



Department of
Family Medicine

Annual Report | 2013 • 2014



Our Vision

*The Department of Family
Medicine at Queen's
University is a leader,
striving for excellence in
patient-centred health care,
education and research.*

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Dr. Glenn Brown

MESSAGE FROM THE DEPARTMENT HEAD

It is with pride that I present the 2013-2014 Annual Report for the Department of Family Medicine at Queen's University. We have had another year of intense and successful activity in areas of focus as identified in our Strategic Plan.

Our success is based on a team committed to not only developing, but realizing the activities in clinical care, education and research outlined in our annual operating plan. Co-ordination of these activities over the year were accomplished through our senior management group – Diane Cross in clinical services, Sarah Decker in education, Mitch Doherty in operations, Jyoti Kotecha in research and, most recently, Allen McAvoy in strategic relations and planning. Although our Department is organized into clinical services, research and education areas, an academic unit depends on effective co-operation among each area in order to achieve success. In this regard, the management group deserves special commendation for helping us realize our accomplishments.

Our teamwork involves working with established groups on a daily basis – on a research project or in a clinical unit, for example – but it also depends on collaborating with groups formed to accomplish specific tasks. Everyone's enthusiastic willingness to step forward and contribute constructively when possible has been and remains critical to the success of these various teams. I believe the staff members of our main academic unit in Kingston, as well as those at our satellite sites, understand the benefits of this collaborative approach. This year has demanded flexibility in role description and a full utilization of our faculty and staff members' skills in achieving our goals. I commend every staff member for their contributions, small and large, over the course of this past year.

We remain a department that is, at its core, committed to education. We have the best Site Directors imaginable – Dr. Kim Curtin in Peterborough-Kawartha, Dr. Geoff Hodgetts in Kingston-Thousand Islands, Dr. Wei-Hsi Pang in Bowmanville-Oshawa-Lakeridge and Dr. Robert Webster in Belleville-Quinte. Their tasks require tremendous motivation and devotion to education, and each has gone above and beyond reasonable expectations to ensure we deliver the best experiences and opportunities to our residents. Dr. Karen Schultz's leadership as Postgraduate Program Director and her constant strive for excellence serves as a brilliant example of how to motivate the team. The residents – a wonderful, diverse, intelligent group this year – contribute so much on a daily basis to the care of our patients and to keeping our faculty inspired in their role as educators. The student-teacher dyad is symbiotic in that enthusiastic teachers motivate students, while motivated students inspire their teachers. We thank our entire faculty – academic and community – for their ongoing contribution to undergraduate and postgraduate education.

This year we have observed some external markers of success. I would draw everyone's attention to the fact that our Family Medicine program filled in the first iteration of CaRMS. This included our Public Health and Preventive Medicine (PHPM) program, now entering its second year within our Department. Our partnership with the PHPM program has been extremely beneficial to all concerned. We were particularly pleased by the accreditation report in fall 2013 when the accreditation team recommended full approval. We recognize the leadership

of Dr. Ian Gemmill as Program Director since the program's inception, and now welcome Dr. Kieran Moore as the current Program Director. Dr. Geoff Hodgetts deserves special commendation in his role as Director of Medical Education in strengthening this program's educational foundations over the last several years.

Additionally, the Department has always had a special interest in serving the needs of rural, northern and remote regions of Canada. The Department's motto, Train at Queen's – Work Anywhere, defines many of our educational approaches. For that reason, it was gratifying to see the Department receive the Keith Award from the Society of Rural Physicians of Canada at its Annual General Meeting in March 2014. This award recognizes medical programs that excel in addressing the needs of Canadians in rural settings. The award looked at the largest number of graduates practising in rural areas 10 years after graduation, and Queen's was most successful in this regard.

With the commitment of so many people, the Department's clinical program never stops improving. The strength of each teaching unit, faculty member, faculty associate, allied health professional, resident, reception staff member and referral clerk, among a host of so many individuals, stands as a testament to the strength of the links in the chain that metaphorically represents our team. There are other teams that help us achieve excellence in our clinical operation. Dr. Karen Hall Barber as Physician Lead uses quality improvement as a driver for excellence in our program. This is accomplished through a team that includes Diane Cross, Danyal Martin, Dr. David Barber, Jeff Babcock (IT services) and Abi Scott (data analysis). Their work has given us insight not only into areas where we are effective, but also areas where we can improve.

Finally, as a department committed to understanding and translating our knowledge into the provision of meaningful primary care, we are grateful for the success achieved within the Centre for Studies in Primary Care under the direction of Dr. Richard Birtwhistle, along with Dr. Michael Green, Associate Director, and Jyoti Kotecha, Assistant Director. It is satisfying to see that not only is our funded research growing on an annual basis, but all of our faculty members are contributing to scholarly work. This results in a tremendous publication rate for the Department and an enthusiasm for research that extends to our postgraduate residents. This year's Primary Care Research Day was, without a doubt, the best to date. I was particularly pleased that residents at our satellite sites received three of the four resident research awards. This speaks to the success of our satellite programs in developing and encouraging strong scholarly approaches at such an early stage in their development.

Faculty members in the Department of Family Medicine are being called upon more and more by the university, our colleges, our hospitals and other external agencies to contribute their expertise. This is an honour to all involved because it not only speaks to our individual and collective abilities, but also to our Department's willingness to serve our communities. We see ourselves as leaders in our discipline and it is clear others do as well.

It is with thanks to each of you that we can approach the next year with optimism and enthusiasm.



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



Dr. Karen Schultz
*Program Director
Postgraduate Education*

POSTGRADUATE EDUCATION PGY 1&2

This year has seen ongoing growth, development and refinement in the Queen's Family Medicine Postgraduate Education (Queen's FM) program. There is a national upswing in medical students' interest in pursuing a career in family medicine. Students who realize that they enjoy forming long-term therapeutic relationships with patients while being intellectually challenged by the provision of care across a broad spectrum of patients and problems – infants through to the elderly, colds to cancer, prevention to palliation in many different settings – have been applying to family medicine programs in record numbers.

Queen's FM saw a 20-per-cent increase in applications this year. In March 2014, more than 500 medical students interviewed for the 66 first-year residency spots across the four sites – Kingston-Thousand Islands (KTI), Belleville-Quinte (BQ), Peterborough-Kawartha (PK) and Queen's Bowmanville-Oshawa-Lakeridge (QBOL). Gabrielle Clarke and Tracy Weaver from the Department of Family Medicine and Nicholas Snider from Queen's Postgraduate Medical Education have worked hard to create a variety of publications outlining the strengths of the Queen's FM program. (See examples at familymedicine.queensu.ca/education.)

EDUCATION

The four days of recruitment in January 2014 were a mastermind of organization led by Gabrielle Clarke and the educational staff from all four sites. They were joined by preceptors and residents in meeting, mingling with, informing and interviewing prospective residents. The four days were ones of high energy and enthusiasm, and the chocolate fountain continues to be a popular Queen's FM tradition! The program was delighted to have this process result in a full match in the first iteration this year and looks forward to welcoming its new residents on July 1.

All four Queen's sites are now at full capacity – KTI with 92 residents, PK and BQ with 12 each, and QBOL with 16. QBOL, the newest site, opened to residents in 2012 with those first residents now in their final year. Third-year spots continue to be popular and fully subscribed.

In ongoing development and refinement of the four postgraduate pillars of curriculum, assessment, research and faculty development, the motto Four Sites – One Vision continues to reflect activity within the program. Enthusiastic participation among site leaders, staff members and residents continues to drive innovation. Through regular communication, best practices at one site continue to inform and shape innovation at the other sites.

In the area of curriculum and assessment, the last four years have been spent transforming the program into one that is competency-based and reflects the principles of Comprehensiveness, Continuity and Family Medicine Centredness, as outlined in the College of Family Physicians of Canada (CFPC) competency-based Triple C curriculum. This has involved articulating the competencies that all Queen's FM residents must have by the end of their training, and designing a program to assess and document that these

competencies have been attained in a way that is valid, reliable and acceptable for residents and preceptors.

Articulating these competencies has meant looking at the requirements set out by the CFPC as well as the future needs of residents and society, writing objectives that use competency-based language and organizing those objectives into relevant groupings. The residency program has then been structured to best allow the development of these competencies over time and in different settings. This has involved making the program much more horizontal or integrated (rather than strictly rotation based) than in the past. Finally, an assessment program has been put into place that has two main components – a set of competency-based assessment tools that captures small biopsies of performance by multiple preceptors in many settings over time and an academic advisor (AA) system, where residents meet with their AA every four months to, among other things, review competency development.

This year, the main innovation in assessment in the program was taking the Entrustable Professional Activities (EPAs) for family medicine written last year and incorporating them into the existing Electronic Field Note system – creating EPA Field Notes (EPA FNs). Using these EPA FNs, residents can be observed by multiple preceptors multiple times in a variety of settings doing the activities necessary to be competent family doctors. During the AA meetings, these multiple small biopsies of performance inform decisions the AAs make about the residents' competency development and an individualized learning plan is set for the upcoming four months to support ongoing competency attainment. This step – that of gathering and collating information about those biopsies of performance – given the

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approximately 150 residents and hundreds of preceptors in the program, has been made possible by the work of a dedicated assessment director, Dr. Jane Griffiths, and IT support person Rachelle Porter, developing an electronic platform to support this system.

An additional key component of all of this change has been communication and faculty development sessions to ensure that residents and preceptors understand the reason behind these changes, have input into making the assessment tools understandable and workable in the busy clinical environment, and feel comfortable using them. All of our sites' faculty development and assessment leaders have been working with their residents and many preceptors to inform them of the features of this system, and research is being carried out to evaluate it. This work was presented at an Association of Medical Education in Europe conference in Prague in September 2013, and has generated interest from a number of groups in Canada and globally.

With the four comprehensive programs at KTI, BQ, PK and QBOL training residents at their sites as well as more remote rural settings, Queen's Family Medicine residents are proving to be adaptable and resourceful and are setting up practices all over the world.

The Queen's FM motto, Train at Queen's – Work Anywhere, was endorsed in February 2014 when the program earned the Keith Award from the Society of Rural Physicians of Canada. This award is given to the Canadian postgraduate program that has excelled in producing rural doctors by having the largest number of graduates practising in rural areas 10 years after graduation.

Queen's Family Medicine would not be the strong program it is without its many dedicated preceptors and program personnel.

Congratulations to Dr. Allan Bell from the BQ site, honoured with Queen's DFM's Dr. John T. Tweddell Memorial Award (given to an outstanding specialist colleague preceptor) and Dr. Gordon Mercer from Port Perry, who earned the Dr. Donald L. Potvin Memorial Award (given to an outstanding Family Medicine preceptor). Jen Brierley, program co-ordinator for the department's residency program, was honoured with a nomination for the PARO Lois H. Ross Resident Advocate Award for her passion for the well-being of residents.

The BQ program was honoured with a nomination for the PARO Residency Program Excellence Award, and Dr. Robert Webster, site director, BQ Site, earned the PARO Excellence in Clinical Teaching Award.



EDUCATION

Another key element to the program's success is the many residents who work hard and provide excellent patient care and thoughtful suggestions about ongoing improvement in the program. Resident leaders go above and beyond this and are invaluable to the program. At graduation, these resident leaders were honoured and thanked for their hard work, creativity and positive contributions. Drs. Fiona Aiston, Carla Murphy, Alanna Golden, Maike Milkeriet, Trisha Rys, Kate Newton, Ashley McCann, Hannah Shoichet, Melissa Keith, Shane Hawkins, Jackie Choi, Reta French, Corey Boimer and Maggie Thompson brought energy and enthusiasm to their roles and are sincerely thanked.

Finally, this program would not be what it is without the hard work behind the scenes of the program leaders and education staff

in all four sites. This year has been one of change in the postgraduate education matrix structure. The department said goodbye to Sarah Decker, manager of education; Susan Downey and Mike Higginson. It welcomed Julie Hodges, site co-ordinator at the QBOL site; Jessica Hughson at the BQ site (replacing Christina Kerr during her maternity leave); Lara McKinlay (and Jen Wells, replacing Lara on her maternity leave); and Natalie MacDonald, Lindsey Jarrett and Gabrielle Clarke at the KTI site. The program thanks Dr. Caitlyn Wilson who temporarily took on the role of curriculum lead at PK and welcomes Dr. Sandy Khan who is now carrying out this role.

The department looks forward to welcoming Judy Sakell as its new manager of education effective June 2, 2014.

Department Head Dr. Glenn Brown		Director of Education Dr. Geoff Hodgetts		Regional Education Co-ordinator Dr. Jeff Sloan	
	Queen's Family Medicine Program	BQ	PK	QBOL	KTI
Directors	Dr. Karen Schultz	Dr. Robert Webster	Dr. Kim Curtin	Dr. Wei-Hsi Pang	Dr. Geoff Hodgetts
Curriculum	Dr. Brent Wolfrom	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 Pincok	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. Melissa Keith	Drs. Lili Zhang and Alanna Kalyniuk	Dr. Jesse Zroback	Dr. Corey Boimer	Dr. Lee Anna Blackshaw
Administration	Judy Sakell	Christina Kerr (Jessica Hughson)	Chantal Van Parys	Julie Hodges (Suzanne McKay)	Jennifer Brierley, Gabrielle Clarke, Lara McKinlay, Natalie MacDonald, Dana Doll, Adrian Conway, Sue Jarzylo



Dr. Geoff Hodgetts

KTI Site Director

KINGSTON-THOUSAND ISLANDS SITE

The 2013 academic year got off to a great start with a full complement of 46 residents at the Kingston-Thousand Islands (KTI) site. An additional three military residents came in under a special arrangement with the Canadian Forces, as well as two public health and preventive medicine residents. Drs. Alanna Kalyniuk and Lili Zhang served as the co-chief residents for the KTI residents, providing leadership and excellent input on a variety of committees and working groups.

Having just come through the CaRMS match for the 2014 entry group, the site filled all positions in the first iteration and, once again, took in three so-called supernumerary military residents. Drs. Jeff Wachsmuth and Sabra Gibbens have been elected to represent their peers in the coming year.

During the year, Dr. Brent Wolfrom and Dr. Geoff Hodgetts have worked with officials in the Canadian Forces' Surgeon-General's Office to develop a tailored residency program for military residents to better prepare them for modern deployment and posting duties. This is a unique program in Canada, and has become a drawing card for the KTI site for military applicants.

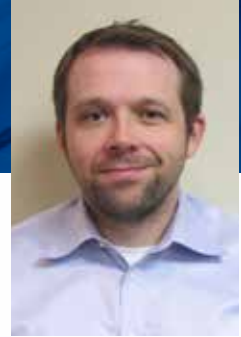
There have been many changes to the faculty and preceptor roster. Three new GFTs have joined the site, bringing with them new skills, energy and ideas. This has also provided an opportunity to make adjustments to clinic faculty assignments to provide more stability and continuity for resident experiences. The department is pleased to welcome Dr. Shayna Watson, who has assumed responsibility for the undergraduate clerkship program in family medicine. She will be working in the 1C area with Dr. Michael Green and Dr. Natalie Kondor,

who will come over from the 1West A area. Dr. Eva Purkey – who has served for years as the global health curriculum lead and a community preceptor – will join the 2W B team, replacing Dr. Mike Sylvester, who will be leaving the department in June to pursue other challenges. Finally, Dr. Meg Gemmill, who completed the Queen's Development Disability Fellowship last year, will join Dr. Susan Phillips on the 1W A team. Dr. Gemmill will take on the lead role in the developmental disabilities program. Welcome to all three!

Dr. Lawrence Leung will take a one-year sabbatical in Moose Factory, and Drs. Rick Rowland and Lisa Forster will assume his clinic duties. Dr. Richard Birtwhistle will retire from his clinical practice this summer, and those duties will be taken over by Dr. Shanda Slipp, who will also contribute to the program as the new academic support person.

During the year, under the leadership of Dr. Ian Sempowski as KTI curriculum lead, plans for a July boot camp have been developed. This is an exciting innovation to provide all KTI residents with a stronger foundation and more equitable orientation to their residency. In recent years, more attention has been paid to the critical transition periods in medical education – from the undergraduate years into residency, from one year to the next within residency and from residency out into practice. The boot camp will include orientation to one's team, to the EMR and roster of patients, and to long-term-care responsibilities. The critical simulation courses such as Nightmares-FM, ALARM and NRP as well as other seminars that target foundation learning will be delivered for all residents. The IMGs that have traditionally started in the fall will be included for some of this early training, reducing the stress of having to join the program after their peers have become well adjusted. It will be interesting to evaluate the outcomes of this new program.





Dr. Robert Webster

BQ Site Director



BELLEVILLE-QUINTE SITE

Curriculum

In July 2013, the program introduced “flex days” along with a horizontal integrated long-term care experience for the PGY2 residents at Trent Valley Lodge under Drs. Robert and Jennifer Webster. Under the leadership of Dr. Jonathan Kerr along with Dr. Robert Webster, Belleville-Quinte (BQ) expanded its Practice Management and Leadership teaching to the residents. Nightmares simulation continues to run successfully in its new format, which makes use of the Nightmares podcasts to enhance teaching. Special thanks to Drs. Al Bell, Darren Lett, Fil Gilic, Ryan Hall, Kristy Lafrance, Craig Bolton and Robert Webster for allowing this great education experience to occur.

Assessment

The program continues to have family medicine primary preceptors as the central assessors for all of their residents. All primary

preceptors are using online field notes, and the ER faculty has recently come onboard to do online field notes as well. Dr. Jennifer Webster realigned the online field notes to match the program’s experiences while also creating a Master Evaluation/Assessment document that indicates the various levels of evaluation/assessment of the residents and faculty, complete with timelines and expectations.

Research

Primary Care Research Day was a great success, with four of the site’s six PGY2s presenting. The remaining two PGY2 residents aim to present later in the academic year.

Faculty Development and New Faculty

Dr. Lois McDonald (focusing regionally) and Dr. Robert Pincock (focusing on the family medicine primary preceptors) continue to provide faculty development events for all



area faculty members. Dr. Rebecca Holmes and Dr. Kristy Lafrance (both former BQ residents) joined the teaching group at Belleville Queen's University Family Medicine Centre during the 2013-2014 year.

Postgraduate Education Site Committee

The BQ Postgraduate Education Site Committee (PGE-S) continues to strive and innovate to maintain Queen's high standards. Christina Charbonneau went on maternity leave in December, and Jessica Hughson has been doing a great job filling in as site program co-ordinator. Dr. Robert Webster continues as site director, Dr. Jonathan Kerr as curriculum co-ordinator, Dr. Jennifer Webster (assessment), Dr. Patrick Esperanzate (research), Dr. Robert Pincock (faculty development), Dr. Joey Bonacci (resident wellness and resiliency) and Dr. Lois McDonald (regional education) from a faculty perspective. Dr. Denise Pitre replaced Dr. LeeAnna Blackshaw as chief resident on PGE-S this spring, while Dr. Jessica Ladouceur continues as PGY1 representative. Abby Leavitt continues to represent the FHT as program manager. PGE-S recently expanded the terms of reference to include an additional FHT staff member, Catherine Donnelly, to the committee, along with Belleville Queen's FHO staff members Megan Bridger and Kate Lee.

Awards/Faculty Promotions

Early 2014 saw a flurry of notifications from the PARO awards committee. The Belleville-Quinte site was nominated for 2014 Resident Program of the Year. Dr. Robert Webster was awarded the 2014 PARO Excellence in Clinical Teaching Award for Queen's University. In spring 2013, the department awarded Dr. Al Bell, Belleville-Quinte Emergency physician, Specialist Preceptor of the Year. Fall 2013 saw

Dr. Robert Webster promoted to adjunct 2 assistant professor.

Residents

All six of the BQ site's PGY2 residents passed the CFPC/LMCC combined exam in 2013. The residents continue to be an integral and active part of the program. March 2014 saw Dr. Melissa Crawford return from maternity leave while Dr. Danelle Martin left for maternity leave. Dr. Beth Perrier also announced she is expecting and is due to be off in the fall of 2014. The 2014 CaRMS match saw the Belleville-Quinte program fill all of its six spots in the first iteration.

Queen's Family Health Team – Belleville Site

The Queen's Family Health Team – Belleville site continues to grow, providing great resident teaching opportunities and ever-improving patient care. Under the leadership of Program Manager Abby Leavitt, the FHT now has a full-time social worker and full-time RN, along with an occupational therapist, dietitian, pharmacist, psychiatrist, psychologist, program administration support and data administration support. The FHT is running numerous programs including the POC INR Program (led by Cindy Adams, RN), smoking cessation – following the Ottawa Model and Falls Assessment (led by Catherine Donnelly, OT), and provides counselling services through its dietitian and social worker. The FHT's most ambitious project is currently underway as Dr. Robert Webster, Dr. Nadia Knarr, Catherine Donnelly (OT), Katrina Levasseur (SW) and Cindy Adams (RN) undergo memory clinic training under the guidance of Dr. Linda Lee. The goal is to have this multidisciplinary memory clinic up and operational by the end of June 2014.



Dr. Kim Curtin
PK Site Director

PETERBOROUGH-KAWARTHA SITE

The Peterborough-Kawartha (PK) site is currently in its fourth year and celebrated many successes this past year.

Five PK residents passed the new harmonized spring 2013 exams and are now practising near and far in communities such as Sudbury and Peterborough. One of the site's recent graduates has completed some additional rural skills training through Queen's Department of Family Medicine (DFM) and is now practising low-risk obstetrics in addition to hospital work. Two PK PGY2s are planning to undertake additional training through DFM starting July 2014 in palliative care and rural skills.

The past year also brought much joy to several PK residents who are currently on maternity leave. The site is thrilled to welcome three new babies to its extended family: Congratulations to babies Elliott, Lochlan and Hannah and their happy parents!

The PK Site Committee membership has remained stable with Drs. Natalie Whiting (assessment, faculty development), Sandy Khan (curriculum), Ben Chan (research) and Kim Curtin (site director), as well as Chantal Van Parys (site co-ordinator). Appreciation is extended to Dr. Jesse Zroback, who has done a great job representing his fellow residents as chief resident. Dr. Allison Lainey is welcomed as the incoming PK chief resident.

The PK site hosted a regular roster of social gatherings this past year. Its welcome barbecue was well attended by residents and preceptors from Peterborough, Lindsay and Barry's Bay. The annual Christmas party was held at Dr. Curtin's home and featured Chantal's usual array of fantastic food. A skating party was enjoyed at Dr. Bob Neville's house, where the Zamboni was a particular hit.

The PK site is proud to announce the following awards that preceptors received in the past year: Dr. Bill Shannon, FP preceptor, Award of Excellence, Ontario College of Family Physicians; and Dr. Rosana Pellizzari, public health preceptor, Award of Excellence, Ontario College of Family Physicians. As well, at Primary Care Research Day in Kingston on February 27, 2014, Dr. Jesse Zroback was awarded the IT Project of the Year. Congratulations to these deserving physicians.

CaRMS 2014 was a busy process with ever-increasing interest in the Queen's peripheral sites. This year the PK program had over 260 applicants and is pleased to welcome its six new residents for July 2014: Michelle Fraser (Western), Andrew Jeffery (UBC), Brianne Lewis (Memorial), Colin Matheson (U of O), Theresa Robertson (U of O) and Alex Weiler (U of O). Many PK preceptors and residents participated in the CaRMS process through file review and interviews and served as excellent ambassadors for the PK program.





Dr. Wei-Hsi Pang
QBOL Site Director

QUEEN'S BOWMANVILLE- OSHAWA-LAKERIDGE SITE

The Queen's Bowmanville-Oshawa-Lakeridge (QBOL) site will celebrate two years this summer and is looking forward to building on the great momentum it has built to date.

Like the other three Queen's Family Medicine sites, QBOL matched fully in the first round of CaRMS this year. It will be exciting to welcome another group of residents to the area, and even more exciting to see the first wave of QBOL residents graduating this year! Congratulations to Dr. Victoria Mount, who has the distinction of being the first graduate from the QBOL site. Dr. Mount recently set up her practice in the area.

Dr. Mike Ward, QBOL research lead, is doing a lot of great work, as evinced by the fantastic resident projects produced for Primary Care Research Day in February. Congratulations to Dr. Chemanthi Kalen and Dr. Corey Boimer, both chosen for awards based on their research projects that day. Dr. Ward is also running the PGY1 journal club and PGY2 exam preparations.

A hearty thank-you as well to Dr. Boimer as he hands over the site chief resident reins to Dr. Nathalie Ranger for the coming year. The enthusiastic and thoughtful feedback the residents have generated has been a great help as the site continues to enhance and fine-tune the learning experiences it offers.

The variety of learning experiences continues to grow, now with a list of selective options available to residents on top of what is offered as part of the core horizontal family medicine experience. There continues to be positive momentum with respect to adding to the site's pool of faculty.

The academic day curriculum is in good hands with Dr. Aubrey Kassirer, curriculum lead, who has set up and continues to innovate with the academic days that are concentrated into the PGY1 year. This year, the academic days have included debates, narratives and even some work on written exam preparation.

On a happy closing note, there have already been a couple of additions to the QBOL family this year (with more to come). Suzanne McKay has stepped in to cover site co-ordinator duties for Julie Hodges, who is on maternity leave for a year. Welcome, Suzanne and congratulations, Julie!





Dr. Kieran Moore
PHPM Program Director



PUBLIC HEALTH AND PREVENTIVE MEDICINE

The department's Public Health and Preventive Medicine (PHPM) program had several successes this year.

For the first time, the program fully matched in the first round of CaRMS and attracted two very strong candidates from Ontario. As a result, it is nearing its full complement with nine residents in the program. This could be attributed to the stronger emphasis on recruitment and building ties between family medicine and public health early in the first year of training, as well as many other program changes.

A notable strength of the PHPM program is the foundation in primary care provided during the first two years of residency at Queen's, potentially leading to Certification in Family Medicine. The flexibility for academic training in the third year – which can be completed at Queen's and lead to a Master of Public Health degree (MPH) – is also of tremendous value to the program. Many of the program's residents have received their MPH training from Johns Hopkins University, the London School of Tropical Medicine and Hygiene or the University of Waterloo. The program's residents have provided significant positive feedback about its flexibility as well as its strategic core rotations.

To strengthen interest among medical students, program representatives have been very involved with the public health medical student interest group at Queen's. As well, KFL&A Public Health is now listed at Queen's as an option for medical student electives in public health.

With the department's new role with the PHPM program, Natalie MacDonald has served as the program assistant. Natalie, who left the department in April 2014 to pursue other interests, is thanked for her work during accreditation as well as CaRMS.

This year's co-chief residents are Dr. Diane Lu and Dr. Emily Groot, who provided excellent leadership and have been closely involved in the transition process to the Department of Family Medicine. They also played vital roles in helping with all aspects of the program, including CaRMS and accreditation. Dr. Jane Griffiths has been actively involved in continuing to strengthen the assessment process, modifying the FM portfolio to encompass the five-year PHPM curriculum and to improve the Rotation-Specific Objectives and Evaluations.

Based on an external review last year, the program has received notification from the Royal College Accreditation Committee that it has been accredited, with a progress report due in two years. This is a significant outcome for a new program, and recognizes all the work of the Resident Program Committee, the Department of Family Medicine and all staff and residents.

The main comment from the accreditation committee was that the program should co-ordinate the curricula for the academic half-day with its academic partners at the University of Toronto and the Northern Ontario School of Medicine. Following an active review, curricula will be finalized

through the program's chief residents and partners.

The PHPM program, in partnership with KFL&A Public Health and Health Canada, recently hosted a two-day international workshop on Syndromic Surveillance of Health and Climate – Related Impacts. The workshop combined the surveillance needs for mass gatherings such as the Olympics, Pan Am Games or the Boston Marathon and a potential population-based environmental exposure event such as heat, smog, chemical release or terrorism. The speakers emphasized the need for situational awareness and real-time data acquisition, which syndromic surveillance systems can provide.

Program members also presented provincial academic rounds on various public health topics including influenza surveillance, healthy weights surveillance strategies and health care worker immunization policies.

After five years as the program director, Dr. Ian Gemmill has handed the torch to Dr. Kieran Moore. Dr. Gemmill has overseen the program's transition to the Department of Family Medicine, the accreditation success and the program having a near-full complement of residents committed to public health training. He has left the program in very good standing, and its current status is truly an indication of his hard work and dedication. Dr. Gemmill will continue to be a mentor, academic advisor and member of the residency program committee. His leadership and support of the program are deeply appreciated.





Dr. Geoff Hodgetts

ES Program Director



ENHANCED SKILLS

The Department of Family Medicine Enhanced Skills (ES) programs continue to serve as an attractive drawing card for the Queen's Family Medicine program. In 2013, Queen's had four active Category One programs – emergency medicine, FM-anesthesia, care of the elderly and palliative medicine – as well as two Category Two programs, in women's health and the self-designed partial or full-year program in rural skills. In 2013, the global health, developmental disabilities and Aboriginal health programs were inactive.

On the national front, the College of Family Physicians of Canada continued its work on developing the framework and policies for awarding Certificates of Added Competence (CACs). This credential will replace previous attestations from the college and will have implications for future graduates in terms of providing evidence of maintaining competency in the special field. At this time, the college is working on policies to acknowledge past and current recipients of enhanced training in five areas: emergency medicine, anesthesia, care of the elderly, palliative care, and sport and exercise medicine. It is expected that the first such CACs will be awarded in June 2016. Dr. Geoff Hodgetts, enhanced skills program director, is a member of the college working group to develop the framework for this first round of CACs.

The college has also revised its approach to the accreditation of enhanced skills programs with a recent announcement of this change. In future, a university program will receive one accreditation status for the enhanced skills program as a whole. In past, each Category One program was also individually surveyed and given its own accreditation status. In future, any deficiencies in an individual program that must be rectified will be stipulated under the overall umbrella of the ES program. It will also become very rare for any program not to have some follow-up required, whether it is a reporting letter for minor deficiencies or a focused external review for more major findings. Dr. Hodgetts now sits on the college's accreditation committee representing the national ES program directors. This provides Queen's with an opportunity to remain on top of such changes in policies and to be able to adapt rapidly.

Closer to home, the education office saw a number of personnel changes during the year. Natalie MacDonald assumed the responsibilities of the enhanced skills program assistant, providing support to all ES programs and residents. Dr. Reta French served as the senior resident

representing all PGY3 residents and will turn these duties over to Dr. Melissa Keith in July 2014. Dr. French has contributed to the Enhanced Skills Program Committee (ESPC) and the Family Medicine Resident Assessment Committee. With the introduction of a program chief resident position in 2011, this person also sits on the ESPC to represent all PGY3 residents. Dr. Keith served in this capacity this year and Dr. Laura Shoots will assume those duties soon. Thank you to all residents who have contributed greatly to the successful running of our programs.

ES Program Co-ordinators and Program Status:

**Emergency Medicine: Dr. Karen Graham;
Assistant Co-ordinator: Dr. Joey Newbigging
2013-2014: Eight plus one resident
(Federal ROS)**

The emergency medicine program remains the largest Queen's program, with eight provincially funded positions annually and an additional position funded by the federal program for the current year. This is a highly competitive program with more than 120 applicants this year for these positions, making it perhaps the most competitive program nationally. Once again this year, the program had a 100-per-cent pass rate on the certification exam. Dr. Graham continues to fine-tune the curriculum, in this past year testing out a new airway experience in the department's Queen's Bowmanville-Oshawa-Lakeridge (QBOL) site.

**FP-Anesthesia: Dr. Brian Mahoney
and Dr. Valerie McLeod
2013-2014: Two residents**

This year, the FP-anesthesia (FP-A) program saw a change of program co-ordinators with Dr. Brian Mahoney stepping down and handing the reins to Dr. Valerie McLeod. Dr. Mahoney

is to be thanked for his enormous efforts over the past few years in restructuring the program around the CanMEDS framework and seeing it through internal and external surveys with flying colours. There has been some recent indication that several programs in the province are struggling with meeting college standards. The fact that Queen's is often looked to for advice and support from other programs is a testament to the strong relationships that have been built – originally by Dr. Glenn Brown and more recently by Drs. Mahoney and McLeod – with colleagues in the Royal College anesthesia program at Queen's. This year began with two residents in the program. After a few months, one of the residents transferred into a general rural skills program.

The FP-A program received funding from the Department of Family Medicine this past year to purchase video conferencing equipment so that anesthesia core teaching sessions can be video conferenced outside of Kingston and digitally archived. This was done in part to meet an accreditation recommendation and also to improve access to core teaching for all residents. In coming years, it is hoped that all the content can be archived so residents will have access to the full schedule of core teaching, which is done on a three-year cycle.

**Care of the Elderly: Dr. Michelle Gibson
2013-2014: One resident**

In the 2013-2014 academic year, the Queen's Care of the Elderly (COE) program was again very active, with two off-cycle residents and one new resident who started in July 2013. Interest remains high in this well-established program.

Dr. Michelle Gibson continues to provide provincial leadership in the assessment of competency and has established a resident portfolio that remains an exemplar for the other Queen's ES programs.

Palliative Medicine: Dr. Deb Dudgeon (Acting), Dr. Ingrid Harle

2013-2014: One resident

The division of palliative medicine has been in a stage of reorganization during the past year. Dr. Deb Dudgeon continued to act as program co-ordinator until the end of the calendar year. Dr. Ingrid Harle assumed this position in 2014. The program had one resident this year who completed a six-month version of the program, achieving some targeted objectives for future practice. The Royal College will now introduce a certificate program to acknowledge extra training in palliative care with entry through the internal medicine route. The end result for Queen's may not be too noticeable with a planned continuance of a program that will come fully under the aegis of the CFPC.

Women's Health: Dr. Susan Phillips

2013-2014: One resident

The women's health program is now almost 20 years old. Its aim is to nurture an understanding of how who one is shapes one's health among that small group of family medicine residents who participate in the PGY3 program. It has never been a route to a boutique or limited family practice, nor is it a shortened route to being an OB/GYN.

The program has only two requirements and even these are flexible: 1) that residents will participate in a monthly seminar series to reflect upon the meanings of clinical experiences through a gender lens and 2) that residents volunteer in an agency that addresses women's health in its broadest sense. Because the whole program is, in a sense, elective, it requires a significant amount of work by incoming residents and the program co-ordinator to identify what rotations or experiences will best match each resident's goals, and then to arrange these.

To date, there have been between 25 and 30 residents throughout the program's life. Almost all have said that the program was a remarkable experience and that they hadn't realized how much they didn't know about women's health until they learned it through their third-year experiences. Most are now practising the full scope of family medicine, many in smaller centres where their added skills are a real resource to the community. Several have gone on to do PhDs related to women's health.

Establishing the program in the early 1990s showed vision and leadership, and acknowledged how social circumstances and roles interact with biology to alter health. The Queen's program is really the only such program in the country and it attracts the brightest and most thoughtful residents imaginable. They are, in fact, the strength of the program. The department has also always valued this program through its dedication of a residency position for women's health. The research and papers that have come from those connected with the program are many, and help make Queen's a leader in women's health and gender and health in Canada.

Rural Skills: Dr. Geoff Hodgetts 2013-2014:

10 residents (partial or full year)

Arguably, the original intent of having PGY3-funded positions was to provide enhanced training in specific areas to better prepare physicians to work in more rural and remote settings. The popularity of the rural skills programs is a testament to this, with 10 residents completing different experiences ranging between four and 13 blocks. This year, there was a strong focus on gaining more obstetrical and hospitalist experience among the group. Residents from all four Queen's sites filled these positions – a healthy sign for the future!



Dr. Michael Sylvester
Undergraduate Education
Program Director

UNDERGRADUATE EDUCATION

Mission: Scope, Skills, Selection

This year, the Department of Family Medicine Undergraduate Education program made great strides towards fulfilling its mission. The undergraduate education committee wants each undergraduate student at Queen's to witness the vast scope of practice possibilities offered by family medicine, to experience the range of skills that family doctors use every day and to consider selecting a career in family medicine.

Pre-Clerkship Teaching

Queen's medical students are exposed to family medicine from the get-go. In the fall term of their first year, they encounter Meds 115, a full-term course about approaches in family medicine led by Drs. Mike Sylvester and Brent Wolfrom. This year, Dr. Sylvester prepared a series of innovative YouTube videos for the students to use for class preparation. They are available at youtube.com/user/mjsylvestermid

The videos proved very popular, and led to an increase in effective classroom learning. Whether delving into the causes of cough, back pain or anxiety, the students relished this first introduction to clinical medicine. Some of the comments from this year's students include:

"This course was by far one of the best classes I ever attended during my education. This course was the highlight of my week."

Queen's Meds 115 Pain 2: Total Suffering
MJ Sylvester MD MEd FCFP



"I think the biggest strength of the family medicine course was the learning throughout – the (pre-class) homework meant that class allowed the time to solidify the concepts and not simply introduce them, and all of the mnemonics made sure that information stuck the first time."

Many of the department's faculty members made key contributions to the undergraduate program by dedicating hours to small group teaching. Drs. Lawrence Leung and Wolfrom facilitated Small Group Learning; Drs. Leung, Susan Phillips, Ian Casson and Kieran Moore taught Critical Enquiry; and Drs. Sylvester, Casson, Ian Sempowski and Leung taught clinical skills. Dr. Leung taught two half-days per week over the whole year!

After Hours Clinic

A wonderful complement to the course in family medicine is the popular observership offered in the Queen's Family Health Team's after hours clinic. From their first weeks learning about chest pain or sore throat, students are encountering those problems in real life, with real patients, under the practiced supervision of the postgraduate team in the evening clinic. Examples of comments from these first-year students include:

"Amazing experience! Makes one think twice about certain career choices! An absolutely educational, relevant and enlightening experience."

"This is the highlight of my month, and I hope that, if anything, more opportunities will be created for future students to become more involved in this program."

"This is one of the few observerships that allow first- and second-year students to gain valuable hands-on experience to actually consolidate the skills we've been taught."

"The two residents on my shift were awesome, and during down time were excited to discuss cases"

Community Week

A wonderful bookend to the first year students' experience in family medicine is Community Week, the last official part of the curriculum in first year. All 100 students get to practise their clinical skills and their budding diagnostic skills in small communities in Ontario. With the invaluable help of regional providers — the Eastern Regional Medical Education Program (ERMEP) and the Rural Ontario Medical Program (ROMP) — the students spend a concentrated five days in active clinical work in smaller communities. Many describe it as the best week of med school! Following Community Week, students like Sarah Taissir Bensharif are asked to post a short blog about their experience. Here's an extract from her blog post:

"It was my first time being part of a code. We gave her epinephrine and amiodarone. Her sugars were high – push insulin. The physician intubated her, her dentures sliding off her gums. We shocked her. We took turns doing compressions – they are exhausting. Her ears turned a deeper shade of blue by the minute.

We did it all again.

The team ran the code as a routine protocol with the urgency of life and death. Drugs, compressions, shocks. Midway through my compressions, we reassessed. No activity.

Time of death: 19:21.

The physician knew the patient. She was a longtime diabetic with congestive heart failure, a past MI, and a heavy smoker who quit six months ago, her lungs so damaged she needed oxygen at home. Knowing the patient helped the doctor comfort the family



and explain why her body gave in.

During my month, I saw the physicians' encyclopaedic knowledge of their patients in the family health team, as in-patients, in the ER, at clinics and in home visits.

There, the physicians and nurses taught me the many technical skills of their diverse practice. Most importantly, they taught me the importance of relying on clinical judgment when the nearest lab is a 25-minute drive away. They advocated tirelessly for patients needing tertiary care.

When not working, the staff (members) live exactly where they want to be, where many (in other locations) only escape for two weeks a year, if lucky. The area is stunning. The physicians invited me to their homes for delicious dinners by the water, kayaking and swimming. I hiked. I held flickering fireflies. The nurses and I went to the rodeo. I golfed for the first time at the hospital golf tournament, ruining the beautiful course, but having a blast.

Thank you (community), for making me marvel."

Observerships

Once again, the Department of Family Medicine opened its doors for pre-clerkship and clerkship students to experience family medicine as part of its award-winning family health team. Students were offered four week-long placements (three to Queen's students and one to a visiting student) and 11 two-week clerkship electives (six to Queen's and five to visiting students). In addition, many faculty members took on students for half-day observerships in their own clinic — the kind of mentorship opportunity that comes up while teaching undergraduate students in clinical skills or small groups!

Family Medicine Interest Group (FMIG)

Amanda Lepp (class of 2015), Seana Nelson (class of 2016) and Sophie Palmer (class of 2017) led the Queen's FMIG through a popular schedule of events. Some highlights:

Fall Meet and Greet Mingler: the first event of the year brought out more than 40 first-year medical students and a number of faculty and residents.

Invited speakers, including: CFPC President Dr. Kathy Lawrence, who spoke about her practice and leadership in family medicine; OCFP President Dr. Jonathan Kerr, who led a talk called Family Medicine 101; and Queen's Postgraduate Education Director Dr. Karen Schultz, who gave a talk about the program.

Technical skills workshop: where family medicine residents taught first- and second-year medical students basic suturing techniques.

Clerkship

All 100 Queen's students were placed in Ontario communities for their mandatory six-week family medicine clerkship rotation. Sixteen students won a lottery that placed them in Kingston. Four won a lottery to experience clerkship in Moose Factory, and the remaining students were placed in a varied assortment of smaller Ontario communities with the usual tremendous support of regional providers. ROMP placed 29 clerks and ERMEP placed 26. The Northern Ontario School of Medicine (NOSM) placed two, and Southwestern Ontario Medical Education Network (SWOMEN) placed one. Students were not only assessed for their one-on-one work with their preceptors, but also for written submissions that included reflections

about their community and its medical care, as well as case logs.

It is thanks to each one of the devoted community preceptors and medical programs that the family medicine clerkship continues to earn top marks in student evaluations, and comments like these:

"Great learning experience. I'd recommend it to others."

"It was an excellent rotation, mostly because I was in a community where you can really practise family medicine in a comprehensive sense. I had a great time working in clinics, the ER, the OR and hospitalist work. I feel that to truly experience family medicine practice, it is important to choose a smaller community."

"I really enjoyed working with Dr. DQ. She was easy to work with and keen to teach. She taught me important lessons that will stay with me for the rest of my career."

Award Winners

From a list of excellent candidates from the graduating class of 2013, the following were chosen for family medicine awards:

Sarah Leonard: The Matthews Medal in Family Medicine

Danae Krahn: Professor's Prize in Family Medicine

Alexander Summers: G.H. Ettinger Scholarship

Susan Franchuk: Rattray Scholarship in Family Medicine

Abhimanyu Sethi Phillips: Macdonnell Memorial Award

Sarah Le Blanc: Pamela C. Williams Memorial Award and CFPC Student Leadership Award

Brandon Worley: CFPC Student Scholarship

Jacqueline Ang: Takeda Award

2013 Match

A record 13 Queen's graduates were matched to the Queen's Postgraduate Family Medicine program! In addition, 31 graduating Queen's students chose family medicine as a first choice in the 2013 match, an increase from 28 in 2012.

New Leadership in 2014/2015

This year saw the arrival of a new clerkship director, Dr. Shayna Watson. Dr. Watson returned to the department, having completed her residency here in 1994. Since that time, she has worked as a family physician in a variety of places — from isolated communities in northwestern Ontario to tertiary care centres in Ottawa. She earned her Master of Education at the Ontario Institute for Studies in Education (OISE) and she is sharing her passion for family medicine with Queen's clerks.

The department thanks Dr. Wolfrom for his dedication and innovative contributions to the clerkship program, and wishes him the best in his new role as the department's postgraduate curriculum director. The undergraduate education committee is delighted to have him maintain a role as UG-PG liaison.

Dr. Sylvester will be leaving the department at the end of June 2014 after seven years as director of the undergraduate education program. He has overseen the expanding role of undergraduate education in the department, created and taught the unique and successful family medicine course in first year, pioneered student placements in the department, and been a steadfast voice for family medicine through his committee roles in the Queen's School of Medicine. We wish him all the best.





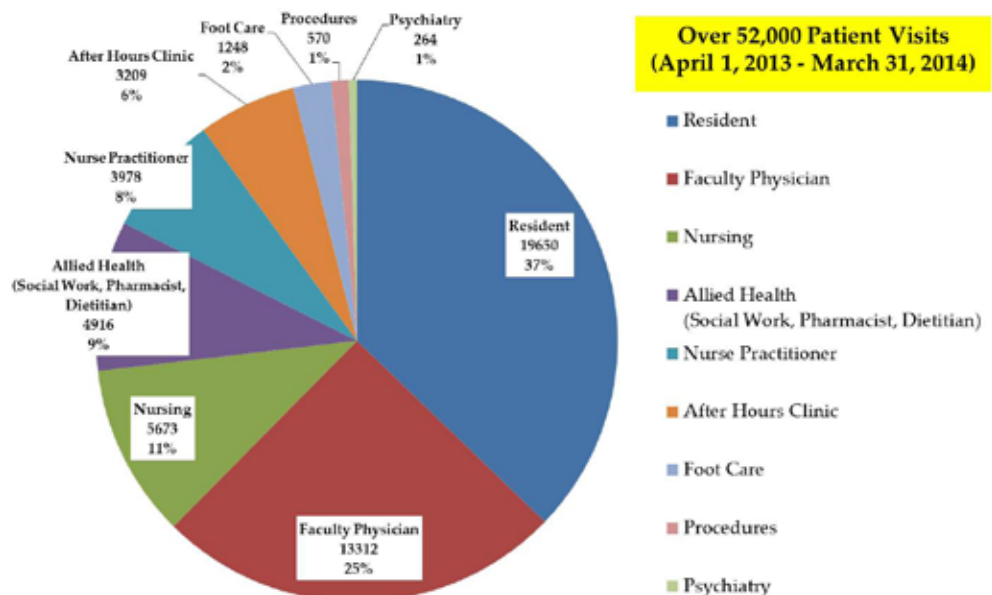
Diane Cross
Clinic Manager

QUEEN'S FAMILY HEALTH TEAM

Queen's Family Health Team (QFHT) provides the organizational structure for the delivery of clinical services at sites in Kingston and Belleville. The Ministry of Health and Long-Term Care (MOHLTC) provided new funding this year for the development and implementation of collaborative health care services for the Belleville academic site. There are now 32 full- and part-time employees at the QFHT's two Kingston sites and three Belleville sites. These staff members support and complement the care physicians and residents provide to more than 23,000 patients. The team's allied health professionals include nurse practitioners, nurses (including a foot care nurse), social workers, pharmacists, dietitians, an occupational therapist and a psychologist. Administrative support is provided by clerical and referral clerks, a data analyst and program co-ordinators.

Clinical care programs and services provided this year demonstrate significant increases in the number of patients under the care of physicians and allied health professionals – 1,460 new patients in Kingston and 1,100 in Belleville. Clinical care activity is also demonstrated by overall patient visits in 2013-2014, with 52,870 in Kingston (see graph) and 35,700 in Belleville. In the first year of allied health FHT staff in Belleville, the nurse, social worker, dietitian and occupational therapist recorded more than 2,800 patient visits, or eight per cent of the total Belleville patient visits. To keep patients well informed about programs, news and events, as well as general health information and resources, the QFHT's website, qfht.ca, was redesigned for optimal patient benefit and engagement.

**Visits Last Year at Queen's Family Health Team
Kingston Site**



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Dr. Karen Hall Barber

Physician Lead

Collaborative, integrated patient-centred care continues to be the goal of clinical care services, consistent with the department's strategic plan goals for 2013-2017. Faculty and staff members, as well as residents, are committed to improving the health of individual patients, their families and their communities. Ongoing quality-improvement initiatives have positioned the QFHT for regional and provincial leadership in quality improvement in primary care as the team embraces the MOHLTC's Excellent Care for All Act.

Key collaborative outcomes are evidenced by the following program, service and administrative highlights.

Belleville Site – FHT Staff and Program Development

As part of FHT funding, new resources for allied health staff members facilitated the recruitment of a registered nurse, social worker, dietitian, occupational therapist and pharmacist. New programs implemented include anti-coagulation management, smoking cessation (using the Ottawa Model for Smoking Cessation and the provision of free nicotine replacement therapy from the Centre for Addiction and Mental Health), memory clinic (early diagnosis of memory impairment and co-ordination of appropriate resources), nutritional counselling and mental health counselling (social work and psychiatry). A team-building workshop with physicians, residents, allied health and administrative staff members facilitated the transition to a collaborative care model of primary health care. Office and clinic renovations at Belleville's 145 Station St. site have provided the new staff members with dedicated space for patient visits and counselling.

Program Updates:

Diabetes Program: Following several years of developing standards and care improvements, care for patients with diabetes has shown steady improvements in both timeliness of care and assisting patients to reach and maintain metabolic target goals. Chronic disease self-management programs were held (six sessions for each program), engaging patients in managing their care. Hours for the QFHT's foot care nurse were increased to full-time, allowing additional patients to be treated (347 patients received foot care service) and thus avoiding foot complications due to this chronic disease. Patients have access to the Maple Diabetes education program and the Hotel Dieu Hospital diabetes care program.

Chronic Pain Self-Management Program: Social worker Evelyn Bowering and Dr. Ruth Dubin co-facilitated three chronic pain self-management programs. Participants attended six half-day sessions learning new techniques for coping with chronic pain, building skills necessary to manage their daily health. A new program, Mindfulness-Based Chronic Pain Management, was added in early 2014. Both programs are supported by the Living Well Self-Management Program of Southeastern Ontario and are open to local residents.

Smoking Cessation Program: (Kingston, 2011 start date and Belleville, 2013 start date) Patients continue to benefit from program resources (counselling and support from a nurse, social worker and pharmacist) and free nicotine replacement therapy from the Centre for Addiction and Mental Health. More than 900 patient visits to the program took place over the past year in aid of patients' quit strategies. Through this program, the QFHT has supported more than 500 patients in their attempts to reduce and/or quit smoking.



Anti-Coagulation Management Program:

The demonstrated success of this program in Kingston provided the necessary support for the Belleville team implementation in fall 2013. Currently, 170 Kingston patients and 120 Belleville patients are followed by the pharmacist and nurse at the respective sites. Point-of-care lab values and medication adjustments for patients at the time of their clinic visit ensure a patient-centred service and avoid the additional patient visit to an external lab. The program's medical directive allows the pharmacist and registered nurse to make medication adjustments, thus avoiding approximately 2,000 physician clinic visits annually.

Immunizations: Annual flu clinics in fall 2013 provided vaccines to 4,885 patients, representing 35 per cent of Kingston patients. Childhood immunizations, in accordance with public health guidelines, have achieved a 95-per-cent completion rate. The Kingston and Belleville sites' participation in the South East Local Health Integration Network's (LHIN) "Flu Shot Challenge" assisted in developing a common community educational focus for improving annual flu vaccine rates.

Lactation and Breastfeeding Support:

Providing expecting and new mothers with education and lactation support both before delivery and within two to five days post-delivery has kept Liz Hughson, lactation consultant at the Kingston site, busy with 210 new patients seen in 2013-2014. In-hospital and home visits of new moms and collaboration with the dietitian to support a healthy pregnancy have contributed to improved care services for this patient group.

18-Month Well-Baby Visit: The 18-month well-baby assessment includes a physical exam, immunizations, developmental screening and nutritional assessment. This year, the QFHT partnered with KFL&A Public

Health to include NutriSTEP (Nutrition Screening Tool for Every Preschooler) to this visit. Through this provincial program, parents complete a questionnaire designed to assess their toddler's eating and activity habits. A total of 120 toddlers were seen by a resident, nurse practitioner or lactation consultant in Kingston.

Mental Health Services: (Social Work and Psychiatry) Both the Kingston and Belleville sites provide psychiatry consultations and social work counselling services. Patients suffering from depression, anxiety and other mental health conditions have access to social work counselling and assistance with community social service agencies, with a notable increase in referrals for mental health support.

South East LHIN, Kingston Health Links

The MOHLTC approved the Kingston Health Links – one of 47 in the province and one of seven in the South East LHIN – in September 2013. The broad goals are to improve the co-ordination of care for high-needs patients – such as seniors and people with complex conditions – to improve access, reduce avoidable emergency room visits and improve patients' experience with the health care system. The primary care providers, hospital and community stakeholders in the Kingston area (13 participating organizations representing 131 primary care providers) have met and developed three working group initiatives for addressing: patients without a family physician; rapid access to specialist clinics (to reduce emergency room visits); and the implementation of a systems model of care for complex patients (to improve transitions of care and co-ordination of care between all health care partners). A complex-care registered nurse was hired to support the

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Kingston Health Links partners and to develop co-ordinated care plans for high-needs patients.

Physician Lead Dr. Karen Hall Barber and Clinic Manager Diane Cross participate in and contribute to the working groups and stakeholders meetings of the Kingston Health Links.

QFHT Advisory Board

The QFHT Advisory Board met four times in 2013 with robust agenda discussions on quality plan priorities, strategic alliances, community factors affecting primary care services, improving care transitions and patient-centred care. New this year was a meeting dedicated to a patient feedback/focus group discussion. Having direct patient input provided valuable insight into their issues and priorities. Board members agreed to add this patient-input session to their annual meeting schedule.

Chair Rob Wood and Clinic Manager Diane Cross attended the MOHLTC's conference on Effective Governance for Quality and Patient

Safety in May 2013 as part of its focus on family health team board governance and accountability. Board members provide advice and contributions with respect to strategic initiatives for the QFHT. 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, Kingston General Hospital Board of Directors, KFL&A Public Health, Hotel Dieu Hospital and the Kingston community.

Quality Improvement in Clinical Care

The Quality Improvement Plan (QIP), now a required annual submission to Health Quality Ontario as part of the Excellent Care for All Act, continues to guide and influence activities for patient service improvements. Since its inception in 2008, the QIP is structured around the six key domains from the Dimensions of Quality in Medicine: safety, effectiveness, patient-centredness, access, integration and



efficiency. The QIP represents issues that have been identified by staff members, clinicians and patients as being fundamental to the delivery of excellent quality care and aligned with the objectives outlined by HQO and the Department of Family Medicine's and Faculty of Health Sciences' strategic plans. Target objectives are established with benchmarks and processes for review and follow-up.

Each resident team must complete a quality-improvement project during its first year at the QFHT. A main component of this project includes developing a stakeholder engagement plan for the interdisciplinary team. Training is provided to assist staff members in supporting these objectives and in understanding their role/involvement. Quality-improvement initiatives are also chosen and designed to include multiple professional roles. For example, the Development Disabilities program includes faculty physicians, residents, nurses, nurse practitioners and members of the

clerical team. Residents present their audit findings departmentally, with suggestions for improvements and how to "fix" issues/concerns reported.

Preventive screenings are an important aspect of primary health care (mammograms, colorectal cancer screening, cervical screening, childhood immunizations and flu shots) and have MOHLTC-defined targets. In collaboration with the SE LHIN, a regional "Flu Shot Challenge" was initiated in fall 2013 and supported by the QFHT's physician lead and program co-ordinator, as well as data analyst Abi Scott, who has been instrumental in providing reports and data knowledge translation to optimize the use of patient data/reports in quality-improvement initiatives. (See more about the Flu Shot Challenge on Pages 39-40.)

The QFHT QIP also includes projects and participation with many external partners: KFL&A Public Health (improvements in the co-ordination of vaccinations); the quality

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committees at both Kingston hospitals (review of wait-one times and family physician referrals to specialist appointments); the primary care asthma program and asthma researchers at KGH (to develop a process to improve the collection of key asthma-related indicators); the Health Links stakeholders (to improve patient-data sharing to reduce emergency department usage and re-admission rates); HQO and regional FHTs (patient experience/satisfaction survey tools); and OntarioMD to implement the hospital report manager tool within the QFHT's electronic medical record (to improve timely communication of patient information from hospital partners).

Recognition from Provincial Colleagues

For the second year in a row, the QFHT earned two prestigious awards from the Association of Family Health Teams of Ontario (AFHTO) – which represents Ontario's 186 family health teams – through its Bright Lights Awards program. The program recognizes the leadership, outstanding work and significant progress being made to improve the value that family health teams deliver to patients.

The first award was for Innovation in Inter-professional Collaborative Team Implementation. The award recognized several years of team-building using the quality-improvement process framework to define tasks clearly, determine which team members should participate in which initiatives and then provide them with the required training and support to move forward. Examples include physicians giving medical office assistants a directive to call patients with diabetes who are overdue for specific tests, book them in clinic and prepare the lab requisitions; and having the nurse in the smoking cessation clinic work under

medical directives that allow her to prescribe and dispense certain medications.

The second award recognized the QFHT's Meaningful Use of Electronic Medical Records. A shared patient chart demands commitment and co-operation to ensure accuracy of data input as well as up-to-date and complete information. When charts are properly maintained, they can be used for improving an individual's care and to evaluate trends and develop policies that will benefit all patients. The team has worked with its open-source OSCAR program team to develop and improve intake forms, manage prescriptions and ensure data is quantifiable to facilitate population health management (e.g.: track patients by disease type, such as smokers who have asthma).

The AFHTO recognition included a monetary donation to be used for staff education. As part of the QFHT's annual clinic staff education, in November 2013, a full-day off-site education session was held. Following the theme Teamwork, Staff Wellness and Safety, event highlights included presentations on Crisis Intervention Training and Compassion Fatigue strategies. Staff feedback was especially positive on learning strategies for dealing with potentially aggressive and disruptive patients, and on self-care strategies for dealing with compassion fatigue and burnout in the health care sector.



Dr. Richard Birtwhistle
CSPC Director

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.

During this year, the CSPC has focused primarily on building research capacity within the Department of Family Medicine by providing research initiation grants to faculty through a competitive granting process. Through this competition, the CSPC was able to fund six projects. (See Table 1).

TABLE 1

Principal Investigator	Project Title
Dr. David Barber & Dr. Brent Wolfrom	Adding Patient-Reported Measures of Behavioural and Social Data to Electronic Medical Records, and Assessing the Demographics and Healthcare Perceptions of Veterans: A pilot project
Dr. Lawrence Leung	Use of bitter melon as a nutritional supplement for improving T2DM – a feasibility study
Dr. Jonathan Kerr	Evaluation of new Practice Management curriculum at a distributed Family Medicine residency site
Dr. Susan Phillips	Screening for Youth at Risk: A feasibility study
Dr. Karen Schultz	Evaluating the effectiveness of the innovative "Nightmares FM" course approach to teaching acute care skills to Family Medicine Residents
Dr. Karen Hall Barber	A pilot study: Reducing wait-one (T1) times – Assessing the effectiveness of a standardized algorithmic approach to booking primary care referral patients into outpatient urology clinics
Dr. Elizabeth Grier & Dr. Ian Casson	Evidence based patient centred health system intervention for individuals with development disability (short-form title)

One of the major projects within the CSPC is the Canadian Primary Care Sentinel Surveillance Network (CPCSSN). Led nationally by Dr. Richard Birtwhistle, this network 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. 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.

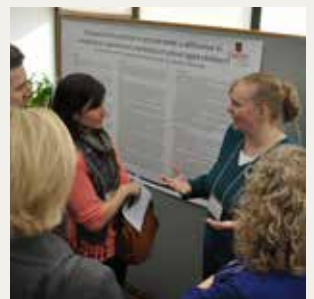
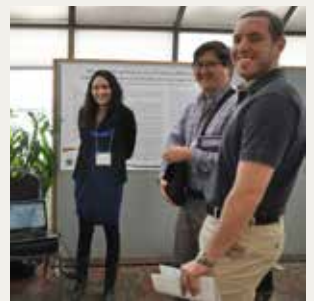
As a result of the contribution that CPCSSN is making to primary care research, Dr. Birtwhistle won a Queen's University Prize for Excellence in Research Award.

This award is given for excellence in scholarly research, research mentorship and research leadership.

Current funding for CPCSSN ends next year; however, discussions are underway with key stakeholders regarding ongoing funding. Among the key national stakeholders, new this year is Health Canada, which has provided additional funding up to \$660,000 to test the feasibility of using CPCSSN data to monitor drug adverse events in primary care. The principal investigator for this new project is Dr. Tyler Williamson.

In addition to CPCSSN, there are a number of projects underway led by the centre's research. Some of these include:

- **Dr. David Barber** – Dr. Barber is collaborating with the Queen's School of Business and School of Computing to develop projects that will leverage the health data collected through CPCSSN to develop prediction models for risk of hospitalization. Dr. Barber is also the principal investigator of a number of new studies, one of which will attempt to understand the impact on the health of patients who will have access to HealtheSteps®. HealtheSteps® is an electronic tool that provides patients with tools and information that support improvement in their health behaviours.
- **Dr. Glenn Brown** – Dr. Brown continues to work with research colleagues in Australia and New Zealand on a project that is evaluating primary health care organizations. Additionally, Dr. Brown is a co-applicant on a successful CIHR Planning Grant, "Defining Priorities and Creating a Network for Prisoner Health Research in Canada." There were 138 applications in the competition in which this grant was awarded, and this team submission was ranked second.
- **Dr. Ian Casson** – Dr. Casson, along with Dr. Elizabeth Grier, is implanting tailored health checks for individuals with developmental disabilities across the lifespan. These tailored health checks will be evaluated, and the work will be used to develop evidence-based patient-centred health system intervention for individuals with development disabilities across Ontario.
- **Dr. Michael Green** – Dr. Green is a co-principal investigator of 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. Karen Hall Barber** – Dr. Hall Barber is working with Kingston General Hospital to look at improving wait-one times (T1) for referrals from primary care to specialists. Primarily, her work will assess the effectiveness of a standardized algorithmic approach to booking primary care referral patients into outpatient urology clinics during the pilot phase. Dr. Hall Barber is also working on a variety of quality improvement research projects, many of which have been presented at provincial and national conferences.
- **Jyoti Kotecha** – Ms. Kotecha, along with Drs. Birtwhistle and Green, is a co-principal investigator on a successful CIHR Meeting and Planning Dissemination Grant application. This successful application was one of seven funded among 114 submitted and was ranked second in the competition. The funds received will be used to conduct knowledge translation activities using the

results of the CSPC's completed evaluation of the Quality Improvement and Innovation Partnership (QIIP) Learning Collaborative program. This work will be conducted with colleagues at Western University.

- **Dr. Lawrence Leung** – Dr. Leung continues to undertake evidence-based reviews on a variety of topics and supports resident research projects. Two of his reviews were published in the Journal of American Board of Family Medicine (JABFM), and these have been recognized as "most read" in their respective categories in the Journal for 2013. These include: First-Most Read – in the Clinical Reviews section, his paper on Chronic Constipation: An Evidence-Based Review. Leung L, et al. Jul 2011; 24: 436-451 (accessed 8,934 times) and Second-Most Read – under Special Communications, Cannabis and Its Derivatives: Review of Medical Use. Leung L. Jul 2011; 24:452-462 (accessed 3,879 times).
- **Dr. Susan Phillips** – Dr. 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." A new area of research focus for Dr. Phillips will examine one's life and, particularly, social circumstances such as gender or poverty to determine how they shape health. The findings from this research will be applied to the development of interventions that will facilitate the strengthening of resilience in children and youth.

- **Dr. Elaine Van Melle, Dr. Karen Schultz and Dr. Jane Griffiths** – These faculty members are leading a number of new education research projects that seek to evaluate the family medicine competency curriculum across regional teaching sites. Some of these ongoing projects include: 1) Developing a Call to Care: Understanding How Family Medicine Residents' Values Shape their Practice of Patient-Centered Care; 2) Impact of a Portfolio Assessment System (PAS) on Faculty and Resident Views of Assessment: Are We Changing the Culture of Assessment? and 3) Assessing Competency Curriculums and Ensuring Educational Equity: Program Evaluation of the Queen's University Department of Family Medicine Distributed Sites.
- **Dr. Ruth Wilson** – Dr. 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.

The centre also contributed to the development of the region's seven Health Links, and Drs. Brown, Birtwhistle and Barber are members of the Primary Health Care Council of the South East Local Health Integration Network, which is chaired by Dr. Jonathan Kerr, also a research faculty member within the CSPC.

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 June 2014.

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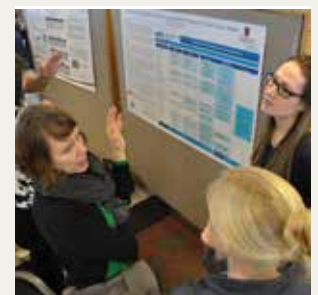
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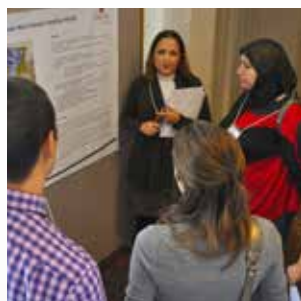
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INSIDE THE DEPARTMENT



Vanessa Patterson

Human Resources Co-ordinator

HUMAN RESOURCES

The Department of Family Medicine saw continued expansion this year with new general and clinical staff positions added to the Belleville-Quinte site. Positions added include a registered nurse, occupational therapist, social worker, psychologist, psychiatrist, dietitian, pharmacist, data administration support and program administration support. These additional positions enhance patient care and provide a more valuable learning experience for Queen's family medicine residents.

To continue its efforts in delivering a superior learning experience for its residents, and in keeping with the department's mission, the department's education office conducted a review of its operations at its Kingston site. This review took place over a period of three months (November 2013 to January 2014). The review recognized the notable accomplishments of the education program, including being the first to design a family medicine program based on new education concepts introduced by the College of Family Physicians of Canada. The review also made recommendations designed to ensure an optimally structured office that continues to deliver a high-quality learning experience for its residents, and a work environment that fosters strong relationships within the office and its satellite sites.

With the increase in popularity in the past decade regarding employee engagement – and in its efforts to continue fostering an engaged workforce that enables and sustains outstanding teamwork and performance in keeping with the department's mission – the WorkLife Balance Committee conducted an employee engagement survey. As part of the BSME (Best Small and Medium Employers) study through the Queen's School of Business, the study provided valuable feedback and actionable information that identified opportunities for enhancing employee engagement and satisfaction, and validated where the department is thriving. The online survey took place over a three-week period and included all general staff and faculty at all four sites.

One of the important drivers of engagement that resonated out of the survey was staff recognition. To address this, the WorkLife Balance Committee has developed – with the assistance of the Terryberry Corporation – a new, robust staff recognition program set to launch this year. The online program provides three tiers of recognition by incorporating day-to-day, informal and formal elements into the recognition strategy. The program is interactive and employee driven, and provides real-time recognition that is proven to be highly effective. Recognition will also be given for years of service and for demonstrating excellence in each of the department's core values.





Dr. David Barber
Physician Lead, IMC



INFORMATION MANAGEMENT COMMITTEE

The Information Management Committee (IMC) continues to build on the structure struck in 2013 around OSCAR, education and regional relationships.

OSCAR, the open-sourced electronic medical record (EMR), continues to meet the department's needs. A new version of OSCAR will be released in the first half of 2014, with many upgrades and enhancements. The department is working closely with KGH/HDH to implement the Hospital Report Manager (HRM), which will allow electronic transfer of data between the hospitals and OSCAR.

The IT team has just finished installing full Wi-Fi at 220 Bagot St., and is in the process of upgrading the photo-taking abilities within the different teams.

The Better Innovations Group (BIG) continues to leverage the features of OSCAR to its maximum. BIG's work in this regard was recognized at the Association of Family Health Teams of Ontario in the fall of 2013 with two Bright Light Awards.

The education office continues to leverage the IT infrastructure within the department. Its nationally recognized electronic evaluation portfolio continues to develop, allowing for multiple snapshots of the progress in resident competencies.

Regionally, Queen's DFM continues to participate heavily in Local Health Integration Network-related activities. Support has been given to other family health teams using OSCAR within the region, and the department enthusiastically shares all resources developed at Queen's.

Plans for the upcoming year include a major upgrade to OSCAR 14, implementation of the HRM and upgrade of the department's desktop hardware system.

INSIDE THE DEPARTMENT



Dr. Ruth Wilson

*Faculty Development
Co-ordinator*

FACULTY DEVELOPMENT

The Department of Family Medicine holds regular faculty development teleconferences for site leads to connect and support faculty development activities across its Kingston and three satellite sites. Site leads are Dr. Ian Casson and Dr. Ruth Wilson for Kingston-Thousand Islands, Dr. Rob Pincock for Belleville-Quinte, Dr. Natalie Whiting for Peterborough-Kawartha and Dr. Ed Osborne for Queen's Bowmanville-Oshawa-Lakeridge (QBOL). Carolyn Powell is the faculty development co-ordinator for the department in Kingston. Dr. Richard van Wylick, director of faculty development for the Faculty of Health Sciences, joins in these teleconferences. During the past year, the sites have enjoyed shared faculty development sessions and facilitated others specific to their site needs.

The department supports faculty travelling to its three satellite sites. As part of their roles, Evaluation Lead Dr. Jane Griffiths and Program Director Dr. Karen Schultz offer support throughout the year to all department faculty members and preceptors. Dr. Richard Birtwhistle, the department's director for the Centre for Studies in Primary Care (CSPC), facilitated "How to Supervise a Resident Project," delivering presentations to each site. With departmental funding, Belleville held a special team-building exercise for its FHT/FHO on January 31, 2014, with great success. Sessions are often shared between sites via teleconference or video conference.

The Department of Family Medicine funded faculty members to attend several events during the past year:

- The International Conference on Residency Education (ICRE) in Quebec City, April 2013: Drs. Jane Griffiths and Karen Hall Barber
- The Institute for Healthcare Improvement conference in Arizona, April 2013: Dr. Karen Hall Barber
- The Association for Medical Education in Europe (AMEE) conference in Prague, August 2013: Drs. Jane Griffiths, Karen Schultz and Susan Phillips
- The Family Medicine Forum in Vancouver, November 2013: Drs. Ian Casson, Jane Griffiths, Michael Green, Karen Schultz and Susan Phillips



Dr. Ian Casson

*Faculty Development
Co-ordinator*

Regional Faculty Development Sessions

Kingston-Thousand Islands

- Diagnosing the Resident in Difficulty – April 9, 2013
- How to Supervise a Resident Project – October 1, 2013 (video conferenced to other sites)
- Resident in Remediation – March 31, 2014
- Exam Preparation for your Residents – April 8, 2014

Belleville-Quinte

- One Minute Preceptor – April 24, 2013
- Field Notes – April 24, 2013
- Five Minute Preceptor – April 24, 2013
- The Changing Paradigm of Low Back Pain – April 24, 2013

- Teaching Diagnostic Reasoning – October 2013
- How Residents Learn – October 2013
- Team Building FHT/FHO – January 31, 2014
- Medical Apps – TBA

Peterborough-Kawartha

- Teaching Diagnostic Reasoning – October 8, 2013
- Evidence Based Workshop on Point of Care – TBA
- Bracken Library Resources – TBA

Queen's Bowmanville-Oshawa-Lakeridge

- How to Supervise a Resident Project – September 2013
- Feedback for Learners – TBA

INSIDE THE DEPARTMENT



Laura Kennedy

Faculty Support Co-ordinator

FACULTY SUPPORT

Queen's Family Medicine continues its recruitment efforts in seeking a family physician in the following role:

- **An Academic Family Physician:** The incumbent will primarily be responsible for providing patient care to individuals rostered to the Queen's Family Health Team. The incumbent will also participate in various academic responsibilities as set out by the department.

The successful candidate will have a combination of academic and clinical responsibilities with the department. Interest in care of the elderly would help address departmental needs at this time.

The department continues to employ an exceptional group of physicians within its faculty associate (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 faculty associate resource pool is an ongoing initiative co-ordinated by the faculty support co-ordinator.

RISK MANAGEMENT, PHYSICAL PLANT AND WORKPLACE SAFETY

Several initiatives are underway in the areas of safety, risk management and physical plant.

Work has begun to renovate the former education space at Haynes Hall to a clinical space that will be used for specialty clinics and after hours clinic operations. The space, expected to open in early June, has been planned with accessibility in mind and will give patients with mobility issues barrier-free access when visiting the clinic.

At a November 2013 clinical staff workshop, education in non-violent crisis intervention was introduced. Plans to offer similar, health care-specific sessions will be rolled out to all staff, faculty, allied health professionals and residents in the near future.

Work has also begun to look at physical space with a view to maximizing safety within the department's clinical settings. This includes finding ways to better notify staff of potential threats and creating safer rooms where patient and health care provider interactions take place.

In conjunction with Queen's kinesiology students, a staff survey was conducted to evaluate knowledge and solicit feedback on ergonomic issues. The survey is a platform on which resources and educational tools will be made available to department staff in the coming months.

To help ensure the protection of patients' health records and to better meet Personal Health Information Protection Act legislative requirements, an electronic medical record user audit process was developed and implemented over the past year. Regular, random audits are now being conducted.

THE DFM IN THE COMMUNITY



Dr. Jonathan Kerr

President – OCFP

Primary Care Lead – SELHIN

Curriculum Site Co-ordinator –

BQ Site

QUEEN'S DFM: A PROVINCIAL PLAYER

Ontario College of Family Physicians

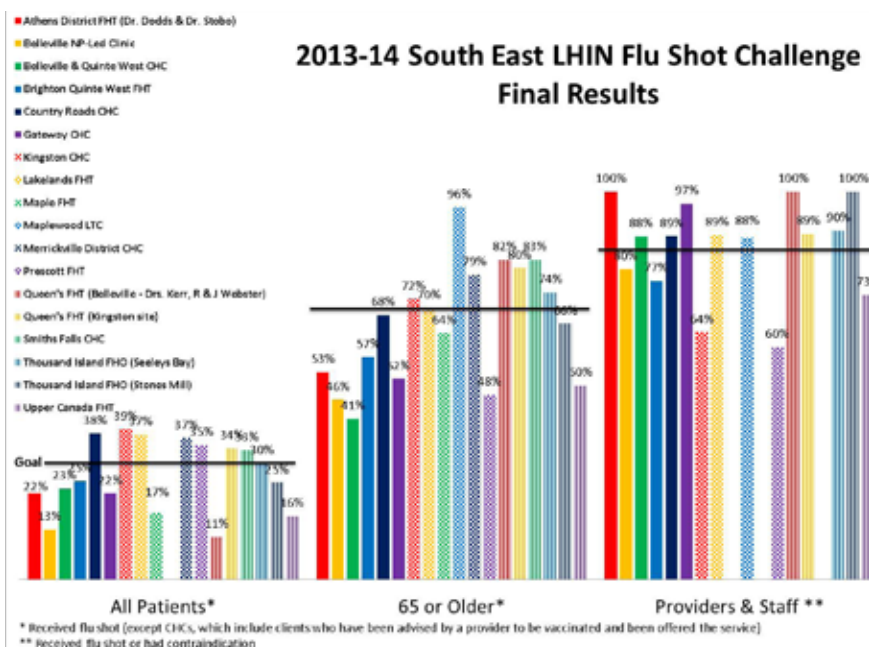
The Queen's Department of Family Medicine (DFM) is playing a big role at the provincial level through the Ontario College of Family Physicians (OCFP). The OCFP represents 12,300 family physician members across the province, including the majority of faculty members who teach our future family doctors in Ontario's medical schools and residency programs.

The OCFP promotes quality in family medicine in Ontario through education, research, leadership and advocacy.

Dr. Glenn Brown, DFM head, sits on the OCFP's board of directors and also chairs the college's Education and Research Committee. This committee oversees approximately 115 continuing medical education events per year, reaching 2,500 family physicians across Ontario. It is also responsible for the Annual Scientific Assembly, which holds 160 sessions ranging from Mainpro-C to small workshops, seminars and general sessions, and attracts more than 1,000 family physicians and residents each year. This year's event is scheduled for November 27 to 29 in Toronto.

Dr. Jonathan Kerr (Belleville-Quinte site faculty) is the current president of the OCFP and the chair of the OCFP's board of directors. He has been collaborating with the Ministry of Health and Long-Term Care, Health Quality Ontario, Ontario Medical Association, and other organizations and leaders across the province to improve the access and effectiveness of patient care.

The OCFP also funds the Queen's Family Medicine Interest Group (\$5,000 per year), which is very active in the medical school in promoting the value and benefits of a career in family medicine.



South East LHIN Primary Care Quality Improvement Challenge

Queen's DFM took a leading role in the recent "Flu Shot Challenge" in the South East Local Health Integration Network (LHIN).

Dr. Karen Hall Barber and Danyal Martin are members of the South East LHIN's Quality Improvement Champions Committee, which helped to organize the challenge. Abigail Scott provided data support and produced wonderful graphics throughout the challenge so that everyone could monitor their progress. (Please see graph on previous page.)

A total of 22 groups took part, including nine family health teams (FHTs), seven community health centres (CHCs), one family health organization (FHO), one family health group (FHG), one nurse practitioner-led clinic and three long-term care facilities. A total of 32,000 patients were immunized as part of this challenge, including more than 16,000 patients over the age of 65.

Primary Health Care Council of Southeastern Ontario

Established in 2008, the Primary Health Care Council (PHCC) provides collaborative leadership for the planning, delivery and evaluation of primary health care services within the South East 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

Each of the 15 sub-LHIN regions aims 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 long-term care primary care providers.

Stakeholder organizations are at the table for discussion and input, and close links continue between the South East LHIN and Queen's DFM. Utilizing their unique expertise and knowledge area, stakeholders advise the PHCC and assist with the development of PHCC initiatives, especially as they align with the stakeholder organization's activities.

Primary Health Care Forum

On November 6, 2013, the South East LHIN hosted the sixth annual Primary Health Care Forum, entitled "Engaging Patients in Health Links: Focusing on What Matters." Held in Kingston, the forum hosted more than 200 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 DFM IN THE COMMUNITY



Dr. Meg Gemmill
*Developmental Disabilities
Director*

DEVELOPMENTAL DISABILITIES PROGRAM

Leadership

Effective April 2014, the Department welcomed Dr. Meg Gemmill to the position of director of the Family Medicine Developmental Disabilities Program. Dr. Gemmill is a graduate of the department's Enhanced Skills (PGY3) program in Developmental Disabilities and has a keen interest in teaching. Her family practice at the Queen's Family Health Team (QFHT) includes obstetrics.

Education

Medical School – Teaching by members of the Department of Family Medicine on developmental disabilities (DD) is part of the core curriculum of the Queen's School of Medicine MD program and is done in partnership with the Department of Psychiatry and others. This includes a nationally recognized Interprofessional Day in Developmental Disabilities Education where second-year students from occupational therapy, physiotherapy, psychology, nursing and medicine all come together to participate in case-based learning and practise communication skills with patients with DD. In addition, a session for second-year medical students in the population health curriculum on disabilities highlights equity in access to health care services and the importance of social determinants of health to people with DD. Family medicine also participates in a psychiatry clerkship seminar emphasizing communication skills with adults with DD. Leadership from department faculty recently led to the Medical Council of Canada (MCC) adopting a new "Objective for the Qualifying Examination," titled "Adults with Developmental Disabilities." These objectives guide medical curriculum nationally.



Family Medicine Core Residency – Residents take part in an orientation session covering guidelines and tools for the care of adults with DD, a seminar on disability in general and another focused on DD case-based learning. A competency-based in-training assessment of first-year residents performing evidence-based annual health checks for QFHT patients with DD is being evaluated. (See Research Page 43.) This program is enhanced by Dr. Jane Griffiths' development of an electronic field note/entrustable professional activity evaluation template. Dr. Liz Grier is 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. Dr. Grier continues 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.

Family Medicine Developmental Disabilities Enhanced Skills (PGY3) Program – Dr. Kyle Sue will be starting the PGY3 year in June 2014. Dr. Gemmill and Dr. Grier's list of priority topics for the PGY3 year helps guide curriculum. 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 and serves as the core rotation for the PGY3 training, and is also available as a one-month elective for clerks and residents in the core two years of their family medicine program. It includes continuing care of complex patients with DD, consulting and psychiatry clinics.

Graduates of Queen's FM DD PGY3 Enhanced Skills program are providing leadership in a variety of settings locally, provincially and nationally. Dr. Grier is chair of the DD Program Committee of the College of Family Physicians

of Canada (CFPC) and organized a full day of seminars, including a Mainpro-C workshop, at the 2013 CFPC annual scientific meeting (Family Medicine Forum) in Vancouver. She is also the stakeholder representative for DD on the Primary Health Care Council of the South East Local Health Integration Network (LHIN). Dr. Ullanda Neil has initiated special clinics for persons with DD in her family practice at the Scarborough Centre for Healthy Communities and through the local board of education. She is involved in developing resources (presented at Family Medicine Forum in Vancouver) to help people with DD, and to help their families and health care providers manage the transition from youth to adult health care services. Dr. Stephanie MacDonnell serves people with DD in her family practice in the Ottawa area and has been involved in teaching with the Department of Family Medicine at the University of Ottawa. Dr. Gemmill's leadership role at Queen's Department of Family Medicine, as noted above, is most welcome.

Faculty Development – The Developmental Disabilities Primary Care Initiative in Ontario (in which several of Queen's faculty and PGY3 Program graduates have taken part) has published (freely available online) a FM DD Curriculum Resource. This faculty handbook includes core competencies for family medicine residents unique to care of people with DD, a "primer" on DD based on the "Canadian Consensus Guidelines for the Care of Adults with Developmental Disabilities" (published in the Canadian Family Physician in 2011, accompanied by the "Tools for the Primary Care of People with DD"), four case-based modules for small-group learning and tools for resident assessment.

Continuing Medical Education – Dr. Grier leads a SE Regional Developmental Disabilities Clinical Support Network for primary care

THE DFM IN THE COMMUNITY

teams consisting of five teleconferenced case-based rounds per year, peer-to-peer consultation, CPD events, distribution of evidence-based tools and guidelines, and presentation at the annual Primary Health Care Forum.

Clinical Activity

Queen's Family Health Team (QFHT) – QFHT attending physicians, residents and allied health professionals provide primary care service for residential patients of Ongwanada, a developmental service agency based in Kingston, as well as other QFHT patients with DD. The “DD Health Check” project has involved QFHT administrative, clerical and health professional staff to proactively offer comprehensive health reviews to QFHT patients with DD, according to guidelines based on randomized controlled trial evidence of effectiveness of this kind of clinical activity.

Adult Developmental Disabilities Clinic – Dr. Grier provides a consultation service for adults with DD for local family physicians and provides advice on a range of physical and mental health issues pertinent to this population. In addition, she 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).

Research and Other Scholarly Activity

Health Check Project – This is an innovative project investigating implementation of Annual Health Checks for Adults with DD, and involves in-training competency-based assessment of Family Medicine residents. It is a pilot project for the “Health Care Access

Research and Developmental Disabilities” (HCARDD) program that has been funded by both the Ontario Ministry of Health and Long-Term Care (\$2 million) and the Canadian Institutes of Health Research. Past local research projects – such as the Health Information Passport Project, undertaken by Dr. Ullanda Niel, and current advocacy and liaison work at the LHIN level and with Kingston hospitals’ emergency departments by Dr. Grier – will also contribute to the HCARDD program.

Dr. Grier and Dr. Ian Casson have been invited to submit chapters (on Primary Care Medical Homes for patients with DD and on the Canadian health care system for people with DD, respectively) for an international standard textbook, Rubin and Crocker’s “Medical Care for Children and Adults with Developmental Disabilities.”

Other Health Policy/ Patient Advocacy

Dr. Grier is continuing to work with leaders from the CFPC Joint Action Committee and the Canadian Pediatrics Society to review literature and develop a position statement on “Promoting Shared Care in Pediatrics and Improving Transitions from Pediatric to Adult Care.”

Dr. Casson is chief of medical staff for Ongwanada, chair of its medical advisory committee and a member of Ongwanada’s board of governors. Dr. Grier is also a member of the medical advisory committee.

Dr. Grier and Dr. Casson liaise with Queen’s Department of Psychiatry’s Division of Developmental Disabilities at its monthly meetings.



Dr. Eva Purkey
Global Health Director



GLOBAL HEALTH CURRICULUM

The global health curriculum is in a steady state. The core curriculum for all family medicine residents continues to expose residents to issues facing vulnerable populations including poverty and health, immigrant and refugee health, aboriginal health, health and human rights, advocacy, and cultural humility through a variety of online modules combined with personal reflection and interactive bulletin board exercises.

Residents interact with university faculty members from a variety of disciplines in the core PGY1 seminar-based academic day, including discussions of urban planning as it relates to health, environmental health, women's health, and globalization and health, among others. In PGY2, residents are introduced to different options for family medicine careers in global health, ranging from small-scale development work to inner-city work to working with large multilateral organizations.

Following up from discussions at the postgraduate level from 2012, 2013 marked the first pre-departure preparation session with residents from a variety of postgraduate programs, including anesthesia, internal medicine and family medicine, all of whom were going overseas for international electives. It is clear that this diversity of resident experiences will only enhance the program should this collaboration continue.

In 2013, the global health interest group continued its lecture series, including some stellar guests from outside of Kingston. While resident participation was down compared to the previous year, it is hoped that the quality of speakers will encourage others to attend.

Finally, from a university-wide perspective, members of the department participated in the Knowledge Translation for Global Health week-long summer institute, a partnership between the Global Development Studies Program, the Faculty of Health Sciences and the Canadian Coalition for Global Health Research (CCGHR). This was a dynamic week with students from a variety of countries and professional backgrounds, and the department will be an active partner this summer when the institute will run for its second time.

Our Mission

To be recognized as opinion leaders and valued partners, advancing the discipline of family medicine and health care systems with Queen's, locally, regionally, nationally and internationally;

To be committed to a distinctive, foundational education program that prepares family doctors to be competent, confident generalists who are responsive to the needs of the communities they serve – from urban settings to small towns, rural or remote regions of Canada;

To act as a model of outstanding patient-centred health care;

To contribute to improving the health of individuals and populations by supporting our researchers and the Centre for Studies in Primary Care;

To be dedicated to social responsibilities and service, acting as advocates, not only for our patients, but to champion issues that affect health, so as to improve society and better care for vulnerable and underserved populations, locally and abroad;

To cultivate a highly collaborative environment where personnel are integrated into the clinical, education and research processes, and foster a work environment that enables and sustains outstanding teamwork and performance.



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