

DEPARTMENT OF FAMILY MEDICINE - CALGARY

# ANNUAL REPORT



UNIVERSITY OF  
CALGARY



Alberta Health  
Services



2023-24

# Table of Contents

**03** Land Acknowledgement

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**04** Membership

---

**05** Executive Summary

---

**07** Communications

---

**08** Clinical Sections

---

**17** Academic Pillars

---

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## Territorial Land Acknowledgement

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The Department of Family Medicine, located in the heart of southern Alberta, both acknowledges and pays tribute to the traditional territories of the peoples of Treaty 7, which include the Blackfoot Confederacy (comprised of the Siksika, the Piikani, and the Kainai First Nations), the Tsuut'ina First Nation, and the Stoney Nakoda (including Chiniki, Bearspaw, and Goodstoney First Nations). The City of Calgary is also home to the Métis Nation of Alberta (Districts 5 and 6).

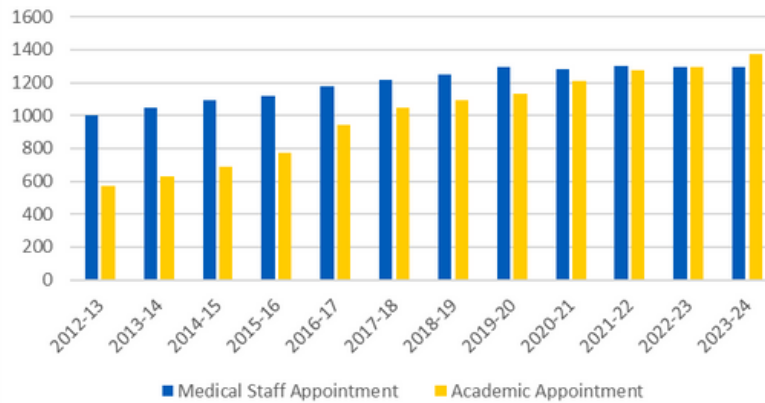
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# Physician Members

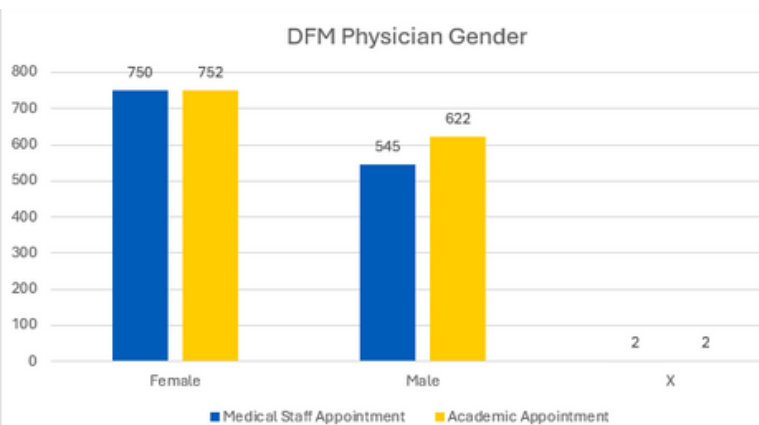
We represent one of the largest clinical Medical Affairs departments in AHS. This high membership with diverse practice environments continues to challenge us to find innovative ways to connect with our membership and engage them in the numerous activities and initiatives occurring in health care delivery.

This report highlights some of the overall achievements of our clinical sections and academic pillars.

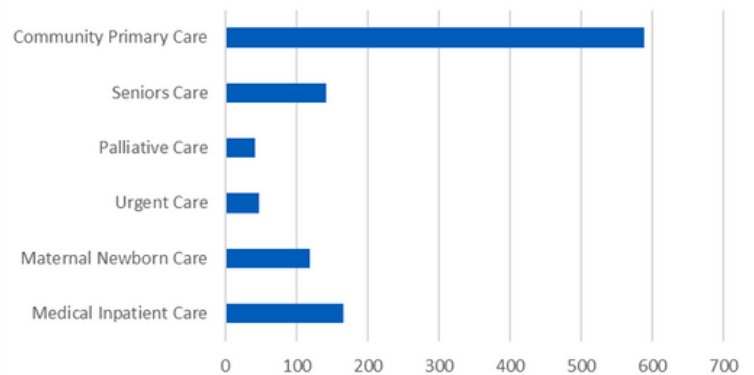
DFM Physician Membership



Our number of Medical Staff Appointments has remained fairly steady over the last year, while academic appointments have increased.



DFM Clinical Physicians by Primary Section



Many community family physicians are not privileged with the DFM.

The Medical Staff Office at Alberta Health Services collects gender data using the categories Male/Female/X.

Family physicians who are engaged in teaching at any level; undergraduate, clerkship, postgraduate, and/or enhanced skills are required to have an academic appointment.

In 2023-24, **119 academic appointments were processed and approved by the academic DFM.**

**119**  
academic appointments approved

# Executive Summary

In the face of unprecedented challenges, the Department of Family Medicine (DFM) has shown exceptional resilience and dedication to patient care, education, and research across its clinical and academic sectors. Our healthcare providers and leaders, despite significant strain, demonstrate unwavering resolve and continue to prioritize patients first and uphold high standards of care, education, and academic activity. The DFM has experienced significant transformations in clinical leadership and community care efforts. **Out of 24 Clinical Physician leadership positions, 15 have changed**, marking a period of dynamic adaptation and growth. Additionally, **there were 64 clinical position postings, with 13 still vacant and an average 82-day duration to fill positions.**

Within the Community section, we have fortified outreach and support networks, ensuring vulnerable populations receive necessary resources and care. Efforts like the Alex Community Health Centre's integration of Indigenous perspectives, addressing barriers at the East Calgary Family Care Clinic, and expanding services at the Elbow River Healing Lodge underscore our commitment to reconciliation, social determinants of health, collaboration, and innovative patient care approaches. Notable achievements include Dr. Kathy Savoia (Calgary Family Physician of the Year) and Dr. Jim Stone (Specialist Physician of the Year). The Calgary Zone Primary Care Business Unit has been instrumental in coordinating pan-Primary Care Network (PCN) activities, leading to notable improvements in access, attachment, and specialty collaboration.

*The DFM has experienced significant transformations in clinical leadership and community care efforts. Out of 24 Clinical Physician leadership positions, 15 have changed.*



Our **150 Medical inpatient physicians (hospitalists) provide continuous, high-quality care for patients with complex needs, managing 55% of admissions in Calgary.** The Calgary Zone **palliative and end of life care consult teams served 4475 unique patients (with 5142 initial services and 27,398 encounters).** **Hospices admitted 1238 patients of whom 73% had cancer.** Our Seniors Care section of over **300 physicians** dealt with increasing complexity across **9935 beds** while also adapting to evolving protocols to protect and support our elderly population in the community. Our 135 low-risk maternity physicians admitted **39% of the over 17,700 babies born in Calgary** and the **Urgent Care saw 111,353 visits**, ensuring prompt, safe, and effective care for patients, reaffirming our dedication to accessible healthcare services.

The Academic Department continues to lead in family medicine education and research, which is strengthened by the work in the three community-based academic teaching clinics, who **continuously serve 23,800 patients**, and **trained 120 medical students and 227 residents this year alone.** The Education pillar of the Academic Department has adapted to major curriculum changes and program expansion within both the undergraduate and postgraduate programs. In response to these changes, a new strategic vision in faculty development was implemented, and there has been increased efforts in recruitment and retention of family medicine preceptors and educators. The Academic Department continues to respond to community needs through research and scholarship activities focused on Indigenous Health, Medical Education, Health Services, and Health Equity, as well as through key research networks which support facilitation of community-based research.

The clinical and academic departments have been working together to develop a DFM strategic plan including vision, mission, priorities, and foundational principles. The joint strategic plan has been created over time with broad engagement across the academic and clinical departments. The plan is being further refined through ongoing engagement as we develop goals, key performance indicators, and activities. The new strategic plan will be launched and shared with the entire department membership and stakeholders over the second half of 2024.

Looking ahead, advocacy remains paramount. We aim to secure the necessary resources and support to sustain and enhance our services to the immensely broad patient base we serve.

We will continue to put patient care first and advocate for a comprehensive healthcare system that meets everyone's needs, in this time of immense change. Our resilience this past year serves as a testament to our unity and strength, inspiring hope for the future.



Dr. Ann Vaidya  
Clinical Department Head



Dr. Sonya Lee  
Academic Department Head

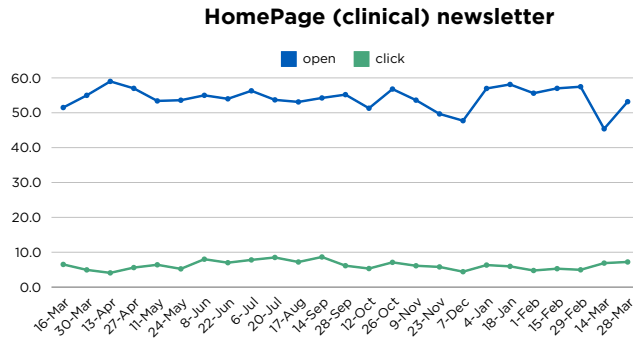
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# DFM Communications

Communication with stakeholders, internal and external, is an essential activity to ensure that members are engaged and supported, our programs attract learners, and our innovations and successes are publicized. The DFM employs a number of communications tools and tactics to achieve effective communication. Where possible, we track engagement through metrics.

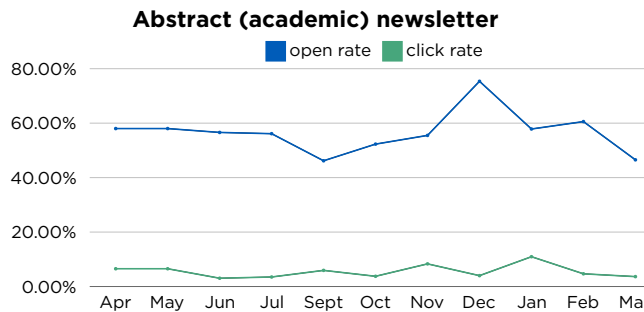
## DFM Newsletters

**The HomePage** is the DFM's clinical bi-weekly e-newsletter. The goal of the newsletter is to share departmental communications and information from our community stakeholders and partners that is relevant for physicians practicing in the community and within AHS. The HomePage is sent to all family physicians in the Calgary Zone with AHS privileges as well as all DFM staff.



average open/read rate  
**54.16%**

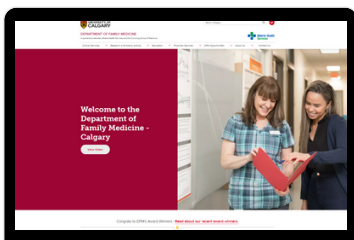
**The Abstract** is DFM's academic monthly e-newsletter, providing updates from the academic department head, UCalgary info, academic DFM events and projects, as well as research initiatives, awards and staff information. This newsletter goes to all academically appointed physicians across Alberta and those located out of province in Northwest Territories, Yukon, and British Columbia.



average open/read rate  
**56.65%**

## DFM Website

In 2022-23, DFM's website was transitioned from a third party host to the University of Calgary website domain. This has allowed for improved usability, a more modern website, and overall improved engagement with the department online. Metrics from the first full year of the new site showed **115,000 total webpage views by 42,000 unique visitors.**

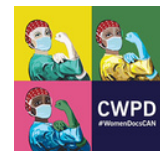


[ucalgary.ca/familymedicine](http://ucalgary.ca/familymedicine)

## Other communications

### Important dates

In recent years, the DFM marked several important days through targeted communications. These include *International Womens Day* and *Canadian Women Physicians Day*, *World Family Doctor Day*, and *Alberta Rural Health Week*.



**Social Media** The department also utilizes social media including "X" and Instagram (@UCalgaryFamMed), to share successes, projects, and advertise programs and events.

# Clinical Sections

## COMMUNITY PRIMARY CARE

**Dr. Monica Sargious, Section Chief**

### **FAMILY PHYSICIAN OF THE YEAR - DR. KATHY SAVOIA**

We extend our heartfelt congratulations to Dr. Kathy Savoia, recipient of the prestigious Calgary Family Physician of the Year award! Dr. Savoia's dedication and compassion have left a profound impact on her 3000 patients, whose testimonials underscore the exceptional level of care she provides. She consistently goes above and beyond, ensuring the well-being of each individual under her care and fostering an environment where patients feel valued and supported. Dr. Savoia's three decades of dedicated service and outstanding contributions to family medicine serve as a beacon of inspiration for us all.



### **SPECIALIST PHYSICIAN OF THE YEAR - DR. JIM STONE**

We extend our sincere congratulations to Dr. Jim Stone for being honored with the Specialist Physician of the Year award. This esteemed recognition, bestowed upon him by family physicians, underscores his exceptional commitment to patient care and his collaborative approach within our healthcare community. Dr. Stone's nomination reflects his grounded approach to cardiology, marked by practicality and compassion in every aspect of his practice. His ability to comprehend the unique circumstances and family dynamics of each patient, coupled with his collaborative work alongside family physicians, distinguishes him as a leader in shared decision-making. Furthermore, his humility and kindness shine through in his interactions with colleagues, further underscoring his dedication to fostering a supportive and collaborative healthcare environment. Dr. Stone's steadfast dedication to patient-centered care, spanning decades since the 1980s, epitomizes the core values of empathy, excellence, and collaboration that are fundamental to our noble profession.



### **The Alex Community Health Centre**

The Alex has continued to flex and innovate to meet the increasing demand for holistic, wrap-around care that extends beyond medical intervention to address the core determinants of health affecting marginalized Calgarians. Federal grant funding from Team Primary Care has enabled The Alex's Community Health Clinic's team to invest time and training into understanding and improving the primary care team's effective collaboration across disciplines. These learnings carry across into other Alex clinical programs with the goal of leveraging our diversity of healthcare skill sets to magnify the impact of our individual team members and serve more Calgarians. Indigenous perspectives are increasingly integrated into our strategic and operational decisions to make all the care we deliver safer and more culturally appropriate for all our patients.

Beyond the walls of the Community Health Centre, The Alex's Mobile Health Units and Alex Street Team continue to bridge the distance to the most marginalized and isolated members of our community. The Rapid Access Addiction Medicine and Walk-In program and a partnership clinic at the Calgary Drop-in Centre also offer low-barrier access to essential interventions and supports.

the  
**alex.**



## COMMUNITY PRIMARY CARE

### East Calgary Family Care Clinic (ECFCC)

ECFCC strives to achieve equity and empowerment through health for the residents of NE and SE Calgary facing barriers in their care. As an interdisciplinary team, the ECFCC offers full spectrum, trauma informed primary health care working with patients to meet their health goals.

This year, the ECFCC has focused on rebuilding their education program post pandemic, welcoming students from multiple disciplines including family medicine, nurse practitioner, dietician, pharmacy, medical office assistant, and nursing programs. Students can engage with patients to better understand how social determinants impact their journey in the health system, shaping their future practice.

The ECFCC team continues building on skills from Project Resilience (started in 2022 to address provider burnout) through monthly Complex Case Rounds. Each team presented topics to help others in the clinic better understand work that they do and how to access relevant community resources.

The clinic undertook several quality improvement (QI) projects focusing on addressing decreased cancer screening rates post pandemic. Lung, breast, and colorectal screening projects were pursued. Through a collaborative team effort, **we were able to increase our rates from 49% in 2021 to 57.6% in 2023 for breast cancer screening**, considering expanded patient eligibility due to guideline changes. Directly reaching out to patients, supporting system navigation, and providing counselling and rationale for why screening is recommended were all helpful tools.

As the year ends, our focus now turns to launching on Connect Care in launch 8. The ECFCC is excited that use of this tool will allow us to continue to improve the care we provide to our vulnerable patient population.

### Calgary Zone Primary Care Business Unit

The Calgary Zone Business Unit has been instrumental in coordinating and facilitating pan-PCN activities in alignment with the Zone Service Plan (ZSP) for the years 2023-2026, officially approved by Alberta Health in June 2023. Key focus areas included zone programs, access, attachment, patient's medical home coordination, Indigenous health, mental health, and specialty collaboration. Following the announcement of the MAPS initiative, efforts have been directed towards aligning and prioritizing initiatives to support MAPS objectives.

Notable achievements in the last fiscal year include the development of a unified adoption process for **CII/CPAR** across the Calgary Zone, resulting in a substantial **uptake rate of 74%**. A comprehensive review of patient navigation processes was completed, leading to improvements in navigating patients from hospital to home/PCNs, particularly benefiting attached, unattached, Indigenous, and vulnerable/complex patients. The Indigenous Health Scoping Working Group initiated strategic collaboration efforts, laying the groundwork for projects related to cultural humility, anti-racism, and navigator feasibility.

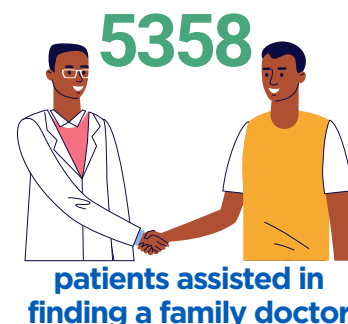
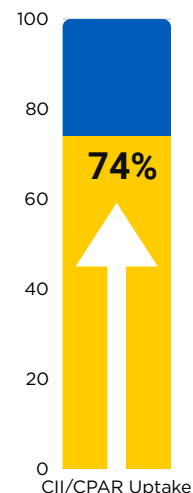
Furthermore, the establishment of the Calgary Zone Coordinated Attachment Hub in September 2023 has significantly enhanced access to physicians accepting patients across the Calgary Zone, with **over 5,358 patients assisted to find a family doctor from September 2023 to March 2024**. Specialist Link operations continue to support the connection between primary care and specialty care, with significant call and download volumes recorded. The province continued to see an increase in Alberta Find a Doctor Traffic, with over 1 million views in the last fiscal year. However, the number of providers taking patients continued to decline.

A pilot project for a **Primary Care Mental Health Assessment** clinic demonstrated promising results, with **150 referrals seen across 7 PCNs**. The Access Mental Health Resource database link added to Specialist Link has garnered substantial user engagement, indicating its value in supporting mental health care delivery. Pathway reviews and updates on Specialist Link, along with the launch of the Alcohol Use Disorder pathway, further enrich the platform's resources.

The establishment of the Calgary Zone Access and Attachment Strategy Core group signifies ongoing efforts to address challenges in primary care access and attachment. Key challenges identified include competing health system priorities, limited human resources, and data sharing limitations between acute and primary care settings.

The webinar series, which began during the COVID-19 pandemic, has gained immense popularity with over 20,000 views. On average, **each webinar attracts around 600 live viewers. In 2023-2024, a total of 3 webinars were held, accumulating 1244 views**. These webinars covered various topics such as FIB-4 paradigm shift, AUD, cirrhosis, PLE, Alcohol use disorder, Access Mental Health resource database, colon cancer screening, and other primary care hot topics. The strong attendance of these webinars makes them highly effective tools for communication, change management, and engagement for PCNs and the Calgary Zone. The 2024 webinar series, which commenced in February, continues to be well-attended by family physicians primarily from the Calgary area.

Looking ahead, efforts will continue to evolve primary health care in the Calgary Zone, leveraging opportunities presented by the Alberta Health MAPS initiative.



## COMMUNITY PRIMARY CARE

### Calgary Urban Project Society (CUPS)

CUPS health programs provide a multitude of low-barrier, inter-disciplinary and specialized health services focused on meeting the needs of socially and structurally vulnerable clients. These programs address primary health care needs, such as mental health services, outreach programs, and same-day walk-in access. Our child and family development programs are focused on providing a two-generational approach to service delivery, with a focus on interventions and support for the entire family. Through integration of service delivery, CUPS also provides housing and economic programs which aim to support basic needs, navigation supports and housing, through a variety of services, each with a unique area of focus.

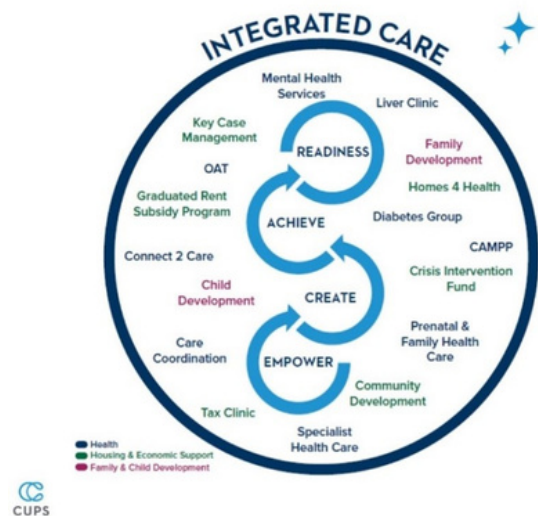
#### Prenatal and Family Clinic Overview

The Prenatal and Family Clinic offers comprehensive prenatal and postnatal care, family planning, primary health services, and specialty consultations including obstetrics, gynecology, and pediatrics. Our services encompass preventive screening, addiction and mental health support, as well as integration of resource and system navigation and advocacy assistance. Our multidisciplinary team collaborates closely with CUPS programs, including family and child development coordinators, to empower participants in achieving their well-being goals and to build readiness in navigating and accessing community support and services.

#### Partnerships and Collaborations

An exemplary partnership within our clinic is the Prenatal Outreach Support Team (POST), a collaboration between CUPS, Kindred Connections Society, and Calgary Police Service. POST is dedicated to early intervention, prevention, and empowerment, particularly for high-risk pregnant and parenting individuals facing barriers to accessing prenatal care. CUPS has been a part of the POST collaboration for over five years, and with the recent transition to Kindred, CUPS has taken on a more active role. The POST team, comprising nurses, outreach workers, and a police constable, provides client-centered support, referrals, and interventions to reduce barriers to care and improve client wellness.

### CUPS Integrated Care Tool



### Service Utilization Highlights

- **Client Visits:** In the reporting period, **366 clients accessed the Prenatal and Family Care clinic, with 47 individuals receiving prenatal care.**
- **Pediatric Visits:** There were **97 pediatric visits**, ensuring comprehensive care for children.
- **POST Nurse and Well-Baby Visits:** **The POST nurse conducted 48 visits, and 53 well-baby visits** were completed, prioritizing early intervention and wellness.
- **Lab Visits:** **A total of 174 lab visits were facilitated**, enabling necessary diagnostic assessments.
- **Primary Care and Remote Visits:** Clinicians provided **487 primary care visits and conducted 1,453 remote visits**, ensuring accessibility of care despite geographical or logistical constraints.
- **Case Management:** A total of **547 nursing (RN/LPN) and 1,647 clinician points of service were provided**, emphasizing holistic support and care coordination.

#### Client-Centered Care

CUPS ensures that parents and children can access care in a trauma-informed, community-based clinic environment, enhancing health outcomes and accessibility to care. To further facilitate access, remote appointments are offered, recognizing and addressing barriers that clients may face in accessing care in person at CUPS' main site. This approach increases access to healthcare and ensures that clients receive services tailored to their needs.

## COMMUNITY PRIMARY CARE

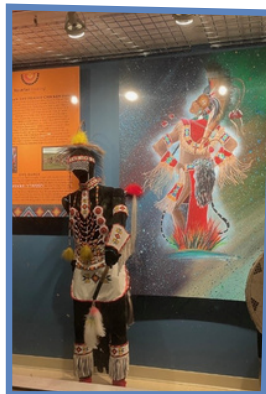
### Elbow River Healing Lodge

Elbow River Healing Lodge (ERHL) is an Indigenous-focused primary healthcare clinic that provides comprehensive healthcare services to First Nations, Inuit, and Métis individuals and families. The overarching vision of ERHL is to foster healthy Indigenous communities empowered to access healthcare services. ERHL is committed to delivering care that is both safe and culturally respectful. Its interdisciplinary team includes physicians, nurses, specialists, and Elders/Knowledge Keepers who facilitate access to traditional First Nations, Métis and Inuit healing and cultural services. Social work, outreach, and community advocate staff offer crisis support, resource navigation, case management, and advocacy to patients.

Throughout the past year, ERHL has undergone significant changes. In the fall of 2023, renovation work commenced, resulting in a redesigned waiting area and improved operational flow for physicians, staff, and patients. Completion of the renovation project, including the installation of culturally enriching murals at the main floor of the Sheldon M. Chumir Health Centre, is anticipated in spring 2024. These murals, developed in collaboration with the Urban Society of Aboriginal Youth, feature augmented reality technology to offer an interactive educational experience for visitors. The Calgary Health Foundation has graciously supported both the renovation and mural initiatives.

Despite encountering challenges such as limited physical space and increasingly complex patient needs, ERHL has expanded its team. This expansion includes the addition of an extra psychiatrist, a mental health therapist, enhanced Child and Adolescent Shared Care services, increased administrative support, and a rotating schedule of Elders/Knowledge Keepers from diverse Nations. Additionally, ERHL continues its partnership with Blackfoot Crossing, maintaining window displays of museum artifacts on the building's exterior.

In early 2024, ERHL plans to resume clinics at the Niitsitapi Learning Centre to cater to the health needs of students and families. The clinic's long-term objectives include establishing weekend/evening clinics, offering walk-in medical care, and eventual expansion to satellite locations.



*photos courtesy of Elbow River Healing Lodge*

# Clinical Sections

## MATERNAL NEWBORN CARE

### Dr. Valerie Lewis, Section Chief

The Maternal Newborn Care section of the Department of Family Medicine includes **135 physicians** that provide maternal newborn care at each of the four Calgary Acute Care sites. Family physicians admitted **39% of the 17,774 birthing parents who delivered babies the Calgary zone this fiscal year**, compared to the provincial average of 32% of the 46,780 births in the province.

The Maternal Newborn Care section provides comprehensive prenatal, antenatal, intrapartum, and post-partum care, practicing patient and family-centered care with a community-minded lens, all while maintaining cultural sensitivity. Our team of physicians collaborates closely with patients, multidisciplinary teams, hospitals, and the community to deliver coordinated, evidence-based care.

### Provider Expertise and Training

Our providers bring diverse backgrounds of experience, training, and skills to the table. Board-certified lactation consultants at both FMC and PLC ensure comprehensive perinatal support. Additionally, many of our providers have longitudinal family practices, as well as undergone additional training in various areas such as contraception, trauma-informed care, mental health, refugee health, and addiction medicine. At RGH, the presence of OBs within main clinics facilitates seamless collaboration and timely consultations.

### Academic Engagement and Advocacy

All permanent physicians within the section hold academic appointments, contributing to the education and training of family medicine residents. Our physicians are actively involved in various committees and initiatives both locally and provincially, advocating for the advancement of maternal and newborn care.

### Leadership Transition and Operational Updates

In the past year, leadership transitions have occurred within the section, marking a period of change and growth. The implementation of Connect Care at South Health Campus and Rockyview General Hospital necessitated significant effort from physicians and teams, supported by site leads and superusers.

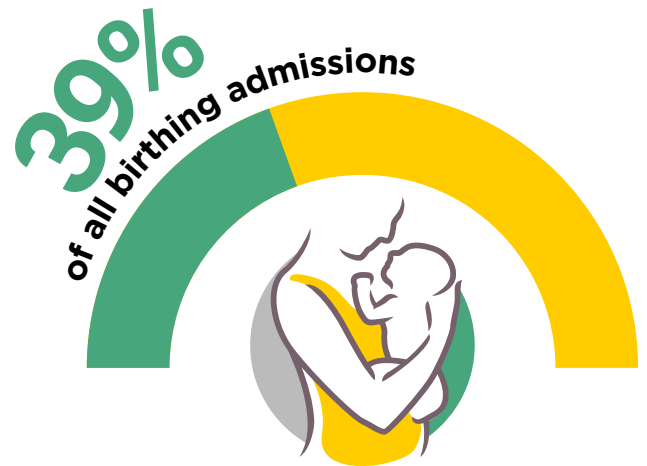
We also recognized Dr. Teresa Killam as the Maternal Newborn Care Physician of the Year for her outstanding contributions to integrating mental health support into our care model including trauma informed care. Trauma informed care using ACE's had a tremendous impact how we are screening our patients for mental health concerns.

### Support and Development Initiatives

To foster a culture of appreciation and support, we have implemented orientation meetings for new physicians, providing opportunities for connection, process review, and feedback. Exit interviews are conducted to gather insights into physicians' experiences and identify areas for improvement. Recognizing the ongoing workforce challenges, we remain committed to supporting our physicians and enhancing the care we provide to our patient population.

### Future Directions

Looking ahead, we will continue to advocate for our patients and families, focusing on preconception counseling, antepartum, intrapartum, post-partum, and newborn care. Embracing technology, we aim to identify measures of health and well-being and implement quality improvement initiatives. Expanding our multidisciplinary teams will further enhance the comprehensive care we offer, ensuring the best outcomes for our patients and their families.



**Dr. Teresa Killam**  
**MNB Physician of the Year**

# Clinical Sections

## MEDICAL INPATIENT CARE

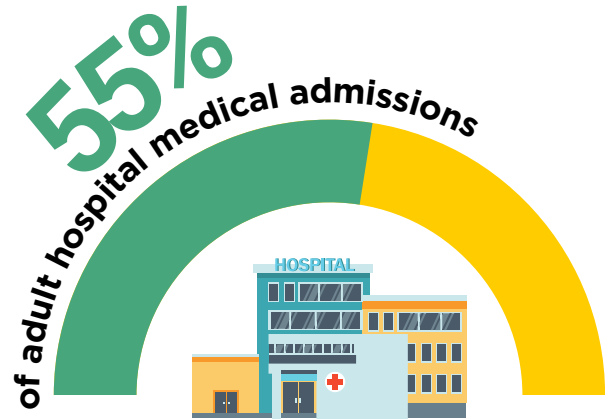
**Dr. Marinus van der Westhuizen, Section Chief (until May 31, 2023)**

**Dr. Bhavini Gohel, Section Chief (as of June 1, 2023)**

**Dr. Rattanjeet Vig, Deputy Section Chief (as of June 1, 2023)**

The Section of Medical Inpatients operates as a cornerstone in delivering vital inpatient family medicine services across all Calgary adult acute care sites. Principally, these services are facilitated through the acute care Hospitalist service in urban Calgary, along with Psychiatry Primary Care.

Managed by the Calgary Hospitalists' Governance Association, the Hospitalist service has over 150 physicians and is responsible for **55% of admissions (16,304) in the City of Calgary and discharged 16,825 patients**. Despite encountering formidable challenges in recruitment and retention, the service steadfastly upholds its commitment to providing comprehensive care, engaging in collaborative efforts to address workforce issues.



### Operational Highlights

The acute care Hospitalist service consistently grapples with managing high patient volumes across all four acute care sites, comprising a significant proportion of general medical admissions. However, despite encountering hurdles such as high attrition rates and workforce scarcity, primarily attributed to increasing demands and a non-competitive payment model, the team remains resilient and unified in meeting the system's demands.

A notable milestone achieved was the development of a service threshold document, enabling sites to effectively articulate capacity thresholds to zonal leadership. This initiative has received commendation, prompting discussions on developing similar frameworks for all specialties. Although one site has reached this threshold, necessitating adjustments in scheduling and limiting overnight admissions, the impact on patient care has been minimal thus far.

In the current fiscal year, the section is slated to conduct a leadership team-building session, adopting a system-level thinking approach to map out challenges and complexities in the system. Utilizing the Oxford scenario planning methodology, the team aims to forecast future turbulence, uncertainty, novelty, and ambiguity, thereby formulating a strategic plan to address ongoing and future disruptions.

### Connect Care Rollout and Quality Improvement

Significant efforts were directed towards completing the Connect Care rollout at acute care sites, including Rockyview General Hospital and South Health Campus. New processes and templates were developed to ensure high-quality documentation, encompassing admission, discharge, and daily rounding procedures. However, challenges persist with data extraction from the system, necessitating the rebuilding of dashboards for improved data management.

### Recognition and Advocacy

Dr. Will Son's outstanding contributions were recognized with the 2023 Calgary Hospitalist Governance Association *Hospitalist of the Year* award, acknowledging his positivity and dedication to service. The section, in collaboration with the Calgary Governance Association, continues to advocate for adjustments to the payment model and initiatives aimed at enhancing physician well-being and the work environment.

### Psychiatry Primary Care Team

The Psychiatry Primary Care team plays a pivotal role in supporting adolescent and adult psychiatric units in Calgary urban centres. Amidst increasing patient acuity and nursing turnover, the team provides critical support for in-hours and after-hours processes, emphasizing clinical education and consistency across sites.

# Clinical Sections

## URGENT CARE

### Dr. Charles Wong, Section Chief

The Calgary Zone Urban Urgent Care Centres (UCCs) have maintained relatively stable daily visit volumes since experiencing a significant increase last year. From April 2023 to March 2024, **a total of 111,353 visits were recorded**, constituting approximately 37% of all acute care visits in the Calgary Zone. This underscores the critical role of UCCs in providing unscheduled and urgent/emergent care for Calgarians.

### AHS Wait Time Displays

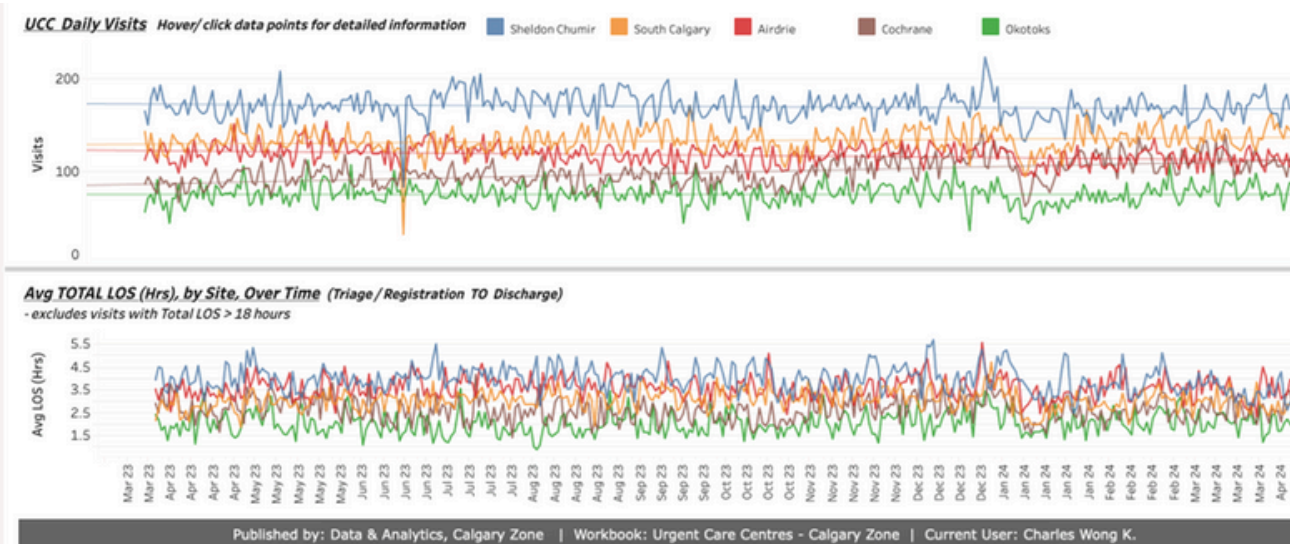
This year, all five urgent care sites have implemented AHS Wait Times displays, enabling Calgarians to select the site that best suits their needs in terms of location and expected wait times. This initiative has resulted in a predictable shift in site utilization, effectively distributing patient volumes across all locations.

### Physician Workforce

The UCCs remain highly sought-after workplaces for physicians. Despite facing global recruitment and retention challenges in the physician community, all five urgent cares are currently fully staffed. A notable proportion of new hires are experienced emergency department physicians, fostering a culture of community and collaboration between EDs and UCCs.

### Urgent Care Conference

The UCC community annually hosts the Urgent Care Conference, a not-for-profit event. This year's conference was a resounding success, with a sold-out attendance and a diverse range of high-quality didactic and hands-on sessions, along with ample networking opportunities. The upcoming event is scheduled to take place at the University of Calgary Health Sciences Center on November 16, 2024. Further details can be found at [www.urgentcareconference.ca](http://www.urgentcareconference.ca).



### UCC Visits and Length of Stay (LOS)

Site	Visits	% of Visits	Median TLOS (hrs)	Avg TLOS (hrs)	Median LOS Triage to MD (min)	Avg LOS Triage To MD (min)
Sheldon Chumir	63,532	28.5%	3.5	3.9	120	139
South Calgary	49,810	22.3%	2.9	3.0	109	119
Airdrie	44,071	19.8%	3.4	3.6		
Cochrane	37,227	16.7%	2.4	2.6		
Okotoks	28,288	12.7%	1.8	2.0		
Site(s) TOTAL	222,928	100.0%	2.9	3.2	115	130

# Clinical Sections

## PALLIATIVE CARE

**Dr. Charlie Chen, Section Chief (until Sept 30, 2023)**  
**Dr. Jessica Simon, Section Chief (as of October 1, 2023)**

The Section of Palliative Care includes 85 physicians providing consultative and admitting services for patients with palliative and end-of-life care and hospice needs across Alberta Health Services (AHS) Calgary Zone. Together, with the interprofessional teams of Palliative and End of Life Care AHS Calgary Zone, we provide palliative and end-of-life care for people living with any advanced illness, in all locations of care. Collectively, **the programs serve about 56% of all decedents in the Calgary zone.**

### Accomplishments and Highlights

Palliative Care Section members continued to work on several Government of Alberta funded palliative care grants. These included completing the [Alberta Edition of the Canadian Palliative Care Atlas](#), providing Pallium Canada's Learning Essential Approaches to Palliative Care (LEAP) courses to any healthcare provider in Calgary Zone and a project, led by Dr. Amirali Surmawala, to provide LEAP resources to all the family physician residents and others rotating through a clinical training four-week block in Palliative care.

This year also saw completion of a national survey gathering client, family caregiver and healthcare provider experiences with and perspectives of virtual care in palliative home care. Led by Dr. Jessica Simon, with co-investigators from the section and Pan Canadian Palliative Care Research Collaborative, it was funded by a financial contribution from Health Canada. This project provides insights into the challenges and opportunities for supplementing palliative home care with virtual visits.

In December 2023, Cancer Care Alberta endorsed its first Palliative Care Five-year Strategy. The strategy reflects and will help to extend the reach of the research priorities and innovations implemented by section members, via Palliative Care Early and Systematic (PaCES) project over the last few years. This includes promotion of a pathway to support people living with advanced cancer and their families to provide 1. An early approach to palliative care concurrent with disease modifying therapies, 2. coordinated, shared care with Family Physicians, and 3. equitable care for currently underserved populations. Dr. Charlie Chen and other section members have also contributed to the development of One:Care Path an integrated supportive care pathway for providers and people living with advanced chronic illnesses in their home communities. [One:Care path](#) started recruiting Family Physicians for a pilot testing phase in late 2023.

### Challenges

Calgary Zone continues to face capacity pressures, particularly in palliative home care, as services are still recovering from the stresses of the pandemic. We continue to see increasing numbers of patients with very high care needs, wishing to live and die in their own homes. In 2023-24 Calgary Zone **palliative home care and integrated home care end-of-life served 1650 new patients (compared to 1429 new patients in 2022) and 32% of deaths occurred at home.** Patients' care needs are compounded by difficulty accessing their family physicians or most responsible healthcare providers, particularly for opioid prescriptions and also out-of-hours care needs. Our section members remain committed to work with all the DFM sections, through consultative and shared care models, to support patients and families, their family physicians and primary care teams, amidst the challenges of care in the home context.

This year saw also saw consolidation of our clinical practice using Connect Care across various sites and community consults but challenges remain with the transfer of information from those services into hospices, that are not yet on connect care.

### Vision for Future

The section continues to support all pillars of palliative care in Calgary Zone with members contributing to clinical service, education, research and quality improvement, as well as administrative service. Our goals and prioritized are focused on supporting physician and staff wellness and equity in palliative care delivery, as fundamental to high quality care. As well as increasing integration of both a primary palliative approach to care and specialist consultations across care sectors (in-patient, out-patient clinic and community care) so that all patients living with advanced illness, and those close to them, will have their supportive and palliative care needs met.

**56%**

**of decedents in Calgary Zone had at least one contact with a PEOLC service**



**1650**

**Home care clients received palliative care team services**



**5167**

**Palliative Care Consult Team unique clients served**



**1260**

**Hospice Admissions**



# Clinical Sections

## SENIORS CARE

**Dr. Vivian Ewa, Section Chief (until November 30, 2023)**  
**Dr. Yasmin Majeed, Section Chief (as of December 1, 2023)**

The Section of Seniors Care comprises **over 300 physicians** who specialize in various aspects of older adult care, spanning from home living to Long Term Care (LTC).

### Operational Updates

In response to a surge in respiratory tract infections towards the end of 2023 and the beginning of 2024, acute care services faced increased demands. Consequently, a temporary pause was implemented on some aspects of the Accessing Designated Living Options (ADLO) policy. Effective collaboration between owner operators and physicians ensured patients were swiftly transferred within 24 hours to appropriate sites.

While Connect Care aims to enhance coordination and transparency of care, its rollout presented challenges for physicians in the on-call LTC group. Negotiations led to a modified plan, incorporating virtual training for physicians and options for managing secure messaging, thus maintaining after-hours call support to avoid avoidable transfers to acute care.

### Efficient LTC On Call Group

The Quadrant-based LTC On Call Group continues to operate effectively, leveraging existing processes and tools to facilitate early recognition of changes in LTC residents' status and on-site care provision, thereby minimizing unnecessary hospital transfers.

### Continuous Improvement Initiatives

Regular meetings of site lead medical directors facilitate ongoing discussions on challenges and improvements in long-term care. Efforts are underway to revise service guidelines and develop a handbook to support physicians in managing care for the senior population.

### Educational Initiatives

The CME Committee organizes educational sessions on seniors care, focusing on topics such as palliative care, frailty, and appropriate goals of care discussions. Plans are in motion to seek accreditation for these sessions, enhancing their credibility and reach.

### Physician Recruitment and Support

Physician recruitment remains challenging, with concerted efforts aimed at boosting morale and demonstrating appreciation for their contributions to seniors' care. Collaboration with the Department of Family Medicine aids in advertising positions and providing support.

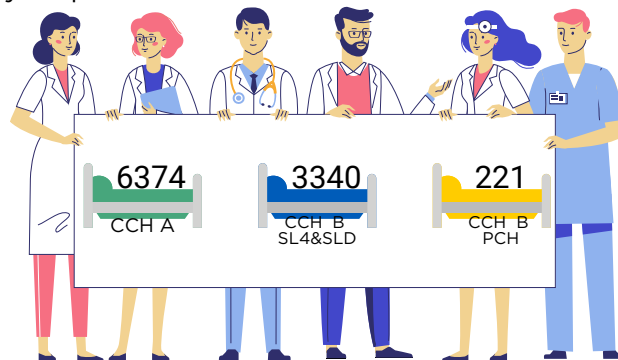
### Alternate Level of Care (ALC) Spaces

In the past, ALC beds have been contracted as LTC specialty spaces. However, with the upcoming change in legislation, it seems that the spaces in sites with former Auxiliary Hospital status will be shifting to sub-acute status and will be considered restorative/transition beds under the Hospitals Act. With the anticipated changes it seems most of our former ALC spaces will be considered sub-acute for buildings that previously held an auxiliary hospital status. This would include the ALC programs at Sarcee and Bethany Calgary.

174 net temporary Continuing Care Home (CCH) Type B spaces opened (130 SL4 & 44 SL4D) to improve flow from acute care. Temporary Service Enhancement (conversion of existing LTC to LTC specialty) was made by creating a 24 LTC Mental Health specialty unit at Mount Royal and a 27 space ALC unit at George Boyack.

### CCH capacity (9935 total spaces):

- 6374 CCH Type A
- 3340 CCH Type B (SL4 & SL4D)
- 221 CCH Type B (PCH)



**cared for by 315 LTC physicians**

### Advocacy Efforts and Future Plans

Plans for expansion in long-term care beds and home-based rehab programs underscore the need for a specialist ARP to ensure appropriate physician remuneration. Advocacy efforts are underway to resume LTC on-call physician stipends to improve retention and patient care.

### Engagement of Medical Students and Residents

Recognizing the importance of involving medical students and residents, collaboration with the Department of Family Medicine and the University of Calgary seeks to strengthen the process of accommodating learners in seniors' care settings, enriching their educational experience and fostering future leaders in geriatric medicine.



# Academic Pillars

## CLINICAL OPERATIONS, QUALITY, AND PATIENT MEDICAL HOME

**Dr. Divya Garg, Director, Academic Patient Medical Home**  
**Ms. Emily Brockman, Team Lead, Quality & Informatics**

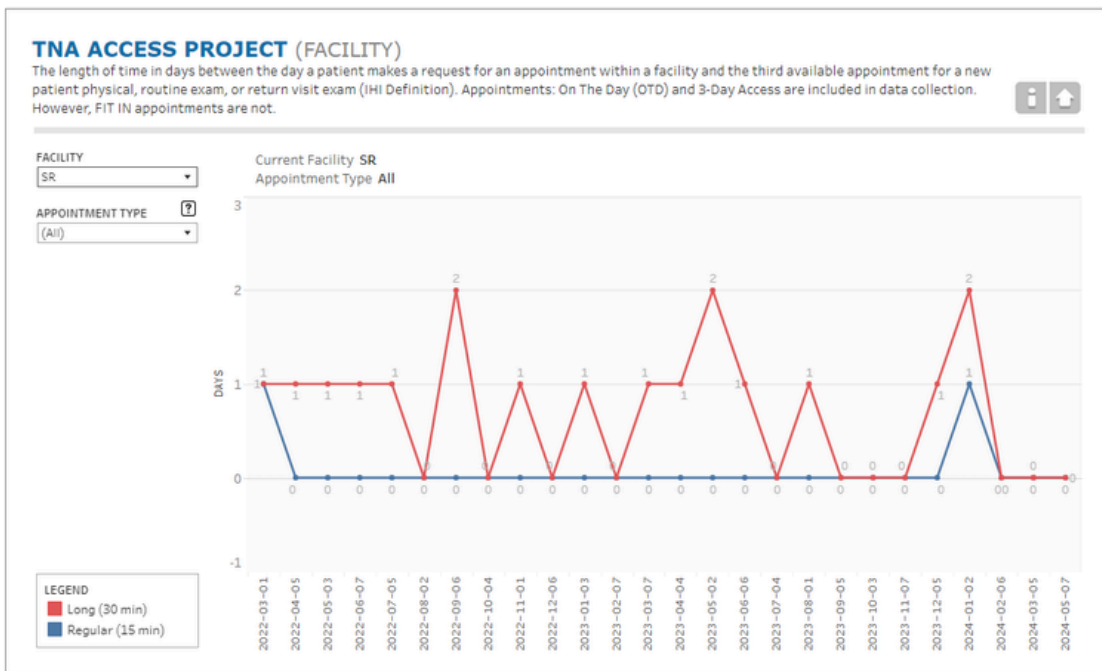
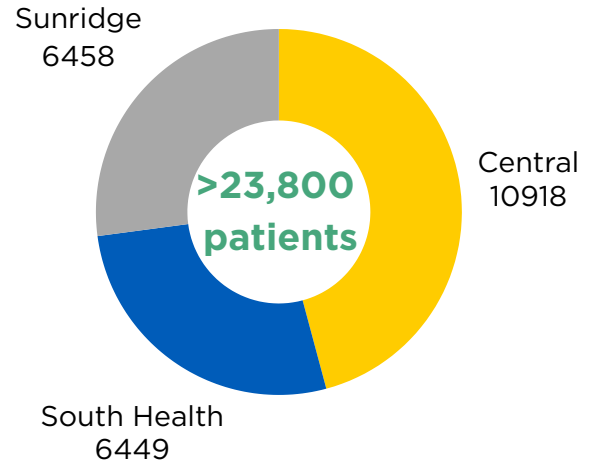
The Patient Medical Home (PMH) vision guides care delivery in the three family medicine teaching centres. Across three sites, **51 physicians cared for just over 23,800[1] panelled patients in the PMH model**. The PMH allows for patient-centred, accessible, adaptable, comprehensive, coordinated, and continuous care in a trusted team environment [2]. The PMH is essential as our teams address workforce and patient access challenges.

All three sites implemented innovative, team-based care approaches to adapt to changing needs of our patients and community, and to improve team wellness. In 2023-24, our **teaching clinics delivered 95,536 patient visits, 49.3% of which were virtual**. The academic teaching clinics continue to meet educational mandates, **training a total of 227 residents and 120 medical students on site**, providing opportunities to learn principles of evidence-based and collaborative care in the PMH.

### Timely Access to Care in the PMH

Given the importance of timely access to a patient's primary health care team, each teaching centre has trialed team-based approaches to improve measures of patient access. The South Health Campus Family Medicine Teaching Centre (SHCFMTC) leveraged nursing triage processes to ensure patients needing urgent access to care were seen in the PMH, while reducing unnecessary appointments. Nursing triage data was tracked over 14 weeks, and showed that **out of 229 cases, 125 (55%) were accommodated with same day appointments and another 57 (25%) were addressed by nursing** without the need to see a physician.

The Quality and Informatics Team (Q&I Team) worked with the Sunridge Family Medicine Teaching Centre (SFMTC) to implement a new "Third Next Available-Access (TNA)" measure. This TNA Access measure counts how many days until a physician's third open appointment, including blocked appointments held for urgent access. SFMTC now uses this metric across the clinic and has demonstrated improved access through a decrease in TNA, while maintaining a high level of continuity with the provider teams. SFMTC has also adjusted scheduling to increase availability to accommodate patients on a semi-urgent and urgent basis in evening clinics.



SFMTC's TNA is consistently three days or shorter.

[1]: Panel counts as of March 31, 2024; 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)

## CLINICAL OPERATIONS, QUALITY, AND PATIENT MEDICAL HOME

### After-hours access

We continue to evaluate and improve the options for care of our panelled patients after-hours. Currently, the focus is on expansion of the evening clinics and complementing existing after-hours programs supported by Primary Care Networks. We offer evening clinics once a week at each centre, totaling **157 clinics in 2023-24, with a total of 2,308 patient appointments.**

We have implemented a new patient survey to identify if this access model prevented the patient from seeking care at an alternative setting (i.e., walk-in, urgent, or emergency). **Preliminary results indicate that 12.5% were deferred from Emergency and Urgent Care** by having access to an evening appointment. An additional **50% were deferred from a walk-in clinic** by having access to an evening appointment.

Evening clinics are also incorporating preventative care and chronic disease management. CFMTC's evening clinic dedicated to cervical cancer screening was positively received by staff and patients, and resulted in an total increase of screening rates by 16% for participating doctors.

Depending on available resources, we will explore expanding this model of enhanced preventative care and chronic disease management delivered after hours to other clinics.

### Shared Medical Model

At SHCFMTC, group visits continue for anxiety, diabetes, insomnia, and osteoporosis. In this model of care, multi-disciplinary teams provide self management education to support behaviour change. The osteoporosis program, *Own Your Bones*, is accessible to patients from all three teaching sites. *Own Your Bones* is unique in integrating community services (Alberta Healthy Living) and specialist care (endocrinology) and delivering a program entirely within the Medical Home. Patients in the program report improved understanding of fracture risk with a notable shift in confidence and habits as they relate to physical activity and nutrition, as well as increased knowledge around pharmacotherapy options to make decisions related to bone health.

### Patient Perspectives

Our annual patient experience survey runs in March. This year the survey was standardized across clinics. The following is a summary of the findings.

- **91% of patients rated their overall experience and care as “Excellent” or “Very Good”.**
- **95% of patients felt they “Always” or “Usually” had enough involvement in their treatment and care decisions.**

"I find this experience to be the best because it considers more. More discussions, more people, and more thoughtfulness. I prefer this as health is a puzzle and there is nothing worse than making a quick diagnosis when it isn't that simple (sometimes)."

"With all the difficulties in our Alberta health services as well as through the country, I find I'm the luckiest person that I'm able to come here and get the greatest of care. I have very few issues with my health fortunately, but I'm still eternally grateful for this wonderful center. The residents are absolutely fantastic and this is the best of all worlds."



# CLINICAL OPERATIONS, QUALITY, AND PATIENT MEDICAL HOME

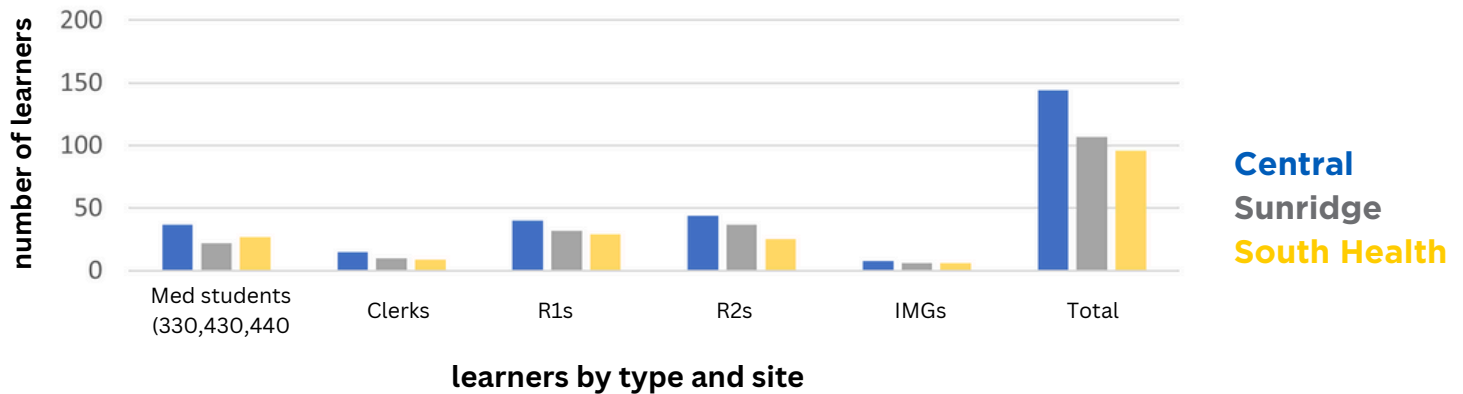
## Workforce

Ongoing challenges within family medicine have led to high levels of burnout and turnover, which has affected our teaching centres more this year than ever before. A recent survey administered within the academic teaching clinics, in collaboration with Well Doc Alberta, identified **significant physician burnout (49%), reduced professional fulfillment (23%)** and high levels of administrative task burden. Nine physicians have taken leaves or left the teaching centres. Through strong recruitment efforts we have worked to fill these positions, but there remains increased pressure on our teams due to ongoing leaves.

Recruitment has been difficult due to reluctance to take on the additional workload of being in a teaching practice, and the complex health and social needs of our patients. Our teams are stretched to capacity, despite ongoing improvements in models of care to support increasing patient needs. To support our teams, we are focusing quality improvement efforts around addressing wellness and understanding administrative burden.

## Education and Training

The teaching centres continue to enhance and optimize experiential and competency-based training for medical learners.

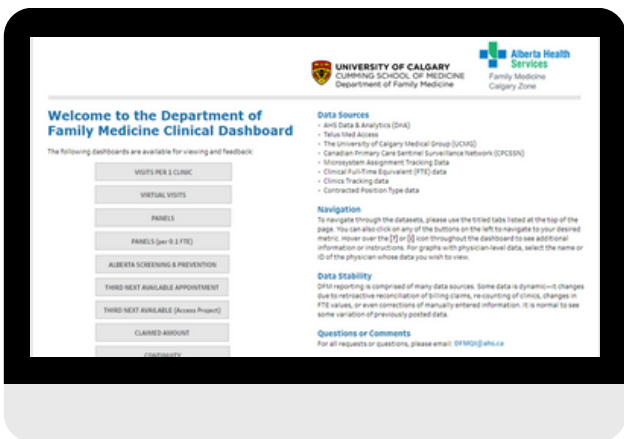


## Continuous Quality Improvement Interactive Data Visualization

Tableau dashboards for clinical operations metrics have been developed to allow for more continuous quality improvement by physicians. Clinical leaders and physicians can now access real time data to inform their teams and individual practices. The clinical dashboard was successfully launched by all three clinic improvement teams (CITs) between January and February 2024 and ongoing development of this dashboard is planned to support clinic quality improvement initiatives.

## Quality Improvement Toolkit

The Q & I Team developed and launched a quality improvement toolkit in collaboration with each clinic's multidisciplinary clinic improvement teams. This toolkit will enable team members to feel confident in launching a QI project on any topic of their choice. The toolkit provides common QI methodologies and reference materials, as well as step-by-step guidelines.



# CLINICAL OPERATIONS, QUALITY, AND PATIENT MEDICAL HOME

## Community Adaptiveness and Social Accountability

We recognize the importance of taking action to improve care for patients in a way that is environmentally responsible. The Climate Conscious Inhaler Prescribing Collaborative (CASCADE) is a national learning opportunity in which CFMTC first participated. The Metered-Dose Inhaler (MDI) Program aims to reduce the use of metered-dose inhalers, which have high CO2 output, and replace them with dry-powder inhalers. This switch can reduce the carbon footprint of inhalers by the equivalent of 1250KM of car driving for every 1 inhaler switch annually. Over the past 16 months, there has been a **16.4% decrease in patients using MDI inhalers at CFMTC**. SHCFMTC also ran a QI project with a medical learner on this same topic, which showed a **50.8% reduction in patient usage of MDIs** over four months.

## Equity, Diversity, Inclusion, Justice

Clinic Steering Committee (CSC) is working to build an inclusive environment in our sites and ensure access to inclusive equipment that meets the needs of all patients. Some equipment that is already in place includes accessible exam rooms including ceiling lifts, larger height adjustable exam tables, wider chairs and wheelchair scale. Having inclusive equipment allows patients with conditions such as spinal cord injury to receive accessible and comprehensive primary care including preventative screening tests like pap smears. In addition, we recognize that the tools we have used to collect feedback from patients (i.e. surveys) are not inclusive and may skew the results we receive. We are working to develop a patient engagement strategy that better reflects the diversity of the patients we serve.

## COMMUNITY RECOGNITION

[UToday featured an article on SHCFMTC on August 14, 2023](#) recognizing innovative team based experiences to support resident education.



# Academic Pillars

## EDUCATION

**Dr. Clark Svrcek, Interim Director, Undergraduate Education**  
**Dr. Martina Barton, Interim Director, Postgraduate Education**  
**Ms Christina Barr, Manager, Education**

### UNDERGRADUATE FAMILY MEDICINE EDUCATION

In the last year, the Undergraduate Family Medicine (UGFM) team continued its commitment to integrating the principles of generalism and family medicine throughout all levels of Undergraduate Medical Education (UME) at the Cumming School of Medicine (CSM). The launch of the Re-Imagining Medical Education (RIME) pre-clerkship curriculum has been a major milestone, providing a structure that supports increased student exposure to family medicine role models, concepts, and approach to clinical reasoning.

#### Pre-Clerkship

The RIME curriculum officially launched in July 2023 and focuses on generalist approaches to patient-centered care and longitudinal spirality of exposure over time to help integrate concepts. Members of the DFM hold various roles with RIME, from portfolio directors to pre-clerkship educators (PCEs) and tutorial group facilitators (TGFs). Family medicine was traditionally under-represented in pre-clerkship legacy teaching: in large group classes, Family Medicine educators only comprised 7.2% of the teachers, and the overall pre-clerkship teaching time was only 9.3% by family medicine. In the new RIME curriculum, large group educators and overall **teaching time by family physicians have seen respective increases of 194% and 147%**, a significant increase in family physician role models and teaching expertise in the medical school. Additionally, in Block 1 of the RIME curriculum, **DFM members had just over 25% authorship on the clinical cards that students use for learning and recall.**

Student shadowing of family physicians has risen significantly in RIME, with **57 experiences** this year compared to 24 the previous year. Initial data showed that family medicine was the most in-demand department represented in these shadowing experiences, possibly attributed to increased exposure to family physicians in the pre-clerkship curriculum. **Family medicine is now the most represented “type of doctor” in the first 100 days of undergraduate medical education.**

A panel on generalism was held in the first month of medical school to introduce students to the breadth, depth and joy in a pursuing a generalist career, for example as a family physician or rural generalist. Student surveys demonstrated a rise in those expressing a likelihood of pursuing a generalist career path (81%) post-generalism panel.

The MDCN 330/430 course of longitudinal half-day family medicine experiences has evolved and been re-branded as the Family Medicine Clinical Experience (FMCE) in the RIME pre-clerkship. Approximately **94** individual community preceptors (outside of the academic teaching clinics) were recruited to help deliver this initial clinical exposure to the inaugural RIME class. Community preceptor recruitment is a massive administrative undertaking and requires collaboration between our small UGFM group, Distributed Learning and Rural Initiatives (DLRI), and the UME course coordinator.

**147%** increase in overall teaching time by family medicine educators



**194%** increase in family medicine large group educators



**24** → **57**  
increase in family medicine shadowing experiences

## EDUCATION

### Clerkship

The Family Medicine 4+4 Clerkship continues its successful format of two separate four (4) week rotations, in both urban and rural family medicine environments, to expose students to the breadth of clinical community family medicine across southern Alberta. Clerkship experiences in family medicine maintain consistently high ratings. **Faculty and staff continue to receive strong scores for treating students professionally (average rating 4.8/5.0), making students feel safe (4.8/5), and providing an optimal balance of responsibility and supervision (4.7/5).**

The Family Medicine Clerkship Academic Day continues to provide education in the areas of multi-morbidity and preventative care, a student-delivered patient-centered care project, and a flipped class workshop on planetary health. SNAPs sessions are held in the rural block, requiring the students to present a short 'snapshot' presentation on one of the 26 clinical presentations. We've received very positive feedback on the quality of SNAPs and are considering ways to share exceptional examples with the larger student body. We have established effective and valued partnerships with the Alberta College of Family Physicians who help provide a healthy lunch for the students on Academic Day, and the DLRI team who provide ongoing assistance with rural preceptor recruitment.

### Challenges

Finding sufficient, high-quality placements for all students remains difficult due to the limited capacity of many family physicians facing practice demands in an unsupported primary care system. This has additionally limited the ability to accommodate elective medical students who are interested pursuing a career in family medicine. Several physicians offered perspectives on why they could no longer take students for family medicine clinical experiences in their clinics:

*"I am the only full-time physician at my clinic, and I need to be productive in order to pay my overhead and pay my staff. When I take on students to teach, which I'd really like, I am unable to pay my overhead because I see less patients as well as I get behind in my charting and paperwork... Unfortunately, because we have a shortage of family physicians in the community, teaching is not feasible for me for now. In my opinion, teaching can only be possible for Physician[s] who do not need to pay an overhead."*

*"My clinic is going out of business so I am leaving my family practice."*

*"Unfortunately I may have to step away from future family medicine clinical experience teaching/preceptorship for some time. The current toxic climate laden with uncertainties for family medicine and family physicians is contributing to this decision. I don't see myself being an effective role model for the learners right now...I am so sorry to disappoint our valuable learners. Things have to change soon. We can no longer continue this way. We are not receiving much support and it just makes me wonder why."*

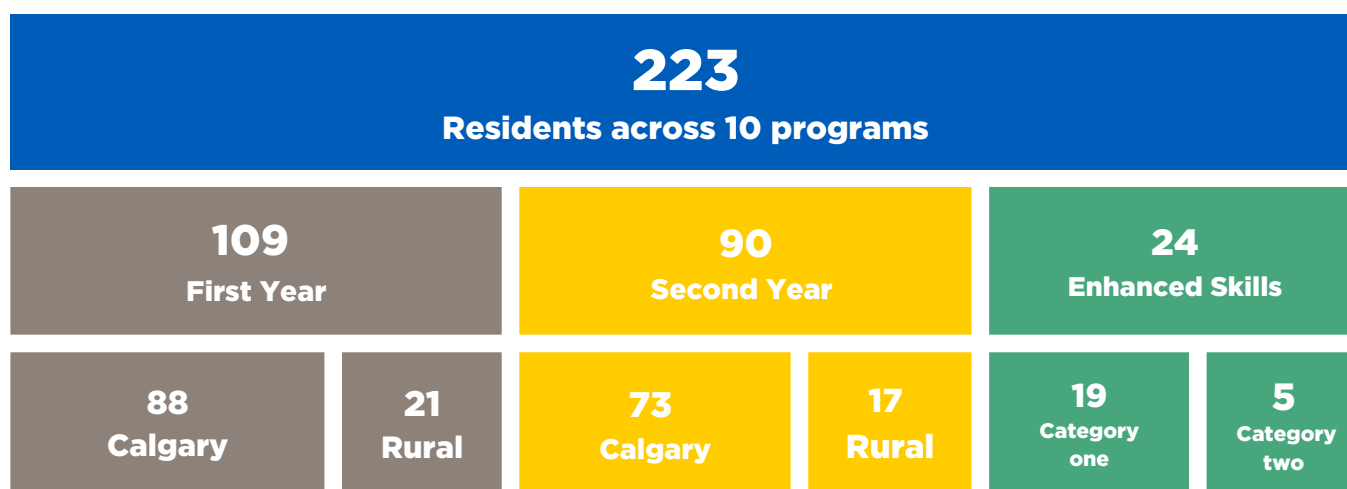
The UGFM team continues to recognize the importance of providing inspiring experiences so that medical students will consider family medicine as a specialty of choice. With the incoming medical school class size increases each year for the next two years, and with the opening of a regional medical training centre in Lethbridge, we anticipate additional challenges recruiting and retaining dedicated faculty.

### Looking Forward

Our UGFM team is planning more faculty engagement sessions to create community with our educator peers, and to improve recognition across UGFM through awards and working relationships with the Primary Care Networks. UGFM remains committed to providing high quality experiences that highlight the importance of generalism and family medicine in everyone's medical education journey.

# EDUCATION

## POSTGRADUATE EDUCATION



### College of Family Physicians of Canada (CFPC) Outcomes of Training Project

In 2023-24, the Postgraduate Family Medicine Program participated in the College of Family Physicians of Canada led Outcomes of Training Project (OTP). This national project facilitated and supported the 17 family medicine residency programs in reviewing the current curricula and comparing to the new Residency Training Profile (RTP). This gap analysis was undertaken to identify the areas where we could enhance our Calgary and Rural Programs' curricula. While the CFPC has stopped plans to for a transition to three years of residency training as initially outlined in the OTP, work on curriculum renewal continues to be a priority.

The DFM project team engaged with faculty and residents across Southern Alberta to identify areas of improvement and what resources may be required to effectively deliver the full scope of learning to prepare our residents for comprehensive family medicine practice. This culminated in two final documents: a *Curriculum Renewal Plan* identifying the gaps between our curricula and the national *Residency Training Profile* with opportunities for improvement; and a *Change Readiness Assessment* discussing the current state of our programs as well as enablers and barriers to implementing curricular changes.

### Rural Program Expansion

Preparations are underway for rural program expansion. We are adding three resident seats starting in July 2024, one new seat in the Lethbridge Rural Program, and two new seats in the Medicine Hat Rural Program. We have been connecting and engaging with our rural preceptors through in-person and virtual site visits, which have been very well received and appreciated. New teaching sites in rural communities of Cochrane, Arrowwood and Nanton have been onboarded. Work continues to increase our rural capacity for acute care in-hospital rotations for the additional incoming residents, through developing a new ICU rotation in Medicine Hat Regional Hospital and a new hospitalist rotation in Brooks.

### New Home Teaching Clinics and Preceptor Recruitment

This year, our program has worked hard to recruit new community preceptors for family medicine residents. We developed a new preceptor onboarding procedure to facilitate:

- the process of obtaining academic appointments,
- use of the FMeCAP assessment platform, and
- becoming familiar with important program policies related to resident supervision and assessment.

As part of this on-boarding process, we are providing our new preceptors with faculty development information and connecting them with faculty development opportunities.

### CARMS

In March 2024, we received a very positive CaRMS match result in the first iteration, matching all of our Calgary and Lethbridge residency seats, with only three unmatched seats in Medicine Hat for Canadian medical graduates and one for a military resident. This is the best CaRMS result we had in several years thanks to the tremendous effort of our leadership and CaRMS teams in improving our processes and focusing on promotion of our programs through multiple events. This selection cycle opened up more seats to international medical graduates, and we look forward to welcoming all incoming residents to our programs in July 2024.

### Accreditation

In follow up to the September 2022 CFPC accreditation review, our program's accreditation team continues to work diligently on the areas for improvement that were identified by the survey team which will require a follow up by an *Action Plan Outcomes Report (APOR)* in the spring of 2025. To help support our accreditation work, the core and enhanced skills programs will participate in an internal review organized by the Postgraduate Medical Education Office, which is scheduled for September 2024.

## EDUCATION

### Enhanced Skills

The expansion of enhanced skills programs reflects our commitment to address service gaps for diverse, underserved, and remote patient populations. Our communities will benefit greatly from the following postgraduate family medicine training programs that we are introducing in 2024:

- 1 Sexual and Reproductive Health Program under the leadership of Dr. Rabiya Jalil.** In response to gaps in the health of sexual and gender minorities, this residency program is designed to provide learning experiences in sexual health, LGBTQIA2S+ health, pelvic health, care of patients that have experienced sexual violence, and menopause and mid-life.
- 2 Chronic Pain Program led by Dr. Ted Findley.** The Chronic Pain Enhanced Skills program will prepare family physicians to lead interdisciplinary teams in specialized pain programs with a focus on non-interventional pain management in the rapidly evolving field of pain medicine.
- 3 Lethbridge Emergency Medicine Program championed by Dr. Charles Wong.** This program is a collaboration with the Lethbridge EM team, Dr. Stephanie Brass, and Dr. Sean Wilde. This is a comprehensive CCFP-EM program developed to meet the needs of southern Alberta's regional and rural emergency departments, with the majority of the program taking place in Lethbridge and its surrounding area.

### FACULTY DEVELOPMENT

In 2023-24, the Continuing Professional Development (CPD) program focused on operationalizing the recommendations from the strategic vision created in 2022. To that end, the program has been renamed to the DFM Faculty Development (FD) Program, initiated a project to review and re-design the FD website, and continued and expanded mapping curriculum and needs assessments to the CFPC Fundamental Teaching Activities (FTA) framework.

The FD dyad leadership team presented the FTA Mapping survey at Family Medicine Forum 2024, receiving positive feedback from the faculty development leaders in the session and requests for sharing of the form. In 2023, we were able to demonstrate that we provided sessions covering each of the FTA tasks (clinical and competency coach, teacher outside the clinical setting, educational programmer and administrator). We are now expanding the FTA mapping work through a needs assessment survey to faculty, which will guide our curriculum and resource development in 2024 and beyond.

Round one of the Family Medicine Foundational Teaching Skills Program (FM-FTSP) wrapped up in the fall of 2023 with an **average evaluation rating of 4.28/5.00** for the five sessions, and an average efficacy increase on learning objectives from 2.69/6.00 to 5.00/6.00 post-session for attendees. A second cohort launched in early 2024, filling quickly, and there is clearly ongoing demand for this new program with a **23-person waitlist for the next instalment planned for fall 2024.**

New in 2023, the FD program launched the use of an online form for faculty development activity support requests, that helps field requests while collecting the information required to best support any proposed event/activity. While uptake of this online form has been slow, in 2024 we will work to raise awareness and use of the form.

In the fall, the FD team was approached about launching a virtual Homeroom Series (HRS) that would target rural faculty and focus on rural topics. We held the first Zoom HRS session in October 2023, and look to expand this series in 2024, while additionally looking for opportunities to hold in-person faculty development for our rural colleagues.

Fall Together was held virtually again in 2023, receiving positive evaluation ratings with an average of 4.5/5.0 for the afternoon. Moving forward, the FD team plans to review how this day is run, and what the options might be to rotate between virtual and in person, or possibility of offering a hybrid event.





# Academic Pillars

## RESEARCH & SCHOLARLY ACTIVITY

**Dr. Kerry McBrien, Director, Scholarship**  
**Ms. Agnes Dallison, Manager, Research**

Research and scholarship in the DFM aims to respond to the evolving needs of communities and our profession. Our members lead diverse research programs that focus on community-partnered research, advancing health equity, and improving access to high quality health services. Our clinics serve as venues for developing, testing, and implementing innovations in practice and medical education. Strong partnerships with policymakers, healthcare providers, and the community are instrumental in driving improvements in care delivery tailored to meet community needs.

The Department and its faculty currently lead three important research networks. These networks play a crucial role in facilitating community-based research.



### [SAPCRen \(Southern Alberta Primary Care Research Network\)](#)

SAPCRen is a practice-based research network with over 300 members covering the entire southern Alberta region, including urban and rural settings. The majority of members contribute electronic medical record (EMR) data to a central database, which can be used for longitudinal surveillance and research. In addition to collecting, processing, and reporting EMR data, SAPCRen coordinates interventional research studies in member practices.



### [TARRANT Viral Watch](#)

TARRANT Viral Watch is a network that utilizes family physician sentinels to conduct infectious disease surveillance in the community. TARRANT has been monitoring influenza activity in Alberta for over two decades and, through interprovincial collaboration, participates in monitoring the effectiveness of both influenza and COVID vaccines.



### [IPHCPR \(Indigenous Primary Health Care and Policy Research Network in Alberta\)](#)

IPHCPR is a national Alberta-based research network that connects Indigenous communities, researchers, health system leaders, and providers to work towards achieving Indigenous health equity by transforming the primary health care system. The network supports community-based research that connects knowledge to practice and policy through dialogue, training, and project funding.

## Planetary Health – Greening Family Medicine Clinics and Beyond

Drs. Sonja Wicklum and Clark Svrcek are leading a faculty-wide initiative focussed on planetary health and the intersection between the environment and health care. They spearheaded the creation of a Planetary Health Education Committee to oversee the implementation of targeted planetary health education across degree programs, and are leading community-partnered work to develop, implement, and evaluate tools and strategies that encourage behaviour change in clinicians and consumers of health care.

For the last three years, our dedicated “Green Team” has been greening clinical care and operations by developing internal communities of practice that educate physicians and staff to leverage the trusted relationships we have with our patients. The team is currently working to identify, evaluate, and disseminate toolkits and aids on sustainable healthcare for motivated family doctors and community clinics to initiate change and support more sustainable healthcare.

Building on the work in clinics, the team was awarded a grant from the Primary Health Care Integration Network to initiate the “Greening the Health Neighbourhood Collaborative Project”.

Inaugural workshops brought together various medical clinics, municipal government, housing shelters, patient advocates, high schools, and non-profits to foster community partnerships and stimulate change at a grassroots level. The result was a partnership with the City of Calgary to adapt their existing climate change educational materials and infographics for dissemination through primary care clinics and other healthcare facilities. The team will develop a proposal for extensive implementation and produce a “playbook” for local health authorities to partner with local levels of government to implement similar climate-resilient and action-based resources for their particular jurisdictions and circumstances.

The team was also awarded a UCalgary Vice President Research Transdisciplinary Connector Grant and plans are underway for a fall conference to further the work of the Planetary Health Education Committee.

Future work at the regional level will include partnering and disseminating with the Alberta Health Professionals for the Environment (AHPE), at the national level through the Academic Faculties of Medicine of Canada (the AFMC, who have a supportive Declaration of Planetary Health) and the Canadian Coalition for Green Health Care, and internationally via the WONCA Planetary Health Working Group (the international congress of family physicians and general practitioners in the world).

## Scholarly Activity from DFM Faculty

Grants: 27 total

**\$3.026 million**  
total grants awarded



**\$2.857 million**  
administered by the DFM

**\$1.240 million**  
annualized grants awarded

**\$1.073 million**  
annualized grants awarded  
administered by the DFM

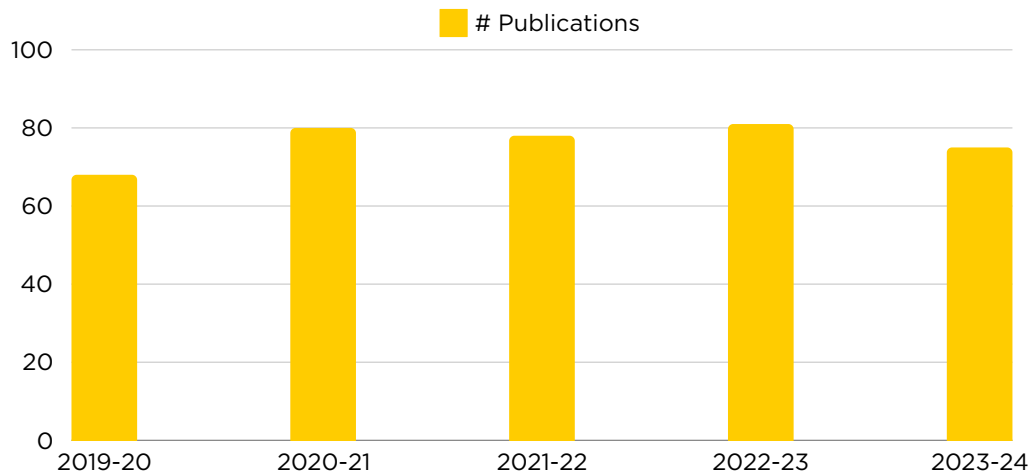
Presentations

**31**



Publications

**81**





**Website**

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