



UNIVERSITY OF  
CALGARY



Alberta Health  
Services

Department of Family Medicine - Calgary

**2021-2022**

# Annual Report

## Vision

A community of Family Physicians and Primary Care Providers building collaborative, integrated, and innovative medical homes, responsive to the needs of our population.

## Mission

To Serve Our Communities:

- To promote best practice primary health care and family medicine
- To enable our members to build and support patient-centred medical homes
- To translate innovations in family medicine to our physicians and communities
- To support medical education, credentialing, recruitment, and retention

### DFM Leadership:

Academic Department Head: Dr. Sonya Lee

Clinical Department Head: Dr. Mike Spady

Deputy Academic Department Head: Dr. Maeve O'Beirne (to December 2021), Dr. Carolyn Nowry

Deputy Clinical Department Head: Dr. Ann Vaidya

Department Manager: Ms. Diana Trifonova (to January 2022), Mr. Craig Cutler

Unless otherwise stated, the work presented within this report occurred between April 1, 2021 and March 31, 2022.

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## Legend/Acronyms

AHS = Alberta Health Services

ALOS/ELOS = Actual Length of Stay/Estimated Length of Stay

ARP = Alternative Relationship Plan

ASaP = Alberta Screening and Prevention Program

ASIS = Assisted Supervised Isolation Sites

BIPOC = Black, Indigenous and People of Colour

CaRMS = Canadian Resident Matching Service

CBME = Competence Based Medical Education

CFMTC = Central Family Medicine Teaching Centre

CFPC = College of Family Physicians of Canada

CII/CPAR = Community Information Integration/Central Patient Attachment Registry

CME = Continuing Medical Education

CPD = Continuing Professional Development

CSM = The Cumming School of Medicine

DFM/the Department = the Department of Family Medicine

DLRI = Distributed Learning and Rural Initiatives

DI = Diagnostic Imaging

ECFCC = East Calgary Family Care Clinic

ED = Emergency Department

EDI = Equity, Diversity, Inclusion

EMR = Electronic Medical Record

EMS = Emergency Medical Services

EPAs = Entrustable Professional Activities

ERHL = Elbow River Healing Lodge

ES = Enhanced Skills

FMC = Foothills Medical Centre

ICU = Intensive Care Unit

LTC = Long Term Care

MRP = Most Responsible Physician

MSO = Medical Staff Office

ODD = Opioid Use Disorder

PCN = Primary Care Network

PG = Postgraduate

PGY1/2 = Postgrad Year 1/2

PLC = Peter Lougheed Centre

PMH = Patient Medical Home

PST = Peer Support Team

QI = Quality Improvement

RAAPID = Referral, Access, Advice, Placement, Information & Destination

RGH = Rockyview General Hospital

SHC = South Health Campus

SHCFMTC = South Health Campus Family Medicine Teaching Centre

SL = Supportive Living

SRFMTC = Sunridge Family Medicine Teaching Centre

STI - Sexually Transmitted Infection

UCCs = Urgent Care Centres

UG = Undergraduate

UGFM = Undergraduate Family Medicine

UME = Undergraduate Medical Education

## Executive Summary

Healthcare continued to deal with the pandemic throughout the 2021-22 year, and we are starting to recognize the very real, long-term effects such a prolonged crisis level of activity can have on our physicians, allied health professionals, trainees, and support staff. Our theme this year is the physician career journey and our role as clinical and academic leaders, in a framework of a dedicated but fatigued health workforce environment. We have much to reflect on and much to celebrate in the role and work of family physicians, whether in community practice or acute and sub-acute settings. We have always understood the foundational nature of family medicine in our healthcare system, and have witnessed its strength and impact when tested. We also see the impact to the system when primary care is at risk or over-capacity, driving the need to focus on our role of supporting the profession and the career journeys of our members. You will find markers throughout the report reflecting different stages of the journey to guide you as you read and understand the wide range of practices, impact, and services provided by our department members.

We are a Medical Affairs department with almost 1,300 members, in six clinical sections. We are proud of our progressive gender balance and diversity in the department, both in membership and at leadership tables, with a huge variety of practice types and clinical activity. Over 85% of our physicians maintain an academic appointment and participate in health learner education on multiple fronts. We are continually engaging in reflections and conversations around how to better understand and address Equity, Diversity and Inclusion issues in both arms of our Department.

Our Community Section members continue to demonstrate their adaptability and dedication in the face of ongoing crisis and constrained resources. Within AHS, we want to highlight the work of our Academic teaching clinics (see further on for details), as well as our “specialty” primary care clinics including East Calgary Family Care Centre (ECFCC) and the Elbow River Healing Lodge (ERHL). The ECFCC has undergone a major transition into a clinical Alternative Relationship Plan (cARP) and a leadership transition as we thank Dr. Brian Cornelsen for many years of dedicated service and outspoken advocacy for vulnerable populations. We welcome Dr. Rachel Talavlikar into the role and thank the physicians and teams for the role they played during the acute waves of the pandemic, working with our local Primary Care Networks (PCNs) to ensure all positive COVID-19 results received primary care follow-up, and offering attachment to patients without family physicians who needed care following a COVID-19 diagnosis. ERHL has seen an increasing demand for their services with the development of a significant waitlist. The physicians and allied health teams at ERHL have worked hard to ensure Indigenous patients have access and support through the pandemic, including access to vaccine, specialty care, and traditional healing and wellness. We are very excited about the community connections they have made with the Blackfoot Crossing Historical Park to fill the display windows at the Sheldon M. Chumir Health Centre with historical Indigenous cultural artifacts and information that has resonated with Indigenous and non-Indigenous clients alike. The entire team and their patients are thrilled to have received Calgary Foundation funding for a renovation this summer that will make the clinic even more welcoming and culturally safe for clients and staff alike.

Our community section works closely with many partners, including the seven Calgary Zone PCNs, and affiliated clinics including The Alex, and the Calgary Urban Project Society (CUPS) who have been instrumental in the community response to COVID-19. The PCNs have ensured continuity of care for COVID-19 patients and management in the community of active COVID-19 cases wherever safe. The Alex and CUPS continue to support vulnerable Calgarians, including the support and management of the Assisted Self Isolation Site (ASIS) which is estimated to have prevented over 7000 overnight bed stays in acute care.

We continued our tradition of awarding Family Physician of the year, with a very deserving win to Dr. Jeremy DeBruyn. We also awarded our family medicine-nominated Specialist of the year award to Dr. Jia Hu who was a passionate and collaborative partner to primary care in the early stages of the pandemic. In addition, many of our members were nominated for the AHS “doc of the week”, and many received awards from other agencies including the Alberta College of Family Physician awards to the ECFCC for most outstanding family practice, and to The Alex’s own Medical Director Dr. Kerri Treherne for Family Physician of the year. It is wonderful to see this recognition among our many deserving members who continue to provide unique and foundational generalist care to Calgarians.

Many of our members also support the acute care system through our other clinical sections. In the past year the section of Medical Inpatients has continued to provide in-hospital care to almost 55% of all medical admissions, expanding to provide care on COVID-19 units and over-capacity beds. Our Maternal Newborn care physicians maintain a strong presence at all four acute care sites, providing pre-natal, labour and delivery, and post-natal care to approximately 40% of pregnant families in Calgary. Our Palliative Care section members provide care both in acute care and in the community, with over 5200 consult visits this year along with almost 1000 Intensive Palliative Care unit admissions and supporting hospices and community palliative care patients. All three of these sections have had to navigate complex changes to the system, challenging capacity issues, and the necessary but often heart-breaking COVID-19 restrictions affecting the families under their care. Our two urban Urgent Care Centres (UCCs) have seen a return to pre-COVID-19 volumes with increased acuity alongside the preparation for ConnectCare launch this spring. Adjustments to EMS and UCC policies have allowed increased ambulance deliveries to UCC sites, leading to improved EMS unit availability within the system. Finally, our Seniors Care section has continued to work closely with the acute care sector and homecare to maintain as many clients in their homes as possible and manage COVID-19 outbreaks and navigate increasingly complex clients. Our Seniors Care section has experienced a high degree of change and loss during the pandemic, and yet have demonstrated an impressively high vaccination rate and COVID management success at the facilities in which they work.

The Academic Department continues to care for over 25,000 paneled patients across three teaching sites in a patient medical home (PMH) model, while providing clinical education experiences in family medicine to learners at all levels of training. This model of accessible, continuous, comprehensive, and interdisciplinary care that is patient and family-centred has continued to prove effective through pandemic, allowing our teaching clinics to maintain high levels of access and continuity. Our PMH model continued to support virtual patient care and respond to community needs. Our clinics cared for 959 COVID-19 positive patients in our panels, administered 1653 COVID-19 vaccines at our teaching sites, and enhanced accessibility through the delivery of 685 evening appointments. We continue to train large numbers of residents, clinical clerks, and first and second year undergraduate medical students. Our undergraduate medical education team established the “6Cs of Generalism”, providing easily identifiable concepts that help medical students graduate with a comprehensive understanding of generalism and the integral role of family medicine in patient care. Our postgraduate program continues to innovate and improve our Calgary and Rural programs, with a focus on improving clinical experiences with adults experiencing addiction and concurrent disorders, and increasing competency related to caring for Indigenous people in southern Alberta. And finally, our research and scholarship teams have continued to publish work in high numbers and secure funding for multiple new projects and initiatives in areas related to our four research pillars: Indigenous Health, Health Services, Health Equity, and Medical Education.

All of our section members have been tireless in their response to COVID-19 while maintaining core services including education, research and scholarship. The degree of fatigue and physician burn-out is significant as we come out of two years of crisis-level activity. Our entire Department continues to be concerned about increasing signs of inadequate physician numbers to support the health care needs of Calgarians, as well our ability to train the next generation of family physicians. We also see increasing demands from our other acute care partners to support acute care service needs, particularly in Psychiatry and Surgical services where many of our members provide bedside support. As a Department, we are working with other family medicine stakeholders to strategize and plan for a pending physician deficit.

We hope you enjoy the opportunity to read about the many successes and challenges of Family Medicine and Primary Care in the following report as we focus on the journey that we walk with our many members. It is our pleasure and privilege to represent such a diverse and passionate group of physicians and the teams they work with.

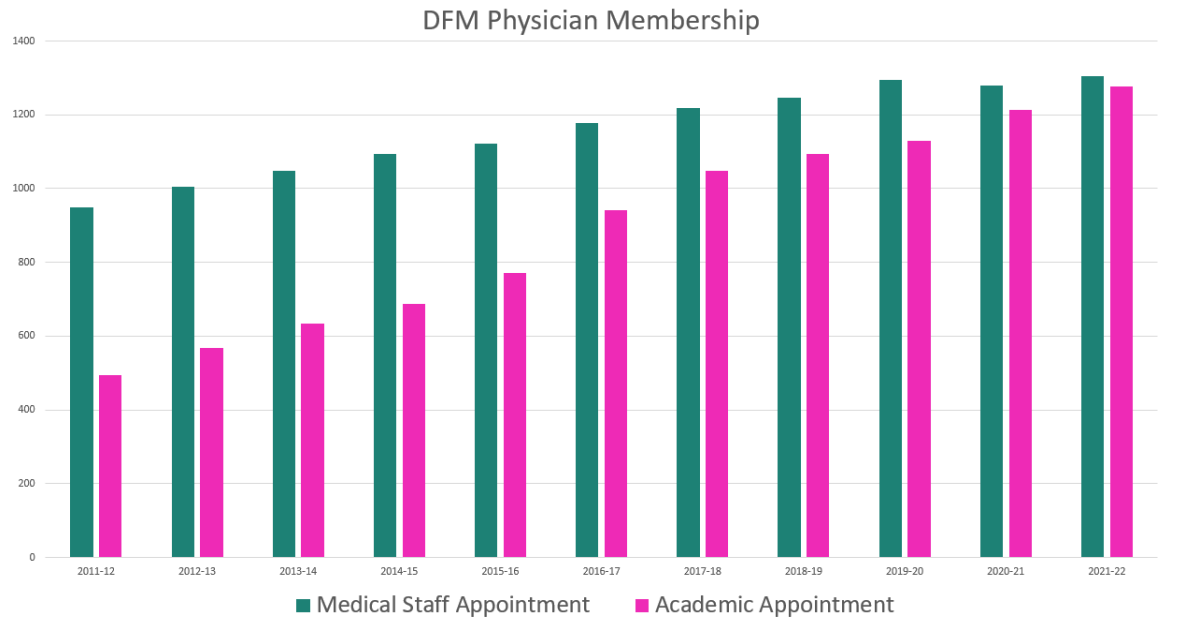


Dr. Sonya Lee  
Academic Department Head  
Department of Family Medicine - Calgary



Dr. Mike Spady  
Clinical Department Head  
Department of Family Medicine - Calgary

## DFM Physician Membership



We represent one of the largest clinical Medical Affairs departments in AHS. This high membership with diverse practice environments continues to challenge us to find innovative ways to connect with our membership and engage them in the numerous activities and initiatives occurring in health care delivery. As with other departments, the Department made a number of rapid pivots to manage COVID-19 as well as numerous other priorities like Connect Care and addressing diversity, inclusion and gender equity. We have laid out this report highlighting some of the overall achievements of our clinical sections and academic pillars.

**community  
engagement**

family medicine  
discovery days



**undergrad  
medical  
education**

MedZero  
MDCN 330/430  
clerkship



**residency**

rural  
urban  
enhanced skills



clinical  
innovation & QI  
leadership

*domains of excellence*

**generalism**



**CLINICAL SECTIONS**

hospitalist  
urgent care  
seniors  
maternal newborn care  
palliative  
community



**PATIENT  
MEDICAL  
HOME**

family medicine  
teaching centres

*domains of excellence*



research &  
scholarship

education

**Department of Family Medicine  
Physician Journey**



## Community Primary Care

Section Chief: Dr. Monica Sargious

### 55th Annual Mackid Lecture

Despite the ongoing restrictions related to COVID-19, the 2021 Annual Mackid Lecture went forward in a revised format. This year's 55th lecture was a collaboration with the University of Calgary Cumming School of Medicine Pearls for Family Practice to present the "TRANS-forming Your Practice" lecture presented by Dr. Ted Jablonski, Dr. Jane Dunstan and James Demer. Family physicians that attended started the journey to make their practices more Gender and Sexually Diverse friendly environments.

### Family Physician of the Year

#### Dr. Jeremy deBruyn

Dr. deBruyn started his Career in Calgary 15 years ago working at 8th & 8th, what is now Sheldon Chumir Urgent Care. Currently practices family medicine at both CUPS and in his own practice, as well as focusing on palliative care through his work in the hospice system.



### Specialist Physician of the Year

#### Dr. Jia Hu

Dr. Hu is a strong advocate for improvement on all levels. He is the chair and cofounder of 19 to Zero, a coalition of public health, academia, government officials, civil society organizations, and private sector partners with a primary focus on COVID-19 behaviour change and vaccine uptake. He is also a consultant for many organizations, including the Public Health Agency of Canada. He is on the Board of the Partners of Health Canada and the Public Health Physicians of Canada.



### The Alex Community Health Centre

The Alex Community Health Centre exists to positively impact community through accessible and integrated health, housing, food, and social services to create a healthy and caring community, where every person is valued and can thrive.

## CLINICAL SECTIONS

The pandemic has brought about many changes and has seen The Alex operate an Assisted Self Isolation Site (ASIS) to support the unique isolation requirements of those who did not have a safe space to isolate in Calgary. It is conservatively estimated that ASIS prevented 7,674 nights in hospital. The actual number may be much higher. The Alex also supported Calgary's large shelters in providing COVID-19 related services; this included the opening of a medical clinic at The Calgary Drop in Center 5 days per week. The Alex continues their commitment to improve access to medical care for clients who struggle with homelessness and who often use acute care sites for primary care services. To support this need, The Alex and multiple stakeholders have proposed a medical respite model of care, to replace ASIS, as cases of COVID-19 subside.

The Alex's strategic direction over the next 5 years is to become an Employer of Choice, a Partner of Choice, a Center of Excellence for patients and clients, and an Advocate for an integrated community health centre (CHC) model of care within Alberta. Their strategies are focused on Indigenous Health; Data, Research and Evaluation; Food programming; Staff Health, Safety, Wellness & Resiliency, and Zero Barrier Support. They also plan to optimize access to care at The Alex by opening a barrier free walk in clinic, expanding our outreach service with the addition of a new mobile health van, and enhancing our hours of operation.

### Calgary Urban Project Society (CUPS)

Through funding support from the Calgary Homeless Foundation, the Canadian Association of Community Health Centres (CACHC), and the Dr Peter Centre, CUPS delivered COVID-19 vaccines throughout the past year through a mobile and outreach-based COVID-19 Vaccine Team. This team provided 1885 COVID-19 vaccine doses to 1384 individuals, including 781 first doses, 831 second doses, and 273 third doses. Through partnerships with stakeholders and community engagement, the team, consisting of nurses and peer vaccine ambassadors, was able to connect with individuals to improve access to vaccines, provide education related to COVID-19 and vaccines, and reduce vaccine hesitancy in the community.

### Calgary Zone PCN Committee

The Calgary Zone PCNs continue the essential work outlined in the 2020-2023 zone service plan through the Zone PCN Committee governance and operational structure as well as through individual PCN business plans. Despite the pandemic, PCN priorities continue to focus on developing the Patient's Medical Home (PMH) as the foundation of primary care, supported transitions between healthcare systems for patient continuity, specialty integration into primary care pathways and support systems and mental health and addiction. The work of the zone is supported by a robust governance structure and dedicated zone supports. Efforts are being made to integrate various provincial initiatives into existing streams of work, such as Community Information Integration/Central Patient Attachment Registry(CII/CPAR), Alberta Surgical Initiative, and Home to Hospital to Home among many other priorities facing primary care in the current environment.

the  
*alex.*

**ASIS  
isolations**



=  
**7,674 hospital  
nights  
prevented**



**1885  
COVID-19  
Vaccine Doses  
Administered**

### **East Calgary Family Care Clinic (ECFCC)**

East Calgary Family Care Clinic is a primary care medical home managed by AHS. Often referred to as 'the ICU of primary care', this clinic provides intensive interdisciplinary care to a patient panel with complex mental and physical health needs. ECFCC is a resource for tertiary care and community partners. They accept referrals for patients who need attachment to a medical home and primary care but cannot be realistically served by a conventional community family practice.

During the early days of the COVID-19 pandemic, ECFCC was a key partner in the overall zonal COVID-19 response, working with Calgary Zone PCN leadership to initially model and implement a hub-and-spoke process to manage COVID-19 results and patient follow-up in the zone that has now been expanded across Calgary and surrounding area. As the pandemic progressed the clinic shifted to become a key provider of COVID-19 vaccination to community members and patients including hosting a clinic for local high school students and drop in vaccination access to those who faced barriers in their access.

This year has marked several milestones for the clinic:

1. Recognition as the 2021 ACFP Patient's Medical Home Most Outstanding Family Practice
2. Transition to a clinical ARP for the family physicians
3. Recruitment of a new Medical Director and leadership organizational redesign that rationalizes physician workforce and clinical processes through alignment between the AHS Medical Director and the ARP Site Leader.
4. Successful recruitment and integration of new physicians and nurse practitioners to fill vacancies that arose through natural transitions. The team now has 11 family physicians and 5 nurse practitioners.

### **Elbow River Healing Lodge**

Elbow River Healing Lodge (ERHL) is an urban primary care Medical Home that serves Indigenous Calgarians at the Sheldon M. Chumir Health Centre. Our focus is to provide excellent primary care and access to traditional Indigenous ways of healing with an integrated health care team, through a trauma-informed lens. Like all primary care clinics, COVID-19 has presented a number of challenges requiring a balance of virtual and in-person care as well as innovative approaches to maintain the highest possible level of access and care for our clients. This includes many visiting specialists attending the clinic, outreach teams following clients in the community, and flexibility and adaptability of our physicians and allied health team members to provide client centered care in unique ways. We continue to be challenged by limited space and a large waitlist of clients wanting attachment to ERHL, the leadership team has been working to make sure particularly vulnerable clients get connected whenever and however possible.

We are very thankful to the Calgary Foundation and excited to have approval for a renovation commencing in the summer of 2022 which will significantly improve patient and provider flow, address space and privacy needs, and will make the clinic even more welcoming from an Indigenous perspective with involvement of our Elder in the planning and design. We have benefited from new connections with the Blackfoot Crossing Historical Park who donated several wonderful installations in the external display windows at the Sheldon Chumir Centre, and with various similar partners continue to spread increased awareness of Indigenous culture and the calls for action of the Truth and Reconciliation report within our building and the community. We look forward to even larger celebrations this year for Indigenous People's Day on June 21.

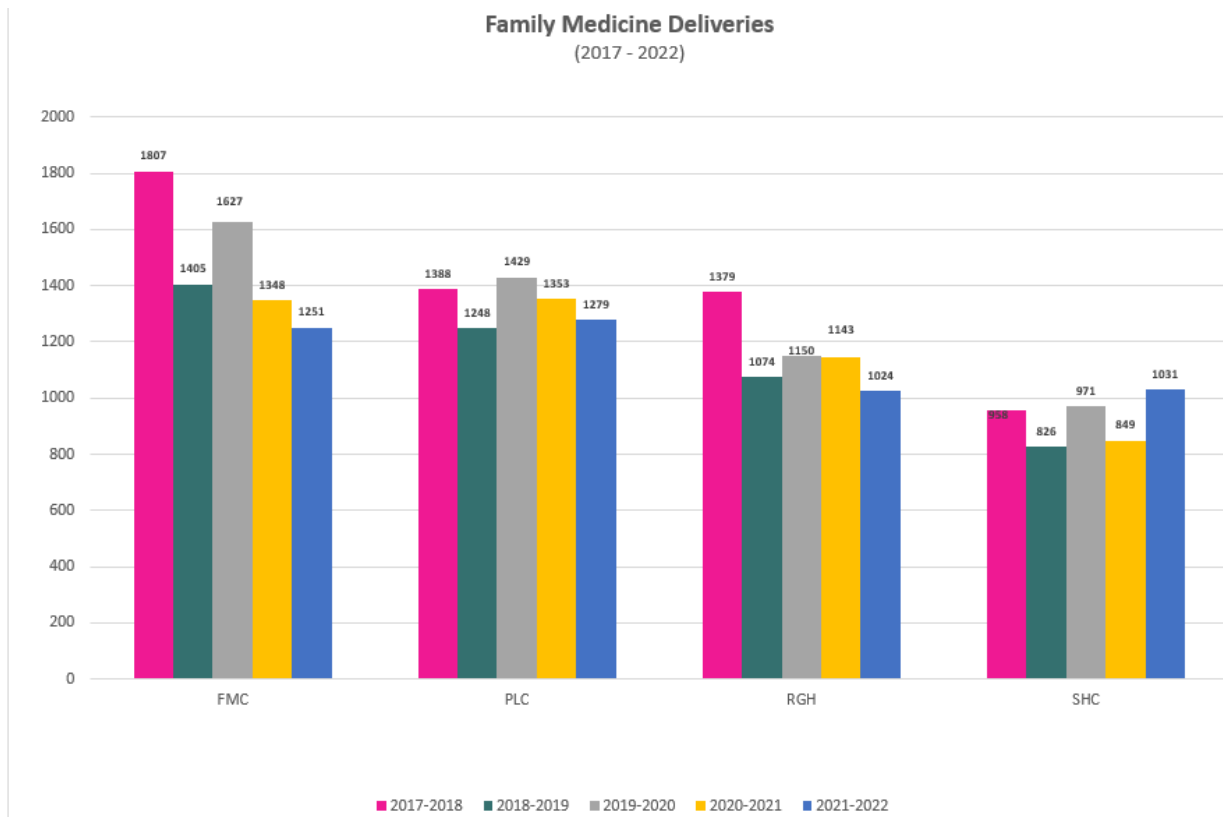
## Maternal Newborn Care

Section Chief: Dr. Norma Spence

The Maternal Newborn Care section includes 118 physicians privileged to provide obstetrical care at all four of the Calgary Adult Acute Care Sites.

This section works closely with other specialties and professions in their clinical practice, and continues to develop administrative procedures, which streamline the service patients receive throughout the continuum of care. Focusing on adapting to the global pandemic and ensuring our teams were set up to respond was the main focus this year.

Physicians in the section have continued to see their patients on the labour and delivery units' in triage until 14 days postpartum, which has eased some of the patient load in respective EDs and enhanced continuity of care for the patients and their children. In 2021, FMC has seen 464 postpartum patients in triage, PLC has seen 567, SHC 402, and RGH 363. Extrapolating from the data collected at FMC, at least 28 percent of these patients are seen by the maternal newborn family physicians. The top two diagnosis managed in the triage units for post -partum patients were hypertension at 29% and pain (abdominal or perineal incisional) at 19%. This service has eased the patient load in the emergency departments and has enhanced continuity of care for the patients.



They have also responded to increased pressure on the public health portfolio during the pandemic and was able to provide increased postpartum support for their patients to allow Public Health to divert workforce to support multiple waves of the pandemic. Community prenatal offices and some pharmacies have been offering the pertussis vaccine to pregnant and postpartum women and their families, which has substantially increased patient access for point of care vaccinations.

## CLINICAL SECTIONS

To minimize exposure to COVID-19 for their patients and their families, physicians reviewed and followed literature and decreased visits with patients. Virtual care has been essential to the continuation of services in this section, especially in patients who have tested positive for COVID-19.

Physicians have been updating their mandatory training, including Fetal Heartrate Surveillance training and Neonatal Resuscitation.

The Maternal Newborn Care section, in collaboration with WellDoc Alberta, has created a Peer Support Team, including formally trained Peer Support Team (PST) members available as a resource for their colleagues. This groups aims to be supportive listeners, act as a liaison for outside resources (i.e., professional services), and ensure safety.

Physicians will be involved in launch 4, 5, and 6 and have recruited multiple super users from the section and will continue to recruit super users and area trainers. Work continues with provincial groups to develop support documents for a variety of topics including CMV in newborns, hypoglycemia in newborns, STI testing in pregnancy and genetic screening.

Section leadership will be recognizing a 'Maternal Newborn Care Physician of the Year' for 2022, and are looking forward to honour this physician for the amazing work they do and sharing details in the next Annual Report.

## CLINICAL SECTIONS

### Medical Inpatient Care

Section Chief: Dr. Marinus Van der Westhuizen

Deputy Section Chief: Dr. Serena Siow

The Section of Medical Inpatients includes hospitalist services at all four adult acute care sites within Calgary.

The section was responsible for a large proportion of admissions during the COVID-19 pandemic. Between January to December 2021, the hospitalist service were the most responsible physician for 46.7% of admitted patients who had a diagnosis COVID-19 during their hospital stay. Physicians in this section would like to extend their thanks and appreciation to the Department of Medicine for their ongoing collaborative work and assistance during the COVID-19 pandemic.

Hospitalists working within the section continue to implement various quality improvement projects including non-urgent staff to physician communication, and improvement in clinical documentation and addressing concerns over “note bloat”. They have actively worked on distributing discharge summaries to community practitioners in a timely manner as well as length of stay data in accordance with learning from the Ernst and Young Report.

Metric	FY2022
No of General Medicine Admissions by Service - Hospitalist	<b>56.3%</b>
ALOS/ELOS ratio between	<b>1.10 - 1.12</b>
7-day readmission rates	<b>3.5%-5.0%</b>
30-day readmission rates	<b>9.4%-14.8%</b>
Charlson Comorbidity Index (CCI)	<b>4.1</b>
1+comorbidity	<b>55.2%</b>

The Calgary Hospitalist Innovation Committee has also continued work in conjunction with the Department of Internal Medicine and Alberta Precision Labs on lab utilization whilst two program sites participated in a structured COVID-19 update project for family and friends of admitted patients.

Work continues around the peer-review process, encouraging physicians to participate in eSIM and working towards ACLS proficiency for all our peers as hospitalists take a bigger role as most-responsible physician in the CODE-66 / ICU outreach setting.

We are also happy to report on our ongoing interest in equity, diversity and inclusion and great successes in this area over the past year with all four hospitalist programs now having those identifying as female in these leadership positions.

Connect Care will launch at the first of the Calgary sites in May 2022. Many physicians from all sites have volunteered to provide area trainer and super-user support. The willingness to provide this assistance at other sites will help with future launches and cross coverage to ensure success.

The Section of Medical Inpatients, along with the Calgary Governance Hospitalist Association has been presenting an annual award for hospitalist of the year since 2017. This year the recipient was Dr. Simon Dawes (who works at various related program sites including the Peter Lougheed Hospital, Fanning Centre and AgeCare Skypointe).

During the past year, a new annual golf day in memoriam of one of the programs longest participants, Dr James Mayhew, who unfortunately passed in 2021, was established.

## Urgent Care


Section Chief: Dr. Charles Wong



# 94,200

urban urgent care presentations 

The Urgent Care Centres (UCCs) entered a recovery mode following the denouement of the COVID-19 pandemic in early 2022. Patient volumes and complexity returned to “pre-pandemic” levels. Last year the two sites combined for 72,055 individual patient visits. This year, 94,200 patients visits the two urban Urgent Care centres.

The UCCs collaborated with EMS and Emergency Departments to increase the volume of appropriate EMS transports to the UCCs. Since the inception of a “no redirection” policy, UCCs have more than doubled the number of EMS transports accepted, lowering the burden on acute care hospitals and improving the ability of EMS crews to serve their communities. The ability of the UCCs to absorb higher volumes of EMS transports reflects the growing capabilities of our sites, and their importance within the acute care community. 

Despite multiple delays due to the pandemic, the UCCs are gearing up to go-live with Connect Care at the end of May 2022. The new electronic medical records system promises to revolutionize patient care. With features including Dragon Medical (voice recognition), digital charting, and patient-facing access platforms, the UCC sites will be at the cutting-edge of medical information technology.

The Sheldon Chumir and South Calgary Urgent Care Centres selected Dr. Evan Bensler and Dr. Chad Anker as the inaugural UCC Physician-of-the-Year at their respective sites. The Award recognizes physicians that have gone beyond the call of duty to serve their peers, patients, and sites. The following physicians were also nominated for recognition by their peers: Dr Chris Pavel, Dr Sharon Fehr, and Dr Lanette Prediger.

The Section would like to thank Dr. Evan Bensler for his nearly 10 years of service to the Urgent Care community. Dr. Bensler has served admirably during this time as Medical Site Lead for the Sheldon Chumir. We would like to welcome Dr. Matthew MacCormick who will be his replacement beginning in July 2022.

Congratulations also to Dr. Lanette Prediger, South Calgary Health Centre’s Medical Site Lead, on the birth of her second child, Theodore. Thank you to Dr. Angela Wooller who will be standing in as the Site Lead during the maternity leave.

### Palliative Care

Section Chief: Dr. Charlie Chen

The Section of Palliative Care includes 45 physicians who are privileged to provide consultative and admitting services for patients with palliative and end-of-life care needs all service areas in Calgary Zone.

Like all aspects of healthcare, the ongoing COVID-19 pandemic continued to impact the delivery of palliative care during the past year. The acuity, complexity and volume of patients choosing to be cared for at home (rather than going into acute care or hospice) remained higher than typical. The Intensive Palliative Care Unit (IPCU) and seven hospices and their operating partners managed outbreaks with grace and efficiency to ensure that patient care was minimally affected. The Grief Support Program adapted swiftly to offer their suite of services virtually – including group sessions – so that client care was maintained with little interruption. The feedback from our clients about their on-line/virtual experiences is excellent and full of gratitude. For example, Grief and Loss During a Pandemic - YouTube and Grief and Loss – Managing the Holidays during COVID-19 - YouTube are examples that may help others reading this report. Moreover, the Advance Care Planning (ACP) team provided courses on ACP and Serious Illness Conversations on-line to learners across the province.

Clinically, the Section continues to provide palliative care consultative support across all locations of care: all acute care sites, Tom Baker Cancer Centre, community, ISFL/LTC, rural and urban. Physicians also provide consultations as an embedded clinician in the FMC Hepatology Clinic, the SHC Neuromotor Disease Clinic, and the PLC Complex Chronic Disease Clinic. They are proud of the raising of awareness of palliative care for all patients facing life-limiting illness, demonstrated by the fact that 53% of patients referred to us have cancer as their primary diagnosis and 47% have a primary non-cancer diagnosis. They hope to continue to expand our reach to care for patients with non-cancer diagnoses.

<b>1272</b>	Hospice Admissions
<b>5287</b>	Palliative Care Consult Team Patients Seen
<b>1195</b>	Palliative Home Care New Referrals
<b>512</b>	Intensive Care Palliative Unit Admissions



## CLINICAL SECTIONS

Through our partnership with the University of Calgary Division of Palliative Medicine, knowledge has been gained about the key components of early palliative care: illness understanding and coping, symptom management and functional preservation, advance care planning and preferences for decision making, and care coordination. These findings from the Palliative Care Early and Systematic (PaCES) project to improve timely palliative care referrals for advanced colorectal cancer patients is now being translated into clinical practice. The core strategies of the PaCES project were transferred to patients with advanced lung cancer (excluding small cell cancer) with great uptake and success. Patients were receptive and grateful for the intervention. The urban community palliative care consult team will now integrate these early referrals into their daily workflows. Another key innovation of the early palliative care pathway from PaCES was advanced cancer shared care letters. These letters improve care coordination by enhancing role clarity and communication amongst patients and families, primary care, oncology and palliative care providers. Results this year show that with use of the shared care letters, more patients were referred earlier to palliative care. Based on this work, shared care letters are now being implemented in Central Zone and are being built into Connect Care for all advanced cancers. The program is starting explore how palliative care consultants might enhance role clarity and care coordination with family physicians through similar use of templated letters.

Quotes from primary care providers regarding the shared care letter:

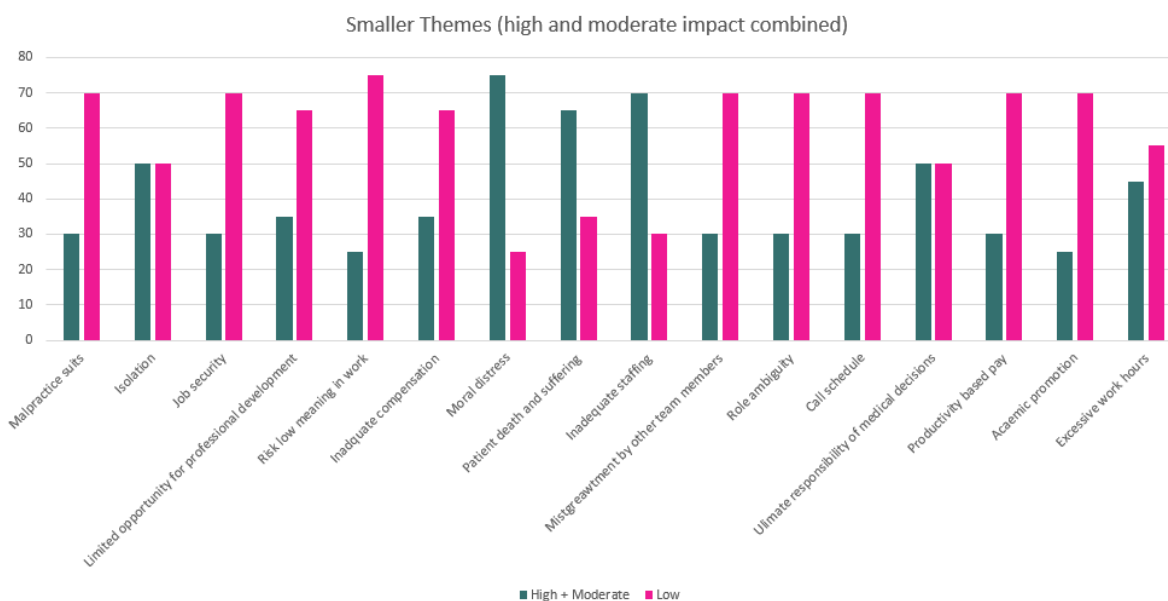
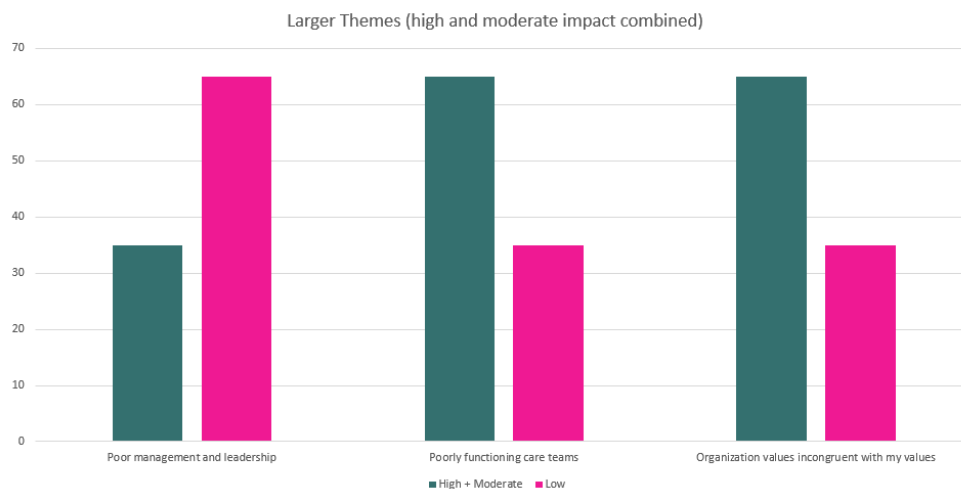
I think that it gave me an idea of what I was expected to do as opposed to what I would be anticipating the oncologist to be doing. Because that's often where I feel like for both me and the patient there is a lack of clarity... And so that way if the patient had questions about it I was clear and could help them through that navigation process.

...it just helps kind of identify how much I could handle myself because I had some resources there. And then only involve the specialist when I needed to. So overall I think it improved my collaboration because I then knew when to reach out and how much I could do myself in the care of that patient.

Again, partnering with the Division of Palliative Medicine, education activities remain core components of our Section. The program graduated our first Royal College Subspecialty resident in Adult Palliative Medicine and trained two residents in Palliative Care with an Enhanced Skills Year of Added Competence. Well attended monthly grand rounds, journal club, educational case review (our version of M&M rounds), and advanced practice rounds provide wonderful opportunities to share experiences, insights, learnings, and the latest evidence. Continuing to look for opportunities to connect, they will be starting a monthly Complex Transitions Rounds in the coming months. Rotating and elective medical students and residents from all specialties are invited and are proud to build capacity in provisioning them with foundational palliative medicine competencies.

Physician wellness is a new key initiative within the section. They have formed a Palliative Care and Hospice Physician Peer Support Team with the support of WellDoc Alberta. Regular check-ins through surveys take the pulse of how the physicians are doing with respect to resilience and burnout. Surveyed palliative care consultants indicated these as potential stressors that more directly impact their wellness.

## CLINICAL SECTIONS



### In Memoriam : Heather Shantz

Finally, in a bittersweet full-circle moment, the section mourns the passing of one of our clinical nurse specialists (CNS) and celebrate her memory.

Heather Shantz worked as a CNS with the Palliative Care Consult Service Calgary Zone from 2001 to 2019. She was a graduate of the Victoria General Hospital School of Nursing in Halifax (1972), University of British Columbia (B.S.N. 1994) and University of Calgary (M.N. 2001). Heather lived with metastatic breast cancer and died January 26, 2022. Heather was passionate about quality palliative and end of life care, mentoring, educating, learning, and sharing. She openly shared her lived experience with her colleagues, family and friends as she navigated living with a life limiting illness in the midst of preparing for her end of life. In the spirit of continuous learning about matters of the body, mind, heart, and spirit.

The Heather Shantz Memorial Lecture Fund has been formed to create an annual legacy lecture; reflective of quality, holistic palliative and end of life care. They are proud to present the inaugural lecture during the Mary O'Connor Conference May 11, 2022.

**To donate to the  
Heather Shantz  
Memorial Lecture Fund:**

[https://secure.calgaryhealthfoundation.ca/heather\\_shantz](https://secure.calgaryhealthfoundation.ca/heather_shantz)

**To learn more about  
Heather's Story:  
Living and Dying My  
Way: Heather's Story -  
YouTube**

## CLINICAL SECTIONS

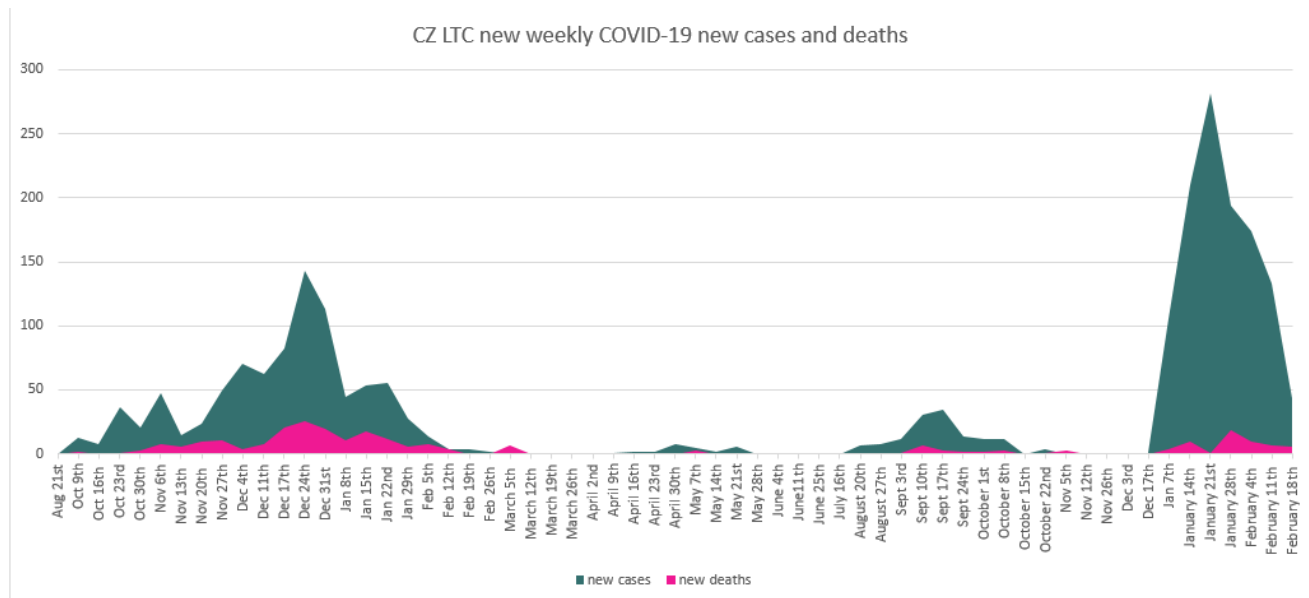
### Seniors Care

Section Chief: Dr. Vivian Ewa


The Seniors Care section includes 155 physicians who work in multiple areas across the continuum of older adult care, from home living to Long Term Care (LTC) providing care to older adults within Calgary.

Seniors care physicians have been caring for and treating their patients at their place of residence (home or facility) where appropriate during the COVID-19 pandemic. This has minimized ED visits for this patient population, which in turn has increased the physician support required.

Despite significant increase in case counts during the 5th wave, hospitalization rates remained low at < 1% due to the dedication and commitment to patient care by staff and physicians in LTC working in collaboration with our community partners, RAAPID and MIH (Mobile Integrated Health, community paramedics) to support care in place.



The section is closely awaiting changes to the continuing care legislation and will continue work with community and acute care partners to deliver optimal care to our seniors across the care spectrum as they transition through the pandemic and look forward to post pandemic era.

Seniors Home based Primary care program (SHBCP) that has spread across the Calgary and surrounding area. Care of the Elderly Physicians work with Home care staff, case managers and allied health team, to support aging in place for complex older adults in the community. The expanded teams hope to build on the success of the Calgary West Central PCN SHBCP that showed decreased acute care utilization, improved Goals of care discussion and delayed institutionalization. [Click here to read an article from CBC on the SHBCP.](#) 

## CLINICAL SECTIONS

CZ LTC CME officially started in October last year with a session on Moral distress with Welldoc Alberta. CME sessions tailored to LTC medicine are held quarterly to meet the learning needs of physicians in this setting. The second topic in January 2022 was on *Genitourinary issues in Supported living: Case presentation and discussion*. Dr. Carolyn Wong, Dr. Xiao Lu and Dr. Ali Jamal. Case based discussion on various GU problems in LTC residents and antimicrobial stewardship for asymptomatic bacteriuria.

In collaboration with Ontario Long Term Care Clinicians association, the section has been able to develop Alberta LTC content to complement the medical director training course. This combined course was offered for the first time in February 28, 2022 – April 18th 2022, and there were 11 registrants from Alberta and hope to increase this in future offerings.

The section is pleased to have implemented an Alternative Relationship Plan (ARP) to support the variety of programs in the section that struggle under the fee for service system, including the Seniors Health Outreach Program to LTC and SL sites (SHOP), Seniors Home Based Primary Care: SHBPC, Geriatric Consult Team (GCT) and the Comprehensive Care in Community (C3) Program. The ARP enabled recruitment to these programs to serve the population of vulnerable seniors in the community to enable aging in place and reduced acute care utilization. With Calgary seniors wanting to stay home longer programs like the GCT, C3 and SHBPC are critical to enabling this.

### Interview with Dr. Shankel

#### Brief description of your roles in the DFM over the years.

When I moved back to Calgary in 2010, I joined the DFM and started working in LTC and hospice and as a COE physician doing Geriatric Assessments in Seniors Health Clinic. In 2012 I became a LTC Medical Director for BSF and joined the ISFL SLM committee. In 2013 Dr. Ewa and I created the Home Care Geriatric Consult Team (HCGCT) to support frail older adults living at home with no or challenging access to a Family Physician. Partnered with Home Care and patient's Family Physicians, we were able to complete geriatric assessments in the home, make care plans and assist Family Physicians with ongoing management. In 2015 Dr. Ewa and I formalized the Seniors Health Outreach Program (SHOP) to provide the same service to older adults living at ISFL sites.

In 2015, Dr. Ewa and I also started working on a program to deliver Home Based Primary Care to home bound older adults in the Calgary Zone. We encouraged all the Zone PCNs to participate and fortunately, the CWC PCN agreed to develop a pilot program which started in 2017. Now, Seniors HBPC is available in all Calgary Zones.

I was fortunate to also be involved with the development of the Community Paramedic Service and the RAAPID expansion to expedite ISFL care and ER transfers which luckily were rolled out Zone wide just in time to assist with the care of Calgary Zone seniors during the COVID pandemic.

#### How has the DFM seniors care changed over the years?

Yikes! Seniors care now is entirely different than in 2010. Now, Calgary Zone has several physician led programs to meet the complex care needs of seniors wherever they are living within the zone and to get them timely care in the setting of their choice, be it home, ISFL, hospice or hospital. In addition, Family Physicians are much better supported to deliver this care and all of this care is integrated with Home Care, allied health professionals and hospital based physicians. Help is now just a phone call away, 24/7.

#### What would you say was your greatest contribution to seniors care?

I would like to think that I helped bring attention to the necessity of providing medical services to home bound older adults and to grow these services within the Calgary Zone.

#### What is your favorite book?

All Creatures Great and Small by James Herriot. I love his numerous adventures caring for animals and their people in 1930's Yorkshire Dales.

#### Fun fact about you.

I have recently retired to PEI and am having my own adventures training my horse.

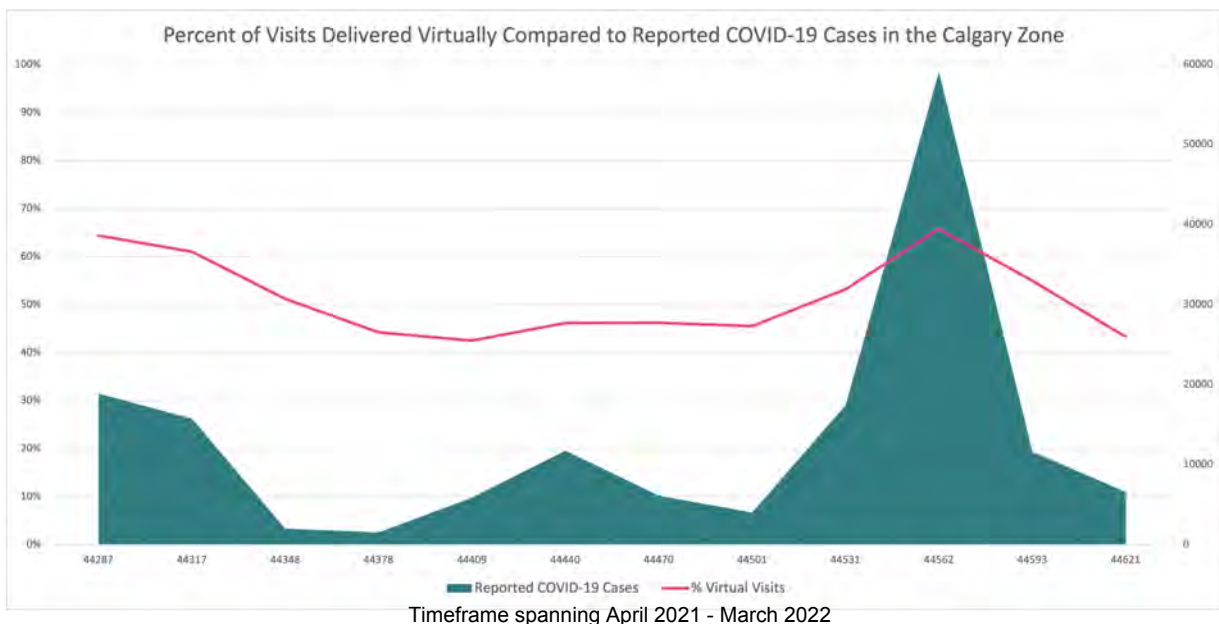
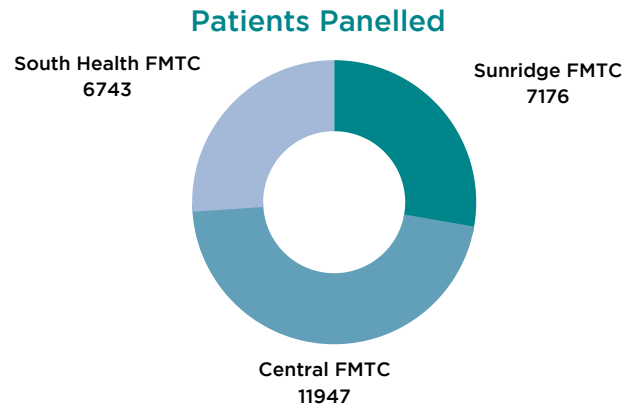
## Clinical Operations, Quality and the Patient Medical Home

Director, Academic Patient Medical Home - Dr. Melanie Hnatiuk,  
 Director, Quality & Patient Medical Home - Dr. Maeve O’Beirne, (to December 2021)  
 Team Lead, Quality & Informatics - Ms. Christina Barr

Across three DFM sites, 49 family physicians cared for over 25,000[1] panelled patients in the patient medical home model in 2021-22. The PMH allows for patient-centred, accessible, adaptable, comprehensive, coordinated, and continuous care in a trusted team[2]. This model has been particularly important during the COVID-19 pandemic in order to support vulnerable patients and those with chronic medical conditions in the community, as well as provide care to patients diagnosed with COVID-19 to minimize the likelihood of presentation to acute care.

Education is an important part of our role. In 2021-22, 154 residents and 100 medical students trained at our three sites, learning the principles of evidence-based and collaborative care in the patient medical home.

Our sites have provided care throughout the COVID-19 pandemic, completing 82,580 visits. Virtual care has played an important role in the care we have provided. As is shown in the figure, the percentage of virtual visits in our sites reflected the COVID-19 case numbers in the community. Patients and our care teams have worked in partnership to determine the most appropriate visit type for a particular presentation. Over the course of the year, 51% of all visits were delivered virtually.



[1] Panel counts as at March 31, 2022; panel counts vary across the year as patients join or leave our clinics.  
 [2] [https://patientsmedicalhome.ca/files/uploads/PMH\\_VISION2019\\_ENG\\_WEB\\_2.pdf](https://patientsmedicalhome.ca/files/uploads/PMH_VISION2019_ENG_WEB_2.pdf)

### COVID-19 Care in the PMH

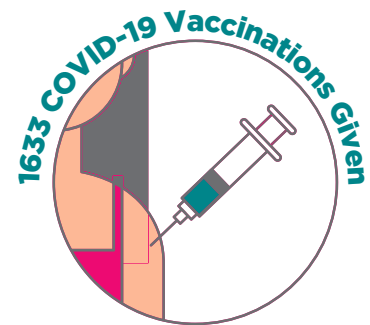
Utilizing the Calgary Zone pathways for patients with COVID-19, our teams cared for COVID-19 positive patients in their medical homes, improving continuity of care and reducing the need for acute care presentation. The DFM has cared for 959 COVID-19 patients through 1,086 COVID-19 pathway calls. A team-based approach was used to support the patient, provide teaching, and optimize care in the medical home. Patients were contacted as soon as a COVID-19 positive result was received to provide information regarding isolation, risk stratification, and management, including once available discussion of monoclonal antibody treatment or oral antivirals where appropriate.

**959 COVID-19 Patients**  
cared for  
in the PMH



### COVID-19 Vaccine Delivery

Central Family Medicine Teaching Centre was chosen as one of 10 pilot sites for COVID-19 vaccine delivery in physician offices in Alberta. The process of vaccine delivery involved an effort by the multidisciplinary team to identify and contact eligible patients, and ultimately deliver COVID-19 vaccination. Clinic team members were able to address vaccine hesitancy by clarifying specific patient concerns, and there was a subset of patients who expressed increased willingness to receive their vaccine when it was delivered within their medical home. The clinic also worked with patients to overcome barriers of access to vaccine, such as mobility challenges, and partnered with the Opioid Dependency Program to deliver vaccines for patients of this program.



In a survey of the pilot clinics completed by the Alberta Medical Association, 10-15% of patients were shifted from 'not ready' to 'ready' through partnership with their medical home teams during the pilot. Across the three DFM sites, our teams delivered 1,633 COVID-19 vaccinations. Overall, 91% of patients age 12+ at our family medicine teaching clinics received two doses of COVID-19 vaccine, compared to 86% in the Calgary Zone.

### Patient and Family Partnered Care

Patient councils at Central Family Medicine Teaching Centre and South Health Campus Family Medicine Teaching Centre are key partners in advancing patient and family-centered care in our sites. Each of our sites gathers feedback from patients through patient surveys, on specific projects but also on the patient perspective of care received in our sites in general. Across our clinics, 89% of patients rated their overall experience and care as "Excellent" or "Very Good". Patient and family-centred care ensures the patient is engaged in their health decisions; 95% of patients felt they "Always" or "Usually" had enough involvement in their treatment and care decisions.

"For me the comfort level in the clinic is very high I've always had a hard time explaining the things that were wrong with me whereas at this clinic now I seem to be able to open up."

"It is easy to book appointments. The doctors spent time answering questions and I never feel rushed. All the staff are very friendly and caring. The referrals to specialists and other care is not a problem and occurs in a timely manner. Overall, I am very impressed with the care I am getting. The students are also very professional and helpful."



## ACADEMIC PILLARS

### Measurement, Continuous Quality Improvement, and Research

Using data collected last year, we identified that mental health codes were 3/5 most commonly used diagnostic codes for virtual care and 2/5 most common for in person care. We recognized the importance of a strategy to ensure collaborative care was in place to support patients with mental health needs.

Steps taken to address this include collaboration with multidisciplinary teams, including PCN support, to ensure patients in our clinics have available care options with social workers and behavioural health consultants. South Health Campus Family Medicine Teaching Centre continues to deliver the group-based "Anxiety to Calm" curriculum, originally developed by the Red Deer PCN. Among participants, anxiety symptoms as captured by the Burns Anxiety Inventory have been shown to be reduced by 42%. In addition, 70% of participants commented on anxiety symptoms being "mild" or "moderate" at the end of the workshop compared to being "severe" or "extreme" at the beginning of the workshop.

### Resident Quality Improvement Projects

All DFM residents complete a Quality Improvement project (individually or in groups). This year, there were 28 QI projects total, leading to four being adopted into practice. 20 were adapted with changes, and four were abandoned. Topics included improvements in accessibility, environmentally conscious practices, medication reviews, and delivery of screening services.


### Preventative Care

The COVID-19 pandemic has challenged us to adapt to incorporating COVID-19 associated prevention and management within primary care, along with continuing the important ongoing work of the patient medical home, including preventative care. The Alberta Screening and Prevention (ASaP) Program includes 12 key items for preventative health maintenance, from recording height and weight to ensuring timely chronic disease and cancer screening. The pandemic significantly impacted preventative care in our clinics and throughout the province. In our clinics, data show more patients are up to date with their screening when compared to other local patient populations.

### Accessible Care

#### After Hours Care

All three DFM teaching sites have delivered weekly evening clinics this year, providing 685 evening appointments. An interim evaluation of the Evening Clinic Program showed patients overwhelmingly approve (83%) of access through evening clinics, and 86% of staff felt providing evening clinics meets patient needs. In a survey, 34% of patients said they would have gone to Emergency, Urgent Care, or a Walk-in clinic had an evening clinic appointment not been available.



"This is an amazing service. Afternoon and evening appointments after 5 is amazing. Then, I don't have to take days off work to see my family dr. Stuff that doesn't need me to go to urgent care and explain stuff all over again. I hope this stays!!"



**685**


**Evening  
Clinic  
Appointments**

### MD24

MD24 is a service that ensures patients with complex needs are supported by a physician working in their medical home through a partnership with HealthLink (811). A survey of patients regarding their experience with MD24 showed how patients value the program. 100% of patients said it was “Very Important” or “Important” to continue this service. From the physician perspective, 69% “Strongly Agree” or “Agree” the MD24 program contributes to the goals of the patient medical home.

### Access

Timely access to care is a key component of the medical home model. The COVID-19 pandemic has challenged all primary care teams to continue to provide timely access to care. An Access Working Group was developed to identify novel solutions for these challenges. Our sites have developed various strategies including developing a novel approach to prescription refills through enhanced communication with local pharmacies, as well as pilots which are increasing dedicated appointments for urgent visits. Pilot data shows a 47.5% reduction from baseline for prescription refill faxes, which is improving physician workload and satisfaction. This project will be expanded across all three DFM clinics in 2022-23.



“This was a wonderful experience as the doctor called us several times and then met us in clinic on Monday morning. It was outstanding care that weekend.”

### Continuity of Care



Relational<sup>[3]</sup>, informational<sup>[4]</sup>, and management continuity have been shown to improve care for patients and decrease health system costs.

Within our sites, we measure continuity with patients’ primary physicians (79%) and within their microsystem (95%). Our sites also participate in CII/CPAR, which is a tool led by the Alberta Medical Association and Alberta Health to help confirm that patients are in our clinic panel. Once patients are confirmed, our teams receive information when our patients are cared for in acute care. It also allows for community encounters, such as those in our clinic, to be captured in Netcare.

### Community Adaptiveness and Social Accountability

Our clinics recognize the importance of education and action to improve care for patients consistent with the Calls to Action of the Truth and Reconciliation Commission. We value the diversity of our teams and patient population and strive to provide equitable and inclusive care. The Department recognizes its responsibility for educating teams to improve care for all patients.

All DFM sites participated in educational sessions on the National Day for Truth and Reconciliation. In addition to ongoing team education, our sites have planned to gather further data on patient experiences to inform further actions.

[3] <https://actt.albertadoctors.org/file/top--evidence-summary--value-of-continuity.pdf>

[4] [https://actt.albertadoctors.org/file/CII-CPAR\\_Information\\_Sheet.pdf](https://actt.albertadoctors.org/file/CII-CPAR_Information_Sheet.pdf)



### Education

Director, Postgraduate Education – Dr. Martina Barton (Interim), Dr. Lindsay Jantzie

Director, Undergraduate Education – Dr. Martina Kelly

Education Manager – Dr. Allen Billy (Interim), Mr. Craig Culter

#### Undergraduate Medical Education

This past year, the Department of Family Medicine Undergraduate Medical Education Team has focused on reviewing and revitalizing our strategic goals, building off our vision that all students will graduate with an in-depth understanding of generalism and the integral role of family medicine in comprehensive patient care.

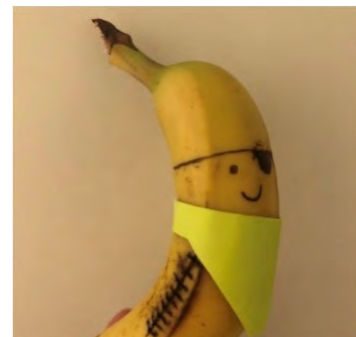
Generalists are physicians whose practice is broad in scope, and who diagnose and manage diverse, undifferentiated, and often complex clinical problems, while providing psychosocial supports in a clinical team environment. To provide easily identifiable concepts throughout the students' medical education, UGFM created visual representations for the research-informed "[6Cs of Generalism](#)".



To fulfill our vision, we identified that early exposure to family medicine and generalism is key. The DFM participated in Discovery Days, a highly-rated annual event for high school students to gain knowledge about careers in medicine. With over 200 attendees, the family medicine session received an average rating of 4.4/5.0.

2021 saw the return of a virtual Med Zero experience for the incoming class of medical students. A total of 65% of the 170 students attended this optional event, engaging with faculty, residents, and staff. With a goal of being fun and interactive, Med Zero 2021 was launched with a movie trailer, encouraged student engagement with a series of social media contests, and hands on skill-building with suturing and naloxone training.

Students were more fully-introduced to the 6Cs of Generalism during the MDCN 330 orientation and subsequent clinical half days. 170 students were distributed across our vast network of dedicated preceptors in rural, Calgary community, and DFM teaching clinics.



Med Zero 2021 -  
Banana Suturing Contest Entry

## ACADEMIC PILLARS

The Clerkship class of 2023 experienced what is hopefully the final major COVID-19 disruption, completing six weeks of family medicine clerkship instead of the eight forecasted pre-COVID-19. The midterm evaluation saw the clerkship rotation rated at 4.7/5.0, the highest rating for family medicine clerkship for the past 10 years and a testament to our community of preceptors and dedicated leadership.

The UGFM team is looking forward to the reintroduction of the 4+4 curriculum (4 urban and 4 rural weeks of family medicine clerkship), and the return of full day in person academics for the class of 2023.

The Family and Rural Medicine Interest Group (FRMIG) worked extremely hard over the past 12 months to bring an exciting roster of activities to promote family medicine and engage the student body, including a highly successful IUD insertion skills night, which the new FRMIG are excited to replicate.



**FRMIG Members  
Class of 2023**

## ACADEMIC PILLARS

### Postgraduate Education

The family medicine residency program welcomed 86 first year residents in July 2021, while continuing to train over 100 second year and Enhanced Skills residents. In total, the DFM trained 205 residents across 10 programs in the 2021-22 academic year.

**205**  
**PGME Residents**



Program faculty and staff continued to implement recommendations from our last accreditation cycle, while developing innovations and preparing documentation that will contribute to the upcoming 2022 accreditation. COVID-19 continued to impact several learning experiences, especially in the core 2-year family medicine programs. Program faculty and administration worked diligently to adapt curricular experiences, reschedule residents, and accommodate preceptors whose clinical environments changed because of the pandemic. Calgary and Rural residents have continued to volunteer for redeployment to the Intensive Care Unit to assist this service and its workforce through each wave of the pandemic.

Resident resiliency and well-being was identified as a critical issue throughout COVID-19. The Resident Wellbeing Advocacy Committee was instrumental in collaboratively communicating, assessing, and advocating for the needs of the residents and promoting well-being.

In response to feedback from the previous external review, as well as feedback from residents and preceptors, the Calgary core 2-year program implemented significant curriculum changes in July 2021, for the 2021-22 academic year. Ongoing curriculum evaluation and development continues to be a priority for the program.

The rural family medicine residency program continues to support rural preceptors participating in the 24-week Family Medicine Year 2 rotation, and explore ways to enhance rural residents' clinical experiences with adults experiencing addiction and concurrent disorders, and increase competency related to caring for Indigenous people in southern Alberta. Program leaders have engaged in conversations with Indigenous Health clinics and providers to explore further clinical opportunities in Indigenous Health for rural residents.

The core 2-year program delivered a completely virtual CaRMS promotion and selection process in 2021-22. Recruitment events ran from November 2021 through March 2022 for both the Calgary and Rural Programs. In March 2022, the Calgary Program and the Rural Program virtually met and interviewed over 500 and 150 first-round candidates respectively.

### Health Equity Domain and Indigenous Health Working Group

The Indigenous Health Working Group (IHWG), founded in 2021, includes a wide range of stakeholders including Indigenous Physicians, Indigenous Educators, Indigenous Residents and Community Preceptors committed to improving Indigenous Health offerings within the curriculum. The IHWG was instrumental in development of the Indigenous Health Longitudinal Elective, a pilot project whereby first year residents spend 10 days throughout their family medicine rotations in an Indigenous Health learning environment, with guided self-reflection. Strong partnerships between the Health Equity Domain, Department of Family Medicine and the BIPOC resident group led to many productive changes and innovations, including an academic half-day dedicated to Indigenous Health Reflection and Reconciliation on the National Day of Truth and Reconciliation in September of 2021.

## ACADEMIC PILLARS

Our Health Equity Curriculum includes a very well-received anti-racism session delivered during FM Core in 2021. This session was co-led by faculty and residents and helped ground incoming residents in the importance of this work. Implicit bias training and ongoing anti-racism and communications work have also been threaded throughout the curriculum.

### Enhanced Skills

The eight ES programs have been transitioning to Competency-Based Medical Education. Three of our competitive ES programs in high-needs areas were successful in advocating for an increase in the number of their residency positions, including Family Practice Anesthesia, Addiction Medicine, and Palliative Care. There are currently 21 residents in the ES programs.

Curriculum development continues throughout the ES programs. The Anesthesia program re-established rural medicine simulations and introduced rural focused academic half-day sessions and learning experiences of importance to residents and the community. The Addiction Medicine program piloted a longitudinal addiction clinic through the Rapid Access Addiction Medicine program.

The Palliative Care program strengthened the inclusion of wellness in its curriculum with a four-session longitudinal course featuring special wellness sessions on topics within palliative care. The program has integrated Indigenous Health and palliative care sessions for residents at program orientation and through training with the Canadian Virtual Hospice. The program also engaged an Indigenous Health Navigator to conduct faculty development sessions.

### Continuing Professional Development

The CPD program offered an increased number of faculty events, including holding Practice Based Small Group sessions virtually as well as in-person. Half of the sessions were CFPC Mainpro+ accredited, and total attendance doubled for the year. With the support of the Department, the CPD program incorporated several EDI topics into the curriculum. Topics included “Equitable Health Cannot Wait: Collaborative insights in to mitigating the Covid-19 Outbreaks” presented by Dr. Annalee Coakley and “EDI and Reconciliation in Family Medicine: Where do we go from here?”, presented by Dr. Pamela Roach.

**CPD Average Evaluation Rating = 4.5/5**



Over the past year, we were able to create a robust Grand Rounds curriculum and successfully present our annual Fall Together conference as a virtual half-day conference. The virtual setting allowed more faculty to attend and participate in the sessions throughout the year, something we look to carry forward post-pandemic.

The Department has created a new "Director, CPD and Engagement" position, to support the development of urban and rural faculty members, as well as contributing to a strategic plan for faculty engagement within the DFM.

## Research and Scholarly Activity

Dr. Turin Chowdhury/Dr. Kerry McBrien - Research and Scholarship Director  
Research Manager - Ms. Agnes Dallison

The DFM has four research pillars:

- Indigenous Health
- Health Services
- Health Equity
- Medical Education

This year, DFM researchers are credited with:

### Grants:

Investigators: 54 DFM investigators representing 37 projects

Total amount awarded: \$4,516,017

Annualized grants awarded: \$2,740,517

Total grants awarded administered by DFM: \$1,991,412

Annualized grants awarded administered by DFM: \$994,159

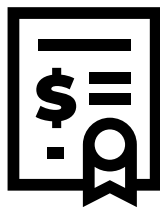
### Publications:

132 publications with a total of 178 named authors from the DFM

### Presentations:

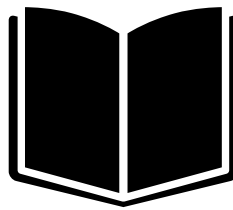
67 presentations with a total of 110 named presenters from the DFM

**\$4.5m**



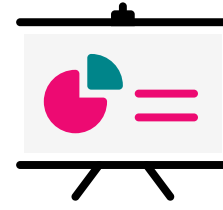
**grants**

**132**



**publications**

**67**



**presentations**

## ACADEMIC PILLARS

### Research Profile: Dr. Sonja Wicklum

Advisory Group Member & Lead Principal Investigator/  
Clinical Assistant Professor & Family Medicine Clerkship  
Director / Department of Family Medicine

### Wolf Trail Program / Makoyoh'sokoi

AUTHOR: Kelly Johnston, Cumming School of Medicine



Led by a multidisciplinary team of University of Calgary researchers in partnership with advisers and facilitators from Miskanawah, the series of exercise and health education sessions takes a holistic approach focusing on the need to look at the mental, emotional, spiritual and physical aspects of a person in order to support health changes that last.

“This project harnesses the cultural strengths and traditions of Indigenous women,” says Dr. Sonja Wicklum, MD, co-principal investigator. “Very importantly, it is rooted in community so that programs can be adapted to a community’s unique needs with a view to long-term sustainability. We are honoured to partner with each of the communities involved.”

Participants come together to experience new types of physical activity, learn about nutrition and share their personal experiences in a safe, supportive, and culturally appropriate environment.

“The women in the program do a lot in their community and are strong anchors for their families. The sessions allow them to focus on themselves, reconnect with their culture and learn about healthy lifestyle choices,” says Wicklum.

Recent support by the Public Health Agency of Canada (PHAC) allows the program’s duration for participants to expand to six months from 10 weeks, to support participants in the 10 Indigenous communities.

“Our research has shown that Makoyoh’sokoi participants experience improved confidence through the group exercises while developing positive social support systems and learning about health and social resources available to them in their community,” says Levi Frehlich, PhD candidate and co-principal investigator. “Many say the program is motivational, keeping them accountable and providing opportunities to share their experiences through the sharing circle.”

“The Wolf Trail program exemplifies the impact that research can have when it is anchored by the community it serves,” says Dr. William Ghali, vice-president (research), University of Calgary. “Through deep understanding and a commitment to shared goals, University of Calgary researchers in partnership with Miskanawah have created a holistic program with the capacity for long-term sustainability. We are honoured to partner with each of the communities involved.”

This project is also supported by the Canadian Institutes of Health Research (CIHR) Institutes of Gender and Health (IGN), of Indigenous Peoples’ Health (IIPH) of Population and Public Health (IPPH), and the CIHR – HIV/AIDS Research Initiative, Capital Power, the Melton Foundation, and an anonymous donor whose gift helped secure the PHAC grant.



Jackie Mistamuskska, POWfit instructor, shares an example of exercise that incorporates culture and inspires joy.

Photo: Riley Brandt,  
University of Calgary



**Thank you for reading.**

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