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**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.
MESSAGE FROM THE DEPARTMENT HEAD

Each year, we use the introductory section of our annual report to summarize the department’s accomplishments over the past 12 months. However, as this report marks my final report as head of the Queen’s Department of Family Medicine, I want to reflect not only on the department’s trajectory over the past year, but also the successes we’ve experienced over the past decade.

- We expanded our program to four sites;
- We welcomed the Public Health and Preventive Medicine program;
- We implemented competency-based medical education;
- We reviewed our resident-teaching opportunities to provide innovative educational and patient-care experiences;
- We reached out to vulnerable populations with our global health program; and
- We will soon have a hospitalist division, our first division for the department.

Something that has always stood out during my tenure has been our department’s collegial working environment. It is clear to me that this shared commitment to our workplace allowed us to exceed our academic, clinical and research goals year after year. It is that shared commitment that has – and will – ensure Queen’s Department of Family Medicine remains a leader in educating the physicians of tomorrow and addressing patient and community needs.

Perhaps the most obvious example of that shared commitment is our acceptance of Syrian refugees and family members of Canadian Armed Forces personnel into our practices. This has required co-ordination among faculty, nurses, clerical staff and medical students as translators, and this team effort has made a difference in many lives.

Our clinical operation continues to grow, with further expansion and clinics forming a major objective for the coming year. Indeed, faculty members have set it upon themselves to increase roster sizes to address community need. Ensuring good access is not an individual activity; many individuals need to come together and contribute to make it happen.

Our residents are central to who we are as a department. At all four sites – Kingston-Thousand Islands, Belleville-Quinte, Peterborough-Kawartha and Bowmanville-Oshawa-Lakeridge – we see engaged, skilled, future clinical leaders. I believe we learn from them as much as they learn from us. We are fortunate to have them with us, even for a short period of time. Best wishes to those of you graduating this year, and continued success to those of you with us for one more year.

Our full-time faculty members continue to be engaged in leadership and scholarship. The department’s contribution to undergraduate education, postgraduate education and research are second to none. We justly take pride in the success of Queen’s medical school.
MESSAGE FROM THE DEPARTMENT HEAD

Our research capacity continues to grow, with important contributions through utilization of Canadian Primary Care Sentinel Surveillance Network (CPCSSN) data, education research that leads to improvements in the quality of family medicine resident training and education curriculum, and so many other areas. It’s been rewarding to support new research endeavours in our community sites.

I would especially like to recognize the contribution of our community faculty members, who form the backbone of our education program. Practising physicians not only provide clinical training to our second-year residents, they also model excellent clinical leadership such that our residents become confident family physicians. The university, our learners and our patients are all indebted to these faculty members for accepting the next generation of physicians into their practice.

I wish the department well as it pursues new opportunities. I am confident that growth, success, compassion and personal wellness – the very hallmarks for which the department is known – will remain integral to all the department endeavours to undertake. I commend everyone for their contribution to the department’s progress.

Finally, I would like to thank the faculty, residents and staff, as well as our university colleagues and community partners, for their ongoing commitment and dedication to, and support of, the values that have made the Department of Family Medicine as innovative and successful as it is today.

Dr. Brown receives a copy of Ice Ghosts as a thank you gift from Queen’s Family Health Team Advisory Board members for his service and support over many years. Dr. Brown has an abiding interest in Arctic geography, history and its peoples, and has provided both family medicine and anesthesiology services in the North. He has piloted his plane, hiked and canoed extensively, leading or co-leading major expeditions on the most remote rivers of Canada’s Far North, for more than 40 years. His knowledge, experience and advocacy for the environment and the people of the North has impacted his work at Queen’s University, provincially and nationally. Ice Ghosts, which tells the story of the Lost Franklin Expedition of 1845, will be a welcome addition to his extensive collection of journals and books on the Arctic.

BSc, MD, CCFP(EM), FCFP, MPH
Head, Department of Family Medicine
Brian Hennen Chair in Family Medicine
At the recommendation of Dr. Richard Reznick, Dean, Queen’s Faculty of Health Sciences, the Queen’s University Senate has approved the establishment of two endowed chairs – the Brian Hennen Chair in Family Medicine and the Walter Wylie Rosser Chair in Family Medicine Research. Both chairs, which became effective January 1, 2017, have been endowed with $2.5 million.

The Brian Hennen Chair – which recognizes Dr. Hennen’s extraordinary and distinguished contributions to family medicine – will help to attract and support academic leadership, and strengthen Queen’s reputation of academic excellence as a leading research institution with a vibrant learning environment. This chair will foster and enable interdisciplinary research in primary care.

The Walter Wylie Rosser Chair in Family Medicine Research – which recognizes Dr. Rosser’s role as a leader in primary care research in Canada – was established to foster and enable interdisciplinary, patient-centred primary care research. It will help to attract and support clinician scientists; enable clinical research; enhance a culture of collaborative, transdisciplinary investigation; and strengthen Queen’s reputation as a leading research institution that is committed to research in primary care.

Dean Reznick has congratulated the department for choosing to use these funds to support the academic mission of the Department of Family Medicine, the School of Medicine and the Faculty of Health Sciences.

“This is a seminal moment in the department, and in creating these endowed chairs the department is leaving a legacy forever.”

Dr. Glenn Brown, Head, Queen’s Department of Family Medicine, is the inaugural holder of the Brian Hennen Chair. The appointment will conclude when Dr. Brown’s term as department head ends on June 30, 2017, after which the department’s incoming head will assume the chair.

Dr. Richard Birtwhistle, Director, Centre for Studies in Primary Care (CSPC), is the inaugural holder of the Walter Wylie Rosser Chair. The appointment will continue until June 30, 2018. (Dr. Birtwhistle’s role as CSPC director ends on June 30, 2017; however his work with the department will continue in his role as chair for the Canadian Primary Care Sentinel Surveillance Network). Should a suitable recruit for CSPC director be appointed prior to June 2018, and should that individual be recommended for the Walter Wylie Rosser Chair, Dr. Birtwhistle’s capacity as chair would end at that time.

The department is honoured by the establishment of these two chairs, and pleased to offer the following accounts from Dr. Hennen and Dr. Rosser.

“ENDOWED CHAIRS

This is a seminal moment in the department, and in creating these endowed chairs the department is leaving a legacy forever.”
Thank you for establishing a chair in my name in your department. I am deeply honored.

At Queen’s, I graduated in the class of Meds ’62 on Dean Harold Ettinger’s watch. John Tweddell, the one family doctor on the faculty, taught medical jurisprudence. When I did my rotating internship, Larry Wilson chaired the committee. I started practice in Orillia, returning after two years for a residency year in pediatrics under Alex Bryans, during which I rotated for two months through the Rideau Centre at Smiths Falls. Another residency year in internal medicine followed under Ford Connell. After a further postgraduate year as a fellow in family medicine at McMaster University, and a master’s degree in educational psychology at Michigan State, I entered 35 years of academic medicine.

In 1999, I reviewed the Queen’s Program in Developmental Disabilities, and in 2004, having completed a term as dean of medicine at the University of Manitoba, I returned to Queen’s Family Medicine as a visiting scholar for four months, undertaking clinical refreshment to qualify for relicensure in Nova Scotia. During that autumn, I served as an external reviewer of the department.

I have known Dr. David Alexander, pediatrician, and Dr. Roderick Dingwall, general internist, (who were designated co-leaders of the “family practice unit” at KGH in late 1967), as well as all of this department’s heads – Drs. Ernie Haynes, Charles Anthony (Tony) Johnson, Janet Sorbie, Ruth Wilson, Walter Rosser and Glenn Brown. Together, they have grown a leading academic department, establishing family medicine at Queen’s as a top department of the medical school.

Drs. Ian Casson, Liz Grier, Meg Gemmill, Tom Cheetham, Richard MacLachlan, Irene Swift and Cynthia Forster-Gibson have been part of its growth, and have worked collaboratively to establish the Developmental Disability Primary Care Program under Bill Sullivan’s leadership out of Surrey Place and the University of Toronto, and to develop the Consensus Guidelines for Primary Care to Adults with Developmental Disabilities.

A special issue of Canadian Family Physician at the end of 2017 will include the next revision of the guidelines and a number of articles, to which most of these same family physicians are contributing. This participation – coupled with the success of Queen’s Family Medicine’s Intellectual and Developmental Disabilities Program of research with its partnership with Ongwanada, and teaching in the core residency program and the PGY3 Enhanced Skills Program – accounts for Queen’s recognition as a national, academic leader in family medicine’s acceptance of responsibility for ensuring that family physicians are well prepared to offer primary care to adults with developmental disabilities.

I am proud of my graduating class of Meds ’62 for its generous contributions to Queen’s. Ours is the leading donor of all health-profession donor classes. I also want to recognize my classmate Dr. Bruce McCreary, whose career as a psychiatrist was devoted to persons with developmental/intellectual disabilities. Finally, I want to acknowledge the unexpected bolstering of my involvement with developmental disabilities when our fourth grandchild was born 12 years ago and was challenged to live with Down Syndrome, which he has done very well. In Grade 6 in a regular public school stream, he performs well academically, reads voraciously, plays cello and soccer, has a teasing sense of humour, enjoys his younger, taller brother and is an avid Brandon Wheat Kings fan. When we met, I accepted that he would challenge me forever to do everything I was able to support persons with developmental disability, and to get it right.

The Sean Alexander Hennen Endowment Fund was established at Queen’s to support the education of future physicians in the field of developmental disabilities; to support curricular innovation at the undergraduate, postgraduate and continued professional development level; and to recognize the importance of interdisciplinarity in developmental disabilities. The head of family medicine will recommend disbursements with the approval of the dean of the Queen’s Faculty of Health Sciences.

My best wishes for your continuing successes at Queen’s Family Medicine.

Brian Hennen, MD, MA, FCFP, FRCGP (Honorary)
Professor Emeritus
Western and Dalhousie Universities
I first became interested in research when I was a medical student in my sixth year of medicine.

My colleague (who subsequently became the chair of the University of Alberta in gastroenterology) and I won the research award at convocation and our paper was published in the CMAJ.

In my third year as a family medicine resident (you were required to get a third year for certification), I carried out a study on the incidence of farmer’s lung disease in an urban population. My publication won an award as the best paper in the 1970 Canadian Family Physician. It also came with $700, which paid for a trip to Banff for my wife and me to receive the award.

My research was off to a good start, but I had no training in research and did not understand many of the principles of good research. I did publish a few papers in the 1970s, and in 1978, having been to one previous meeting of NAPCRG, I presented a paper. In a very kind way, internationally famous researcher Kerr White told me I did not know what I was talking about. I then realized I needed to surround myself with more experienced people if I was to continue research.

At the University of Ottawa, I found an epidemiologist, Ian McDowell, and a research assistant, Clair Newel, who were willing to work with me. We applied for federal funding and received more than $100,000 to assess whether electronic reminders to patients about screening would result in more screening. Because of the help I received from my colleagues, eight papers were published and I had some more understanding of the principles of research. I also realized that you always need persons with more research training than you have to assist you in everything you do.

From 1992 to 1994, I served as president of NAPCRG, a bi-national research organization. Again, I worked with many people who had more experience and expertise in many aspects of research. This was a time when the bi-national character of NAPCRG was under threat, and we managed to overcome this problem. I worked very closely with Larry Green and Maurice Wood, whose reward I received in 2002 for lifelong contribution in research.

In 1995 at the University of Toronto, I developed a course in evidence-based medicine and subsequently wrote a book on the subject for those taking the course. In 1998, after considerable difficulty, I managed to have the course put online. It’s still offered today, with three sessions a year, each course with 10 modules. I also implemented a research program in 1997 that originally had eight persons involved, each receiving about four half-days a week to do research. This program now has 22 people, some working eight half-days on research at the University of Toronto.

In 2008, I received the lifetime achievement award from the College of Family Physicians of Canada and, in 2010, the Order of Canada. To quote the Order of Canada citation, “Walter Rosser has helped to advance the field of family medicine and has contributed to the evolution of primary care research in Canada.”

In 2012 I received the Queen Elizabeth II Diamond Jubilee Medal as well as the CFPC’s W. Victor Johnston award, which included giving an address to the certification graduating class. The citation read, “As an exemplary clinician, teacher, researcher, and leader.” In 2015 I was recognized as one of 20 pioneers in family medicine research.

My greatest honour, however, comes from having a chair named in my honour – having been voted on by my colleagues at Queen’s, my alma mater.

I also must recognize my wife, Janet, who has guided me through the ups and downs of a 48-year career. She has provided me with love and companionship, and it would not have been possible without her guidance. I also wish to thank my two children, Tom and Nancy, and their families, for their support over the years.

Walter Rosser, CM, MD, CCFP, FCFP, MRCGP (UK), FCAHS
Professor Emeritus
Queen’s University

Dr. Walter Rosser
Dr. Glenn Brown, Head, Queen’s Department of Family Medicine, was elected president of the Ontario College of Family Physicians in November 2016. As president, Dr. Brown will champion the vital role family physicians play in the delivery of primary care to Ontario’s patients and families.

Dr. Fil Gilic, Undergraduate Course Co-ordinator and Nightmares Course Leader, was awarded a Queen’s School of Medicine Aesculapian Lectureship Award for his outstanding contribution to the education of students.

Dr. Michael Green, Jyoti Kotecha, Han Han and Dr. Richard Birtwhistle were awarded the CFPC’s Outstanding Family Medicine Research Article of 2016 for their publication Impact of a Quality Improvement Program on Primary Healthcare in Canada: A Mixed-Method Evaluation (Health Policy, 2015).

Dr. Jane Griffiths, Dr. Nancy Dalgarno and Dr. Karen Schultz earned the Family Medicine Innovations in Research and Education Award at the CFPC’s Family Medicine Forum for their poster, Feedback on Feedback: An Innovative Addition to Electronic Workplace-Based Daily Assessment Forms. This study designed an innovative function within the family medicine electronic workplace-based daily assessment forms that provided feedback to preceptors about the feedback they provide trainees.

Dr. Joey Newbigging, Emergency Medicine Program Director, is a co-investigator for a project that received a $740,000 grant from the Canadian Institutes of Health Research. The project, Emergency Department Ultrasonographic Regional Anaesthesia to Prevent Incident Delirium (EDU-RAPID), examines whether teaching emergency physicians to perform US-guided fascia iliaca nerve blocks (i.e. “freezing” to the nerves that supply sensation to the hip) can prevent the incidence of delirium in elderly patients in hospital with a hip fracture.

Dr. Eva Purkey, Global Health Director, and three global health research colleagues from Queen’s and Kingston General Hospital received funding to address the needs of the world’s vulnerable populations, especially women and children. Awarded through the Queen Elizabeth II Scholars program, the $449,000 grant will be used to establish the Queen Elizabeth Scholars Network for Equity in Maternal and Child Health.

Dr. Ruth Wilson was re-elected President, North American Region, World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA), also known as the World Organization of Family Doctors. Dr. Wilson was also named co-chair of a national physician taskforce that has designed a road map for improving health-care equity and accessibility for Canada’s underserviced rural population. The Rural Road Map for Action: Directions is a six-page report released by Advancing Rural Family Medicine: The Canadian Collaborative Taskforce – a joint initiative of the College of Family Physicians of Canada and the Society of Rural Physicians of Canada.

In its report titled Health Equity in the 2016/17 Quality Improvement Plans: A Snapshot on How Ontario’s Health Care Organizations Are Working to Ensure Better Health for All Ontarians, Health Quality Ontario recognized the Queen’s Family Health Team for its efforts to ensure that individuals with intellectual/developmental disabilities receive an annual physical exam.
ACCOLADES

CFPC Resident/Student Awards

Resident Awards
(One resident from each family medicine program across Canada is selected for each award each year.)

Dr. Martin Badowski (Kingston 2016 graduate): Family Medicine Resident Leadership Award

Dr. Amy Kluftinger (Belleville-Quinte 2016 graduate): Bob Robertson CCFP Examination Award (highest marks in the fall 2015 and spring 2016 Certification Examinations in Family Medicine)

Dr. Jaclyn Oldham (Kingston 2016 graduate): Family Medicine Resident Award for Scholarly Achievement

Student Awards
(One medical student from each family medicine program across Canada is selected for each award each year.)

Sarah-Taissir Bencharif: Medical Student Leadership Award

Trevor Morey: Medical Student Scholarship

OCFP Resident Award

Dr. Johnny Nguyen (QBOL 2016 graduate) was invited to present his resident research project on Pityriasis Rosea at the Annual Scientific Assembly.

Queen’s FHS Regional Education Awards

Faculty members earned awards through the Faculty of Health Sciences’ inaugural Regional Education Awards.

Site directors Dr. Kim Curtin (PK), Dr. Geoff Hodgetts (KTI), Dr. Wei-Hsi Pang (QBOL) and Dr. Robert Webster (BQ) earned the group Education Development Award, created to reward major administrative contributions to education or innovative curriculum development in community sites. Dr. Ross McLean, Perth preceptor, earned the individual award in this category.

Dr. Varinder Parmar, QBOL preceptor, and Dr. Michael Ward, QBOL Research Lead, earned awards for Excellence in Teaching, created to recognize community preceptors who have contributed significantly to advancing teaching and learning at distributed sites.

Queen’s Family Medicine Awards (Annual)

Jennifer Brierley, Senior Program Co-ordinator, earned the department’s annual Resident Experience Enhancement Award. This award is given to an allied health or administrative professional who has brought significant enhancement to the residency experience. Jen was also nominated for the Resident Doctors of Canada’s annual Ross Award for Service to Residents; a resident-nominated award (formerly the Lois Ross CAIR Award for Service to Residents) that acknowledges the important role non-physicians play in residency.

Resident and Preceptor Awards
Graduates Dr. Natasha Aziz (QBOL); Dr. Megan Gao (KTI; current PGY3 Rural Skills); Dr. Amy Kluftinger (BQ); Dr. Theresa Robertson (PK; current PGY3 Emergency Medicine); and Dr. Brittany Tarra (KTI; current PGY3 Rural Skills): Fred Allan Vokes Memorial Fund Award – Awarded to family medicine residents who, at the end of two or three years in the program, have demonstrated overall excellence and achievement.

Dr. Jill Caines (QBOL PGY2); Dr. Michelle Fraser (PK 2016 graduate); Dr. Meagan Gao (KTI; current PGY3 Rural Skills); and Dr. Danielle Martin (BQ 2016 graduate): Sparkly Glue Award – Awarded to a graduating PGY2 resident at each site for acting as a positive influence on resident morale and atmosphere.

Dr. Ren Ee Choo (KTI 2016 graduate): Dr. Harold Latham Award in Family Medicine – Awarded to a PGY2 resident in family medicine who has completed the best-quality academic project dealing with mental health issues in family medicine.

Dr. Peter Hughes, Associate Professor, Department of Paediatrics, University of Toronto: Dr. John T. Tweddell Memorial Teaching Award – Awarded to recognize specialty preceptors who exemplify teaching excellence to family medicine residents.

Dr. Kim Morrison, family physician, Napanee: Dr. Donald L. Potvin Memorial Teaching Award – Awarded to recognize outstanding community family medicine preceptors.

Dr. Theresa Robertson (PK 2016 graduate; current PGY3 Emergency Medicine): Janet Sorbie Award in Family Medicine – Awarded to a family medicine resident who has undertaken original research in the field of women’s health, care of the elderly or palliative care.

Centre for Studies in Primary Care Resident Awards

The Centre for Studies in Primary Care hosted its annual Primary Care Research Day on February 23, 2017.

The following four residents won Best Academic Research Project:

Dr. Justin Bell (Kingston) “Trans Identified Individuals’ Experiences in Primary Care”

Dr. Lindsey Griffith (Kingston) “Where Are They? ‘No-Show’ Rates for Initial Mental Health Appointments in a Collaborative Care Academic Primary Care Centre”

Dr. Paige Hacking (Kingston) “Queen’s Family Medicine Resident Teaching Nights”

Dr. Amanda Murdoch (Peterborough-Kawartha) “Shared Care Model Between Psychiatry and Family Medicine”
EDUCATION

Message from the Program Chief PGY 1&2
Postgraduate Education PGY 1&2
• Kingston-Thousand Islands Site
• Belleville-Quinte Site
• Peterborough-Kawartha Site
• Queen’s Bowmanville-Oshawa-Lakeridge Site

Public Health and Preventive Medicine
Enhanced Skills
Undergraduate Education
This academic year has been an exciting period of growth for Queen’s Family Medicine (FM). Residents continue to go above and beyond their clinical and educational responsibilities to improve an already exceptional curriculum and give back to their communities.

**Expanding Obstetrics Competency in Family Medicine Training – ONCE Pilot**

With a significant proportion of FM residents seeking to incorporate obstetrics into their future practice, Kingston-Thousand Islands (KTI) site chiefs and PGY2s Paige Hacking and Alex Leung worked with Dr. Eva Purkey and other faculty members to develop the Obstetrical and Newborn Care Elective (ONCE). Currently running as a pilot, this program allows for interested residents to be involved in additional deliveries at Kingston General Hospital. This will help increase longitudinal obstetrics learning for KTI residents, who tend to have the majority of their obstetrics rotations in their PGY2 year.

**CaRMS**

There are numerous indispensable stakeholder groups responsible for welcoming and ultimately selecting the next cohort of Queen’s FM residents, and current residents are no exception. This past year, residents interviewed candidates from both Canadian and international graduate streams, with leadership from PGY1 Andrei Garcia Popov (KTI) in orienting the latter group to Queen’s. Residents also participate in an anonymous panel, giving candidates the chance to find out the unfiltered truth straight from current residents. Unsurprisingly, there are no secrets to hide – this is a proud and enthusiastic group of future family doctors at Queen’s. Candidates from across the country comment on how the welcoming faces of Queen’s FM are one of the most appealing aspects of the program.

**Refugee Health**

Queen’s has a longstanding history of caring for immigrants, dating back to a cholera epidemic among Irish immigrants almost 175 years ago. In Kingston, two refugee health clinics were arranged under the guidance of Dr. Eva Purkey. Additionally, PGY2s Shiva Adel and Belle Song created a volunteer student interpreter program to train health professional students to translate in medical appointments, resulting in free translation services for refugees in more than 16 languages.

At the Peterborough-Kawartha site, refugee primary health care has expanded to include a partnership with Peterborough’s New Canadian Centre, in addition to increased teaching offered within the site’s curriculum.

Queen’s continues its tradition of caring for new Canadians, with residents eager to become involved with this important public service.

Queen’s is blessed with a group of family medicine residents who are eager to facilitate these and many more initiatives within the department.
EDUCATION

EMERGENCY MEDICINE PGY3

Ryan Aalders  Scott Brady  Andrew Jeffery  Michael Mason  Theresa Robertson

Keegan Sehby  Barbara Tatham  Heidi Wells  Warren Whitsitt

ENHANCED SKILLS PGY3

Melodie Adler (COE)  Ana Blagojevic (RS)  Laura Butler (RS)  Alexander Chun (RS)  Roddy Davey (PC)  Alison Flanagan (PC)  Megan Gao (RS)

Cameron MacLean (Anes)  Marie-Pier Marleau (RS)  Aaron McGregor (RS)  Martine McKay (WH)  Jason Murray (RS)  Timothy Roche (Anes)

Brittany Tarras (RS)  Courtney Thompson (RS)  Bianca Tomsa (RS)  Alexander Weiler (RS)  Shannon Winterburn (RS)

PUBLIC HEALTH AND PREVENTIVE MEDICINE

Lindsay Bowthorpe PGY1  Samantha Buttimer PGY2  Alexa Caturay PGY3  Emily Groot PGY5  Markus Faulhaber PGY5  Michelle Foote PGY2  Hugh Guan PGY2

John Harding PGY5  Linna Li PGY3  Richard Mather PGY1/PGY2  Piotr Oglaza PGY4  Ethan Tourmishey PGY1  Daniel Warshafsky PGY5
The Queen’s Family Medicine (QFM) residency training program has had another very successful year.

Preceptors and patients who work with QFM residents repeatedly comment on their strong clinical acumen, kindness and conscientiousness. The residents are an integral part of the program’s strength.

The department’s residents have an indelible positive impact on the program. Complementing the work of resident leaders, multiple residents sit on various committees, offering their ideas and insights about program improvement and innovation. Others engage with medical students, providing extracurricular teaching and guidance about a career in family medicine. Wellness reps, under the guidance of Dr. Kelly Howse, tackle issues of resident wellness and social connectivity at each of the sites.

Sincere gratitude is extended to the outgoing (and some ongoing) elected resident leaders for their leadership and commitment:

FM Program Chief: Ben Frid
KTI Site Co-Chiefs: Paige Hacking, Alex Leung
BQ Site Chief: Robin Morin
PK Site Chief: Tiffany Chow
QBOL Site Chief: Richard Wang
PGY3 Chief: Barbara Tatham
PHPM Chiefs: Samantha Buttemer, Daniel Warshafsky
OCFP Resident Representatives: Philip Lee, Alex Leung
CFPC Resident Representatives: Ben Frid, Sandra Huynh
PARO Resident Representatives: Alexa Clark, Supreet Sunil, Daniel Zimmerman

Another great strength of the program is the committed, engaged preceptors working with the residents to develop them into confident, competent, comprehensive family doctors. A number of initiatives have been undertaken over the years to strengthen ties with these very valued preceptors.

Individualized feedback about preceptors’ teaching, as assessed by the residents working with them, is sent to preceptors with five or more resident evaluations annually. Recognizing that the drive to be a highly functioning competency-based program is dependent on the quantity and quality of daily resident assessments, this feedback has been getting increasingly detailed, providing preceptors with a valuable summary of their assessment patterns.

The Preceptor Post, an electronic publication outlining important educational initiatives in each of the four QFM training sites, is emailed to all preceptors twice annually as another source of support.

Faculty development sessions at each of the program’s four sites is another form of outreach to preceptors. Each site’s faculty development lead works hard to deliver high-
quality opportunities that meet the needs of their local preceptors. Topics covered this year are summarized on Page 50 of this report.

Another important initiative, launched several years ago, is outreach provided by Dr. Jeffrey Sloan, who visits communities that host the program’s residents. A valued longstanding community preceptor in Napanee and the program’s regional education co-ordinator, Dr. Sloan reports that these visits are beneficial on many levels:

“These site visits are the core of my FM activities and involve a combination of preceptor support, faculty development and assessment of the educational opportunities available to the residents in each site. In particular, indigenous health and palliative care experiences are areas of need in the program, which I seek out during the site visits.

“The sites are widely distributed geographically, and include practices in Mississauga in the west, to Cornwall in the east, and as far north as Dryden, Sioux Lookout and Moose Factory. During the past year, I have completed site visits to Cornwall, Brockville, Sioux Lookout, Dryden and Cobourg, with plans this year to revisit many of the sites beginning in Napanee, as well as Moose Factory, Picton, Cornwall and some of the Kingston community practices.

“I have had the opportunity to meet with most of the family medicine community preceptors, who provide a vast amount of teaching to the PGY2 residents. These teaching experiences are crucial in assisting our residents to attain the competencies they need to fulfill the requirements of the CFPC, and ultimately to become successful family physicians. It is a privilege to meet and work with these physicians, who are role models for our residents and fully dedicated to their roles as teachers.”

The program continues to constantly explore new curriculum to best support residents’ development into competent family physicians. With changes to the CanMEDS roles that highlight the importance of leadership, this year’s “matrix retreat” focused on what and how to integrate leadership curriculum into the program.

The retreat is a two-day event through which the department supports QFM educational and resident leaders to come together to share and discuss “blue-sky” ideas about program improvement. Under the leadership of Dr. Brent Wolfrom, QFM Curriculum Director, a grant has been procured to support and study this initiative.

Other educational-development initiatives include medical assistance in dying curriculum (being thoughtfully studied and outlined by Drs. Susan MacDonald, Sarah LeBlanc and Daniel Zimmerman); meaningful indigenous health curriculum (under the direction of Dr. Wolfrom, with input from Dr. Michael Green); and exploration into how to ensure that all residents experience structured visits with house-bound patients.

Queen’s Family Medicine Assessment Director Dr. Jane Griffiths, assisted by software designer Rachelle Porter, continues to creatively improve the department’s assessment processes around residents’ competency development. Just recently, a mobile app version of the residents’ daily assessment field note (FN) form was released. This app will allow preceptors to provide and document feedback to residents in any setting. The addition of the “thumbs up” icon to the FN – a function whereby residents can indicate if they found the feedback on that FN useful for their learning – is a way to inform preceptors about the impact of their FNs. It’s “feedback on feedback.” Dr. Griffiths has presented at many national and international conferences about the innovative work she is doing.

Through her expertise and hard work, Dr. Nancy Dalgarno (PhD), education researcher and consultant, has had a dramatically positive impact on the department’s scholarly work in medical education. The number of grant applications has risen significantly since she joined the department in November 2015. Last year, 11 grant applications were submitted (six of which were successful), three articles with a medical-education theme were published, and 13 conference presentations were given at various national and international conferences.
A different but equally important type of research being done focuses on program quality improvement. This has become a much more rigorous process over the last few years. The department has supported Han Han (PhD) to provide her expertise with analyzing various program parameters. For the past two years, Dr. Wolfrom, working with Dr. Han, has produced an in-depth program quality-improvement report. Findings in these reports are underpinning a variety of program-improvement initiatives in a thoughtful, impactful way.

The program celebrated a number of successes this year. The pass rates on the CCFP exam were at or exceeded the national average for both the fall and spring exam sittings. Dr. Amy Kluftinger (PGY2, Belleville-Quinte site) had the highest exam score across the country for the spring exam.

The program was honoured to receive the PARO Program of the Year award for 2016. This was the second time the program won this award (it also won in 2012), making it the only program of the hundreds of programs in Ontario to have won twice. This award is given to a program that has “consistently provided an exceptionally positive and rewarding experience to their residents, while producing physicians who are expertly trained to deal with the challenges in their upcoming careers.”

All of this work and these successes would not be possible without the dedicated work of the program leads in each of the sites, the site directors and the education staff:

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<th>Department Head</th>
<th>Director of Education</th>
<th>Regional Education Co-ordinator</th>
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<tr>
<td>Dr. Glenn Brown</td>
<td>Dr. Geoff Hodgetts</td>
<td>Dr. Jeff Sloan</td>
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<th>Queen’s Family Medicine Program</th>
<th>BQ</th>
<th>PK</th>
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<td>Directors</td>
<td>Dr. Karen Schultz</td>
<td>Dr. Nadia Knarr</td>
<td>Dr. Kim Curtin</td>
<td>Dr. Wei-Hsi Pang</td>
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<td>Curriculum</td>
<td>Dr. Brent Wolfrom</td>
<td>Dr. Hanga Agoston</td>
<td>Dr. Sandra Khan</td>
<td>Dr. Aubrey Kassirer</td>
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<td>Assessment</td>
<td>Dr. Jane Griffiths</td>
<td>Dr. Rob Pincock</td>
<td>Dr. Kathleen Nichols</td>
<td>Dr. Charlene Lockner</td>
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<td>Research</td>
<td>Dr. Michael Green</td>
<td>Dr. Patrick Esperanzate</td>
<td>Dr. Ben Chan</td>
<td>Dr. Michael Ward</td>
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<td>Faculty Development</td>
<td>Dr. Ian Casson</td>
<td>Dr. Jennifer Webster</td>
<td>Dr. Natalie Whiting</td>
<td>Dr. Ed Osborne</td>
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<td>Resident Chief</td>
<td>Dr. Philip Lee</td>
<td>Dr. Brittany Dyer</td>
<td>Dr. Shain Thakrar</td>
<td>Dr. Tara He</td>
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<td>Administration</td>
<td>Dr. Judy Sakell (Manager of Education)</td>
<td>Jessica Hughson (Jessica Vance)</td>
<td>Chantal Van Parys</td>
<td>Julie Hodges</td>
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For their creativity and hard work, sincere thanks are extended to those who have left their positions on the above matrix or in other education roles – among them: Drs. Charlene Lockner (Assessment QBOL), Amy Goldwater (Behavioural Medicine QBOL), Natalie Whiting (Assessment PK), Jennifer Webster (Assessment BQ) and Robert Webster (Site Director and Faculty Development BQ).

Working tirelessly behind the scenes in the education office are Jennifer Brierley (senior program co-ordinator), Jennifer Wells (evaluation and assessment), Sarah Taylor (residency program assistant – curriculum), Dana Doll (enhanced-skills program co-ordinator), Carla Evaristo (undergraduate and accommodations co-ordinator) and Kim Wallace (residency program assistant).
Resident feedback about their learning experiences is a driving force for program quality improvement. Residents can provide this feedback through various venues, from the standardized rotation evaluations in One45, to involvement in the many program committees, to taking on leadership positions.

In 2016, Kingston-Thousand Islands (KTI) chief residents Dr. Paige Hacking and Dr. Alex Leung designed a year-end survey for PGY1 residents as a way to gather feedback in a more robust and comprehensive manner. The results have provided valuable information in a number of areas.

For example, the survey results yielded further insight into resident experience with managing the inbox aspect of the electronic patient record, and has led to some useful changes in procedure. With most residents spending between four and 10 hours weekly dealing with their inbox, this issue has been a target of study for some time.
The survey also provided more insight into issues related to out-of-town rotations. One feature of the KTI site has always been the wide variety of options for community experiences for almost all elements of the curriculum. While this provides opportunities to explore a variety of preceptors and approaches to hospital and clinic operations, it also raises practical challenges around issues such as travel, accommodations and maintaining connections with the home base. Information collected through the survey has provided an opportunity to refine a number of administrative processes.

With some modifications, the survey will become a standard component of program evaluation for the KTI site.

Another theme that has been gathering momentum for the past year is the need to provide more systematic learning experiences in palliative care. The societal need for end-of-life care is growing dramatically, and medical education in general has not caught up with this need. As many medical students entering family medicine residency have not had a solid foundational experience in palliative care, there’s a stronger need to achieve this knowledge and these skills during residency, where time and space in the curriculum is at a premium.

At present, residents are offered a choice of one block of either geriatrics or palliative care, with 31 opting for palliative care this year and 18 for geriatrics. Both the curriculum “blue-sky” working group and the PGE site committee have recommended moving to a mandatory experience in palliative care. The rationale has been that all residents are exposed to the geriatric population in many settings throughout the two years of residency, from their core long-term care experience, office practice, internal medicine and so on, whereas exposure to palliative care is more limited and unpredictable.

It’s uncertain how this goal will be achieved, with limited capacity of the small, and understaffed, palliative care division to take a larger number of learners. Access to family physicians who provide palliative care as a major part of their practice is also very limited because they are still few in number, placing more pressure on Kingston’s central resources to accommodate this need. With the recent opening of Kingston’s new Providence Care facility, new possibilities may arise.

Residents continue to take advantage of the core placement in the Falkland Islands for an experience in remote medicine. Under the supervision of Dr. Rebecca Edwards, Chief Medical Officer, Falkland Islands, six KTI residents completed their core two-block rural experience in the Falklands this year. Evaluation of their time there has been very positive, and they have been greatly valued as competent and contributing physicians.

For the first time, a resident decided to take up the PGY3 scholarship in rural skills this year with a one-year return of service in the Falklands. This scholarship has been a major strategy in achieving the department’s goal of assisting with the recruitment of well-trained physicians for the Falklands. Plans for next year are well underway, with five KTI residents and two Peterborough site residents scheduled to go. Thanks must be extended to Allen McAvoy, Strategic Relations Manager, for his assistance with the rather complex logistics of this unique learning opportunity.
BELLEVILLE-QUINTE SITE

Curriculum

Belleville-Quinte (BQ) is an active and thriving community site with a unique horizontal-integrated curriculum. In addition to a robust office clinic exposure, the site offers practice and expertise in hospitalist care, community palliative care, house calls, dementia care, leadership development and practice management. Family physician faculty members, along with members of the Belleville-Queen’s Family Health Team and supportive community specialists, teach the horizontal-integrated curriculum.

The year saw one of the BQ program’s first graduates take on a program role; Dr. Hanga Agoston is welcomed in her new position as curriculum lead. Dr. Ryan Hall and Dr. Kristy Lafrance continue to teach the Nightmares simulation course. Dr. Erin Falconer, another BQ graduate, is spearheading a refreshed social justice curriculum. Dozens of engaged physicians with areas of interest including emergency medicine, skin disorders, sports medicine, rural and remote care, breastfeeding medicine, developmental disabilities and mental health are all involved in creating and supporting a responsive curriculum agenda.

Assessment

Assessment is driven by and created for family physicians becoming family physicians.

Field notes provide daily formative evaluation in every clinical experience. Quarterly evaluations (ITERs and FITERs) are integrated across the horizontal program to provide timely and routine feedback, and a dedicated academic advisor provides additional review, mentorship and academic support to each resident.
POSTGRADUATE EDUCATION

Research

Primary Care Research Day in February 2017 was once again a great success, with the BQ residents presenting a variety of health-focused projects including: Benefits of a Group: Improving Exercise Compliance; Exercise Vital Signs; Residency Perspectives on Competency Managing Breastfeeding; Palliative Care Tools; and Comparing Physician Views on Anthropometric Measurements in the Clinical Setting. The BQ site is launching a resident research project roadshow, moving posters and abstracts to various community sites to celebrate the residents’ hard work and to share new knowledge. The BQ-Family Health Team and residency program are continuously enhancing their partnership around PGY1 quality-improvement projects.

Nicole Bobbette, OT, was awarded a research fellowship: CIHR Transdisciplinary Understanding and Training on Research: Primary Health Care (TUTOR- PHC), Centre for Studies in Family Medicine, Western University

Research funding was provided for the following:

Catherine Donnelly, OT, principal investigator; and Nicole Bobbette (OT), et al:
The Scope of Occupational Therapy in Primary Care (Ontario Society of Occupational Therapists; $9,750)

Dr. Jessica Ladouceur, principal investigator; Abby Leavitt; Nicole Bobbette, OT; Dr. Ian Casson; Dr. Meg Gemmill; Dr. Elizabeth Grier (2016): Applying the Health Links Approach for Adults with Dual Diagnosis and Complex Health Needs in the Quinte Health Link. (Centre for Studies in Primary Care: OneTime Funding Research Initiative; $19,803.81)

Faculty Development and New Faculty

In conjunction with Dr. Lois McDonald, Drs. Jennifer Webster and Robert Webster provided faculty development for all area faculty members. Dr. Jennifer Webster will continue in this role, while Dr. Robert Webster will engage in roles with the Southeast LHIN and Health Quality Ontario. Foci will include teaching skills and pearls pertinent to community settings, becoming a better evaluator and combatting teaching fatigue.

The site welcomes many new teachers who join the group, including Dr. Erin Falconer (BQ alumni), Dr. Drew Robertson and Dr. Chad Stewart. Dr. Rebecca Holmes rejoins the teaching roster following her parental leave.

Postgraduate Education Site Committee

The BQ Postgraduate Education Site Committee provides advice to the family medicine site director and program director through regular review of program goals, objectives and resident evaluation methods.

Dr. Robert Webster, Site Director 2011-2016/17, stepped away from the site director role in February 2017 to focus on local and provincial quality roles with the Southeast LHIN and Health Quality Ontario. Dr. Nadia Knarr has accepted the reins as incoming site director following an interim period early in 2016/2017.

Committee membership for the year included Dr. Hanga Agoston, Curriculum Lead; Dr. Joey Bonacci, Resident Wellness and Resiliency Lead; Dr. Patrick Esperanzate, Research Lead; Dr. Nadia Knarr, incoming site director; Dr. Lois McDonald, Regional Education Co-Ordinator; Dr. Rob Pincock, Resident Assessment Lead; and Drs. Jennifer and Robert Webster, Faculty Development Leads. Incoming BQ chief resident Dr. Brittany Dyer replaced outgoing chief Dr. Robin Morin.

Abby Leavitt continues to represent the team as program manager, along with Catherine Donnelly, occupational therapist.
The Peterborough-Kawartha (PK) site has celebrated many successes over the past 12 months. All 2016 PK graduates passed their spring exams and are now practising and learning in a number of local communities.

The program has been fortunate to have many 2016 graduates establish practices in Peterborough and the environs. Dr. Colin Matheson has established a part-time family health team practice in Peterborough and is also working with the family-physician-led palliative care team at Peterborough Regional Health Centre (PRHC). Dr. Alex Weiler completed a few rural skills blocks and has joined the PRHC Emergency Department. Drs. Theresa Robertson and Andrew Jeffery are completing a PGY3 in Queen’s Emergency Medicine and have done many of their PGY3 rotations at PRHC. Dr. Michelle Fraser is providing outstanding leadership in Peterborough providing care to underserviced and street-involved populations. Of special note, 2014 graduate Dr. Jesse Zroback is one of 17 finalists for the Canadian Space Agency astronaut recruitment (out of 3,772 applicants).

The PK Postgraduate Education Site (PGES) committee membership has undergone some exciting changes, with graduate Dr. Kathleen Nichols joining as assessment lead. Dr. Natalie Whiting has remained on the committee as faculty development lead.

The site is again fortunate to have the skills of Chantal Van Parys as site co-ordinator, Dr. Sandy Khan as curriculum lead and Dr. Ben Chan as research lead. Appreciation is extended to Dr. Tiffany Chow, who did a great job as chief resident over the past year, and welcome to Dr. Shain Thakrar as incoming chief.
The Peterborough-Kawartha program continues to develop expertise in global health, and teaching has taken place on a number of global health topics. In September 2016, residents had their inaugural half-day program in indigenous health with local indigenous speakers and leaders.

Success continues in recruiting physician teachers to the program. The site has welcomed new specialist preceptors and teachers in plastic surgery, vascular surgery, hospitalist medicine and cardiology. A new family medicine-led dermatology rotation has also been added to the PGY1 curriculum.

Residents and preceptors enjoyed a full slate of social activities in the past year, and the tradition of fantastic food was upheld for all of these celebratory events. A party at the PK “House” in June 2016 celebrated graduates, along with their families and friends. Dr. Kim Curtin hosted a welcome barbecue at her home in July 2016 and a holiday party in December 2016.

CaRMS 2017 was very busy, with ever-increasing interest in the four Queen’s sites and a full match for Peterborough-Kawartha. With more than 460 applicants, many PK preceptors and residents participated in the CaRMs process through file review and interviews, and served as excellent ambassadors for the program. Appreciation goes to Postgraduate Education Program Director Dr. Karen Schultz, whose leadership throughout CaRMS serves to inspire and motivate applicants and interviewers alike.

The Queen’s Bowmanville-Oshawa-Lakeridge (QBOL) site is turning five this year. It has been a very busy but successful launch overall and there is a lot of positive momentum here.

The QBOL site was proud to graduate another group of seven residents in 2016 and, in a nice ongoing trend, five of these graduates have stayed on the east side of Toronto, close to their training site. The other two graduates started PGY3 Enhanced Skills programs in emergency medicine and rural skills last year.

The site’s PGY2 residents presented a very nice variety of projects, including several involving original research, at the annual Primary Care Research Day in Kingston. Dr. Mike Ward – and his extensive evidence-based review sessions – continues to be a valuable resource in helping these residents prepare for the CCFP Certification Exam.

New curriculum offerings in the past year have included an expansion of bedside ultrasound teaching by Dr. Nedalina Alexieva and an academic half-day on indigenous health by Dr. Jason Pennington. Dr. Aubrey Kassirer has also added teaching on Medical Assistance in Dying (MAID) to this year’s academic day schedule.
QBOL PGY1 residents enjoyed zip-lining at an “ice-breaker” event in July 2016 at Treetop-Eco Adventure Park in Oshawa.

Behind the scenes, Julie Hodges returned to her role as site co-ordinator in January. Her maternity leave was ably covered by the tag-team of Suzanne McKay and Christie Billings.

Dr. Charlene Lockner has stepped down from her site assessment lead position, and Drs. Joel Pariag and Seema Jain have taken on this portfolio. The QBOL site owes a lot of its current health to Dr. Lockner’s tireless effort and contagious enthusiasm.

Dr. Richard Wang had a successful year as site chief resident, resulting in a noticeable increase in resident activities such as the formation of an indoor volleyball team.

Congratulations to Dr. Tara He, who has been elected as site chief resident for 2017-2018.

In early March, the QBOL site learned it had fully matched in the first round of CaRMS again this year, and everyone is looking forward to welcoming the next set of residents.

The QBOL site continues to enjoy its early successes and looks forward to celebrating its five-year anniversary this summer. This will be a great time to reflect and thank the Department of Family Medicine, QBOL Site Committee, Lakeridge Health, and all preceptors, residents and administrative staff members for making this site so successful so quickly.

Here’s to the next five years!
The Queen’s Public Health and Preventive Medicine (PHPM) program continues to draw strong interest from medical students across Canada, with eight students choosing PHPM as an elective in 2016. The program ensures that any student wanting an elective can work at a local public-health agency to gain an understanding of public-health practice, as well as the opportunity to experience the residency program and discuss residency-training options with current residents.

The PHPM Residency Program Committee continues to meet regularly to assist with the program’s development, operation and planning. Appreciation is extended to committee members Dr. Glenn Brown, Dr. Geoffrey Hodgetts and Dr. David Walker (Queen’s University); Dr. Ian Gemmill and Dr. Bart Harvey (KFL&A Public Health); Dr. Howard Njoo (Public Health Agency of Canada); Dr. Rosana Salvaterra (Peterborough County-City Health Unit); and Dr. Paula Stewart (Leeds, Grenville & Lanark District Health Unit). The committee met on four occasions over the course of the year. Members’ feedback and input has been instrumental in improving the program, and their advice ensures the program continuously strives to improve and to be a national leader in education. Dr. Bart Harvey is welcomed as associate program director.

**Co-Chiefs**

PHPM co-chief residents Dr. Piotr Oglaza, Dr. John Harding and Dr. Samantha Buttemer provided excellent leadership and played vital roles in helping with all aspects of the program, including curricula development, academic sessions, the annual retreat and the CaRMS interviews. They have been tireless in their efforts to improve the residency program and to unite the program’s junior and senior residents.
2016 Annual Resident Retreat
The PHPM program’s annual retreat was held in Picton on September 19 and 20, 2016. The curriculum included the following themes:

- Public Health Nightmare Course
- Emergency Simulation Training
- Risk Communication
- Media Training

PHPM National Review Course
The Queen’s Department of Family Medicine and the Public Health and Preventive Medicine Residency Program hosted the second national public health and preventive medicine review course from October 24 to 28, 2016, in Kingston, and all Queen’s PHPM residents attended. This course was also offered to all residents from other Royal College training programs in public health and preventive medicine. In total, more than 40 residents attended from across Canada.

Course evaluations continue to be very positive, and the third annual course has been scheduled for October 2018.

CaRMS Match Results
For the fourth consecutive year, the PHPM program filled both positions in the first iteration. The program has a total of 12 residents, which is beyond its normal capacity of 10 residents.

RESIDENT RESEARCH AND SCHOLARLY ACTIVITY

Emily Groot

Hugh Guan


Piotr Oglaza
Sherlock B, Harjest M, Hoskin S., P. Oglaza. Excluding pupils in a pertussis outbreak to increase immunization coverage. Poster presented at the 2016 Canadian Immunization Conference. December 2016, Ottawa, Canada

Ethan Toumishey

Daniel Warshafsky
The Department of Family Medicine Enhanced Skills (ES) programs continued to attract large numbers of applicants in 2016-2017. The nine programs Queen’s offers are no doubt a drawing card for medical students considering their options during CaRMS.

A record number of applicants applied for the eight FM-Emergency positions, and the FP-Anesthesia, Care of the Elderly and Palliative Care programs all remained active and strong.

Looking ahead to the next academic year, however, a challenge has been presented to both the Palliative Care and FP-Anesthesia programs. In July 2017, the long-awaited separation of Palliative Care as a hybrid program offered and accredited by both the Royal College and the College of Family Physicians of Canada (CFPC) will occur. The CFPC will continue to offer the one-year program and the Royal College will move to a two-year certification in palliative medicine.

For the Queen’s Family Medicine program, this will not require much adjustment beyond ensuring harmonization of assessment methods and tools between the two programs. For FP-Anesthesia, the challenge has more impact. Because Queen’s University’s entire postgraduate education program will move to a new competency-based training approach on July 1, 2017, a significant restructure of the PGY1 curriculum for the Royal College Anesthesia program is required, with overlap of key elements with the existing PGY2 curriculum, creating a double cohort for the first year of implementation. The pressure this has placed on teaching resources for 2017-2018 means there will be no capacity to take the customary two FP-A residents. While this has come as a great disappointment to the many applicants, the program will resume operations in 2018. The hiatus also provides an opportunity to develop further clinical contact with FP-A preceptors – something a recent internal review of the ES program recommended.

The Category Two programs active this year were Women’s Health and the self-designed partial or full-year program in Rural Skills. The Intellectual and Developmental Disabilities, Global Health and Indigenous Health programs were inactive. The following table illustrates the distribution of training positions for the past two years and looking ahead to next year.
The internal review of the ES program was conducted in April 2016, and the CFPC requested that the program be used to field test the new accreditation standards and documentation. The findings from this review indicate that the ES central program governance structure and the individual programs are very healthy. A few recommendations were made to further strengthen programs as they move into the demanding structure of competency-based training.

The greatest challenge will be to harmonize the expectations of the CFPC with those of the Royal College when there is inter-dependency between the Queen’s ES programs and the affiliated Royal College program. This will be especially true for Anesthesia and Emergency Medicine.

Dr. Barbara Tatham served as this year’s ES chief resident, representing all PGY3 residents, and she will turn these duties over to Dr. Alex Leung, former KTI site chief, for the coming year. Dr. Ben Frid, family medicine program chief resident, also participated in all ES program committee meetings this year, and Dr. Philip Lee will assume this position for the coming year. Appreciation is extended to all residents who have contributed greatly to the successful operation of all ES programs.

**Emergency Medicine**

*Program Director:* Dr. Joey Newbigging  
*Assistant Program Director:* Dr. Matt Stacey  
*2016-2017: Eight residents*  

Dr. Joey Newbigging, former assistant program director, took up the position of program director this year, replacing Dr. Karen Graham. Dr. Graham provided many years of dedicated and creative leadership, and the department extends its gratitude to her. Dr. Matt Stacey will continue as assistant program director. There is close co-operation with the Royal College Emergency program in the development of entrustable professional activities (EPAs) and competency-assessment tools. As the internal review drew attention to a lack of acuity and inconsistent exposure to trauma cases, Dr. Newbigging has been exploring new experiences in sites with higher acuity such as Humber River Hospital (Toronto) as well as expanded options in community hospitals (Cornwall and Brockville) similar to those where many graduates will be working. A new longitudinal simulated trauma curriculum has also been established this year.

**FP-Anesthesia**

*Program Director:* Dr. Valerie McLeod  
*2016-2017: Two residents*  

Dr. Valerie McLeod continues to provide strong leadership to this program, which thrives amidst an atmosphere that has challenged other university programs across the province. As noted earlier, this program will be placed on hold for the coming year while the affiliated Royal College program, upon which it depends for much of the clinical teaching, adjusts to a new competency-based curriculum.

**Care of the Elderly**

*Program Director:* Dr. Agata Szlanta  
*2016-2017: One resident*  

Dr. Agata Szlanta continues as director of the Care of the Elderly program, supported by a strong residency program committee. This year’s resident, Dr. Melodie Adler, will be modelling an approach to assessing and managing geriatric-aged patients attending the emergency department in Cornwall. The development of an electronic resident portfolio is proceeding, with a target implementation date of July 2017. This will serve as a model for the other ES programs and will incorporate EPAs adapted from the existing core family medicine EPAs.

**Palliative Medicine**

*Program Director:* Dr. Ingrid Harle  
*2016-2017: One resident*  

The Palliative Care program is in its final year as a conjoint program of the Royal College and the CFPC. Based on the applicant pool, a decision was made not to introduce the new two-year certification program in 2017. This will provide more time to prepare EPAs and assessment systems for this program, and to complete the development of an electronic portfolio for the CFPC program.

**Women’s Health**

*Program Director:* Dr. Susan Phillips  
*2016-2017: One resident*  

There was one resident in the Women’s Health program this year, for nine blocks of programming. For the first time in many years, the resident was able to participate in relevant clinics in Kingston, with the co-operation of Dr. Julie Tessier, Program Director, Royal College Obstetrics and Gynecology program. Challenges continue with gaining access to valuable experiences outside of Kingston, mainly in Toronto. Looking ahead to next year when there will be three residents in the program, a creative approach to scheduling experiences will be needed.

**Rural Skills**

*Program Director:* Dr. Geoff Hodgetts  
*2016-2017: 12 residents (partial-year programs)*  

The demand for supplementary training through the Rural Skills programs continues to be an annual reality. This pattern seems to be at a national level. The current year had 12 individuals sharing approximately three-and-a-half positions. For seven of these, Dr. Fil Gilic developed a new structured two-block experience in Trenton. This included shifts in emergency combined with advanced simulation training and ECG interpretation workshops. Highly rated by the residents, this experience will be offered annually, based on demand.

The demand for more training in low-risk obstetrics continues to challenge the availability of resources and will be an even greater challenge in the next academic year. New sites for training the core and enhanced-skills residents in obstetrics are being sought.
It’s been a great year in undergraduate medical education, exposing medical students to family medicine through formal and informal educational opportunities and supporting experiences with community physicians and health-care providers in communities across the province.

**Pre-Clerkship Teaching**

The first exposure to family medicine is through the exciting and engaging family medicine course in first year, taught by Drs. Fil Gilic and Matt Simpson. Student course evaluations show that students appreciate the course’s clinical focus and pedagogical approach:

The teaching and learning style (e.g. prep at home and then come apply the knowledge acquired) is extremely effective and applicable to real-world medicine. I used the schemas and knowledge acquired in this course in the after-hours clinic observerships.
First-year medical students can apply and consolidate what they have learned in clinical skills and in the classroom by joining Queen’s Family Health Team faculty and residents in the after-hours clinic. Some students attended more than once, resulting in the provision of 136 clinic spots for medical students in 2016. This learning experience is very popular with the students, and rewarding for the residents and faculty who work with them.

**Family Medicine Interest Group (FMIG)**

Andrew Kwan (class of 2019) and Ramita Verma (class of 2020) provide leadership to the Queen’s Family Medicine Interest Group (FMIG), which promotes family medicine as a top career choice. Activities focus on exploring what it means to be a family physician in rural, community and city settings; examining the value and role of primary care in the health-care system; and showcasing the scope and diversity of practice in family medicine.

**Clerkship**

In 2016, leaders from undergraduate medical education worked with the Rural Ontario Medical Program (ROMP) to build on existing ties to Collingwood, and 2017 will see the establishment of an integrated rotation in that community. This exciting partnership will pair family medicine with surgical and peri-operative specialties.

On the integrated rotation, students are able to settle into their placement and participate in the life of medical practice and the broader community for an 18-week block. This model has been very successful in Picton, Perth and Brockville/Prescott, where family medicine is paired with pediatrics and psychiatry.

**Award Winners**

From a list of excellent candidates from the graduating class of 2016, the following were chosen for family medicine awards:

- **Sarah-Taissir Bencharif**
- **Pamela C. Williams Memorial Award**
- **The Matthews Medal in Family Medicine**
- **CFPC Medical Student Leadership Award**

- **Betty Chiu**
- **The Shane Daniel Klein Scholarship in Family Medicine**
- **The Betty Chiu Prize in Family Medicine**
- **Philips Macdonnell Memorial Award**

**2017 CaRMS Match**

This year, 32 Queen’s graduates were matched to family medicine residency positions across the country. This speaks to the commitment of all preceptors and teachers who act as ambassadors for family medicine, but especially to the dedication of the community preceptors who invite the students into their practices and show them what it means to practise broad-scope family medicine as part of a community.
Queen’s Family Health Team (QFHT) celebrated its 10-year milestone as a family health team in 2016.

In 2006, the clinic had one location with 6,200 patients. Today, three sites – two in Kingston and one in Belleville – are home to a combined 25,550 patients.

Highlights of the 10-year journey include the transition to a new EMR in 2010 with the elimination of paper charts; transition of staff from Hotel Dieu Hospital to Queen’s University; the addition of several committees, working groups, services and programs (including group programs with open enrolment); the launch of a patient newsletter; the addition of the Belleville site in 2012; and Association of Family Health Teams of Ontario recognition with five Bright Lights awards.

A 10-year calendar of photos and events was created to recognize and share the QFHT journey. Physicians and staff also celebrated during an annual staff-development workshop in December 2016, where the theme was “High-Quality Relationships in the Workplace.”

**Patient Enrolment**

Over the year, the Kingston and Belleville sites enrolled a combined 1,500 new patients through Health Care Connect, hospital and emergency discharge, and a variety of other sources. New patients included pregnant moms who had no family doctor, graduate-level university students who weren’t eligible for Queen’s student health services, family members of current patients, military families and newly arrived refugee families.

In conjunction with Refugee Resettlement Services Kingston, operated through KEYS Job Centre, the QFHT enrolled approximately 45 new patients arriving from Syria in early
Two new group patient programs were launched in 2016 – the Best Health, Best Weight program and Understanding and Coping with Anxiety and Depression.

2017. A special “intake” team comprising physicians, residents, nurses and clerks coordinated evening clinics designed to welcome these refugees, provide an orientation to QFHT services and collect baseline health information.

As part of their research project, two PGY2 residents created a translation service to assist with these intake clinics. After undergoing orientation sessions on interpretation, confidentiality and cultural sensitivity, a volunteer team of Arabic-speaking residents, medical students and other Queen’s health sciences students attended the intake clinics. These volunteers were critical to the clinics’ success. The translation service includes the ability to schedule translators for patient follow-up appointments.

**Programs**

Following the review of patient referrals and resource capacity within the allied health professional staff, two new group patient programs were launched in 2016. The Best Health, Best Weight program – developed primarily by the QFHT dietitian, with community support from the Hotel Dieu Hospital dietitian – includes dietitian-led teaching sessions, social work, occupational therapy, a grocery store tour and cooking session. Patient evaluations of this 10-week open-enrolment program (participants do not have to be QFHT patients) provided overall positive feedback. With minor changes to the presentations, the QFHT will continue to offer several sessions of this program – which will include an opportunity for a free YMCA membership – in the coming year.

The most common mental-health referrals QFHT social workers receive are related to anxiety and depression. To address this, a new anxiety and depression group program consisting of 12 to 16 participants was delivered twice in 2016-2017. Facilitated by the QFHT’s social worker and a registered nurse, participants work through coping mechanisms using cognitive behavioural therapy. One of the program’s goals is to improve patient access to mental-health resources, thereby potentially reducing the waiting list for individual counselling therapy, which has been the more traditional referral process for patients.

Dr. Erin Beattie and resident physician Dr. Philip Lee with patient Keely
Features and enhancements of the new EMR will include immunization data, enhanced demographic information and the inclusion of the Hospital Report Manager (HRM) module.

Technology Upgrades
Many IT-related upgrades and changes were implemented this year to improve and update hardware and software required for clinic activity. All workstations in clinic exam and team rooms, reception areas and offices were updated, as the previous desktop equipment was no longer available for replacement purchase. The last major upgrade was in 2010.

In early 2017, the patient EMR servers were relocated from Hotel Dieu Hospital’s infrastructure to Queen’s IT support services. This move coincided with the transition from the previous EMR version to the newest version, OSCAR15. Data integrity remains central to the achievement of efficiencies through the use of population data from within the EMR. Features and enhancements of the new EMR will include immunization data, enhanced demographic information and the inclusion of the Hospital Report Manager (HRM) module.

Partnerships
The QFHT is an active participant in the Kingston and Quinte Health Links project. Patients with multiple chronic conditions are offered the opportunity to have their complex needs assessed by a registered nurse and to receive system-navigation services. The nurse completes a co-ordinated care plan (CCP) document for each patient, which serves to flag the patient’s specific needs and to identify other care partners involved in the patient’s journey. All patients with a CCP are flagged with the local hospital system to promote bi-directional communication between providers regarding visits to the emergency room and admission/discharges. Co-ordinated care plans were completed for 30 patients in Kingston and 46 patients in Belleville this year.

Clerk Jessica Murray welcomes patients to the Haynes Hall clinic.
CLINICAL SERVICES

The Kingston QFHT has worked closely with the SE LHIN’s South East Health Integrated Information Portal (SHIIP) program. The Health Link nurse imports the CCP to the SHIIP portal, which ensures the information is accessible to physicians registered in the portal. Finally, a community social worker (CSW) has been integrated into the Kingston QFHT team to help patients with the completion of forms (ODSP), and address housing, food and financial needs. The Health Link nurse and CSW work closely to ensure patients receive appropriate assistance.

QFHT Advisory Board

Under the leadership of Rob Wood, topics of this year’s quarterly QFHT Advisory Board meetings included updates on the Patients First: Action Plan for Health Care; primary care reform; clinic information technology upgrade; results of patient experience surveys; optimizing for patient-centred quality care; review of advisory board structure in relation to the QFHT’s academic governance; and vulnerable patients and equitable access to health care. Board members participated in regional governance (Southeast LHIN) meetings and collaborative discussions regarding the Ministry of Health’s Patients First discussion paper. Several new members were welcomed to the board, including a patient representative.

Board members provide advice and contributions with respect to strategic and collaborative initiatives for the QFHT.

Board members provide advice and contributions with respect to strategic and collaborative initiatives for the QFHT. They bring a broad and diverse set of skills, resources and knowledge to each discussion, with representation from Queen’s Policy Studies; St. Lawrence College; KFL&A Public Health; the Community Care Access Centre; the City of Kingston; consulting and communications organizations; Kingston hospital, long-term care and government-community retirees; and Queen’s Family Health Team faculty and staff members. Community expertise is also provided through invitations to key external guests who participate in discussions on various specific topics.
**Interdisciplinary programs in 2016-2017 included:**

**Kingston and Belleville Sites:**
- Anti-coagulation management (point-of-care testing for monitoring patients on warfarin therapy)
- Cancer screening (preventive care for cancer screening)
- Chronic pain management (Stanford chronic pain self-management program and mindfulness-based chronic pain management offered both in person and via OTN sites)
- Health Links co-ordinated care plans (complex, vulnerable patients offered care plan review with links provided to community resources and care coordination)
- Influenza immunization (seasonal flu vaccines offered with a focus on patients 65+)
- Mental health services (social work counselling, psychiatry and psychologist assessments)
- Nutritional services (individual and group counselling for weight loss, food allergies, special diets and chronic disease management)
- Pharmacist consults (comprehensive medication reviews)
- Smoking cessation (partnerships with Ottawa Model for Smoking Cessation and Centre for Addiction and Mental Health, which provides free nicotine replacement therapy)

**Belleville Site:**
- Craving Change (group program to assist with emotional eating)
- Falls screening (occupational therapy assessment, walking program)
- Occupational therapy services (home safety, education, assessments)
- Memory clinic (early diagnosis of memory impairment)
- **Kingston Site:**
- Comprehensive 18-month well-baby check (toddler review includes immunizations, social and communication milestones, nutritional assessment, school-readiness)
- Diabetes program (care for patients with diabetes, insulin management, nutritional education and support)
- Foot-care services (in-clinic and home visits offered)
- Intellectual and developmental disability (annual review for adult patients with IDD)
- Lactation support services (pre-natal and post-partum visits)
- Anxiety and depression group therapy program (open enrolment to Kingston community)
- Best Health, Best Weight (group program to assist with improved food choices and exercise, with open enrolment).
Research activities of the Centre for Studies in Primary Care (CSPC) are diverse, and a number of strong portfolios have emerged throughout the years. These include the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) and its local entities; educational research, including assessment and competency-based medical education; community and program evaluation; global health research; and intellectual and developmental disabilities research.

Over the last few years, the CSPC has focused on building research capacity within the department. The centre oversees a peer-reviewed research initiation grant competition and provides research support for faculty members. Through this year’s competition, the CSPC funded four new projects. Project investigators are from across the regional teaching sites and include allied health professionals. Details of these projects are highlighted in the table on the following page.

For the first time, the CSPC will hold two innovation grant competitions this year, instead of one. This second competition, specifically for community research projects, will be aimed at faculty members at the department’s three distributed sites in Belleville-Quinte, Bowmanville-Oshawa-Lakeridge and Peterborough-Kawartha.

Dr. Birtwhistle has been instrumental in the growth of primary care research in Canada, and he developed the CSPC’s presence as a research centre through his work with CPCSSN.
Farewell to Dr. Richard Birtwhistle

After 12 years as CSPC director, Dr. Richard Birtwhistle will step away from this role in June 2017.

Dr. Birtwhistle has been instrumental in the growth of primary care research in Canada, and he developed the CSPC’s presence as a research centre through his work with CPCSSN.

Dr. Birtwhistle has received numerous awards for his work in primary care research. In 2013, he was awarded a Queen’s University Prize for Excellence in Research, and in 2015, the College of Family Physicians of Canada (CFPC) named him one of the Top 20 Pioneers of Family Medicine Research in Canada for his accomplishments in advancing technology through the development of CPCSSN. The CFPC also presented him with a lifetime achievement award in 2015.

Going forward, Dr. Birtwhistle will continue to direct CPCSSN, and has a new role as interim executive director of the Canadian Institute for Military and Veteran Health Research.

Centre for Studies in Primary Care faculty and staff will miss Dr. Birtwhistle’s excellent leadership, and wish him well.

<table>
<thead>
<tr>
<th>CSPC-FUNDED PROJECTS</th>
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<tr>
<td><strong>PRINCIPAL INVESTIGATOR</strong></td>
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<tr>
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<td>Dr. Jessica Ladouceur</td>
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<td>Dr. Eva Purkey</td>
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<td>Dr. Brent Wolfrom</td>
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To learn more about the CSPC’s research activities and project highlights, consult the CSPC’s website at www.queensu.ca/cspc/ and follow along on Twitter @CSPC_QueensU.
PUBLICATIONS & PRESENTATIONS

KTI resident Dr. Lindsey Griffith presents her research to Jennifer MacDaid, QFHT clinic program co-ordinator, at Primary Care Research Day.

PUBLICATIONS:


14. **Griffiths J, Dalgarno N, Schultz K**. Feedback on feedback: An innovative addition to electronic workplace-based daily assessment forms. Presented at the Celebration of Teaching, Learning and Scholarship, Faculty of Health Sciences, Queen’s University, Kingston, Ontario. June 2016. [Poster]


32. **Morkem R, Barber D, Queenan J**. Prescribing of proton pump inhibitors in Canadian Primary Care 2009-2010 compared to


KTI residents Dr. Katelynn Comeau, Ariel Isackson and Balraj Singh at Primary Care Research Day.
INSIDE THE DEPARTMENT

Human Resources
Faculty Development
Faculty Recruitment
Information Management
Risk Management, Physical Plant and Workplace Safety
Partnerships and Planning Activities
Programming and events designed to promote work-life balance, worker satisfaction and healthy lifestyles continue to be at the forefront of the department’s WorkLife Balance Committee. Supporting all staff, faculty and residents, these educational and social opportunities play an integral role in fostering the department’s team spirit.

Two sessions of the committee’s popular “wellness rounds” series were held this year. Former faculty member Dr. Michael Sylvester returned to the Queen’s Family Health Team in June 2016 to share a presentation entitled Practical Happiness: Fiction and Fact. This enlightening and thought-provoking topic provided perspectives on the meaning of happiness, and strategies for fostering happiness in our personal and work lives. In late fall, the committee hosted Shannon Hill, Learning and Development Specialist with Queen’s University Human Resources, who presented a session called It’s About Time! This session focused on attitudes towards time management and ways to develop the skills necessary to effectively manage our personal and work lives.

In keeping with the department’s mission to be socially responsible and in support of vulnerable and underserved populations, faculty and staff donated $400 to the department’s charity of the year, the Dental Treatment Assistance Fund, administered through Kingston, Frontenac, Lennox & Addington Public Health. This fund provides emergency dental care to adults in need.

The WorkLife Balance Committee is exploring more opportunities for fundraising, with a view to contributing further to this fund and to expanding its charitable efforts to include support for refugees settling in the Kingston area.

Staff members Marissa Beckles, Angie Mahoney, Carolyn Powell, Reza Hasselaar, Tess Smith and Michelle Banks raised $660 for cancer research as competitors in Mudmoiselle. The women-only Canadian Cancer Society event in September 2016 was a day of “mud, sweat and cheers” during which participants were challenged to navigate a five-km stretch of “mucky, filthy, slimy” mud.

Vanessa Patterson
Human Resources
Co-ordinator
The department’s faculty development program supports faculty members in their roles as teachers, scholars and leaders. Through a variety of formats and methods, formal and informal, group and individual, the program offers seminars, retreats, individual support, informal mentorships and, for new teachers, orientation to faculty roles. Activities are directed to geographic full-time (GFT) teachers in Kingston and adjunct teachers at all sites where the department’s residents are based.

**Co-ordination**

Regular faculty development teleconferences for site leads connect and support faculty development activities across the department’s Kingston and three satellite sites. Site leads are Dr. Ian Casson and Dr. Ruth Wilson (Kingston-Thousand Islands), Dr. Jennifer Webster (Belleville-Quinte), Dr. Natalie Whiting (Peterborough-Kawartha) and Dr. Ed Osborne (Queen’s Bowmanville-Oshawa-Lakeridge).

**Liaison with Queen’s Offices and Beyond**

Dr. Richard van Wylick, Director of Faculty Development, Faculty of Health Sciences, joins in these teleconferences, as well as Dr. Phillip Wattam, Assistant Dean, Regional Education, to co-ordinate faculty development efforts. Because of the objective-setting and evaluation components of the seminars and retreats, and the collaboration of the Faculty of Health Sciences Faculty Development Office and the Department of Family Medicine faculty development co-directors, participants are eligible to claim Mainpro+ credits if they are College of Family Physicians of Canada (CFPC) members. Royal College members who are teaching family medicine residents are similarly eligible to claim Maintenance of Certification (MOC) credits.
Faculty development resources organized by these two offices – as well as by the Faculty of Health Sciences’ Office of Health Sciences Education and the Queen’s Centre for Teaching and Learning – are available to the department’s faculty members at all four sites.

**Seminars and Workshops**

Among all four program sites, the department supports travel for faculty development activities and events. As part of their roles, Postgraduate Education Program Director Dr. Karen Schultz and Resident Assessment Co-ordinator Dr. Jane Griffiths offer support throughout the year to all department faculty members and preceptors. Sessions are also shared between sites via teleconference or videoconference. Individual sites also provide local sessions:

**Kingston-Thousand Islands (KTI)**
Seminars the site leads organize in Kingston are primarily attended by Kingston-based family physicians and interdisciplinary health professionals who teach family medicine residents. As examples, recent seminars have included:

- Presentation Skills Prezi and Polleverywhere (Dr. Matt Simpson and Dr. David Barber, June 2016)
- DIL Teaching (Sheila Pinchin, September 2016)
- Time Management (Dr. Ruth Wilson, September 2016)
- Working Together (Dr. Ian Casson, December 2016)
- Conflict Management (Dr. Ruth Wilson, February 2017)
- Incorporating Small-Group Teaching (Sheila Pinchin, March 2017)

**Belleville-Quinte (BQ)**
- Patients Behaving Badly (Dr. Susan Phillips, May 2016)
- Pearls Handout: Having a Resident in your Practice (Circulated October 2016)
- Conflict Resolution (April 2017)

**Peterborough-Kawartha (PK)**
- Making the Most of the Teachable Moment (Dr. Natalie Whiting, April 2016)
- Teaching Professionalism in the Office (Dr. Natalie Whiting, May 2016)
- Conflict Management for Preceptors (PBSGL, November 2016)
- Teaching in a Procedural Setting (Dr. Boris Zevin, February 2017)

**Queen’s Bowmanville-Oshawa-Lakeridge (QBOL)**
- The Learner in Difficulty (PBSGL, June 2016)
- Quality Improvement Project Presentations (June 2016)
- Research Project Presentations (June 2016)

**Retreats**
The department’s retreats provide an opportunity to offer joint faculty development for GFT and regional community-based faculty. A two-day retreat at the Glen House Resort in Gananoque in April 2017 offered a variety of topics designed for all faculty members to share ideas and develop relationships. This year the theme was “Workplace Learning for Medical Leadership.” Department Head Dr. Glenn Brown and Dr. Louise Nasmith, this year’s CFPC Calvin L. Gutkin Family Medicine Ambassador award winner, presented the keynote addresses. Participants enjoyed a number of workshops on clinical and organizational leadership at this event.

**Website**
The department’s faculty development website provides links to online resources for self-directed learning, organized under learning objectives specific to Queen’s faculty members. The CFPC also hosts an increasing number of faculty development resources.

**Individual Teaching and Mentoring**
Individual teaching and mentoring occurs at all sites. As examples, the QBOL site lead has been doing one-to-one teaching, as has the PK site lead, the latter in the form of “house calls” to faculty on the use of field notes.

**New Faculty Orientation**
As new GFT and community-based faculty begin their work, the faculty development site leads provide orientation to their academic roles and promote mentorship opportunities. A resource manual for faculty is available to support this and is available online. The School of Medicine also provides a new faculty orientation program for GFTs each year.

**Funding for Faculty Members to Attend Faculty Development-Related Events**
In the past year:

- International Conference on Residency Education (ICRE): Dr. Jane Griffiths: October 2016, Niagara Falls, Ontario
- International Association for Medical Education (AMEE): Drs. Jane Griffiths, Karen Schultz: March 2016, Barcelona, Spain
The SEAMO Strategic Recruitment and Priorities Committee has approved the department to begin recruitment efforts for family physicians in the following roles:

- **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 the department determines. Interest in palliative care would help address departmental needs at this time.

- **Research Director – Academic Family Physician**: The position of research director includes the role of director, Centre for Studies in Primary Care (CSPC). Preference will be given to senior scholars whose research and teaching clearly demonstrate a focus on primary care research. As CSPC director and an academic family physician, the incumbent will report to the head of the Department of Family Medicine. The incumbent will be eligible for an endowed chair: The Walter Wylie Rosser Chair in Family Medicine Research. This prestigious position recognizes the pioneering work of Dr. Rosser in advancing the research contributions of family physicians in the enhancement of the clinical care of the department’s patients.

- **Academic (Research) Family Physician**: The incumbent will be responsible primarily for providing patient care to individuals rostered to the Queen’s Family Health Team. The incumbent will also participate in various academic responsibilities, as the department determines. The academic responsibilities for this position will be primarily in research.

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

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.
This year was incredibly busy for the information management committee, with changes to both information technology (IT) infrastructure and electronic medical record (EMR) systems at the Queen’s Family Health Team (QFHT), Kingston site.

In July 2016, the QFHT’s IT infrastructure moved from the Sunray system to a Virtual Desktop Infrastructure (VDI) system. The most technologically advanced iteration of the thin client solution, the VDI system allows for ongoing updates and expansion over the years to come. The transition was successful overall, but not without its challenges. The committee certainly appreciated, and continues to appreciate, staff members’ patience as the system is tweaked to meet the high performance expected.

The second big transition was a move to OSCAR 15 – a major upgrade of the department’s EMR system that required well over a year to lay the groundwork. Sub-committees were struck to prepare the clinic and staff, and to work with the vendor to make changes needed to maintain efficiencies. The QFHT clinic has multiple custom EMR needs associated with the department’s teaching and research environment, and these were incorporated into the OSCAR 15 version. Moving to OSCAR 15 allows the clinic to intensify its focus on creating new innovations within the OSCAR environment, which can then be shared across the OSCAR open-source community.

The year ahead will focus on two primary areas. The first is to extract as much as possible from the two new platforms in terms of speed and efficiency. In concert with Queen’s IT, the information management committee will continue to optimize the VDI system and commence rollout to staff in the department’s research office, the Centre for Studies in Primary Care. The committee will work continuously with the OSCAR vendor over the year to achieve iterative enhancements.

The second area of focus will be continuing linkage with external entities and projects. With the introduction of an Ontario-wide electronic health record, there are exciting things happening in the provincial realm. This rollout is being staged across three areas across the province, and the department expects to be a leader in its implementation.
The Queen’s Family Health Team’s (QFHT) 220 Bagot St. location underwent a large renovation project in late 2016-early 2017, including painting and flooring, reconstruction and outfitting of all clinical utility rooms, and the addition of two clinical patient exam rooms.

In response to a staff safety culture survey, a revised incident report form has been created and is set to be installed on all department desktops in the near future. In addition to the new form, a comprehensive reporting process has been developed and will be communicated with all staff to provide a better understanding of the purpose of incident reports and how they are distributed internally, investigated and managed. A subsequent survey will be distributed soon to gauge overall culture.

The workplace safety co-ordinator continues to serve as co-chair of the Southeast LHIN Regional Privacy Advisory Group. Meeting quarterly, this group has representation from a wide variety of health sectors including primary care, mental health, public health, CCAC and local hospitals. Among other projects, the group has facilitated the development of health information privacy training modules that are now accessible to all sectors for use in their staff training. The QFHT will soon be implementing this training for its clinical staff and faculty.

In 2016, the department’s Quality Assurance Committee re-examined its terms of reference, mandate and future goals, which led to a decision that the committee focus more on clinical risk management. A new terms of reference was developed, along with a name change to the Clinical Risk Management Committee. The committee’s purpose is to ensure the provision of quality service and care, along with a safe environment for clinical stakeholders through proactive strategies to prevent or minimize adverse occurrences.
Allen McAvoy
Strategic Relations Manager

Recognizing a significantly changed landscape since launching its five-year strategic plan in 2012, the Department of Family Medicine (DFM) has undertaken a variety of innovative partnerships and planning retreats over the past year. The Queen’s DFM – like other departments within Queen’s School of Medicine or other departments of family medicine across the province – finds itself in a challenging, evolving environment that it could not fully anticipate five years ago when it created its strategic plan. Still, the department remains a high-functioning, partnership-responsive organization.

Hospitalists at Providence Care Hospital
In collaboration with Providence Care, the DFM continues to advance the recruitment of two hospitalist positions for its hospitalist division, the first within the department. The two hospitalists will provide patient care to individuals within Providence Care’s Complex Medical Program. One of these two hospitalists will be recruited to serve as the hospitalist division chair, tasked with implementing, developing and sustaining the new hospitalist division. Together, the two hospitalists will (a) provide medical coverage for a complex-care in-patient unit at the new Providence Care Hospital and (b) provide call coverage for these in-patient complex-care beds, working toward the goal of achieving a combined call schedule for all hospitalists at Providence Care Hospital. Further, among their academic responsibilities, these two hospitalists will undertake family medicine-based hospital medicine research and will assume educational duties. This work will eventually include the pursuit of education and curriculum-development opportunities for residents interested in hospitalist medicine, as well as undergraduate medical education.

The Financial Model
Last fall, DFM faculty and senior management undertook a full-day strategic retreat. The department needs to establish a renewed framework for its financial model while continuing to meet its strategic goals in education, research and clinical practice. With this in mind, the day’s objective was to explore different perspectives on potential departmental strategies and initiatives to improve the DFM’s financial status.

The work continues apace with the leadership team pursuing clinical expansion to enroll more patients at a similar capacity level; improving the management of locum use; undertaking financial reductions through structural and administrative efficiencies; and reviewing the role of PGY2/PGY3 residents to grow clinical and educational capacity. Combined with this financial retreat work, the department has undertaken an organizational review process that has involved several summits bringing together a cross-section of departmental faculty, residents and staff to identify opportunities for improvement.

E-Consult Pilot Project
Early in 2017, the DFM launched a six-month e-consult pilot project with its Queen’s Family Health Team (QFHT) clinics. This work, which continues until early summer, involves partnering with Kingston-area family health teams, SEAMO, the Southeast LHIN, OTN, OntarioMD and the Champlain BASE Project Team. The QFHT’s referral clerks have been essential to the success of this initiative.

The use of e-consults enables family physicians to engage in a secure, electronic dialogue with specialists to manage patient care, and may avoid the need to refer some patients to a specialist for diagnosis and treatment.

Similar projects in the province have shown e-consult services help enhance access to specialist care and advice; decrease wait times; promote communication between specialists and family physicians; decrease unnecessary referrals to specialists; and ensure patients are better prepared for specialist consultations by completing testing ahead of time. More information about this initiative is available on the SEAMO dedicated e-consult website.

Strategic Plan
Finally, the DFM is entering the final months of its current strategic plan. The department faces many challenges, but every challenge presents an opportunity to partner with Queen’s and community colleagues. Several expected challenges include sub-LHIN structures that will see greater integration at the local level; Queen’s Faculty of Health Sciences and School of Medicine department funding cuts; and the creation of initiatives that address the DFM’s financial issues but also benefit patients and residents.

With the development of a new nimble, responsive multi-year strategic plan over the coming months, the department’s leadership team will engage faculty, staff, residents, internal stakeholders and external partners. However, as with the 2012-2017 plan, the new strategic plan will align with the Faculty of Health Sciences’ recently released strategic plan. This engagement is essential to understanding the educational, clinical, financial, political, organizational, social and technological factors that will affect the department over the next three to four years.
THE DFM IN THE COMMUNITY

Intellectual & Developmental Disabilities Program
Research

Research efforts in the Intellectual and Developmental Disabilities (IDD) program this year have focused on initiation of the new project: Implementation and Evaluation of Health Links’ Coordinated Care Plans for Adults with Intellectual and Developmental Disabilities. This is the first year of a two-year project, supported by the Innovation Fund grant. Several care plans have been completed to date, and the project is already providing valuable insight into co-ordination of care for this vulnerable population.

Dr. Jessica Ladoucer (Queen’s Family Health Team – Belleville) received a Centre for Studies in Primary Care Research Initiation Grant to implement co-ordinated care plans for patients with a dual diagnosis (a diagnosis of intellectual or developmental disability and a mental health diagnosis) in the Quinte Health Link.

Drs. Ian Casson, Liz Grier and Meg Gemmill have been involved in updating the Primary Care for Adults with Developmental Disabilities Canadian Consensus Guidelines. This important national project continues the work towards providing evidence-based recommendations regarding the health and well-being of adults with IDD. The updated guidelines will be published in a special issue of Canadian Family Physician devoted to developmental disabilities, to be published later this year. Originally written in 2006, these guidelines were last updated in 2011.

Clinical

The IDD Health Check program is in its fourth year of proactively offering an annual health check to patients with IDD, as is recommended in the Primary Care for Adults with Developmental Disabilities Canadian Consensus Guidelines. This year, Queen’s Family Health Team met its goal of completing a health check for 80 per cent of its patients with IDD.

The IDD program has also expanded the Health Check program to include all patients who reside at group homes for adults with intellectual and developmental disabilities. The goal to complete a health check for 90 per cent of group home residents was also met.

Education

The IDD program continues to provide education to Queen’s undergraduate medical students and family medicine residents about care of adults with intellectual and developmental disabilities. Dr. Grier developed a curriculum through which second-year undergraduate medical students receive a half-day session in advanced communication for adults with IDD, and feedback for the program from both students and faculty has been positive.

Dr. Gemmill continues to provide a case-based workshop to family medicine residents to introduce them to the Primary Care for Adults with Developmental Disabilities Canadian Consensus Guidelines and to orient them to the Health Check program at the Queen’s Family Health Team.
GLOBAL HEALTH CURRICULUM

WONCA Promotes Value of Family Doctors
The highlight of this year’s Global Health program was the launch of the Refugee Health Initiative. Thanks to co-operation between the Department of Family Medicine, the South East LHIN, and Immigrant Services Kingston and Area, the department’s Global Health website now features a Refugee Health Initiative section.

This Refugee Health Initiative website is designed for health-care providers and newcomers to access information, tools and services on health-care resources available to new refugees.

Beyond launching this website, the Queen’s Family Health Team (QFHT) hosted two refugee intake clinics, which brought nine newly arrived Syrian families into the QFHT’s patient population. These clinics were an excellent example of multidisciplinary collaboration, with great enthusiasm from faculty, residents, nursing staff and administration.

The Global Health program also introduced its electronic newsletter, Horizons, in 2016. With input from other Queen’s departments and community organizations, Horizons provides updates on important topics relevant to various determinants of health. Topics in the premiere issue included the basic income guarantee, Kingston’s opioid epidemic and a profile on Dr. Susan Bartels, Queen’s Emergency Medicine. The second issue focused on refugee health.

One of the top priorities for 2017-2018 is redesigning the indigenous health curriculum to ensure residents receive robust training and are ready to provide excellent care to indigenous populations in both urban and rural/remote settings. The Global Health Working Group will also start work on the next strategic plan.
In November 2016, Dr. Ruth Wilson was re-elected for a second term as President, North American Region, World Organization of Family Doctors (WONCA). The election took place at WONCA’s World Conference in Brazil.

In this role, Dr. Wilson served this year as an external examiner for family medicine in the Caribbean at the University of the West Indies. She also spoke about the work of WONCA at meetings in Orlando, Vancouver and Kingston, Jamaica. This work is aimed at sharing knowledge, information and best practices to ensure that the goal of every family around the world having a family doctor may someday be achieved.

The organization’s mission is to promote the value of family doctors to the health-care system around the world. Dr. Wilson represents the region’s member organizations on the world executive, and works to encourage and enhance family medicine in North America and globally.

The World Health Organization recognizes the need to strengthen family medicine and primary care in countries throughout the world. Unlike Canada, where 50 per cent of physicians are family doctors, the role of family medicine in the health-care system is not yet valued and understood in many countries.

In 2015, the United Nations introduced a set of 17 goals to “end poverty, protect the planet and ensure prosperity for all.” Following “No Poverty” and “Zero Hunger” as the first two goals, Goal 3 is “Good Health and Well-Being” – “ensuring healthy lives and promoting well-being for all at all ages.” Currently, there are no measures of primary care in the indicators being developed to measure progress towards this goal. Lobbying for inclusion of this key metric has been a particular focus for WONCA.
## FACULTY STAFF

### GEOGRAPHIC FULL-TIME FACULTY

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<tr>
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<tr>
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<td>Barnes, Christopher</td>
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### ADJUNCT FACULTY

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<td>Chan, Tony Hong-Bun</td>
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<td>Chandrarajan, Leonard</td>
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</table>
Dhiraj, Navraj  Assistant Professor
Chavlovski, Anna  Assistant Professor
Chawla, Bhat  Assistant Professor
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Cheta, Kian  Assistant Professor
Cheung, Caroline  Assistant Professor
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Dumas, Matthew  Assistant Professor

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Everett, Andrew  Assistant Professor

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Hsu, Chia-Wen  
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Lett, Darren  
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MacTavish, James  Assistant Professor
MacTavish, Alison  Assistant Professor
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Mahoney, Brian  Assistant Professor
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Mak, Mabel  Assistant Professor
Makary, David  Assistant Professor
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Malhotra, Gurpreet  Assistant Professor
Malinowski, Jason  Assistant Professor
Malin, Constantine (Dan)  Assistant Professor
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Maskens, Peter D  Assistant Professor
Mathur, Arun  Assistant Professor
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Mayr, Michael  Assistant Professor
Mazzoli, Paul  Assistant Professor
McAllister, Caroline  Assistant Professor
McBride, Allen  Assistant Professor
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Miller, Paul  Assistant Professor
Miller, Thomas  Assistant Professor
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Molson, Jenny L  Assistant Professor
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Munoz, Michael  Assistant Professor
Musielius, Brendas  Assistant Professor
Nagel, Daniel  Assistant Professor
Nancekievill, Elizabeth A  Assistant Professor
Naoum, Susanne  Assistant Professor
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Ostic, Heather  Assistant Professor

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Pang, Wei-Hsi  Assistant Professor
Parkhini, Anwar  Assistant Professor
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Pritchett, Sean  Assistant Professor
Pun, Christine  Assistant Professor
Purvis, Jane  Assistant Professor
Pyle, Adam  Assistant Professor

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Rahil, Peetinder  Assistant Professor
Rahim, Sherali  Assistant Professor
Rajendran, Bahr  Assistant Professor
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Razvi, Yasar Assistant Professor
Read, James Assistant Professor
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Stewardson, Julie Assistant Professor
Stewart, Paula Assistant Professor
Stewart, G. Ivan Assistant Professor
Stewart, Adam Assistant Professor
Steyn, Jacobus Assistant Professor
Stitzinger, Ruth Assistant Professor
Stone, Anthonie Assistant Professor
Struthers, Emma Assistant Professor
Stubbins, Robert Assistant Professor
Stuparyk, Robert Assistant Professor
Suhadotc, Thomas Assistant Professor
Sun, Christina Assistant Professor
Sundaram, Manickavasagam Assistant Professor
Swift, Valerie Assistant Professor
Sylvester, Michael Assistant Professor

T

Tak, Eric Assistant Professor
Tahit, Ferhana Assistant Professor
Takhar, Baldeep Assistant Professor
Tatham, Nancy Assistant Professor
Tauseef, Nazia Assistant Professor
Taylor, James Assistant Professor
Taylor, Okuda Assistant Professor
Tebbenham, Troy Assistant Professor
Thassanapaff, Vivene Assistant Professor
Tchirian, Aram Assistant Professor
Thomas, Andrew James Assistant Professor
Thomas, Richard Assistant Professor
Thompson, Courtney Assistant Professor
Thomson, Linda Assistant Professor
Thorton, Mary Assistant Professor
Tigchelaar, Tim Assistant Professor
Tillman, William Assistant Professor
Touzel, Elizabeth Assistant Professor
Touzel, Thomas A. Lecturer
Trail, Carla Assistant Professor
Tramm, Carolyn Assistant Professor
Tromp, Margaret M. Assistant Professor
Troughton, Kevin Mark Assistant Professor
Trosti, Mark Assistant Professor
Tuppal, Raj Assistant Professor
Turner, Paul Assistant Professor
Turner, Douglas (Robert) Assistant Professor

V

Vaga, Kristin Assistant Professor
Vajid, Muhammad Assistant Professor
Van Melle, Elaine Assistant Professor
Vanderkamp, Nick Assistant Professor
Vanderveldt, Rudy Assistant Professor
Vanderwater, Charles Assistant Professor
van, Kelly Assistant Professor
Vanoppen, Bob Assistant Professor
Verma, Geetika Assistant Professor
Veselskiy, Oleg Assistant Professor
Viazankova, Tamya Assistant Professor
Vieira, Rose-Anne Assistant Professor
Vilicni, Michelle Assistant Professor
Vincent, David Assistant Professor
Voinov, Valentin Assistant Professor
Vu, John Assistant Professor
**FACULTY STAFF**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>DeBlois, Judy</td>
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<td>Yusuf, Muheen</td>
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<td>Ywakir, Fikry</td>
<td>Assistant Professor</td>
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</tbody>
</table>

**DEPARTMENT STAFF**

**KINGSTON SITE**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Allen, Cindi</td>
<td>Billing Clerk</td>
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<tr>
<td>Bain, Carly</td>
<td>Clinic Clerk</td>
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<tr>
<td>Banks, Michelle</td>
<td>Clinic Clerk/Medical Office Assistant (Casual)</td>
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<tr>
<td>Batchelor, Diane</td>
<td>Nurse Practitioner</td>
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<tr>
<td>Beckles, Marissa</td>
<td>CSPC Administrative Assistant</td>
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<tr>
<td>Biggs, Kendra</td>
<td>Clinic / After Hours Clinic Assistant</td>
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<tr>
<td>Bolding, Jennifer</td>
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<td>Bowering, Evelyn</td>
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<td>Boyle, Cindy</td>
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<td>Briely, Jennifer</td>
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<td>Butler-Patterson, Lisa</td>
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<td>Cavanaugh, Rebecca</td>
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<td>Chick, Lorraine</td>
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<td>Coates, Steve</td>
<td>Stocking Clerk/Medical Office Assistant</td>
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<td>Corrigan, Joe</td>
<td>IT Administrator</td>
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<td>Cross, Diane</td>
<td>QFHT Clinic Manager</td>
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<td>Cutrona, Edwin</td>
<td>Finance Co-ordinator</td>
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<td>Dalgarno, Nancy</td>
<td>Health Researcher</td>
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<tr>
<td>DeBlois, Judy</td>
<td>Revenue and Compensation Administrator</td>
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<td>Deir, Julie</td>
<td>Registered Practical Nurse (Casual)</td>
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<td>Doherty, Mitch</td>
<td>Manager of Operations</td>
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<td>Doll, Dana</td>
<td>PGY3 Program Coordinator</td>
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<tr>
<td>Ehsani-Moghaddam, Behrouz</td>
<td>Senior Data Analyst</td>
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<td>Elms, Sherry</td>
<td>Pharmacist</td>
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<td>Garrah, Vicky</td>
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<td>CSPC Manager</td>
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<td>Graves, Grace</td>
<td>Medical Office Assistant (Casual)</td>
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<tr>
<td>Han, Han</td>
<td>CSPC Research Associate</td>
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<td>Harris, Karen</td>
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<td>Hasselaar, Reza</td>
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<td>Janick, Francine</td>
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<td>Jarzylo, Susan</td>
<td>Administrative Assistant</td>
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<tr>
<td>Johnston, Emily</td>
<td>Research Associate</td>
</tr>
</tbody>
</table>

DEPARTMENT OF FAMILY MEDICINE  Annual Report 2016 - 2017 / 65
DEPARTMENT STAFF

Kennedy, Laura ................. Faculty Support Co-ordinator
Kinsella, Lorne .................. CSPC Data Manager
Kopecki, Cecilia ................ Clinic Clerk
Lamont, Lisa ..................... Registered Practical Nurse
LeBlanc, Peter .................. Stocking Clerk
Little, Allison ................... Dietitian
Little, Michelle ................ Clinic Clerk (Referral Clerk)
Lloyd, Brooke .................. Clinic Clerk (Casual)
MacDaid, Jennifer ............... Clinic Program Co-ordinator
MacDonald, Jenny ............... Medical Office Assistant
MacKinnon, Kristen ............. Clinic Clerk (Casual)
Martin, Ken ..................... CSPC Senior Data Manager
Martin, Mary ................... Research Associate
McAvo, Allen ................... Manager, Strategic Relations & Planning
McHugh, Sara .................. Clinic Clerk
McQuarrie, Lynne ............... Registered Practical Nurse
Miller, Rose .................... Registered Practical Nurse
Morkem, Rachael ............... Research Associate
Murray, Jessica ................. Clinic Clerk (Referral Clerk)
Parr, Tammy ..................... Clinical Administrative Assistant
Patterson, Vanessa ............. Human Resources Co-ordinator
Peruelo, Angeline .............. Registered Practical Nurse
Peters, Susan ................... Nurse Practitioner
Powell, Carolyn ............... Administrative Assistant (Department Head)
Queenan, John ................. Epidemiologist
Robinson, Christina .......... Medical Office Assistant (Casual)
Rude, Louise ................... Clinic Clerk (Casual)
Sakell, Judy ................... Manager of Education
Scott, Abigail .................. Data & Quality Improvement Analyst
Shinniman, Gail .............. Registered Practical Nurse
Smith, Tess .................... Clinic Clerk (Medical Records)
Taylor, Sarah .................. Residency Program Assistant (Curriculum)
Turnbull, Paule ............... Administrative Assistant
Van Luven, Ashleigh .......... Clinic Clerk
VanKougnett, Amy ............ Registered Practical Nurse
Villeneuve, Amanda .......... Clinic Clerk
Wallace, Kim .................. Medical Office Assistant
Ware, Lily ..................... Registered Practical Nurse
Weaver, Tracy ................. Communications Co-ordinator
Wells, Jennifer ............... Assessment & Evaluation Co-ordinator
White, Kerry .................. Registered Practical Nurse
Zuliniak, Karen .............. Recruitment & Orientation Co-ordinator

BELLEVILLE-QUINTE SITE

Adams, Cindy ................ Registered Nurse
Bobbett, Nicole ............... Occupational Therapist
Cao, Dr. Yan .................. Psychologist
DiGiovanni, Andrea .......... Social Worker
Donnelly, Catherine .......... Occupational Therapist
Hughson, Jessica .......... Site Co-ordinator (Shared 2016-2017)
Leavitt, Abby ................ Program Manager
Lynch, Stephanie .......... Pharmacist
Proulx, Judith ............... Dietitian
Richardson, Raquel .......... Program Assistant
Vance, Jessica ............... Site Co-ordinator (Shared 2016-2017)
Wolfe, Ashleigh .......... Registered Nurse (System Navigator)

PETERBOROUGH-KAWARTHA SITE

Van Parys, Chantal .......... Site Co-ordinator

BOWMANVILLE-OSHAWA-LAKERIDGE SITE

Billings, Christie .......... Site Co-ordinator (Shared 2016-2017)
Hodges, Julie ............... Site Co-ordinator (Shared 2016-2017)
McKay, Suzanne .......... Site Co-ordinator (Shared 2016-2017)

SECTION COVER PHOTOGRAPHY

Education: Resident physicians at Camp Oconto. Photo Rob Whelan Photography
Clinical Services: Dr. Meg Gemmill with baby William. Photo Rob Whelan Photography
Research: KTI resident Dr. Sheila Wang at Primary Care Research Day. Photo Rob Whelan Photography

Inside the Department: Dr. Ruth Wilson and Dr. Natalie Whiting at the department’s annual matrix retreat. Photo Dr. Ian Sempowski
The DFM in the Community: Dr. Ian Casson with a patient from Ongwanada. Photo Taylor Studios
The DFM Globally: A family in a refugee camp in Ban Nai Soi, Thailand. Photo Dr. Eva Purkey
OUR MISSION

To be recognized as opinion leaders and valued partners, advancing the discipline of family medicine and health-care systems within 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 for our patients and as champions for 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 to foster a work environment that enables and sustains outstanding teamwork and performance.