Queen's University

Annual Report 2011-12

Department of Family Medicine

at Queen's University

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Message from the Department Head

Our vision in Family Medicine at Queen's is to be a Department acknowledged for its excellence in primary care delivery, education and research. The five-year strategic plan developed in 2008 has drawn to a close, and we collectively feel a sense of accomplishment in achieving our articulated mission. On the surface, it would appear that we have "arrived."

We feel particular pride in our education programs, which are under the leadership of Dr. Karen Schultz as Postgraduate Education Director, Dr. Geoff Hodgetts as Director of Education and Enhanced Skills, and Dr. Michael Sylvester as Undergraduate Program Director. Each of our postgraduate programs received full accreditation by the College of Family Physicians of Canada in January 2012. We were also very proud to receive the 2012 Professional Association of Internes and Residents of Ontario (PAIRO) Residency Program Excellence Award, which recognizes the Queen's Family Medicine program for its positive and rewarding experiences for residents, while producing expertly trained physicians.

Having accomplished our goals from the last strategic plan and with the firm foundation of our recent accreditation, we begin a new chapter. Our vision of excellence commits us to responding effectively to the needs of our patients, communities and learners. As Family Physicians, we remain sensitive to the fast-changing and complex communities in which our patients live their lives. Austerity, budget cuts and anxiety are pervasive. The increasing prevalence of obesity and mental health issues, the challenges of effectively managing multiple co-morbidities in an aging population, the marginalization of some individuals and groups, and the intense stresses faced by younger generations create the context for much of our work as Family Physicians. And as Family Physicians, we are only too aware of our challenges in addressing these common realities.

So, perhaps we haven't really "arrived." Collectively, we must keep moving with society to address those who are sick or disadvantaged, and help as many people as possible to move forward on their path of wellness. Over and above our traditional roles, it is increasingly clear that we need new tools such as leadership and collaborative care skills, and the ability to work across sectors in society to coordinate effective approaches to address the determinants of our patients' health.

The Department of Family Medicine at Queen's is in the community and responding to its needs. For example, the leadership of Dr. Ian Casson is raising the bar for the care of people with Developmental Disabilities. It is Family Doctors such as Dr. Casson who remain aware of patients who otherwise might be neglected in the system. Not only is excellent care modelled, but new and innovative ways of teaching about the needs of this population are being introduced into both undergraduate and postgraduate programs.

As always in our discipline, we will move forward – striving for the best possible way to address societal needs. Our Department has some of the keys to accomplish this. Like many other organizations, we are learning how to work in interprofessional teams in increasingly effective ways. We know this is a process, that there are steps to be taken and we have been deliberate in moving forward. Members of the management team, physicians, residents, nurses, nurse practitioners, social workers, our dietitian and pharmacist, IT experts, receptionists, administrative assistants and students all appreciate that they don't work alone. The care of our patients is improving and is more comprehensive as we appreciate the skills each brings to the challenges of patient care. Collaborative approaches are improving care – and it's not always as easy as we make it look!

We know we are making progress. We measure it. Under the leadership of Dr. Karen Hall Barber and with the support of the entire Department, we have embarked on a number of quality improvement initiatives that are described in this report. Our best progress is in areas where we have learned to work with all members of our team to attain specific goals. Group teaching sessions for patients have been initiated. With the support of Tracy Weaver, new venues for communication with our patients are being explored.

This is all part of recognizing the patient as a member of the team. To be an effective team member, the patient needs information. This is why we are participating in a pilot project funded by eHealth Ontario to allow patients access to certain aspects of their medical record from their home computer or smart phone. They will be able to update their family history, check the accuracy of their medication and allergy lists, and review laboratory results. They can submit data such as home blood pressure or blood sugar results. The system, known as MyOscar, will also allow patients to book their appointments online and to communicate with our health care team electronically. Being more involved in their own health care allows patients to be more directly responsible for their care, to maintain autonomy, and to be active participants in achieving their best possible health.

We think this will improve outcomes for some patients. We will measure this to determine if it does and then share our findings with others.

As a Department, we are extremely pleased to have an incredible group of postgraduate trainees – our "residents." They are the best. We are very fortunate to have trainees with us who have graduated from Queen's medical school, other schools from across Canada, and schools from around the world. The residents set the tone – creating a scholarly environment, maintaining high standards of patient-centred care, and ensuring a collegial environment. From the orientation barbecue to the wilderness emergency care program in Temagami, academic days, resident research day, and weekly department rounds, the residents have engaged in all aspects of the program with enthusiasm. It's been a particularly successful year, and special thanks go to our Program Chief Resident, Dr. Hannah Shoichet; our Kingston-1000 Islands Site Chief and Site Senior Residents, Dr. Crystal King and Dr. Emily Robson; our Belleville-Quinte Site Chief Residents, Dr. Stacey Hoselton and Dr. Ashley McCann; our Peterborough-Kawartha Chief Resident, Dr. Jesse Wheeler; and our Oshawa Senior Resident, Dr. Okuda Taylor.

The residents truly make our Department thrive and grow. I want to give special mention to our new residents and teachers in our satellite programs in Belleville-Quinte and Peterborough-Kawartha. As the first group of residents are about to graduate from these programs, it is clear to all that they have been successful pioneers and have already embedded postgraduate education into the medical culture of these communities. There is palpable enthusiasm, and I salute all involved for the foundations they have developed – the foundations on which these programs will continue to grow and thrive. Special thanks to Dr. Kim Curtain and the faculty at the Peterborough site and Dr. Robert Webster and the faculty at the Belleville site.

I also want to recognize the dedicated team at our third satellite site, Queen's Bowmanville Oshawa-Lakeridge (QBOL), which is in the final stages of preparing for the arrival of its first cohort of eight residents on July 1, 2012. Under the leadership of Dr. Wei-Hsi Pang, Site Director, with input from other key faculty, I have no doubt our QBOL residents will enjoy the same positive and rewarding experiences as their colleagues at our Kingston, Belleville and Peterborough sites.

The Centre for Studies in Primary Care (CSPC) is the research arm of the Department. Under the direction of Dr. Richard Birtwhistle, the Centre is recognized as one of the research strengths in the Faculty of Health Sciences at Queen's. The Canadian Primary Care Sentinel Surveillance Network (CPCSSN) project is already producing interesting data on chronic diseases. This data will improve our understanding of chronic disease across the country and will inform our approaches to management.

The Centre is also doing some interesting "community-based" projects. The OASIS (Aging Well at Home) project, led by Jyoti Kotecha and Dr. Richard Birtwhistle, is a collaboration with the Frontenac Kingston Community On Aging, Victorian Order of Nurses, South East Community Care Access Centre and KFL&A Public Health to develop an innovative community care collaborative that supports aging at home and primary health care management. The Hospital @ Home program, led by Dr. Richard Birtwhistle, Jyoti Kotecha and Dr. Michael Green, has the Centre working with the Prince Edward Family Health Team to assist them in forming an innovative virtual primary care rural ward for patients at high risk for hospital admission and re-admission. And the International Mobility in Aging Study (IMIAS), funded by CIHR for six years, will examine how life-course events such as exposure to violence, connectedness to family and neighbours, income, and many other individual and community factors affect mobility among those age 65 to 74 and whether these effects are different in men and women. The Queen's Principal Investigators for this project are Dr. Beatriz Alvarado, Dr. Angeles Garcia and Dr. Susan Phillips. There are many other research projects in the Centre that will positively influence care for our patients. The breadth and quality of research activity is growing, and the Centre for Studies in Primary Care is making an important contribution to our communities and patients.

And so the journey continues. As this report goes to press, our Department is engaged in its strategic planning exercise. The outcome is not known, but it is clear from early discussions that there are many ideas, and lots of passion and commitment to the vision of the Department. Along with our partners in the University, the teaching hospitals, community hospitals, community agencies and doctors' offices across eastern Ontario, the work of the Department of Family Medicine continues with conviction and determination – knowing that our work is not yet done.

Family Medicine Forum, Toronto, 2011

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

Education

Postgraduate Education (PGY 1 & 2)

The Postgraduate Education Program in the Department of Family Medicine has had a busy and successful year. Growth has continued in the Program's new sites of Peterborough-Kawartha (PK) and Belleville-Quinte (BQ), with both now accepting six residents a year, up from their initial intake number of four. The fourth site, Queen's Bowmanville Oshawa-Lakeridge (QBOL), is in the final stages of program preparation and is slated to accept its first eight residents in July 2012. The Program has had numerous successes over the past year. They include:

- a very successful accreditation assessment by the College of Family Physicians of Canada (CFPC) in October 2011. Accreditation is a scheduled review process that all postgraduate medical education training programs in Canada must undergo on a regular basis to ensure that programs are providing rigorous, effective training. All five Queen's Family Medicine programs (core, the three Category One Enhanced Skills programs and overall Enhanced Skills), as well as the conjoint Palliative Care program were given full approval status. Strengths noted by the committee include the Programs' leadership, the innovative new sites that are putting the new CFPC Triple C Curriculum into practice, curriculum mapping (noted to be an exemplar for the country), faculty development, the resident evaluation system (felt to be innovative and potentially a national model), the organizational and communication matrix model, and the committed and responsive teachers. The Enhanced Skills programs were all felt to have strong leadership, be well organized and innovative;
- strong CCFP exam showings by the residents for the spring and fall exams with a 97.5-per-cent pass rate in the spring, and 100-per-cent pass rate the past two falls, all exceeding the national average;
- improved CaRMS match results for 2012 with full matches in PK and BQ, only one unmatched spot in Kingston & 1000 Islands (KTI) and three in the new QBOL site;
- receipt of the PAIRO Residency Program Excellence Award, given yearly to one Royal College or Family Medicine residency program in Ontario.

"The 2011-2012 year saw the addition of some new educational opportunities for residents that have been enthusiastically received."

"The important insights and ideas residents have brought to their respective committees have been invaluable."

Queen's Family Medicine continues to be a front-runner in the implementation of the CFPC's new competency-based Triple C Curriculum, with innovative programs in its new sites, changes to the existing program in its KTI site and ongoing development of its portfolio evaluation system. With its three and soon-to-be four programs now fully operational, the focus is shifting from development to assessment and refinement of its programs. Given the distributed nature of Queen's Family Medicine and implementation of the Triple C Curriculum, it is imperative that Queen's Postgraduate Education ensures that all sites, although delivering a different style of program, train residents equally well to be comprehensive, competent family physicians. To that end, two funded studies are under way, entitled the E3 Project (Ensuring Educational Equity – a quantitative and a qualitative study). The Department of Family Medicine has hired a PhD educator, Dr. Elaine Van Melle, who brings a wealth of research experience to the Department. She will be a key participant in the E3 projects.

Work continues on refining the Program's competency-based curriculum and evaluation system. Dr. Jonathan Kerr, as Curriculum Lead, continues to develop the Domains of Clinical Care Review (DOCCR) process. All objectives, organized under the Domains of Clinical Care in a CanMEDS FM format, are slated for regular review in a three-year cycle. Dr. Jane Griffiths provides ongoing leadership in the evaluation realm with further advancement of the Program's portfolio evaluation system. The two components of this system, the electronic portfolio and the academic advisor role, continue to grow. Additions to the portfolio, faculty development and one-on-one sessions with academic advisors to support this important role and collaboration nationally have further strengthened the Program's evaluation system. Dr. Griffiths and Dr. Kerr are actively involved at the CFPC level in the development of curriculum and evaluation processes that support the competency-based Triple C Curriculum.

The 2011-2012 year saw the addition of some new educational opportunities for residents that have been enthusiastically received. The Global Health program continues under the strong leadership of Dr. Eva Purkey. Her comprehensive pre-departure program for residents going to work in underserviced communities both nationally and internationally serves our residents and the communities they work in very well.

Drs. Fil Gilic and Ian Sempowski have adapted an Internal Medicine acute care simulation course to specifically meet the needs of Family Medicine trainees. Entitled the Nightmares FM course (teaching residents how to deal with those acute-care situations that give residents nightmares!), this course was offered to a pilot group of residents this year in the new state-of-the-art Queen's Medical School simulation lab. It was such a successful pilot that preceptors in all sites have been trained to deliver this program, and it will be rolled out for all residents this year.

Another valuable course offered to all residents this year was the ALARM course. The competent leadership of Dr. Ian Casson from Family Medicine and Dr. Peter O'Neill from Obstetrics, in addition to a strong preceptor group of family physicians and midwives, resulted in a very successful course delivered in the fall of 2011.

Not new, but always well received, was the Temagami Wilderness Weekend. This weekend, on the sunny, if somewhat chilly, northern shores of Lake Temagami saw a record number of residents from all sites learn the skills of wilderness medicine while also learning or further developing their outdoors skills. Guest speaker Matty McNair kept everyone spellbound during her talks about leading expeditions to the North and South Pole.

Department Head: Dr. Glenn Brown		Director of Education: Dr. Geoff Hodgetts		Regional Education Coordinator: Dr. Jeff Sloan	
	Queen's Family Medicine Program	BQ	PK	QBOL	KTI
Directors	Dr. Karen Schultz	Dr. Robert Webster	Dr. Kim Curtin	Dr. Wei-Hsi Pang	Dr. Geoff Hodgetts
Curriculum	Dr. Jonathan Kerr	Dr. Jonathan Kerr	Dr. Kaetlen Wilson	Dr. Aubrey Kassirer	Dr. Ian Sempowski
Evaluation	Dr. Jane Griffiths	Dr. Jennifer Webster	Dr. Natalie Whiting	Dr. Charlene Lockner	Dr. Jane Griffiths
Research	Dr. Michael Green	Dr. Patrick Esperanzate	Dr. Ben Chan	Dr. Michael Ward	Dr. Michael Green
Faculty Development	Drs. Ian Casson and Ruth Wilson	Dr. Julie Bryson	Dr. Natalie Whiting	Dr. Ed Osborne	Drs. Ruth Wilson and Ian Casson
Behavioural Medicine	Dr. Kelly Howse	Dr. Joey Bonacci	Dr. Kim Curtin	Dr. Amy Goldwater	Dr. Kelly Howse
Resident Chief	Dr. Hannah Shoichet	Drs. Stacy Hoselton / Ashley McCann	Dr. Jesse Wheeler	Dr. Okuda Taylor	Drs. Emily Robson and Crystal King
Administration	Sarah Decker	Christina Kerr	Chantal VanParys	Christina Carey	Jennifer Brierley Michael Higginson Gayle Sawyer Pamela Goodspeed Susan Jarzylo

The Program's matrix system of communication – implemented by previous program director Dr. Willa Henry, using a system initially developed by the University of British Columbia's Department of Family Practice – has proven to be a robust communication system that supports the development and sharing of ideas across the sites. The matrix comprises the major areas of curriculum, evaluation, research, faculty development, behavioural medicine, administration and resident issues. An overall director oversees each area, with a corresponding lead in each site. Monthly teleconferences and regular email contact is ensuring good communication across the Program and a forum for sharing innovative ideas. The good work of the matrix directors and leads are integral to the Program's success. The accreditation team identified this system as a strength of the Queen's Postgraduate Education program.

The Department announced the following changes to faculty positions: Dr. Geoff Grieve stepped down

as Curriculum Lead in the PK program and Dr. Nadia Knarr stepped down as Research Lead in the BQ site. Both these preceptors provided strong leadership in the developmental phases of the new sites, and the strong foundations they laid will serve these programs well. Dr. Kaetlyn Wilson was welcomed as the new Curriculum Lead and Dr. Ben Chan as the new Research Lead at the PK site, and Dr. Patrick Esperanzate was welcomed as the new Research Lead in BQ.

The QBOL site has an enthusiastic matrix group consisting of Drs. Wei-Hsi Pang as the Site Director; Dr. Aubrey Kassirer, Curriculum Lead; Dr. Charlene Lockner, Evaluation; Dr. Ed Osborne, Faculty Development; Dr. Mike Ward, Research; and Dr. Amy Goldwater, Behavioural Medicine. This hard-working group is thoughtfully designing a well-structured program set to begin in July 2012.

Changes have also occurred in the Program's administration office with the departure of Jordan Alderman-Sinnett and Cheryl Wilson. Valued members of the Post Grad office, both Jordan and Cheryl moved on to new positions within the University. Sarah Decker has taken over the position of Education Office Manager, while Jennifer Brierley has assumed the position of Residency Program Coordinator. Christina Carey has taken over the administrative role for the QBOL site from Michel Henry, who provided wonderful support for the QBOL program during its initial planning phase. The Department has also welcomed Chantal Van Parys as the new assistant at the PK site.

Key components of the Department of Family Medicine continue to provide invaluable support to the Residency Program. The Centre for Studies in Primary Care (CSPC) supports the education of residents in their critical appraisal skills and the development of their resident project. As a result of resident initiative, this year saw the addition of an advocacy project as a possible resident project. Research Day continues to see residents delivering increasingly sophisticated projects, with many informative, scholarly projects being presented this year. The Better Innovations Group (BIG) also supports residents by setting standards for the clinical audits that residents do at all sites. A new direction for these audits is having residents "close the loop" by actually implementing changes to address deficits identified through the audits.

Melbourne, Australia skyline

The Queen's Department of Family Medicine continues to liaise with Monash University in Australia. This international collaboration between the Department and the Department of General Practice within the School of Primary Health Care and the School of Rural Practice at Monash University, Australia, is working towards a summative conference in the fall of 2012. This conference will bring together four working groups with members from Canada, New Zealand and Australia to meld international insights in the areas of primary health care delivery, gender equality, primary care research surveillance systems and competency-based education.

Moving forward, the focus for the Queen's Department of Family Medicine will continue to be on curriculum renewal, implementation and evaluation, resident engagement and recruitment strategies, and supporting connectivity and preceptor engagement across its sites.

Belleville-Quinte Site

Spring 2011 saw the Belleville-Quinte site gear up to move from a program of four residents to a program of 10. In July 2011, the site welcomed six new PGY-1 residents to the program. The summer and fall of 2011 saw the inauguration of two Belleville-Quinte rural sites – Bancroft and Trenton – as two of the PGY-2 residents spent eight weeks respectively in these communities.

During the fall of 2011, the entire site was focused on accreditation. All faculty and residents did a spectacular job illustrating to the accreditation team how the Belleville-Quinte program is a horizontal integrated program that embraces the Triple C Curriculum. The Program receiving full accreditation was an incredible and rewarding highlight for Belleville-Quinte. Site Director Dr. Robert Webster could not have survived accreditation without the support of his faculty and residents, in particular Dr. Jonathan Kerr (Curriculum), Dr. Jennifer Webster (Evaluation), Dr. Nadia Knarr (Research), Dr. Julie Bryson (Faculty Development), Dr. Stacey Hoselton (Site Chief Resident) and Christina Kerr (Program Assistant).

The Program took the accreditation report and did a full review to make further improvements. Focus continues on the one Primary Preceptor model (involving family medicine clinic, home visits, nursing/retirement homes, ER, hospital inpatient care) and continues to strive towards ever improving Continuity of Care, Comprehensiveness, and making sure Family Medicine is Central.

CaRMS 2012 was an incredibly exciting time. Not only was the Belleville-Quinte site using YouTube to showcase the Program, but social media such as Facebook and Twitter were used to interact with potential medical students. The Belleville-Quinte program matched 100 per cent of its six spots in the 2012 CaRMS match. The Program also shared in the honour of being part of the Queen's Family Medicine Residency Program, which won the PAIRO Residency Program Excellence Award. In addition, three faculty members in the Belleville-Quinte area were nominated for PAIRO Excellence in Clinical Teaching Awards – Dr. Al Bell, Dr. Joseph Campbell and Dr. Curry Grant.

Bowmanville Oshawa-Lakeridge Site

The Queen's Bowmanville Oshawa-Lakeridge (QBOL) site is undergoing its finishing touches to prepare for the arrival of its first cohort of residents in July 2012. Efforts are focused on finalizing the integrated, largely community-based learning experiences using the Triple C framework. With the core integrated Family Medicine experience as its foundation, the curriculum supports a number of complementary clinical experiences, all designed with a Family Medicine focus.

In September 2011, with the help of Dean Richard Reznick, Dr. Glenn Brown and Dr. Karen Schultz, the official grand opening of the Lakeridge Health Education and Research Network (LHEARN) Centre was celebrated. The LHEARN Centre is a state-of-the-art regional medical education hub that provides support and resources for local medical learners. Lakeridge Health continues to develop an interprofessional learning model to best meet the needs of its various and increasing number of medical learners.

QBOL also warmly welcomed Christina Carey aboard as full-time Site Coordinator in January 2012 as part of the ramp-up efforts.

Under the direction of Dr. Wei-Hsi Pang, and with the support of an extremely engaged Site Committee, the QBOL team looks forward to completing the planning phase of this project and expects to provide an excellent learning experience for the site's inaugural residents.

Things will be starting off with a bang – this July's "toolbox month" includes a Nightmares FM course and an ALARM course, both of which utilize the new simulation facilities at the LHEARN Centre, as well as other orientation activities.

Peterborough-Kawartha Site

With the addition of six new residents In July 2011, the Peterborough-Kawartha Site grew from a program of four to a program of 10 residents. The new residents were welcomed by preceptors, community members, and resident colleagues aboard a lift lock cruise on the Trent-Severn Waterway.

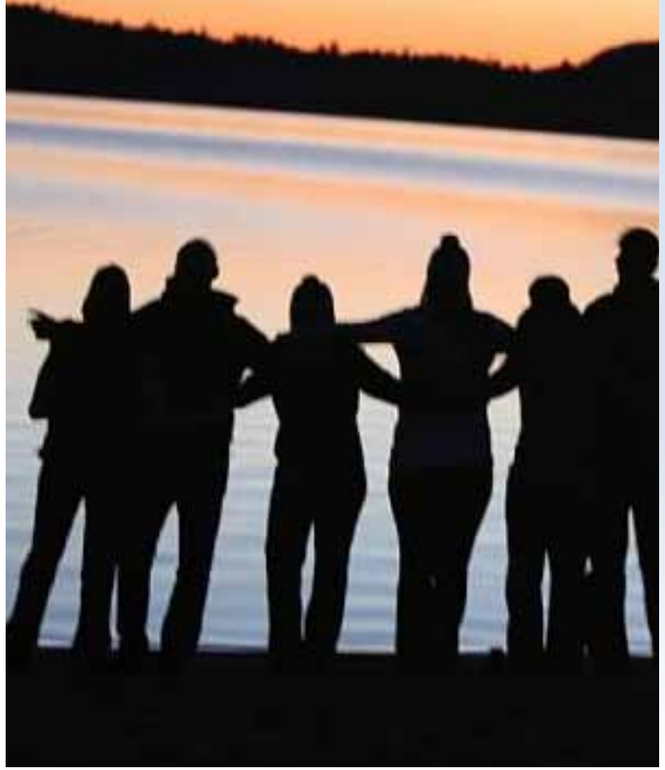
Thanks to the excellent calibre and hard work of residents and the continued efforts of the site committee, the Peterborough-Kawartha Residency Program has gained an excellent reputation in the community. As a result, the preceptor base has been expanded both within Family Medicine and the specialties. The Program now includes family practices in the nearby, smaller communities of Lakefield and Bridgenorth, and has a broader array of specialty experiences available for core rotation and elective time. New partnerships have also been created with surrounding communities including Barry's Bay, Belleville, Lindsay, Campbellford and Oshawa for both rural and hospital-based experiences.

Residents worked hard over the year both clinically and academically. In addition to their clinical rotations, residents contributed to the Program's monthly journal club, attended weekly on-site academic teaching, travelled to Kingston for OSCE preparation and core curriculum, and prepared for exams. On the lighter side, five residents attended Wanapitei Wilderness Weekend in the fall, and one currently plays with the local Docs on Ice team.

The PGY-2s presented at Research Day with great success. Jesse Wheeler won the award for Best Original Research Project for his work entitled, "The Risk of Obesity at 4-6 Years among Overweight or Obese 18 Month Olds: A Community-Based Cohort Study." Honourable mention went to Kristin Giller for her poster, "Rethinking the Use of Routine Bimanual Exams for Asymptomatic Women."

The Peterborough-Kawartha Site Committee welcomed two new members this year. Dr. Ben Chan is now coordinator of resident research, and Dr. Kaetlen Wilson is the new Curriculum Lead. Both bring new energy and skills to the committee, and have already helped to strengthen the Program based on thoughtful feedback from current residents. Chantal VanParys also joined the Program as Program Coordinator, and Maike Milkereit recently took over from Jesse Wheeler as Chief Resident.

The Peterborough-Kawartha team is delighted with the results of the 2012 CaRMS match, and wishes to thank all of preceptors, program staff and residents who helped to recruit a full complement of residents for the site's third year.



Program Directors/ Coordinators 2011/12:

Enhanced Skills Program Director: Dr. Geoff Hodgetts

Aboriginal Health: Dr. Michael Green

Anesthesia: Dr. Brian Mahoney

Care of the Elderly: Dr. Michelle Gibson

Developmental Disabilities: Dr. Ian Casson

Emergency Medicine: Dr. Karen Graham

Global Health: Dr. Geoff Hodgetts

Palliative Care: Dr. Cori Schroder

Rural Skills/General Enhanced Skills: Dr. Geoff Hodgetts

Women's Health: Dr. Susan Phillips

Enhanced Skills Program (PGY 3)

The past year was an exciting and productive time for the Queen's Enhanced Skills (ES) programs. The highlight was no doubt the accreditation visit by the College of Family Physicians of Canada. The outcome of this intensive week was very successful, with all Category One and Two programs being granted full approval status. All Program Coordinators worked hard to prepare the pre-survey documents and are to be congratulated on these results. The efforts of Gayle Sawyer, ES Program Assistant, in preparing for the visit, as well as her ongoing support of residents, must also be acknowledged. The contributions of all ES residents and their representatives, Kris Vaga and Hannah Shoichet, were also a key element of the positive result.

The availability of a wide variety of Enhanced Skills (PGY-3) programs continues to be a drawing card for applicants to the Queen's Family Medicine program. In the past year, the Program was able to offer: eight positions in FM-Emergency Medicine; one in Care of the Elderly; one in Anesthesia; 1.5 in the conjoint program in Palliative Medicine; one in Developmental Disabilities; one in the new Global Health program and two in Rural Skills. The Women's Health and Aboriginal Health programs were inactive this year.

Care of the Elderly

This year was a time for many changes in the Care of the Elderly (COE) program. A new, portfolio-based assessment system was introduced, and Dr. Michelle Lin is the first resident to participate in this process. One key new feature includes a more formal process to foster leadership in the COE residents. Residents must participate in administrative/ leadership activities throughout the year, and submit quarterly reflections on the role of physician as leader. These are discussed with the Program Coordinator, and used to plan leadership experiences for the next quarter. As well, residents are required to complete a mini-administrative project, and receive feedback on this. Dr. Sara Porter was the first to complete her project – a new and improved orientation and resource manual for residents rotating through the geriatric psychiatry outreach rotation. Dr. Lin plans to revise the orientation process for residents starting on the inpatient unit in geriatrics.

In the final quarter of the COE program, specific academic half-days are planned to further discuss leadership topics in order to prepare COE residents for practice.

Developmental Disabilities

In the 2011/12 academic year, the Developmental Disabilities program resident took advantage of learning resources in Kingston, Toronto, New York and San Francisco. She conducted research in collaboration with the Province of Ontario Community Networks of Specialized Care in a project to assess the acceptability of a personal health information "passport" to be carried by persons with developmental disabilities to their visits to emergency departments and physicians' offices. She was also involved in teaching Family Medicine residents, medical students and other health care workers in a variety of settings, including clinical teaching, seminars and videoconferences. The Department is looking forward to welcoming a new resident to the Program for 2012/13.

Emergency Medicine

The Queen's CCFP–EM program is one of the largest in the country, with 10 residents slated to enter in July 2012. This is a highly regarded program nationally that has been in existence for more than 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; weekly dedicated simulator lab resuscitation sessions; monthly trauma simulation sessions, a "summer series" devoted to resuscitation and procedural skills; a web-based Challenger Program for written exam preparation; semi-annual written SAMP exams and Standardized Simulator OSCE exams; Critically Appraised Topic (CAT) Projects; and pre-exam seminars after completion of training, prior to the final exam. Under the umbrella of the Enhanced Skills Program, the Emergency Medicine program benefits from the support of the other PGY-3 programs.

Queen's Family Medicine is proud to offer residents interested in Emergency Medicine a dynamic, versatile and highly respected CCFP-EM program.

Global Health

This new program was designed to augment the core program in Global Health, which focuses on the physician advocate role and care of underserved populations. The incumbent resident was interested in developing further knowledge and skills in the care of aboriginal populations as well as enhanced skills in Obstetrics and Emergency Medicine. This year has also involved an intensive experience working in Zimbabwe at the well-established Howard Salvation Army Hospital. The intention is to develop a more regular presence of Queen's trainees at this institution.

Palliative Medicine

Palliative Medicine is a unique one-year program conjointly accredited by the College of Family Physicians of Canada as a Category One Enhanced Skills Program and by the Royal College of Physicians and Surgeons of Canada as an Accreditation Without Certification (AWC) Program. The Queen's program is supported by strong collaboration between the Departments of Family Medicine, Oncology and Medicine. Faculty are members of the integrated Palliative Care Medicine Program and Division of Palliative Medicine.

Two PGY-3 Family Medicine residents graduated from the Queen's program in 2011. Dr. Desmond Leung is practicing full-time Palliative Medicine at North York General Hospital in Toronto and Dr. Arnell Baguio has a combined Family Medicine/Palliative Medicine practice in Newmarket. Two residents entered the program in July 2011: Dr. Stephen Singh, a PGY-3 resident from the University of Western Ontario, and Dr. Maied Al-Shehery, an internist from Saudi Arabia. The program also secured funding for Dr. Christina Quinlan to participate in a six-month enhanced skills program in Palliative Medicine.

Program strengths that contributed to the Palliative Medicine training program's full accreditation this year included: a collegial, interdisciplinary and mutually supportive Division of Palliative Medicine; emphasis on continuity of care and a patient-centred approach to care; a flexible program responsive to residents' future practice plans; and a strong academic program. No weaknesses were identified.

In the upcoming year, a new Program Director will be chosen to replace Dr. Cori Schroder, who is retiring. Changes may also occur depending on the outcome of an application by the Canadian Society of Palliative Care Physicians to the RCPSC for consideration of a two-year subspecialty in Palliative Medicine.

Rural Skills

One of the features of the rural skills program this year was the testing of a horizontally integrated experience, based in the Emergency Department of Cornwall Hospital with other exposures to General Surgery, Procedures Clinics, Obstetrics and Paediatrics. This model will continue to be developed in other locations in the coming year. It will also allow for an ongoing experience in Family Medicine while building enhanced skills in focused areas of practice.

Dr. Glenn Brown and medical student Victoria Squissato at NAPCRG, Banff, 2011

Undergraduate Education

New Members of the Undergrad Office

Dr. Brent Wolfrom joined the Undergraduate Program team in July 2011 as Clerkship Director. He chairs the Family Medicine Clerkship Course, which provides a diverse exposure to the many aspects, niches and possibilities of family practice.

Kristie Salsbury was recruited to the position of Undergraduate Program Assistant in November and has confidently taken the reins. Kristie's ever-expanding job description includes the day-to-day operation of the year-round, regionalized clerkship course, pre-clerkship course coordination and communications, community week coordination, and undergraduate awards. She also maintains a post-graduate role in coordinating the pre-residency program (PRP).

New and Continuing Roles in the Undergraduate Curriculum

Dr. Kelly Howse is the School of Medicine's new Undergraduate Career Counsellor. She will assist with Career Counselling in the undergraduate curriculum and with individual student counselling.

Dr. Ruth Wilson was appointed Chair of the Professional Foundations committee in the undergraduate curriculum and continues her roles as the "Manager" competency lead and faculty advisor for the Queen's Family Medicine Interest Group (FMIG).

Dr. Brent Wolfrom and Dr. Diane Lu were appointed to the Course and Faculty Review Committee (CFRC). Committee duties include establishing parameters for evaluation of all undergraduate courses and reports on strengths, weaknesses and recommendations for improvement. Dr. Wolfrom continues on the Clerkship Committee and on Curricular Council in his role as course Chair.

NEW VISION AND MISSION

Nine members of the Department's Undergraduate committee, along with Department Head Dr. Glenn Brown as special invited guest, came together at the Donald Gordon Centre in February 2012. Through a focused process of small- and large-group discussions, a Vision was forged.

Vision – Queen's School of Medicine:

Where family doctors are respected and valued;

Where students are excited to learn about Family Medicine; and

Where graduates are drawn to Family Medicine careers.

And from this Vision derives:

Mission:

- To take advantage of opportunities to teach and to exhibit unique Family Medicine skills;
- To take advantage of opportunities to positively influence the position of Family Medicine at Queen's School of Medicine;
- To actively root out the not-so-hidden "Hidden Curriculum" against Family Medicine at Queen's;
- To proclaim and model the opportunities for a customized, challenging and rewarding career in Family Medicine.

And from this Mission, some rallying cries:

"Discover what it takes . . .
to be a Family Doc"

"Picture a life . . .
in Family Medicine"

Dr. Michael Sylvester continues his membership on the Undergraduate Curriculum Committee, where he participates in the work of medical school curricular renewal and oversight, and on the Curricular Council, in his role as a course Director.

Dr. Susan MacDonald continues her role as Academic Affairs Advisor to the Undergraduate Program, reviewing files and working with students who show signs of academic difficulty. Dr. MacDonald also continues to teach Ethics in the Professional Foundations course.

Dr. David Barber teaches on Dermatology and Back Pain. Dr. Karen Hall Barber teaches on Dermatology. Brandon Worley (Meds 2014) was elected Chair of the FMIG. Amanda Lepp (Meds 2015) was elected Junior Co-chair of the FMIG.

Members of the Undergraduate Committee

With the addition of Dr. Howse, Brandon Worley and Amanda Lepp, the Family Medicine Undergraduate Committee of 2012 includes:

- Dr. Michael Sylvester *(Chair)*
- Dr. Brent Wolfrom *(Executive)*
- Kristie Salsbury *(Secretary)*
- Dr. David Barber
- Dr. Ian Casson
- Dr. Kelly Howse
- Dr. Karen Schultz
- Dr. Hannah Shoichet *(PGY-2)*
- Dr. Ruth Wilson
- Brandon Worley *(Meds 2014)*
- Amanda Lepp *(Meds 2015)*

Pre-clerkship
"Discovering what it takes"

Meds 115: Family Medicine

The class of 2015 was delighted with this year's second iteration of Meds 115: Family Medicine – approaches to 17 common problems in Family Medicine. Anonymous course and instructor evaluations drew several comments, such as:

"This was my favourite academic course this semester. It was well-taught, the material was interesting, and I felt as though I was learning useful knowledge that is relevant to my career."

"Dr. Sylvester brought a unique and exciting perspective on Family Medicine, and did a fantastic job of building up enthusiasm about Family Medicine in myself and my classmates."

"After Hours Care" Observerships

These clinical observerships attended by first- and second-year medical students continue to be over-subscribed. Students rate the three- to four-hour clinical experiences as overwhelmingly positive, citing excellent teaching by faculty and residents.

"The resident was fantastic. She not only allowed, but urged me to try on my own to do the things I've learned about, and she made a point of teaching/explaining things at every opportunity."

"The residents and supervising physician were amazing at providing learning opportunities, encouraging me to take the (patient's) history and help with aspects of the physical while making me feel adequately supervised and comfortable to ask questions. The experience showed me a lot about primary care in a family health clinic and boosted my confidence in my clinical skills."

Community Week

This ever-popular clinical placement caps the first year of medical school and features a week-long Family Medicine experience in smaller Ontario communities. With the invaluable help of regional placement officers at ROMP and ERMEP, groups of students get a chance to demonstrate their new knowledge and skills. This year, the experience was added as an official part of the Professional Foundations curriculum, and students will have the opportunity to document "Advocacy" and "Manager" roles in action.

"Looking back, I am truly surprised by just how much I enjoyed myself, as well as the impressive range of roles a family physician can play in a rural setting. For these physicians, care truly encompasses ages 0-99, the healthy as well as the sick, and seeing them move through their roles doing rounds at the hospital, to the family clinic, to home visits, to the long-term care facility, was inspiring and exciting. I definitely hope to return to this community one day." – Calvin Lo (Meds 2014)

Small-Group Teaching

There are eight faculty members tutoring one half-day per week in the clinical skills program, and four faculty members tutoring in the facilitated small-group learning program. Together, they provide the equivalent of 10 half-days per week of teaching over the entire school year – that's like a full-time GFT position devoted to tutoring!

Term 1 Clinical Skills in 2011 was unprecedented in that every Family Medicine Department tutor was given a Teaching Award.

Clerkship "Picture a life …"

Under the leadership of Dr. Brent Wolfrom, the six-week core clerkship rotation in Family Medicine continues to be rated among the top two or three clinical rotations at Queen's.

Anonymous feedback is very positive, as in these samples:

"My Family Med rotation was one of my best in clerkship overall."

"I really had a fantastic experience and could not have hoped for more."

Dr. Wolfrom has also begun the painstaking but rewarding exercise of meeting Undergraduate Education's most prized resource – community preceptors. So far, the reaction has been overwhelmingly positive, and has revealed a number of community-based champions of undergraduate medical education within the Kingston area.

Dr. Wolfrom and Kristie Salsbury have established a successful routine of contacting regionally dispersed clerks during their Family Medicine rotation. These new points of contact have provided the students an opportunity to review and reflect upon their experiences in Family Medicine, and allowed for increased interaction between the Department and undergraduate learners, despite the dispersed nature of the rotation.

"Queen's students will have a distinct advantage in securing placements."

Family Medicine Interest Group

The FMIG, led by Brandon Worley, was very active this year. The group's members have maintained their annual social meet-and-greet events, as well as their skills nights and their rural medicine tour of Picton. What is more, they have grown their commitments at the local and provincial levels.

In the Kingston community, the Queen's FMIG has developed an initiative to provide health counselling for halfway houses and support for a new program for healthy eating on Native Reserves in the area. During Queen's Medical School interview weekends, they were successful in promoting Family Medicine by leading basic clinical skills workshops for applicants, which were filled to capacity. The FMIG has helped mentor other provincial interest groups, and has begun organizing a trip to Family Medicine Forum 2012 in Toronto.

New National Role

Dr. Sylvester was elected chair of CUFMED, the Canadian Undergraduate Family Medicine Medical Education Directors, a unique collaboration among all 17 Canadian medical schools. CUFMED has set its 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.

New Student Placement Policy

The Department of Family Medicine approved a new, streamlined policy that will centralize the coordination of student placements at both the pre-clerkship and clerkship levels. Queen's students will have a distinct advantage in securing placements, and students from outside accredited North American Schools will be excluded – with the hope that once Queen's builds additional capacity for students in its system, the door to international students will open once again.

Clinical Service

Over the past year, the clinical services team has continued to implement quality improvements using the committee structure and foundation work established in 2010. The Queen's Family Health Team (QFHT) Advisory Board, under the leadership of Florence Campbell, has challenged the clinic group to meet new targets of quality improvement through collaboration with the South East Local Health Integration Network, a review of referral patterns, and a focus on a patient-centred approach to care delivery.

The QFHT's clinic services framework now includes a weekly clinical management "huddle" to address emerging needs, an overseeing multidisciplinary quality committee called the Better Innovations Group (BIG), and other smaller committees such as Quality Assurance, Pharmacy and Therapeutics, Medical Directives, Immunizations and Diabetes, and discipline-dedicated meetings for clerical, nursing and allied health. Some other positive catalysts this year included an Electronic Medical Record (EMR) that is relatively responsive to programming changes (OSCAR); a Data Analyst who continually monitors progress and trends; and students (from nursing, pharmacy, medical assistants and summer students) who are able to support the clinic's needs. Having fresh eyes, eager initiative and new approaches have broadened quality reviews.

Quality Improvement:

The Institute of Medicine's Domains of Quality Improvement were adopted as a matrix within which to frame the initial QFHT Quality Plan in 2008:

1. Safety: patients have a right to a system that strives to protect them from medical error;
2. Effectiveness: as health care providers, the QFHT is obligated to provide the right care at the right time to the right person;
3. Patient-centredness: patients deserve care that is respectful of, and responsive to, their individual needs, preferences and values;
4. Timeliness: both patients and clinicians deserve a system that strives to reduce wait times and potentially harmful delays;
5. Equity: care of equal quality, regardless of personal characteristics;
6. Efficiency: patients, staff and clinicians deserve a clinical work environment that strives to avoid waste.

In 2012, some key outcomes of the Department's quality improvement journey are contained in the QFHT Quality Plan. Of the many goals established within the Quality Plan, the following highlights are provided:

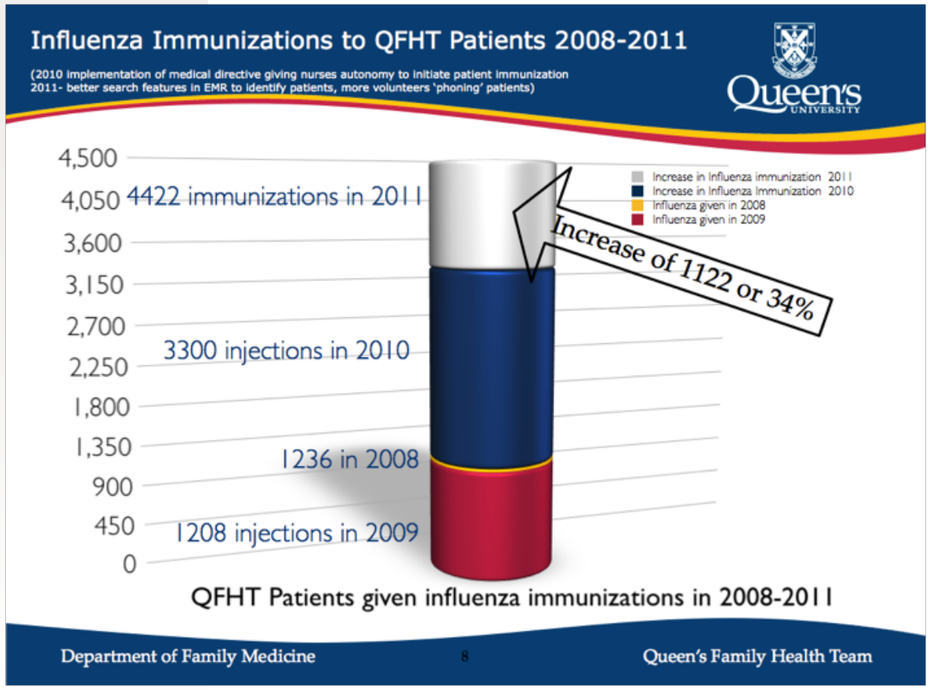
1. INFLUENZA IMMUNIZATION PROGRAM

(part of the MOHLTC's five preventive care targets)

In 2010, the QFHT was in a position to change many processes to optimize the impact of patient immunization for seasonal influenza. The success in the past two years has been significant, as shown in the accompanying graph.

In order to improve the immunization rates, the following activities were implemented:

- RPNs were trained to give injections (thus doubling the "supply" of those who could give injections);
- A "no barrier" approach to immunizations was adopted to enable patients to get their shot:
  - In dedicated clinics, during various times (evenings, weekends, PA days)
  - Any time they dropped in, including After Hours Clinic
  - During flu-shot house calls
  - In opportunistic capture when patients were in the clinic
- Medical directives were written such that nurses would not have to await an order;
- Nursing students were tasked to make reminder and follow-up phone calls;
- Post cards and emails were distributed to all QFHT patients;
- EMR searches were improved to identify particular high-risk patients needing shots;
- A "Staff Blitz" was implemented to immunize everyone in QFHT with roving "coffee and injection desk-calls." Staff should not be a vector of influenza to patients;
- Waiting room signage and posters throughout the clinic and exam rooms were improved;
- Tracking and recording if patients received their flu shot elsewhere or declined it were improved.



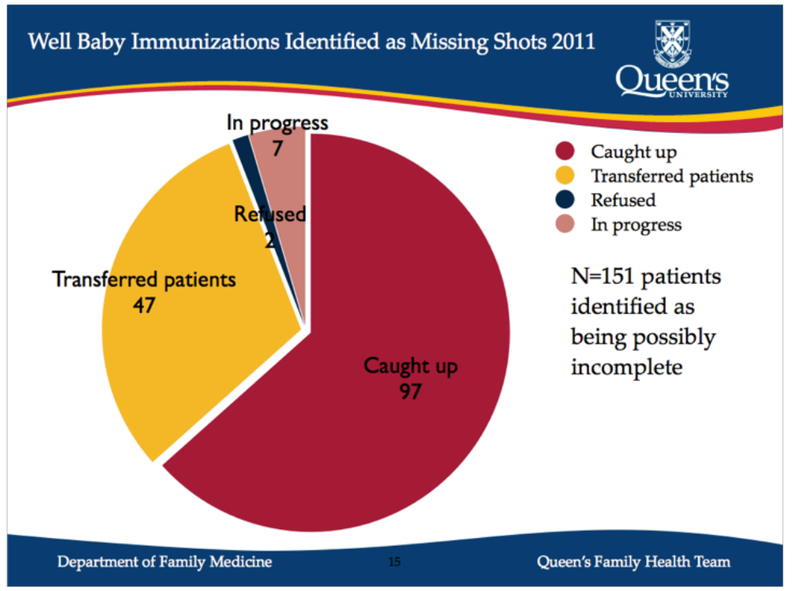
Overall, the 2011-12 season was a success:

- 37 per cent (4,422) of all QFHT patients were immunized (the goal was 4,000);
- 80 per cent of patients older than 65 years of age were immunized, thus reaching the Ministry of Health benchmark;
- 66 flu shots were given at house calls, organized by nurses; and
- 80 per cent of staff members were immunized.

2. PEDIATRIC CATCH-UP IMMUNIZATION PROGRAM

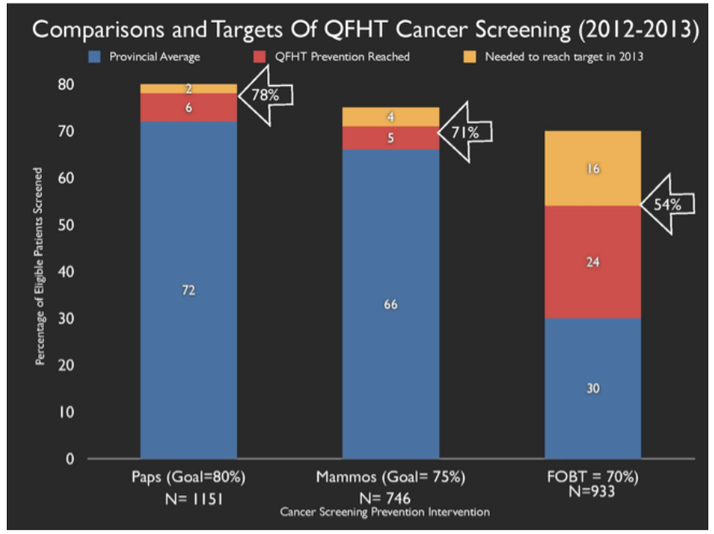
(part of the MOHLTC's five preventive care targets)

From September 2011 to February 2012, 151 children who were possibly "behind" in their immunizations were identified. Looking closely at these patients, it was found that, of these 151 patients, 97 had successfully completed their immunizations, 47 were identified as having transferred out of the QFHT practice, families/caregivers for two refused immunization for their children, and seven are still in progress. This was an extremely helpful exercise to review and update patients and their records. For patients reaching 30 months of age, 96 per cent have completed their required immunizations. The next group to review is four- to six-year-old patients and teens.



3. PAP SMEAR, MAMMOGRAM AND FOBT SCREENING PROGRAM

The Ministry of Health and Long-Term Care (MOHLTC) has established benchmarks in three other preventative health interventions. For the three cancer screening benchmarks – Pap Smear, Mammogram and Fecal Occult Blood Test (FOBT) – improving completion rates requires creative multidisciplinary approaches. Data analysis and EMR-generated (OSCAR) reports allow the QFHT to identify patients needing interventions. The accompanying graph demonstrates the QFHT's achievements which, despite falling slightly below the team's goal, exceed the provincial average in all categories.



PROGRAMS AND SERVICES – HIGHLIGHTS

Smoking Cessation Program

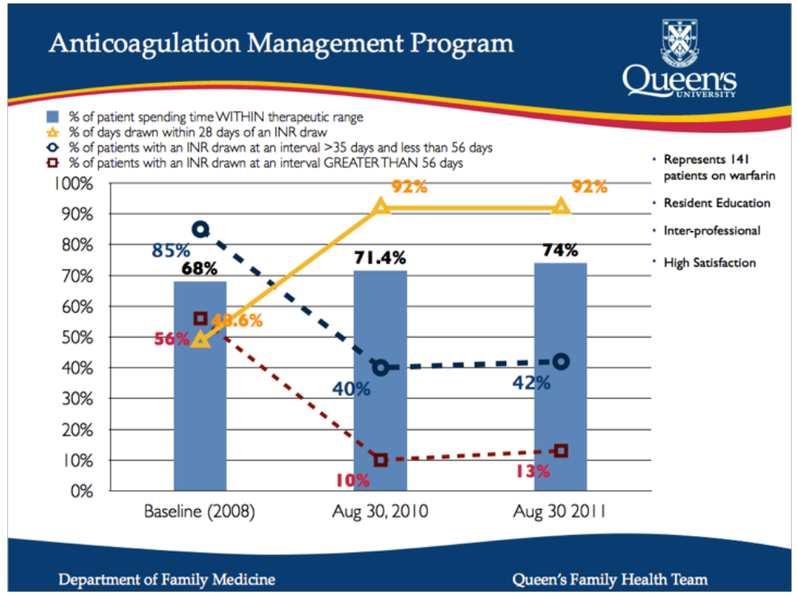
The Ottawa Model for Smoking Cessation was adopted for use in the QFHT in the fall of 2011 with several staff trained in the program's delivery (a registered nurse, a social worker and a pharmacist). In addition, the Centre for Addiction and Mental Health (CAMH) provides Nicotine Replacement Therapy (NRT) resources at no cost to patients registered in the program. Patients who smoke are identified in the EMR system, with providers able to schedule an appointment with the smoking cessation counsellor immediately. In the first six months of the program, more than 300 patients have been referred to the counsellors.

Anti-Coagulation Management Program (AMP)

As part of the Timeliness & Equity Quality Improvement dimensions, the Anti-Coagulation Management program (AMP) was developed in 2009 with three goals: to have all eligible patients enrolled in the pharmacist/registered nurse-led program; to increase the percentage of patients who have their blood drawn within 28 days; and to improve the patients' time within therapeutic range (TTR). The QFHT pharmacist and a registered nurse completed the Anti-Coagulation Management certificate course from the University of Waterloo in June 2009. Prior to this program, patients were managed by their physician, with high inter-physician variability for TTR across the QFHT. By October of 2011, 92 per cent of the 141 patients followed by the AMP had their International Normalized Ratios (INRs) drawn within 28 days. This compares to 2008, when only 56 per cent of patients had an INR blood draw within 28 days. Moreover, 74 per cent of QFHT patients are spending their time in therapeutic range, which exceeds the gold-standard benchmark of 70 per cent and is a six-per-cent improvement since 2008.

Perhaps one of the most important feedback loops was a patient satisfaction survey conducted in 2010. Patients report that the quick in-and-out service (appointments are booked every five minutes) provided by the QFHT's allied health team saves patients hours waiting in a lab, and eliminates the telephone tag that previously occurred with physicians in monitoring and adjusting medications. The program's pharmacist and registered nurse see some of the most vulnerable patients once per month, identifying other health issues (e.g. depression, dementia, heart failure), which are quickly referred to the physician.

Moreover, at these quick, point-of-care AMP visits, vaccinations are updated, smoking status is recorded, and other opportunistic interventions occur. The physician appointments "saved" each year through the use of allied health professionals in the AMP is estimated at 1,840 visits.



Diabetes Program

The first major task completed for the care of the QFHT's diabetic patients has been the identification of this patient group. This was a significant task involving comparison of EMR data with the Ministry of Health's Baseline Diabetes dataset, reviewing abnormal lab results and medication lists, and a final review by the providers in each clinic. The result is 875 diabetic patients identified within the QFHT, now all appropriately coded and searchable. The team's nurse practitioner lead on diabetic care has completed several Medical Directives and office policies for auto-recalling of patients and strategic deployment of resources using standardized diabetic metrics. In collaboration with the Kingston Community Health Centres, a Chronic Disease Self-Management program has been initiated for the QFHT's diabetic patients. Patient group sessions have been established for spring and fall 2012, with initial patient feedback enthusiastic and receptive to this group model of care delivery.

eReferral Pilot Project

The QFHT participated in a pilot project that will link primary care physicians to their specialist colleagues via eReferral Patient Referral Software. This project in intended to bring together specialists and primary care physicians from across the Central and South East LHINs to develop referral technologies that will ensure improved patient safety, more efficient work flow, and increased collaboration. Key features of the program include the ability to track a referral as it moves from family physician referral through to approval and appointment booking at the specialist's office, as well as the opportunity to assess wait times and improve communications between primary and specialty care. In the South East LHIN, the focus of the pilot will be orthopedics services, including referrals related to hips and knees. The software will be integrated into OSCAR and it is anticipated that final testing and implementation will be completed in spring 2012.

Patient Engagement

A first for QFHT patients this year was a newsletter, QFHT News (fall 2011 and spring 2012), delivered both electronically and by postal mail. The Department's goal is to reach out to patients with respect to programs and services available, to highlight the QFHT's residents, academic and multidisciplinary team environment, and to provide an opportunity for patients to provide feedback with their suggestions, comments and concerns.

New patients continue to be accepted within the QFHT. Communication with various community groups (Queen's staff, Military Resource Centre, Health Care Connect, and hospital emergency departments) regarding primary care services available in the downtown area has resulted in many new patients attending the QFHT.

Dean Richard Reznick and Dr. Richard Birtwhistle, Research Day 2011

RESEARCH

CENTRE FOR STUDIES IN PRIMARY CARE (CSPC)

The Centre for Studies in Primary Care (CSPC) is the research arm of the Queen's Department of Family Medicine. The Centre provides faculty with research support, directs the department's resident research teaching program, and helps to build capacity in primary care research by providing an environment that supports research training to medical students, Family Medicine residents, graduate students, allied health profession research trainees, and practicing family physicians.

The Centre's research activities are in areas relevant to the practice of primary health care, primary care chronic disease surveillance and population health, Family Medicine education, program evaluation, and evidence assessment for clinical practice. Some of the Centre's research activities respond to community needs and funding opportunities.

To conduct research in the primary care setting, a "laboratory" of practices in the community is needed. As such, the CSPC has a regional primary care practice-based research network that is part of the Canadian Primary Care Sentinel Surveillance System (CPCSSN), led by Dr. David Barber. This network consists of a core group of community-based practitioners who are interested in the development of research ideas in primary care, and a larger group of practicing physicians who participate by contributing de-identified patient health information from electronic medical records from their practices.

Overall, 2011-12 was a successful year for the CSPC. Dr. Richard Birtwhistle, Centre Director, continues to expand the scope of CPCSSN, which received five-year funding in the amount of $11.8 million in 2009 from the Public Health Agency of Canada. The development of CPCSSN is an outstanding achievement for primary care research and surveillance in Canada, and will support an increase in research capacity and the creation of a primary care chronic disease management data repository. During 2011-12, the CPCSSN project recruited Dr. Tyler Williamson as a Senior Epidemiologist to assist in moving the research agenda forward for the network at the national level, and Dr. David Barber was appointed the Regional Network Director for the CPCSSN project at CSPC.

Other new research includes an international five-year CIHR-funded study led by Dr. Michael Green, Associate Director of the CSPC. This study will examine and develop education models for health professionals that aim to reduce disparities in chronic disease care training and lead to improved health outcomes in indigenous populations.

On a provincial level, the Centre received funding in the amount of $499,000 to evaluate the outcome of the quality improvement learning collaborative initiative led by the Quality Improvement and Innovation Partnership (now called Health Quality Ontario) in Ontario. This project, led by Jyoti Kotecha, the Centre's Assistant Director, is being conducted in collaboration with colleagues at Western University. Additional project funding has been received through the SEAMO education research fund to support Dr. Karen Shultz's education research. Next year, the CSPC hopes to expand this area of research through the leadership of Dr. Elaine Van Melle, who will be working with the Centre and faculty over the next two years to help develop this portfolio.

Dr. Lawrence Leung, a core research faculty member of the Centre, published many peer-reviewed articles throughout the year. Dr. Leung is currently working on a PhD and is developing a research portfolio in acupuncture for chronic pain management and smoking cessation.

The Centre's success has led to faculty being invited to participate as members of various national and provincial committees. Dr. Birtwhistle is the Vice-chair of the Canadian Task Force on Preventive Health Care. Dr. Green serves on the Quality Improvement and Innovation Partnership Steering Committee. Dr. Walter Rosser, Chair of the CPCSSN Surveillance and Research Committee, is an invited member of a number of national and international academic and research committees. Ms. Jyoti Kotecha serves as a member of the Board of Directors for the South East Local Health Integration Network.

To learn more about the CSPC's current research activities, please visit www.queensu.ca/cspc/. The Centre's annual report will be posted in late May 2012. The following is a list of current publications and presentations.

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INSIDE THE DEPARTMENT OF FAMILY MEDICINE

Information Management Committee (IMC)

The Information Management Committee's (IMC) mandate has been to provide the Department of Family Medicine (DFM) with the information technology (IT) infrastructure needed to meet its strategic goals. This was articulated and defined in DFM's last strategic plan, and the IMC has fulfilled these requirements.

OSCAR, the electronic medical record (EMR) implemented in June of 2010, is the centrepiece of the Department's efforts and will remain the focus for the IMC through the next strategic plan.

The second major infrastructure piece this year was the calendaring and email system, based on the Google platform, which has met the Department's administrative needs. Support was also provided to the DFM's post-graduate education division in the realm of resident evaluation and general communication.

The Department's new IT infrastructure has opened up many opportunities for the DFM and IMC to pursue. In order to capitalize on these opportunities, the IMC's structure was recently revamped. Three new sub-committees have been formed: OSCAR, Education and Regional Relationships.

The OSCAR sub-committee will focus on leveraging the implementation of OSCAR. There is much work to be done around data discipline and optimization of OSCAR's feature set. The long-term goal is to have highly accurate EMR data within OSCAR that will allow powerful report generation and monitoring, leading to improved patient care. Further to this, this sub-committee's intention is to take advantage of OSCAR's open-source structure, which allows the Department to add functionality in a nimble fashion. This opens up the possibility of taking on funded demonstration projects, with parallel studies to assess impact of these projects. The current major funded project is the MyOscar pilot, which allows patients to access their medical records, book appointments, and securely email their health care providers.

The Education sub-committee will continue to focus on the education needs of residents. Focus will be on evaluation and monitoring of residents' progress throughout the two-year residency program. Further to this, the Education sub-committee will leverage the IT infrastructure to promote the DFM's residency program to prospective residents.

The Regional Relationship sub-committee will focus on developing relationships with local and regional partners. Regional health care information continues to be kept in silos, and this sub-committee hopes to promote the seamless sharing of information across the region with the end goal of improving patient care.

Human Resources

The Department of Family Medicine (DFM) experienced further growth and change in Human Resources this year. A number of new positions were established to accommodate changes in administration, education and clinical groups, and to fulfill the Department's objective of a clearly defined organizational structure.

The Manager of Strategic Relations, reporting to the Head of the Department of Family Medicine, provides leadership, management and direction in support of the Department's strategic plan. This includes the provision of executive support in the areas of administration, organization and research, and related functional activities including human resources, communications and stakeholder relations. The Manager of Strategic Relations works on a variety of programs with key stakeholders on priority planning, policy and procedure analysis, financial management and related reporting. Working within the office of the Department Head, this manager is responsible for developing and implementing external relations initiatives in coordination with the Department Head, faculty and other stakeholders.

The annual Queen's DFM picnic

The Manager of Operations, also reporting to the Department Head, is responsible for assisting with the administration, planning and coordination of effective internal operations and all related functional activities within the areas of physical plant and infrastructure, information technology, risk management, and finance. This encompasses priority planning, policy and procedure analysis, financial management and related reporting.

Reporting to the Manager of Strategic Relations, the Communications Coordinator is responsible for implementing key initiatives from the Department's communications and public relations strategies. This includes proactively identifying newsworthy information and developing, writing, editing, and pitching high-quality news and information content, and responding quickly and effectively to media inquiries.

The IT Applications Support Specialist is responsible for managing and maintaining the DFM's computer information systems, which includes providing applications software training for users, technical support, ongoing evaluation of systems' efficiency, connectivity and communication, and recommendations on the acquisition of new systems as appropriate. This specialist liaises with systems software and hardware providers to ensure the security, maintenance and support of the Department's local area networks, and to install new IT hardware and software.

The Physician Compensation Administrator, reporting to the Manager of Operations, liaises with the Finance Coordinator and Faculty Support Coordinator to administer all aspects of physician compensation and benefits for the Department's physician faculty, community preceptors and locums.

The Recruitment and Orientation Assistant is responsible for supporting the recruitment and orientation of residents in the Department's residency program. This assistant serves as the main contact for prospective residents, coordinates orientation activities and provides administrative support to the Recruitment and Orientation Committee.

The Medical Office Assistant supports the clinical teams by providing primary care to patients in accordance with the policies and procedures of Queen's Family Health Team (QFHT). This includes patient intake, working collaboratively with the team nurse, physician and residents, and assisting with the general flow and function of the clinics.

The Stocking Clerk ensures appropriate stocking of all clinic and general office supplies, orders supplies and ensures the proper operation of equipment in accordance with the policies and procedures of the QFHT.

Beyond the addition of new staff positions, modifications and improvements were made to the Department's internal e-based scheduling tool, Master Corporate Schedule (MCS). These improvements address the changing needs of the management group for tracking staff and clinical schedules, and accommodate a routine file transfer of attendance information from MCS directly to the University's new HR administration system, HR PeopleSoft. Testing of this file transfer process is under way and is expected to go live in late spring 2012.

The WorkLife Balance Committee is developing two new sub-committees. The Celebrations sub-committee will focus specifically on implementing the various DFM social events and staff recognition celebrations. The Employee Support sub-committee will be committed to providing staff with linkage to supports such as crisis counselling (personal or work-related), University and community services, and professional development opportunities.

In an effort to increase awareness of diversity in the workplace, the WorkLife Balance Committee began a series of Positive Space Program sessions in cooperation with the Queen's University Human Rights Office to familiarize staff with queer issues, local resources and discrimination and harassment policies. Following each session, staff members are given the opportunity to become members of the Positive Space Program and receive a sticker to designate their work, living or study space as "Positive Space" (i.e. respectful and supportive of sexual and gender diversity). These sessions, scheduled through mid-May, have received favourable feedback.

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.

Approved through April 2016, the Ontario College of Family Physicians provides fully accredited PBSG-ED Series of Medical Education for Clinical Teachers modules to university-based residency programs. The Department of Family Medicine's own web page contains links to resources for self learning and small-group learning formats.

Recent sessions held locally and in partnership with other sites include:

Kingston

- Teaching Bioethics at the Bedside
- Case Studies in Teaching Family Medicine Residents
- International Medical Graduates – Orienting, Teaching, Connecting
- Updates in Behavioural Medicine Curriculum
- Developing Professionalism in our Learners

Moose Factory

- Weeneebayko General Hospital – Clinical Teaching Tips/ Feedback/New Directions of the CFPC

Oshawa and Belleville

- Top 5 Things Family Medicine Residents want their Teachers to Know or Do
- Time-Efficient Precepting

Peterborough

- Providing Effective Feedback
- Time-Efficient Precepting
- Field Notes

Faculty Support

Queen's Family Medicine was successful in the recruitment of the Undergraduate Clerkship Director position within the Department. Dr. Brent Wolfrom assumed the role in the Department on July 1, 2011. Having spent the majority of his career as a physician in the Canadian Forces, Dr. Wolfrom brings a unique perspective to the Department.

The Department will continue its efforts in seeking family physicians in the following roles:

- Deputy Head: The incumbent will provide academic leadership within the Department; provide support to the clinical, educational and research programs in the Department of Family Medicine; and provide administrative support.
- Developmental Disabilities Director: The incumbent will be responsible for the expansion and implementation of a developmental disabilities practice, consultation and education program within the Department.

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 the DFM's residents. The employment of these highly respected physicians enables the 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.

Workplace Safety, Risk Management & Physical Plant

Over the past year, renovations were completed to add four additional patient exam rooms to an existing three-room wing at 220 Bagot St. This renovation allowed for additional patient rostering at the Queen's Family Health Team (QFHT) and provided space for existing specialty clinics for the QFHT's patient population. Work is now under way to improve the After Hours clinic area to allow for a more efficient physical layout for both medical staff and patients.

Efforts made over the past year to create awareness of the importance of incident reporting have proven successful, with an increase in reporting from faculty and residents from previous years. Regular debriefing sessions for staff, faculty and residents are now taking place, providing useful feedback on how systems can be improved.

A service agreement between the QFHT and the Occupational Health Department at Hotel Dieu Hospital was recently signed. This agreement provides staff, faculty and residents with immediate occupational health services and appropriate follow-up should a clinical injury occur, such as a needle stick or eye splash.

One of the most significant developments in the past year was the establishment of a departmental Joint Health and Safety (JHS) Committee. This committee is specific to the Department of Family Medicine and has representation from all groups within the Department. Site inspections are now occurring quarterly, rather than on a previous yearly schedule. As well, regular JHS Committee meetings provide an opportunity to regularly review incident reports pertinent to the committee, discuss future strategies and review specific concerns from members of the Department. Two members of the JHS Committee will participate in training sessions this spring to obtain specific expertise in the area of community occupational health and safety legislation.

Safety initiatives are also being extended to the Department's Belleville-Quinte, Peterborough-Kawartha and Bowmanville Oshawa-Lakeridge sites in the form of safety information boards and regular site inspection check lists.

THE DEPARTMENT OF FAMILY MEDICINE IN THE COMMUNITY

Survivorship and Well Follow-Up Care for Colorectal Cancer Survivors: Knowledge Translation and Exchange (KTE) Plan

With $70,000 from Cancer Care Ontario (CCO), a project team from the Kingston-based Southeast Regional Cancer Program is acting as a consultant to develop a Colorectal Cancer Survivorship Knowledge Transfer and Exchange (KTE) plan. This plan will be used by three CCO-funded Ontario pilot project sites (Champlain, North York and Northwest).

A multi-pronged plan of KTE activity will be developed and implemented that supports interdisciplinary, team-based care surrounding the transfer of care of colorectal cancer survivors from specialists in regional cancer centres back to primary care providers and, in turn, to survivors and their families. The plan will be evidence-based and will include several unique tools for specialists, patients and primary care providers. A detailed communication plan to target stakeholder groups will also be developed and implemented.

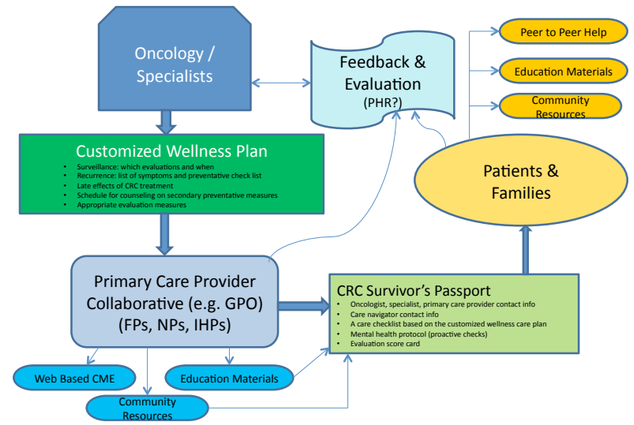
The KTE plan will serve as a best-practice model consistent with CCO's evidence-based guideline of follow-up care for colorectal cancer patients in terms of number and types of visits and tests, conducted by the most appropriate health professionals, leading to a reduction in workload for specialist oncologists.

An evaluation process of the KTE plan will be developed to demonstrate maintenance or improvement in quality of care, patient and provider experience, and a shift of some components of care away from specialist oncologists, leading to a reduction in costs to the health care system.

It is expected that a successful launch of this KTE plan will inform a broader provincial roll-out of the model, leading to its adaptation in assisting colorectal cancer centres across the province and other cancer survivorship programs.

The work plan is being driven by a steering committee, including Department Head Dr. Glenn Brown, and chaired by Ms. Julia Niblett, Regional Director, South East Regional Cancer Program. Collaboration with the Department of Family Medicine at Queen's University allows the committee to draw on the Department's expertise in the education of primary care providers and resources from the Centre for Studies in Primary Care. Candice Christmas, Manager of Strategic Relations, is responsible for overall project management and facilitation of the consultative process.

Tools and Information Flow



BORN ONTARIO EMR PILOT PROJECT

The Queen's Department of Family Medicine is participating in an Electronic Medical Record pilot project designed to optimize antenatal care and data in primary care settings.

Funded through eHealth Ontario, the pilot project was developed through the Better Outcomes Registry & Network (BORN) Ontario. As Ontario is increasing its capacity to plan and deliver maternal-child services, BORN's mission is to:

- Create and maintain an authoritative and definitive source of accurate and timely information to monitor, evaluate and plan for the best possible beginnings to life-long health;
- Provide scientific and technical leadership for Ontario's maternal, child and youth health system;
- Ensure the value of a high-performing maternal, child and youth health system through management, measurement and clear sight of performance and outcomes;
- Design and support data collection systems and linkages for maternal, child and youth health care that spans the spectrum from normal to high acuity and rare conditions;
- Translate data into information and knowledge for the maternal, child and youth health care system.

Pilot Project Background:

With about 140,000 births every year and each woman having multiple prenatal (also known as antenatal or pregnancy) visits with a health care provider, care during pregnancy, birth and the postpartum period represents an important element of Ontario's health care system. Eighty-six per cent of women who deliver in hospital start prenatal care in the first trimester (BORN Ontario, 2010).

BORN has identified two specific opportunities:

1. Improve practitioner use of high-quality clinical practice guidelines and pathways for antenatal care.
2. Automate the flow of data collected on the current "Antenatal 1" and "Antenatal 2" forms to improve the effectiveness and efficiency of prenatal care and increase the likelihood that a birthing hospital will receive the information prior to the mother presenting for delivery.

The pilot project's goal is to demonstrate if integration of clinical guidelines into an EMR is indeed feasible and if enhanced outcomes can be extended to prenatal care, specifically around the use of the current Antenatal 1 and Antenatal 2 records.

The Project

BORN, in partnership with the Centre for Effective Practice (CEP), has developed a draft prenatal care clinical pathway that will be integrated directly into the QFHT's EMR system after the BORN pilot project is completed. The pathway is intended to support primary care practitioners in fully completing Antenatal 1 and 2 records and providing the recommended care to enhance pregnancy outcomes.

The improved Antenatal Records 1 and 2 implementation is expected to assist in the improvement of hospital-based antenatal care as the records will be transmitted via the BORN system for use in hospitals and will help populate BORN data that is used to inform decisions on provincial antenatal care.

The pilot at the QFHT is led by Dr. Kelly Howse. To date, QFHT primary care providers have participated in a questionnaire, focus group and surveys intended to help the BORN team identify current capacity, barriers, enablers and key functionality.

The BORN pilot project will roll out mid-summer 2012, beginning with a training session to "launch" the updated Antenatal 1 and 2 in OSCAR, with feedback through a pilot/chart audit expected to be collected from Queen's OSCAR Antenatal Record 1 & 2 users when the pilot is completed.

For more information about BORN Ontario, please visit www.bornontario.ca.

"In Ontario, DD patient populations have been moved back into the community."

Developing Curriculum and Learning Tools in Developmental Disabilities for Ontario Family Medicine Departments

Persons with Developmental Disabilities (DD) have varying abilities due to physical and cognitive challenges. Almost half have a "dual diagnosis" of a mental disorder, calling for an interdisciplinary and intersectoral approach to care. In Ontario, DD patient populations have been moved back into the community. The complexity of structures and resources required to meet their needs involves the integration of care at multiple levels. Family Medicine as a discipline can provide leadership in the care of these complex and vulnerable populations by ensuring family physicians have the knowledge, skills and attitudes to provide effective care for persons with DD.

With the support of the Department Head, and $5,000 from the Ontario Developmental Disabilities Primary Care Initiative (DDPCI), a multidisciplinary steering committee was formed under the leadership of Dr. Ian Casson. Working with the five other Ontario Departments of Family Medicine and the DDPCI, Queen's Department of Family Medicine will play a leadership role in addressing and integrating the objectives of the DDPCI within the realms of: curriculum development and evaluation at the undergraduate and postgraduate levels; provision of clinical experiences that model evidence-based best practices; professional development for faculty, preceptors and interdisciplinary health professionals; and suggestions for systems-level changes to support the care of persons with DD.

"This study will build on the South East LHIN's consultative process."

Building Capacity: Integrating Primary Health Care Systems in the South East LHIN

When discussing organizational models for the delivery of primary health care, special attention should be given to spatial relationships between health care providers and their patients. As to governance of Primary Care Organizations (PCOs), scale has an impact on the ability to manage demand, achieve economic efficiencies, and keep stakeholder groups engaged. Many studies have clearly shown that patient accessibility is directly related to the spatial location of health care facilities.

With funding from the Ministry of Health and Long-Term Care, Health Human Resources Branch, the Department of Family Medicine conducted a qualitative study to better understand practitioners' views, ideas and concerns regarding the integration of primary health care services within the 15 sub-planning regions of the South East Local Health Integration Network (LHIN). This study, under the leadership of Principal Investigator Dr. Glenn Brown, will help to better understand what steps can be taken to "enhance system-wide integration and improve our health care system" (IHSP2, 2009, p. 17) with particular attention to local needs. Of particular interest is the optimal scale for governance of primary health care organizations, to inform the Primary Health Care Council (PHCC) as it continues to define its role within the South East LHIN. This study will build on the South East LHIN's consultative process.

Primary Health Care Forum, Kingston, 2012

Dr. Glenn Brown, Chair, Primary Health Care Council 2008-2012

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 of being recognized as valued partners and opinion leaders in Family Medicine and primary health care within Queen's, in our communities, and internationally, the 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 was chaired by Glenn Brown, M.D., Head of the Department of Family Medicine at Queen's University. Dr. Jonathan Kerr, Physician Lead for the South East LHIN, takes over the role of Chair.

On April 2, 2012, the PHCC hosted the 4th Annual Primary Health Care Forum, entitled "Whole-Person Care, Advocacy, and Integrating Primary Health Care Services." One-hundred and sixty-five registrants, presenters and exhibitors attended the Forum, held at the Ambassador Conference Resort in Kingston, including physicians, nurses, allied health professionals and administrators from family health teams and community health agencies throughout the South East LHIN.

The Forum's objective was to gain a better understanding of how population health needs are variable across the South East LHIN, and how primary health care services can be better integrated within its sub-planning regions. Discussions focused on what concrete steps could be taken to enhance system-wide integration and improve our health care system by focusing on "whole-person care" – the patients, their place in the life cycle and how social and environmental determinants of health influence wellness. This included the examination of case studies of patients' journeys through the health care system within the areas of child health, child and adolescent mental health, chronic disease, chronic pain management, and palliative and end-of-life care.

The Forum was supported by the Department of Family Medicine at Queen's University's Building Capacity Project, the South East LHIN and the Ontario Medical Association.

Great Ocean Road, Australia

THE DEPARTMENT OF FAMILY MEDICINE GLOBALLY

Queen's-Monash University 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, Health Human Resources Branch, provided $427,000 in 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.

The following issues are shared by Ontario and Australia:

- Optimizing access to care and minimizing fluctuations in physician capacity;
- Absorbing international medical graduates;
- Ensuring distribution of caregivers across urban, rural and remote areas over large geographic spaces;
- Incorporating non-physician providers such as allied health professionals into the health care 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 will 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 developing primary health care policy.

An international research forum is planned for September 2012 in Melbourne, including faculty from Canadian, Australian and New Zealand universities to further the research agenda in primary care, including the social determinants of health, women's health, governance of primary care organizations, and how technology can enable the surveillance of chronic diseases and inform their management.

Global Health Working Group

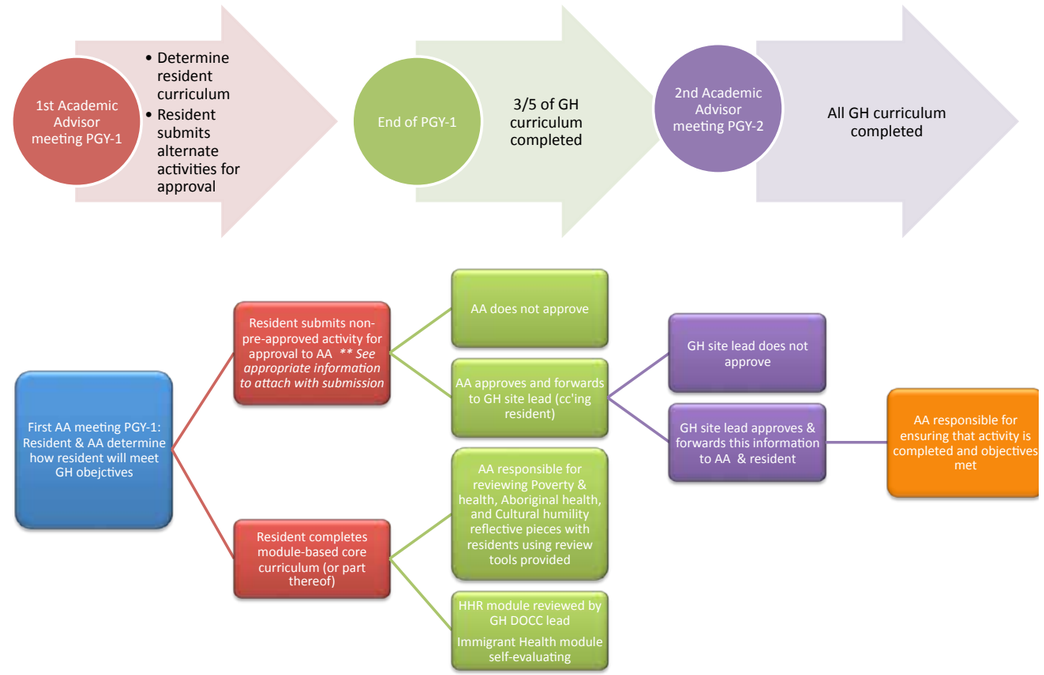
The Global Health Program underwent a comprehensive review in December 2011, including review of curriculum, evaluation methods, and a full overview of what was happening across all three (soon to be four) sites – Kingston & 1000 Islands (KTI), Belleville-Quinte, Peterborough-Kawartha and, welcoming its first cohort of residents in July 2012, Bowmanville Oshawa-Lakeridge. It was especially exciting to learn about the initiatives envisioned by the non-KTI site leads. Residents at these sites will have a very rich experience in the years to come.

This academic year, the Global Health curriculum was 100 per cent complete for the first time — another exciting milestone — and in December a dynamic academic day was held in Kingston with involvement from professors in different faculties as well as Queen's Department of Family Medicine. The day was generally well-received, and was a good opportunity for residents to learn from experts from other disciplines.

The pre-departure program continues unabated, and the Global Health team has been asked to speak to the Faculty of Health Sciences' post-grad office about the program, as it is interested in reproducing something similar for all residents going overseas. This is seen as a sign of success. Within the Department of Family Medicine, residents travelled to Tanzania, Zimbabwe and Guatemala this year, and efforts continue on developing pre-approved experiences beyond St. Lucia, which is the only overseas elective that the Department has pre-approved to date.

Like last year, residents' feedback will be collected and the curriculum will be reviewed. Previous resident feedback led to recent curriculum changes that allow residents to tailor their Global Health curriculum based on their interests and experiences, rather than having to comply with a pre-determined curriculum. Assessing how this change has worked in practice, including the experience of residents and that of their academic advisors, will be a big part of the work in 2012-13.

Global Health Curriculum Overview



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