April 29, 2009

Dear Colleague:

On behalf of the Department of Family Medicine we would like to inform you of the great work being done in our Department through this Annual Report. There is a very vibrant community of family physicians and midwives in Calgary. Over 800 family physicians and 25 midwives have appointments with our Department. They provide extensive service through comprehensive practice, low risk maternity care, hospitalist programs, seniors care, urgent care clinics etc. throughout Calgary and area. Academically, we have a productive faculty involved in research, education and clinical service delivered through two university-based teaching units, six core sites and the Rural Alberta South Program. We currently have 118 family medicine residents in our program in both urban and rural streams and we retain over 76% of our graduates in the province of Alberta. Over two hundred and eighty family physicians teach and support our undergraduate and post-graduate programs.

We are working to improve access and efficiencies in family practice in Alberta and are working closely with the Primary Care Networks in our area. We also have close ties with the Department of Family Medicine at the University of Alberta academically and expect this to increase in the future as we collaborate more on research in family medicine and primary care issues in the province.

We are excited about the opportunities ahead. We believe that a strong family medicine base in primary care is essential to a quality, sustainable health care system with improved health outcomes for our patients and our communities in Calgary. We hope you enjoy our Annual Report and join us in celebrating the many successes of 2008/2009.

Sincerely,

Cathy MacLean, BSc (HEd), MD, MCISc, FCFP, MBA     Sandra Stoffel, BA, MD, FRCP(C)
Professor and Head, Department of Family Medicine     Interim Head, Clinical Department of Family Medicine
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1.0 EXECUTIVE SUMMARY

Accomplishments and Highlights

The Department of Family Medicine includes both a clinical arm, with a membership of 798 family physicians and 25 midwives, and an academic arm involving 286 faculty. A significant number of family physicians are members of both arms of the Department. Both memberships continue to show annual growth. This year, the academic arm significantly expanded its faculty by 24%.

Clinical

Community: Family physicians are involved in over 5 million patient visits per year in the community within a variety of practice areas including: comprehensive community based practice; long-term care; community clinics like the Alexandra Health Centre, CUPS, and Elbow River Healing Lodge; programs such as behavioural health consultation and shared mental health care; and a Complex Chronic Disease Management Clinic.

Obstetrics: Over 85 family physicians practicing obstetrics attend over 8000 deliveries annually, which represents approximately half of the deliveries within Calgary. In addition, midwives provided 445 births this year, and have achieved provincial funding for a full course of care model. As a result, the number of midwives is expected to increase within upcoming years.

Acute care: 77 hospitalists manage a daily inpatient load of 420 patients. Approximately 50% of hospitalists also maintain a part-time community practice – demonstrating a model of comprehensive family medicine. Nearly 900 patients are discharged each month by family physicians. The Calgary Hospitalist Alternative Relationship Plan was finalized October 1st, 2008 and has resulted in stable funding and increased program sustainability.

Other key supports offered to family physicians by the clinical arm of the Department include a well established Urban Locum Program, recruitment initiatives and relocation assistance, continuing medical education, quality improvement initiatives, family medicine advocacy, and practical tools for effective community practice.

Academic

Academic Alternative Relationship Plan (AARP): The Department aims to implement an AARP which was submitted earlier this year in order to address critical funding and faculty recruitment challenges. The proposed AARP will facilitate: outstanding teaching and learning experiences; further development of scholarship and research endeavours; and clinical service based on best-practice delivered in an interprofessional, collaborative environment.

Accreditation: The residency program underwent an accreditation review this year. The visit was successful, however several recommendations were made regarding the need for further resources to address the size and scope of the program.

Teaching: The academic arm of the Department has expanded its teaching capacity through: an increase in clerkship preceptors; increase of 8 residency positions for a total of 118; 4 family physician Master Teachers in the Faculty of Medicine; more faculty development events; and 8 total core teaching sites as well as the Rural Alberta South Program. This year the Department also successfully matched 100% of its CaRMS positions in the first iteration.
Challenges

Clinical:

Capacity: DFM continues to work with key stakeholders in AHS and Primary Care Networks to improve clinical capacity of comprehensive family practice through various initiatives.

UCMC Clinics: With increased demand for expansion of family medicine training programs, and upcoming lease renewals, UCMC clinics will require new space. Planning processes for space and capacity are underway and reflect developments at a variety of sites including the UCMC clinics, South Health Campus, East Calgary Health Centre, and Sheldon M. Chumir Health Centre.

Academic

Growth: Managing growth and promoting increased recruitment of medical students into family medicine remain priorities of the academic arm of the Department. A long-term resource and manpower plan is in development to increase the number of residents trained in family medicine.

Recruitment: Additional Major Clinical Faculty as well as preceptors and instructors are required to meet the growth demands for the Department. Recruiting into these roles places additional demand on the family physicians currently practicing in the community and thus further stretches an undersupplied workforce.

Accreditation: In the accreditation review report, several specific recommendations were made regarding adequate resources and further development of the residency program. This report will provide direction for the Department as we address our current challenges including limited staff, faculty, equipment and space.

Future Directions

Innovative Models of Care: Through a variety of different working groups and planning teams, the Department has played a significant role in developing innovative models for primary care clinics at the Sheldon M. Chumir Health Centre (targeted late 2009 opening) and East Calgary Health Centre. These models focus on: access to comprehensive primary care; an interprofessional environment; teaching/learning capacity; and retention of family physicians through financially sustainable models of care. Through these planning processes, the Department hopes to support sustainable models of family practice and promote family medicine in Calgary as a more attractive option.

Primary Care Networks: The Department is working to enhance communication and collaboration with Primary Care Networks through joint meetings and shared planning opportunities. By working together, family medicine will have: a shared voice; effective use of resources for family physicians and patients; increased standardization; access to evidence-based research; and enhanced quality of care.

Recruitment: The Department is actively working to maintain and increase the number of family physicians in Calgary. A variety of recruitment strategies are utilized and are outlined in this report. Further collaboration with Primary Care Networks is planned to develop new retention and recruitment initiatives. The Department’s recruitment activities are critically important to facilitate key projects in AHS (e.g. development of South Health Campus, Sheldon M. Chumir Health Centre and inpatient and obstetrical capacity initiatives).

Workforce Plan:

The Department needs to revitalize its workforce plan in order to determine overall family physician capacity as well as in areas of targeted recruitment efforts. A new plan will be initiated this year.
2.0 VISION, MISSION AND VALUES

The two operating arms of Family Medicine have complementary visions, aims, and values which also reflect the unique aspects of both clinical and educational aspects of the Department.

Clinical

Vision
A vibrant community of family physicians and midwives committed to excellence in health

Mission
Serve, support and strengthen the community of family medicine.

Values
Honesty
Integrity
Transparency
Respect
Wellness
Accountability

Academic

Vision
Our Department provides outstanding teaching and learning experiences in the broad generalist area that is Family Medicine.

Aim
Our aim is to teach family medicine, model the best aspects of family practice and advance the profession through research and advocacy.

Values
Striving for excellence
Democratic participation and teamwork
Integrity, honesty, fairness
Innovation and leadership
Wholeness of the individual
Vibrancy and enthusiasm
Discovery
Taking responsibility
Transparency
Accountability
Structures that reflect our values
Communication
3.0 DEPARTMENT STRUCTURE AND ORGANIZATION

The Department of Family Medicine is comprised of two integrated functional arms: clinical and academic.

The **CLINICAL ARM** (Alberta Health Services or AHS), led by Dr. Sandra Stoffel, is responsible for:
- Clinical quality of care provided by all appointed family physicians (FPs) and midwives (MWs) in the urban Calgary zone.
- Recruitment and retention of FPs and MWs
- Management and evaluation of programs such as the Urban Locum Program, Family Medicine Hospitalist Program, and Family Medicine Obstetrical Program
- Continuing medical education for family physicians;
- Advocacy and support for FPs and MWs in the delivery of safe, high quality, collaborative, integrated care.

The **ACADEMIC ARM** (University of Calgary) led by Dr. Catherine MacLean is responsible for:
- Graduate training of 118 residents (R1 & R2) annually
  - Urban and rural
  - Including 10 Alberta International Medical Graduates
- Providing Family Medicine curriculum to undergraduate medical students and clerks
- Research and scholarly work in family medicine and related fields
- Providing clinical care to thousands of citizens via the Sunridge and North Hill University of Calgary Medical Clinics (UCMCs)

Please refer to the Department of Family Medicine organizational charts at the end of this section.

3.1 Governance

As outlined above, clinical and academic arms are each led by a Department Head. Each area operates its own governance structures and leadership. The Regional Clinical Department Head reports to the Chief Medical Officer, Alberta Health Services. The Academic Department Head reports to the Dean of the Faculty of Medicine, University of Calgary.

Each Department Head participates on the leadership committee (Executive Committee and Leadership Team) of the other.
There are 24 FPs and 1 midwife involved as part-time leaders in the CLINICAL ARM of the Department.

Dr. Sandra Stoffel Regional Clinical Department Head
Dr. Nick Myers Deputy Regional Clinical Department Head
Dr. Thomas Tam Regional Acute Care Division Leader
Dr. David Fleck Hospitalist Leader (RGH)
Dr. Peter Jamieson Hospitalist Leader (FMC)
Dr. Simon Dawes Hospitalist Leader (PLC)
Dr. Connie Ellis Regional Community Division Leader
Dr. Les Cunning Community Leader
Dr. Marie Patton Community Leader, Seniors
Dr. Pat Smith Community Leader, Physician Support
Dr. John Coppola Education Leader (CME)
Dr. Norma Spence Regional Obstetrical Program Leader & Program Leader - FMC
Dr. Deb Hitchcock Obstetrical Program Leader - RGH
Dr. David Loewen Obstetrical Program Leader - PLC
Patty Lenstra Regional Midwifery Program Leader
Dr. Hilary Adams Quality Improvement Physician *
Dr. Mark Evans Quality Improvement Physician *
Dr. Paddy Quail Medical Director, Home Care
Dr. Sergiu Ciubotaru Rural Alberta South Unit Co-Director*
Dr. Neil Drummond Research Director
Dr. Christine Gibson Asst Program Director, R3 Coordinator Global Health Evaluation Coordinator
Dr. Charlotte Haig Rural Alberta South Unit Co-Director*
Dr. Wes Jackson Rural Integrated Clinical Clerkship Director*
Dr. David Keegan Undergraduate Director
Dr. Dennis Kreptul Postgraduate Director
Dr. Heather Eliason Assistant Program Director
Dr. Sonya Lee Continuing Professional Development Director
Dr. Cathy MacLean Department Head
Dr. Brian Pedersen Associate Program Director
Dr. Keith Wycliffe-Jones Clerkship Director
Dr. Martina Barton AIMG Coordinator
Dr. Bill Campbell R3 Coordinator Addictions Medicine
Dr. Diana Turner R3 Coordinator Care of the Elderly
Dr. Jacqui Lewis R3 Program Coordinator
Dr. Paul Woods Clinical Medical Director
Dr. Stephen Dougherty Clerkship Evaluation Coordinator
Dr. Lindsay Crowshoe Aboriginal Health Education

(* Funded through Health Outcomes)

In addition to their GFT and/or clinical roles, there are 18 FPs and 1 researcher who hold part-time leadership positions in the ACADEMIC ARM of the Department;

Dr. Sergiu Ciubotaru Rural Alberta South Unit Co-Director*
Dr. Neil Drummond Research Director
Dr. Christine Gibson Asst Program Director, R3 Coordinator Global Health Evaluation Coordinator
Dr. Charlotte Haig Rural Alberta South Unit Co-Director*
Dr. Wes Jackson Rural Integrated Clinical Clerkship Director*
Dr. David Keegan Undergraduate Director
Dr. Dennis Kreptul Postgraduate Director
Dr. Heather Eliason Assistant Program Director
Dr. Sonya Lee Continuing Professional Development Director
Dr. Cathy MacLean Department Head
Dr. Brian Pedersen Associate Program Director
Dr. Keith Wycliffe-Jones Clerkship Director
Dr. Martina Barton AIMG Coordinator
Dr. Bill Campbell R3 Coordinator Addictions Medicine
Dr. Diana Turner R3 Coordinator Care of the Elderly
Dr. Jacqui Lewis R3 Program Coordinator
Dr. Paul Woods Clinical Medical Director
Dr. Stephen Dougherty Clerkship Evaluation Coordinator
Dr. Lindsay Crowshoe Aboriginal Health Education

(* Funded through Rural Physician Action Plan)
Other members of the academic arm play key leadership roles in the Faculty of Medicine: Dr. Doug Myrhe, Associate Dean, Distributed Learning and Rural Initiatives; and Dr. Bruce Wright, Associate Dean, Undergraduate Medical Education.

3.2 Department Programs and Committees

A shared priority of the Department Heads is to continue to integrate the governance and operation of the two arms of the Department. These arms have an integrated structure through shared physician membership on leadership committees (see below), shared priority planning, as well as through shared management staff in key positions.

Department business is conducted through the work of several programs, key committees and working groups (\(^\) = shared membership - both academic and clinical):

**Clinical**
- Acute Care Division including hospitalists
- Community Division\(^\) - (CME Committee\(^\), Physician Recruitment & Support\(^\), QI)
- Executive Committee\(^\)
- Business Meeting\(^\)
- Midwifery Program
- Obstetrics Program

**Academic**
- Clerkship Committee
- Undergraduate Family Medicine Education Committee
- Electronic Medical Record Committee
- Leadership Team\(^\)
- Continuing Professional Development Committee
- Research Committee
- Residency Training Committee\(^\)
- Teachers Group
- Quality Improvement
- Academic Business Meeting
- Patient Education Committee
- Clinic Management Team

3.3 Membership

All licensed family physicians and midwives in Calgary who meet the appointment requirements of AHS - Calgary are eligible for membership in the clinical arm of the Department. FPs engaged in teaching or research are eligible for membership in the academic arm. A significant number of FPs are members of both arms of the Department.

**Clinical Arm**

**Family Physicians**

Total family physician membership in the Department of Family Medicine (clinical) as of March 2009 is 798. A summary by appointment type follows:

<table>
<thead>
<tr>
<th></th>
<th>Community Only</th>
<th>Hospitalist Admitting</th>
<th>Non Hospitalist</th>
<th>Other</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community - Regular</td>
<td>361</td>
<td>27</td>
<td>132</td>
<td>0</td>
<td>520</td>
</tr>
<tr>
<td>Community - Locum</td>
<td>32</td>
<td>30</td>
<td>58</td>
<td>0</td>
<td>120</td>
</tr>
<tr>
<td>No Community</td>
<td>0</td>
<td>34</td>
<td>30</td>
<td>94</td>
<td>158</td>
</tr>
<tr>
<td>TOTALS</td>
<td>393</td>
<td>91</td>
<td>220</td>
<td>94</td>
<td>798</td>
</tr>
</tbody>
</table>
The clinical arm of the Department continues to be effective in attracting family physicians to become appointed with Alberta Health Services. Since 2002, membership has increased by 248 physicians which is an increase of 45%. The following chart shows the steady increase of appointed FPs with the Department since 2002.

![Physicians Appointed to Department of Family Medicine 2002 - 2009](chart)

The number of FPs with clinical appointments has increased 45% over 7 years.

---

**Midwives**

Alberta Health Services - Calgary has been successful in recruiting midwives in the last few years. Up until now, this has been accomplished in the absence of a provincial funding model for midwifery care. Midwives apply for and maintain appointments with the Department of Family Medicine (clinical) and liaise with AHS Professional Practice and Development to coordinate their application process. Midwives’ appointments and acute care privileges are approved by the Board of Alberta Health Services. As of March 2009, there were 25 registered appointed Midwives.

**Academic Department**

Family physicians, who are engaged in teaching at any level – undergraduate, clerkship, postgraduate, enhanced skills, are eligible for membership in the academic arm. Total academic appointments as of March, 2009 is 286 which demonstrates an increase of 24% from last year.

Membership of the two Departments overlaps considerably in that FPs who are faculty of the academic Department are required to have an appointment with AHS Calgary. As shown in the diagram below, a number of Rural and Emergency physicians are cross-appointed to DFM Academic and Clinical.
Membership Diagram:

(*A number of Rural and Emergency Physicians are cross-appointed to DFM Academic and Clinical.)

Compared with previous years, the number of FPs with academic appointments has increased significantly.

There are 23 Faculty teaching in the two the academic teaching units of the Department (17GFTs, 4 Major Clinical Appointments*, and 2 Clinical Appointments) and are listed as follows:

- Dr. Farida Aghajafari
- Dr. Rod Crutcher
- Dr. Heather Eliason*
- Dr. Dennis Kreptul
- Dr. Jaqueline Lewis
- Dr. Doug Myhre
- Dr. Pat Smith*
- Dr. Paul Woods

- Dr. Heather Armson
- Dr. Julie Chronopoulos
- Dr. Juan Garcia
- Dr. Graham Law
- Dr. Cathy MacLean
- Dr. Maeve O’Beirne
- Dr. Wendy Tink*
- Dr. Keith Wycliffe-Jones

- Dr. June Bergman
- Dr. Jim Dickinson
- Dr. David Keegan
- Dr. Sonya Lee
- Dr. Steve Mintsouli*
- Dr. Russ Sawa
- Dr. Roger Thomas
4.0 ACCOMPLISHMENTS & HIGHLIGHTS
4.0 ACCOMPLISHMENTS AND HIGHLIGHTS

4.1 Clinical Service & Support

Family physicians provide over 5 million community-based patient visits annually in Calgary. In addition to community settings, there is a range of practice areas within comprehensive family practice including: teaching; urgent care; acute care; palliative care; and care of seniors. This section includes an overview of clinical work and family medicine support programs in the areas of community care, acute care and obstetrical care.

This year involved a few DFM leadership transitions and included a new appointment for the role of Regional Clinical Department Head. Dr. Sandra Stoffel accepted this interim appointment on August 1, 2009.

A. Community

1) DFM Community Division

The Community Division in the clinical arm of the Department of Family Medicine strives to enhance family practice for physicians in the community context. The teams within the Community Division include Physician Recruitment and Support, Continuing Medical Education, Seniors’ Care, Long-Term Care, Site Planning (community), and Quality Improvement (note: see QI in section 4.4). The Community Division also partners with Primary Care (AHS) for enhanced connection and liaison with the work of Primary Care Networks.

This year’s Community Division activities and balanced scorecard focused on 4 priority areas:

• Increasing the attractiveness of community practice;
• Supporting family physicians practicing in community;
• Responding to the learning needs of family physicians; and
• Enhancing partnerships among health care professionals.

In addition to the work of the various teams of the division, the Community Division:

i) Facilitated the development of a proposal and model for a Clinic Manager Program to support family physician offices;
ii) Led working groups to establish an interdisciplinary practice model for a primary care clinic for FPs at the Sheldon M. Chumir Health Centre (target: Fall/Winter 2009);
iii) Supported the expansion of the Urban Locum Program;
iv) Collaborated with Home Care to enhance coordination and communication with FPs;
v) Implemented a Practice by Design session for FPs in community offices and a Business Survival Guide; and
vi) Provided input and direction into the Advanced Care Planning Policy, new Pediatric Model of care and other such policies affecting the work of FPs in community practice.
a) DFM Physician Recruitment & Support

The Department’s Physician Recruitment and Support Committee works to develop and implement innovative strategies to encourage family physicians to practice in Calgary. The DFM has developed a national reputation among residents and family physicians for providing exemplary support in recruitment and establishing practice.

The Physician Recruitment & Support Team, consisting of Family Physician Leaders, a Program Manager and the Physician Recruitment Consultant, developed a detailed work plan to focus on strategic priorities for 2008-09. The purpose of the plan was to:

- Increase the sense of community for family physicians;
- Recruit additional family physician to Calgary; and
- Retain practicing family physicians by developing strategies and tools for office efficiency.

“Relationships built over time” have been the foundation for recruitment initiatives. The value of connecting with medical students early in their professional education and continuing relationships through residency builds the foundation for future family physicians in Calgary. DFM statistics show that it is often 2-4 years after the initial contact is made with a family physician before they decide to relocate.

The Department takes several opportunities per year to attend conferences and large meetings where we can display recruitment information and speak with family physicians about the many opportunities to practice in Calgary. Recruitment opportunities attended this year are listed in the table below.

<table>
<thead>
<tr>
<th>Increase Sense of Community</th>
<th>Recruit FPs to Calgary</th>
<th>Partnerships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual FM Celebration – May 08</td>
<td>UofC Spring &amp; Fall Conference – presentation to FM residents May 08</td>
<td>Family Medicine Interest Group Wine and Cheese event</td>
</tr>
<tr>
<td>Outstanding FP of the Year May 08</td>
<td>Primary Care Today Conference – Toronto May 08</td>
<td>Job Shadowing Program</td>
</tr>
<tr>
<td></td>
<td>Family Med Showcase Sept 08 – 35 program, services and opportunities displayed and 180 registrants</td>
<td>“Calgary Reception” at Family Medicine Forum</td>
</tr>
<tr>
<td></td>
<td>Career Days Nov 08</td>
<td>CaRMS presentation</td>
</tr>
<tr>
<td></td>
<td>Family Med Forum – Toronto Nov 08</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alberta Medical Students’ Conference and Retreat Feb 09</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outside Quebec Career Days Feb 09</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Annual Scientific Assembly Feb 09</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Individual/one-to-one recruitment contacts by recruiter</td>
<td></td>
</tr>
</tbody>
</table>

ii) DFM Website

The website is currently being updated to incorporate a complete web-based recruitment strategy and promote easy access to practice information for Calgary. The Department of Family Medicine Website (www.calgaryhealthregion.ca/familymedicine) continues to be a key recruitment tool for the Department. The website offers a tool to promote available practice opportunities, recruitment information, and DFM resources.
iii) Partnerships with PCNs

This year, DFM and PCNs worked together to recruit family physicians to Calgary. CPSA Part I Sponsorship was arranged for two family physicians in the SE part of the City. For 2 other FPs joining PCNs, DFM assisted in accessing relocation funds through the Office of the Chief Medical Officer.

The recruitment process is extensive. The Department’s experience has been that approximately 50% of our contacts become appointed to the Region after a period of 4-5 years from the time of first contact. The following chart illustrates how the proportion of successful recruits increases over time, e.g. of the contacts in 2002-03, 56% are now appointed in AHS.

<table>
<thead>
<tr>
<th>FP Inquiries - Yearly</th>
<th>Inquiring FPs Now Working in Calgary</th>
<th>% successfully recruited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 02-Mar 03</td>
<td>30</td>
<td>17</td>
</tr>
<tr>
<td>Apr 03-Mar 04</td>
<td>42</td>
<td>21</td>
</tr>
<tr>
<td>Apr 04-Mar 05</td>
<td>70</td>
<td>30</td>
</tr>
<tr>
<td>Apr 05-Mar 06</td>
<td>64</td>
<td>21</td>
</tr>
<tr>
<td>Apr 06-Mar 07</td>
<td>131</td>
<td>51</td>
</tr>
<tr>
<td>Apr 07-Mar 08</td>
<td>95</td>
<td>24</td>
</tr>
<tr>
<td>Apr 08-Mar 09</td>
<td>89</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>521</strong></td>
<td><strong>177</strong></td>
</tr>
</tbody>
</table>

b) DFM Urban Locum Program

The DFM Urban Locum Program (ULP) is a key strategy in the recruitment and retention of family physicians in Calgary. The Urban Locum Program commenced its 7th year as the only “urban” program in Canada. ULP contracts with FPs and provides locum physicians with guaranteed compensation in exchange for a defined work commitment. The ULP Program makes all the locum arrangements including booking, contracting and financial management. In a recent Alberta Family Medicine Graduates Survey, Dr. Rod Crutcher demonstrated that 64.5% of AB graduates do locum work, and that 43.5% of these grads joined a practice where they completed a locum.

There are currently 9 practicing urban locums, with a total of 13 involved in the Program over the past year. ULP has been successful as a mechanism for recruitment of new FPs to Calgary. Since 2002, the Program has involved 37 locums. Of these ULP FPs:

- 50% are now practicing in the community.
- 24% are continuing with Program.
- 5% are practicing in Acute Care.
- The remainder have relocated outside of Calgary or are on leave.

ULP Physicians are recruited from a variety of locations and are most often new graduates or new to Calgary. This year, the Program expanded to include 2 ‘physicians in transition’. Urban Locums offered over 25,000 patient visits this year, and on a monthly basis there are typically between 30 and 40 locum requests, with higher volumes over the summer season.
Of special note, this year demonstrated an increase in FPs requesting locum placements – many of whom have never before used the Program. In addition, there was an important opportunity to provide additional service/support to physicians who have been going through personal or health-related issues. The Program continues to be very well received, with positive evaluations by FPs accessing urban locums for their practice. Physicians have commented that, “The program is easy to access & utilize” and “This program has had & continues to have high quality locums - always pleased to have them.”

c) DFM Continuing Medical Education

The Department’s Continuing Medical Education (CME) team has continued to provide a high calibre of Main Pro accredited learning opportunities to member physicians who are practicing family medicine across the continuum of care. CME events are important to member physicians both as an opportunity to continue to learn as well as to network and build collegial relationships.

In 2008-2009 the CME team provided family physicians, nurses, and other health care providers the opportunity to participate in a range of learning opportunities. The Department organized and hosted 7 events, including the 42nd annual Mackid Symposium. Accredited Hospitalist Program rounds also continue to be held at each acute care site on a regular basis.

<table>
<thead>
<tr>
<th>Date</th>
<th>CME Event Type</th>
<th>Topic</th>
<th>Keynote / Speaker(s)</th>
<th>MainPro Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar-08</td>
<td>Education Half-Day</td>
<td>Diabetes</td>
<td>Dr. Alun Edwards</td>
<td>3.5</td>
</tr>
<tr>
<td>May-08</td>
<td>Mackid Lecture</td>
<td>The Skinny on Obesity</td>
<td>Dr. David Lau</td>
<td>5.5</td>
</tr>
<tr>
<td>June-08</td>
<td>Community Rounds</td>
<td>Dementia</td>
<td>Dr. David Hogan</td>
<td>2</td>
</tr>
<tr>
<td>Oct-08</td>
<td>Community Rounds</td>
<td>Advanced Care Planning</td>
<td>Dr. Eric Wasylenko</td>
<td>2</td>
</tr>
<tr>
<td>Oct-08</td>
<td>Half Days</td>
<td>CME Potpurri</td>
<td>Becker / Carlson / Read</td>
<td>2.66</td>
</tr>
<tr>
<td>Nov-08</td>
<td>Community Rounds</td>
<td>Sleep Disorders Mngmt</td>
<td>Dr. Charles Samuels</td>
<td>2</td>
</tr>
<tr>
<td>Mar-09</td>
<td>Practice By Design</td>
<td>Flow-Max</td>
<td>Dr. Ellis / Dr. Les Cunning</td>
<td>N/A</td>
</tr>
</tbody>
</table>

The Talks for Docs website, A CME focused website, attracts family physicians who are seeking information on upcoming accredited clinical educational sessions. The site allows for on-line registrations for DFM CME events as well as for Academic Detailing and has been utilized successfully to date. Talksfordocs.com also hosts a significant amount of updated clinical/practice tools, presentation material, and information for family physicians to use within their practice settings. Site content is regularly reviewed by DFM and the physician Education Leader.

d) Seniors’ Care and Long Term Care

In urban Calgary there are over 100 family physicians providing care for almost 4,000 seniors in long term care.
FPs are also involved in the provision of care within the following settings:
- Designated Assisted Living (DAL)
- Private seniors’ facilities
- Comprehensive Care in the Community Program (C3)
- Seniors’ Consult Clinic
- Sub acute units including the RCTP units (transition units at Fanning and Glenmore Park)
• R and R unit (geriatric psychiatry inpatient unit at Glenmore Park)
• MSK unit (post fracture or post orthopedic surgery rehab unit at Glenmore Park)
• Neuro-rehab unit (post stroke rehabilitation unit at Fanning)
• Inpatient Renal Dialysis unit at the Fanning Centre
• Palliative Care unit in the Foothills Hospital
• Hospices
• GARP program at the Rockyview Hospital (inpatient).

In 2008, the McKinsey Group provided a review and report on senior's health in the province. Members of the Department of Family Medicine were actively consulted in the development of this report. Focus on dementia care and on congestive heart failure was recommended, and initiatives are being developed in the Calgary zone to address these issues. The Department is working in collaboration with regional programs, PCN programs and community physicians to improve care for seniors in Calgary and area.

e) Site Planning – Sheldon M. Chumir Primary Care Community Health Clinic

The Department of Family Medicine has played a major role in various working groups and planning teams convened for an innovative primary care clinic in the designated 8th floor space at the Sheldon M. Chumir Health Centre. This clinic is being developed to address three priorities:

i) To provide access to high quality comprehensive primary care for approximately 30,000 citizens;
ii) To provide space for family physicians and clinical health professionals to work in an innovative inter-professional environment; and
iii) To expand and integrate family physicians and clinical health professionals teaching capacity in the community.

The strategies for this clinic are to:

• Coordinate care through a system of integrated programs within and beyond the Centre;
• Create an enhanced primary care inter-professional team of FPs and clinical health professionals working together to improve access and deliver comprehensive primary care;
• Increase the number of net new practicing family physicians;
• Improve Calgary’s ability to recruit and retain FPs and clinical health professionals;
• Improve Calgary’s ability to train members of the inter-professional team (e.g., through enhanced recruitment of teachers);
• Increase primary care capacity and ultimately health system capacity; and to
• Be community-focused and sustainable.

The projected opening date for the primary care clinic at Sheldon M. Chumir Health Centre is late 2009.

2) DFM University of Calgary Medical Clinics

UCMC Sunridge and UCMC North Hill are the teaching clinics operated directly by the Department under the University of Calgary – Faculty of Medicine and are supported by an annual operating grant from AHS. Five additional community core teaching sites are located in community practices throughout the zone.
This year, the physicians and staff of the two UCMCs provided comprehensive primary health care services to over 12,000 patients with nearly 10,000 visits to the clinics. As academic sites, the UCMCs provide the best possible education in family medicine for residents and other students. The Department ensures the clinics participate in the latest primary healthcare initiatives and pilot projects.

i) Clinic Capacity

UCMC North Hill site has increased its number of clinics from approx 30 (1/2 day) to 44 clinics one week and 45 clinics the next week. Given the current capacity there 3 days per week when we are running at full capacity, all examination rooms being used.

UCMC Sunridge site has experienced a more gradual increase in clinics and are now operating at 34 clinics one week and 36 clinics the next week. This reflects an increase of 4 to 5 ½ day clinics per week.

ii) AIM Initiative

The formal relationship with the AIM (Access, Improvement, Measures) Collaborative initiative, led by Dr. June Bergman, was completed in November, 2008. The North Hill Clinic implemented the Collaborative Care and Population Health initiative to more effectively utilize an existing multidisciplinary team.

Goal: to improve health outcomes in a specific patient population.
Team: a lead family physician, chronic disease nurse, pharmacist, dietician, licensed practical nurse, diabetes educator, and behavioural health consultant.

Using the electronic medical record (EMR) 26 of the physician’s diabetic patients were identified. The two outcomes focused on by the team were hemoglobin A1C and blood pressure. They looked at the patients whose parameters were furthest from the clinical diabetic practice guidelines. Regular team meetings were held to discuss patients on an individual basis with the physician recording care plans as determined by the team. The results of this clinic team approach helped enhance communication, optimize roles, and improve patient parameters and outcomes. This collaborative care approach used at North Hill has been accepted for a poster presentation at the May 2009 conference in Banff on Strengthening the Bond; Culture, Collaboration, and Change.

iii) Award Nominations

Two LPNs from UCMC North Hill have been nominated for practice awards from the College of Licensed Practical Nurses. The nominees were: Tasha Stainbrook for the Pat Fredrickson Excellence in Leadership Award and Rula Van Huizen for the Laura Crawford Excellence in Nursing Practice Award - Rula was the successful nominee.

iv) Document Management

Document management has been a focus of the family medicine clinics this year. The electronic fax (efax) document management plan was introduced to the clinics as a designed solution to improve paper document retrieval and dissemination within the clinics.

The plan involves the Fax PC receiving documents, electronic inboxes for FP mail, and fax-outs from the PC. All sign-off is now electronic. Process audits are now completed to ensure that we are safely managing our paper flow and document integrity.
v) Education
- In-services regarding use of the electronic medical record (EMR) have been offered to FPs and staff on the new document management process and various care templates. This is ongoing with the plan to develop audio learning modules for the EMR users.
- LPN students continue to complete a 3 week practicum in the family medicine practice centre. They are assigned an LPN preceptor during their student experience.
- Physician and nursing staff sessions were held on new health initiative regarding Advance Care Planning – Goals of Care in the Fall of 2008.
- A Patient Education Committee has been established by the UCMCs. Regular meetings are being held with membership from both sites and various disciplines. An inventory of the patient education material that will be displayed and distributed by the clinics has been completed and standardized. A patient information brochure on the UCMC's policies, hours of operation, and services offered has been prepared by the committee.
- An AED education program has been implemented.

vi) Procedure Clinic
A minor procedure clinic has begun at Sunridge and is scheduled monthly. This clinic provides education and practice for the residents on minor procedures while under the direct supervision of a FP preceptor. The plan is to increase the frequencies of these clinics so that they are available and accessible to our residents.

vii) Research Day
A very successful “Research Day” was held on March 5, 2009 at the Red and White Club. 3 faculty presentations, 6 resident presentations and 29 resident posters were offered at the event to highlight recent research accomplishments.

viii) Appointment of a New Medical Director
Dr. Paul Woods joined the Department at the end of March as the new Clinical Medical Director for both UCMC Clinics. Paul graduated with his MD in 1985 from University of Western Ontario, and has returned to Canada after practicing in Hibbing, Minnesota in recent years.

Note: The following segments reflect other AHS and PCN programs and resources within the community.

3) Sheldon M. Chumir Health Centre - Urgent Care
The new Sheldon M Chumir Health Centre offers an urgent care service 24 hours per day, 7 days per week. 29 contracted family physicians (6 full-time FPs) see 135-140 patients per day (approx 50,000 per year), with a variety of presentations including a diverse inner city population, mental health clients, orthopaedics, minor injuries and various urgent presentations. The Centre also received ambulance delivery.

4) South Calgary Health Centre
The South Calgary Health Centre offers urgent care services daily from 8a.m. – 10 p.m. The daily average at the SCHC urgent care clinic is approximately 120 patients per day (approx 44,000 per year). There are 26 contracted physicians (6 full time and 20 casual FPs).
5)  Primary Care Networks – Community Activity

A Primary Care Network (PCN) is a partnership between a group of family physicians and Alberta Health Services. PCN development is the result of the tri-lateral Master Agreement signed by Alberta Health & Wellness, Alberta’s Regional Health Authorities (now AHS) and the Alberta Medical Association.

There are currently 7 operational PCNs in Calgary and the surrounding rural area:

<table>
<thead>
<tr>
<th>Primary Care Network</th>
<th>Start date</th>
<th>No. of Clinics</th>
<th>No. of FPs</th>
<th>Enrolees (patients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calgary West Central PCN</td>
<td>Aug 2006</td>
<td>87</td>
<td>240 FPs</td>
<td>252,529</td>
</tr>
<tr>
<td>Calgary Foothills PCN</td>
<td>Aug 2006</td>
<td>63</td>
<td>191</td>
<td>238,885</td>
</tr>
<tr>
<td>South Calgary PCN</td>
<td>Feb 2006</td>
<td>19</td>
<td>74</td>
<td>88,151</td>
</tr>
<tr>
<td>Calgary Rural PCN</td>
<td>Feb 2006</td>
<td>23</td>
<td>92</td>
<td>82,534</td>
</tr>
<tr>
<td>Highland PCN</td>
<td>Aug 2007</td>
<td>9</td>
<td>31</td>
<td>31,861</td>
</tr>
<tr>
<td>Mosaic PCN</td>
<td>Sept 2008</td>
<td>80</td>
<td>81,733</td>
<td></td>
</tr>
<tr>
<td>Bow Valley PCN</td>
<td>Dec 2008</td>
<td>7</td>
<td>29</td>
<td>21,825</td>
</tr>
</tbody>
</table>

In the urban Calgary zone (includes Airdrie) there are approximately 600 Family Physicians practicing in Primary Care Networks. On average, patients in urban PCNs access their physician 3.83 times per year.

i) Calgary Foothills Primary Care Network

- **Chronic Disease Management (CDM):** There are approximately 80 physicians who are receiving CDM nursing support in their offices. The CDM clinic for unattached patients was opened in December 2007 and now has over 800 patients registered.
- **After Hours Program:** There are over 70 network physicians currently participating. The clinic was relocated to the Riley Park site in June 2008 to increase capacity.
- **Seniors’ Health:** A nurse practitioner has been working in the Bethany Care Centre in Cochrane and an evaluation of this project is nearing completion. In addition, a new expanded call group for seniors care started in March 2008.
- **Office Supports:** PCN Liaison positions visit FPs monthly to ensure adequate communication exists with physician members. CFPCN is working very closely with AHS-Calgary on a strategy to roll out electronic medical records.
- **Mental Health:** Behavioural Health Consultants (BHC) have been hired and warmly received by physician members. There is an additional 1.5 positions planned to join the existing 3.5 FTEs.

ii) South Calgary Primary Care Network

- **Discharge Coordinator:** This role provides admission and discharge notification and patient discharge information to family physicians for SCPCN physician patients admitted to FMC, RGH & PLC.
- **Breastfeeding Clinic:** The clinic provides breastfeeding support via 3 lactation consultants providing care 3 evenings a week. FPs are available for consults and assessment requirements.
- **Mental Health:** 3 Behavioural Health Consultants provide improved access to mental health care for patients directly in physicians’ offices.
• Health Management Clinic: Provides care to patients with chronic disease. The clinic accepts referrals from SCPCN physicians and works in collaboration with AHS CDM program.

iii) Mosaic Primary Care Network

• Planning continues for multiple programs, including after hours clinic, Women’s Health Clinic, Chronic Disease Clinic, Behavioural Health Consultants, System navigators.

iv) Calgary West Central PCN

• Unattached Patient Clinics: Celebrating its first year of operation, the 17th Ave Clinic had attached 3327 patients. Along with the Southland Clinic, a total of 5000 patients have been attached to physicians. The first rotation of FPs have come to the clinic and transitioned their practice into the community.

• Tsuu T’ina Nation: The clinic at Tsuu T’ina has continued to grow, having attached approximately 500 patients from the reserve by September 2008.

• Project Homeless Connect: The first PHC that CWC was involved in occurred in April 2008. The purpose is to provide access and follow-up as well as to identify needs of the homeless in Calgary.

• Health Professionals: The PCN continues to expand its multidisciplinary team capacity with the engagement of pharmacists, behavioural health consultants, mental health professionals, and primary care nurses.

• Seniors’ Programs: A weekly specialized senior’s clinic provides primary care services to unattached complex seniors at the 17th Ave Clinic. A pharmacist and physician attend the clinic.
  o Access Geriatric Health, a centralized geriatric health information source, was launched in August 2008. It is designed to provide FPs with support for management of seniors with complex health needs. It focuses on case coordination plus improved communication and information management between physicians and other services.
  o Just Like Home is aimed at temporarily relieving caregiver responsibilities of a loved one. The program runs 24/7 and the acuity of the guests is similar to those in a supported living setting.

• Making Health Happen Web Portal: Created in Sept 2008, patients are provided with pass codes for the Web Health Portal. The patient logs into the Portal for health assessments, guidance and tools to help patients improve their health.

6) The Alexandra Health Centre

The Alexandra Community Health Centre provides health care delivery to at-risk, low-income, homeless and immigrant Calgarians. To achieve the broad social change that “the Alex” brings to Calgary, it operates in six focus areas: Community Health Centre; Seniors’ Health Centre; Youth Health Centre; Community Health Bus; Food and Nutrition Programs; and Pathways to Housing.

7) Calgary Urban Project Society (CUPS)

CUPS is a not-for-profit community health centre in Calgary’s downtown core. Offering collaborative and holistic services in the areas of health care, education and social services, CUPS helps people make the transition from poverty to stability. Founded on the principle that all people have an inherent right to lead a life of dignity, equality and respect, CUPS is a safe, warm, accepting and welcoming environment.
8) Elbow River Healing Lodge

The Elbow River Healing Lodge provides patients with a variety of care including triage and assessment, education and lifestyle counselling, health examinations, coaching for self care, traditional healing and Elder consultation. Patients are self-referred or referred by a physician, health-care provider or community agencies.

9) Margaret Chisholm Resettlement Centre

The MCRC provides room, board and services to government sponsored refugees. The MCRC houses the Refugee Health Program which is staffed by a variety of health professionals and offers health services to refugees in Calgary.

10) Shared Mental Health Care

A partnership with Mental Health, this program provides interdisciplinary care to patients with mental health issues. 250 family physicians are currently participating in Shared Mental Health Care (SMHC).

Family physicians report improved diagnostic, treatment, and referral skills as well as increased confidence addressing mental health issues and a reduced need for emergency care. Over time, participating physicians report needing less assistance with their mental health patients and making fewer referrals to specialized services. Patients report increased confidence and satisfaction with the mental health services provided by FPs in the shared care program compared to FPs without shared care services. There is also evidence suggesting that patients involved in SMHC have improvements in their mental health status and overall functioning.

11) Behavioural Health Consultation

Linked with Shared Mental Health Care, the Behavioural Health Consultation Service embeds behavioural health consultants within primary care practices to work collaboratively with physicians and their allied health professionals to improve peoples’ health by providing brief, focused, integrated biopsychosocial care. Consultants address:

- Lifestyle and health risk actions;
- Consult in co-managing the treatment of patients with mental disorders and psychosocial issues that affect physical health; and
- Early identification, quick resolution, long term prevention and general wellness.

12) Chronic Disease Management

Chronic Disease Management provides supports to patients in the community through public self-care initiatives and support to FPs. As of March 2009, 315 FPs were participating in the program. The program supports FPs in their management of people with chronic conditions by partnering them with community care coordinators (nurses) who provide case management, referral to appropriate services, and disease management according to clinical practice guidelines.

The program improves the quality of care for patients with chronic diseases and, by increasing the capacity of each provider, increases access to care for these patients. Chronic Disease Management is currently focusing on diabetes, hypertension, dyslipidemia, osteoarthritis, congestive heart failure, anticoagulation, chronic obstructive pulmonary disease, and asthma.
13) Complex Chronic Disease Management Clinic

This clinic, located at the Peter Lougheed Centre, is a medically driven ambulatory care model for complex chronic patients who are frequent users of acute care resources. The goal is to medically manage the co-morbidities for this population over the short term and then transfer care of the patient completely back to the family physician. Patients involved in the Program have two (2) or more complex chronic medical conditions and two or more inpatient admissions/presentations to the Emergency Department within a six month period.

There are currently 5 FPs involved in the Clinic, along with Internal Medicine physicians, offering service to over 90 patients. An average patient length of stay in the clinic is 6 months. The program aims to:
• Reduce total admissions;
• Reduce Emergency Department visits;
• Reduce ALOS; and
• Reduce total inpatient days

14) Community Pediatric Asthma Service

Certified Respiratory Educators (CREs) trained in Asthma and Chronic Obstructive Pulmonary Disorder (COPD) provide asthma education and spirometry to patients and families in community physicians offices (family physicians and pediatricians) or community clinics.

The Service accepted referrals from 160 family physicians as well as all the emergency/urgent care centres in AHS. Half of the referring physicians host asthma education appointments in their own offices and the remainder are hosted in regularly scheduled community clinics. The Service also hosts the “I CAN Control MY Asthma Now!” website at www.calgaryhealthregion.ca/ican and provides asthma education updates and presentations to health professionals by invitation.

15) Future Physician Office Space

The Future Physician Office Space Project, through the Office of the Chief Medical Officer, established a set of principles for the allocation and management of physician offices in AHS facilities, as well as the assessment of need for a set of programs and services to support physician in the community with office space issues. The steering committee was established in June 2007 and concluded work with a Physician Office Space Framework, an administrative directive and set of recommendations in June 2008. The Regional Clinical Department Head in Family Medicine, has been an active member of this committee.

In 2008, the Physician Office Space Team made available lease negotiation support services to community-based physicians, which will be more widely advertised in 2009. The goal is to work with Regional Clinical Departments, the AMA Practice Management Program, Primary Care Networks and Corporate Real Estate to support new and established physicians with workspace needs in the community. The service will focus on innovation, new business models, and novel workspace options. Collaboration with the Department of Family Medicine is an asset to the advancement of this initiative.
16) Physician Workforce and Workspace Planning for South Health Campus

The Department of Family Medicine actively participated in physician workforce planning for the South Health Campus through 2008. Initial workforce estimates and planning assumptions for the new hospital were submitted and members of the Department participated actively in the South Health Campus Physician Workforce and Workspace Committee in 2008/2009.

17) Academic Detailing

Academic Detailing is a mechanism for continuing education in which a trained health care professional (e.g. pharmacist) visits family physicians in their practice settings to provide education in an interactive format. The program was established in late 2006 through a tri-partnership among the Department of Family Medicine, Pharmacy Services and Chronic Disease Management.

Since its inception, some of the key achievements of this program include:
- 289 family physicians have participated at least once in the program; 55% have participated two or more times.
- 243 detailing visits have been completed in approximately 90 clinics.
- Service is provided to both urban and rural areas.
- 150 FPs participated in the first topic, and 200 FPs participated in the second.
- A small pilot to test out the feasibility of conducting detailing visits using web-based communication software (i.e. Elluminate Live).

In 2008, the service focused on two therapeutic areas: medication management of Alzheimer's and insulin. The focus of the next topic is insomnia.

B. Obstetrics and Midwifery Programs

DFM Obstetrical Report

1) Family Physicians

Over 85 family physicians attend approximately 8,000 deliveries annually; approximately 5,000 as the sole provider and another 3,000 in collaboration with obstetricians. The trend demonstrates an increasing volume of deliveries by family physicians over the past 4 years.

In August of 2008 Dr. Heather Baxter stepped down as the DFM Regional Obstetrical Leader. In February 2009, Dr. Norma Spence officially accepted the position of DFM Regional Obstetrical Leader while continuing her role as the FMC Site Leader.

The priority areas for the Obstetrical Program in 2008 were: recruitment of new OB providers; retention of existing OB providers; and quality of care.

i) Recruitment

The Department continues to work with the PCNs, UofC CME, and the College in looking at different educational enhancement strategies to encourage both new and experienced providers to participate in obstetrical care.
ii) Neonatal Resuscitation
The Department of Family Medicine Obstetrical Program will be working to provide Neonatal Resuscitation Program (NRP) Courses for all DFM obstetrical providers in 2009. A mix of certification and re-certification courses will be offered on a regular basis starting in September. Each course can have up to eight (8) attendees. To maintain NRP Certification, a re-certification needs to be taken every 2 years.

iii) Quality of Care
The Department is active in the Regional Obstetrics Management Meetings to ensure that the needs and quality of family medicine obstetrical providers are addressed in the development of regional policies, procedures and protocols. The Department also participates in regular quality and safety reviews and subsequent development of quality improvement recommendations.

Below are charts demonstrating the total number of deliveries each quarter, per year, as well as the postpartum length of stay for patients of FPs practicing obstetrics.
2) Midwifery Care

Midwifery is an integral component to the obstetrical program of the Department of Family Medicine. The Midwives and the Department continue to advocate for access to safe, integrated midwifery services for citizens of Calgary. Effective April 1, 2009 midwifery care in Alberta will be provincially funded.

As of March 2009, AHS - Calgary had 25 appointed midwives providing care to mothers and newborns in the Calgary Health Region. This number is now expected to increase significantly due to the provincial funding announcement.

The midwifery model includes:
• 48 clinical hours per client course of care;
• On-call coverage 24/7;
• Antenatal, intrapartum, and postnatal (to 6 week post partum check) care; and
• Choice in birth setting for expectant mothers - hospital, home, or birth centre environment.

The chart below shows the number of births attended by appointed midwives and the birth locations in 2008.

<table>
<thead>
<tr>
<th>Location</th>
<th>Vaginal Births</th>
<th>C-Section</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Center</td>
<td>13</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Home</td>
<td>206</td>
<td></td>
<td>206</td>
</tr>
<tr>
<td>Hospital - Banff</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Hospital - FMC</td>
<td>137</td>
<td>60</td>
<td>197</td>
</tr>
<tr>
<td>Hospital - High River</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Hospital - PLC</td>
<td>18</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>Hospital - RGH</td>
<td>7</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>384</strong></td>
<td><strong>61</strong></td>
<td><strong>445</strong></td>
</tr>
</tbody>
</table>

Midwives identified the following priority areas for 2008, including:

• **Promotion/Integration**
  o A goal of the midwifery program for 2008 was to increase awareness of midwifery and to increase collaboration between midwives and other obstetrical providers. The midwives presented at both Obstetrical and NICU grand rounds in 2008. The Midwifery Program Leader also participates at the Regional Obstetrics Management Meeting in the development of policies, procedures and protocols.

• **Education**
  o The Midwifery Program requires midwives to be certified in both NRP and CPR.
  o Midwives are currently working with Mount Royal College in the development of a formal Midwifery program that can be done locally.

• **Capacity**
  o Each midwife provides expectant mothers with the choice of birthplace.
  o Approximately 51% of the births in 2008 occurred outside of a hospital.

• **Safety & Reporting**
  o An online statistical tool has been developed to provide detailed data for both reporting and quality improvement measures. This will be adapted for use provincially by midwives.
C. Acute Care

Family physicians act as the “most responsible physician” to a daily census of almost 586 medical inpatients. The following is a description of the various family physician services providing inpatient care.

1) DFM Family Physician Hospitalist Program

The Program cares for unattached patients and patients whose family physicians do not admit to the 3 adult acute care hospitals. There are now over 77 family physician hospitalists providing care at the 3 acute sites. More than 50% of the FP Hospitalists also have a community based practice.

The FMC and RGH hospitalist programs provide care for 140 patients at each site. PLC increased its capacity from 115 to 140 beds in 2009.

Family medicine discharges, on average, are close to 900 patients per month. This is a 6% decrease from the same time period in the previous year.

The nature of the hospitalist patient population has a significant impact on the average length of stay (ALOS). The patient average age has increased from 75 years to 77 years at FMC and from 79 to 80 years at RGH. At PLC, the average age has decreased from 72 to 70 years. The top case mix groups are: dementia, COPD; pneumonia; heart failure; lower urinary tract infection; GI haemorrhage. The combination of these conditions with the advanced age of the patient population creates more complex patients and a higher demand on services.

The total ALOS in Family Medicine has increased to 17 days from 14.8 days for the same time period last year. The acute ALOS increased to 14 days from 13.4 days. The increase in total ALOS was proportionately larger than the increase in acute ALOS, demonstrating the challenges associated with limited LTC capacity.
A highlight of this year was the Calgary Hospitalist Alternative Relationship Plan (ARP), finalized October 1st, 2008 and was retroactive to April 1st, 2006. As a result, the dedicated and stable funding will ensure program sustainability.

In response to the ongoing significant capacity and patient flow issues as well as ongoing pressures in Emergency, the sub acute service was added or expanded in 2008-2009.

The FMC Sub Acute Family Medicine service began in September 2006. The service is designed to care for medical patients who have completed the acute phase of their illness but who require ongoing hospitalization for a variety of reasons. RGH and PLC established a similar service in late September 2008. There is a census of 40, 45 and 15 at FMC, RGH and PLC respectively. Expansion of this service has increased the admitting capacity of the Hospitalist and Internal Medicine services by allowing flow of their most stable patients from these acute services.

Medical Services Clinical Safety Committee

The Department, in collaboration with the Department of Medicine developed an interdisciplinary medical services clinical safety committee which meets monthly. The department of family medicine acute care division chief co-chairs this committee. This Committee continues to look at system specific issues to improve the health outcomes.

2) Primary Care Network Activities – Acute Care

i) Calgary West Central Primary Care Network (CWCPCN)
This Medical Inpatient Service continues to provide hospital care to PCN patients admitted with a medical problem. The service supports community family physicians to retain and augment their acute care skills, provides a structured service, and offers targeted continuing medical education to support the physicians. The service has capacity for up to 30 patients daily. Approximately 17 PCN family physicians have committed to working on the acute service.

ii) Calgary Foothills Primary Care Network (CFPCN) Medical Inpatient Service
This service provides hospital care to their PCN patients admitted with a medical problem and supports community family physicians to retain and augment their acute care skills. Recently increased daily patient capacity to 36 patients. The group admits and cares for an average of 51 patients per month.

A hospitalist ARP was implemented in Oct 08 and provides stable funding support to the Program.
In addition to the medical inpatients of the above programs, family physicians provide attending physician care for hundreds of patients admitted to rehabilitation and geriatric programs within acute care as well as supporting a variety of other acute care programs as clinical associates and bedside physicians.

In addition to their work as “most responsible physician”, family physicians continue to play an integral role in supporting the work of other clinical departments through work as: emergency physicians; physician extenders (Critical Care, Cardiology, Internal Medicine, Neonatology, Obstetrics & Gynecology, Pediatrics, Surgery); and surgical assists in the operating rooms.

4.2 Education (Academic)

There were two significant areas of focus this year for the Department. In addition to its ongoing learning programs, the Department was responsible for the development and submission of an Academic Alternative Relationship Plan and the Department underwent an accreditation process for its residency program.

A. Academic Alternative Relationship Plan

1) Rationale

Calgary currently faces a serious shortage of family physicians for primary care, and Alberta does not produce enough practitioners to meet the needs of its population. With the planned substantial increase in the number of medical graduates from Calgary over the next 5 years, and the increased role the Department will take in generalist education, there is an immediate need to expand the teaching capacity within the Department. However, there is also substantial competition for academic Family Medicine practitioners across Canada and the world. A Family Medicine AARP will make Calgary more competitive in recruiting and retaining the number of academic Family Medicine practitioners required for this expansion.

In the AARP recently submitted to Alberta Health and Wellness, the Department outlined a five-year vision based on the following key elements: outstanding teaching and learning experiences; further development of scholarship and research endeavours; and clinical service based on best-practice delivered in an interprofessional, collaborative environment.

The AARP would assist undergraduate and postgraduate medical education and would support the Department in achieving the following:

- UCMCs will become models of future family practice and primary care service delivery in Alberta and Canada;
- Recruitment of the faculty and clinical preceptors to meet the expected expansion of both the undergraduate medical education program and anticipated increase in family medicine postgraduate positions;
- Ability to enhance family medicine undergraduate medical education; and
- Become established leaders in transfer of research to best practice in both the clinical and educational realms locally, provincially and nationally.

DFM prepared an AARP to advance its education programs, which is currently under review by AB Health and Wellness.

The AARP would enhance teaching and learning, scholarships and research, and clinical service.
2) Process

A series of working groups were established with extensive physician participation and the support of Department administrators. Groups included: education; research; clinical service; accountability and evaluation; budget and finance; recruitment and retention; and governance. With the support of a consultant to lead the application process, information was collated by the working groups for the AARP application.

Establishing an interdisciplinary team approach, within the two academic teaching clinics, has been supported by Alberta Health and Wellness. Job profiles for a Registered Nurse, Social Worker and Pharmacist positions have been completed; hiring is planned for 2009.

B. Accreditation

The Residency Program underwent College of Family Physicians of Canada accreditation in February 2009. Planning and organization for accreditation began in October 2007. The work completed in preparation for the accreditation visit was significant and included curriculum review, updating policies and procedures, reviewing learning goals and objectives, survey questionnaires, and conducting a mock visit. Several working groups consisting of staff and physicians were formed and met regularly to prepare for the review.

The visit in February of the accreditation team was successful and went very smoothly. The credit for this can be attributed to the months of preparation by the Residency Program administration – in particular Ms. Angela Coombes, Ms. Carmen Frese, and Dr. Dennis Kreptul.

A few changes were implemented during this process: 1) new “In-Training Evaluation of the Resident (ITER)” forms were developed to better align with the goals and objectives of the rotation; 2) Appointment of an Enhanced Skills Coordinator, Dr. Jacqueline Lewis and an International Medical Graduate Coordinator, Dr Martina Barton.

C. Undergraduate Education

1) Contributions by Family Physicians

Family physicians are involved in the teaching, mentoring and preceptoring of medical students and residents. In the undergraduate program, family physicians are involved in:

- Didactic lectures
- Small group sessions
- Clerkship rotations (mandatory 4-week Family Medicine rotation)
- Electives
- Acting as Faculty Advisors
- Medicine 440 (applied evidence based medicine)

The Department continues to work on increasing its contribution to, and presence within, the undergraduate medical program.
2) Clerkship Committee

The Family Medicine Clerkship Committee formed in July 2007 remains the main forum for discussion around development, innovation and issues within the family medicine clerkship. This committee includes vital and highly valued representation and input provided both by a final year medical student and a family medicine resident.

3) Clerkship Duration

Effective March 2009, the mandatory family medicine clerkship has increased from 4 to 6 weeks. This is a significant step toward the increased focus on generalism that will characterize the developments in the medical school in the next few years.

4) Clerkship Evaluation

At the 6 month point in the clerkship year, the family medicine clerkship was rated No.1 overall based on received student evaluations within the Undergraduate Medical Education Office.

Students particularly appreciate:
- Hands-on experience offered
- 1:1 relationship with their preceptors
- High quality of teaching and experience of their preceptors

5) Clerkship Learning Objectives

The previous 25 family medicine clerkship clinical problems have been replaced by 29 learning objectives which include 17 of the 18 Canadian Shared Family Medicine Clerkship Curriculum Learning Objectives (developed nationally under the leadership of Dr. David Keegan).

In addition, a set of ‘key features” have been developed to guide the students on what they are required to cover under each learning objective. These key features also provide a basis for the development and introduction of the updated MCQ exam at the end of the rotation.

6) Clerkship Placements

In the clerkship year beginning March 2008, DFM placed 135 clerks in mandatory family medicine clerkship. In the year beginning March 2009, the number of clerks is 147. The breakdown between rural, regional and urban sites are as follows:

<table>
<thead>
<tr>
<th>Area</th>
<th>Mar 2008</th>
<th>Mar 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>RICC</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Rural</td>
<td>61</td>
<td>49</td>
</tr>
<tr>
<td>Regional</td>
<td>9</td>
<td>20</td>
</tr>
<tr>
<td>Urban</td>
<td>55</td>
<td>66</td>
</tr>
<tr>
<td>Total</td>
<td>135</td>
<td>147</td>
</tr>
</tbody>
</table>
7) Clerkship Preceptor Recruitment and Retention

Once again, considerable effort has been put into recruiting family physicians interested in teaching in the family medicine clerkship, as well as retaining preceptors already involved. The chart below demonstrates the numbers of Lead Preceptors and sites involved.

<table>
<thead>
<tr>
<th>Sites</th>
<th>Mar 2008</th>
<th>Mar 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calgary Sites</td>
<td>28</td>
<td>25</td>
</tr>
<tr>
<td>Rural Sites</td>
<td>18</td>
<td>21</td>
</tr>
<tr>
<td>Preceptors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calgary Lead Preceptors</td>
<td>28</td>
<td>25</td>
</tr>
<tr>
<td>Rural Lead Preceptors</td>
<td>28</td>
<td>29</td>
</tr>
</tbody>
</table>

The academic teaching sites at UCMC Sunridge and UCMC North Hill have also significantly increased the number of clerks placed there, with Sunridge taking the majority. As of April 2009, the Elbow River Healing Lodge will also become a regular Family Medicine Clerkship teaching site.

8) Student Assessment Within Clerkship

Student assessment has been updated to a 75-item MCQ exam which is based on the new learning objectives and key features. For the Project component of Clerkship, we have added a new project section; “Chronic disease in aboriginal populations in Family Medicine”.

Learning portfolio – this includes a formative midpoint MCQ exam; a Learning Plan; completion of an online clinical encounter log and at least 4 completed “mini-CEX” direct observation assessments of the student.

A new integrated Objective Structured Clinical examination (OSCE) was introduced in December for all students in their final year. This included 2 Family Medicine “stations”. Family Physicians provided a significant contribution to the running of this exam by acting as examiners for many of the stations.

9) Core Curriculum – Structure Review

In February 2009, the medical school’s Undergraduate Medical Education Committee (UMEC) held a special half-day retreat regarding the entire Clerkship. One theme of discussion was student clinical performance on exams (e.g. clerkship OSCE, NBME, MCCQE1). UMEC created a working group to explore the creation of new curriculum that would support students in developing clinical performance skills. This working group is chaired by Dr. David Keegan, Family Medicine Undergraduate Director. The final report of this working group is to be presented to UMEC in June 2009.
10) Core Curriculum - Introduction to Clerkship (MDCN 490)

The course entitled “Introduction to Clerkship” was introduced in the medical school last year. In 2008, Dr. David Keegan (Family Medicine Undergraduate Director) assumed chairmanship of this course and undertook a renewal of the structure and content. The modified course was implemented in February 2009.

11) Faculty Development

The inaugural Family Medicine Clerkship Preceptors’ Faculty Development Conference was held at Nakoda Lodge in November 2008. This was attended by 39 Clerkship Preceptors and faculty. Evaluations confirm this was a well received and valuable conference for those in attendance. The Department plans to hold a similar conference again in the fall of 2009, perhaps with Family Medicine Residency Preceptors.

12) Family Medicine Interest Group

The Department has supported an extremely active FMIG/RMIG in Calgary over the last year. Support has been provided in the areas of:
- Student shadowing program (clinical arm)
- Recruitment meetings
- Presentations
- Support at Family Medicine Forum and a “Walk for the Docs”
- Resident Teaching Award

13) Generalism Initiative

In April 2008 the provincial government asked the two medical schools (UofA and UofC) to develop a task force that would explore collaborative ways to strengthen generalism in medical education and to increase training capacity. The Department of Family Medicine was a key member of this initiative and contributed to the development of three business cases that would build the capacity of both schools to meet these goals.

14) Increasing Interest in Family Medicine by UofC Students

In 2008, only 18.4% of the UofC graduating students chose family medicine as their first choice of discipline in the CaRMS match. This was the lowest family medicine choice rate in our school’s history, and well below the generally accepted goal of approximately 50%. In the January 2009 match, 26.9% of UofC students chose family medicine first – a clear improvement over last year’s result.

14) Leadership:

Over the last year Dr Keith Wycliffe-Jones has continued in the role of Family Medicine Clerkship Director and Dr Stephen Dougherty has continued as Family Medicine Evaluation Coordinator. Dr. David Keegan joined the Department as Undergraduate Director in April 2008. This is a new key role responsible for setting overarching direction for the Department in undergraduate education and for acting as a resource/specialist in family medicine to the Faculty of Medicine.
15) Marketing Strategies

Dr. Cathy MacLean, Department Head approached the UofC Haskayne School of Business Masters Program to solicit input into marketing the discipline of family medicine in the medical school. Dr. Derek Hassey, professor at Haskayne agreed to have his Marketing 601 students use the marketing of family medicine to medical students as their class project. In December 2008, 12 teams of these MBA students presented the results of their projects to a panel of judges, including members of the Department of Family Medicine. The projects were deemed to be of high quality and the top project strategies will be further developed and implemented by the Department.

16) Master Teachers

The Master Teacher program of the Faculty of Medicine, created in 2007, is currently staffed by 12 Master Teachers - - 6 of whom are family physicians. The Master Teacher Program provides salaried positions (.2 FTE) to allow physicians with a proven track record of excellence in teaching to have dedicated time outside of their clinical practice to teach within all three years of the undergraduate medical curriculum.

Physicians selected to become Master Teachers receive 80 hours of advanced training in educational techniques and theory through the Teaching Scholars in Medicine Certificate Program. The Faculty of Medicine plans to hire 5-10 additional Master Teachers in the upcoming year. The Department is working with the Faculty to assist with recruitment.

17) Rural Integrated Community Clerkship (RICC)

This exciting new program commenced March 2008 under the directorship of Dr. Wes Jackson. RICC is a clerkship option for medical students interested in learning medicine in a generalist environment. Students are based in a family practice in a rural or regional community and learn the generalist specialties in an integrated fashion by following their patients from the clinic to specialty consults, surgery, delivery, etc. This longitudinal approach allows students to develop an appreciation for the natural history of illness and an understanding of the importance of continuity of care.

In the first year, 10 clerks were placed in 5 rural teaching sites. Beginning in March 2009, 12 clerks have been placed in 6 teaching sites (Canmore, Drumheller, High River, Pincher Creek, Sundre and Taber). One challenge of RICC is that most of the 6 RICC sites are no longer acting as sites for the regular family medicine clerkship.

18) Undergraduate Family Medicine Education Committee (UFMEC)

In 2008, the program created a new management group (UFMEC) with the responsibility of setting strategic direction for all activities in the family medicine undergraduate arena. UFMEC works closely with the Clerkship Committee which is responsible for managing the undertakings of FM clerkship.

19) Strategic Planning

The undergraduate program undertook a strategic planning process in the summer/fall of 2008. The key outcome of this process was the crystallization of our mission in UG education. This will help us in auditing our progress, planning initiatives, and in filtering which opportunities to pursue. Our mission is: “Teaching family medicine, attracting students to our specialty, building our team.”
20) Task Force on Family Medicine (TFFM)

In response to the low rate of UofC students choosing family medicine as their first residency choice in 2008 (18%), the Faculty of Medicine established a Dean’s Task Force on Family Medicine as a Career Choice, chaired by Dr. Keith Brownell (Neurology).

The TFFM submitted its report to Dr. Bruce Wright (Associate Dean of Undergraduate Education). The report will be broadly disseminated after review by appropriate levels of school governance. The report is structured around evidence-based interventions that must be implemented in order to increase the number of students choosing family medicine first.

B. Post Graduate Education

In 2008, the Department was responsible for training 118 residents combined across the R1 and R2 years. This is an increase of 8 from the academic year beginning July 2007 and a total increase of 20 from July 2006. See chart below for breakdown of resident entry into family medicine program.

1) Academic Family Physicians

The Department added the role of Major Clinical physician to the UCMCs in early 2008. The purpose of these positions is to create part-time faculty who are available to work in partnership with our GFTs – thus increasing our teaching capacity. Major clinical teachers also provide some flexibility with regard to clinic coverage.

The Department successfully recruited 4 Major Clinical faculty during 2008-09 and these individuals have made a significant contribution to our clinical and academic work. They are: 1) Dr. Patricia Smith; 2) Dr. Wendy Tink; 3) Dr. Steven Mintsoulis; and 4) Dr. Heather Eliason.
2) Alberta International Medical Graduates (AIMG)

In February 2008, 10 AIMG physicians were accepted into the Family Medicine orientation process. All 10 physicians proceeded into residency after their orientation. In February 2009, 10 additional AIMG physicians began their orientation ("externship") with the Department. This 4 month orientation is specifically designed for each individual physician to fill gaps in previous experience and knowledge to support their success as future family residents.

3) Annual Review of Full Time Faculty

The Postgraduate Director conducted a review and assessment of the teaching contributions and achievements of each full time faculty member. Feedback was provided based on resident evaluations and inventory of their academic contributions.

4) CaRMS Match

In the CaRMS match held in January 2009, the Department was very pleased to fill 100% of its residency positions in the first iteration in both our rural and urban streams. The CaRMS match is a large scale and labour intensive process for the Department each winter. In 2009, the Department reviewed over 330 applications to our program, conducted 284 interviews across 3 days with the assistance of over 60 family physician and resident interviewers.

Many individuals from varied aspects of our program were involved in this year's successful match. In addition to Department Residency Program leaders, we had input from faculty, community physicians, RAS physicians and staff, residents and Regional leaders. The interview process was highly successful and the Department received significant positive feedback from medical students on the experience.

5) Core Site Development

The Department created 4 community core teaching sites in 2007-2008 (in addition to Black Diamond and the UCMCs). In early 2009 we recruited a 5th new core site (Bowmont Clinic) that will begin taking residents in July 2009. The program will have 8 sites in total for core family medicine blocks:

- Alexandra Clinic
- Bowmont Clinic
- Salveo Clinic
- UCMCs - North Hill
- Black Diamond
- Crowfoot Clinic
- South Calgary Medical Clinic
- UCMC Sunridge

Residents are assigned to these core sites as the location for their family medicine block rotation as well as first and second year call-back. These sites have provided a substantial increase in the number of core teachers in the program and significantly increase the capacity of the program. In the residency year beginning July 2009, Crowfoot will increase their R1 residents to 4 (from 3) and Black Diamond will increase to 6 (from 5).

6) Curriculum

The Residency Program has expanded the number and variety of life support courses available to residents. As of 2008, Acute Care of at-Risk Newborns (ACORN), Pediatric Advanced Life Support (PALS) and STARS have been added to the life support courses already available.
7) Other highlights in Postgraduate Education

<table>
<thead>
<tr>
<th>Highlights – Postgrad Education</th>
<th>Details</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Education Manager</td>
<td>AARP funded role to oversee undergrad, postgrad, and continuing professional development</td>
<td>Feb 2009</td>
</tr>
<tr>
<td>Policy Development</td>
<td>Updating of residency policies and procedures (call back, evaluation, wellness &amp; safety)</td>
<td>08-09</td>
</tr>
<tr>
<td>2 Resident Conferences</td>
<td>Clinical info and skills – sexual health and family med medical issues</td>
<td>Spring 08 Fall 09</td>
</tr>
<tr>
<td>Resident interviews</td>
<td>Facilitates connections with residents and a Program Director and evaluated progress</td>
<td>Every 6 months</td>
</tr>
<tr>
<td>Rotation Review</td>
<td>Review and update of goals and objectives to reflect current issues and practices</td>
<td>08-09</td>
</tr>
<tr>
<td>Teaching residents to teach</td>
<td>A program encouraging teaching skills among residents</td>
<td>ongoing</td>
</tr>
<tr>
<td>Teachers Group</td>
<td>Meets regularly to offer presentations supporting the development of teaching skills</td>
<td>Monthly meetings</td>
</tr>
</tbody>
</table>

8) Enhanced Skills

Approval and funding for three new enhanced skills programs was secured in 2007-08. In the past year, the content for the Research, Global Health and Addictions programs were developed. Research will provide an opportunity to further develop the family medicine researchers of the future. Global Health was driven by resident interest and will provide an opportunity for residents to develop skills to assist in their care both locally and internationally. The creation of the Addictions Program was driven by societal need and the complexity of care inherent in addictions medicine.

9) Rural Alberta South (RAS)

The Department runs a rural program which has two regional sites: Medicine Hat and Lethbridge. This program conducts its own distinct CaRMS match. Residents who are matched to RAS complete their entire residency in this program as a distinct entity within the Department of Family Medicine.

RAS has begun to implement the program improvements that were identified as priorities in the March 2008 planning retreat. The Unit Director role has been discontinued and a Rural Academic Director is being recruited. This position is to be fully funded through the Departmental AARP.

10) Teaching Awards

A number of teaching awards are given by the program each year. The recipients are nominated and selected directly by the residents. Urban teaching awards in 2008 were presented to:

- Family Medicine Preceptor: Dr. Diane Lu
- Rural Family Medicine Preceptor: Dr. Adam Vyse
- Clinical Teaching: Dr. Ron Cusano
- Excellence in Teaching: Dr. Roger Thomas

Program residents selected 7 teaching award recipients this year.
Rural Alberta South teaching awards were presented to:

- Clinical Teaching  Dr. Jean Boodhoo – Medicine Hat
- Clinical Teaching  Dr. Laura Heemskirk - Lethbridge
- Rural Family Medicine Preceptor  Dr. George Gish – Claresholm

11) Alberta Family Medicine Graduates Survey

The recent Alberta Family Medicine Graduates Survey shows (Crutcher et al) that 75.6% of Alberta graduates (from 2001-2005) have remained practicing in the province. The survey also demonstrated the clinical areas in which Alberta grads are now practicing family medicine (see the chart below).

C. Continuing Professional Development

The Department is committed to providing ongoing continuing professional development (CPD) for all faculty members. CPD includes faculty development to enhance teaching and learning skills, promote research and scholarly activity, enhance leadership skills and provide ongoing CME opportunities.

CPD activities include departmental initiatives as well as activities with Faculty Development of the Office of Continuing Medical Education at the University of Calgary.

1) Curriculum

A wide range of CPD activities have been offered to academic faculty, community preceptors and rural north preceptors. Seminars, workshops, meetings, visiting speakers series and conferences have all been developed and held. The curricula for these events have a strong focus on teaching and learning (CME is offered in other venues).
Lunch & Learn: These sessions are designed to meet the needs of our faculty and staff regarding teaching and learning skills, scholarly activity and continuing education requirements. L&L sessions are held every second and fourth Wednesday at one of our UCMCs with video-conferencing to the other site.

2) Lunch & Learn seminars in 2008-2009 included:  

<table>
<thead>
<tr>
<th>Date</th>
<th>Session</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 08</td>
<td>• Models for Teaching Procedural Skills&lt;br&gt;• Significant Event Audit</td>
<td>Dr. Juan Garcia&lt;br&gt;Dr. Keith Wycliffe-Jones</td>
</tr>
<tr>
<td>May 08</td>
<td>• Medico-legal Issues &amp; Teaching</td>
<td>Dr. Jacques Guilbert</td>
</tr>
<tr>
<td>Sep 08</td>
<td>• The Teaching Moment</td>
<td>Dr. Keith Wycliffe-Jones</td>
</tr>
<tr>
<td>Oct 08</td>
<td>• Feedback</td>
<td>Dr. Dennis Kreptul</td>
</tr>
<tr>
<td>Nov 08</td>
<td>• Direct Observation</td>
<td>Dr. Keith Wycliffe-Jones</td>
</tr>
<tr>
<td>Dec 08</td>
<td>• Implementation of Personal Directives</td>
<td>Ms. Monique Rigole</td>
</tr>
<tr>
<td>Jan 09</td>
<td>• Gilles de la Tourette’s Syndrome&lt;br&gt;• Cancer Board Guidelines</td>
<td>Dr. Tamara Pringshein&lt;br&gt;Dr. Jim Dickinson</td>
</tr>
<tr>
<td>Feb 09</td>
<td>• Academic Detailing – Insulin</td>
<td>Ms. Debbie Bunka</td>
</tr>
<tr>
<td>Mar 09</td>
<td>• Online Resources to Facilitate Small Groups&lt;br&gt;• Antidepressants and Pain</td>
<td>Dr. David Keegan&lt;br&gt;Dr. John Pereira</td>
</tr>
</tbody>
</table>

3) Leadership

Dr. Sonya Lee was appointed Professional Development Coordinator in 2007. After a productive year in the position, Dr. Lee took a 10 month leave of absence in 2008 and the role was successfully fulfilled by Dr. Juan Garcia and Dr. Heather Armson. Dr. Lee returned to her position in December 2008. Each of these transitions has been managed smoothly and effectively.

4) Other highlights in Continuing Professional Development

<table>
<thead>
<tr>
<th>Highlights – Continuing PD</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers’ Lecture Series</td>
<td>Invitations to visiting speakers from outside Calgary</td>
</tr>
<tr>
<td>Preceptor Workshops</td>
<td>Workshops for community preceptors teaching residents – “Direct Observation” and “Resident Feedback”</td>
</tr>
<tr>
<td>Cabin Fever</td>
<td>Annual 3-day teaching and learning conference for rural and Calgary preceptors. Sessions offered by community faculty and academic faculty.</td>
</tr>
<tr>
<td>Conferences</td>
<td>Family Medicine Forum – 10 faculty&lt;br&gt;AFMC Medicine Forum – 3 faculty&lt;br&gt;N. American Primary Care Research Group – 3 faculty&lt;br&gt;Assoc. for Medical Education in Europe – 2 faculty&lt;br&gt;CLIME Leadership in Medical Education – 2 faculty</td>
</tr>
<tr>
<td>Faculty Development Consultant</td>
<td>Dr. Wayne Weston, UWO helping to enhance mentoring, program and content review, and workshops re change management.</td>
</tr>
<tr>
<td>Videoconferencing</td>
<td>Web-conferencing technology used between 2 sites.</td>
</tr>
<tr>
<td>Teachers Group</td>
<td>Meets regularly to offer presentations supporting the development of teaching skills</td>
</tr>
</tbody>
</table>
5) Leadership Development

DFM held its 3rd annual leadership development seminar in March 2009. All leaders from DFM, PC, PCNs, and UofC DFM were invited. 17 individuals participated. The event was a ½ day seminar on the topic of “Making Stuff Happen With Big Buy In: Developing Practical Negotiation Skills To Get The Outcomes You Need” by Dr. David Keegan. The focus of the session included strategies for identifying stakeholders and incorporated and using strategies for effective engagement.

Several Department leaders also participated in the Physician Management Institute courses this year, which are organized through the Office of the Chief Medical Officer.

6) Department Websites

The Department of Family Medicine websites contain extensive information for current and prospective family physicians. For the academic arm, the website contains information for students and residents such as program information, teaching site information, education references, faculty summary, opportunities for electives, and details of prior Academics Programs. The website of the AHS clinical arm offers practice information and opportunities, recruitment information, clinical directories, and information about services of the department accessible to FPs.

4.3 Research Highlights for 2008

1) Successes

Peter Norton, the previous Chair and Head of the Department as well as an eminent primary care researcher, retired in 2008. Fariba Aghajafari is a junior faculty member who has joined us, with an MSc in clinical epidemiology and a commitment to develop her own research career.

2) Research productivity

Overall, our annualized grant income (for 13 grants) and peer-reviewed publication rate both declined in 2008 after several years of consistent growth. The upcoming year may provide better indication of whether this is a result of normal variation in the distributions or a challenge for the Department. Departmental faculty brought in $1,936,436 in annualized research grant income ($437,534 as principal investigators).
3) Exploring Cross-Cultural Communication in the Context of Aboriginal Health

Focused primarily on the adaptation of health communications curricula to improve the competencies of health care providers working with Aboriginal people, the Cross-Cultural Communication project works with Aboriginal community members and communications specialists to better understand issues of intercultural communication in the medical interaction through qualitative research. Essential to quality primary care, it is important to promote understanding of the attitudes, values, beliefs, expectations and behaviours of Aboriginal patients as well as mainstream physicians.

Working from research conducted by the Building Aboriginal Health Teaching & Learning Capacity team, the activities of this project are guided by three main research questions:
1. What constitutes effective communication when working with an Aboriginal patient?
2. How should effective communication with an Aboriginal patient be taught?
3. What are the outcomes/indicators of effective cross-cultural communication training?

4) Medical Safety in Community Practice Program (MSCP)

The purpose of this program is to identify strategies to improve patient safety and reduce incidents in community based primary care practice. Utilizing a voluntary safety learning system, the MSCP program collects incident information from community practices located within the Calgary zone and collaborates with them to develop, implement and evaluate risk management strategies to increase patient safety. A total of 10 clinics are actively participating and 10 more have agreed to allow recruiting presentations. A total of 119 incidents have been reported. Participating clinics have been working on various improvement strategies including medication reconciliation and referral confirmations.

5) Alberta Preventative Measures

This project is designed to assemble a set of recommendations for preventive services that doctors in Alberta can use for their patients. The plan is to integrate the new Cancer Board screening recommendations with recommendations from the Towards Optimal Practice program of the Alberta Medical Association. We will also undertaking literature searches, and include recommendations about other topics from other authoritative bodies (particularly the US Task Force on Preventive Services, and Canadian guidelines). The goal is to provide a limited set of conservative recommendations to try to ensure that valuable activities are focused on effective rather than ineffective preventive services.

6) Cohort study of care for dementia during transitions

This project, funded jointly by CIHR and AHFMR, complements previous work by the DementiaNET team into the processes and outcomes experienced by people with dementia and their caregivers. 300 people with dementia will be recruited in Calgary, Edmonton and Ottawa and followed up for three years to investigate how effectively local health services enable care during episodes of transition.

7) Southern Alberta Primary Care Research Network (SAPCReN)

The network successfully enabled the community family physicians from Sundre to obtain a peer reviewed research grant from the College of Family Physicians of Canada to study the point prevalence of MRSA in a small rural community hospital. This was the first successful SAPCReN grant request.
8) Canadian Primary Care Sentinel Surveillance Network (CPCSSN)

This national network obtained an extension to its funding from the Public Health Agency of Canada (to March 2010). The extension will facilitate feasibility testing on its system for retrieving chronic disease surveillance data from the electronic medical records of participating sentinel family physicians. CFPC is also involved in this initiative.

9) Research methods training

Training became more substantial this year with the introduction of a popular biostatistics course organized by two departmental statisticians. In response to growing interest among our residents for formal research methods training to go alongside their practical research project experiences, DFM has arranged to run a pilot web-based research methods course beginning this summer. The annual DFM Research Day saw departmental faculty and research associates presenting alongside our residents. Research methods training has become an additional theme within the departmental continuing professional development program.

10) Publications and Presentations

Collectively over the last year, DFM published 41 papers and gave 86 presentations at local, national and international scientific meetings (see the charts below).
4.4 Quality Improvement

1) Provincial

The “Access Improvement Measures” (AIM) collaborative is still active with the second cohort almost completed. Recruitment for the third cohort is under way with an estimated start date of October 2009. Dr Hilary Adams, QI Physician for the DFM is faculty in this collaborative and is instrumental in recruiting family physician clinics into AIM as well. Annette Vroegindewey, QI consultant for the DFM is a facilitator with AIM and supports a family physician practice as they progress through AIM.

2) Acute Care

The Hospitalist Program at all 3 adult acute care sites continues to work on improving communication with community family physicians on admission and discharge. They are currently looking at addressing some of the vulnerabilities in the business process, especially from an IT perspective.

The Southern Alberta Referral and Coordination Center (SARCC) facilitates urgent, same day referrals into acute care. The QI team is working closely with SARCC to increase the utilization of SARCC by urban family physicians.

A large number of patients are discharged directly from the adult Emergency Departments (ED) and the Urgent Care Centers (UCC). The QI team is working closely with the ED QI team on creating a business process that will improve discharge communication from the ED/UCC to the family physician.

The QI team is also heavily involved with the regional CHF taskforce in particular advising the taskforce around communication with the family physician at discharge and supporting the CHF patient once discharged into the community.

3) GRIDLOCC – RGH and PLC

GRIDLOCC (Getting Rid of Inappropriate Delays that Limit Our Capacity to Care) has two primary goals: 1) Reduce ED wait times (80% will be assessed by physician according to CAEP and recommendations and CTAS); and 2) Improve patients’ satisfaction of ability to access services in the ED to 80%. The GRIDLOCC project ended in March 2009, and the target for all admitting services from time of consult request to decision to admit is 120 minutes. Using consult times of the hospitalist service at the FMC as a benchmark, the current target for the hospitalist service at the RGH and PLC is 180 minutes.

The development of the revised master process for ED admissions and identifying the appropriate “most responsible physician” along with admission guidelines by the five main admitting services, was key to improving consult to decision to admit times. The collaboration to establish these guidelines set the stage for the success of GRIDLOCC by identifying the appropriate responsible physician. This reduced the number of consults before admission and also redistributed appropriate patients to services with available capacity.

Additionally, an analysis of hospitalist work flow to match demand and capacity at PLC has created sustained improvement. The same trend has not occurred at RGH and further analysis of RGH specific challenges both within the hospitalist service and between the various admitting services is required to garner improvement.
5.0 CHALLENGES
5.0 CHALLENGES

5.1 Clinical Capacity

A. Community

1) Workforce Capacity
There continues to be a significant shortfall in the number of family physicians practicing in Calgary in relation to the size of the population. According to the Department’s 2004 Physician Resource Plan, the projected shortfall in family physicians by the 2007-2008 year was 367. An up-to-date workforce plan will be implemented this year in order to validate this figure and to update a recruitment plan.

The impact of Calgary’s economic boom in recent years on community family physician practices has been significant. While advocacy initiatives by the Department have been somewhat successful, economic challenges such as staff and lease costs remain.

To the extent that the increasing financial burdens have led many family physicians to leave their community practices this has also exacerbated a pre-existing shortage of family physicians in Calgary combined with an aging workforce.

A continued undersupply of family physicians may have long-term implications for ongoing recruitment to community practice. Recruitment may be jeopardized due to a demoralized workforce. New medical graduates and family medicine residents will increasingly choose other areas of practice. Existing physicians may leave practice prematurely, reduce hours, or move towards more supportive practice environments. Community health clinics with interdisciplinary teams and financially supportive environments may assist with these challenges.

2) UCMC Clinics
Space planning is a priority. Leases at both the Sunridge and North Hill sites will expire over the next 15 to 18 months. There is also an urgent need to expand space given the increased need for resources to teach more medical students/residents as the medical school has increased its enrolment. A number of AHS committees (with Family Medicine representatives) are working on these issues for a variety of sites including South Health Campus, East Calgary Health Centre, and Sheldon M. Chumir Health Centre. Alternate possible sites have been visited such as Riley Park, Richmond Road, and SAIT. Current and future research workspace needs are also being considered as the research space is now full. Alternate arrangements will have to be considered for future staff.

AARP Funding
The AARP proposal has been completed and submitted to Alberta Health and Wellness. DFM is awaiting final approval in order to move forward with the proposed plans. Current funding issues provincially and for Alberta Health and Wellness are having an impact on the progress and scope of the proposed AARP.
B. Acute Care

The Department is working diligently to address significant capacity and patient flow challenges in acute care.

Family physicians working in acute care are clearly impacted by these patient flow challenges. With the implementation of the revised master process for ED admissions and identifying the Appropriate Responsible Physician, FMC and PLC have been able to sustain improvements to the median time from consult request to decision to admit. The ability to reach this target continues to be a significant challenge at RGH.

Although there have been improvements in median time from consult request to decision to admit, wait times for patients to be admitted to an inpatient bed continue to be an area of concern.

Unplanned readmissions to hospital <30 days after discharge reflects one outcome of an episode of care. There is evidence linking readmission with inadequate organization of rehab and support services when a person is transferred home following treatment. The FM Medical Services averages a 10.7% readmission rate as compared to an 11.7% rate from the same time period last year.
C. Obstetrics - Capacity

Inadequate access to obstetrical providers is an issue in Calgary as well as nationally and internationally. The unprecedented population growth in this zone has exacerbated this capacity problem.

Hospital and public health (postpartum) services are operating beyond capacity. Acute care labour and delivery units are exceeding capacity. The limited availability of obstetrical beds is a significant challenge for patient care. This has led to increased inter-hospital patient transfers. Bed shortages on post partum units may result in patients being discharged earlier than advised by guidelines.

In response to this capacity shortage, the Department is continuing to collaborate with Obstetrics/Gynecology and Child and Women’s Health regarding unattached patients, triage, and the bed shortages. However, there are no immediately apparent strategies for timely and significant change to address the above issues.

5.2 Academic Growth

The UofC Faculty of Medicine has been supporting the academic department’s funding shortfall for several years. In 2007-08, this shortfall totalled $1.8 million. The shortfall does not reflect new positions nor expenditures to adequately support our current resident complement nor to expand the residency program. Despite the over expenditure, DFM continues to operate the Department with inadequate resources.

The Department has implemented cost savings measures and continues to develop ideas for potential revenue generation. Work has been done regarding maximizing third party billings, Interac capabilities and standardized business practices for collection and management of clinic earnings.

The medical school class size has been growing over the past several years. An increased number of medical graduates in 2008 will require additional residency positions to complete their studies. To address the public need for family physicians, a majority of new residency positions should be created in Family Medicine. However, DFM currently does not have adequate resources nor personnel to accept a significant number of new residents. The Department is developing a long-range resource and manpower plan to increase the number of residents trained in Family Medicine. DFM will target numbers adequate to meet the needs of citizens in southern Alberta.
5.3 Education

A. Undergraduate Education

1) Expansion of Medical School Class

The size of the medical school class at the UofC is projected to grow to 180 students by 2011. This represents a 22% increase from the current class size. With expansion comes the requirement for additional preceptors and instructors from all disciplines. Family Medicine wishes to contribute significantly to undergraduate education and this growth will place additional demands on family physicians in the community to play key roles in the medical school.

i) Major Clinical Faculty

The Department advertised for Major Clinical positions in early 2008. The purpose is to hire part-time Major Clinical faculty who will be available to work in partnership with our GFTs to increase our teaching capacity. Major Clinical faculty will also provide some flexibility with regard to clinic coverage.

2) Medical Students Ranking Family Medicine First

The following chart shows the proportion of medical school graduates who ranked family medicine as their first choice. The comparison is between the average of Canadian universities and the UofC.

In 2009 the proportion of UofC students ranking family medicine as their first choice increased to 27% (from 18% in 2008). While a significant improvement over 2008 results, the proportion remains lower than our target and continues to be one of our major challenges.

As discussed in other sections of this report, several initiatives are underway to address this ranking result including: the Task Force on Family Medicine; Generalism Initiative with UofA; and marketing strategies.
B. Postgraduate Education

1) Accreditation

The residency program underwent accreditation review in February 2009. Much activity was directed towards preparation for this review over the past year. At the end of the visit, the program was given provisional accreditation status with a review recommended in 2 years. A significant driver of this result was cited as the inadequate financial and human resources provided to the Department to manage the postgraduate education programs. In the accreditation report, several specific recommendations were made for further development of the program. This report will provide direction for the Department as we address our issues of lack of resources including staff, faculty, equipment and space.

2) Expansion

The UofC medical school is expanding significantly. With this expansion comes a need and expectation that the Family Medicine residency program will expand to keep pace. Outlined elsewhere in this report are some of the difficulties experienced in delivering our current education programs. Expansion of Family Medicine residency to align with the medical school growth will further tax our already burdened faculty, administration and space.

3) Rural Alberta South Reorganization

A Rural Alberta Program retreat was held in 2008. The Department is currently planning to recruit a Rural Academic Director position. This past year, support for the 2 site coordinators in Lethbridge and Medicine Hat was also enhanced. Managing the limited budget of the RPAP program remains a challenge.

4) Resources – Faculty, Administrative Support, Space

A key finding of the accreditation survey in February 2009 was the under-resourcing of the department’s postgraduate education programs. The programs struggle with chronic shortages of faculty, administrative support and space adequate to ideally support the numbers of learners enrolled.

The promise of an Academic Alternate Relationship Plan (AARP) and support from the Faculty of Medicine with bridge funding received by the Department has facilitated significant recruitment of GFTs and support staff in the past year.

The program continues to be significantly short of GFTs for the current and projected numbers of learners in the Department. Recruitment of GFT physicians is challenging. Growth of our programs continues at a rapid rate and it is a struggle to keep pace with recruitment to match the growing numbers.

Administrative support has historically been insufficient to effectively manage and continually develop the family medicine postgraduate program.

The Residency Program further developed community core teaching sites over the past 2 years in an effort to increase the resources of the program. While these sites have provided much needed faculty and physical space for resident learning, the ongoing pressures to expand the program will soon outstrip resources.
The development of an additional UCMC site at Sheldon M. Chumir Health Centre will potentially assist with space needs, however, delays in development and operation of this site could have significant consequences for our program expansion. The proposal for Sheldon M. Chumir represents an exciting opportunity for a joint teaching unit.

C. Continuing Professional Development

1) Increase in Preceptor Numbers

As the numbers of preceptors increase in the Department of Family Medicine education programs, there is an increasing demand for faculty development. Manpower and funding resources to develop and offer events remains a challenge.

2) Multiple Levels of Experienced Faculty

A challenge that is particular to the Continuing Professional Development program is the varied levels of experience possessed by current and newly recruited faculty. This wide variety poses challenges in creating curriculum, selecting educators, and developing events.

3) Multiple Dispersed Teaching Sites

Many aspects of family medicine education occur in the community and in isolated sites (e.g. mandatory clerkship rotations, residency family medicine block, electives, etc.). This dispersal of preceptors represents a significant challenge to providing CPD that is timely, convenient, and efficient.

4) Resources

An ongoing challenge in many of the areas of the Department is adequate funding to for program growth and expansion. In order to reach a greater proportion of the family physician preceptors with additional opportunities for faculty development, more resources will be required.
6.0 FUTURE DIRECTIONS
6.0 Future Directions and Initiatives

6.1 Clinical Directions

A. Workforce Plan

The workforce plan compiled by the Department of Family Medicine has not been updated since 2004. A new workforce plan for family medicine is planned in 2009 and will be used to assess access and capacity issues based on the number of family physicians practicing in Calgary.

B. South Health Campus

AHS is currently planning development of the South Health Campus and the Department is pursuing a presence at this site. Physician workforce planning and service delivery models are under development for the future opening of the Campus. Department representatives are working collaboratively with Primary Care Networks and South Campus planners to develop options for a family medicine presence (e.g. outpatient, academic, teaching, obstetrics, inpatient) at South Campus. South Campus development affords the Department an opportunity to develop new innovative models of care across the continuum in partnership with key stakeholders.

There are presently 3 primary areas for planning and development by Family Medicine:

• Establish a possible teaching site integrated with community practice for family medicine - lead by the academic arm;
• Development of a hospitalist program similar to the other acute care sites; and
• Obstetrical program expansion – including family physicians practicing obstetrics and midwives.

C. Innovative Models of Care

The Department continues to be actively exploring new models of care in order to:

1) Support sustainable models of family practice;
2) Promote family medicine in Calgary as a more attractive option for medical students and family physicians from other areas; and
3) Establish alternative funding models for family physicians.

This year, the Department will work to advance such innovative primary care models at East Calgary Health Centre (ECHC) and the Sheldon M. Chumir Health Centre (SMCHC).

i) SMCHC
   • Planning is near completion with an interdisciplinary model of care and a new funding model for family medicine.
   • Target opening date is late 2009.

ii) ECHC
   • Planning is complete with an interdisciplinary model of care, prior FP stakeholder involvement, and a clinic design template. The service will help to address health needs of the citizens in east Calgary.
D. Physician Recruitment and Support

The Department is actively working to maintain and increase the number of family physicians in Calgary. A variety of recruitment strategies are utilized, as outlined in earlier sections of this report. Additional work will be undertaken in the upcoming year to partner with Primary Care Networks to develop new retention and recruitment initiatives.

The Department’s recruitment and retention initiatives are critically important to facilitate key projects in AHS (e.g. development of South Health Campus, Sheldon M. Chumir Health Centre and inpatient and obstetrical capacity initiatives).

Department leaders will continue to emphasize access to family physicians in populations that are particularly underserved and those that have higher social, economic and medical needs.

This year, the Department also plans to enhance its focus on the area of physician support. Activities to be considered include: education and resources regarding effective office practice; physician wellness; a resource for “physicians in crisis” due to loss, illness etc.; and supports to physicians in career transition.

The Department workforce plan, which is to be implemented this year, will provide an essential mechanism for moving forward with family physician recruitment.

E. Departmental Support for Comprehensive Care

In recent planning and discussions, leaders of the Department of Family Medicine have re-established the critical need to support comprehensive family practice. In other words, the Department will support and advance initiatives that recognize the value of full scope of practice and, in particular, community-based primary care.

The Department recognizes both the benefits and risks of diversifying the work of family physicians. However, there is still great need for an increase in community-based care available to Calgarians. A strategy of the Department is to ensure that there are comparable incentives to practice in community-based care.

F. Obstetrical Care

The Department will continue to collaborate with Obstetrics/Gynecology and Child and Women’s Health regarding unattached patients, triage, and bed crisis issues. In addition, the Department will participate in planning for obstetrical services at the South Health Campus.

While the number of delivering family physicians has remained relatively stable over the past year, additional providers are required to relieve pressure on existing physicians and to develop additional capacity to address the growing demand. The Department is exploring ways to encourage residents to practice obstetrical care and to support ongoing training opportunities for FPs currently in practice.

An increase in midwives is expected with the newly funded model for midwifery. Discussions are being initiated to determine the appropriate administrative linkages for midwives, due to the change to a provincial program.
G. Primary Care Networks

The Department aims to further its relationships with PCNs and to increase communication, advance common directions, promote a shared voice for family medicine, and to be a resource to PCNs. A significant number of DFM members are now in PCNs and ongoing collaboration is essential.

The Department will increase its connectivity with PCNs through:
- Shared representation at various PCN and DFM meetings;
- Enhanced connections among PCN and DFM leadership and programs;
- Joint planning and shared initiatives in areas such as recruitment, the Urban Locum program, physician support, and models of care; and
- Various educational opportunities.

The Department has raised the need for standardization and increased equity among PCNs, as well as the need for enhanced relationships with Alberta Health Services and the Department of Family Medicine. Members of the Department will continue to work in collaboration with leaders in Primary Care and Primary Care Networks to develop and support PCN programs.

6.2 Academic Directions

The academic arm of the Department has made significant gains in the past year including an increase in the number of FP faculty, 100% CaRMS positions matched in Calgary, and an increased number of students choosing Family Medicine.

A. Academic Funding - Academic Alternate Relationship Plan

The Department is currently pursuing an AARP for the academic arm. The AARP would address several critical funding challenges facing the DFM including recruitment of family physician faculty to train more family physicians for Calgary and southern rural Alberta.

Recruitment of new faculty will also contribute to the delivery of family medicine services to Calgarians currently unable to access a family physician. The AARP review process by Alberta Health and Wellness is moving forward, and the Department looks forward to the future the AARP will facilitate.

B. Faculty Recruitment

Recruitment will continue and currently a number of additional Master Teachers are being recruited. Academic physicians contribute to the overall clinical capacity of the Department by increasing the numbers of graduates who work in Calgary, by recruiting from outside of the zone, and by increasing retention of existing physicians.
C. Education - Directions

i) Accreditation Recommendations
The Department response to the February 2009 provisional accreditation will be a high level priority in 2009-2010.

A key finding of the accreditation team was the under-resourcing of the residency program both in faculty and administrative support staff. The AARP proposal has incorporated additional GFTs and support. However, as of March 2009 the timing of the AARP approval is uncertain. AARP funding is critical to the future progress of the Department and implementation of accreditation recommendations.

ii) Continuing Professional Development
Faculty development will be a key undertaking of the department over the upcoming year. The creation of development opportunities open to all family physicians involved in teaching will make the most efficient use of our instructors as well as help to build a “community of family physician teachers”. The Department will host a faculty development conference in October/November 2009. This event will provide an opportunity to all family medicine preceptors to develop skills and network with colleagues.

In addition to local faculty development, the Department will send faculty to Whitehorse and Yellowknife to enhance professional development opportunities for preceptors in these cities as well as to strengthen ties between these northern teaching sites and our program. Continuing professional development in these sites is supported through the Office of Associate Dean Rural & Regional Affairs.

iii) Task Force on Family Medicine – Implementation
The Task Force Report was submitted to Dr. Bruce Wright in March 2009. Deliberations will occur in the Faculty of Medicine regarding approval of the report recommendations. Once a Faculty decision has been made regarding the recommendations, the Department of Family Medicine will have considerable work to implement these recommendations.

iv) Recruitment of Preceptors
In the upcoming year, the Department will continue to recruit community teachers for many key preceptor roles including: undergraduate instructors; Master Teachers; and clerkship preceptors. This will build upon the recruitment success enjoyed over the past year.

With the planned increase in the medical school class size and with the expansion of the family medicine clerkship to a full 6 weeks beginning in March 2009, recruitment and support of our teachers will be even more critical.

v) Tools to Support Education
Tools and initiatives to support all Family Medicine education programs will be developed over the next year. Tools will include: a family medicine preceptor database; preceptor recruitment materials and processes; a coordinated learner scheduling system; administrative processes and policies; and an education leaders group.
Department of Family Medicine
Summary of Publications, Presentations & Grants

2008
Journal Papers/Articles

Andersen, E., Silvius, J., Slaughter, S., Dalziel, W., Drummond, N. Lay and professional expectations of cholinesterase inhibitor treatment in the early stage of Alzheimer disease. Dementia 2008; 7: 545-558.


Geoffrion, R., Murphy, M., Mainprize, T., Ross, S. Closing the chapter on Obtape: a case report of delayed thigh abscess and literature review. J Obstet Gynaecol Can. 2008: 30(2); 143-147.


Wright, B., Woloschuk, W. Have rural background students been disadvantaged by the medical school admission process? Medical Education, 42(2008):476-479.

2009
Journal Papers/Articles


**2008 Presentations**

Bergman, J. *Concensus Conference on depression*: Michael Kirby “Diagnosis and follow up of depression in a primary care setting”. Calgary, AB. October 15 to 17, 2008


Crowshoe, L. Exploring the Physician’s Role of Advocacy *Respirology Residents, Faculty of Medicine, University of Calgary*, Calgary, Alberta. February 2008


Crowshoe, L. Exploring facilitators and threats to Advocacy, St. Paul’s Hospital & IMG Sites, *Faculty Development Retreat*, Whistler BC. April 2008


Crowshoe, L. MSK Disease & Aboriginal Populations, *Faculty of Medicine, University of Calgary*, Calgary, AB, November 2008

Crowshoe, L. Exploring Parallel Dialogues within Health Interactions, *Global Health Symposium, Faculty of Medicine, University of Calgary*, Calgary, AB, November 2008

Crowshoe, L. Am I treating you like an Indian, Dr. Lynden Crowshoe, The Kahanoff Centre. *Aboriginal Health Program Spring Retreat*, Calgary, AB. May, 2008

Drummond, N., Pimlott, N. How to set up a primary care research network and, more to the point, "why”? Family Medicine Forum, Toronto, ON. Nov 27-29, 2008.


Finlay, J., Saldanha, K., Drummond, N., Kozak, J., Persaud, M., Emerson, V. A Comparison of English and South Asian Canadian experiences in the period prior to a Dementia Diagnosis. Presented at the *37th Annual Scientific and Educational Meeting of the Canadian Association on Gerontology*. October 2008, London, ON.


Lee, S. Community Preceptor Workshops: The Learner in Difficulty Calgary, AB. January 30, 2008

Lee, S. Ciubotaru, S. Teaching Residents to Teach. Cabin Fever 2008 February 9, 2008

Lee, S. New Clerkship Preceptors Workshop, Faculty Development, Calgary, AB. February 20, 2008.


Lu, D., Sowa, D., Williamson, T., Jamieson, P., Drummond, N. Follow up care received by patients discharged from a family medicine hospitalist program in the Calgary health region: A retrospective study. 36th NAPCRG Annual Meeting 2008.
MacLean, C., Phelps, I. Integrating patient education into practice. 

MacLean, C. Choosing family medicine as a career. 
_Qatar Primary Health Care._ Qatar. November 1 – 4, 2008

MacLean, C. Patient Education. 

Myhre, D., Woloschuk, W., Hansen, C., Szafran, O., Crutcher, R. Locum: Defining the experience. 
_ASAC Alberta Chapter, Banff, 2008 Feb._

Myhre, D., Woloschuk, W., Hansen, C., Crutcher, R. Locum: Defining the experience. 
_Section of Researchers CFPC, Toronto, 2008 November._

Myhre, D., Woloschuk, W., Hansen, C., Crutcher, R. Locum: Defining the experience. 
_AMEE, Prague, 2008 September._

O'Beirne, M. Disclosing Unanticipated Medical Outcomes. 

O'Beirne, M. Safety – How to Disclose Errors. 
_Family Medicine Faculty Development Workshop session._ Kananaskis AB. February 8, 2008

O'Beirne, M. Community Based Research: Challenges in Ethics Oversight. 
_ARECCI, Protecting People While Increasing Knowledge, Breakout Session._ Calgary, AB. May 5, 2008


O'Beirne, M., Sterling, P., Palacios-Derflingher, L., Casebeer, A., Hohman, S. Patient Safety Improvement Strategies in Primary Care. 
_North American Primary Care Research Group Annual Meeting Workshop Session, November 18, 2008._

_North American Primary Care Research Group Annual Meeting Poster Session, November 16-19, 2008._

Norton, P.G. “Use of Existing Databases for Quality Management Outcomes Now and in the Future”, Two workshops at the 6th annual QI forum of the CHR and University of Calgary CPD Calgary, February 8, 2008


Scott, I., Wright, B., Brenneis, F., Gowans, M., Banner, S., Boone, J. “Predictors of Switching or Staying with a Career Choice in Medical School.” 
_College of Family Physicians of Canada Annual General Meeting (Family Medicine Forum), Toronto ON, December 2008._


Woloschuk, W., McLaughlin, K., Wright, B., Jones, A. “Measuring performance of medical school graduates in residency”. Abstract presented at the annual meeting of the Association for Medical Education in Europe, Prague, Czech Republic, 2008.

Wright, B., Coderre, S., McLaughlin, K. “The contribution of analytic information processing to performance on nonvisual diagnostic tasks. Abstract presented at the annual meeting of the Association for Medical Education of Europe, Prague, Czech Republic, 2008 Conference.


Wycliffe-Jones, K. Direct Observation. Faculty Development series, Department of Family Medicine, University of Calgary, AB. November 12th 2008.


Wycliffe-Jones, K. The teaching moment. Faculty Development series Department of Family Medicine, University of Calgary. September 10th 2008.


2009 Presentations

Crowshoe, L. Situating Culture within the CHR Competency Framework for an Urban Aboriginal Health Service, Insight Aboriginal Health Forum, Calgary, AB. February, 2009

Crowshoe, L. Diabetes and Aboriginal People, 3rd Annual Western Diabetes Summit, Banff, AB. March, 2009

Crowshoe, L. Trauma in the Aboriginal Population, Faculty of Medicine, University of Calgary, Calgary, AB. March, 2009

Crowshoe, L. Historical Determinants of Health, Faculty of Medicine, University of Calgary, Calgary, AB. March, 2009


Lee, S., Ciubotaru, S. Cabin Fever 2008 Teaching Residents to Teach. February 7, 2009


Lewis, J.E, Tink, W. Cherry cobbler or cherry picking: Issues in Building a Clinical Practice. PRESENTATION Symposium, Department of Family Medicine, Calgary. Mar 26, 2009.
2008

Grants


Crowshoe, L., King, M. Alberta Network Environments for Aboriginal Health Research (NEAHR) sub grant (University of Alberta) $61,644. October 2008 – September 2010.


Garcia-R., Thomas, R., Lorenzetti, D. A systematic review of interventions to teach surgical skills and care to interns, house officers, residents, registrars or fellows. University of Calgary, URGC Research Grant. $9,500.00 June 16, 2008 to April 30, 2009.


Sawa, R. Travel grant for presentation and development of collaborators in India. University of Calgary, travel grant. $15,000. 2008.


Yarema, M.C. Deaths in patients hospitalized for acetaminophen poisoning from 1980-2005. American College of Medical Toxicology, Phoenix $7,500.00 July 2008

2009

Grants

Crutcher, R.A. Southern Sudan Healthcare Accessibility, Rehabilitation, and Education Project (SSHARE), Co-PI. Canadian International Development Agency. $2,999,005. 2009-2012.

Kathryn Hyndman; Annette Schultz; Roger Thomas, Jeff Taylor; Margaret Kvem; Marino Francispillai, Steve Patterson; Jenifer Bradley. “A survey of health professionals’ training in tobacco reduction counselling on the Canadian prairies. Canadian Tobacco Control Research Initiative, $14,500. February 2009-2011.
**This Issue**

*CFPC Family Physician of the Year: Dr Mark Sosnowski*

*Recruitment Success: Welcome Dr. van Arkel*

*Around the Region: New Programs and Resources*

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**Dr. Sosnowski, CFPC 2008 Family Physician of the Year**

Dr. Mark Sosnowski, Clinical Assistant Professor, Department of Family Medicine, UofC, was honoured with the College of Family Physicians of Canada (CFPC) award for his commitment to family medicine at the annual Family Medicine Forum in Toronto. Each year this award (The Reg L. Perkin Award) are presented to one physician from each province.

“I didn’t expect it would go this far when I found out I was nominated. It’s overwhelming and exciting,” he says shaking his head in disbelief. “Our experiences shape us and my patients have taught me how to be a good family physician. I think they’ve taught me more than I’ve taught them. They’ve helped develop my character and my compassion,” Sosnowski smiles.

“There’s something about knowing your patients for a long time – it’s a huge strength for family medicine.”

The Department of Family Medicine would like to congratulate Dr. Sosnowski on this great achievement!

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**Recruitment Success for a Southeast Practice**

Dr. Elsbeth van Arkel, family physician from the Netherlands has recently joined the Lynnwood Medical Clinic in SE Calgary. Recruitment efforts for this clinic have been underway for some time.

Dr. van Arkel immigrated with her husband and family to Calgary in 2008. She first contacted Darlene Befus, Physician Recruitment Consultant for Family Medicine in September of 2008. Darlene was able to assist Elsbeth in making contact with potential physician sponsors and with the licensing and work permit process. Through the support provided by the DFM and her own persistence, she acquired her medical work permit just before Christmas. In early January she obtained her Part I provisional license from CPSA. Dr. Mark Sosnowski has agreed to provide the 3 month sponsorship required by the College. Dr. van Arkel is gradually building her practice, providing much needed care to patients who are without a family physician. Welcome to Calgary!
**Stroke Facilitated Discharge and Transition Team:** A new community-based rehabilitation service for people affected by stroke

Home based rehabilitation has been shown to be both clinically effective and cost-efficient when compared with hospital care for medically stable patients able to be discharged.

A new Facilitated Discharge and Transition Team for urban Calgary offers:

- a one year pilot (2009) project between Calgary Stroke Program and Home care Services Funded by the AB Provincial Stroke Strategy,
- Services all Patient Care Units at the adult acute care hospitals.
- The team is based within Home Care Services (including Occupational, Physical, Recreation, and Speech and Language Therapy, as well as Social Work) and will provide short term, client driven, community/home based rehabilitation interventions to clients and their families.

**Who you should refer:**
Consider referring any inpatients who have experienced a recent stroke who meet the following criteria:

- Medically stable. Can be discharged to home setting
- Resides within Calgary city limits
- Primary need is not nursing
- Willing/able to participate in rehab
- Eligible for home care in Alberta

**How to refer**
Complete the team referral form (available on the “Referring Patients” section of the Calgary Stroke Program internal website) and fax to Luchie Swinton, Clinical Consultant at fax: 403-944-8638 (Phone: 944-8646).

The referring team will be informed of the acceptance/non-acceptance of the client. If the client is accepted, the referring team should inform the unit Transition Coordinator who will then process the referral for Home Care admission.
Recognizing Family Physician Contributions - Dr.’s Moriarty, Haywood, & Malm
The Department of Family Medicine would like to acknowledge the significant contributions of three family physicians who, sadly, have recently passed away. Dr. Fred Moriarty, Dr. Gary Haywood, and Dr. Sheila Malm demonstrated their commitment to family medicine through many years of practice, as well as contributions to leadership and academics. Each has made significant differences in the lives of many patients. The Department joins the larger family medicine community in sharing our sincere sympathies with the colleagues and families of these physicians.

The New Sheldon Chumir Primary Care Clinic
A new state of the art clinic is under development which presents a practice opportunity for approximately 20 Family Physicians. The Department of Family Medicine is involved in the planning process. The model at the Sheldon M. Chumir Health Centre will include:
- A model of Interprofessional team practice
  - Family Physicians
  - Nurses
  - Social Workers
  - Mental Health
  - Pharmacists
  - Various other health care professionals

A physician remuneration model is currently under development. Operated by Alberta Health Services, Calgary Region, the target date for opening is August/September 2009. For physicians looking to start up a new practice opportunity, contact Darlene Befus, Physician Recruitment Consultant at 210-9232 for more information.

ECHC Update
Another facility profiled in previous newsletters is the East Calgary Health Centre primary care clinic. The Centre has been built, but its opening is currently on hold while under transition to Alberta Health Services. Updates will be provided as they become available.

CONTACT US
Carrie Collier, Community Manager 403-944-3643 carrie.collier@albertahealthservices.ca
Department of Family Medicine: 403-210-9224

For more Departmental information, visit www.calgaryhealthregion.ca/familymedicine
After Accreditation... where do we go from here?

The Department has a lot to celebrate. A full CaRMS match is really an amazing accomplishment. Few departments across the country enjoy this as consistently as we do. We filled 30 Urban, 2 DND and 14 Rural positions for the upcoming year. It looks like we have a good crop of residents to welcome in June. We also had 30% of our graduating class match to Family Medicine (35/115). This is great news and hopefully represents the start of a new trend with increasing numbers of medical students at U of C choosing Family Medicine.

The Accreditation report has been received and reviewed by Dr. Todesco, Dr. Krep- tul and myself. We will be meeting soon to discuss our response. We then meet with the Accreditation committee at the College of Family Physicians of Canada in Toronto in June. This is when the final decision will be made regarding our accreditation status.

The verbal report we received was very positive about many aspects of our Department and was very complimentary of Dr. Krep tul and Carmen Frese.

The concerns raised included not having an AARP funding plan in place, not having firm plans for the North Hill space with our lease expiring in July, 2010, the need for us to have videoconferencing technology to support our sites, and several issues related to the program itself. Of particular note were issues raised about the morale at North Hill and efforts are being undertaken to continue to address these concerns as the Accreditation team felt this was affecting our residents. We still have work to do … we knew we did. We were hopeful that we had brought things far enough along to assuage the concerns for the Accreditation team but although we were praised for all the work that was done and for the direction we were headed, we are not quite far enough to demonstrate that our future is going to have the resources we need to meet the educational commitments of our Department.

There is good news in all of this. Provisional status will be helpful in acquiring the resources we need. We have the support of the Faculty of Medicine and they will continue to work with us to address these issues. Now we have a very powerful tool to help fix the areas of concern and we can move from being a good program to being a great one!

Announcements

Movers & Shakers
Welcome Dr. Paul Woods, Assistant Professor and Clinical Medical Director.

Welcome to Alicia Ward, administrative assistant at Sunridge.

Welcome to Chitra Pazhaniappan, administrative assistant at North Hill.

Welcome to Megali Leong, administrative assistant at North Hill.

Welcome to Tammy Madsen who will be providing nursing support at North Hill & Sunridge.

Welcome to Shari Derksen, administrative assistant at Sunridge.

Welcome to Jeanine Robinson, who is transition out of her old role to a new one as our Education Manager.

Welcome to Kathyn Linton, Regional Data Manager in Research.

Welcome to Tracy Xu, Research Associate.

Welcome to Kursat Barin, Research Assistant.

Welcome back Charlotte van Sluys, returning from maternity leave.

Goodbye & good luck to Rula van Huizen, who has left to a position in Didsbury.

Thank you
A special thank you to Dr. Graham Law. Dr. Law put in countless hours and provided strong leadership at Sunridge during our wait for Dr. Woods.

Thank you to the entire Department for all the hard work you put in to prepare for Accreditation. It has not gone unnoticed.
Welcome to... Dr. Paul Woods

I was born in Scarborough, Ontario, and attended high school in Newmarket, Ontario. I obtained my MD from the University of Western Ontario, graduating in 1985. After completing a rotating internship at North York General Hospital, I began practice with the Canadian Forces in Cold Lake, Alberta. While there I did Family Practice as well as having duties as a Flight Surgeon caring for air crew, and participating in aircrash investigations.

In 1989 I left the military and returned to Ontario to practice Emergency Medicine and rural family practice. I left Canada in 1995 to explore health care in the US and eventually ended up in Hibbing, MN.

My research interests include the geography of health services delivery, complexity assessment in clinical practice and health system design, and decision support in clinical practice.

Social Committee Update

Your Social Committee has been hard at work planning events that are fun for all. Our first pub nights were a great success, so thanks to all who came out.

After last year’s success, we are now planning the 2nd Annual Department Stampede BBQ. Mark your calendars cowboys and gals, we will be wrangling some grub on Saturday, July 11 at the Bridgeland Community Association. We have also been lucky to book Lindsay Crowshoe and his band to entertain us again. More details to follow as plans develop.

Just because there is a little over 250 shopping days until Christmas, doesn’t mean it is too early to start thinking about the Department Holiday Party! The party has been booked for Saturday, December 12 in the Dining Centre at Main Campus. If you have any suggestions for our musical entertainment, let Tracy, Valerie or Grace know.

Watch the Department calendar for more events (dates, times & locations) and we will keep you up-to-date with email alerts. Remember, everyone is invited to all of our Social Committee events - clinical, academic, research, regional, residents and your significant others. The more the merrier!

Coming Events

**April 10**
Good Friday
Offices Closed

**May 13**
12:00 - 1:00
Writer’s Bloc
Small Conference Room - NH
Lunch is provided, so please RSVP to Elfrieda

**May 8**
8:30 - 4:00
Full Department Meeting
MacEwan Student Centre

**May 18**
Victoria Day
Offices Closed

**May 28**
Pub Night
5:00 - ?
Jamesons - Brentwood

In our next issue...

The next newsletter will be issued June 15, so please send in any submissions by June 5

Please send all comments, new ideas, announcements and feedback to vmartin@ucalgary.ca
### Department of Family Medicine - Program Summary

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<th>Programs</th>
<th>Key Activities / Services and Programs</th>
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| **Family Physician Retention & Support**      | - Retain practicing family physicians  
  - Looking at new strategies to support physicians in their practice  
  - Clinic Manager Proposal - a supportive strategy to enhance community practice management.  
  - Clinics & Services Binder - outlines all current relevant resources and referral information.  
  - Family Medicine Special Interest Directory  
  - Joint planning with Departmental Continuing Medical Education and Retention for Practice by Design & Business Survival Guide  
  - Retain new grads by providing them with an easy entrance into community practices  
  - Urban Locum Program supports physicians requiring time away from practice for various reasons.  
  - Initial collaboration underway for a proposed program regarding FP return-to-practice / physician enhancement  
  - Increase the sense of community for family physicians:  
    - Celebrate family physicians with celebratory events  
    - Family Physician of the Year Award  
  - Community family practice and family physician advocacy: special advocacy and networking events; provide family physician feedback and direction to executive health and provincial structures; and link family physicians with Alberta Health Services. |
| **Recruitment**                               | - Recruit additional family physicians to Calgary  
  - Advertise & promote opportunities – connect family physicians and practice opportunities with our DFM website & recruitment events  
  - Connect interested physicians with opportunities  
  - Provide licensing & practice information for Alberta  
  - Help to arrange Part I sponsorship by connecting with practices & PCNs  
  - Facilitate relocation dollars for family physician in the community  
  - Urban Locum Program (ULP) - provide locums through the ULP  
  - Give opportunity for locums who are not part of the ULP to advertise their availability  
  - Connections made with the individuals who are responsible for recruitment in each of the three PCNs. We have already been working together to recruit and place family physicians in community practices. |
| **Research and Knowledge**                    | - Educational liaison with PCNs  
  - academic work on PCN development and leadership.  
  - Provide a hub of academic and evidence based practice information in family medicine. |
| **Leadership**                                | - DFM has broad experience in areas of importance to FPs and excellent leadership, both physician and administrative, to bring to the table. Appointed leaders are dedicated to areas including: community practice, obstetrics, hospitalist program, Sheldon Chumir Health Centre planning, CME, Recruitment and Physician Support, Primary Care, Quality Improvement, Research, Residency, Undergraduate Programs, and UCMC Medical Clinics.  
  - Significant leadership support provided to various other areas of family medicine including: seniors health, chronic disease, pediatric asthma, shared mental health care, academic detailing, continuing medical education, healthy minds/healthy children, and more. |
| **Building Family Physicians of the Future** | - We produce family physicians of the future.  
- 76% retention rate of our residents for Alberta.  
- We are developing increased interest in FM at U of C and are lobbying for a stronger presence of family doctors in medical school.  
- Modeling with students/residents how PCN services can be used and teaching the value of PCNs to practice.  
- Program developed for unattached patients which also drew on new residents. |
| **Acute Care Hospitalist Program** | - Opportunities for FPs to medically manage complex patients.  
- PCN members are involved in patient care and are provided with recommendations to manage their patients in the community.  
- Hospitalist FPs are mentors and act as a resource to the attending PCN physicians.  
- DFM has helped the PCN inpatient programs integrate into our acute sites. |
| **CME Activities** | - Accredited CME activities bring FPs together to reconnect with one another, meet new colleagues and connect with our consultant colleagues.  
5-6 Community Rounds-Up, Academic Detailing sessions and Annual Mackid Symposium are offered each year.  
- Educational opportunities to assist in their day to day care of patients as well as providing up to date resource information.  
- Through our website we facilitate CME participation and provide valuable practical resources for patient care.  
- CME activities support family physicians in obtaining their Main-Pro practice credits. Most events are at no cost. |
| **Quality Improvement** | - A QI physician leader and QI consultant are involved in AIM, are improving Access/Efficiency and clinical outcomes for those clinics involved in the collaborative.  
- Through QI projects that are aimed at improving business process around discharge and admission communication (e.g. Emergency Department), the QI team is improving quality of work life for family physicians in the community.  
- Represent FP perspectives at a regional project level to attempt alignment between AHS initiatives and priorities and FP priorities.  
- Provide “in-house” expertise in office efficiency, QI, project management.  
- Act as liaisons between AHS and family physicians due to our extensive network of AHS contacts. |
| **Obstetrics** | - Over 85 FPs and 8000 deliveries annually.  
- Coordinate across all acute care sites to implement new systems, care standards and complete issues identification.  
- 25 Midwives hold appointments with the Department of Family Medicine. |
| **Growth Opportunities** | - Evaluation and research related to PCNs.  
- DFM as the common voice for family physicians - the communicator of best practice, evidence, etc.  
- Opportunity to minimize fragmentation by coordinating across PCNs.  
- Be established as a clearing house of best practice for this “zone”.  
- Address challenges faced by all PCNs at a broader level.  
- Opportunity to standardization of regional processes.  
Focus our supportive efforts on the McKinsey report recommendations for PCNs including:  
- Modify financial incentives.  
- Improve the performance of PCNs.  
- Consider additional programs to address specific health goals. |