



DEPARTMENT OF FAMILY MEDICINE AT QUEEN'S UNIVERSITY

Annual Report 2012-2013

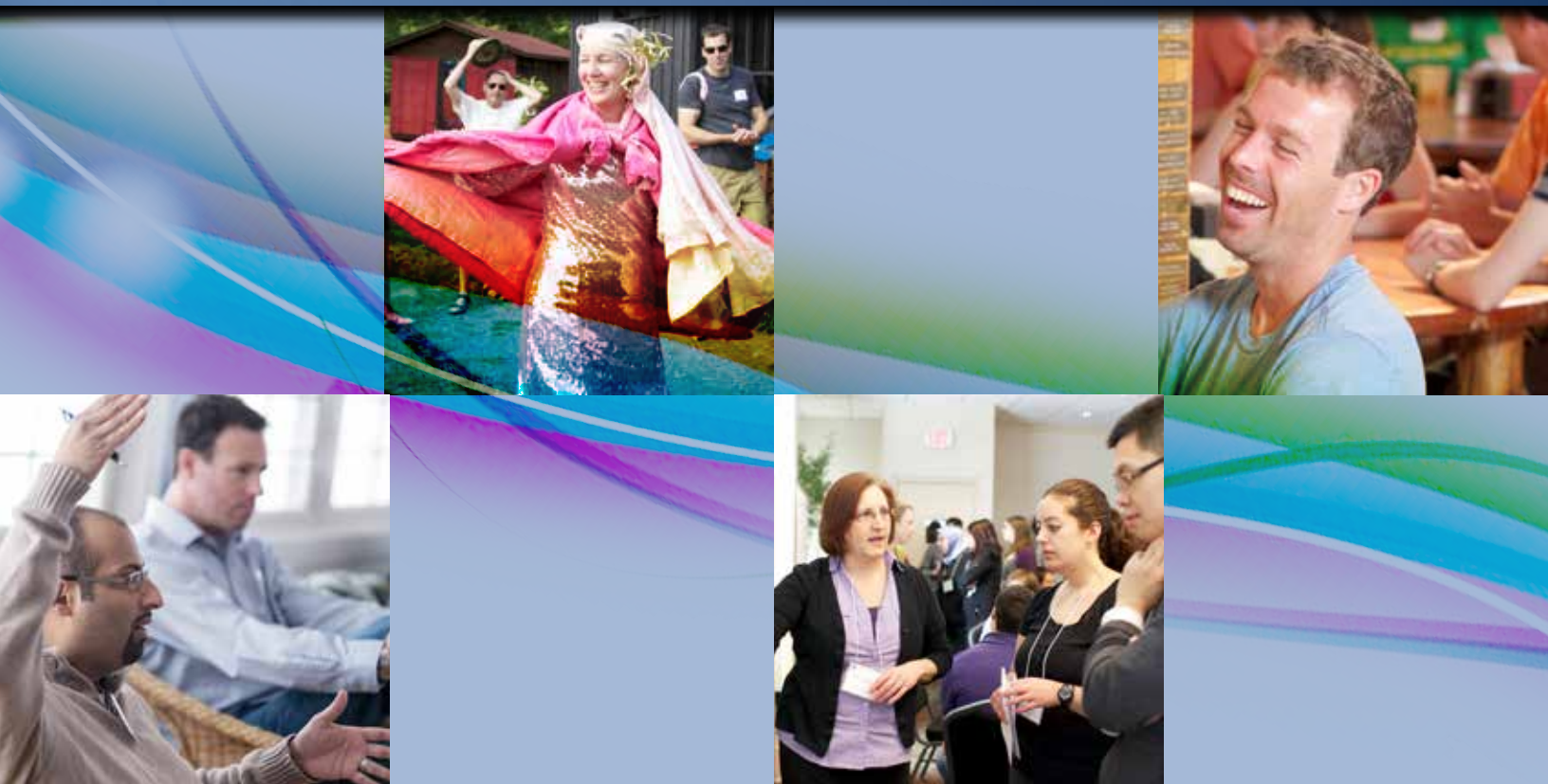


Table of Contents

MESSAGE FROM THE DEPARTMENT HEAD	3
----------------------------------	---

EDUCATION

Postgraduate Education	4
Public Health and Preventive Medicine	10
Enhanced Skills	11
Undergraduate Education	14

CLINICAL SERVICES

Queen's Family Health Team	18
----------------------------	----

RESEARCH

Centre for Studies in Primary Care	22
------------------------------------	----

INSIDE THE DEPARTMENT OF FAMILY MEDICINE

Information Management Committee	25
Human Resources	26
Faculty Development	28
Faculty Support	29
Workplace Safety, Risk Management and Physical Plant	29

THE DEPARTMENT OF FAMILY MEDICINE IN THE COMMUNITY

Colorectal Cancer Survivorship Program	30
Developmental Disabilities Program	31
Primary Health Care Council	33

THE DEPARTMENT OF FAMILY MEDICINE GLOBALLY

Queen's-Monash University Global Health Initiative	34
Global Health Working Group	35



MESSAGE FROM THE Department Head

The Department of Family Medicine at Queen's University had a year of growth and success with important milestones. This year, we mark the 40th anniversary as a department at Queen's. On July 1, 2012, we opened our fourth site for postgraduate "residency" education in Oshawa. On September 1, 2012, we became the home of our first Royal College program, Public Health and Preventive Medicine, a five-year specialty program with many synergies with Family Medicine.

This growth is against a backdrop of increasing austerity in our province and university. Yet, it is clear that Family Medicine and primary care are growing on their traditions and are being recognized as the cornerstone of the health care system. In a society with such a propensity for specialization, the benefits of generalist approaches to health care are receiving more attention and more resources.

Over the past 40 years, the Department – and Family Medicine as a discipline – has been aware that more could be done by generalist physicians taking a patient-centred approach to meet the needs of our populations and our individual patients. This recognition of our potential was never intended to distract from the incredible advances made by many of the specialist disciplines. New pharmacological approaches to many diseases, cutting-edge diagnostic techniques, and ever-improving and precise surgery that is minimally invasive have been true miracles of human ingenuity and knowledge. But humans are not machines, and the "fixing of parts" does not necessarily result in a functioning whole. As each person interacts socially and biologically, he adapts to his environment in a different way. When the adaptive mechanisms break down, people feel unwell, ill-at-ease with their surroundings and their bodies. We all have patients who have "medical" problems but they are well. We also have patients who have no apparent problems with diseased organs but they are unwell. And this presents one of the ways that patient-centred family physicians can be so effective – operating in a world where we embrace the complexity of individuals and work with them to achieve a healthy adaptation to their environment.

To achieve this, our Department has grown over the years. We have expanded the postgraduate program while taking more "ownership" for it. Most of the postgraduate program is now centred in Family Medicine, as opposed to the training being a series of experiences in different specialties. We are placing

our residents in excellent community practices where there is modelling of the comprehensive nature of Family Medicine. The new curriculum at each of our sites emphasizes this centrality of the Family Medicine experience but also reflects what our research has consistently shown – that the continuity of the relationship between physician and patient is the key to success in helping our patients achieve wellness. We need to model this for our resident physicians and harness the power of continuity in the relationship between teachers and learners.

Our education programs need to be at the forefront of change. The needs of our population are changing – not just in regard to aging and the prevalence of chronic disease but also in regard to our changing environment. Global warming, nuclear reactor failures, toxic environments, political weakness, increasing socio-economic disparity, and social unrest are all challenges occurring against a backdrop of fiscal weakness and economic uncertainty. Our profession, and every profession, needs to step forward boldly to help find solutions that work to resolve population health issues, to address the social determinants of health, to achieve dignity for all, and to transcend the barriers of religion, race, gender and history to improve the life of everyone.

The Queen's Department of Family Medicine will continue its work of the last 40 years and be a leader in educating the physicians of tomorrow and helping to transform the way care is delivered to our patients. We will continue our focus on important research that is appropriate to the primary care setting and for the environments in which our patients live. And we will continue to support a work environment that respects the contribution of every member of the Department. Every member of staff, every faculty member in the university centre and in the community, and every resident working with us is essential to our advances in achieving our mission.

As a department of caring people, we have the skills and synergies we need to be the change agent we envision for our patients and our broader community.



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



Education

PGY2 residents Dr. Matt Dumas and Dr. Ben Martens

The atmosphere within the Postgraduate Education program in the Department of Family Medicine continues to be one of high energy, excitement and enthusiasm.

POSTGRADUATE EDUCATION (PGY 1 & 2)

The last of the program's four sites opened in Oshawa with eight residents in July 2012. Affectionately known as QBOL (Queen's Bowmanville-Oshawa-Lakeridge), this site joins existing sites at Peterborough-Kawartha (PK), Belleville-Quinte (BQ) and Kingston-1000 Islands (KTI). The Queen's Family Medicine program now has 148 residents between the two core years and enhanced skills year, representing a doubling of numbers in the last 10 years. The program continues to innovate and refine each of its four sites utilizing each site's local strengths and resources, while always keeping in mind its two mottos: "Train at Queen's, Work Anywhere" and "4 Sites: 1 Vision." Both mottos emphasize the program's commitment that no matter which of the four sites residents call "home," they will get state-of-the-art Family Medicine training that prepares them to begin their practice anywhere in Canada.

The Postgraduate Education program is proud of a number of successes, honours and accomplishments over the past year:

- welcoming the Public Health and Preventive Medicine program under the Queen's Family Medicine umbrella. This five-year Royal College program, two years of which are Family Medicine training, are headed by Dr. Ian Gemmill and Dr. Geoff Hodgetts.
- ongoing excellent CCFP exam showings by the residents for the spring and fall exams with pass rates that continue to exceed the national average. Dr. Melissa Welsh from the KTI site had the top exam result in the country.
- strong CaRMS match results for 2013 with full matches in PK and QBOL; only one unmatched spot in KTI and two in BQ.
- a nomination by the residents for the PAIRO Residency Program Excellence Award, given yearly to one Royal College or Family Medicine residency program in Ontario. The Queen's Postgraduate Education program won this award last year, and faculty and staff are honoured that the program has been nominated again this year.
- national CFPC awards for residents from each of the sites last year (QBOL not being represented here as it has not yet had residents graduate the program): Dr. Hanga Agoston (BQ): Resident Award for Scholarship; Dr. Hannah Shoichet (KTI): Resident Leadership Award; and Dr. Jesse Wheeler (PK): Research Award for Family Medicine Residents.
- Dr. Cliff Rice was honoured with the Donald Potvin Award recognizing his excellence as a community preceptor and Dr. Chris Smith earned the John Tweddell Award as a valued specialist preceptor.

From a curriculum perspective, the program continues work on developing interesting and relevant learning experiences for its residents. After a very successful pilot last year, the Nightmares FM course, a simulation course designed to teach residents how to deal with life-threatening emergencies, was offered to all residents. Dr. Fil Gilic and Dr. Ian Sempowski continue to refine and upgrade this program, and this year have commenced research looking into the effectiveness of this course. One resident was heard to comment, "I can't imagine working in a hospital without this course." There has been much interest in this course nationally from other departments of Family Medicine.

Dr. Ian Casson and Dr. Liz Grier are developing educational and clinical opportunities for residents to refine their skills in providing care for patients with Developmental Disabilities. This and other initiatives (for example in diabetes management) have been greatly enhanced by the program's connection with the Better Innovations Group, a team led by Dr. Karen Hall Barber. This team works to improve clinical care within the Queen's Family Health Team. By selectively assigning patients to residents

and including them in the monitoring of health care outcomes, residents are given the benefit of building up their skills in caring for defined groups of patients and getting feedback on the effect of their care.

The Centre for Studies in Primary Care (CSPC), the Department's research arm, continues to support the education of residents in their critical appraisal skills and the development of their resident project. This year, under the leadership of Dr. Susan MacDonald, an additional resident project category was added, that of an in-depth ethical analysis of a situation or case. Primary Care Research Day continues to see residents delivering sophisticated and informative projects.

Dr. Geoff Hodgetts and Dr. Brent Wolfrom, with input from some Department of National Defence (DND) residents, have been piloting opportunities for the program's DND residents to learn skills that will be of particular relevance to them during their military career. Working in collaboration with military personnel and Canadian Forces Base (CFB) Kingston and CFB Trenton, new learning opportunities in trauma medicine and psychiatric care of patients with Post Traumatic Stress Disorder are two examples of new experiences being very well received in the pilot.

Dr. Jonathan Kerr has started a leadership course for the BQ residents, another new initiative getting strong endorsement. Early work is under way to look at rolling this out for all residents – an example of how an innovation at one site is shared and often added to the other sites.

The work of determining how best to measure competence in the program's residents continues unabated under the skillful leadership of Dr. Jane Griffiths. Working with Rachelle Porter, an IT specialist, and with input from residents, Dr. Griffiths continues to refine the Queen's Portfolio Assessment Support System (PASS). The latest tool the program is about to add to its competency assessment toolkit is multisource feedback (MSF), whereby multiple people working with residents – including their nurse and other allied health care professionals, receptionist, patients and peers – give feedback about their performance. All these different perspectives, combined with preceptor assessment, give a more robust picture of resident performance. In addition, by comparing residents' self-assessment of their performance with the MSF and discussing any differences, residents' ability to accurately assess their skills should improve an important skill for the life-long self-directed learning they will need to engage in.

In another assessment initiative under way, through collaboration with four other universities (Laval, Western, Memorial and Calgary), the program is developing Family Medicine Entrustable Professional Activities (EPAs). This concept, first developed by Dr. Olle Ten Cate from the Netherlands, is a way to define and measure the competencies needed within a profession. Family Medicine EPAs are envisioned as a way to

ensure that the program is assessing all the competencies its residents need to have by the end of their training.

The program, itself, is also being evaluated. Elaine Van Melle, a PhD educator hired last year to assist with the Ensuring Educational Equity (E3) Project – designed to assess the educational equity across the program's sites – is just finishing a qualitative project where she looked at the residents' experiences in each of the sites. Preliminary results are very interesting and will help inform best educational practices. Laura McEwen, a PhD educator with Queen's Postgraduate Medical Education, has been working with the CFPC as it embarks on a national study looking at where and how residents end up practicing following their Family Medicine training. This work will also help to identify the impact of Family Medicine training and again inform best educational practice.

Resident involvement remains as a key strength of the Postgraduate Education program. All sites this past year have had enthusiastic, involved chief residents who provided strong leadership. Thanks are extended to Dr. Alanna Golden as the Program Chief, Drs. Fiona Aiston and Carla Murphy as the KTI chief/senior who were Acting Program Co-Chiefs during Dr. Golden's parental leave, Dr. Maike Milkereit as the PK chief, Dr. Ashley McCann as the BQ chief, Drs. Kathryn Newton and Trisha Rys as the QBOL co-chiefs and Dr. Hannah Shoichet as the PGY3 chief. In addition, the program has had great resident leadership

from Drs. Corey Boimer, Maggie Thomson, Albert Swedani, Shane Hawkins, Jackie Choi and Melissa Keith on provincial and national committee levels. Many of the program's committees have had resident representation. The important insights and ideas residents have brought to their respective roles and committees have been invaluable.

There have been a few changes within the Postgraduate Education matrix structure – a structure that organizes the major areas of curriculum, evaluation, research, faculty development, administration and resident issues with an overall director overseeing each area and a corresponding lead in each site. Each site coordinator oversees the day-to-day operation of the respective sites, a role requiring strong communication and organizational skills. The program said goodbye to Pamela Goodspeed, Christina Carey and Gayle Sawyer in the Postgraduate Education office and welcomed Susan Downey, Lara McKinley, Dana Doll and Carla Evaristo. Dr. Jonathan Kerr, the program's former curriculum director, is now putting his great leadership skills to work on some provincial projects. Dr. Kaetlen Wilson has been replaced by Dr. Sandy Khan as the PK curriculum lead. Dr. Rob Pincock has taken over from Dr. Julie Bryson as the Faculty Development lead in BQ. Thanks are extended to Drs. Kerr, Wilson and Bryson for their invaluable work.

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	TBA	Dr. Jonathan Kerr	Dr. Sandy Khan	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. Rob Pincock	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. Alanna Golden (July-Nov. 2012) Drs. Carla Murphy & Fiona Aiston (acting, Nov. 2012-June 2013)	Dr. Ashley McCann	Dr. Maike Milkereit	Drs. Trisha Rys and Kathryn Newton	Drs. Carla Murphy & Fiona Aiston
Administration	Sarah Decker Jennifer Brierley Michael Higginson	Christina Kerr	Chantal Van Parys	Julie Shaw	Lara McKinley Susan Downey Dana Doll Sue Jarzylo



Dr. Lili Zhang (PGY1) and Dr. Kristy LaFrance (PGY2) at Camp Oconto

BELLEVILLE-QUINTE SITE

This was a busy year for the Belleville-Quinte program, as it increased not only in resident size but abilities.

Spring 2012 saw the site's two inaugural residents – Dr. Erin Gow and Dr. Hanga Agoston – pass their CCFP exams. In addition, Dr. Gow received the Fred Allan Vokes Award, while Dr. Agoston received a CFPC Scholarship. Dr. Rebecca Holmes and Dr. Stacey Hoselton were the first two residents to increase the size of the Belleville-Quinte program – each adding a baby to the family. Both subsequently passed their CCFP exam in the fall sitting. Dr. Ashley McCann became the program's second Chief Resident and assumed her duties a little sooner than expected with Dr. Hoselton's departure for maternity leave. In July, the program welcomed six new PGY1 residents (all first CaRMS iteration) at the Annual Welcome BBQ and Swim Party. All residents, along with Dr. R. Webster, participated in the team-building and bonding at Camp Oconto in the fall.

Belleville-Quinte PGE-S saw a few changes. Dr. Knarr and Dr. Bryson left PGE-S and Dr. Patrick Esperanzate (Research) and Dr. Robert Pincock (Faculty Development) now are in these roles. Dr. R. Webster (Site Director), Dr. J. Kerr (Curriculum), Dr. J. Webster (Evaluation), Dr. G. Bonacci (Behavioural Medicine) and Dr. Lois McDonald (Regional Education) continued to provide leadership on the committee.

The 2012-2013 academic year saw the inauguration of the Belleville Nightmares simulation (based on the great experience that was gleaned from the 2011-2012 Nightmares pilot). Both PGY1 and PGY2 residents participated in the Belleville Nightmares simulation over the academic year, but the program could not have been a success without access to the great resources of the simulation lab at the School of Medicine along with great local faculty support – Drs. R. Webster, A. Bell, C. Bolton, K. Sorensen and D. Lett. In addition, PGY2 Dr. Ryan Hall was a valuable asset to the operation of the program, which was an integral part of his research project.

Finally, the Belleville-Quinte site became an expansion of the Queen's Family Health Team, the Department of Family Medicine's Kingston site. The Ministry of Health and Long-Term Care made the announcement in August 2012, allowing the Belleville Queen's Family Health Organization access to the team that will further round off and enhance the residents' learning needs.

The 2013 CaRMS first iteration saw four new medical students match to the Belleville-Quinte program to start as residents in July. The program filled its last two spots in April through second iteration.

PETERBOROUGH-KAWARTHA SITE

It has been a year of milestones and celebrations for the Peterborough-Kawartha (PK) site. The first four residents successfully completed their CCFP exams, and the program held its first graduation ceremony to honour them in June 2012. Three of the four are now practicing in Peterborough, Bancroft and Uxbridge, and one is further afield in Port Moody, BC. Gratitude is extended to these graduates for being willing to take a chance on a new program and for the work they did to help strengthen the program for the residents to come. The program is now operating with a full complement of 12 residents, and is becoming an integral part of the local medical community.

The PK site committee is glad to have a few years of the program under its belt, and continues to work to improve the program in response to resident feedback. This year, a few changes have been made to the geriatrics rotation, and a new experience is being piloted for first-year residents in long-term care facilities. Chantal Van Parys, site coordinator, has passed her one-year anniversary with the program and is still going strong keeping it running. Dr. Sandy Khan has recently joined the committee as the new Curriculum Lead, and Chief Resident Maike Milkereit will soon step down to allow Jesse Zroback to take over as incoming Chief Resident.

Appreciation is extended to the Oshawa and Belleville programs, which provided excellent opportunities for PK residents to complete their hospitalist rotations off site while the local hospital experienced a staffing shortage. Thanks to recruitment successes at the Peterborough Regional Health Centre, PGY1 residents are once again able to complete their eight-week hospitalist rotation “at home” in Peterborough.

Rural rotations over the past year have been spent in a wide variety of communities including Manitoulin Island, Moose Factory, Bobcaygeon, Lindsay, Brockville and Campbellford. Dr. Jason Malinowski, the program’s primary preceptor in Barry’s Bay, received the OCFP Preceptor of the Year award after being nominated by a Peterborough-Kawartha resident. Congratulations, Jason!

This year, the Peterborough-Kawartha site was overwhelmed with a record 210 CaRMS applicants for its six positions and, for the fourth year, all positions have been filled.

The PK team wishes to thank all preceptors, residents and staff who represented the program at CaRMS for their assistance in recruiting another strong group of residents for the 2013-2014 academic year.



Dr. Kim Curtin addresses graduation celebration



Photo Courtesy Oshawa This Week

PGY1 residents Dr. Trisha Rys, Dr. Kathryn Newton and Dr. Scott Heidman participate in ALARM course

The Queen's Bowmanville-Oshawa-Lakeridge (QBOL) site celebrated its inaugural year with a great group of eight "pioneer" residents and a large and enthusiastic group of preceptors.

QUEEN'S BOWMANVILLE-OSHAWA-LAKERIDGE SITE

The July "toolbox" month was very well received, and provided an opportunity to do some fun team-building activities (such as a scavenger hunt and progressive dinner) as well as basic training with the ALARM course, Nightmares FM, resident self-defence course, psychiatric emergencies primer, and orientations to the program's various horizontal learning experiences.

The QBOL site has been fortunate to be able to offer a good variety of learning experiences from launch. In addition to the core Family Medicine clinic time, QBOL residents have learning opportunities in addictions medicine, anaesthesia, behavioural medicine (longitudinally), dermatology, emergency medicine, inpatient / hospitalist medicine, long-term care, obstetrics, palliative care, pediatrics, plastic surgery and global health at the Oshawa Community Health Centre and a local sexual health clinic. The scheduling is quite complex, but the team is looking to fine-tune learning experiences for each individual resident as it identifies learning needs and interests.

Over the year, participating in program-wide activities such as Camp Oconto and Research Day really helped the QBOL residents identify as part of the larger Queen's family.

The QBOL site fully matched in CaRMs for July 2013, and looks forward to adding eight more residents to the family.

Heartfelt appreciation is extended to all QBOL residents, preceptors and, in particular, the local site committee for all of their efforts. The team looks forward to building on this strong start in the year ahead.



PHPM resident Dr. Ariella Zbar presents at Primary Care Research Day

PUBLIC HEALTH AND PREVENTIVE MEDICINE

In 2012, the Department of Family Medicine (DFM) became home to the Public Health and Preventive Medicine (PHPM) residency program. First approved in 2004, the program was officially activated in its current form in 2007. At that time, PHPM (formerly Community Medicine) was under the aegis of the Department of Community Health and Epidemiology, a non-clinical department within the Faculty of Health Sciences, with implementation and program support from KFL&A Public Health. Over time, this arrangement became unsustainable and formed the basis for a provisional accreditation status in 2011 requiring a follow-up survey in two years. Because residents in this five-year Royal College program spend their first two years in the Family Medicine (FM) residency program, the program's move to the Family Medicine Department was seen as a logical step. The close working relationship between the DFM and KFL&A Public Health (and, specifically, Medical Officer of Health Dr. Ian Gemmill, the PHPM program's Program Director), has fostered a smooth transition and the implementation of a number of positive changes. Dr. Geoff Hodgetts was named the program's Director of Medical Education, to provide further administrative and program support to Dr. Gemmill.

This is still a young program that has suffered a number of growing pains, including the withdrawal of several past residents upon completion of their FM training. With a stronger emphasis on recruitment and building ties between FM and Public Health early in the first year, there has been a significant change in the program's status. Each year, two residents are selected through the CaRMS matching process, using a system of joint applicant review and interviews by FM and PHPM. During their FM years, PHPM residents attend PHPM Academic Half Days and other important events, choose Public Health electives, guide their rotation selections towards more relevant areas of competence and plan research projects with a Public Health goal in mind.

With the Department's new role with the PHPM program, Susan Downey was hired as Program Assistant. Because of leaves of absence among more senior residents, this year's Co-Chief Residents were PGY2 residents, Dr. Jenn Horton and Dr. Ariella Zbar. They provided excellent leadership and have been closely involved in the transition process. Dr. Jane Griffiths has also been actively involved in strengthening the assessment process, modifying the FM portfolio to encompass the five-year PHPM curriculum and to improve the Rotation-Specific Objectives and Evaluations.

The most important challenge looking forward will be an Internal Program Review in June 2013, followed by an External Survey in December by the Royal College to review the accreditation findings of 2011. With the improvements that have been put in place and the work that is ongoing, a positive result is anticipated.

ENHANCED SKILLS

Queen's has benefited from a relatively large number of Ministry-funded PGY3 positions since the early days of the Department of Family Medicine. At present, it stands third nationally in terms of number of funded positions (see table) and this serves as a drawing card for applicants to the Enhanced Skills (ES) program. In 2012, the program offered five Category One programs: Emergency Medicine, FM-Anesthesia, Care of the Elderly, Palliative Medicine and Clinician Scholar. The latter program was the only inactive program last year.

As well, the following Category Two programs were offered: Women's Health, Global Health, Developmental Disabilities, Aboriginal Health and a self-designed partial- or full-year program in Rural Skills. These programs tend to be more flexible and self-designed in their content, based on resident need and interest.

During the past year, the College has been working towards awarding Certificates of Added Competence (CACs) to acknowledge family physicians who have attained additional skills and knowledge in an area of special interest or focused practice. It is anticipated that the first CAC to be fully implemented will be in Emergency Medicine. The expected roll-out of this new approach will be July 2014.

A challenge that continued to receive much attention at the College level was the need to include ongoing experience in comprehensive Family Medicine during the third year of training. There is continuing uncertainty over what standards programs will be held to and this is causing some concern, especially among Emergency Medicine and Anesthesia coordinators.

Status of Programs: National Picture and Queen's

A number of universities have small numbers of positions with secure funding and offer a limited range of programs. Some programs are soft-funded from year to year, depending on availability of funds. On the table that follows, one can see that Queen's competes favourably with the largest programs nationally. In summary, Queen's has 16 positions funded by the Ontario Ministry of Health and Long-Term Care. This number has been static for many years and seems secure. For years, Queen's has also had access to three positions funded through the Weeneebayko Area Health Authority budget. These have a one-year Return of Service (ROS) provision attached to them and have not been filled for a number of years. Two years ago, the Federal Government implemented a four-year program to strengthen access to comprehensive care in rural Canada. While flawed in its inception and delayed in roll-out, the end result in Ontario has been an increase in number of PGY3 positions for Queen's. These are split between Emergency Medicine with a two-year ROS attached and rural skills with no ROS provision. It would seem that the latter positions can be used for virtually any program. This federal program will end with the 2014-2015 academic cycle and Queen's will revert to its usual 16 positions (plus three from Moose Factory). The other route to some ES programs is through a re-entry position. This is for physicians who have been in practice for at least one year. Through a separate budget from the one used for the usual residency-entry PGY3 positions, they can apply to the Ministry for a position if a program is able to take them.

Program	ER	ES	ROS (ER)	ROS other	FedROS (ER)	Fed ES	Total
Toronto	7	23					30
McGill	12	16					28
Queen's	8	8		3	1	2	22
Western	8	8	2	2			20
Ottawa	4	15					19
Laval	10	9					19
UBC	7	11					18
Calgary	6	10	2				18
Alberta	6	12					18
NOSM	6	12					18
Montreal	10	6					16
McMaster	5	6	2	1.5			14.5
Saskatchewan	10	3					13
Sherbrooke	9	4					13
Manitoba	5	6					11
Dalhousie	4	2	1				7
Memorial	4		1				5

ENHANCED SKILLS PROGRAMS:

2012-2013

Important People:

Dana Doll joined the educational team this year as Program Assistant, providing support to all ES programs and residents. Hannah Shoichet is the current Senior Resident who serves on the Enhanced Skills Program Committee (ESPC) and the Resident Assessment Committee. The ES resident representative has traditionally come from the Emergency Medicine resident group, which is the largest. With the introduction of a Program Chief Resident position in 2011, this person also sits on the ESPC to represent all PGY3 residents. Alanna Golden served in this capacity this year.

ES PROGRAM COORDINATORS AND PROGRAM STATUS:

Emergency Medicine: Dr. Karen Graham
Assistant Coordinator: Dr. Joey Newbigging
2012-2013: Eight plus two residents (Federal ROS)

The Emergency Medicine program is the largest, with eight positions annually and an additional two from the federal program for the current year. This is a highly competitive program, recognized nationally for its quality. Typically, there is a 100-per-cent pass rate on the certification exam. In the past year, the program lost a long-standing rotation in Belleville with anesthesiologists to provide intubation skills. This has been replaced by an excellent experience in Oshawa.

FP-Anesthesia: Dr. Brian Mahoney
2012-2013: Two residents (both re-entry)

This year, the FP-A program at Queen's had the privilege of training two re-entry family physicians. Both Rob Scatliff from Kenora and Bill Blaine from Almonte are practising family physicians who also work in the emergency room and inpatient wards of their local hospitals. Both communities have a need for further anesthesia providers, and Dr. Scatliff and Dr. Blaine decided to return to residency to gain this extra training to take back to their communities. They are a great asset and are exactly the type of comprehensive family physicians the program team enjoys training.

In August 2012, residents were sent to a week-long boot camp in Sudbury. This is the second year residents have been sent to this simulation-based crisis management course, and it continues to be evaluated very positively. As the relationship between FP-A program residents and core Family Medicine was cited in accreditation as a weakness, attempts have been made to strengthen this relationship further. Again this year, other universities preparing for accreditation have asked the program team

to share some of its documents – a reflection that Queen's is seen as a national leader in many aspects of FP-A training.

The FP-A program has also received funding from the Department of Family Medicine to purchase video conferencing equipment so that anesthesia core teaching sessions can be video conferenced outside of Kingston and digitally archived. In the Queen's Family Medicine Department, this has been happening for years, but not in the Department of Anesthesiology. This is a great enhancement for the FP-A core teaching, since the program currently tags along to much of the teaching offered by the FRCP anesthesiology program, which follows a three-year cycle. This means residents only get one-third of the teaching content, and only while they are in Kingston. Starting in July 2013, they will be able to attend sessions while on rotation outside of Kingston. Over the next few years, all the content will be archived so residents will have access to all three years of teaching.

A research project is also under way looking at the scope of practice of GP/FP-As across Canada. This is one aspect of some of the competency-based medical curriculum the program is shifting to. The competencies expected of the program's residents should be shaped by what practising GP/FP-As actually do (i.e. looking at the end first). The research will help ascertain what currently practising GP/FP-As are actually doing and this will feed into the process of implementing a CAC for the discipline.

Care of the Elderly: Dr. Michelle Gibson
2012-2013: Two residents (includes one re-entry)

The Care of the Elderly (COE) program is one of the oldest in Canada and offers an excellent balance between clinical and academic experience. Most, if not all, of the current preceptors are graduates of the program. The Department provides administrative support to the program at St. Mary's of the Lake in lieu of a coordinator stipend. This also helps support the core Geriatrics program provided to PGY1s and PGY2s.

In the 2012-2013 academic year, the Queen's COE program was quite active, with one resident finishing and two others starting, including the program's first re-entry candidate, Dr. Erica Weir. Dr. Weir brings a wealth of experience in varied areas such as public health and journal editing, and it has been a very enjoyable process developing a program to meet the needs of a resident from a very different background. Dr. Marian Luka also started the program, coming directly from her PGY2 year in Family Medicine. Having two residents from such different backgrounds in the program at the same time is an opportunity to really reflect on competency-based education in the postgraduate setting.

In addition, Program Coordinator Dr. Michelle Gibson and Dr. Melissa Andrew, a member of the Residency Education Committee, presented the leadership curriculum in the Care of the Elderly program at the International Conference on Residency Education in Ottawa in October 2012.

Palliative Medicine: Dr. Deb Dudgeon (Acting)
2012-2013: No residents

With the retirement of Dr. Cori Schroder this past year, the division is in the process of reorganizing. This also comes at a time when there are changes planned at the Royal College to introduce a certificate program to acknowledge extra training in Palliative Care. The end result for the program may not be too noticeable because of the local leadership and how the curriculum has been organized. A new PGY3 program, accredited solely by the CFPC, may be organized – one that will be mostly identical to the current program.

Clinician Scholar: Not Yet Active

The Department has decided to offer this program to residents interested in a future academic career, and it is seen as a potential recruiting tool for PGY1s or PGY2s who have the interest and ability to become future faculty members. The PGY3 year can be used to pursue a higher degree in education, policy studies, health administration, public health, epidemiology or other relevant education. During the year, it is expected that 20 per cent of the time will be spent clinically. Residents will still have to cover tuition costs of any degree but will receive a PGY3 salary.

Women's Health: Dr. Susan Phillips
2012-2013: One resident

Queen's Women's Health program is one of the most established women's health programs in Canada. It is very much an individualized program, often including a strong academic element and an international experience. Interest in the Women's Health program seems to come in waves. For 2012-2013, the program had a number of applicants and has one resident enrolled. The program continues to be resident-driven with no required rotations, but all clinical work is essentially part of the core program. As the Department of OB/GYN at Queen's is unable to accept Women's Health residents into any clinical setting, and as this year's resident wanted to enhance her skills in this area, she has spent most of the year in other centres or provinces. Thanks to the co-operation of the University of Ottawa, the University of Toronto and the University of Calgary, the resident has had excellent training in perinatal care, mature women's health, and a number of other areas. She has also moved from trainee to trainer by participating in the women's health seminar series for Queen's PGY1s. Residents continue to evaluate the program well. The amount of time and effort

involved in arranging clinical rotations for this very unstructured program is a challenge, however. There is some reluctance among other schools to accommodate "elective" trainees, and real difficulty arranging clinical rotations for the summer months.

Developmental Disabilities: Dr. Ian Casson
2012-2013: One resident

A comprehensive core rotation in Primary Care of Adults with Developmental Disabilities (DD) – the only full-time rotation of its kind in Canada – has been developed at Queen's. The rotation includes continuing care of complex patients with DD, consulting and psychiatry clinics. This serves as the core rotation for the PGY3 training and is also available as a one-month elective for clerks/residents. Dr. Meg Gemmill is currently completing the PGY3 year with rotations in Kingston, Halifax, Toronto, Ottawa and New York. Drs. Ian Gemmill and Liz Grier are completing a survey-based study to finalize a list of priority topics for the PGY3 year that will inform the DD Program Committee (CFPC-SIFP) in establishing a formal Certificate of Added Competence in this field.

Aboriginal Health: Dr. Michael Green

Dr. Michael Green has co-developed national learning objectives for this program. However, it has been inactive for a number of years. A more aggressive recruiting plan may be needed.

Global Health: Dr. Geoff Hodgetts

This program is also inactive, having had just one resident since it began in 2011. Despite the strong interest among medical students and core Family Medicine residents in Global Health issues, there does not seem to be a strong interest in pursuing enhanced training in this field. This appears to be the case across Canada, with a decline in interest in Global Health as students progress through undergraduate and residency education.

Rural Skills: Dr. Geoff Hodgetts
2012-2013: Nine residents (partial or full year)

This program continues to meet the needs of many residents seeking extra skills in specific areas for future practice. Most often, this comprises a partial year of funded training to gain further competency in procedural skills, hospitalist medicine, Obstetrics, Emergency Medicine, etc.

UNDERGRADUATE EDUCATION

The Undergraduate Education program continues to forge ahead with its Vision and Mission.

Vision:

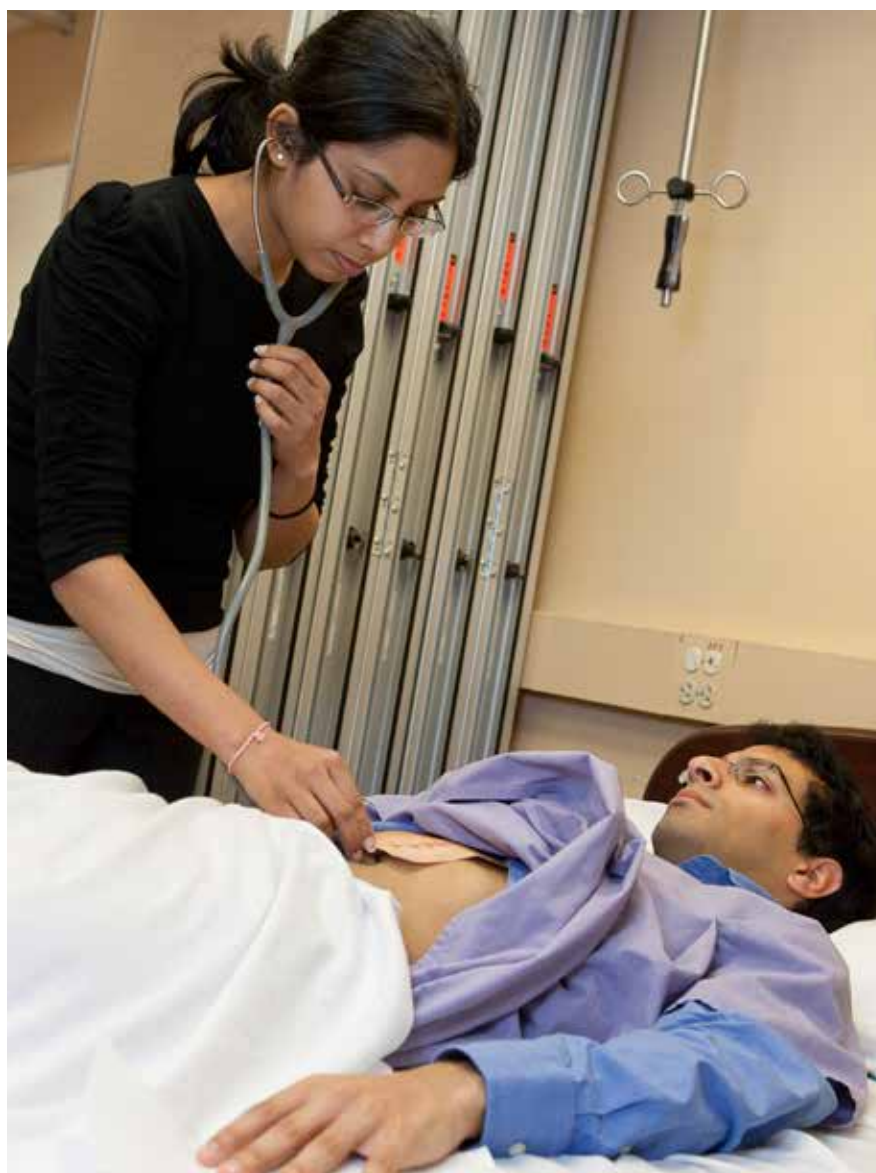
- Queen's School of Medicine:
- Where family doctors are respected and valued;
- Where students are excited to learn about Family Medicine; and
- Where graduates are drawn to Family Medicine careers.

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.

Changes in the Undergrad Office

It has been a busy year in the Undergraduate office. Kristie Salsbury, Undergraduate Program Assistant, departed to pursue her teaching career, and the Department welcomed Carla Evaristo to the role. Adrian Conway has now taken over for Carla while she is on maternity leave. Adrian'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. He also maintains a postgraduate 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 role as faculty advisor for the Queen's Family Medicine Interest Group (FMIG).

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 Curricular Council, in his role as a course director. Dr. Sylvester is currently enjoying a productive sabbatical, returning in time for the start of the next academic year.

Dr. Glenn Brown was appointed as a member of the MD Program Executive Committee, which oversees all aspects of the MD program at Queen's University. The MD Program Executive Committee replaces the Undergraduate Medical Education Committee.

Dr. Brent Wolfrom continues in his role on the Course and Faculty Review Committee (CFRC). Committee duties include establishing parameters for evaluation of all undergraduate courses and reporting on strengths, weaknesses and recommendations for improvement.

Dr. Wolfrom continues on the Clerkship Committee and on Curricular Council as the Acting Undergraduate Director while Dr. Sylvester is on sabbatical.

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 four dermatology courses: acne, non-melanoma skin cancers, melanoma skin cancers, and a two-hour dermatology pearls session.

Dr. Karen Hall Barber teaches Dermatology and Sexual Health, and she takes on Critical Enquiry medical students who are interested in working on projects related to quality improvement.

Dr. Hall Barber, Dr. Wilson and Dr. Sylvester were all chosen to give “Pearls of Wisdom” to first-year medical students. This is a panel of teachers from Queen’s chosen by the fourth-year students to give their pearls of wisdom to incoming medical students during their first week of school.

For the 2012-2013 year: Amanda Lepp (MEDS 2015) was elected Chair of the Family Medicine Interest Group (FMIG). Seana Nelson (MEDS 2016) was elected Junior Co-chair of the FMIG.

Members of the Undergraduate Committee

The Family Medicine Undergraduate Committee includes:

- Dr. Michael Sylvester (Chair)
- Dr. Brent Wolfrom (Executive)
- Adrian Conway (Secretary)
- Dr. David Barber
- Dr. Ian Casson
- Dr. Kelly Howse
- Dr. Karen Schultz
- Dr. Ruth Wilson
- Dr. Fiona Aiston
- Sarah Decker
- Amanda Lepp (Meds 2015)



Pre-clerkship – “Discovering what it takes”

Meds 115: Family Medicine

The pre-clerkship curriculum continues to evolve with Dr. Wolfrom joining Dr. Sylvester for the third iteration of Meds 115. Anonymous course and instructor evaluations drew several comments, such as:

“I feel like I learned more from this course and more effectively than any other course here at Queen’s. From the delivery of the material to the tests and group sessions, this was an amazing experience in which I learned a lot.”

“This course was extremely well taught. Not only did I learn a great deal from this course, but I will remember what I learned. We learned the material in so many different contexts, and so many times, that by the time the exam came along, I was very comfortable with the material. The instructors completed the impressive task of being tandem lecturers. They both were always on the same page with one another and their lecturing styles complemented one another nicely. It was also great that they brought the same consistency to each lecture whether or not one of them was missing.”

“Thank you so much! This was such an incredible class, no doubt because of the lecturers.”

“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.

“One of the most helpful pre-clerkship experiences I have had. Extremely friendly staff and residents made it easy for me to learn and practice my clinical skills. Thanks to all.”

“The Family Medicine observership was an excellent learning experience which allowed me to synthesize several skills I have learned in both Family Medicine and clinical skills. I am looking forward to returning in the coming months.”

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.





Community Week photos Jennifer Gibson ©2013

Small-Group Teaching

There are 20 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 full days per week of teaching over the entire school year – that's like two full-time GFT positions devoted to tutoring!

Clinical Skills teaching awards earned in 2011-2012 were given to Dr. David Barber, Dr. Brent Wolfrom, Dr. Ian Casson and Dr. Jane Griffiths.

In addition to formal small-group teaching, five faculty members have taken on the responsibility of mentoring groups of undergraduate students. These mentor groups provide an informal and relaxed environment in which medical students can interact with both faculty and residents.

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 clinical rotations at Queen's.

The following is feedback from a Queen's clerk working with a Queen's resident at a regional site during the Family Medicine clerkship block:

"He would supervise procedures that I was doing and offer excellent, constructive feedback in order for me to improve my technique ... Another aspect of his mentoring that I really appreciated was his holistic approach to medicine. I could see how effective this was with patients whose conditions were refractory to medical therapy, giving them a sense of hope that they could somehow improve their symptoms. This offered me a unique look at medicine."

Dr. Wolfrom has continued to meet with the valuable community preceptors upon whom the Department relies so heavily. This exercise has proven to be very fruitful and has served to advance and improve the education experience for the clerks and the teaching experience for preceptors.

Family Medicine Interest Group

The FMIG, led by Amanda Lepp, was very active this year. The group's members have maintained their annual social meet-and-greet events, as well as skills nights and speaker series. Additionally, they organized a trip for Queen's medical students to attend the Family Medicine Forum 2012 and "Walk for Docs" in Toronto, which the Department sponsored. More than 25 students from Queen's participated in this national event.

The Queen's FMIG has strengthened its community ties at various levels. In the Kingston community, it has developed an initiative to provide health counselling for half-way houses and support for a new program for healthy eating on Native Reserves in the area. It has also expanded its ties in the medical student community. This year, the FMIG collaborated with other interest groups to co-host the "HIV and Prison Health" and "Refugee Health" panels, which attracted a broad audience of students. Additionally, it has made improvements to the Queen's FMIG website to provide more appeal and utility to medical students, with the addition of a collaborative blog where any Queen's student can post entries on subjects related to Family Medicine, and a database of volunteer opportunities and community outreach projects undertaken by Queen's medical students in recent years. Queen's FMIG has continued to mentor other provincial interest groups and serve on committees at the local and provincial levels.



Clinical Services



Clinic Manager Diane Cross, Pharmacist Sherri Elms, Dr. Karen Hall Barber, Clinical Program Manager Danyal Martin and Data Analyst Abigail Scott accept the QFHT's AFHTO awards.

The Department's Belleville-Quinte site became an expansion of the Queen's Family Health Team

Collaborative, integrated patient-centred care continues to be the goal of clinical care services, consistent with the Department's updated Strategic Plan goals for 2013-2017. Faculty members, residents and staff are committed to improving the health of individual patients, their families and their communities. The Queen's Family Health Team (QFHT) delivers quality clinical services to patients while also delivering excellent education to medical residents. Ongoing quality-improvement initiatives have positioned the QFHT for regional and provincial leadership in quality improvement in primary care as it embraces the Excellent Care for All Act from the Ministry of Health and Long-Term Care.

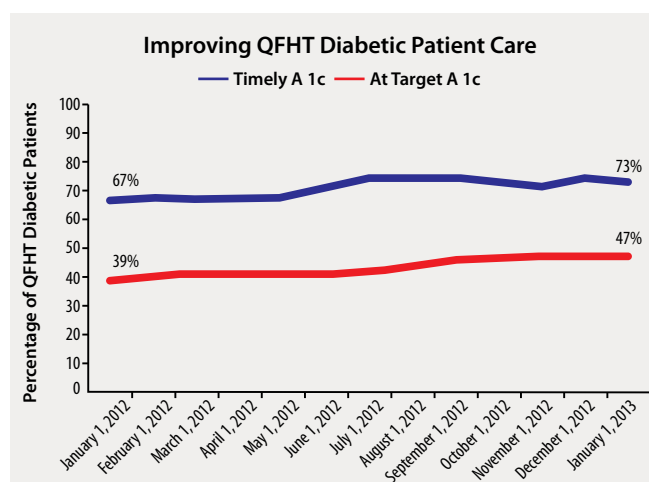
More than 55,000 patient visits occurred in the QFHT's two Kingston clinic sites. Key collaborative outcomes are evidenced by the following program, service and administrative highlights.

Diabetes Program

With the standardization of diabetes diagnosis entry in the patients' Electronic Medical Record (EMR), the QFHT is now able to review screening tests and metabolic target goals for its patient population with diabetes. Staff members are able to run real-time reports in the EMR to determine individual patient progress and outstanding or overdue tests and appointments. Physicians and nurse practitioners (NPs) receive a practice Diabetes Report Card bi-annually concerning their patients' diabetes status. The QFHT's Quality Plan objective was to improve the percentage of patients who have achieved target lab values. Results (see graph) for 2012 demonstrate a steady improvement in both the timelines and at-target A1c levels.

In order to assist with diabetes patient follow-up, a medical directive was approved for nurses, the pharmacist and dietitian to order overdue lab tests for adult diabetics. The medical office assistant is also able to coordinate automatic patient recall for those whose HbA1c is overdue, following a medical directive process. This increased responsibility and scope of practice for allied health professionals facilitates timely and coordinated diabetes patient care.

Two nurse practitioners have earned their certification as a diabetes educator (CDE). One of these NPs, the QFHT's Diabetes coordinator, co-leads the patient self-management group sessions, a popular new addition to program services this year. Two chronic disease self-management programs were held (six sessions for each program), engaging patients in managing their care. The foot care nurse treats approximately 150 diabetic patients regularly to reduce and avoid foot complications prevalent with this chronic disease. QFHT patients are also able to access the Maple Diabetes Education program and the Hotel Dieu Hospital diabetes care program.



Chronic Pain Self-Management Program

New in 2012, the QFHT's social worker and a Kingston physician co-facilitated a Chronic Pain Self-Management program. Participants attended six half-day sessions, learning new techniques for coping with chronic pain and building skills necessary to manage their own health from day to day. Positive patient feedback on this program has reaffirmed the QFHT's goal to continue to offer more group programs this year, and expand to include a Mindfulness Based Chronic Pain program. These new programs are generously supported by the Living Well Self-Management Program of South Eastern Ontario and are open to Kingston-area residents.

Smoking Cessation Program

Following the successful 2011 implementation of the Ottawa Model for Smoking Cessation and the provision of free nicotine replacement therapy from the Centre for Addiction and Mental Health (CAMH), patients continue to benefit from program resources (counselling and support from a registered nurse, social worker and pharmacist). Priority appointments are given to expectant mothers, patients with unstable diabetes, severe asthma or COPD.

The quit rate for patients who completed the three-month follow-up was 39 per cent, while the quit rate for patients who completed the six-month follow-up was 30 per cent. Both rates compare favourably with the provincial average of 35 per cent and 34 per cent respectively. The smoking reduction rate of 24 per cent demonstrates the importance of patients starting their smoke cessation program. Other interesting baseline data include the median age of participants was 40; 61 per cent were female; the youngest patient was 14 and the oldest was 78; and 66 per cent of patients had a mental health co-morbidity. QFHT patients enrolled in the program were daily smokers (98 per cent), smoking an average 20 cigarettes per day at the time of enrolment. Approximately 3,000 packages/boxes of nicotine patches were dispensed to patients in aid of their quit strategy this year – all free of charge to QFHT and patients. Smoking is the leading cause of preventable death in Canada. Through this program, the QFHT has supported more than 300 patients in their attempts to reduce and/or quit smoking.

Anti-Coagulation Management Program

The continued success of this program is evidenced by a 100-per-cent referral rate by physicians to the pharmacist and registered nurse in managing patients taking anti-coagulation medications. Of the 150 patients currently being seen monthly, 77 per cent are within therapeutic range for their International

Normalized Ratios (INRs) values. This compares well to the provincial benchmark of 70 per cent and is an improvement from the QFHT's baseline data of 68 per cent in 2008. The team's medical directive allows the pharmacist and registered nurse to make medication adjustments, thus avoiding approximately 1,800 physician clinic visits annually.

Belleville Academic Site

The 2012 fiscal year budget from the Ministry of Health and Long-Term Care provided a significant budget increase in staffing and resources to support the family health team expansion to the Department's Belleville academic site. Staff recruitment is in progress and will include nursing, allied health professionals and administrative support. New program development may include a memory clinic (early diagnosis of memory impairment and coordination of appropriate resources); smoking cessation; mental health counselling (social work and psychiatry); chronic disease management; and possibly an anti-coagulation management program.

Collaboration and integration of the family health team resources with the Belleville physician group and Family Medicine residents is a realization of several years of planning and will support the teaching accreditation goals for resident teaching.

Patient Access

The QFHT Quality Plan has reviewed and addressed the issue of timely patient access from several vantage points. After Hours Clinics now include both scheduled and drop-in appointment times for patients. This allows patients to pre-book an evening appointment if they are unable to visit during the day. Nurse practitioners have also offered evening appointment times. Physicians continue to accept new patients from several referral sources (Health Care Connect, emergency department patients without a family physician, drop-in patients, current patient referrals, Queen's employees and students, and the military base). The first-floor clinic area, 1C, with three locum physicians, has increased appointment availability for both new and current patients. Through a regular and systematic review of appointment scheduling, understanding the availability of same-day urgent appointments, and balancing resident supervision with patient access, the QFHT has identified opportunities to improve patient-centred booking and access. Benchmark data on "Third Next Available Appointment" is now routinely collected and shared with clinic teams.

South East Local Health Integration Network, Health Links

In December 2012, the Ministry of Health and Long-Term Care announced the creation of regional Health Links to improve the coordination of care for high-needs patients such as seniors and people with complex conditions. The primary care providers, hospital and community stakeholders in the Kingston area (13 participating organizations representing 104 primary care providers) held several meetings and submitted a business plan in February 2013. The goal is to work together as system partners to facilitate a coordinated approach for seniors and others with complex health conditions to improve access, reduce avoidable emergency room visits and improve patient experience with the health care system. Several of the groups have been working together informally over the past few years on various projects. The QFHT is excited to strengthen these partnerships and improve patient outcomes by improving continuity of care.

Ongoing Contribution of the QFHT Advisory Board

The QFHT Advisory Board met five times in 2012 with robust agenda discussions on Quality Plan priorities, strategic alliances, integration amongst health care services, and patient-centred care. Completing her three-year term as Chair in June 2012, Florence Campbell was congratulated on her leadership and contributions as a strategic thinker within the health care system. Ms. Campbell remains a member of the Board as past-chair. Rob Wood became Chair at the November 2012 meeting. Guest speakers in 2012 included Dr. David Walker (Caring for our Aging Population and Addressing Alternate Level of Care), Dr. Glenn Brown (Queen's Department of Family Medicine, Strategic Plan, 2012-2017), and Darryl Bell, Professional Practice Leader, Spiritual Care, Kingston General Hospital (KGH). Board members provide advice and contributions with respect to strategic initiatives for the QFHT. The theme for most of 2012 was Improving the Patient Experience. Board members bring a broad and diverse set of skills, resources and knowledge to each meeting discussion, with representatives from Queen's School of Nursing and Policy Studies, Providence Care, St. Lawrence College, KGH Board of Directors, KFL&A Public Health, Hotel Dieu Hospital and the Kingston community.

Quality Improvement in Clinical Care

The Quality Plan, initially developed from the departmental Better Innovations Group several years ago, has received recognition among provincial family health team peers as the Ministry of Health now requires a Quality Improvement Plan, consistent with the Excellent Care for All Act. Faculty, residents, nurses and allied health staff continue to provide quality

primary care services to the 55,000+ annual patient visits to the QFHT, in addition to focusing on quality improvement activities. The Quality Plan is structured around the six key domains from the Dimensions of Quality in Medicine, which include: safety, effectiveness, patient-centredness, access, integration and efficiency. Target objectives are established with benchmarks and processes for review and follow-up. Preventative screenings are an important aspect of primary health care (mammograms, colorectal cancer screening, cervical screening, childhood immunizations and flu shots) and have Ministry of Health-defined targets. The QFHT has partnered with other local family health teams to share quality plans and patient experience surveys, and to develop shared projects on topics such as emergency room repatriation and wait times. The QFHT has connected with KFL&A Public Health and the Quality Committees at both Kingston General and Hotel Dieu hospitals. Residents (PGY1) complete a quality improvement project throughout the year, are required to present their findings departmentally, make suggestions for improvements, and be involved in how to “fix” issues/concerns reported. The QFHT’s data analyst has been instrumental in providing reports and data knowledge translation to determine optimal usage of the Electronic Medical Record in quality improvement initiatives.

Recognition from Provincial Colleagues

The QFHT earned two prestigious awards from the Association of Family Health Teams of Ontario (AFHTO) through its new Bright Lights Awards program in October 2012. AFHTO represents the 186 family health teams in Ontario. The program recognizes the leadership, outstanding work and significant progress being made to improve the value that family health teams deliver to patients.

The QFHT earned one of four honours awarded province-wide for Best Practices in Health Promotion and Chronic Care. This award recognizes the team’s leadership and outstanding work in collecting data, coordinating improvements and implementing system-wide changes in its care to patients with diabetes. The award came with a \$3,000 grant, which was used to send a team member to the 14th Annual International Summit on Improving Patient Care in the Office Practice & the Community, hosted by the Institute for Healthcare Improvement in April 2013 in Scottsdale, Arizona.

The team also took home the award for the best submission under the “Getting Data and Using it to Improve Care” category. Entitled Data Discipline is Worth It, this submission was based on the team’s diligence in the effective use of its new EMR system.



Dr. Glenn Brown with young patient



(clockwise) Dr. Maggie Thomson (PGY2) and Dr. Richard Birtwhistle; PGY2 residents Dr. Paul Gallupe and Dr. Jonathan Witt; and Dr. Ayesha Elahi (PGY2) and Dr. Shahnaz Azimzadeh (PGY1) with Dr. Walter Rosser

CENTRE FOR STUDIES IN PRIMARY CARE (CSPC)

The Centre for Studies in Primary Care (CSPC) provides faculty within the Department of Family Medicine with research support, directs the Department's resident research teaching program, and helps to build capacity in primary care research by providing an environment that supports research training and academic excellence. The Centre's research activities are in areas relevant to the practice of primary health care, primary care chronic disease surveillance, population health, health promotion, family medicine education research, program evaluation, and evidence assessment for clinical practice. Additionally, some of the Centre's research activities respond to community needs and funding opportunities.

This year, the CSPC has continued to thrive and grow as Dr. Richard Birtwhistle, Centre Director, continues to expand the scope of the Canadian Primary Care Sentinel Surveillance Network (CPCSSN). CPCSSN is Canada's first multi-disease primary care electronic record surveillance system and has secured more than \$11.8 million in funding from the Public Health Agency of Canada (PHAC). Essentially, CPCSSN is a database of de-identified patient information on chronic illnesses and their associated indicators. CPCSSN collects and validates longitudinal primary care health information relating to hypertension, diabetes, depression, chronic obstructive lung disease and osteoarthritis, plus three neurological conditions (Alzheimer's including dementia/epilepsy and Parkinson's). This work is original and provides a rich source of primary care health information for the advancement of patient care and chronic disease management in Canada. For future researchers, CPCSSN's creation of a platform for multi-level research will facilitate and encourage innovation and excellence in primary health care research across Canada.

As a result of the contribution that CPCSSN will make to primary care research, the College of Family Physicians of Canada launched the “Sentinel Eye” section as a new series in the Canadian Family Physician Journal. The focus of articles in this section will be to highlight surveillance and research initiatives related to chronic disease prevalence and management in Canada. Over the coming year, Dr. Birtwhistle; Dr. Tyler Williamson, CPCSSN Senior Epidemiologist; Dr. David Barber, Local Network Director; and Ken Martin, CPCSSN Information & Technology Manager, will be working with the national team to secure CIHR and Canada Health Infoway funding to use the data to impact patient outcomes and delivery of care.

In addition to the CPCSSN project, the Centre is involved in a number of major primary health care projects at the regional, national and international level. Among them:

- **Dr. Michael Green**, CSPC Associate Director, is leading an international five-year CIHR-funded study that 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.
- **Dr. David Barber and pharmacist Sherri Elms** are the Centre’s leads on a pilot study funded by CIHR and conducted in collaboration with researchers at McMaster University. The pilot explores “Electronic Tools to Improve Anticoagulant Therapy for Individuals and Populations.”
- **Dr. Lawrence Leung** is conducting a pilot study looking at acupuncture to aid in smoking cessation, and has been busy publishing a number of clinical reviews.
- **Dr. Elaine Van Melle, Dr. Karen Shultz and Dr. Jane Griffiths** are leading a number of new education research projects that seek to evaluate the Family Medicine competency curriculum across regional teaching sites.
- **Dr. Ruth Wilson** is conducting an external evaluation of a provincial project that is focused on determining the impact of high performance, high quality and innovations in family practices on the overall cost of the health care system.
- **Dr. Glenn Brown** continues to work with research colleagues in Australia and New Zealand on a project that is evaluating primary health care organizations.
- **Jyoti Kotecha**, CSPC Assistant Director, was the Centre’s lead on a provincial evaluation of the impact of the Health Quality Ontario quality improvement learning collaborative initiative. This project was conducted in collaboration with colleagues at Western University, and over the next year the results will be presented at national conferences.
- **Dr. Susan Phillips** is working on a variety of research looking at gender issues on health outcomes, and is a co-principal investigator on a six-year CIHR New Emerging Team Grant: “Gender Differences in Mobility.”

The Centre’s success has led to faculty being invited to participate as members of various national and provincial committees. Among them:

- **Dr. Richard Birtwhistle** is the vice-chair of the Canadian Task Force on Preventive Health Care, and has been appointed Interim Scientific Director of a Network of Centres of Excellence at Queen’s University, The Technology Evaluation in the Elderly Network (Tech Value Net). Tech Value Net received \$23.9 million in funding from the Government of Canada’s Networks of Centres of Excellence program and an additional \$22 million from industry and institutional partners. Dr. Birtwhistle’s extensive background in related areas and proven record in establishing successful national research networks (CPCSSN) was the primary reason he was asked to step in.
- **Dr. Michael Green** serves on a number of primary health care committees, including the Ontario Expert Panel on Wait Times in Primary Care.
- **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, and was awarded the Diamond Jubilee Medal for significant achievement and remarkable service.
- **Dr. Lawrence Leung** was recently appointed Associate Editor of JAMS, an international peer review journal.

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 summer 2013.



Dr. Marshall Godwin, Primary Care Research Day

2012-2013 PUBLICATIONS AND PRESENTATIONS

- Birtwhistle R, Pottie K, Shaw E, Dickinson JA, Brauer P, Fortin M, Bell N, Singh H, Tonelli M, Gorber SC, Lewin G, Joffres M, Parkin P. Canadian Task Force on Preventive Health Care We're back! *Can Fam Physician* January 2012. Vol 58.
- Kotecha J, Putnam W, Birtwhistle R, Lussier MT, Nagpurkar A. Practice Recruitment. *Can Fam Physician*. May 2012; 58(5): e298-e299
- Galiviz K, Levesque L, Kotecha J. Evaluating the Effectiveness of a Physical Activity Referral Scheme Among Women. *Journal of Primary Care & Community Health* October 11, 2012
- Kerr JR, Schultz K, and Delva D. Two new aspects of continuity of care. *Can Fam Physician* 2012;58 e442-e449.
- Leung, L. Pain catastrophizing: an updated review. *Indian J Psychol Med*. Sep 2012; 34(3):204-217
- Leung L. Neurophysiological Basis of Acupuncture - induced Analgesia - An update review. *Journal of Acupuncture and Meridian Studies*, Dec 2012; 5(6) eBook: 261-270.
- Green ME, Hogg W, Savage C, Johnston S, Russel G, Jaakkimainen RL, Glazier RH, Barnsley J, Birtwhistle RV. Assessing Methods for Measurement of Clinical Outcomes and Quality of Care in Primary Care Practices. *BMC Health Services Research*. 2012
- Catherine L. Goldie, C. Ann Brown, Sylvia M. J. Hains, Joel L. Parlow, and Richard Birtwhistle. Synergistic Effects of Low-Intensity Exercise Conditioning and β -Blockade on Cardiovascular and Autonomic Adaptation in Pre- and Postmenopausal Women With Hypertension *Biol Res Nurs* 1099800412461562, first published on October 2, 2012 as doi:10.1177/1099800412461562.
- Smith SD, Birtwhistle R. Exploring patient perceptions of PSA screening for prostate cancer. *Can Fam Physician* Sept 2012: 58:e502.
- Thomas R, Carroll A, Chomin E, Williamson T, Beran TN, Palacios L, & Drummond N. Perceived usefulness of learning strategies by children with Tourette syndrome plus, their parents and their teachers. *Health Education Journal*. 2012;1-13. DOI: 10.1177/0017896912440765
- Biro SC, Barber DT, Kotecha JA. Trends in the use of electronic medical records. *Can Fam Physician*. January 2012. Fast Facts e21.
- Flynn L, Michalska B, Han H, Gupta S. Teaching and Learning Interprofessionally: Family Medicine Residents Differ from Other Healthcare Learners. *JRIPE* February 2012 Vol 2.2.
- Leung L. Cellular therapies for treating pain associated with spinal cord injury. *Journal of Translational Medicine* March 2012. 10:37.
- Leung L. Ring-like lesions on the hand. A case study. *Australian Fam Physician*. January 2012. Vol 41, No 1/2.
- Lussier MT, Richard C, Bennett TL, Williamson T, Nagpurkar A. Surveillance or research: what's in a name? *Can Fam Physician*. January 2012. Vol 58.
- Schultz K, Delva D, Kerr J. Emotional effects of continuity of care on family physicians and the therapeutic relationship. *Can Fam Physician*. February 2012. Vol 58: 178-85.
- Thomas RE, Lorenzetti DL, Spragins W, Jackson D, Williamson T. The Safety of Yellow Fever Vaccine 17D or 17DD in Children, Pregnant Women, HIV + Individuals, and Older Persons: Systematic Review. *Am J Trop Med Hyg*. 86(2), 2012.
- Saucier D, Shaw E, Kerr J, Konkin J, Oandasan I, Organek AJ, Parsons E, Tannenbaum D, and Walsh AE. Competency-based curriculum for family medicine. *Can Fam Physician* 2012;58 707-708
- Leung L. F.I.F.E a L.I.F.E. *InnovAiT* 2012; In Press.
- Leung L. From ladder to platform: A new concept for pain management. *J Prim Health Care* 2012; 4(3):254-258.
- Leung L. A man with a painful black toe. *Aust Fam Physician*. 41(9):704-706
- Phillips SP, Clarke, M. More than an education: the hidden curriculum, professional attitudes and career choice. 2012 *Med Educ*;46:887-893.
- Siddique S, Xian Q, Abdelouahab N, Tasker L, Phillips S, Fenq Y, Wang B, Zhu J. Levels of dechlorane plus and polybrominated diphenylethers in human milk in two Canadian cities. 2012 *Environment International*; 39(1):50-55.
- Kerr J, Taylor C. First Five Years in Family Practice initiative. *Can Fam Physician* 2012;58 1044
- Leung L. Whose Difficulty is it? *Can Fam Physician* 2012;58: 987-988.
- Smith SD, Birtwhistle R. Exploring patient perceptions of PSA screening for prostate cancer: Risks, effectiveness, and importance. *Can Fam Physician* 2012;58(9): e502-507.
- Goldie CL, Brown CA, Hains SMJ, Parlow JL, Birtwhistle R. Synergistic Effects of Low-Intensity Exercise Conditioning and β -Blockade on Cardiovascular and Autonomic Adaptation in Pre- and Postmenopausal Women With Hypertension *Biol Res Nurs* 1099800412461562, first published on October 2, 2012.
- Greiver M, KeshavjeeK, Jackson D, Forst B, Martin K, Aliarzadeh B. Sentinel feedback: Path to meaningful use of EMRs . *Canadian Family Physician* October 2012 vol. 58 no. 10 1168.
- Leung L. Incidental Findings in Neuroimaging: Ethical and Medico-legal considerations. *Neuroscience Journal* 2013, Vol 2013

INSIDE THE DEPARTMENT OF Family Medicine



INFORMATION MANAGEMENT COMMITTEE

Over the past year, the Information Management Committee was restructured to better align with Department of Family Medicine goals. Three sub-committees were struck: OSCAR, Education and regional relationship.

OSCAR, the open-sourced electronic medical record (EMR), continues to meet the Department's needs and has enabled population-level management of Queen's Family Health Team (QFHT) patients. The days of managing patients' chronic conditions and preventative care on a case-by-case basis have passed, as this can now be done more efficiently and effectively at a population level. This has allowed new programs of care to be created by the Better Innovations Group (BIG), resulting in an increase in the quality of care delivered at the QFHT.

The Department's Education Office continues to rely heavily on Information Technology infrastructure, and nationally recognized software for tracking residents' progress has been created through the Department's two-year curriculum. The transition to electronic evaluations is expected to be completed very soon, allowing for a centralized repository for all feedback and evaluations.

The regional networking committee has made progress by establishing relationships with multiple groups across the South East Local Health Integration Network (LHIN) and across the country. Queen's continues to be heavily involved with the development and governance of OSCAR. Three research projects through collaboration with McMaster University continue to develop, all using either OSCAR or the patient-controlled version, MyOSCAR. Other areas of outreach focus include collaboration with the Champlain LHIN health IT groups, and new connections and projects with Queen's School of Business.

In future, the Department looks forward to piloting some of the province-wide systems that are just now coming online that will improve communication between different health care sectors.



The Ladies in Red (Tammy Parr, Vanessa Patterson and Sarah Snodgrass) share the love (and cupcakes!) on Valentine's Day

HUMAN RESOURCES

This year, the Department of Family Medicine (DFM) was introduced to a new working relationship with its staff following the ratification of three new collective agreements between Queen's University and the following unions: ONA (Ontario Nurses' Association – Local 67), USW (United Steel Workers Union – Local 2010) and OPSEU (Ontario Public Service Employees Union – Allied Health Workers). Staff affected by these unions attended meetings to learn about their new contracts, and union representatives from the Department were chosen for each of these unions. Members of the DFM management team attended a two-day workshop facilitated by Queen's Industrial Relations Centre to learn more about managing in a unionized environment and how to strengthen and sustain the relationships between management, staff and the unions that govern these working relationships. Training sessions hosted by the Queen's Human Resources Department continue, providing additional education for the management group.

The Department welcomed several new staff members this year as a result of attrition and growth. This prompted further

enhancements to the Department's existing orientation process, developed in 2010-2011. New process flow charts were developed for the hiring and orientation processes. These charts illustrate a more detailed order of steps to facilitate a seamless transition from hire to orientation for all new administrative and clinical staff as well as locums.

The Department's e-based scheduling tool, Master Corporate Schedule (MCS), experienced an overhaul in the look and functionality of its interface. It continues to be a valuable internal tracking system for managing employee attendance that complements the university's human resources information system, PeopleSoft.

Members of the WorkLife Balance (WLB) Committee provided outreach to staff working in the Department's Belleville site this year. A visit to the site enabled committee members to learn about the work environment there and the site's day-to-day operations. The visit provided a forum to exchange information and put faces to names, and strengthened the connection for staff between their site and the Kingston site. The WLB Committee is planning visits to the Oshawa and Peterborough sites in the coming year.



Belleville Program Coordinator Christina Kerr plays doctor for a day by dressing like Dr. (and brother) Jonathan Kerr



HR Manager Vanessa Patterson, Michelle Little and Carolyn Powell deliver treats to faculty and staff



Finance Coordinator Emily Briffett hisses at a photographer while she crunches numbers

Halloween 2012

In keeping with the Department's strong commitment to the global community, the WLB Committee developed a Charities Sponsorship Policy. This policy enables staff, faculty and residents to nominate a particular charity to be designated the Department's Charity of the Year. The committee reviews submissions and a charity is selected based on specific criteria. Sponsorship of a local charity alternates with sponsorship of an international charity every year, and targeted fundraising efforts are integrated into the Department's social events calendar throughout the year. The 2012-2013 charity was CanAssist, a Kingston-based registered charity that works to support sustainable infrastructure projects in several communities in East Africa.

Continuing its efforts to increase awareness of diversity in the workplace, the WLB Committee held three series of Positive Space Program sessions this year. These sessions gleaned favourable response, and as such have become a regular offering at the DFM as part of the professional development of all staff, faculty and residents. These sessions, in co-operation with the Queen's University Human Rights Office, are designed to familiarize staff with queer issues, local resources, and discrimination and harassment policies.

Through the work and dedication of the WLB Committee, the Department is proud to support a strong staff recognition program. Praise and recognition are essential to an outstanding workplace and, in keeping with the Department's vision of being acknowledged as a centre for excellence in the delivery of primary care, education and research, work has begun to expand the scope of its staff recognition program. The new and improved program, to launch this fall, will extend beyond the celebration of the four employee groups (Administration, Allied Health Professionals, Nursing and Research) to include the recognition of specific accomplishments by various individuals, teams and committees, both faculty and staff.

FACULTY DEVELOPMENT

The Department of Family Medicine celebrates its 40th anniversary this year. In conjunction with this milestone, the Department recently hosted a Faculty Retreat at Viamede Resort on Stoney Lake, near Peterborough. With its partners in Kingston, Belleville, Peterborough and Oshawa, it was the perfect location in proximity to all sites.

The retreat was an opportunity to connect with other faculty, sharing ideas and processes, and supporting the Department's preceptors in their work with Family Medicine residents. Dr. Ivy Oandasan, champion of the Triple C Curriculum and Associate Director, Academic Family Medicine at the College of Family Physicians of Canada, was the guest speaker.

A variety of workshops was also presented. Topics included:

- Field Notes and Feedback
- Developing Professionalism in our Learners
- Teaching and Assessing Competencies in the Care of Adults with Developmental Disabilities
- Running an Effective Meeting
- Fostering Education Research
- Preparing for New Learners
- Ethics Teaching in Family Medicine Residency
- Demystifying Concepts Related to the Triple C Curriculum

Feedback from preceptors about the event was very positive:

- "Just wanted to congratulate you on the great retreat. The talks were inspiring, the setting beautiful, and I really enjoyed seeing old friends and meeting new ones. We really appreciated the opportunity to make a family weekend out of it."
- "I think you were wise in making the conference centred away from Kingston. This sends an important message to participants in the very multi-locus program where FM education now takes place. I found the most enjoyable workshops were ones that were small and in which exchange of views could take place."
- "Thank you very much for a very interesting and enjoyable weekend. I found that the lectures and discussions were all interesting and covered topics such as ethics and professionalism that receive little attention in specialty meetings."

In co-operation with the Office of Professional Development of the Faculty of Health Sciences, the Department offers a variety of faculty development opportunities and events throughout the year. Seminars are offered locally – some of which are teleconferenced to regional hubs – and regionally on a wide variety of topics. Peer teaching and mentoring, along with individual faculty development plans, are also included in the program, as well as web-based teaching tools.

Sessions held locally and in partnership with other sites included:

Kingston:

- Modelling Prevention in our Learners
- Teaching Family Medicine Residents about the Care of Adults with Developmental Disabilities
- Competency Assessment
- Introduction to Quality Improvement
- Time Management

Belleville and Oshawa:

- Time Management
- Learner Performance Evaluation

Peterborough:

- Time-Efficient Precepting
- Clinical Teaching Modules – One-Minute Preceptor
- Teaching in the OR



Dr. Ruth Wilson



FACULTY SUPPORT

Queen's Family Medicine successfully completed its recruitment efforts in seeking family physicians in the following roles.

- Two Academic Family Physicians: The incumbents will primarily be responsible for providing patient care to individuals rostered to the Queen's Family Health Team (QFHT). The incumbents will also participate in various academic responsibilities as set out by the Department.
- 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 successful candidates have a combination of academic and clinical responsibilities with 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 Department's residents. The employment of these highly respected physicians enables 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 AND PHYSICAL PLANT

Over the past year, the Department experienced many changes and improvements. From a risk-management perspective, several projects were completed, including the development of an emergency plan for clinical operations and a policy for staff off-site clinical visits. As well, a very comprehensive Health Information Policy was drafted and completed.

From a physical plant perspective, renovations began last summer at Haynes Hall, which have now been completed. These renovations will enable the Department to combine its administrative and education offices together in one building, eliminating the need to lease space at a third location. Preliminary work has begun on a further renovation to increase clinical space for the Queen's Family Health Team, both at Haynes Hall and 220 Bagot St.

A massive medical records project began this past summer and will be completed in the near future. This involves the purging of some 10,000 charts and removal of all patient charts from clinical locations. A database system has been put in place that will enable quick and efficient future purging of paper records.

In addition, a Paramedical Meeting Group was struck in 2012. This group makes recommendations on topics such as servicing and maintenance of medical equipment, infection control practices, and safe storage and stocking of medical supplies and equipment. This group also reviews existing Queen's policies as they relate to clinical operations.

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 to be used by three CCO-funded Ontario pilot project sites. The work plan has been driven by a steering committee that includes Department Head Dr. Glenn Brown and is chaired by Julia Niblett, Regional Director, South East Regional Cancer Program. Collaboration with the Department of Family Medicine at Queen's University has allowed 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.

Interest in providing cancer follow-up in a more systematic manner has grown in the last 10 years. This has evolved in part from the recognition that older cancer survivors often have co-morbid conditions that require attention – situations that could best be handled by family physicians. A 2006 report by the Institute of Medicine (IOM) highlighted concerns about lack of continuity of care when patients had completed primary treatment. One recommendation was transitioning patients' post-treatment back to their family physician via a survivorship care plan that would: give the patient and provider information about therapy received and recommendations for surveillance for disease reoccurrence; address co-morbid conditions; and promote a healthy lifestyle.

Proponents of survivorship care plans state that the following criterion will help with continuity of care: having a full record of treatment, along with recommended screening, that could be personalized for each patient. This would be provided to both patients and their family doctor or nurse practitioner as a planning tool for follow-up care. The right information at the right time is key, and many studies have found a link between patient satisfaction and their sense that they had received the information on follow-up/survivorship care that they wanted/needed.

Survey studies have found that cancer patients want more collaboration between their family physician and oncologists/specialists. A multi-pronged plan of KTE activity has been developed that supports interdisciplinary, team-based care surrounding the transfer of care of colorectal cancer survivors from specialists in regional cancer centres to primary care providers and, in turn, to survivors and their families. Survivorship care ensures that patients who have completed their active cancer treatment have access to appropriate follow-up care and the resources they need to meet their individual needs. This coordinating survivorship care model will:

- Provide survivors and their health care providers with a follow-up care plan;
- Empower survivors to participate in the management of their health care and well-being;
- Improve the knowledge of health care providers regarding survivors' needs, assessment and management strategies;
- Improve cancer system efficiency through better transition of care and coordination of survivorship care; and
- Ensure optimal communication and knowledge exchange within the circle of care – Oncology/Specialists, Primary Care Providers (GPs, NPs and Allied Health), and patients and their families – through a variety of tools (Survivorship Care Plan, Survivorship Passport, Survivorship Brochure, Discharge Confirmation Letter, Webinars, Regional Websites and Electronic Care Plans).

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 (e.g. number and types of visits and tests) conducted by the most appropriate health professionals, leading to a reduction in workload for specialist oncologists and greater patient satisfaction.



Dr. Ian Casson

DEVELOPMENTAL DISABILITIES PROGRAM

EDUCATION

Undergraduate – Lectures on developmental disabilities (DD) are currently being integrated/further developed in the first- and second-year core curriculum through psychiatry, epidemiology and pediatrics lectures. This work has been greatly enhanced by publication of a Medical Council of Canada objective on Adults with DD led by Dr. Ian Casson. Dr. Liz Grier and Dr. Casson continue to contribute to a nationally recognized Interprofessional Day in Developmental Disabilities Education where second-year students from OT, PT, Psychology, Nursing and Medicine all come together to participate in case-based learning and practice communication skills with patients with DD. Dr. Brent Wolfrom is developing a clerkship case for the core FM rotation featuring a patient with DD as well. Support is being provided to interested medical students hoping to start a Developmental Disabilities Interest Group.

Postgraduate Core FM – Introductory didactic sessions – one on disability in general and another focused on DD case-based learning – are provided by Drs. Grier and Casson annually. A competency-based in-training assessment of first-year residents performing evidence-based annual health checks for QFHT patients with DD is now in place (see “Research” below). This program is enhanced by Dr. Jane Griffiths’ development of an electronic field note/entrustable professional activity evaluation template. Drs. Grier and Casson are leading an initiative at a national level to finalize essential competencies in DD to be endorsed by the CFPC Section of Teachers and Curriculum and Evaluation committees and implemented in residency programs across the country.

Drs. Casson and Grier continue to participate as faculty in a multidisciplinary week-long course in Dual Diagnosis offered to both psychiatry and family medicine residents as well as psychology interns and community nurses.

Developmental Disabilities PGY3 Enhanced Skills Program – A comprehensive core rotation in Primary Care of Adults with DD (the only full-time rotation of its kind in Canada) has been developed at Queen’s. The rotation includes continuing care of complex patients with DD, consulting and psychiatry clinics. This serves as the core rotation for the PGY3 training and is also available as a one-month elective for clerks/residents. Dr. Meg Gemmill is currently completing the PGY3 year with rotations in Kingston, Halifax, Toronto, Ottawa and New York. Drs. Gemmill and Grier are completing a survey-based study to finalize a list of priority topics for the PGY3 year that will inform the DD Program Committee (CFPC-SIFP) in establishing a formal “Certificate of Added Competence” in this field.

Faculty Development – Faculty development sessions have been offered for the Kingston 1000 Islands faculty but also to the broader faculty at a March 2013 Department faculty retreat. Many clinical and teaching/evaluation tools are available to support faculty in providing competency-based teaching and in-training assessments for residents.

Continuing Professional Development – Dr. Grier leads a provincial CPD series consisting of five case-based lectures per year on a range of topics in DD Primary Care. Drs. Casson and Grier contribute significantly to the DD CPD FMF program. In November 2012 they offered five sessions, and seven abstracts have been submitted for Family Medicine Forum (FMF) 2013. The 2012 FMF featured a 3.5-hour MainPro C-accredited introductory course to DD that consisted of cases and lectures all developed by recent graduates of the Queen's PGY3 DD Enhanced Skills program, which was very well received.

Publication of a Faculty Handbook in Developmental Disabilities – Dr. Casson is leading this province-wide initiative relevant to education at all levels of medical training. The handbook will comprise five sections including Statement of Core Competencies, Summary of Important Background Knowledge for Faculty, Four Case-Based Modules for Small-Group Learning, Advice for Setting up Clinical Encounters to Promote Resident Learning and Evaluation Tools. This resource is scheduled for publication in Spring 2013 through the DD Primary Care Initiative.

CLINICAL

Primary Care – Dr. Casson and most QFHT attending physicians offer exceptional primary care service for residential patients of Ongwanada Developmental Service Agency. Dr. Grier has a number of patients with DD as her primary care patients and, in particular, has served a helpful role in the community in assuming the care of a group of very complex young adults who are “graduating” from the local Child Development Centre (Hotel Dieu Hospital).

Special Olympics MedFest – Many Queen's faculty, Family Medicine residents and medical students participated in the health screening stations for this provincial event, hosted this year in Kingston. The screening station served hundreds of athletes and provided an up-to-date preventative health assessment.

Adult Developmental Disabilities Clinic – Dr. Grier has started a consultation service for Adults with Developmental Disabilities for local family physicians and provides advice on a range of physical and mental health issues pertinent to this population.

Ongwanada Medical Advisory Committee – Dr. Casson accepted the invitation to become Chair of Ongwanada's

Medical Advisory Committee this year. Dr. Grier also sits on this committee.

Clinical Support Networks – Dr. Grier leads a SE Regional Developmental Disabilities Clinical Support Network for primary care teams consisting of five teleconferenced case-based rounds per year, peer-peer consultation, CPD events, distribution of evidence-based tools and guidelines, and presentation at the annual Primary Health Care Forum. Clinical support is offered at a national level through the DD Program Committee of the CFPC, which Dr. Grier chairs.

RESEARCH

Health Checks Project – This is an innovative project investigating implementation of Annual Health Checks for Adults with DD tied in with in-training competency-based assessment of Family Medicine residents.

Health Information Passport Project – This project, initiated by Dr. Ullanda Neil, involves creation of wallet-sized essential health information cards to facilitate emergency room visits. Outcomes include satisfaction surveys by patients, caregivers and physicians both in primary care and the Kingston General Hospital/Hotel Dieu Hospital emergency room departments.

Priority Topics for Enhanced Skills DD Training – The purpose of this survey-based project is to finalize a list of topics to form the core curricula for a Certificate of Added Competence in DD (CFPC-SIFP).

HEALTH POLICY/PATIENT ADVOCACY

SE LHIN Primary Health Care Council – Dr. Grier is fortunate to sit on this council as stakeholder representative for Developmental Disabilities. The SE Developmental Disabilities Clinical Support Network is an important regional resource for distributing evidence-based guidelines and clinical tools, and for offering links to community resources and consultation services for local primary care teams.

Primary Care Medical Homes: Important Considerations for Patients with Developmental Disabilities – A summary of the DD Program Committee (CFPC) meeting on this topic is drafted for submission for publication.

Promoting Shared Care in Pediatrics and Improving Transitions from Pediatric to Adult Care – Best Practices Position Statement – Dr. Grier was invited to collaborate with leaders from the Joint Action Committee of the CFPC and Canadian Pediatrics Society to review literature and develop a position statement on this important topic. The position statement is in the final stages of revision, and it is hoped that it will be published this year.

PRIMARY HEALTH CARE COUNCIL OF SOUTH EASTERN ONTARIO

Since its establishment in 2008, The Primary Health Care Council (PHCC) has provided 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 is currently chaired by Dr. Jonathan Kerr, Primary Care Lead for the South East LHIN and a family physician in Belleville. Prior to this, the Council was chaired for four years by Dr. Glenn Brown, Head, Queen's Department of Family Medicine.

The Council comprises two groups:

- a) representatives from each of the 15 sub-LHIN regions
- b) representatives from stakeholder organizations

Principles of PHCC Membership:

Each of the 15 sub-LHIN regions represented aim for representation from family physicians, nurse practitioners and executive directors; various practice models (FHT, FHO, CHC, etc.); academic and community primary care providers; urban and rural primary care providers; and hospital, emergency and LTC primary care providers. Stakeholder organizations will be at the table for discussion and input, and close links will continue between the South East LHIN and the Queen's Department of Family Medicine.

Roles and Responsibilities of the 15 Sub-LHIN Region Representatives:

- Communicating
 - Obtain regular feedback from primary care providers in the sub-LHIN region (through emails, meetings, surveys, etc.)
 - Inform the PHCC and Primary Care Lead about important primary care issues arising in the sub-LHIN region
 - Transmit relevant information from the PHCC to primary care providers in the sub-LHIN region
 - The Primary Care Lead will assist each member in developing a list of primary care contacts within his/her sub-region, and a means by which to communicate with these contacts.
- Networking
 - Participate in a local community-level primary care planning group (this may involve creating one if it does not exist)
 - Facilitate primary care providers to meet and discuss primary care issues
- Planning
 - Work with other PHCC members to develop plans and initiatives to improve quality of care and improve access, using a patient-centred lens

- This may be done through sub-committees.
- This may occur at and/or between PHCC meetings.

■ Action

- Implement PHCC initiatives within the member's sub-LHIN area, using principles of physician engagement and change management
- Assist with measuring outcomes for initiatives, with the support of the LHIN, Queen's University, hospitals and other stakeholder organizations

■ Time

- Attend a minimum of four PHCC meetings each year
- If unavailable for a meeting, the member will inform the Chair and arrange for a delegate to attend the meeting.
- Sit on at least one working group or sub-committee between PHCC meetings
- Sit on a local community-level primary care planning group
- Engage local primary care providers (through emails, meetings, surveys, etc. in the communication, networking, planning and action areas as described above
- Participate in PHCC-led leadership training sessions when offered
- Average time required per week = 30 minutes (in addition to the quarterly PHCC meetings)

Stakeholder Organizations, Roles and Responsibilities

Stakeholder organizations include: the South East LHIN; Queen's University; CCAC CEO; Public Health; Community Mental Health; Cancer Services; Palliative Care; Maternal Health and Intrapartum Care; Long-term Care; Community Health Centre Executive Directors; South East FHT Leaders Group; Association of Family Health Teams of Ontario; Community Pharmacists; Rehabilitation Services; Developmental Disabilities; Child and Adolescent Mental Health; Emergency Medicine; Health Quality Ontario; Ontario College of Family Physicians; Ontario Medical Association; and Section of General and Family Practice.

Members represent the views of the stakeholder organization during PHCC meetings; advise the PHCC utilizing their unique expertise and knowledge area; assist with the development of PHCC initiatives, especially as they align with the stakeholder organization's activities; and provide a quarterly report (after each PHCC meeting) to the stakeholder organization with an update on the PHCC's initiatives.

Primary Health Care Forum

On March 7, 2013, the South East LHIN hosted the 5th Annual Primary Health Care Forum, entitled "Health Links + Quality Improvement = Excellent Care for All." Held in Belleville, the Forum hosted 180 registrants, presenters and exhibitors, including physicians, nurses, allied health professionals and administrators from family health teams and community health agencies throughout the South East LHIN.



THE DEPARTMENT OF FAMILY MEDICINE

Globally

QUEEN'S-MONASH UNIVERSITY GLOBAL HEALTH INITIATIVE

Queen's Department of Family Medicine continues its collaboration on a primary health care research project with the Southern Academic Primary Care Research Unit (SAPCRU) at Monash University, Melbourne, Australia, and the Department of Public Health and General Practice at the University of Otago, Christchurch, New Zealand.

The primary objective of this study is to develop an understanding of the regional-level health care structures in Australia, called Primary Health Care Organizations (PHCO), and New Zealand's District Health Boards to inform primary health care policy in Ontario.

This study has utilized a mixed-methods design of ethnographic interviews with practice nurses, general practitioners and PHCO staff, and a semi-quantitative survey of health care professionals.

The Australian portion of the research conducted by SAPCRU has been completed. Highlights from the Executive Summary of "Addressing the Health Care Gap: An Australian Primary Health Care Organization in Transition" address two central questions that have implications for the Ontario health system:

- How did health care professionals in Australia under PHCOs perceive that their needs were being addressed and their interests represented?
- How were the PHCO leaders managing to pivot from a focus on support to general practices to coordination and integration, both amongst primary health care service providers and between primary health care and other service providers?

The report's executive summary further highlights an important issue for Canadian health authorities – the potentially competing needs for: 1) health care professional engagement through membership organizations or other structures; and 2) an organizational focus on coordination and integration. Dual PHCO structures may be a way to balance these needs through: 1) a health care professional membership organization providing practice support; and 2) a service provider membership organization providing coordination and integration.

As the data from the New Zealand arm of the study becomes available, additional insight gleaned will be applied to inform the contributions the Department makes to Ontario's Primary Health Care Councils and the newly established Health Links.



GLOBAL HEALTH WORKING GROUP

The most significant evolution in Global Health for 2012 was the interest from the postgraduate office in aligning pre-departure preparation for non-Family Medicine residents with the Family Medicine curriculum. This further validates the quality of the pre-departure program, and the Department of Family Medicine (DFM) is excited about the possibility of involvement of other residents, which could only further enrich the experience for its own residents. While no residents from other departments have participated to date, the DFM has indicated its willingness to include them in its curriculum as long as their own departments are responsible for approving their elective options. The Department hopes to see some of these residents in 2013.

This year, fewer residents from within the Department went overseas than in past years, however there were trips to Barbados and Sri Lanka at the beginning of 2013. As new and successful experiences, these electives may prove interesting to others as well.

Another exciting development was the introduction of a Global Health Interest Group, led by Dr. Geoff Hodgetts and interested residents. This group has run several monthly seminars that have featured dynamic speakers and interesting discussions, and will hopefully continue to grow in 2013.

The remainder of the curriculum was essentially unchanged this year and, following constant changes over the past several years, this was a welcome pause. The PGY1 academic day in November was successful in presenting a variety of new topics to residents, including topics that are less conventional in terms of Family Medicine education. Residents appreciated the exposure to topics such as travel medicine, globalization, gender and health, and environmental health, among others.

Looking forward, the Global Health Working Group will keep its eyes and ears out for opportunities to develop other elective experiences for residents. The Department hopes to welcome some Royal College residents into its pre-departure program if any have plans to do electives overseas. Participating in a new multidisciplinary initiative at Queen's, the "Knowledge Translation for Global Health Summer Institute," which will be held in June 2013, will also enhance relationships between the Department and other Queen's faculties working on Global Health issues.

*Finally,
the DFM will, as always,
be looking to respond to
resident feedback in terms
of other components
of the Global Health
curriculum.*



Department of Family Medicine
220 Bagot Street
Queen's University
Kingston, ON, Canada K7L 5E9
613 533 9300

www.dfmqueensu.ca