lucia, as well as the Queen's-Monash University Global Health Initiative in Australia. The pre-departure program prepares residents for their experiences by reviewing the ethics of international medical work, priming them on the country they will be going to, and ensuring connections with the department while abroad. Upon return, residents are debriefed on their experiences, and are expected to make a contribution to the department via a written or verbal report.

In 2011, the department will endeavour to develop a few more formal partnerships with international sites to ensure that residents going abroad have excellent experiences and are able to contribute meaningfully to the sites in which they work.





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